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 of touch, heat, etc, or the perception of touch, heat, etc, as in sensation.

You describe the bowels becoming “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 deathly 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 palsyed, 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 palsy, 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

Lectures: Teva, Ingelheim Boehringer; General Electric
Consulting: United Biosource; Bubalo, Halsted, Reitman LLC; EMD Serono; Genzyme; Teva; Acadia; Addex Pharm; Schwarz Pharma
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