

Introduction

A number of histories of the development of speech and language therapy (SLT) in the UK have been published over the years. These include early work by van Thal (1945), Macleod (1945) and Wilkins (1948) through to work by a number of later authors (Eldridge 1968, Horseman 1983, McGovern 1994, McCartney 1996, Robertson, Kersner, & Davis 1995, Stansfield and Armstrong 2016). Most, although not all (e.g. Sykes 1962, Hoegaerts 2015) were written by SLTs. Some authors have explored specific conditions, such as the history of cleft palate therapy (Morley 1980) or stuttering (Rockey 1980, Hoegaerts 2015), others especially in the SLT professional body's magazine 'Bulletin' (e.g. Horseman 1983) consider how policy changes have influenced service delivery. There are also SLT-based autobiographies (e.g. Woodhead 1953, Brown 1971, Hollingworth 1993) and biographies (e.g. Rockey 1977, Logue and Conradi 2010).

These histories have used a range of sources, many of which have, until very recently, been difficult to access. They draw upon personal papers (e.g. Logue and Conradi 2010), advertising materials such as those by Hunt (1857) and Beasley (1888), written treatise (e.g. Thelwall 1810), scholarly books, (e.g. Wyllie 1894, McAllister 1937, Kingdon Ward 1941), doctoral theses (Rockey 1980) and publications in the professional journal (Armstrong and Stansfield 1996, Stansfield and Armstrong 2016). While increasingly, early works have now become available in facsimile form (e.g. Thelwall, 1810), the majority of historical materials are fragile and have limited availability.

The British Society of Speech Therapists (BSST) established the biannual publication, '*Speech*' in 1935 (Armstrong and Stansfield 1996) while the rival organisation at the time, the Association of Speech Therapists, had no comparable publication (Wilkins 1994). Eventually when the two organisations merged, this BSST journal became the organ of the newly formed 'College of Speech Therapists' in 1945. The journal has gone through a number of changes of name over the 80 years of its existence, moving from '*Speech*', to '*Speech Pathology and Therapy*' in 1958 and subsequently the '*British Journal of Communication Disorders*' (BJDC) in 1966, '*European Journal of Communication Disorders*'

(EJDC) in 1992 and '*International Journal of Language and Communication Disorders*' (IJLCD) from 1998. Two previous papers have traced the changes in the journal between 1935 and 1965 (Armstrong and Stansfield 1996, Stansfield and Armstrong 2016).

The aim of this study was to extend this survey, to bring the content analysis up to the present day, exploring the similarities and differences between the early volumes of the journal and those subsequent to 1965, better to understand the development of the UK SLT profession and to offer an academic complement to the online history of the UK SLT profession at the Royal College of Speech and Language Therapists that will be available on www.rcslt.org. The current study covers the years 1966 to 2015.

Method

Manchester Metropolitan University (MMU) holds a full run of the professional journal from 1935 to the present day. Paper versions of the journal published between 1966 and 2015 were sourced from the archive of MMU. These journals are now also available electronically via RCSLT membership.

Where possible, categories for content analysis (Nelkin 1987) followed those used in the first two studies in this series (Armstrong and Stansfield 1996, Stansfield and Armstrong 2016). These were technical, e.g. journal presentation, editorial matter; and academic, i.e. the authored papers. Although possible in analyses from 1935-1965, it was not possible to ascertain gender or profession of the authors during the current study and so these were excluded from the analysis, as was the number of references, which were better established as a convention by 1966. Because of the size of the data-set, the analysis is reported by journal title. The data-set will be available via the history section of www.rcslt.org.

Some of the categories required only direct counts (e.g. number of authors) while two required a classification system to be used before counting was possible, these being paper topic and paper methodology. Initial topic areas were identified by the first author with a 10% sample being surveyed by the second author to verify and confirm agreement. The topic areas were based on those used in the two previous papers in this series. Subsequently, the

second author, as a developmental specialist, also scanned all 437 papers allocated to the topic 'developmental speech and language disorders' to establish whether these should be further subdivided. A classification system for describing the methodologies used in the papers was developed by the third author (definitions can be found in the appendix) and 10% of these were checked by the first author to verify and confirm agreement.

Results

Number of issues

A total of 50 volumes of the journal appeared in the calendar years between 1996 and 2015 – 26 as BJDC, six as EJDC and 18 as JLCD. Unlike the previous change of title from *Speech to Speech Pathology and Therapy*, volume numbering was continuous despite name changes. Two issues per annum appeared until 1978, three until 1991, four until 2005 and six thereafter, making a total of 184 issues for this study. Occasionally additional issues were published (e.g. 1997, 2008). Journal issue supplements that focused on RCSLT conference proceedings were excluded from this analysis. The number of papers per issue eclipsed those of the earlier versions of the journal from 1935 to 1965 (in which four papers per issue was the mode and only four issues included six or seven papers which was the maximum at that time) – see figure 1.

Figure 1 about here

Technical issues

The cover of the journal reflected the name changes over the years, but also, at some points, changes in publishers. There was a move from in-house publication by the professional body (1966-87) to Cole and Whurr (1988-9). Whurr publishers took over the publication in 2000, initially using their house colours of red, black and white, changing in 1992 to the dark blue with white lettering which was retained until the end of the study period (and which currently appears on all on-line issues of the journal from 1966 to the present

day). As this change took place, there was also a move from having linen-effect card to a glossy cover. After the final issue of EJDC in 1997, Whurr was succeeded as publishers by Taylor and Francis (1998-2006), Informa (2006-10) and Wiley-Blackwell (2011-date). Figure 2 shows the different covers.

Figure 2 around here

Paper quality throughout the period was smooth and thus, despite a serif font being used, papers were considerably more legible than in the early days of the journal. In addition to colour changes, other stylistic variations included a cessation of regular editorials from 1979, moving the contents list from inside the front onto the back cover in 1984, abstracts in French and German as well as English for the short lived EJDC and a change in dimensions to taller, wider issues from 2011.

Authored papers

A total of 1472 authored papers appeared in the journal from 1966 to 2015: 520 in BJDC, 196 in EJDC and 756 in IJLCD. While most papers in the earlier analyses were single-authored, during the past fifty years there has been a continued trend towards more multi-authored papers: BJDC average number of authors = 1.72; EJDC = 2.44, IJLCD = 3.26.

Table 1 shows those authors who had 10 or more papers published during the past five decades and their country of origin.

Table 1 about here

As in previous analyses, most of the papers originated in the UK but in the past 50 years papers have been published from a wider range of countries. The journal has become more international both in terms of the range of countries represented (see table 2) and of authors collaborating in two or more countries (see table 3). Table 2 only shows countries

and country pairings that produced five or more papers. Overall, there were 116 different patterns of authorship by single country or multiple countries. UK remained by far the country from which most single-authored papers were published over the fifty years (53%) followed by USA (13%) and Australia (8%). International collaborations included up to five countries (in one instance). The range of country pairings developed over the past 50 years: BJDC – 6; EJDC – 15; IJLCD – 58 (different pairing includes the same two countries but in different author orders). International collaborations with three or more authors were within-continent, e.g. Spain, Germany, UK and Switzerland or cross-continent, e.g. Australia, New Zealand and USA.

Table 2 about here

Table 3 about here

Analysing the topics was more complex than in the earlier studies of journal papers for three reasons: firstly, the large number of journal issues and papers included in this study; secondly, papers over the past fifty years have included more comparison between two population groups (e.g. children with Down syndrome and typically developing children) and thirdly, the range of topics has widened. See table 4 for a breakdown of the topics of paper by journal title (client group/disorder/service group and professional issues, supporting academic areas and other topics). Only those clinical topics with 10 or more papers and professional topics with five or more papers are shown in this table. Many more topics were represented over the past 50 years but with fewer papers. Table 5 shows the range of topics covered by a special issue or clinical forum.

Table 4 about here

Table 5 about here

Table 6 shows that a range of methodologies is represented in the journal. The different methodologies have shown different trends: a reduction in single case studies, discussion and education papers; an increase in qualitative and quantitative papers and a varied picture over time regarding mixed methodology papers and reviews. Papers reporting findings using quantitative methods were by far the most common in the journal over the past 50 years.

Table 6 about here

Discussion

In this paper we have reported a content analysis of the RCSLT journal spanning 50 years from 1966 to 2015. This has comprised 50 volumes: 26 as BJDC, six as *EJDC* and 18 as *IJLCD*. This transition alone represents a significant development in the academic reach of SLT over the past five decades. Whilst the journal has always presented an international perspective, the change in name from British to European to International reveals an evolution in both trans-national and trans-cultural thinking. Inevitably the UK, USA and Australia represent the largest share of published papers by a large margin. This reflects English as the dominant language but also the establishment of a clinical-academic culture within these countries. Sweden's emergence from one paper in BJDC to 39 in IJLCD is highly significant and represents a rapid and successful contribution to the international evidence base. Also interesting is the gradual increase in papers with multiple authors from different countries (just over 15% in IJLCD), which again reflects the growing internationalization of clinical research.

Topic

Perhaps the most fascinating insights are gleaned from the analysis of the topics raised in the papers. Inevitably this is not an easy area to classify. Whilst some papers offer an unambiguous headline topic, many others cut across clinical boundaries, particularly within

the so-called 'professional' areas. AAC and bilingualism, for example, apply to all age ranges and a broad spectrum of clinical populations. Their value as discrete categories, therefore, present challenges. What is clear is that 'aphasia', 'dysfluency' and 'developmental speech and language disorders', have remained constant over the past 50 years as the main paper topics, although even here there were challenges. The decision to retain the overarching topic area of 'developmental speech and language disorders' was made predominantly to maintain consistency with previous two papers but also because the changes in terminology would have greatly increased the number of sub-topic areas. Many early papers referring to 'speech', would now be termed 'language'; some were unclear if they refer to articulation or phonology; others were reporting studies on learning disability or autism when investigated in detail. 'Newer' areas of clinical practice research such as dysphagia have only emerged formally since 1998. This does not of course reflect the nature of research but rather what has been submitted to, and subsequently accepted by, the journal editors for publication. Given that we have only been able to report topic areas represented by five or more papers, the striking observation relates to the wide range of topics included in the journal. As with comparable journals affiliated to professional organisations, the RCSLT's academic journal represents all activity of interest to its clinical and academic members. This is worth noting, given the increase in specialised journals over the past 20 years. Journals focusing solely on, for example, autism, dysfluency, AAC, aphasia, dysphagia and voice, provide a comprehensive record of clinically relevant research. Nevertheless the on-going popularity of profession focused journals provides useful evidence of the need for research that can and does reflect the true nature of SLT; particularly its ability to draw on a range of influences and traditions.

Methods of research

As with topic, research methods proved challenging to categorise. The specificity of methods has only emerged over the past 20 years with earlier papers in the 1960s and 70's often presented in a more colloquial and informal although no less informative style. Earlier papers

reported far more single case reports (not necessarily case studies). These typically describe assessment findings or the delivery of an intervention with comments about the perceived effects. Such reports provide an important snapshot of clinical thinking at specific time points. What we may recognise now as a robust experimental design emerged during the 1980s. This is also represented by an increase in papers reporting predominantly quantitative methods from 43.8% (BJDC) to 72% (IJLCD). There were also more discussion papers in the BJDC and EJDC. The drop from approximately 15% to the current 3% of papers may reflect the emergence of other opportunities for clinical engagement through Special Interest Groups/Clinical Excellence Networks, RCSLT's Bulletin and, most recently, webinars. These may well provide more democratic and participative opportunities for discussion.

What will change over the next 50 years?

The nature of speech, language, communication and swallowing disorders may not change but the contexts in which they appear and the ways in which professionals engage with them almost certainly will. For example, areas such as dementia are in no way new but with increased social awareness and funding are already receiving more academic attention. It would be foolish to attempt to predict the journal's style and output in 50 years' time but it is highly likely that digital engagement will alter the ways in which research and clinical practice are delivered and reported. In 2016 the IJLCD moved to a largely digital presence. This vastly increased both the speed and accuracy of this final content analysis. IJLCD has also just launched a viewing app for mobile devices. The next stage will be interactivity. The fundamental principles of blind peer-review will remain but authors, readers, editors and hopefully service users will have far more opportunities for real-time communication and discussion. RCSLT members are central to the journal's output and it is probable that future special issues will reflect readers' interests as well as those of the authors. In terms of content the papers published will continue to reflect clinical-academic interests.

Conclusions

Tracing an academic publication over a profession's development can be both exciting and humbling. The excitement comes from recognising the professional leaps in knowledge and the constant renewal that comes from research into aspects of speech and language therapy practice. It is also important to recognise the massive contributions of our predecessors to how we currently see the world of speech and language therapy. This paper has traced both aspects and leads to the conclusion that speech and language therapy research and publication is in excellent health.

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Figure 1. Number of papers per issue

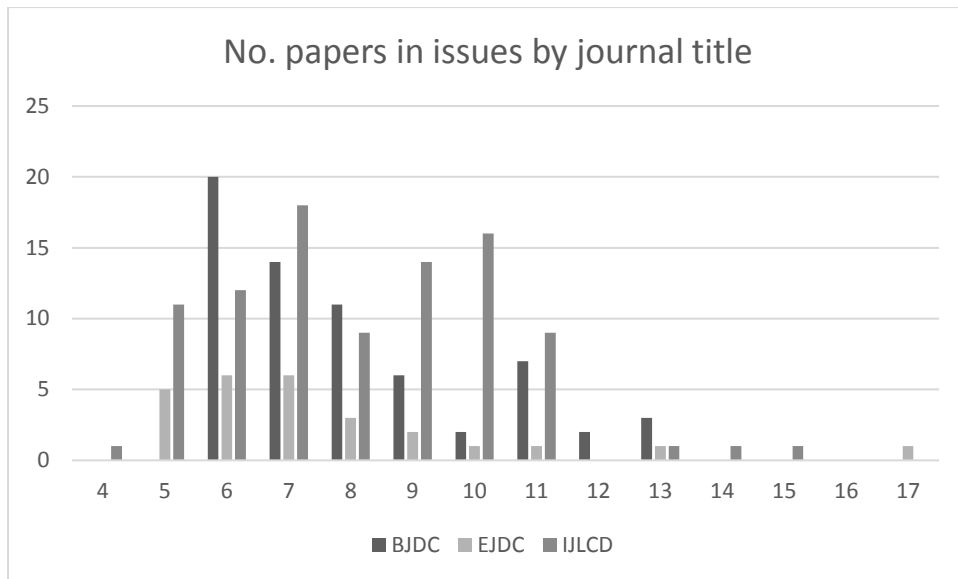


Figure 2. Covers of BJDC, EJDC and IJLCD



Table 1. Authors with 10 or more papers

Author	No. papers	Country
Gina Conti-Ramsden	33	UK
Barbara Dodd	24	Australia and UK
Tim Pring	24	UK
Pam Enderby	21	UK
Dorothy Bishop	21	UK
Mark Onslow	18	Australia
Catherine Adams	17	UK
Nicola Botting	17	UK
James Law	16	UK
Pam Grunwell	15	UK
Judith Dockrell	15	UK
J Kalinowski	14	USA
Bruce Murdoch	12	Australia
Fiona Gibbon	12	UK then Ireland
A Packman	12	Australia
Elsbeth McCartney	11	UK
Catherine Mackenzie	11	UK
LB Leonard	11	USA
N Miller	10	UK
S Reilly	10	UK then Australia
Geoff Lindsay	10	UK

Table 2. Countries and country pairing with five or more publications by journal title

Country/countries	BJDC	EJDC	IJLCD	Total
UK	353	116	307	776
USA	95	8	92	195
Australia	19	20	78	117
Sweden	1	3	35	39
Canada	7	6	19	32
Netherlands	2	4	20	26
Italy	3	1	17	21
Ireland	4	3	13	20
Belgium	3	4	10	17
South Africa	6	2	7	15
Australia; UK	1		11	12
New Zealand	6		6	12
Germany	6		4	10
Hong Kong	1	3	6	10
UK; Australia			9	9
UK; USA	3	2	3	8
Finland			7	7
Canada; USA	1	1	4	6
Italy; USA			6	6
Ireland; UK			5	5

Table 3. Number of countries represented in papers by journal title

No. countries	BJDC	EJDC	IJLCD
1	510 (98%)	180 (92%)	638 (84.4%)
2	8 (1.5%)	16 (8%)	101(13.4%)
3			12 (1.6%)
4			4 (0.5%)
5			1 (0.1%)
Not stated	2 (0.4%)*		
Total	520	196	756

*With rounding may not equal 100%

Table 4. Topic by title, separated into clinical/professional

Clinical topics	BJDC	EJDC	IJLCD	Total
developmental speech and language disorders	91	38	308	437
aphasia	67	15	54	136
dysfluency	44	11	49	104
learning disability	23	5	25	53
dysarthria	13	8	28	49
ENT	29	3	12	44
autism	17	2	16	35
hearing impairment	13	8	14	35
cleft palate	5	4	10	19
physical disability	8	1	10	19
dysphonia	10	6		16
dementia	2	3	6	11
developmental written language disorders	3	2	6	11
dysphagia			11	11
elderly	3	4	3	10
instrumental technology; developmental speech and language disorders	2	5	3	10
Professional topics:				
typical development	13	7	22	42
AAC	13	10	12	35
bilingualism	3	1	21	25
education - SLT	7	2	13	22
service provision	7	3	12	22
instrumental technology	4	12		16
linguistics	9	1	4	14
speech therapy in other countries	5	2	1	8
clinical interaction			7	7
facilitated communication		7		7
phonetics	6		1	7
research methodology	4	1	2	7
neurology	2	2	2	6
twins	1	2	3	6
evidence-based practice			5	5
research			5	5

Table 5. Special issues and clinical forums

Journal title	Volume/issue	Topic
BJDC	20/1	Forum: Phonetic and phonological features 1
BJDC	20/2	Forum: Phonetic and phonological features 2
BJDC	21/1	Special issue: Aphasia
BJDC	22/1	Forum: A psycholinguistic perspective on developmental dysphasia
BJDC	23/2	Forum: Qualitative research
BJDC	23/3	Forum: Normative profiles and LARSP
BJDC	24/2	Special issue: Autism
BJDC	26/1	Special issue: The visual representation of speech
BJDC	26/2	Forum comments
EJDC	30/3	Special issue: In honour of Ruth Lesser
EJDC	32/1	Clinical Forum: Facilitated communication
EJDC	32/2	Clinical forum: Lidcombe Programme
IJLCD	33/1	Clinical forum: Semantic-pragmatic disorder (SPD)
IJLCD	33/2	Clinical forum: Educational transitions
IJLCD	34/1	Clinical forum: PACT
IJLCD	34/2	Clinical forum: Reynell Developmental Language Scales
IJLCD	35/4	Special issue: Language and communication disorders in Chinese
IJLCD	39/4	Clinical forum: Clinical interaction
IJLCD	41/4	Connecting stuttering measurement and management
IJLCD	43/s1	Hearing the voice of people with communication disabilities
IJLCD	49/4	Special issue: The SLI debate: diagnostic criteria and terminology

Table 6. Papers methodologies by journal title

	BJDC	EJDC	IJLCD
Case	80 (15.4%)	7 (3.6%)	11 (1.5%)
Discussion	82 (15.8%)	30 (15.3%)	24 (3%)
Education	65 (12.5%)	2 (1%)	27 (3.6%)
Mixed	16 (3%)	58 (29.6%)	29 (3.8%)
Qualitative	21 (4%)	15 (7.6%)	70 (9.3%)
Quantitative	228 (43.8%)	81 (41.3%)	545 (72%)
Review	28 (5.4%)	3 (1.5%)	50 (6.6%)
Total	520	196	756

*With rounding may not equal 100%

Appendix Definitions used in paper methodology classification

- Quantitative - original research using predominantly numerical descriptive or statistical analysis and clearly populated with numbers and graphs
- Qualitative - original research using predominantly descriptive/interpretive text
- Mixed - using both quantitative and qualitative methods in relatively equal balance
- Review - summaries of the literature in a particular area
- Discussion - no new research evidence being presented but author views are expressed
- Case - single or group case studies - where the analysis is predominantly single cases rather than combined - includes case therapy descriptions
- Education - papers that describe an assessment, therapy approach, procedure or service but do not evaluate the material via an experimental or clear research design

If a paper combined methods (e.g. a case study may well use quantitative methods) we have taken the predominant method.