Medical History

James Parkinson 1755-1824

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British Medical Journal, 1973, 2, 601-603

Since Parkinsonism is a topic of wide medical interest it is natural to feel curiosity about the life and character of the man who was the founder of it all, James Parkinson. An obvious source for biographical material might seem to lie in contemporary obituaries, yet this turns out to be a false expectation for, in fact, the leading medical journals of the day—the *Medico-Chirurgical Review*, the *London Medical and Physical Journal*, and the *London Medical Repository*—made no reference to his death, although all had given flattering attention a few years earlier to his *Essay on the Shaking Palsy*. Or again as a beginning, one might search for a portrait of him, because to know what a man looked like helps understanding of his thought and personality. But none is known to exist, either in the National Portrait Gallery or at the Royal College of Surgeons, of which he was a member (the Fellowship not being created until 1832). According to a brief verbal sketch of his appearance in later life recorded by his friend Gideon Mantell, however, he was “rather below the middle stature, with an energetic, intelligent and pleasing countenance and of mild and courteous manners; readily imparting information on his favourite subjects,” and the deficiency of early obituarists in chronicling his life has been made good in more recent times by the biographical studies of Rowntree,¹ Williamson,² Morris,³ McMenemy,⁴ and Jewesbury.⁵

He was born on 11 April 1755, the son of John Parkinson, an apothecary and surgeon (in modern terminology, a general practitioner) in Shoreditch, which was then no more than a large village close to London with open country beyond it. He married in 1781 and had six children, one of whom (his eldest surviving son, John) ultimately joined him in practice just as he had joined his own father as a young man, so exemplifying the kind of vocational dynastic succession which was then a commonplace life-style which pervaded not merely the professional classes but the ranks of craftsmen and artisans of all sorts. He never held a hospital appointment though his talents would have fitted him well for a consultant career, and one may judge that his choice of general practice as a young man was forced on him by private financial exigencies rather than by lack of ambition, as appears from his ironic comment years later: “I need hardly repeat to you the vulgar observation that a physician seldom obtains bread by his profession until he has no teeth left to eat it. Indeed it is so late before a physician goes into full practice, that it almost seems many think him too young for consultation, unless he has reached his dotage.” He spent the whole of his life in Shoreditch and died there at the age of 69 on 21 December 1824.

Formative Years

Of his schooling there is no direct record, but from his own comments it evidently included solid grounding in Greek and Latin as well as mathematics, natural philosophy (that is, physics, chemistry, and biology), and some knowledge of French. Familiarity with the dead languages was a vital accomplishment, because the texts of many ancient medical authorities still widely read and admired, from Hippocrates and Galen onwards, were not available in English translation, though by the end of the eighteenth century the emergent pressure of new scientific knowledge of all kinds was beginning to eclipse their importance. Nor is there real evidence of his medical education. It is known only that he was apprenticed to his father, an apprenticeship which would have carried him through to the age of 22 or 23. His father was by no means an unlettered medical quack but a diplomaed surgeon who was for some part of his career anatomical warden—what one might call prosecutor or lecturer in anatomy—to the Company of Surgeons, an elitist corps of the old Barber Surgeons, out of which the Royal College of Surgeons later grew. He must have been a man of some standing in local society, as he practised from a large house in a fashionable residential square in Shoreditch, later used by James and finally by his son. The house was visited by Rowntree,¹ who found it outwardly dilapidated, but inside it still recalled days of prosperity and culture, with spacious rooms, impressive fireplaces, and handsome panelling.

At some stage during his apprenticeship it may be inferred that his father sent him to walk the wards of one of the London hospitals as clerk and dresser and to attend lectures in anatomy and physiology as well as medicine and surgery, which then ran concurrently without the modern dichotomy into clinical and preclinical subjects. In later life he was a passionate opponent of the apprenticeship system of medical education which meant only too often that a youth was bound for years to some pillpushing apothecary, where he grubbed such snippets of medical lore as his wits would allow while spending his days compounding and dispensing drugs behind a counter, and in the end knew little more of real medicine than the technique of bleeding and the way to give an enema. It was a farce, Parkinson said, which could not possibly fit a man for a lifetime in practice unless backed by a stint of formal hospital teaching, and this opinion forcefully expressed in the pages of his book on medical education. *The Hospital Pupil*, must have been one of the seminal influences which eventually brought about the educational and other reforms embodied in the Apothecaries Act of 1815.

He was a great believer in the importance of anatomy (shades of his father's influence here), and even more so in the value of clinical teaching, whether by lecture or by demonstration for these he insisted were the means “whereby disease is embodied and brought before the student.” So it is no surprise to find that in 1785, when he was already in practice, he managed to attend a series of lectures by the

great John Hunter, of which he took notes and transcribed in narrative form afterwards. These lecture notes were published posthumously in 1833 (edited by his son J. W. K. Parkinson under the title of *Hunterian Reminiscences*) and give a fascinating glimpse of Hunter as a teacher as well as an insight into the state of medical theory and practice in the latter part of the eighteenth century.

Political and Scientific Interests

Whatever the facts of his education, James Parkinson emerged into adult life as a man of brisk intelligence, with interests which extended beyond the confines of medicine. In the 1790s, when ideas of radical change in the established order of society were much in the air, stemming from the example of the French Revolution, he became an ardent disciple of political reform. He published a number of pamphlets under a pseudonym which, though sometimes violently worded, were always in support of change by peaceful means. He also belonged to two or three societies which had a political orientation: in retrospect they sound harmless enough, but in their day they were suspect as a serious source of sedition. It was even alleged in 1794 that certain members of one of these societies had planned to assassinate George III, and arising out of this Parkinson was subpoenaed to give evidence at a special court of inquiry, where he was sharply cross-questioned by, among others, William Pitt the younger, who was then Prime Minister. He afterwards published an account of the proceedings, and from this it appears that he comported himself with dignity and good sense in the witness box. Probably, however the brush with official power chilled him, for by the nature of the evidence he had given he had risked deportation to Australia, at that date a common penalty not only for criminals but for the politically undesirable as well.

At any rate, after that the urgency of his political commitment waned and his interest turned increasingly to other, less controversial enthusiasms—firstly to chemistry, which attracted him enough to write a textbook, and then to geology and palaeontology. He was a founder member of the London Geological Society in 1807 and contributed numerous articles in this field to learned journals as well as writing two important books, one of which—*Organic Remains of a Former World*—was a monumental study of the taxonomy of fossils which took him several years to complete. It was published in three volumes between 1804 and 1811 and was illustrated with beautiful coloured engravings whose pale wash tints and sometimes almost abstract form lend them a strange charm even now. Joan Eyles has argued knowledgeably that this work was of outstanding merit in scientific terms and that his observations published about the same date, on the geological strata of the London basin are still notable as the first detailed account.

Parkinson was a prolific writer on medical topics and what he wrote still provides a vivid mirror of his mind. His attitude was seldom the detached approach of the pure scholar; he did not care to amass knowledge simply for its own sake, but rather for the use to which it could be put to teach others. His volume *The Hospital Pupil* shows this plainly. As well as giving sound advice on student education it is a sort of *religio medici*, a simultaneous guide to medical ethics and to the practical conduct of a doctor's life distilled from his own experience, which comes over surprisingly fresh and relevant even after a lapse of more than 150 years. The practical didactic side of his personality also emerges strongly in various books he wrote on home medicine designed to give the lay reader basic information in easily assimilated form. In two further tracts one can see the social reformist side of his character. One drew attention to the wretched state of lunatics and the horrors of confinement to contemporary madhouses (he was visiting surgeon to an asylum), and the other was a plea for

the creation of isolation hospitals, though none were built until years after his death. In addition, in 1805 he published a scholarly monograph on gout, an affection which intrigued him because both he and his father before him suffered from it. He implied that its cause lay in what he termed "a peculiar salic acrimony in the blood, which irritates and excites morbid action in certain parts of the body," a view he based on Wollaston's demonstration in 1797 that the concretions of gout are composed of uric acid salts. He made this imaginative jump at the concept of hyperuricaemia so far ahead of its time that he was sharply criticized for holding too fanciful an opinion.

Neurological Observations

For the modern reader Parkinson's medical masterpiece is his *Essay on the Shaking Palsy*. When it first appeared in 1817 it sharply illuminated a clinical entity which had been only dimly apprehended before that date. Although earlier writers had recognized that certain affections of the nervous system might combine weakness with tremor and had appreciated that tremor fell into two main categories, tremor in action and tremor at rest, the symptoms of Parkinson's disease had previously been confused with a number of nosologically quite different maladies, including chorea, torsion spasm, forms of cerebellar disease, senile and alcoholic tremor, and even multiple sclerosis. The fact that his essay broke new ground is amply proved by the reviews in contemporary medical journals, which make it plain from the length of the quotations lifted direct from its text that what he had to say was quite new and unfamiliar. Even now the essay can be read with profit not only because it is a superb model of lucid clinical description but because it is written with such mastery of style that it must give pleasure to anyone with a taste for English prose. It is also a model of the logical use of clinical experience to predict pathophysiology. None of his six cases came to necropsy, yet by careful steps of reasoning he finally conjectured that the illness depended on a diseased state of the high cervical cord, extending to the medulla. Considering the limited scope of neurological knowledge in his day it is astonishing that his deductions were so close to the target zone of the substantia nigra defined by present neuropathological data, for even the so-called law of Bell and Magendie, which differentiated the separate motor and sensory functions of the anterior and posterior spinal roots, was still to come, the spinal cord was still no more than an uncharted conductor of nervous forces between the brain and the periphery, and while the cerebrum was known to be the source of movement it was thought that the cerebellum was the organ of sensation.

Conclusion

In his later years various honours came Parkinson's way, all of them in connexion with his palaeontological observations. He was made an honorary Fellow of the Wernerian Society of Edinburgh, he was elected to the Russian Imperial Society in St. Petersburg, and in 1822 the gold medal of the Royal College of Surgeons was bestowed on him as the first recipient of this rare award. However, the signal honour of Fellowship of the Royal Society eluded him, though one might think now that his achievements deserved it.

In retrospect James Parkinson looks like the very model of an eighteenth century professional figure. He had an inquiring mind receptive to new ideas and was a skilled observer in the arenas of both disease and natural science. He was concerned, industrious, practical as well as cultured, and passionately devoted to the practice of medicine, which he saw as a vocation as well as an avocation. In his own way he was a great man, and one we can learn from even now.

Bibliographical Note

All Parkinson's works are now exceedingly rare, correspondingly valuable, and hence not easy of access. Unlike many of his other books which ran through several editions, the *Essay on the Shaking Palsy* was never reprinted in his lifetime, and although the American Medical Association reissued it during the 1930s in beautifully exact facsimile form, even this is very scarce. So for the interested reader the Parkinson bicentenary volume which contains the text in full is recom-

mended as the most readily available source (see McMenemy⁴).

References

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- ² Williamson, R. T., *Janus*, 1925, 29, 193.
- ³ Morris, A. D., *Lancet*, 1955, 1, 761.
- ⁴ McMenemy, W. H., in *Jamieson Parkinson, 1755-1824*, ed. Macdonald Critchley, p. 1. London, Macmillan, 1955.
- ⁵ Jewesbury, E. C. O., *British Journal of Hospital Medicine*, 1970, 4, 825.

Reorganization—1974 or 1984?

Where the Nurses Will Stand

FROM A SPECIAL CORRESPONDENT

One of the aspects of N.H.S. reorganization I explored was the position of the nursing services in Newcastle upon Tyne. Mr. Anthony Carr, the Chief Nursing Officer of the Newcastle University Hospitals, told me that this group now consisted of 4,000 beds in 21 hospitals—making it, after Cardiff, the largest nursing teaching group in the United Kingdom.

Mr. Carr was previously chief nursing officer to the Central Wirral Hospitals, in Cheshire, and before that principal of the William Rathbone Staff College, a nursing (public health and hospital) management training college in Liverpool. He had previously been a district nurse for four years, had been a full-time official at the Royal College of Nursing, and had also spent another four years outside nursing working in industry. Mr. Carr was appointed at Newcastle to amalgamate all the nursing services concerned, when the hospitals were reorganized in 1971. He now also sits, as one of the nursing representatives, on the Newcastle Joint Liaison Committee—the other one is the local authority's director of nursing services.

Mr. Carr was interested in the role of the area management team. He believed that there would be no extra money available for the services in his area. This worried him because the only top post would be the area nursing officer, which would replace the two existing posts of the hospital chief nursing officer and the local authority director of nursing services. But in some areas, he said, there could be up to six chief and top principal nursing officers and two directors who would be competing for one area post and perhaps two or three district nursing officer posts. As Newcastle would experience so little change, he thought the situation there would not be typical of the confusion and competition that would occur in other areas. Even so, Mr. Carr added, the Grey Book said that the area nursing officer must have supporting staff so that her two roles might be fulfilled. These were, firstly, the day-to-day management in the hospitals and in the community, and, secondly, liaison with the local authority, and with the education department planning ahead, and detecting deficiencies through the primary health care planning teams. He feared that because there was to be no extra money the forward planning could not be done by the area nursing officer without supporting staff. Possibly he could obtain such staff by saving on day to day line management posts.

Plan Approved

With these limitations, however, the top nurses in the area had already prepared a plan to submit to the shadow authority when it was appointed, and this had been approved by the joint liaison committee. It involved the principal nursing officers of the eight hospital nursing divisions—psychiatric, two midwifery, three general, two education. These nursing divisions had nothing to do with the Cogwheel divisions, but were lines of management of nurses. The general divisions were shortly to be integrated with the community nurses into three new ones, on a geographical basis, since community nurses could not fit into specialist divisions. These would be run jointly by a senior community nurse and a senior hospital nurse.

Mr. Carr, or whoever was the area nursing officer, would then have to develop the nursing services by looking at the needs of the school health service, the general-practitioner attachment schemes, and the responsibility for the 1,000 nurses in training—at least until the Briggs report was implemented. A degree in nursing was being started in the Polytechnic in September 1973, and the head of the department would be a nurse. In this nurses and social workers would be trained together, but no one had so far looked into staff counselling or recruiting as a job. No one had done detailed manpower planning, for example, working out annual and monthly staff turnover, and Mr. Carr thought that there might well be too many nurses, but nobody knew. If, for instance, wastage were cut by half far fewer people would have to be taken in for training. The nurse training schools could then be contracted rather than expanded, and the result could be better-trained nurses.

Such developments depended on data collection and analysis and were the object of the whole reorganization, whose value would be dissipated if skilled staff were not made available apart from line management. Mr. Carr thought the areas without districts would suffer particularly in this respect; hence if it were his responsibility he would prune the line management (numbering 135 staff above ward sister) to provide staff positions. Line management could be overdone anyway, he thought; people breathed down each other's necks—and job dissatisfaction, grumbling, and backbiting resulted.

Turning to the Briggs report, which had set out to "review