

alluded to in general paralysis) are brought about." A heavy suspension of *Trypanosoma equiperdum* was injected into the cranial subarachnoid space of rabbits.

"No essential difference in behaviour towards arsenicals has been discovered between *T. equiperdum*, *T. gambiense* and *Spirochaeta pallida*. Preliminary investigation demonstrated that trypanosomes thus injected would be recovered in considerable numbers. Tryparsamid and other arsenicals were then injected into the ear vein of infected animals. After twenty-four hours a careful search was made in at least six different specimens of cerebro-spinal fluid taken from the various subarachnoid spaces of the brain and medulla. The absence of trypanosomes in these specimens was considered evidence of permeability of the membranes by the arsenical injection or by some trypanocidal derivative. Under these experimental conditions tryparsamid proved more effective than any other arsenical used. An amount which was only 4 per cent. of the minimal lethal dose was 87 per cent. efficient. Sulpharsphenamin with 16 per cent. of its minimal lethal dose was 82 per cent. efficient."

These experiments show that this arsenical preparation, probably by its penetration into the fluid, acts more efficiently than other arsenical preparations in destroying trypanosomes. We are told that the drug is "a white crystalline solid extremely soluble in water. It is odourless, tasteless, and possesses practically no local irritating action."

Should further observations on an extensive scale show that a safe remedy for the arrest or cure of general paralysis and sleeping sickness has been found, it will be a great triumph for experimental medicine.

FREDERICK W. MOTT.

A NOTE ON THE "SO-CALLED PARKINSON'S MASK."

THE peculiar after-effects or residua of epidemic encephalitis have given rise to an increasing study of everything appertaining to paralysis agitans. The name of Parkinson has thus become familiar to many who, a few years ago, might have hesitated before stating the exact disease with which it is associated. By utilizing the recognized synonym of paralysis agitans—namely, "Parkinson's disease"—we obtain a short and easy series of substantives and adjectives wherewith to describe the various signs and symptoms following epidemic encephalitis.

On the continent of Europe, where these residua have been even more common than in this country, this terminology has been adopted extensively. "The Parkinsonian syndrome," "Parkinsonismus," "pseudo-Parkinsonism," and other modifications, are at the present time in use in medical papers. Their exact meaning differs somewhat with different writers. Some use the term for conditions other than pre-senile or true paralysis agitans; others retain the expression "Parkinsonian" for the disease which Parkinson described, and use the term "pseudo-Parkinsonian" for other similar but distinct conditions. There is thus a certain amount of confusion in the use of the terms.

In any case the adoption of this nomenclature has called attention to Parkinson's original *Essay on Shaking Palsy*, published in 1817, and all who have read it must admit that his clear and accurate description of the disease, as he saw it, deserves this tribute to his memory.

James Parkinson was a surgeon who practised in Hoxton; he wrote a number of small medical books in addition to his essay. He got into trouble in 1794 in connexion with the "popgun plot" to assassinate George III in the theatre by means of a poison dart, as is described more at length in the *Dictionary of National Biography*. He was also a palaeontologist and wrote a big book in three volumes (1804-1811) entitled *Organic Remains of a Former World*, described as "the first attempt to give a familiar and scientific account . . . of fossils." He was an original member of the Geological Society. He died on December 21st, 1824.

Thanks to the enterprise of the *Archives of Neurology and Psychiatry* (1922, vii, 681), this essay has now been reprinted and is available for anyone to read. On reading it again recently, I was surprised to find that it contains no allusion to the facial expression in paralysis agitans. There is an excellent description of the tremor, and its

temporary cessation on voluntary movement; the stooping attitude; the hurried gait; the salivation. There are also statements which appear to refer to postural changes and rigidity, together with remarks on the supposed pathology and suggestions for treatment; but from first to last, there is no reference to the "facies."

This is the more surprising because, prior to the use of the term "Parkinsonian" in connexion with the residua of epidemic encephalitis, the only sign of paralysis agitans to which the author's name was commonly attached was the characteristic "facies"—the so-called "Parkinson's mask." It is, indeed, the irony of fate that, more than a century after his death, Parkinson's name should be particularly attached to practically the only prominent sign which he failed to record in his essay. It seemed to be a matter of some historical interest to find out when and where this term "Parkinson's mask" arose. With the assistance of the librarian at the Royal Society of Medicine (Mr. H. E. Powell) an attempt has been made, and the following facts ascertained:

First Recognition of Symptoms.

So far as we can ascertain, Charcot, in his many writings, in the middle of last century, was the first to emphasize the diagnostic importance of the immobile "facies" in paralysis agitans. We cannot find that any of the leading textbooks prior to this period make any reference to it. Whether or not Charcot himself first observed it seems uncertain. Fagge in the first edition of his *Textbook of Medicine* (1886, i, 629) writes: "According to Charcot the features present a peculiar immobility and want of expression"; but Charcot and Vulpian (*Gaz. Hebdomadaire de Médecine et de Chirurgie*, 1861-62, vols. 8 and 9) quote a case described by Oppolzer in the *Wiener medizinische Wochenschrift* for 1861, where he says "der Gesichtsausdruck ist ganz apathisch!" This may possibly have drawn Charcot's attention to the sign.

It is thus probable that the pathognomonic facies of paralysis agitans was not recognized—at any rate, it was not recorded—until about fifty years after Parkinson's original essay was published. This is as surprising as that a shrewd observer like Parkinson should have omitted all mention of it. Is it possible that this particular feature of the syndrome was absent or less marked during the first half of the nineteenth century?

Such a suggestion might have seemed rather far-fetched a few years ago; but our experience of the effects of epidemic encephalitis shows that the different components of the syndrome which we call "post-encephalitic paralysis agitans" may each occur separately and almost alone, and that the particular region involved may be strikingly limited. Thus it is not uncommon to find the residuum following encephalitis in the form of the characteristic "facies" of paralysis agitans as the earliest and most striking feature; the extent to which the rest of the body is then affected may be exceedingly slight.

Even in pre-senile paralysis agitans the facies may be absent for long periods. Moreover, diseases do change their type from time to time. This may possibly explain the curious oversight of this striking sign, not only by Parkinson who studied, carefully, some cases, but by physicians during the following half-century, who at least wrote about them.

Origin of the Term "Mask."

The earliest record that I can find of the use of this term to describe a facial expression is in a paper by Gayet, in the *Archives de Physiologie* (1875, ii, Série II, 341). He there records what he calls an "affection encéphalique" which bears a striking resemblance to epidemic encephalitis. In this article the term "masque" is repeatedly used. Thus he writes: "Tout le masque est singulièrement affaissé." "Il n'a plus son masque facial si prononcé." "Le masque de la face s'est amélioré." It is interesting that this early use of the term should be in connexion with a case, not of paralysis agitans, but of an acute disease simulating epidemic encephalitis in many respects. The first evidence that we find of its application to the facies of paralysis agitans is in the article on this disease by W. Sinkler in *Pepper's System of Medicine*, vol. 5 (1886). Two

years later Paul Richer (*Nouv. Icon. de la Salpêtrière*, 1888, p. 213) writes of the facial expression in paralysis agitans, "C'est masque vide, dont la vie semble absente."

The term "facial mask," or mask-like face, applied to paralysis agitans, thus seems not to have been used at all generally until after Charcot's time. It has the advantage of being brief, though not an apt description of the condition.

The Earliest Use of the Term "Parkinson's Mask."

So far as our investigations go, the first use, in print, of the term "Parkinson's mask" is found in the first edition of Osler's well known *Textbook of Medicine*, 1892. Mr. Powell has searched through all the leading textbooks from 1817 to 1892 and can find no previous use of Parkinson's name in this connexion.

The actual expression which Osler uses is rather curious, "the so-called Parkinson's mask." This was repeated in each succeeding edition down to 1916. To one as familiar with the original works of the past as Osler was the fact that Parkinson had not described the facies of paralysis agitans must have been well known; hence the form of his expression—"the so-called Parkinson's mask." It seems, therefore, probable that about the early nineties the term "Parkinson's mask" had become current amongst certain medical teachers in certain parts of the world, and that Osler first gave it official recognition as a concise* and convenient label for the student.

It may be said that in using the term "Parkinson's mask," we merely mean the mask-like face seen in Parkinson's disease, and as such the term is quite warranted. When, however, the term "Parkinsonism" is applied, as it frequently is at the present time, to post-encephalitic residua which may consist of nothing but an immobile face with certain mental and moral changes in character, it is historically inaccurate.

In conclusion, I desire to thank Mr. Powell for his valued help, and to take this opportunity of pointing out to my colleagues living in the provinces the many valuable services which the Royal Society of Medicine places so generously at the disposal of those Fellows who are unable to make frequent personal visits to the library.

ARTHUR J. HALL, M.A., M.D., F.R.C.P.,
Professor of Medicine, University of Sheffield.

EPSOM COLLEGE.

THE annual general meeting of the governors of Epsom College was held at the office, 49, Bedford Square, W.C., on June 29th, when the treasurer, Sir HENRY MORRIS, was in the chair.

The names of the successful candidates for foundation scholarships were announced as follows: Thomas M. Newton, Jeffrey O. Timms, James D. Johnston, Irwin J. McGhie, Denis A. Sanford, H. Vincent Adcock. The successful candidate for the ordinary pensionership was Adelaide Lynch.

In submitting the annual report of the Council, the chairman drew attention to the loss the College had sustained by the death of Mr. Clement Locke Smiles, as well as by the retirement from the Council of Mr. Walter Archibald Propert, the grandson of the Founder of the College. The governors were also informed that Mr. W. Douglas Crossley, who entered the College as a master in September, 1888, and was appointed bursar in September, 1890, was about to retire, after a service to the College of practically thirty-five years. The chairman paid a tribute to the zealous and efficient way in which Mr. Crossley had carried out the duties of his office during that long period. The chairman further reported that Mr. Bluett, one of the honorary auditors, had died since the last annual general meeting, and that the Council proposed that Mr. Norman C. King, the registrar of the General

* In Fagge and Pye-Smith's *Textbook of Medicine* (fourth edition, I, 877) the words are, "The features are immobile and the face has a remarkable impassive expression, like a mask, as Parkinson described it." The name Parkinson is evidently a "lapsus calami" for Charcot, which occurs in previous editions.

Medical Council, should be appointed an honorary auditor in his place. The chairman also drew attention to two pension funds recently instituted, and mentioned that the Council had decided to propose that, in consequence of the increased cost of living, amendments in the by-laws should be made to permit a somewhat larger income than hitherto held by persons wishing to become candidates for various pensionerships—namely, £100 a year instead of £60. He stated that steps had been taken to begin at once the work of rebuilding the nave of the chapel in harmony with the new chancel, in spite of the fact that the funds in hand were not sufficient for the purpose, and he urged all friends of the College to do their best to secure contributions.

In the report to the governors, the Council expressed its thanks to the various honorary local secretaries, the British Medical Association, and other friends who had assisted the Royal Medical Foundation attached to the College by obtaining donations and subscriptions, as well as to the editors of the *British Medical Journal* and *Lancet* for many services kindly rendered. The Medical Insurance Agency of the British Medical Association had again sent generous contributions, for which the Council was grateful. For many years it had been customary to elect as vice-presidents those who had collected the sum of £1,000, and as the Rev. Walter J. Barton, the late head master, had succeeded in completing this sum, the Council proposed that he should be elected a vice-president of the College.

After the adoption of the annual report and accounts, formal business was transacted, including the re-election of members of the Council and auditors, and the adoption of new by-laws. A cordial vote of thanks to the chairman was proposed by Dr. Raymond Crawford, who drew attention to the valuable services rendered to the College by Sir Henry Morris as treasurer. This resolution was seconded by Mr. Hollis Walker, K.C., and carried with acclamation.

BIRTHDAY HONOURS.

THE deferred list of honours granted on the occasion of the King's birthday was issued as a supplement to the *London Gazette* of June 29th. The following are among the names of those upon whom honours have been conferred:

Baronetcy.

Major-General Sir Anthony A. Bowlby, K.C.B., K.C.M.G., K.C.V.O., F.R.C.S., President of the Royal College of Surgeons of England; Consulting Surgeon to St. Bartholomew's Hospital.

Knighthoods.

George Francis Blacker, C.B.E., M.D., F.R.C.P., F.R.C.S., Dean of University College Hospital Medical School.

Ewen J. Maclean, M.D., F.R.C.P., F.R.C.S. For services to the Ministry of Health in Wales. Dr. Maclean was formerly chairman of the Representative Body of the British Medical Association, and presided over the Annual Representative Meeting in 1911 and 1912, when held in Birmingham and Liverpool respectively.

C.B.E. (Civil Division).

Lieut.-Colonel John Southey Bostock, M.B., Ch.B., Director of Medical Services, Ministry of Pensions.

The distinction of C.B.E. (Civil Division) is also conferred upon Mr. Ernest T. Nethercoat, President of the Pharmaceutical Society, in recognition of his services in connexion with the Dangerous Drugs Regulations.

THE second International Congress of Comparative Pathology will be held in Rome from October 7th to 14th. The subscription is 40 lire. Further information can be obtained from Professor Perronetto, 40, Corso Valentino, Turin.

THE thirty-eighth annual meeting of the Caledonian Medical Society will be held on June 29th in the rooms of the Aberdeen Medico-Chirurgical Society. The President, Dr. D. Rorie, D.S.O., took as the subject of his presidential address the career of Dr. George Boswell, who was surgeon to King James VI of Scotland. The meeting was largely attended, and at the dinner the same evening seventy members and guests were present. It was arranged to hold the next annual meeting of the society in Liverpool under the presidency of Dr. David Smart.