Parkinson’s disease (PD) is a common neurodegenerative disease, affecting millions of people worldwide, affecting their life to a significant degree. Since its first description by James Parkinson in 1817 and until the present day, its diagnosis is primarily clinical. As such, the criteria for diagnosis have changed over the years. In the 19th century it has attracted the attention of Jean-Martin Charcot. This eminent and influential clinician was the first to redefine the disease. He named it after James Parkinson, a tradition we still honor today, but this was perhaps tongue-in-cheek gesture. The original term used by James Parkinson, Paralysis Agitans or the Shaking Palsy required tremor to be part of the clinical phenotype. However, Charcot included cases without tremor as well.

During the twentieth century, the epidemic of encephalitis lethargica was another milestone. Although most patients were affected by an acute disease, it was hypothesized that most of PD cases are actually survivors of mild or preclinical encephalitis lethargica, and that as the cohort will die off the frequency of the disease will gradually diminish until it will once more become the rare disorder it used to be prior to the encephalitis epidemic.

The underlying distinction between PD and parkinsonism due to other causes has been a prominent feature of movement disorders research over the past decades. It has been established that different etiologies and disease states can present with overlapping clinical features, and it was up to the astute physician, usually a movement disorders specialist, to accurately diagnose PD.