Advantages of Listening to Patients: The First Description of Parkinson's

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Historically, the dialectic of a body/mind divide between a thinking subject (the physician) and the unthinking object (his patient) has had disastrous consequences for the practice of medicine. Quite apart from the ethical issues raised (human experimentation and that sort of thing), the mind/body dialectic erects barriers of misunderstanding between observer and observed, even between the observer and the evidence of his own embodied senses. If unchecked, this distrust of the body creates a situation in which the patient's signs and symptoms and/or adverse reaction to treatment are denigrated or ignored, with no benefit to anyone.

We can see this trouble brewing already among Hippocratic physicians, who chafed at being classified as mere craftsmen and aspired to be philosophers. According to some treatises, a good doctor tells the patient what his symptoms are rather than the other way round. Really? A "good" prognosis is "he will die". Good for whom? The proof of the theory of the four humors is that patients who have been excessively purged vomit all four substances before they die. Yikes! And what about drilling a completely unnecessary hole in a patient's head, a procedure hailed on the history channel as the invention of brain surgery, and when the patient dies of meningitis as a result this "had nothing to do with the treatment". Ancient Greek physicians were no dummies, nor were they evil geniuses who delighted in killing patients, but if you cannot learn to trust what evidence you have, there is no way that you can draw correct conclusions from it. And, in medicine, an incorrect conclusion is all too often a dead patient.

Nowadays, in principle, doctors can get away with uncaring arrogance because they have lab tests. This is, however, a cruel illusion. Lab tests are expensive, not always accurate, and have to be ordered on the basis of what the doctor thinks might be wrong with the patient. We probably all know of cases where illnesses were misdiagnosed or worse yet not diagnosed at all due to a doctor's refusal to accept that mere bodies could possibly have any idea what was wrong with them. Worse yet, in some important areas, there simply is no test. This is the case with Parkinson's disease (PD to doctors).

"There are currently no blood or laboratory tests that have been proven to help in diagnosing PD. Therefore the diagnosis is based on medical history and a neurological examination. The disease can be difficult to diagnose accurately. The Unified Parkinson's

Disease Rating Scale is the primary clinical tool used to assist in diagnosis and determine severity of PD. Indeed, only 75% of clinical diagnoses of PD are confirmed at autopsy. Early signs and symptoms of PD may sometimes be dismissed as the effects of normal aging. The physician may need to observe the person for some time until it is apparent that the symptoms are consistently present. Usually doctors look for shuffling of feet and lack of swing in the arms. Doctors may sometimes request brain scans or laboratory tests in order to rule out other diseases. However, CT and MRI brain scans of people with PD usually appear normal".[1]

The ability of doctors to recognize Parkinson's, then, is dependent upon their powers of observation and their willingness to trust the evidence of their own five senses as well as to listen to their patients. In principle, then, there is no reason that ancient Mesopotamian physicians could not have recognized Parkinson's, assuming of course that it existed at the time. Not only were they extremely careful observers with a firm sense of the difference between reality and illusion (they knew how to recognize pseudo-seizures), but they also interviewed their patients in the patient's own home, in an unrushed environment and with the opportunity of gleaning information from friends and relatives which the patient himself might have been unable to provide, more like the legendary old fashioned kindly family doctor than the arrogant rationalist know-it-all Dr. Frankenstein.

In fact, an examination of the Diagnostic and Prognostic Handbook reveals a quite striking description of what can only be Parkinson's disease. Patients with Parkinson's often have resting movement of the hands, a rigid mask-like face, rigid body, drooling, and when walking lean forward and move with a mincing rigid gait. Poor postural reflexes cause falls to be a common problem.

**If his head trembles, his ⌜neck⌝ and his spine are bent, … (one or two essentially illegible signs), his saliva continually flows from his mouth, his hands, his legs and his feet all tremble at once, (and) when he walks, he ⌜falls⌝ forward, ⌜(if)⌝ [. . .] he will not get well.

Immediately following this entry in the diagnostic/prognostic series is a sequence of entries which describe patients with similar tremors of the head, hands and feet but with speech problems of two sorts, difficulties in articulation ("mouth too strong for the words") and abnormal speech patterns ("words hinder each other in the mouth").

[1] PMID 9923759.

**If his head, his hands and his feet tremble, his mouth is (too) strong for the words (and) [they tumble over one another?] in [his] ⌜mouth,⌝ the affliction afflicts him.[2] If his head, his hands and his feet all tremble at once (and) his words hinder each other in his mouth, [that person] ⌜has been fed⌝ [a dirty substance to test it].

Parkinsons disease has recognized speech abnormalities including hypophonia and festinating speech. The former refers to a speech quality that is soft, hoarse, and monotonous. Some people with Parkinson's disease claim that their tongue is "heavy" or have cluttered speech.[2]. This would appear to be the *āšipu*'s "the mouth is too strong for the words". Festinating speech means excessively rapid, soft, poorly-intelligible speech, or presumably what was described by the *āšipu* as: "the words hinder each other/tumble over one another in his mouth". In short, this sequence of references is probably also describing a patient with Parkinsons. If our first entry had been a complete description—in other words if it had included the speech pathology of the subsequent entries alongside the characteristic tremor and shuffling gait, it would have been the first known complete description of Parkinson's.

It is a not uncommon practice for syndromes with variable signs and symptoms to be presented in separate but contiguous "sequenced" entries in the Diagnostic and Prognostic Handbook. It is also, however, not uncommon for two similar, yet different, syndromes to be listed in contiguous "contasted" references. Thus, the placing of descriptions of speech pathology next to descriptions of Parkinsonian tremor and shuffling gait tells us nothing about whether or not the *āšipu* (as opposed to the modern observer) realized that the two syndromes were actually one. Their failure to appear together in the same entry does not prove they were separate syndromes for the *āšipu.* However, absolute and definitive proof that there was one syndrome for the *āšipu* requires all symptoms to appear together in one entry.

This proof is lacking, or it was until now. One of the great excitements of cuneiform studies is the almost constant flood of new information. The excitement is not always pleasant, as old theories come tumbling down in the face of new evidence. In this case, however, it is a definitely a case of "Eureka". On my last trip to the British Museum, what did I discover among the Babylon texts in the collection but a new copy of this section of DPS which allows us now to restore the first reference as follows:

[2] The term "affliction" is used in medical texts in a general sense of whatever is wrong with somebody—just about any disease or condition may be said to "afflict" a patient. In this context, the "affliction" is clearly the condition which has just been described.

"If his head trembles, his ⌜neck⌝ and his spine are bent, he cannot raise his mouth to the words, his saliva continually flows from his mouth, his hands, his legs and his feet all tremble at once, (and) when he walks, he ⌜falls⌝ forward, ⌜(if)⌝ […] he will not get well" (DPS III C obv. 39-40ǧD 13-15 = TDP 22:39-40)

The old record holder for a complete description of Parkinson's is Mr. Parkinson himself who left a description of “shaking palsy” without treatment (none was then known) in 1817.[3] Even taking the latest possible date for this section of the Diagnostic and Prognostic series, this would place the *āšipu* in advance of his Western counterpart on this issue by 2,000 years, a chilling warning as to the damage that can be done by pitting the mind of the physician against his own body and the body of his patient

[3] PMID 11983801.