

Norway

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Present state

In Norway phoniatrics is not yet established as a special field of medicine. However, patients suffering from voice/speech/language/communicational disorders do exist - they are taken care of by therapists from contiguous medical and pedagogical areas. Bredtvet center for logopedics (Oslo) is the central national institute for speech and language disorders. The center is administered by the Department for Church and Educational Affairs and not through the health administration. A phoniatrician is wanted as specialist and consultant, as well as coordinator of the existing therapeutic services.

History

From 1827 the Norwegian law stated that every Norwegian citizen had the right to, and was obliged to, go to school at least two months per year for seven years from the age of seven. This law of course also included those with e. g. speech, hearing and mental disorders who did not benefit from education in normal classes. Consequently the authorities should have organized special education for these groups of people, which indeed was done, but to a very limited extent. Special education was largely initiated locally by interested teachers organizing special education services within the ordinary public schools or privately. A few appropriate institutions did though exist. The first one was a public institute for the deaf (Trondhjem). It was established in 1825, teaching sign language and aiming to educate the deaf children to be "Christian people having some craft or profession". Several schools for the deaf were to be founded in the forthcoming years.

Articulation was included in the teaching from about 1850. Thereby the teachers were automatically experienced in dealing with speech disorders, which appears to be the main reason why the later initiative for special care for speech disorders came from teachers/directors of schools for the deaf. These teachers often gave private instruction and therapy in their homes to people with various speech disorders (e. g. stammering). One of the teachers, Director J. A. Lippestad, managed to have the local authorities in Oslo establish an institution for the bringing up of mentally abnormal children in 1874. He divided the institution (from our present point of view very adequately) in two departments: 1) for the retarded and imbecile children "considered to have a certain developmental potential" and 2) "for the normally gifted children, who because of undeveloped articulatory or respiratory organs, nervous, organic or other deficiency - stammer, have poor articulation, fail to pronounce all speech sound properly or having unintelligible speech". The State took over the institution in 1892.

In 1917 Miss Jacobine Rye, teacher for the deaf in the public school, Oslo, proposed for the Department for Church and Educational Affairs that Norway should establish a National center for the treatment of speech disorders, as had been done in Denmark 25 years earlier. Her idea gained support from her

colleagues and in the Department, and the National Assembly voted for a one year financial support for the arrangement of courses for the therapy of stammering, cleft palate speech and other speech disorders. One teacher, school director Hans Eng, was given a grant for a 6 weeks visit to the Danish State Institute for speech disorders.

In 1919 Jacobine Rye, Hans Eng and co-workers organized a private subscription for the establishment of a fund for the purchase of a school building for speech disorder therapy. The fund was sufficiently large to cover half of the expenses. The National Assembly voted for the other half - as well as for the annual school budget, which was administered by the Department for Church and Educational Affairs - and the Granhaug public school for children and youth with speech disorders was a reality. Its first director was Hans Eng. The school had three departments for people suffering from 1) stammering (therapy: speech training) 2) cleft palate (therapy: surgery or obturator, speech training) 3) articulatory disorders (therapy: speech training). Therapeutic methods were continental, based mainly on German and Austrian principles. The patients' expenses for therapy, education, board and lodging were covered by the authorities for all school age children - and for others who needed therapy, but was unable to pay for it. From 1920 Frithjof Leegaard, MD, was engaged as the school's ENT consultant (part time). The other members of the staff were teachers with no special education, but with considerable experience from articulation therapy in schools for the deaf. A dentist consultant was engaged from 1935, dr. odont. Arne Balm, before that time the obturators for the cleft palate patients were constructed at the High School for odontology, Oslo, in close collaboration with the teacher of articulation.

The school's organization and activity changed little till 1967, when the institution moved into its present location at Bredtvet, Oslo.

The Bredtvet center for logopedics is still administered through the Department for Church and Educational Affairs - and is under the leadership of a school director, Lorange Hansen. The school has 11 departments, respectively for 1. observation 2. preschool affairs 3. delayed speech 4. cleft palate 5. audiopedagogics 6. stammering 7. voice disorders 8. dysphasia 9. reading and writing disorders 10. rehabilitation (at Granhaug) 11. decentralized services ("traveling Logopedie") - in addition to normal public junior school. Out-of-town pupils/patients may live at the center, if necessary along with an accompanying person, for therapy and school. The center has an important function in diagnosing and coordination of decentralized therapeutic intervention all over the country. A total of 150 people are engaged at the center, full time or part time. Full time logopedians or specially educated teachers perform speech and language training. Psychologists, physiotherapists, nurses, paramedical staff and MD consultants (ENT/audiology, pediatrics, psychiatry, neurology) are largely part time engaged. Bredtvet center has its own odontological department for cleft palate treatment, and has close connections with (among others) the Dpt. Plastic Surgery and the Dpt. ENT and Audiology at the National Hosp. Norway (Rikshospitalet, Oslo).

The education of logopedians (based on a two year teacher's education), was properly organized with courses at Granhaug from 1946. From 1961 the logopedians are educated at a National High School for special education near Oslo as a two year training on top of teacher's education. The logopedians now

work for university level training and academic status. Most logopedians work all around the country at schools or health institutions. They represent the speech and language therapy "know-how" in the absence of the phoniatician.

Some 40 years ago, the exact date so far impossible to trace, the neurologist Professor G. H. Monrad-Krohn, MD, head of the Dpt. Neurology at the National Hospital of Norway, Oslo, took interest in speech disorders (mainly in prosodic disturbances) and established a position for a phoniatician at his department. Nobody ever wanted the position, which subsequently was withdrawn. This is so far the closest Norway has been to phoniatics, formally speaking.

Docent Sverre Quist-Hanssen, MD, head of the Institute of Audiology at the National Hosp. of Norway (Rikshospitalet, Oslo) until retiring in May 1979, has been the man who has functioned as the phoniatic consultant for the whole of Norway - in addition to his work as audiologist and ENT surgeon. For years he has been, and still intends to be, the consultant of ENT and audiology at Bredtvet center for logopedics.

The neuropsychologist Ivar Reinvang is head of the Department for Aphasia and Rehabilitation at Sunnaas Hospital near Oslo, established and financed by private donations after the initiative of Professor K. Kristiansen, MD, Dpt. Neurosurgery, Ullevål Hosp. Oslo. It is a center for aphasia diagnosis, therapy and the education of aphasia therapists, serving the Oslo region, also being consulted from all parts of Norway.

The author has been fascinated by phoniatics for years, but in a wider sense than the UEP defined phoniatics. If I shall be the person to introduce phoniatics as a separate field of medicine in Norway, the Norwegian phoniatics will be more oriented in the neuro-communicational direction than traditional European phoniatics. This is due to a number of factors, among which I might mention

- 1) the present organization of voice/speech/language/communicational therapy in Norway at Bredtvet center for logopedics, where there is an expressed wish for a widely oriented medical consultant/coordinator
- 2) the problems of diagnosis which is not solved within the existing system are largely a) organic or psycho-social etiology b) deviant or delayed development - which calls for improved neuropsychological/neurophysiological methods
- 3) my own interests with a background in psychoacoustical and neuropsychological research
- 4) my belief that major improvements in the phoniatic field will evolve from the clinical application of neuropsychological and neurophysiological knowledge and techniques.