Trouble with words: The campaign for recognition of dyslexia in the 20th century

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In 1987, the UK Government announced that they were dispelling what they called 'a myth'. The myth was 'that the Department of Education and Science and its Ministers do not recognise dyslexia as a problem.' In fact, they said, 'The Government recognise dyslexia and recognise the importance to the education progress of dyslexic children, their long-term welfare and successful function in adult life, that they should have their needs identified at an early stage. Once the assessment has been made, the appropriate treatment should be forthcoming.'

In the years that followed 1987, dyslexia provision expanded. With the election of New Labour in 1997, the increasing priority afforded students with special needs in state education, and the more generous financial incentives available for support, amongst other factors, record numbers of children were assessed and diagnosed. Funding retrenchment in recent years has threatened this progress, but dyslexia – a learning difficulty that affects the accuracy and fluency of reading and spelling – is now widely recognised across society and government. Recent estimates suggest it affects up to 10% of the population.

But where did dyslexia come from? And how has this progress been achieved? This new project, which started in late 2016, is charting dyslexia's history, building an archive of material and audio collections at St John's College. To date, it's collected 23 interviews with some of the pioneers of dyslexia research, provision and advocacy. It also holds the records of some of the leading dyslexia organisations. These include the Word Blind Centre, which in the early 1960s became the first organisation in the country to assess and treat dyslexic children. It also includes later organisations like the British Dyslexia Association, Helen Arkell Centre and the Dyslexia Institute. Most of the evidence here comes from these sources.

In this presentation, I'm going to provide a short overview of dyslexia's history. One of the ongoing challenges of the project is to adequately represent the voice of those with dyslexia, especially in dyslexia's earlier years. That's a challenge yet to be resolved, and this presentation focuses mainly on the advocates, researchers, teachers and policymakers that have influenced dyslexia's history. Where possible, though, I'll try and speak to how academic and policy debates have actually affected children's lives and also, through children being research participants and going on to try and help others with the condition, how they've driven progress themselves.

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The earliest reference to symptoms that would now be considered dyslexia was by the German physician, Adolph Kussmaul. In 1877, he coined the term ‘word blindness’ (*Wortblindheit*). Kussmaul was the first to delineate reading problems as a significant research concern in their own right. He also deviated from the orthodoxy that such problems could only occur in patients who had acquired some form of brain lesion, most obviously stroke. Ten years later, the term ‘dyslexia’ was coined by another German and ophthalmologist, Rudolph Berlin. Berlin did this to bring the term in line with contemporary international medical literature, which elsewhere described the similar conditions of alexia and paralexia. These terms referred to other kinds of reading disturbance, but have largely been lost today.

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Following the German lead, a series of papers by British doctors were published in the *Lancet* and the *British Medical Journal* from the 1890s onward. They included works by the Scottish ophthalmologist, James Hinshelwood; and the physicians, William Broadbent and William Pringle Morgan. This work broadened the German accounts to consider children and therefore the congenital and developmental aspects of dyslexia, and weakened the strictly optical early accounts of its aetiology.

As you can see, there were also debates over the definition of the term. For example, this is Broadbent and Hinshelwood debating whether word-blindness is a useful term, given that, in Broadbent’s opinion, it does not reflect the full extent of the difficulties he is seeing in his patients. It is clear that neither Broadbent nor Hinshelwood are always describing quite what we would call dyslexia today. What’s perhaps more interesting here is these debates over the definition of the term, and criticism that it is too nebulous, have marked dyslexia’s entire history, coming to prominence recently via the ‘dyslexia debate’, as we will see later.

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Perhaps the most important writer of this time, although not the most prolific, is William Pringle Morgan. Pringle Morgan was a physician from Seaford in Sussex. By convention, it is often Pringle Morgan’s 1896 account of a boy called Percy that is cited as the first reference to what might clearly be called dyslexia today. It’s a very short account, only about half a side.

Pringle Morgan describes Percy F., who he has encountered during the course of his practice, like this: ‘Percy F. – a well-grown lad – is the eldest son of intelligent parents, the second child of a family of seven. He has always been a bright and intelligent boy, quick at games, and in no way inferior to others of his age. His great difficulty has been – and is now – his inability to learn to read. This inability is so remarkable, and so pronounced, that I have no doubt it is due to some congenital defect.'

'He has been at school or under tutors since he was 7 years old, and the greatest efforts have been made to teach him to read, but, in spite of this laborious and persistent training, he can only with difficulty spell out words of one syllable.'

We haven't tried to find Percy yet, but presumably the pseudonym is his actual name and initial, otherwise the inclusion of the initial is quit odd. So we're hopeful that we might be able to find out something about Percy's life.

What's interesting about this case-study is it sets down several characteristics of the dyslexia definition that end up lasting for several decades. Some are still current today. The first is that dyslexia is a predominately middle-class condition. Percy, as we see, has had the benefit of tutors. Elsewhere, it's referenced that he's unable to spell the name of his father's house. It seems fairly clear that Percy's family is a wealthy one.

The second is that dyslexia is only found in those who are otherwise high-performing. The so-called discrepancy model. In the second sentence of his article, Pringle Morgan highlights Percy's intelligence. This notion, that dyslexia could only be found in intelligent children, is one that endured for several decades. It also contributed, along with the previous point, to the notion that it was a largely middle-class phenomenon.

And finally, Pringle Morgan's focus on a child with dyslexia, and his observation that Percy was resistant to instruction, helped cement the notion of dyslexia as a developmental issue. Unlike the other two characteristics, this is one that has better stood the test of time.

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After these Victorian writers, there is a curious lull in research interest in dyslexia in Britain until the middle of the 20th century. Hinshelwood publishes a monograph on the topic in 1917, *Congenital Word-Blindness*. But with that the research world largely goes silent. Across the Atlantic, there was continuing interest from researchers like the neuropathologist, Samuel Orton. And in Copenhagen, the pioneering Edith Norrie set up the Word-Blind Institute in the late 1930s. But in Britain, there is little.

Of course, there were still children struggling with dyslexia. This is a school report from a child who would almost certainly be considered dyslexic today.

Her name was Louise, and she went to school in the 1930s, and she was my grandmother. The reports read: Louise is splendid worker, but must still try hard with her reading and spelling. Louise is very intelligent, but her reading and spelling are below standard.

What we see here is the continuing connection between intelligence (I'm pleased to say!) and reading difficulties, but no reference to word-blindness or anything else that might be causing this difficulty, just description of the difficulties themselves. As far as I know, my grandmother, who we always assumed to be dyslexic, as is my brother, was never formally diagnosed.

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Although reference to or knowledge of word-blindness does not seem particularly widespread during this period – in schools or research – there is some occasional attention to the term in the 1940s that is important to highlight. I'm going to mention two references in particular.

The first is by Sir Cyril Burt. Burt was the first educational psychologist appointed by a governmental body in Britain – the London County Council in 1913. He's a very controversial figure. He was a eugenicist, who was posthumously found to have fabricated some of his more notable findings. His work is interesting to note here, though, because although he does not focus on the term, he does reference word blindness in surveys of children with reading difficulties broadly in the 1940s. In this way, he shows how institutional interest in dyslexia was increasingly shifting away from medicine during this period and toward childhood education and psychology. These areas would come to dominate interest in dyslexia in the future.

The second, which also exemplifies this shift, is Millfield – the private school in Somerset. In 1942, Millfield became the first school in the country to address word blindness, admitting Martin Attlee, the son of the future Prime Minister, specifically to help him with the condition.

At this point, it's perhaps worth providing a little context on how 'deficient' pupils were viewed at this time. Burt, again, is a useful character to use to look at this. His first appointment at the London County Council in 1913 was in response to the Mental Deficiency Act of the same year, which set up a distinction between normal and 'feeble-minded' children. One of the criterion for being considered 'feeble-minded' was that children be 'incapable of receiving proper benefit from the instruction in ordinary schools.' As we have seen with Percy, this is exactly what children with word blindness might have exhibited. It therefore seems likely that at least some dyslexics might have fallen under this category.

The sociologist Tom Campbell, in a Foucauldian analysis of word-blindness in the late 19th and early 20th centuries, has also explored how economic and social changes constructed word blindness in particular ways. In his view, dyslexia became a problem as the demand for literacy in society increased, and as literacy became crucial to the capitalist functioning of the economy as a whole. It is true, of course, that reading difficulties are only 'disabling' in a society that requires high-levels of literacy.

Compulsory education, too, provided the framework through which reading difficulties like dyslexia could actually be identified in the population. As opposed to the anecdotal cases of the medics described above.

In this way, the emergence of dyslexia has, in a very real sense, been about the revaluing of desirable cognitive traits as British education and economy were restructured from the end of the 19th century.

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It was in this context that interest in the condition fully re-emerged in the early 1960s. And through a quite different conception of children than that espoused by the Mental Deficiency Act of 1913 and its notion of 'feeble-minded' pupils.

The Word Blind Centre was created by the Invalid Children's Aid Association; an organisation founded in 1888 and dedicated to assisting poor children who were either seriously ill or handicapped, in the language of the time. It emerged after a conference on word-blindness in 1962 at Barts Hospital in London, chaired by Alfred White Franklin, a paediatrician at the hospital. Through personal networks of interested parties, and identifying other academics through the few publications in Britain on the topic at the time, White Franklin brought together several speakers.

They included Macdonald Critchley, a neurologist and once president of the World Federation of Neurology; Patrick Meredith, a professor of psychology at Leeds; and Tim Miles, a lecturer in psychology at the University College of North Wales in Bangor; amongst others. These three all sat on the Centre's first committee, alongside Maisie Holt, who would go on to lead the Word Blind Clinic at Barts Hospital, a sister organisation; and Oliver Zangwill, the famed Cambridge neuropsychologist. The Centre's first director was Alex Bannatyne, whose tenure was brief, but whose successor, Sandhya Naidoo, served as director until the Centre's closure.

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The total number of children helped by the Centre is difficult to gauge, as records are partial. The Archive contains all of the records that we know about. It is recorded that in the Centre's first eighteen months, it helped a little over 100 children. Given the Centre's duration, and that it expanded little beyond its initial size, it seems likely that several hundred children were assisted, but probably less than a thousand.

The Word Blind Centre's clientele was predominately middle-class, but not only. Awareness of the Centre was initially spread through social networks, which perhaps explains some of this class bias. Many of the case records show that children were coming from Surrey, Berkshire, South West London, Wimbledon and places like that. Later, children were sent to the Centre by Local Education Authorities, who paid for places. This additional funding seems to have broadened the social mix, creating some poignant parallels.

For example, one case file notes that, 'Father can't read & mother is apt to pin all the blame of children's backwardness onto Dad. Mother is resentful of any suggestion that her children are not normal'. It's clear from the case files that the family is struggling financially. Another contains a letter from an American mother, whose family are spending a sabbatical year in London as the father is Professor of English. Self-funding, they ask whether their dyslexic son might be assisted by the Centre during their time in England. Two families facing the same challenge with their son, and with vastly different means to pursue this, briefly brought together in the same place.

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The Centre did not just assist children directly however. It also lobbied the Ministry of Education on their behalf. However, authorities at this time were unwilling to recognise the condition, citing a lack of evidence. It's likely that they were also concerned by the amount of resources that would need to be expended to deal with the problem.

In late 1962, for example, White Franklin wrote to the Ministry about a preliminary report on reading delay in children by the Ministry's Medical Officer, Dr Horne. 'He does not appear to mention word-blindness, specific dyslexia or developmental dyslexia except to say that the Survey aimed at determining whether the condition existed. Am I to understand that he is still sitting on the fence?' Horne replied, somewhat tersely, 'It is quite correct to understand that I am still "sitting on the fence", for this survey is not yet complete. Surely it is logical to conclude before reaching conclusions? In the course of this survey, I have been surprised at the depth of feeling expressed about some of the terms.'

White Franklin was not to be put off, ‘I cannot imagine you have not made up your mind about cases that you have already seen… Will you be good enough to help me over this by letting me know the answer to one simple question, - ‘As far as you have got with your survey have you seen a single case which you would accept as a case of specific developmental dyslexia?’’ Horne, it turned out, had come to a conclusion: ‘Your short question looks so easy to answer, but it represents too simple a concept of the underlying factors causing reading delay. For this reason my answer must be “No”.’

In 1963, the year after, Horne followed-up his meeting with White Franklin by meeting Professor Meredith, another of the Word Blind Centre’s committee. ‘Throughout the discussion’, says Horne, ‘I considered that Professor Meredith was not closely familiar with the detail of the problems of reading difficulties. He said that his interest in the subject only arose about a year ago – presumably at the time of the Bart’s meeting [the conference that had established the Word Blind Centre].’ Horne continued, ‘In conclusion, I pressed Professor Meredith as to whether he held the view that reading delay existed in a varying degree of severity, or whether at the most severe grade were a group of children who had distinctive features whereby they could be called “specific dyslexia”. He replied that he held the latter view. I replied that amongst the 350 children that I had seen I found no evidence to support this view. Professor Meredith replied that these children [dyslexic children] were undoubtedly very rare.’

Efforts to bring dyslexia to the attention of senior policymakers were also attempted through the *social networks* of the Word Blind Centre. Macdonald Critchley’s son, Julian, an MP, was able to bypass (almost) the civil service, arranging a meeting for himself and his father in 1964 with Sir Edward Boyle, then Minister of Education. But in a briefing prepared for the Minister by Horne (again), Critchley’s expertise is somewhat undermined. Horne suggests that Critchley struggles to provide a clear definition of dyslexia in his published work -a problem, he says, that marks the field more broadly. Boyle, the Minister, left his post the same month, so as advocacy it was unfortunately timed, and undermined by the reticence of the civil service.

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The Word Blind Centre also had a significant effect on research on the condition. Two books published by those attached to the Centre became landmarks. In 1970, Critchley published *The Dyslexic Child*. Two years later, Sandhya Naidoo, the Centre’s longstanding director, published *Specific Dyslexia*. It was one of the first detailed analyses of children with dyslexia based on her work at the Centre, and a text that set a benchmark, in its careful methodology and empirical rigour, for future research.

In the US around this time, the work of Frank Vellutino was also becoming more and more influential. His belief that dyslexia was not a visual perceptual impairment but a verbal coding deficit, has become the most prominent explanation of the condition and is still the basis for current consensus. Thus, writing in 2000, Maggie Snowling, a leading psychologist of dyslexia (and my boss!), defines dyslexia as, 'a specific form of language impairment that affects the way in which the brain encodes the phonological features of spoken words. The core deficit is in phonological processing and stems from poorly specific phonological representations. Dyslexia specifically affects the development of reading and spelling skills but its effects can be modified through development leading to a variety of behavioural manifestations.'

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The Word Blind Centre was always intended as a temporary venture, and only had funding as the same. But it provided a firm foundation for future work. The ambition for better awareness and support for children with dyslexia was mobilised principally through the British Dyslexia Association. The BDA was an assemblage of 8 local dyslexia associations, which had formed during the 1960s: Bath, Cambridge, Essex, North London, North Surrey, Northern Ireland, Scotland and West Surrey. The BDA's creation was driven by Marion Welchman, who had connections with both the Word Blind Centre and the Orton Society in the US.

Like the Word Blind Centre, the BDA's steering committee was chaired by Alfred White Franklin. Formalised in 1972, the British Dyslexia Association joined several others dedicated to understanding and treating dyslexia. These included the Helen Arkell Dyslexia Centre, opened in 1971 by the eponymous Helen Arkell; the Dyslexia Institute, created in 1972 by Kathleen Hickey and Wendy Fisher; and Barts Hospital's own dyslexic clinic, under the stewardship of Bevé Hornsby since 1969 and Maisie Holt before that. Together, they would succeed where the Word Blind Centre had not, in embedding dyslexia into British policy, education and society.

As you may have noticed, many of these figures were women. By the early 1970s, dyslexia advocacy, teaching and much of research was led by women. Many of them were inspired to enter the field through personal experience of dyslexia, often, but not only, as mothers of children with dyslexia. In this way, their engagement was predicated on a novel intersection of personal engagement and emotional care, paving the way for the later successes of the movement. Marion Welchman was inspired by the lack of provision (and sympathy) at school for her dyslexic son, Howard. For Wendy Fisher, it was the similar experience of her dyslexic daughter, Sophy. Helen

Arkell had grown up in Demark with dyslexia herself, and was initially diagnosed by Edith Norrie of the Word Blind Institute in Copenhagen.

In some ways, these are quite tame stories. Other interviews for the project have spoken of dyslexic children, prior to recognition or specific support, being referred to as stupid and/or indolent. One former headteacher of a dyslexia specialist school recalls, ‘some of them [children] when they came were so damaged and bruised by their experiences at independent schools or prep schools. One dear little kid, he was tiny, and one of the masters had just thrown him across the room. He was just frightened out of his wits of males.’

The increasing number of women in the dyslexia movement in the early 1970s had a particular geography, too. At least at first, they were not to be found in the formal channels of power, including government, such as could be accessed by White Franklin, Meredith and Critchley. Officials at the Department of Education and Science, as it was called by then, were uniformly male. The ability of these women to pursue their interest in dyslexia, though, remained entwined with their privileged status in other respects, albeit a status derived from a patriarchal professional landscape. Many were the wives of husbands (or came from families) of means, thus able to work for little or no salary, which is what the dyslexia movement, absent state recognition and central funding, required at this time. Others were able to start organisations to help children through social networks.

Helen Arkell, for example, facing increasing demand for her informal instruction of friends’ dyslexic children, was able to use her personal connections to ‘beg, borrow or steal a house in London and so set up [a permanent facility] there’ in 1971. When this became impractical, larger premises were secured in Frensham, Surrey. The first teachers employed by the Centre were recommended by Critchley, who Arkell knew through the Word Blind Centre.

In the mid-1970s, Daphne Hamilton-Fairley, a speech therapist, encountered increasing numbers of children with dyslexia, and, like Arkell, the necessity of a specialist school became apparent. Financial and logistical support for its founding was acquired through parents, mainly fathers. A ‘Spell Ball’ was hosted at the Intercontinental Hotel on Park Lane in 1976, raising over £50,000. ‘It was magic from the point of view of parent power, really, and how they’ll fight for their children,’ Hamilton-Fairley recalls.

Such progress was made despite several obstacles faced by these women. These included more obvious sexism, as well as imbalances in the professional landscape. Tim Miles recalls that Marion Welchman, who would later become perhaps the leading figure in the movement, was introduced to the Word Blind Committee ‘in a rather disdainful voice as ‘a mother from Bath who thinks she may be able to do something.’ Ann Cooke, a later director of the Bangor Dyslexia Unit with Tim Miles, recalls that because many of the women there worked part-time, ‘We were all paid on what I call ‘pinkies’; claim forms that you put in every month or every half term.’ Despite starting at Bangor in the 1970s, Cooke did not receive a formal salary until 1995, shortly before her compulsory retirement date. In this way, the dyslexia movement was firmly entwined with the social position of women at the time.

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In the policy arena, progress was being made, albeit slowly. A key moment here is the Warnock report into special educational needs of 1978, the first government document to use that term. The BDA, the Dyslexia Institute, Bevé Hornsby, and the Bangor Dyslexia Unit all contributed evidence. The statementing process implemented by the report also, for perhaps the first time, gave parents, teachers and children a direct mechanism for acquiring dedicated support. At the same time, it is interesting what the report was not able to do. Baroness Warnock recalls that when her committee was first set-up, she was summoned by a senior civil servant, who told her that, ‘you should not suggest that there is a special category of learning difficulty called dyslexia.’ When Warnock challenged him using the example of a dyslexic boy she knew personally, she was told, ‘Well, I expect he is a middle-class boy.’ As of the 1970s, then, educational authorities were still somewhat dismissive of the topic.

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But as we have seen, by the late 1980s, government views had changed. In Hansard, between the late 1970s and late 1980s, increasing reference is made to the BDA, reflecting the lobbying work that they were undertaking. In 1987, the European Dyslexia Association was formed, based substantially on the model of the BDA and amalgamating similar organisations in Belgium, Denmark, France, Germany, Holland, Ireland and Norway. In research, as we have seen, greater coherence was being brought to the field. The arguments of the Ministry of Education in the 1960s, that there was no firm evidence of the condition, were much less valid.

With the advent of neoliberal agendas, the economy was also changing radically; education increasingly become the mode through which children would be given the skills to become productive workers in a post-industrial labour market. High literacy ability, more than ever, was necessary in a sizeable proportion of British workers. Dyslexia was also becoming more well-known in society more broadly. The actress Susan Hampshire, who has dyslexia herself, worked tirelessly to raise awareness of the condition. In the early 1990s, the *Daily Express* ran a campaign along the same lines.

The importance of individuals is also difficult to overstate. With the appointment of David Blunkett, the Secretary of Education was, perhaps for the first time, a person with direct experience of dyslexia. Two of his sons have dyslexia, and possibly Blunkett himself, he says. He did, as such, take the condition seriously. Blunkett also recalls that although discontent rumbled on about the term from some quarters, little direct criticism was made, 'because we were in a quite powerful position. We'd got a massive majority, the commitment of the Prime Minister, someone who himself had been to a special school with at least two sons who'd experienced this particular specific educational need, a very understanding ministerial team, and we'd got Michael Barber heading the standards unit – so it was quite formidable for people to take it head on.'

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In the 21st century, there have been gains and losses for children with dyslexia. Today, the term is perhaps as widely known as it has ever been, but the austerity politics of recent Conservative governments have led to retrenchment in the area of special educational needs, including declining numbers of SENCOs (special educational needs coordinators) in schools. While the British Dyslexia Association continues, the Dyslexia Institute entered administration in 2017, and other groups have faced funding challenges.

The 'dyslexia debate' continues, too. In 2009, an independent review chaired by Sir Jim Rose attempted to settle the question of dyslexia's definition, but there have also been well-publicised critiques of the term from dissenting academics and policymakers. In this way, they reflect one of my first slides which showed the debates between Broadbent and Hinshelwood.

The history of dyslexia shows, then, the great progress that has been made for children with reading difficulties in the 20th century, but also the potential losses if this progress was to be undone in the future.

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