



Commentaries

Parkinson, Shaking Palsy MS#1817-010038. Reviewer Comments [April Fools]

Dear Mr. Parkinson:

I regret having to inform you that your paper: The Shaking Palsy, did not get through our extremely competitive and fastidious review process. Due to financial constraints which we're sure you understand, we have limited space and have had to limit our acceptance rate, now taking only the best 75% of submitted manuscripts. This is a high hurdle to overcome, given the large number of manuscripts that we receive. We do hope you'll find success in submitting your efforts elsewhere, although you may consider publishing this yourself as a monograph, given its length and narrow focus.

Reviewer 1

To the editors: I am expecting that you will credit me with at least three reviews for having read this gargantuan manuscript. In fact, I deserve and demand five CME credits. (I thought this journal had limits on word numbers. If it doesn't, it should) At least it was well written. I had a number of concerns, noted in the comments below for the author. In the interest of civility I have contained my criticisms but I wonder if the medical community might be better off if the author confined his investigations and theorizing to paleontology and geology.

To the author: this is certainly an interesting and thought provoking description. First of all I suggest reducing the length. You are much more likely to have the reader maintain interest if you shorten the discussion. You did an admirable job with the six case presentations, each of which took a small paragraph, yet the remainder of the work dwarfed what you actually had to say about these patients, who are, after all, at the heart of your thesis. It appears that you met some of them only once and others not at all. Please clarify your relationship and how you obtained your historical information.

I am concerned about your IRB approval. Did they know that you studied pa-

tients who were not in your practice and were even, apparently, accosted on the street?

I am concerned also by some of your verbiage. For example, "Involuntary tremulous motion, with lessened muscular power, in parts not in action and even when supported." Might it not be more expeditious to simply use the term "tremor at rest," or "resting tremor?" Why use 16 words when two will do? It is the great fallacy of our age that rococo descriptions are often substituted for the clear and pithy, oftentimes with the hidden goal of obfuscation, assuming these orotund phrases are taken for signs of erudition. This reader is not confused by this maneuver.

Could you be clearer when you describe the "senses and intellect being uninjured." Are you using the word "sense" as in "sensibilities" or do you mean the special senses (smell, taste, etc), or the perception of touch, heat, etc, as in sensation.

I must point out to you that this journal considers disorders of women to be almost as important as disorders of men, yet you make no mention of this condition affecting women. All six of your subjects were men. Do you believe the illness is limited to men or is it your opinion that afflicted women are of less interest? Perhaps you limit your practice as well as your observational skills to men? If so, please specify.

You describe the bowels becoming increasingly "torpid." Please define what you mean.

Your proposed treatment merits support for its scientific foundations, based as it is on your understanding of this severe affliction. If it does, indeed, initiate its deadly root in the medulla oblongata, then bloodletting in the upper neck makes a lot of sense, especially to be employed first, before the application of blistering poultices and then incisions to withdraw the disease's toxins via pus. However, I wonder how you balance this with your observation that, the resolution of the patients will seldom be sufficient to enable them to persevere

through the length of time which the proposed process will necessarily require." Shall I take this to mean that your treatments may retard disease progression but never lead to cure? If so, please state. While on this topic, I must note that you make no reference to treatment of the first six and only patients who you describe. Please clarify.

I am both perplexed and upset by the name you have provided for this condition. If palsied, how does it tremor? One might suppose, especially given the cases you describe towards the end of the manuscript, that, as the process continues, a patient may even be paralyzed, leading to the apparent contradictory descriptor of paralysis agitans! I think that the disorder I see more commonly in young women, with weakness of both legs and tremulous motion "in parts in action" in the arms is more accurately described as a "shaking palsy" than this illness. You even described several cases after the original six that had disorders involving shaking palsies, although none quite like the first six. I therefore strongly suggest that you alter the name you have chosen for this illness. Perhaps a more appropriate name would be The Bent Spine With Tremor Illness, or, following your own line of argument, Sceletyre Festinans cum Tremor? I strongly suggest that you take the issue of naming the disease up with the Royal Academy's subcommittee on disease naming, since they are soon meeting to consider the next revision of the *Empire's Classification of the Diseases of Man, Edition 3, Revised Text XL 3*.

As a final comment, meant to improve the tenor of your argument, I strongly suggest that you not refer to yourself in the third person. It has a very off-putting effect on this reader.

— JOSEPH H. FRIEDMAN, MD

Disclosure of Financial Interests

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