On the basis of phonetic and experimental-phonetic study of cerebellar or ataxic disarticulation, three syndrome variants related to local lesion of (1) cerebellum vermis, (2) intermediate and lateral cerebellum zones, (3) right cerebellum hemisphere, have been singled out. It is well known that local lesion of the cerebellum and its conductive system may disorder the fluency of speech and disprtesy. Furthermore, speech becomes slurred [1,2,3,4,5,6,7]. Instrumental phonetic studies of disarticulation which began in the middle of the 20th century have dealt mostly with cerebellum or ataxic disarticulation. According to the data obtained [8], it is characterized by the following symptoms (in order of their diminishment significance): inaccurate consonant articulation; excessive or weak prominence of stressed syllables; irregular slurred speech, vowel distortion, a shift voice, increased sound and pause duration, voice uneven loudness and slow tempo of speech.

Our study of cerebellum disarticulation was carried out with patients of three nosological groups. They comprised 6 sclerosis disseminata patients, 6 patients with degenerative cerebellum diseases. The total number of defective speech reactions studied was 80.20. Speech reactions included the data obtained using the auditory method of phonetic analysis as well as the results of experimental phonetic study of speech using oscillography and intonography. (The instrumental part of the investigation was carried out in the laboratory of Phonetics, headed by A.P. Belikov in Maurice Torez Institute of Foreign Languages.) The patients were given the following tasks: to prolong vowels, to reproduce sounds, to articulate rhythmic syllabic structures with different stressed syllable positions, segments of different communicative types and sense groups of various positions. Our observations confirm the data, according to which the patients were suffering from the same phenomenon of adiaphonia, diadactics, asynchromy, and this was observed in exten- sivities motor disorders. Speech disarticulation is the visible sign of local cerebellum deficiency.

First of all note should be made of speech tension as a correlate of disarticulation. This is true for all types of certain muscles, when simultaneous interneuron of agonists and antagonists takes place and when on the contrary, functional sinergists don't work simultane- ously. Typical of disarticulation causing speech tension are cases of syllable prolongation and simultaneous unchange or even increased syllable reduction.

Motor speech discoordination involving time delay in switching the innervation of certain muscles over to the innervation of the antagonistic ones (polidactyliasis in phonetic analysis) is defined by the speech tempo. It is easily perceived by ear and becomes obvious in graphic analysis. There are also regular instances of speech memory when all speech segments are pronounced in averaged voice register; insufficient loudness variations, when all the segments are equally loud or equally low; averaged vowel tambo accompanied by low degree of contrastivity between A-, I- and Y-vowels in word stressed positions; absence of, on the contrary, excessive reduction of unstressed syllables and absence of tempo variations. Presumably defective make the speech of cerebellum patients slurred, not articulate enough, i.e. disart- hric. Prosodic slurred speech is most characteris- tic of sclerosis disseminata patients and those in systemic degenerative cerebellum diseases. Sometimes it was registered in spontaneous speech, sometimes it was recorded during tasks, but more often in special phonetic tasks.

The results of our research make us doubt if slurred and disarticulated speech in local cerebellum lesion necessarily involves brain stem structure lesion. A characteristic symptom of cerebellum disarticulation is failure in speech fluency which is generally termed as "scansion." Scansion (Lat. "scando" means speech) is expressed with varying degree of rhythmic structure [8,9], but can we say that cerebellum patient speech resembles scansion in its realisation and is measured? Their similarity seems to be rather vague: abnormal speech has no metric organisation, its rhythmic segments are irregular, they are marked by discord and a variable set of assimilation. Our observations confirm the data, according to which the patients were suffering from the same phenomenon of adiaphonia, diadactics, asynchrony, and this was observed in exten- sivities motor disorders. Speech disarticulation is the visible sign of local cerebellum deficiency.

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