Case histories

Cerebral palsy

Thanks to my insightful and industrious academic colleagues, the challenge of writing this column usually lies in trying to do justice to a heap of monographs and articles in a few hundred words. Compared with cholera, cancer, or hysteria, though, cerebral palsy has provoked little historical scholarship—a curious omission at a time when the recovery of lost voices and experiences lies at the heart of historiographical practice. Even after a century and more of research and debate, in the words of the neurologists Anamarija Kavčič and David B Vodušek, "it is still easier to explain what cerebral palsy is not".

Cerebral palsy—the name and the diagnostic frame—emerged in the mid-19th century, at the fault lines of a new world of specialised mass medicine. Was it a physical condition or a mental one, a disease of the musculoskeletal system or the brain, a matter for surgical cure or institutional care? The English surgeon William Little is usually credited with the first description, in a series of lectures in 1843–44 and in a paper to the Obstetrical Society of London in 1861. Little framed the condition—what would now be called spastic diplegia, from the Greek *spastikos*, "pulling"—as an obstetric problem, the result of "asphyxia neonatorum, and mechanical injury to the foetus immediately before or during parturition".

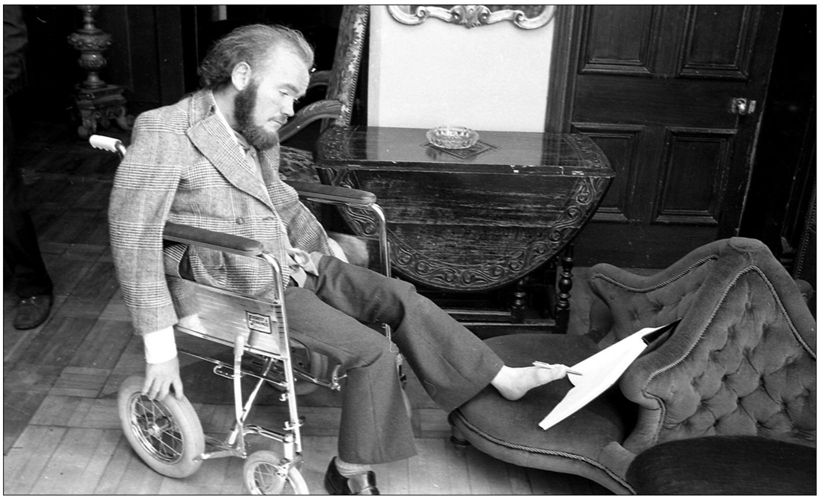
Over the next generation, as neurology emerged as a distinct clinical discipline, its practitioners sought to claim "Little's disease" for themselves. In the 1880s, the British neurologist William Gowers devised a new classification for variant forms. During his early career as a neurologist Sigmund Freud proposed *infantile Cerebrallähmung*, "infantile cerebral palsy", as an umbrella term for "the general concept of all cerebral diseases in infancy caused by a direct effect of accidental aetiology, occurring either in the foetal period or after birth".

Freud's definition marked the end of serious clinical interest in the nature of the condition for almost half a century. The treatment of those with cerebral palsy reflected a set of prejudices built into the institutional culture of late 19th-century western medicine: that intellectual impairment went along with physical disability, and that lifelong segregation and care were more humane than exposure to the working world outside. In the late 1930s, the US orthopaedic surgeon Winthrop Phelps developed surgical techniques to relieve muscle rigidity, while in Boston the neurologist Bronson Crothers established a specialist clinic and rehabilitation centre. But well into the second half of the 20th century, most children and adults with cerebral palsy spent their lives indoors and off their feet.

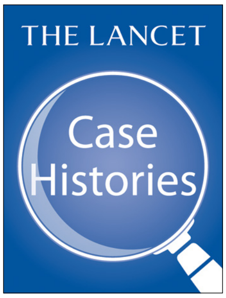
At the end of World War 2, various factors, clinical and social, began to change attitudes to cerebral palsy. Deinstitutionalisation, along with the emergence of groups representing the voices and interests of patients, challenged the assumptions built into institutional care, while the thalidomide crisis in the late 1950s generated new political will and technical expertise in solving the problems of impairment. In 1946 the US National Society for Crippled Children and Adults established an advisory council on cerebral palsy, which became the American Academy for Cerebral Palsy. Through the 1960s and 1970s cerebral palsy gained a new cultural presence, as works like *My Left Foot*, a 1954 memoir by the Irish writer and painter Christy Brown, evoked the lived experience of the condition. In the UK the National Spastic Society (now Scope), founded in 1952, campaigned for the right of those with cerebral palsy to an independent life. But stigmatising attitudes endured, as witnessed by the prevalence of "spastic" as a playground taunt after Joey Deacon, a writer with cerebral palsy, appeared on the UK children's television show *Blue Peter* in 1981.

In the early 21st century cerebral palsy is framed as a syndrome, encompassing a wide range of movement and posture disorders, varying in their severity. Social care has come to emphasise quality of life over specialised physiotherapy, though it still faces the difficulty, common to many developmental disorders, of moving patients successfully from childhood to adult services. Care programmes in low-income nations face broad problems of funding and access, but in wealthier countries those who live with cerebral palsy, and those who work to support them, are more visible and more audible than ever.

Richard Barnett
richard@richardbarnettwriter.com


Independent News and Media/Getty Images

Christy Brown signing the register at his wedding in 1972



Adrian Roots

For more on **Case histories** see **Comment** *Lancet* 2016; **387:** 211 and **Perspectives** *Lancet* 2018; **391:** 195

For more on **cerebral palsy** see https://www.thelancet.com/clinical/diseases/cerebral-palsy

Further reading

Accardo P. William John Little and cerebral palsy in the nineteenth century. *J Hist Med Allied Sci* 1989; **44:** 56–71

Davies C. Changing society: a personal history of Scope (Formerly the National Spastics Society), 1952–2002. London: Scope, 2002

Kavčič A, Vodušek DB. A historical perspective on cerebral palsy as a concept and a diagnosis. *Euro J Neurol* 2005; **12:** 582–87

Watson N, Woods B. The origins and early developments of special adaptive wheelchair seating. *Soc Hist Med* 2005; **18:** 459–74