This little pamphlet
An exhibition at the Library of the Royal Society of Medicine to mark
the bicentenary of James Parkinson’s Essay on the Shaking Palsy.

6th November 2017
- 27th January 2018
Admission free.
Open to all

OPENING TIMES
Monday – Thursday: 9.00 – 21.00
Friday: 9.00 – 17.30
Saturday: 10.00 – 16.30

The Library, Royal Society of Medicine,
1 Wimpole Street, London, W1G 0AE
Tube: Oxford Circus or Bond Street
“The reader will now perceive, that this little pamphlet is highly worthy of perusal, and deserves the attention of the medical public.”

The Medico-Chirurgical Journal and Review 1817; 4: 401-408.

The physician and geologist James Parkinson (1755 – 1824) was a Fellow of the Medical & Chirurgical Society, the forerunner Society to the Royal Society of Medicine. His signature appears in the obligation book of the MCS. The minutes of the Medical & Chirurgical Society meeting held on November 25th, 1817 records James Parkinson’s donation to the Society of a copy of his Essay on the Shaking Palsy.

The 1817 volume of the Medico-Chirurgical Transactions also records this fact, and it is listed in the 1844 printed catalogue of the Library of the Royal Medical and Chirurgical Society of London.
In his book on Parkinson, Christopher Gardner-Thorpe lists the RSM Library as holding one of the six copies said still to be in existence. We do, in fact, hold two copies. It is not known whether one of them is the copy donated by Parkinson. The copies displayed in this exhibition were entered in the RSM Library accessions register on 25th January 1929, and were described as “purchased” although with no indication as to where or from whom.

This exhibition affords a chance to display these very rare items alongside works referred to in the Essay by Parkinson as well as early citations and reviews of this little, ground-breaking, pamphlet.

Case I
“The subject of this case was a man rather more than fifty years of age, who had industriously followed the business of a gardener, leading a life of remarkable temperance and sobriety. The commencement of the malady was first manifested by a slight trembling of the left hand and arm, a circumstance which he was disposed to attribute to his having been engaged for several days in a kind of employment requiring considerable exertion of that limb.”

Case II
“The subject of the case which was next noticed was casually met with in the street. It was a man sixty-two years of age; the greater part of whose life had been spent as an attendant at a magistrate’s office. He had suffered from the disease about eight or ten years. All the extremities were considerably agitated, the speech was very much interrupted, and the body much bowed and shaken. He walked almost entirely on the fore part of his feet, and would have fallen every step if he had not been supported by his stick.”
Case III

“The next case was also noticed casually in the street. The subject of it was a man of about sixty-five years of age, of a remarkable athletic frame. The agitation of the limbs, and indeed of the head and of the whole body, was too vehement to allow it to be designated as trembling. He was entirely unable to walk; the body being so bowed, and the head thrown so forward, as to oblige him to go on a continued run, and to employ his stick every five or six steps to force him more into an upright posture, by projecting the point of it with great force against the pavement.”

Case IV

“The next case which presented itself was that of a gentleman about fifty-five years, who had first experienced the trembling of the arms about five years before.”

Case V

“In another case, the particulars of which could not be obtained, and the gentleman, the lamented subject of which was only seen at a distance, one of the characteristic symptoms of this malady, the inability for motion, except in a running pace, appeared to exist in an extraordinary degree. It seemed to be necessary that the gentleman should be supported by attendant, standing before him with a hand placed on each shoulder, until, by gently swaying backward and forward, he had placed himself in equipoise; when, giving the word, he would start in a running pace, the attendant sliding from before him and running forward, being ready to receive him and prevent his falling, after his having run about twenty paces.”
Case VI

“The gentleman who was the subject of it is seventy-two years of age. He has led a life of temperance, and has never been exposed to any particular situation or circumstance which he can conceive likely to have occasioned, or disposed to this complaint…At present he is almost constantly troubled with the agitation, which he describes as generally commencing in a slight degree, and gradually increasing, until it arises to such a height as to shake the room…

He now possessed but little power in giving a required direction to the motions of any part. He was scarcely able to feed himself. He had written hardly intelligibly for the last three years; and at present could not write at all. His attendants observed, that of late the trembling would sometimes begin in his sleep, and increase until it awakened him; when he always was in a state of agitation and alarm."

James Parkinson (1755 – 1824)

An essay on the shaking palsy.
London, Printed by Whittingham and Rowland, for Sherwood, Neely, and Jones, 1817.
53.c.4

“SHAKING PALSY. (Paralysis Agitans.)

Involuntary tremulous motion, with lessened muscular power, in parts not in action and even when supported; with a propensity to bend the trunk forwards, and to pass from a walking to a running pace, the senses and Intellects being uninjured."
James Parkinson (1755 – 1824)

An essay on the shaking palsy.
London : Printed by Whittingham and Rowland, for Sherwood, Neely, and Jones, 1817.
53.c.5

In this essay, Parkinson reviews the work of authors who, as far back as Galen, had described the symptoms of the shaking palsy such as the tendency for sufferers to adopt a running pace, and tremor, but Parkinson proposes that such disparate symptoms are, in fact, those of a single disease. He goes on to describe graphically the onset of the disease, its effects upon the patient, its progression, and its consequences.

He gives six case histories in his Essay, two of which concern people he met casually in the street (Cases II & III), while, in another case (Case V), he was able only to observe the sufferer at a distance without approaching him. He speculates on its cause and suggests a “diseased state of the medulla spinalis, in that part which is contained in the canal, formed by the superior cervical vertebrae, and extending, as the disease proceeds, to the medulla oblongata.”

Parkinson makes clear that, in writing his Essay, he hopes that it will come to “the attention of those who humanely employ anatomical examination in detecting the causes and nature of diseases, particularly to this malady.”
“Mr. Parkinson has published a small pamphlet on the ‘Shaking Palsy,’ which he supposes to have an origin in the cervical part of the spinal medulla. He very modestly apologises for the hypothetical nature of his speculation on this head. In this we think he hardly does himself justice. At the same time, he appears to us to have marked only one cause for a variety of diseases arising from various causes, and exhibiting different phenomena. The importance of his remarks, however, demand an early attention in our analytical department.”


“It is with reluctance that we can allow such scanty limits to so many valuable hints as we have met with in this pamphlet. Its confined size, however, will bring it within the reach of every practitioner, and we heartily recommend it to universal perusal.”

The London Medical and Physical Journal. 1817; Vol.38. 75.

“Although pathologists have noticed tremors and agitations of the body, as an accompaniment of paralysis, and have employed the term shaking palsy to designate some of these, yet, the meaning attached to the expression has been vague, and palsy, chiefly characterised by these shakings, has never, until the subject was lately taken up by Mr. Parkinson, been regarded as a distinct disease. The Essay which this author has just published on the subject, is equally remarkable as a specimen of his characteristic modesty, and the acuteness of his observations.”

The London Medical Repository. 1817; 8. 59–61. Retrospect of the progress of medical science from January to July, 1817.
Surgeon Parkinson, a practitioner of considerable experience and scientific attainments, has lately published a popular treatise on this disease.

The Monthly Gazette of Health; or, Popular Medical, Dietetic, and General Philosophical Journal. 1817; 2. 567–572. Shaking palsy.

**Claudius Galen [131–circ.200]**

Medicorum graecorum opera quae exstant / Editionem curavit D. Carolus Gottlob Kühn.
Lipsiae, C. Cnobloch 1821–1833.
Volume XIX.
211.d.23

“The shaking of the limbs belonging to this disease was particularly noticed, as will be seen when treating of the symptoms, by Galen, who marked its peculiar character by an appropriate term.”


The appropriate term, assigned by Galen, was “scelotybre” meaning “troubled limbs.” “A kind of paralysis which prevents people walking straight by mixing up the sides, exchanging left for right and right for left, failing to lift the foot and pulling it back instead, like those who walk up a steep incline.”
François de le Boë Sylvius (1614–1672)

Francisci Deleboe, Sylvii, Medicinae Practicae in Academia Lugduno Batava Professoris, Opera medica ... accessit huic editioni hactenus ineditum Collegium nosocomicum ab authore habiturum, una cum appendice de formulis quibusdam remediorum ad varios affectus ab eodem praescriptis ...

Genevae : Apud Samuelem de Tournes, 1681.

“A…satisfactory and useful distinction is made by Sylvius de la Boë into those tremors which are produced by attempts at voluntary motion, and those which occur whilst the body is at rest.”


Johann Juncker (1679 – 1759)

Conspectus medicinae, method Stahliana.

Hallae Magdeb, 1734

Marcus Beck Library

“Tremors were distinguished by Juncker into Active, those proceeding from sudden affection of the mind, as terror, anger, &c. and Passive, depending on debilitating causes, such as advanced age, palsy, &c.”

Hieronymus David Gaubius (1705–1780)

Institutiones pathologiae medicinalis /auctore H. D. Gaubio.

Leidae Batavorum : S. et J. Luchtmans, 1758.

Marcus Beck Library

Parkinson cites paragraph 751 of this work, a passage from Gaubius concerning the propensity observed in patients to bend the trunk forwards, and to pass from a walking to a running pace.

“This affection, which observation seems to authorise the being considered as a symptom peculiar to this disease, has been mentioned by few nosologists; it appears to have been first noticed by Gaubius…”

François Boissier de la Croix de Sauvages (1706–1767)

Nosologia methodica: sistens morborum classes
juxtà Sydenhami mentem & botanicorum ordinem.
Amstelodami: sumptibus fratrum de Tournes, 1768.

Marcus Beck Library

“Sauvages distinguishes… *Tremor Coactus* by observing that the
tremulous parts leap, and as it were vibrate, even when supported:
whilst every other tremor, he observes, ceases, when the voluntary
exertion for moving the limbs stops, or the part is supported, but
returns when we will the limb to move; whence, he says, tremor is
distinguished from every other kind of spasm.”


“The term Shaking Palsy is evidently inapplicable to the first of these
cases, which appears to have belonged more properly to the genus
Convulsion, of Cullen, or to Hieranosos of Linnaeus and Vogel.”

James Parkinson. An essay on the shaking palsy. London:
Printed by Whittingham and Rowland, wood, Neely, and Jones, 1817.
William Cullen (1710 – 1790)
Nosology, or, A systematic arrangement of diseases, by classes, orders, general, and species, with the distinguishing characters of each, & outlines of Sauvages, Linneus, Vogel, Sagar, and Macbride.
Translated from the Latin.
286.j.22

“Tremor as being always symptomatic, I cannot admit into the number of genera; but the species enumerated by Sauvages, according as they seem to me to be symptoms either of Asthenia or Paralysis, I shall subjoin.”

“The celebrated Cullen, with his accustomed accuracy…Tremor can indeed only be considered as a symptom, although several species of it must be admitted. In the present instance, the agitation produced by the peculiar species of tremor, which here occurs, is chosen to furnish the epithet by which this species of Palsy, may be distinguished.”

Thomas Kirkland (1721 – 1798)

A commentary on apoplectic and paralytic affections, and on diseases connected with the subject.

London, Printed for W. Dawson, 1792.

227.k.7

“Anomalous cases of convulsive affections have been designated by the term Shaking Palsy; a term which appears to be improperly applied to these cases, independent of the want of accordance between them and that disease which has been here denominated Shaking Palsy. Dr. Kirkland, in his commentary on Apoplectic and Paralytic Affections, &c. cites the following case, related by Dr. Charlton, as belonging, he says, to the class of Shaking Palsies.”

“Mary Ford, of a sanguineous and robust constitution, had an involuntary motion of her right arm, occasioned by a fright, which first brought on convulsion fits, and most excruciating pain in the stomach, which vanished on a sudden, and her right arm was instantaneously flung into an involuntary and perpetual motion, like the swing of a pendulum, raising the hand, at every vibration higher than her head; but if by any means whatever it was stopped; the pain in her stomach came on again, and convulsion fits were the certain consequence, which went off when the vibration of her hand returned.”

Thomas Kirkland (1721 – 1798)

A commentary on apoplectic and paralytic affections, and on diseases connected with the subject.

London, Printed for W. Dawson, 1792.

Tract B.387(3)

“Another case, which the Doctor designates as ‘A Shaking Palsy,’ apparently from worms, he describes thus, “

A poor boy, about twelve or thirteen years of age, was seized with a Shaking Palsy. His legs became useless, and together with his head and hands, were in continual agitation; after many weeks trial of various remedies, my assistance was desired. His bowels being cleared, I ordered him a grain of Opium a day in the gum pill; and in three or four days the shaking had nearly left him.” By pursuing this plan, the medicine proving a vermifuge, he could soon walk, and was restored to perfect health.”

Printed by Whittingham and Rowland, for Sherwood, Neely, and Jones, 1817.

“The latter appears to be referable to that class of proteal forms of disease, generated by a disordered state of primae viae, sympathetically affecting the nervous influence in a distant part of the body.”

Printed by Whittingham and Rowland, for Sherwood, Neely, and Jones, 1817.
Sir Everard Home (1756 – 1832)

Observations on the function of the brain.
Philosophical Transactions of the Royal Society of London. 1814;
Vol.104. 469–486

“Whilst conjecturing as to the cause of this disease, the following collected observations on the effects of injury to the medulla spinalis, by Sir Everard Home, become particularly deserving of attention. It thence appears, that none of the characteristic symptoms of this malady are produced by compression, laceration, or complete division of the medulla spinalis.”

John Hunter (1728 – 1793)

Hunterian reminiscences: being the substance of a course of lectures on the principles and practice of surgery, delivered by the late John Hunter in the year 1785; taken in short-hand, and afterwards fairly transcribed, by the late James Parkinson / edited by his son, J. W. K. Parkinson.

London : Sherwood, Gilbert, and Piper, 1833.
284.h.29

“A lady, at the age of seventy-one, had universal palsy: every part of the body shook which was not fully supported. The muscles of respiration were so affected, that respiration was with difficulty effected; but in sleep the vibratory motions of the will to alter these morbid actions increased them.”

As a young man, Parkinson attended John Hunter’s lectures at the Royal College of Surgeons, taking detailed notes in shorthand. Hunter described some cases involving patients with tremulous disorders, and it has been suggested that Parkinson’s interest in the shaking palsy may derive from this time.
In his 1776 Croonian Lecture, Hunter also described a patient who may have suffered from the shaking palsy.

“Lord L’s hands are almost perpetually in motion, and he never feels the sensation in them being tired. When he is asleep his hands, &c. are perfectly at rest; but when he wakes, in a little time they begin to move.”

“A disease has been lately described by Mr. Parkinson, under the title paralysis agitans or shaking palsy, which appears to me to be highly deserving of our attention...”
John Elliotson (1791 – 1868)
Clinical lecture on paralysis agitans delivered by Dr. Elliotson at St. Thomas’s Hospital, October 11, 1830.
Lancet. 1830; 1: 119–123
“The best account of this disease which I have seen, is one given by a general practitioner, now deceased, of the name of Parkinson, a highly respectable man, who wrote an essay upon the subject in 1817, from which I have derived nearly all I know upon the complaint.”

Robert Bentley Todd (1809 – 1860)
Paralysis agitans.
267.b.15
“Mr. Parkinson’s description of the disease is the best we possess.”
Marshall Hall (1790 – 1857)
On the diseases and derangements of the nervous system.
London : Baillière, 1841.

Heritage Centre (HAL)

“I must now draw my readers’ attention, very briefly, to another disease of the spinal marrow, the paralysis agitans. Its symptoms have been well described by Mr. Parkinson; but its morbid anatomy has not been traced. It is usually a disease of advanced life.”
Robert James Graves (1796 – 1853)
A system of clinical medicine.
Dublin : Fannin, 1843.
Heritage Centre (GRA)

“There is a very curious case of paralysis agitans at present in the female chronic ward, which claims a few remarks…Ellen Davis – a young woman about twenty-five years of age…According to the account which she gives of herself, the disease appears to have originated in a sudden and violent mental emotion. The poor girl, like most of the lower class of country people happened to be a firm believer in the existence of ghosts and such like nonentities, and this superstition has formed the source or exciting cause of the disease in question.”

Moritz Heinrich Romberg (1795 – 1873)
A manual of the nervous diseases of man.
Translation of Lehrbuch der Nervenkrankheiten des Menschen.
Heritage Centre 12b

“The disease is one of advanced age. Its causes are unknown.”
Sir Thomas Watson (1792 – 1882)

Lectures on the principles and practice of physic, delivered at King's College, London.

The fourth edition, revised and enlarged.

London: John W. Parker and Son ..., 1857.

“I refer to what has been called the shaking palsy – paralysis agitans. Allusions to this form of disease are to be found in many of the older systematic writers on physic; but it never was much attended to in this country until Mr. Parkinson published an essay upon it in the year 1817; and a very interesting little pamphlet it is.”
William Rutherford Sanders (1828 – 1881)

Case of an unusual form of nervous disease, dystaxia or pseudo-paralysis agitans, with remarks.


The first published use of the phrase “Parkinson’s disease.”

“I think, that it would be more useful to reserve for Parkinson’s disease the specific name of paralysis agitans festinia, or senilis, or Parkinsonii, and thus leave us free to extend the general name of paralysis agitans to other cases occurring at various ages., and not attended by the irresistible impulse forwards. Certainly there are many instances of true paralysis (especially spinal paralysis and paraplegia) which are accompanied by jerking and shaking movements without any tendency to fall forward, and which require a designation that shall not confound them with Parkinson’s disease.”
Armand Trousseau (1801–1867)

Senile trembling and paralysis agitans.


London, 1868

Trousseau’s description of the disease is very similar to that found in Parkinson’s Essay, but despite Parkinson’s assertion that the senses and intellect remain unaffected in cases of paralysis agitans, Trousseau observed that the intellect “is at first unaffected, but gets weakened at last; the patient loses his memory, and his friends soon notice that his mind is not so clear as it was.”
William Rutherford Sanders (1828 – 1881)

Paralysis agitans.
270.d.17

“It is certain that the combination of persistent tremors and hurrying gait had not been recognised, and no adequate description of paralysis agitans existed previous to Parkinson’s Essay on the Shaking Palsy in 1817. His account still remains the standard authority. Succeeding authors have, in general, simply quoted it, or have (especially French writers) overlooked the disease altogether. Accordingly, although Parkinson drew attention to the imperfection of our knowledge, the original contributions made since his time have been few and fragmentary.”

Thomas Buzzard (1831 – 1919)

A clinical lecture on shaking palsy.

Brain 1882; 4: 473 – 492.

“…the symptom upon which I now wish to speak concerns not the articulation but the voice. The voice has a peculiar ‘piping’ character. It is, if you will observe, the conventional voice of the old man upon the stage.”
“Paralysis Agitans, or Shaking Palsy, is a disease of the second half of life, characterised by the symptoms indicated by its name, muscular weakness and tremor, and also by muscular rigidity. The symptoms usually commence locally and gradually, but tend to spread and to become general.

From the fact that it was first fully described by Parkinson in 1817, it has been called ‘Parkinson’s disease,’ but the name which he gave to it of ‘shaking palsy’ is as apt and adequate as the designations of most diseases, and both it and its Latin form are firmly established.”
Jean-Martin Charcot (1825 – 1893) & Alfred Vulpian (1826 – 1887)

De la Paralysie agitante.
Gazette Hebdomadaire de Medecine
et de Chirurgie. 1861; 8. 765–768.

“Sou le nom de SHAKING PALSY, PARALYSIS AGITANS, le docteur Parkinson (Essay on the Shaking Palsy, London, 1817) a decrit une affection singuliere, d’un prognostic habituellement fort grave, et ou il convient surtout de noter, entre autres caracteres importants, un movement continuel de tremblement ou d’agitation des diverses parties du corps, movement don’t l’intensite tend a s’accroitre d’une maniere progressive.”

Charcot refined and expanded the description given by Parkinson, and famously re-named the disease “Maladie de Parkinson,” noting that, while its four main features were tremor, slowness of movement (bradykinesia), muscular rigidity, and impairment of balance, not all patients suffered from muscular weakness, and tremor was not always present. Charcot separated Parkinson’s disease from other similar disorders marked by tremor, and classified the disease as a “nevrose,” a condition with no discernible neuroanatomic lesions.
Jean-Martin Charcot (1825 – 1893)

Oeuvres complètes …


Tome première. Lecons sur les maladies du système nerveux.

Cinquième lecon. De la paralysie agitante.

“La premiere description reguliere qui en ait ete donnee date seulement de 1817; elle est due a un auteur anglais, Parkinson, qui l’a presentee dans un petit ouvrage intitule: Essay on the shaking Palsy.”
Drawing by Jean-Martin Charcot of a Parkinson's disease patient in Morocco - 1889
Source: Wikimedia Commons
Jean-Martin Charcot (1825 – 1893)

Leçons du mardi a la Salpêtrière.

Tome I.

Policlinique du Mardi 12 Juin 1888.

“L’existence bien établie aujourd’hui de cas de cette espèce, devait conduire à critique la définition donnée par Parkinson dans son remarquable traité de la paralysie agitante. (On Essay on the Shaking Palsy by JAMES PARKINSON, member of the royal College of Surgeons. London 1817). C’est une toute petite plaquette devenue a peu pres introuvable aujourd’hui; après bien des recherches inutiles, j’en possède cependant un exemplaire que je dois à la grande obligeance de M. le Dr. Windsor, bibliothécaire à l’Université de Manchester. C’est un ouvrage qui, tout exigu qu’il soit, renferme un grand nombres d’excellentes choses, et j’engagerais beaucoup quelqu’un d’entre vous à en donner une traduction française.”

Charcot describes “M. le Dr. Windsor,” from whom he finally obtained a copy of Parkinson’s Essay, as the librarian at Manchester University, but it is perhaps more likely that he was, in fact, Thomas Windsor, described on the Manchester Medical Society’s website as “an ophthalmic surgeon, [who] was Honorary Librarian of the [Manchester Medical] Society for 25 years from 1858–88 and President in 1866. He was a man devoted to books and literature. In a period of 8 years during his Librarianship, he increased the number of books from 2000 to over 12,000 at an average cost of 2/2d per volume and added 2000 volumes of his own.” Furthermore, the library of Manchester Medical Society is known to possess one of the remaining original copies of the 1817 Essay.
Paul de Saint Leger
Paralysie agitante (maladie de Parkinson) étude clinique.
232.d.28

Jean-Martin Charcot (1825 – 1893)
Leçons du mardi a la Salpêtrière.
Tome I.
Policlinique du Mardi 12 Juin 1888.
“The muscles of the face are motionless, there is even a remarkable fixity of look, and the features present a permanent expression of mournfulness, sometimes of stolidness or stupidity…This particular face was not originally appreciated. It is not in Parkinson’s description. I believe I am the first to draw attention to its features that are so arresting and that in fact suffice to establish with ease the proper diagnosis."

Paul Richer
Les aveugles dans l’art.
Nouvelle Iconographie de la Salpetriere. 1888; 1, 209–216
Jean-Martin Charcot (1825 – 1893)

Leçons sur les maladies du système nerveux : faites a la Salpêtrière.
Tome premier. Paris : Delahaye, 1875
2nd edition.

A drawing by Paul Richer of Anne-Marie, a 62-year old patient of Charcot. The onset of paralysis agitans followed the distressing news that her third son had enlisted in the army. She suffered weakness and trembling first in her right arm, and then in her left, and became compelled to walk at “a quick pace…being apparently forced to follow a flying centre.”

Edouard Brissaud (1852 – 1909)

273.f.3

Following Charcot’s death in 1893, Brissaud became director of the Salpêtrière Hospital. He looked for an organic cause for Parkinson’s disease, and questioned the notion that it might follow on from a sudden emotional shock. He found that patients displayed symptoms similar to those of pseudo-bulbar palsy, associated with ischaemia in the brainstem.
James Parkinson (1755 – 1824)
Paris, 1923.
616.858 PAR

“As short as the work is, it contains a number of superb ideas and I would encourage any one of you here to embark on a French translation.” Jean-Martin Charcot.
To make a donation, visit:

https://www.parkinsons.org.uk/

Parkinson’s UK

215 Vauxhall Bridge Rd, Pimlico, London SW1V 1EJ

James Parkinson’s Essay on the Shaking Palsy (1817)

Exhibition curated by Robert Greenwood, Heritage Officer
Booklet compiled by Ashley Phillips, Library Assistant