

CEREBRAL PALSY: A FACT OR AN ARTIFACT—A DISCUSSION

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Voltaire has made this statement

'If you want to converse with me define your terms'.

It implies that the definitory process should precede a discussion. Hence, before starting a discussion concerning the existence of the condition of 'Cerebral Palsy' it looks obvious at this stage to give out the definition of 'Cerebral Palsy'. However, it should be remembered that 'too great a haste in defining is almost as failure to define at all' (Coreignton).

Therefore, before embarking on the definition of 'Cerebral Palsy' and starting a discussion on the aptness or otherwise of the term, it may be relevant to review briefly the nature of a definition.

As Beardsley (1958) puts it, a definition is a way of restricting the meaning of a term that has several meanings and to prevent ambiguity or equivocation. A definition specifies the designation of the term or one of the designations of the term. This amounts to stating that a definition serves two purposes, namely, first it reduces the ambiguity and secondly it specifies the meaning of a term.

This elucidation of the term 'definition' provides a fairly rigid base to attempt an inquiry if done would probably run this way:

'Cerebral Palsy' has been defined as a set of impaired neurological functions consequent to cortical and/or sub-cortical lesions (Denhoff, 1960).

Similarly, the word 'Brain Damage' has been defined as impaired neurological functions consequent to cortical lesion and has been used as an adjective of the children who have suffered diffused cortical lesion. By referring some children as 'Cerebral Palsied', it was attempted to differentiate these children from the 'Brain Damage' children.

However, a simple objection to this differentiation is that the two terms are not differing at the definition level. Both the definitions emphasize that it is the neurological functions which are impaired. They both emphasize that the neurological functions which are impaired and due to a cortical lesion. Further, they both emphasize that the conditions are characterized by a set of neurological dysfunctions.

Consequently, the claimed difference between 'Brain Damage' and 'Cerebral Palsy' appears to be fallacious; because in Science the most fundamental level at

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which differentiation is viewed is at the definition level. But as it is obvious above, the two terms do not seem to be very different at the definition level. So the difference between 'Cerebral Palsy' and 'Brain Damage' does not appear to be a sustainable one.

An example may make the point clear. The term 'Aphasia' has been defined as an adventitious language disorder consequent to cortical lesion. This shows that the definition of 'Aphasia' is also not very different from the definition of 'Brain Damage' since both of them involve impaired neurological functions consequent to a cortical lesion. This kind of argument seems to be plausible since language function could be finally reduced and referred to as a neurological function.

However, a close examination of the definition of the term 'Aphasia' shows that it has restricted the designation of the term to a particular neurological function and it has not taken into consideration other neural functions. Thus, the definition of the term 'Aphasia' specifies its meaning and hence differentiates 'Aphasia' from 'Brain Damage'.

If one looks at the definition of 'Cerebral Palsy' in the light of the above example, one finds that such a specification in the designation of the term has not been done by the definition. Consequently, it appears that the definition has failed to differentiate itself from the definition of 'Brain Damage'. But such an attempt should have been done for the existence of 'Cerebral Palsy' and since it has not been done it may be said that the existence of 'Cerebral Palsy' is a moot question.

Nevertheless, investigators have attempted to differentiate 'Cerebral Palsy' and 'Brain Damage' in terms of the extent of lesion. It has often been mentioned that there will be a diffused lesion in the 'Brain Damage' children and on the other hand the lesion will be usually localized in the case of 'Cerebral Palsy' children. However, the bulk of studies on 'Spontaneous Recovery' will make one to view this differentiation as fallacious.

There is a wealth of evidence to show that before two years of age if a child suffers a cortical lesion in one hemisphere, then after a due course of time there will be 'Spontaneous Recovery', and this will be usually complete (Lenneberg, E. M., 1967). This has been explained by using the principle of 'Plasticity' (Luria, A. R., 194?) and the principle of 'Equi Potentiality' (Penfield, W., and Roberts, L., 1959). Therefore, the impaired neurological functions of the 'Cerebral Palsy' child should have been cleared off through 'Spontaneous Recovery' if the lesion was limited to a particular area or a particular hemisphere. Consequently, 'Cerebral Palsy' should have ceased to exist.

However, the persistence of the symptoms reveal that the 'Spontaneous Recovery' has not taken place in these children and that even if there is 'Spontaneous Recovery' it is not significant. But this is possible only when the lesion is diffused involving both the cerebral hemispheres as it is found in the 'Brain Damage'

children. If this is the case, then the distinction between 'Cerebral Palsy' and 'Brain Damage' appears to be fallacious if viewed in terms of the extent of lesion.

This inquiry and/or discussion probably makes one to conclude that the alleged difference between 'Cerebral Palsy' and 'Brain Damage' is an artifact. It further makes one to say that there is nothing like 'Cerebral Palsy' which is different from 'Brain Damage'.

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