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Patricia Mahon. *Mrs. Spencer Tracy and the John Tracy Clinic: A Tireless Drive to Educate Deaf Children.* Jefferson: McFarland & Co., 2012. xii + 309 pp. $55.00 (paper), ISBN 978-0-7864-4765-7.

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One of the biggest debates among D/deaf people has been of the efficacy of oral versus manual modes of communication–sign language (manual), or speaking and lip reading (oral)–or a combination of the two (the combined method). In California, this ongoing debate was re-ignited when the California School for the Deaf in Riverside (CSDR) opened in 1955. Two schools for hearing-impaired children had opened in the state during the late nineteenth century–California School for the Deaf at Berkeley (combined) and the Mary E. Bennett School (oral). Another oral school, the John Tracy Clinic, was founded in Los Angeles in 1942. The clinic's first home was at 924 W. 37th Street, Los Angeles, where it was founded by Louise Tracy (1896-1983), wife of Hollywood star Spencer Tracy. It is the John Tracy Clinic that is the focus of this book.

Patricia Mahon, a member of the Orange County Guild of the John Tracy Clinic, is not a historian. Her book establishes a chronological timeline of the clinic's foundation and expansion over the years. Mahon guides her readers through Louise Tracy's life and the history of the clinic she founded, a clinic that would become an influence within the world of deaf education on both a national and global scale due to her efforts. Although called a clinic, its aims were that of a school: to teach students to speak and to lip-read. It was equipped with classrooms, but started with a correspondence course created by the Wright Oral School in New York City, the school once attended by Helen Keller (1880-1968).

The first chapters of the book discuss Louise Tracy's early life and her marriage to MGM star Spencer Tracy (1900-67). The narration of the clinic's story begins with John Tracy's birth on June 26, 1924. It was almost a year later that the Tracys found out that their son was deaf. Mahon highlights Louise Tracy's fears about her deaf child and cites John's birth as the motivation behind the clinic due to a lack of programs for deaf preschool-aged children. It was, however, many years after John's birth that Louise Tracy started the clinic, which aimed at helping parents educate their children using the oral method. The children were taught how to lip-read, speak, and about language. Lessons ranged from learning words to sentence structure. One such example is a child stating "me want ice cream." The clinic would instruct the child to say, "I want ice cream" (p. 252). Louise Tracy believed that by treating deaf children as if they were hearing, talking to them, singing, etc., the children would be able to learn how to speak. Like most oralists, she opposed sign language, arguing that it was a barrier to deaf children learning speech. Her clinic offered a day program where children returned to their own homes after classes, in contrast to deaf residential schools where deaf students lived throughout the school year. Her program's purpose was "to find, to encourage, and to train parents of deaf and hard of hearing children, particularly the parents of preschool children. The object of this work is, first of all, to help the parents for their own sake; to help them understand their problem … to improve the educational opportunities and methods for deaf children in order to improve their economic and social opportunities" (p. xi).

Tracy's program not only taught deaf children, but also their hearing parents–demonstrating to them how to help their children at home. There are no success rates mentioned in the book, probably because of an argument that goes back to Thomas Braidwood's school in Edinburgh in the 1760s, which critics of the oral method have claimed only achieved success in children who had residual hearing. The author describes the children as "deaf," but does not mention whether the clinic's students were profoundly deaf or partially deaf. However, the clinic claimed to accept all children who applied, or sent them the correspondence course if they did not live in Southern California. Mahon chronologically guides her readers through this first history of the clinic and Louise Tracy's life. The book provides a wealth of detail about the clinic and outlines the methodologies of its past and present

teaching staff.

Mahon's book contributes to the history of deaf education in that it focuses on the foundation work of a school that, in describing itself as a clinic, takes on a medical view of disability, seeing deafness as something broken that needs to be fixed. In the deaf/Deaf world, most deaf people do not see themselves as disabled or needing to be "fixed." Indeed, modern cochlear implants, devices that are surgically implanted into the brain and wired to the aural nerves, have added additional controversy within the deaf/Deaf world. The book adds to the ongoing oral versus manual debate by chronicling the reasons behind the clinic's adherence to oral education for deaf communication. Even today, the clinic advocates oralism and does not use sign language, but the author does not discuss the recovered status of the use of sign language in deaf schools.

This work might be useful to those who already have some knowledge of the history of deaf education in the United States because it discusses oral methodology at length and how Louise Tracy was able to launch a clinic that is today world renowned. Although Mahon did not set out to write a book specifically about the oral method of deaf education, the book takes on that role and this is its main strength. However, several factors work against the volume being used as anything other than an armchair history.

First, the annotations are incomplete. Mahon's endnotes do not have matching reference numbers in any of the chapters. Readers need to know not only where the evidence is from, but also that there is evidence. Mahon does not seem to find the value in identifying what evidence belongs to which sentence or clarifying when she is speaking and when it is her sources that are speaking. Furthermore, certain names and events require explanation, which suggests ambiguity about the book's target audience. Mahon casually drops in terms, names, and "facts." She only explains terms that are relevant to portraying Louise Tracy as a superstar in deaf education. A specialist in the field of deaf history may understand Alexander Graham Bell's contribution to the oral versus manual debate, but the layperson might only know him as the inventor of the telephone. Many people outside academia also know how Helen Keller fought to learn how to speak, read, and learn as a deaf-blind person. However, many people do not understand why she expressed views that helped to push the debate in favor of the oralists. Mahon also discusses public legislation passed at both the national level and within California, but does not explain the nature of these laws or their significance.

There is also an inherit bias in the book toward the oral method. As an example of a signing child, she describes how "this same child is sent home to his family after years in a special school. He is in his own community; he has no means of communication except for finger spelling and there isn't another deaf person within a radius of ten, fifteen maybe twenty miles. Has he been equipped for life?" (p. 85).

Due to the lack of annotation, it is not indicated whether these words are the author's or those of Louise Tracy. However, Mahon asserts that "the results of training in the oral method found the children attempting to talk … instead of trying to communicate with crude hand gestures or giving up trying to communicate entirely" (pp. 105-106). It seems as though the bias of the book towards the oral method is not only because it was the clinic's preferred teaching method, but also because sign language was seen as bad.

The book's chronological structure makes it confusing. It progresses from one month to the next and from year to year. This is problematic in that topics are not completely covered before the narrative moves on to an entirely different subject. For example, for an unspecified month in 1952, Mahon highlights Walt Disney receiving a "commission as honorary chairman of National Hearing Week from the American Hearing Society" (p. 164), then moves on to describe how the state wanted to buy Tracy's house to make way for a freeway, and culminates with the budgetary concerns of the clinic. A thematic approach might have been more successful. Additionally, she offers no analysis of the material she presents. Mahon does not, for example, discuss how budgetary constraints directly affected the clinic. Walt Disney was a sitting board member, but that aside, Mahon does not explain how his award furthered the clinic's mission or its establishment as the premier clinic for oralism in the United States and abroad. It appears that the author may have gone through the clinic records and just picked items that she found interesting. She describes Mrs. Tracy's travels and her speeches–in another state, at a deaf school, or to a group of potential funders who would advance the clinic's status–and it is only these events that are subjected to a basic analysis.

Finally, there seems to be a general lack of knowledge about the other schools in the state. Mahon writes as if the John Tracy Clinic was the only institution in Southern California to educate deaf children. It may have been the only place for preschool children; however, the debate over deaf education is much broader than one clinic

or school. The California School for the Deaf in Berkeley (now the California School for the Deaf at Fremont), opened in 1860, and the California School for the Deaf in Riverside opened in 1955. Both are part of a larger history of deaf education. Furthermore, the oral Mary E. Bennett School for the Deaf was also located in Southern California, opening in 1897 in Los Angeles, long before the John Tracy Clinic. There seems to be an entire conversation left out regarding these schools. Nowhere in the book does Mahon mention Mrs. Tracy's opposition to the proposed California School for the Deaf in Riverside, or that her opposition was due to its intended use of the "combined method" which utilizes sign language in tandem with oral techniques to educate deaf children.

While this book will be of use to those who are interested in the specific history of the John Tracy Clinic, the book needs to be more analytical and less hagiographic in order to be considered an objective study. The book excels in celebrating the hard work of Louise Tracy and in this respect Mahon is candid about her bias towards the clinic: "People write books for many reasons: they do it as a profession; they do it as a way to supplement their income; they do it to fill requests from others; they do it because the subject interests them; or they do it because they are dedicated. I seem to fall into the last category, dedication.... Hopefully this book will show you how [Louise Tracy made her way into people's hearts].... Although not a biography, I have tried to show you where she came from, how she developed her values, and who the people were that influenced her life and shaped her into the woman she became. And of course her legacy, which is the John Tracy Clinic" (p. 2). Mahon openly admits that she wrote the book out of her devotion to the clinic, but in so doing, she provides a one-sided account of a methodology that is central to debates within Deaf/deaf history.

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