

STAMMERING
CLEFT-PALATE SPEECH
LISPING

K. EMIL BEHNKE

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BEHNKE'S
STAMMERING,
CLEFT-PALATE SPEECH,
LISPING

SECOND EDITION, REVISED AND ENLARGED BY
KATE EMIL-BEHNKE



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PREFACE

THE last edition of the treatise on "Stammering, Cleft-Palate Speech, and Lispings" by my parents being exhausted, it has seemed desirable to revise and amplify it, adding thereto the results of my own work in carrying on the method which has been so successful over a period of some forty years in the treatment of stammering, defects of speech, and the training of the voice for speaking and singing.

I wish to express my thanks to the medical profession, to the Press, and to the public generally, for the support and for the approbation of the method which they have so frequently and generously expressed.

KATE EMIL-BEHNKE.

39, EARL'S COURT SQUARE, S.W. 5.
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PART I

BY EMIL-BEHNKE

A reprint of a paper on "Stammering: Its Nature and Treatment" read before the South Wales Branch of the British Medical Association, and before a medical gathering at the Central London Throat, Nose, and Ear Hospital.

PART I

STAMMERING

DEFINITION

THE terms *stammering* and *stuttering* are regarded by some authors as interchangeable, implying the same thing. Others insist strongly upon the necessity of distinguishing the one from the other, as implying two entirely different things.

My own definition is this :

Stammering and stuttering are impediments of speech, consisting of spasmodic, or entirely suspended, action of any part or parts of the vocal apparatus, from the diaphragm to the lips.

Stammering is a defect in the utterance of consonants, rather than in the utterance of vowels.

Stuttering is a defect in the utterance of vowels, rather than in the utterance of consonants.

Both impediments are frequently found in the same person, and both are due to the same cause—inability to vocalise. The two terms may, therefore, be considered as interchangeable.

If a *stammerer* wants to say *pa*, he has a kind of

lockjaw, and cannot get the consonant *p* out at all. This feat once accomplished, he generally has no difficulty in adding the vowel to the consonant. But he may be equally fixed in trying to utter a word commencing with a vowel, when, in spite of widely-opened mouth, no sound will be forthcoming.

If a *stutterer* wants to say *pa*, the case is exactly reversed. He has no difficulty in articulating the consonant *p*, which, on the contrary, he repeats over and over again with astonishing rapidity; *his* difficulty consists in adding the *vowel* to it. But it is by no means uncommon for a *stutterer* to go through the same process of repetition when trying to pronounce a word commencing with a vowel.

It will thus be seen that the defects of speech called *stammering* and *stuttering* overlap, and it is not too much to say that in many, if not in most, instances, the one accompanies the other. The question whether a given case is one of *stammering* or of *stuttering* is therefore, in my opinion, more theoretical than practical, and I shall consequently, in order not unnecessarily to complicate matters, always use the term *stammering* to include both impediments.*

* " Mr. Behnke sets aside this refinement of onomatopœia and asks us, we think judiciously, to employ the term *stammer* for both, thus simplifying the matter at the onset, as the conditions are often identical and their differences quite non-essential."—*Journal of Laryngology*, July, 1891.

Mere indistinctness of speech, lisping, the burred *r*, the misplaced *h*, the defective *l*, *g*, or *k*, the substitution of *w* for *r*, of *b* for *m*, or of *d* for *n*, etc., do not come under the head of stammering in any sense of the word. Their causes are local, they are clear and unmistakable. The causes of *stammering*, on the other hand, are *not* local, but must be sought in disturbed action of the nervous centres concerned in the production of speech. If speech is to be perfect, there must be harmonious co-operation of the several mechanisms of respiration, phonation, and articulation, all of which are known to be under the direct and immediate influence of that portion of the brain which is known as the "bulb," or the "medulla oblongata," where the centres of these mechanisms are situated close together.

Spasm in these nervous arrangements may occur, and does occur, without any gross material lesion of the structure of the bulb, from disturbed molecular action simply; and this circumstance enables us to understand why special training of the affected nervous centre, with the view of inducing harmonious action of the three mechanisms concerned in speech, may succeed in overcoming the habit of stammering in a large number of cases, provided there are no local or general complications which would render a cure by elocutionary treatment alone impossible.

WARNING

A general notion prevails that a child will "grow out" of stammering, and in some instances the impediment does indeed diminish as the powers of reflection and of self-control increase with maturer age. But in the vast majority of cases the child will no more grow out of stammering than it would grow out of a physical deformity; the impediment will, on the contrary, increase, and become more and more intractable.

If stammering is attended to when first it shows itself, it may be prevented, and as prevention is proverbially better than cure, parents ought to be watchful of their children from infancy.

What shall we say of parents who are thoughtless and indifferent enough not only to *neglect* the first traces of stammering, but who even foster and aggravate the impediment by laughing at the little sufferer and by mimicking him? A mother who was in the habit of doing this once said in my hearing to her little boy: "Ch-arlie, will you have s-s-some c-c-cake?" Is it to be wondered at that Charlie replied: "P-p-please, m-m-mother"? And is it surprising that his younger sister, as soon as she was old enough to talk, also commenced to stammer? Charlie acquired the impediment by unconsciously imitating his father, from whom both children probably inherited a predisposition. Baby,

after the father's death, acquired it by unconsciously imitating Charlie, and the mother, by her folly, perpetuated the defect. It is a sad picture, but not, I am afraid, a unique one.

In another case which came under my notice, a mother who was a strict disciplinarian of the old school, now happily fading out of existence, looked upon the stammering of her little boy as the result of obstinacy or carelessness, and thrashed him accordingly. It is needless to say that he grew morose, sullen, and resentful; his speech became worse, and his whole character was ruined.

I am not here concerned with the way in which children should be treated in general, but only in reference to my special subject, and I say emphatically that parents should, upon the very first indication of an impediment of speech, display the greatest loving-kindness, and exercise the most patient and untiring perseverance in order to counteract and to correct any hesitation or stumbling.

Much mischief is also frequently done by school teachers, who, by indifference, impatience, and want of sympathy, intensify the impediment of a stammering boy, and thus unwittingly make his young life a misery. The poor boy, although knowing his lesson perfectly, cannot give a ready utterance to it, and the teacher passes him over with a cruel "Oh, I have not time to wait for you! Next boy!"

Just a few words about the teasing, the bullying, and the mimicking that a stammerer is frequently subjected to by his companions. Boys will be boys, of course, and we cannot expect from them the thoughtfulness which comes with maturer age; but they are naturally generous, and a headmaster with his heart in the right place will have little difficulty in showing them the cowardice of making fun of an affliction which is often worse than a curvature of the spine, though it may, to those without understanding, appear but a trifling matter. Should, however, the appeal to their higher nature fail, then the offenders must be sternly dealt with as would be the bully who torments a little fellow who is incapable of defending himself.

Causes of Stammering

In order to ascertain the causes of stammering in any given case, we have to inquire into it (*a*) from a pathological, (*b*) from a mental, and (*c*) from an elocutionary point of view. But although I propose, for the sake of convenience, to discuss the subject under these heads, it must ever be borne in mind that, so far from any of these different aspects being clearly defined in actual cases of stammering, they are, as a rule, inextricably mixed up with each other; and it is this circumstance which often makes it so difficult to grapple with the evil.

PATHOLOGICAL ASPECT

I heard some time ago a lecture by a gentleman who advertises himself extensively as a curer of stammering, in which he asserted that the more he had to do with stammerers the more he became convinced that there was nothing the matter with them physically, that their difficulty was entirely elocutionary, and that they could be completely cured by elocutionary treatment alone. *I deny this in toto, and assert, on the contrary, that there are very few cases of stammering indeed in which there is no necessity for medical aid before elocutionary treatment can be of the slightest avail.* Thus it is absolutely necessary first to treat any affections of the mouth or throat, or any general morbid condition of the system which may be present, and which may be exciting causes of stammering, or may aggravate pre-existing habitual stammering. Stammering is, indeed, sometimes entirely due to such nervous affections as epilepsy, hysteria, or locomotor ataxy, in which mere voice-training could not, in the nature of things, be expected to lead to any useful result, as in such cases the speech difficulty is but a symptom of a graver disorder. It is chiefly in the hope of calling the attention of medical practitioners to this matter, and of exciting their interest in it, that I have undertaken to write

this paper, and will venture to relate to you a few of my experiences, from which you will draw your own conclusions.

CASE I. is that of a young girl whom I had known for some years before her mother brought her to me with regard to an impediment of speech. She was very tall, very thin, easily fatigued, unable to sit upright, constantly desirous of lying down. I gave her a few lessons, but was dissatisfied with the result, and advised her mother to have her thoroughly examined by a medical practitioner. It was then discovered that she had slight lateral spinal curvature, for which she underwent treatment for a considerable time. Some years have passed since then, and not only has the spinal weakness been overcome and her health fully established, but the elocutionary exercises, which she has since resumed, have rapidly produced the desired effect, so that she has now lost her impediment completely and is able to gratify her wish to go on the stage. In this case, without doubt, the original cause of the stammering was debility of her nervous system, due to spinal affection.

CASE II. is that of the son of a medical man. The boy's naso-pharyngeal passages were obstructed by adenoid growths, which were diagnosed by the specialist to whom he was taken to be the cause of the impediment. The child was first operated upon,

and then sent to me, and, as a result of this preliminary treatment, I was enabled to effect a cure, which I am convinced I could not have done otherwise.

The surgeon who sent the patient to me furnished me with the following explanation of the case :

“The boy’s respiration through the natural passages was impeded, and as a result he had one, if not all, of several conditions. First, his lungs were not sufficiently aerated, and a vicious, inefficient, and jerky respiration resulted. This in turn led either to general venous congestion, implicating the brain, and so causing the boy to be neurotic, and in addition, to use a new word, aprosectic, which here signifies that he had not the power to pay proper attention to his speech-education; or it may, as it often does, also have impaired his hearing, not necessarily of ordinary sounds, but of the appreciation of the refinements of speech; and, lastly, actual congestion of the organs of voice and speech may have arisen which mechanically impeded them.”

CASE III. is that of a young man who was addicted to masturbation. This had been recognised by his medical adviser, but denied by the patient. The pupil had not, however, been in my house many days before I was convinced that his doctor’s suspicions were justified.

Of the good effects of surgical treatment for this condition as a preliminary to speech treatment I have at the present an example under my care.

If there is any reason to suspect that this practice is being carried on by stammerers of either sex, the family physician's advice should be sought as to the best means of dealing with the matter.

Other points of irritation besides those just mentioned are nasal polypus, deflected septum, or any other nasal blockage, enlarged tonsils, elongated uvula, decayed teeth, intestinal worms, etc.

Having thus insisted that it is in most instances impossible for the treatment of stammering to progress satisfactorily and thoroughly without medical aid, or at least without preliminary medical inspection and authoritative assurance as to absence of constitutional cause, I must also express my conviction that the cure of stammering by medical treatment alone, unassisted by elocutionary aid, is equally impossible; *it cannot create new habits of speech*. These have to be carefully and patiently formed by the teacher.

MENTAL ASPECT

A stammerer, when alone or in company with intimate friends, can frequently talk as easily and fluently as persons not afflicted; yet the moment he has to address a stranger his power of utterance is

impeded, or even completely suspended. Here we have incontestable proof that his organs of speech are perfectly normal, and that his difficulty is not physical but mental.

Amongst mental causes of stammering may be mentioned timidity, shyness, distrust, fear of ridicule, eagerness, impatience, excitement, envy, and irritation. A person may even stammer in his thoughts in consequence of flightiness and for want of concentration; this will of necessity be reflected in his speech. Such cases are generally put down to nervousness, which, however, may in some circumstances be not the cause but the result. I say advisedly that these cases of nervousness in which the physician has been unable to detect an objective cause are essentially those to be treated by the skilled and patient teacher, and that they can neither be alleviated by tonics nor by general gymnastics.

The instructor must first of all gain the most absolute confidence of, and influence over, his pupil, and then lead him into habits of calmness, of deliberation, and of self-reliance.

It is also important to divert the sufferer's mind from his impediment, for the more he concentrates his attention upon it, the more will his difficulty increase. To this end it is sometimes useful to direct the stammerer to accompany each troublesome syllable by some slight movement of a finger,