Studies in speech disorder / by Walter M. Swift.

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No. 1

Neglect Lisping: Case and Treatment

FROM THE VOICE CLINIC, OUT-PATIENT SERVICE, PSYCHOPATHIC HOSPITAL, BOSTON

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The title of my paper was quite misquoted on the postal announcing this meeting. There it said "Neglected Lisping," when I merely intended to demonstrate a case of neglect lisping. True it is, it might well be called neglected lisping, especially here in Boston, for we all know that speech defects, from apasia down to merely the simple sigmatism, are all persistently neglected in our clinics. When a bad stutterer appears no help is offered; when an extreme lisper—like the one to be presented to you tonight—comes along, it is passed by unassisted; when any individual burdened with a severe speech defect is as much crippled as one with anterior poliomyelitis, appendicitis, or a copiously odoriferous Riggs' disease. And sometimes even more crippled, because a good frank speech defect cuts a person out of three enviable spheres of activity—school, social intercourse, and later in life, out of a job. Few diseases—cutting out bedridden types—cut one's life out of so much. Therefore, all these types of speech defect are well worthy of treatment, for they

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put the children back into school, give the speechless, isolated hermits companions again, and older cases give the worthy boy an occupation. It has therefore been thought wise to open, in connection with the out-patient service of the new Psychopathic Hospital in Boston a Voice Clinic. As this voice clinic develops, it is the idea of the directory of the Psychopathic Hospital to accord to it the proper space, instruments, and library facilities. As matters stand, enough space is available; the instruments for everyday diagnostic work have been installed and a beginning has already been made at a small library concerning speech disorder. This is not a new venture in the medical world. Berlin University has a voice clinic, with a professor at the head of it furnishing the material for three courses of lectures in the Medical School. In Bonn is another large clinic. In New York an assistant in Psychiatry heads a speech defect out-patient department in the Vanderbilt Clinic.

The subject, then, of this demonstration is neglect lisping. Lisping itself is the inability, through failure in perception or in execution, to enunciate clearly. There are many forms, all requiring separate and appropriate treatment according to the diagnosis, each of course improving in varying degrees as the appropriate treatment is given. There is organic lisping, which may be illustrated by the "th" used in place of "s" when the tongue is tied. Then there is the rarer form of neurotic lisping, whose etiology and forms are too complicated to enter into in the space of this short paper. Then there is neglect lisping in almost innumerable forms, one of which I present to you tonight. This little girl came under my care at the voice

clinic some six weeks ago. At that time her enunciation was so markedly indistinct, her teachers could not understand her; no child could talk with her, and only her parents could intelligibly interpret her sayings. She was discharged from school, was alone, without playmates,—an endured but hopeless burden upon her parents. When she first came to the voice clinic she said the familiar poem, "Mary had a little lamb," about as follows:—

"ar a a il am,
I ee a i a o
Ewy air ar e
Er a a ua u o"

A careful study of this will show that almost every consonant in the whole verse is omitted. In her whole conversation it was the same. No wonder no one understood!

In the course of about three weeks' treatment, she could say the first verse of "Mary had a little lamb" and put every consonant in correctly. The treatment consisted in a dramatically enforced attention upon the expression of the consonants individually; this enforced attention was elicited by compelling the patient to pound her arm down with a quick, forced movement at the utterance of each word of the poem. Through the elements of slowness, timing and interval, the result was secured. The slowness gave time for the coming word concept to get duly crystallized in consciousness before utterance; the timing enabled the utterance of the word emphasized to come simultaneously with enforced mechanical emphasis (which latter enhanced the former); and the interval let past concepts vanish from consciousness, rested the centers of expression, and thus furnished a

bit of reserve strength or held back momentum for the next utterance of expression to follow.

As I said, after some weeks of this procedure —two or three visits for instruction and daily practice at home—she came back to the voice clinic one day able to say the first verse of "Mary had a little lamb" as clearly as anyone.

Before I summarize this case, someone may be interested to hear the history and physical examination.

Girl, age 8. Home. Chief complaint—indistinct enunciation.

Present Illness.—Consists of a markedly indistinct speech, but when attention is forced upon what she should say then the utterances are more clean cut. Mother says she says "do" for "go" and "tume" for "come"; but she says these correctly when asked to in school before others or when she tries hard at home. Voice is worse after a long crying spell. Otherwise negative. Some rare mild headache.

Past History.—The present voice defect the mother says existed from the first. Voice unchanged after the first two attacks of German measles at age of 5 and 6. But following the third attack of German measles at 7 she had pertussis and coughed from December to June and following this her voice was worse. Could say hardly a word clearly for some six months afterwards. Winter of 1911-12 had tonsillitis and following that her voice was worse again, almost as bad as before. After a severe meningitis at age of 5 voice was somewhat better.

Physical Examination.—Appearance of an adenoid breather. But can breathe with mouth shut. Both adenoids and both tonsils enlarged. September 3, 1912, operated for adenoids.

Eyes.—Pupils react to light and distance. Movements are all normal, but movements are accom-

panied by a sort of uncontrolled sudden movement occasionally. No nystagmus.

Reflexes.—In arms not obtained; no Jacobsohn. Knee jerks negative. Plantars normal. No internal condylar reflex. According to Binet tests she ranks as 6 years. (Dr. Anderson.) Otherwise examination negative. Vocal—Variable omitting and interchange of consonants.

Diagnosis.—Neglect lisping.

The etiology here may need a word of comment, but cannot be discussed exhaustively in this short paper. Meningitis, feeble-mindedness and adenoids are the factors in the background. Against the meningitis as having any strong causative influence is the fact that her voice improved thereafter. As for the feeble-mindedness, there is in the first place only the faintest touch of it, if any (*i.e.* incurred by other factors); and secondly, it may be true that the inattention that accompanies to such a marked degree cases of feeble-mindedness could be an inattention that kept her from clear enunciation. That, I grant, is plausible. But the next etiological factor seems not only the plausible but probable one. That is the adenoids. I maintain they were the causa causarum—if we need more than one. Adenoids kept the child backward; hence the apparent feeble-mindedness (which shows an atypical inattention at best), and by offering a persistent obstacle to utterance, enforced the habit of neglect lisping. At any rate, enough showed in my physiological examination to prove the cortex held the concepts of the consonants, that ear sensory tracts and receiving nerve cells passed along normally all presented concepts, and enforced expressional methods proved their clear utterance

plainly within the range of possibilities, and results of treatment have borne out that original prognosis.

Permit me at this point to thank Dr. E. E. Southard, director of the Psychopathic Hospital, for his kind permission to demonstrate this case from the voice clinic of its out-patient department. It is, I believe, the first case demonstrated from that hospital.

Summary of Case.—Girl of 8, after a severe meningitis and diagnosis of feeble-mindedness, is operated upon for adenoids and tonsils, and given exercises to improve her speech defect—known as neglect lisping—by a method of enforced mechanical attention and in a few weeks can say a poem distinctly. Treated at the voice clinic of the Psychopathic Hospital, Boston.

DISCUSSION.

Dr. Fritz B. Talbot, Dr. Swift's paper: We are very glad to hear that someone is taking an interest in these lisping children, because a great many of them come to our clinics and up to date nothing has been done for them; it is encouraging to feel that we can now send them to some one who will give them the proper attention and training.

Dr. Swift: The case shown tonight was under treatment for about ten days before showing any improvement, after which time the improvement was rapid. The hardest thing at first is to get the interest of the child. In this little girl no other treatment was received excepting what I gave her. Our clinic at the Psychopathic Hospital is the only one in the city. You may be interested to know, those of you who are new to the subject, that there is a very large clinic for speech defects in Berlin, with a professor at the head, one in Bonn, and one in New York, so that this specialty and the training of individuals to take care of such cases is by no means an untried thing. There are one or two points

still I think perhaps might be brought out. In the effort to induce expression of various sorts, there are two methods in the world of dramatic art or elocution,—one is the psychological method, which aims to get results by presenting objects of thought; another is a school which aims to get dramatic expression through the assuming of attitudes, the external, mechanical method. Of course with those two methods of expression, whether one or the other should be used, depends on the natural makeup of the child. In this little girl I could get no response whatever from requests to form sentences, everything being run together, but with the method of external emphasis the words were brought out clearly, which shows that the understanding and the psychological side and so on were all intact and there was merely an inhibition of its expression. Most of these cases take a great deal of study and investigation; many of them take an extensive psychoanalysis to find out the background, and thus they become very interesting studies. I want at this point to express my thanks to Dr. Southard for permission to study this case and to present it here this evening.

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