

book reviews

Parkinson's disease in the older patient, 2nd edition

Edited by Jeremy Playfer and John Hindle. Radcliffe Publishing, Abingdon 2008. 428 pp. £65.00

Thank goodness for fields such as gerontology which so enhance the single organ-based specialties and gene-centric approaches. Such cross-sectional disciplines improve all round management of individuals, as exemplified in this book, and ensure that we keep up to speed on life history, ecological and evolutionary concepts of disease.

This is important as the last 50-year track record of finding causes and cures of diseases of ageing, particularly in the face of rapid unexplained increases in longevity in rich nations, is not (lets be honest) that impressive considering the enormous effort largely from a laboratory-based research industry. Laboratory studies typically control the environment, unlike the real world, and that is an uncertain approach particularly given that genes have been known to be largely regulated by diet and stress signals since the birth of molecular biology and the discovery of genetic switches and the lac operon.¹ Degenerative diseases that were solved earlier, such as B12 or B3 deficiency, affect more than one organ and involve both the supply of nutrients and personal genetic make-up. Neuroscientists working on sub-acute combined degeneration of the cord or pellagrous dementia armed with a modern brain and DNA bank but with minimal ecological data might well have been tempted down blind mechanistic alleys and struggled to figure out the root cause, yet this is now the central strategy for solving diseases of ageing.

In this edition the chapter authors ably inform us that we know a great deal about the interdisciplinary management of the ageing patient with Parkinson's disease and how it should be implemented often by breaking down artificial professional ties. Good chapters span conventional drug and surgical approaches and non-motor complications. The effect on quality of life gets ample room as do rightful concerns over nutrition, the carers, rehabilitation and palliation along with organisation of services and the vital role of nurse practitioners. Energetic management encouraging a 'use it or lose it' approach is implicit.

Tantalising hints as to the aetiology of Parkinson's disease are capably documented. I liked the book's cover picturing a forest showing light as the source of fluctuant energy and information forecasts from circadian rhythms illuminating both wood and trees. Is the human super-organism so different or just more complex with different sources of energy, more compartments and a greater panoply of homeostatic responses?

Medicine and education of the population in 50 years will surely be highly developed. Our long-lived, better developed and

disease-free descendants may have to thank the theoreticians of ageing and development for seeing the common bioenergetic threads and available trade-offs between health and disease.

Reference

- 1 Ptashne M, Gann A. *Genes and signals*. New York: Cold Spring Harbor Laboratory Press, 2002.

ADRIAN WILLIAMS

*Professor of Clinical Neurology,
University of Birmingham*

Royal maladies: inherited diseases in the ruling house of Europe

By Alan R Rushton. Trafford Publishing, Victoria, Canada 2008. 261 pp. £10.30

This book discusses two familial diseases affecting the royal houses of Europe: haemophilia and variegated porphyria. On haemophilia (16 pages) the author is on reasonably firm ground. He examines the effects of haemophilia on the royal houses in Russia and Spain with devastating political consequences for both. Nevertheless it would be useful, for the medical and non-medical readership, to have more detail about the process of the blood clotting and, in particular, the nature of the clotting-defect in the families (haemophilia A or B). A new mutation in Queen Victoria's elderly father Edward, Duke of Kent (aged 50 when she was conceived) is postulated quite reasonably as the source of the problem. More discussion on paternal age effects, mechanism of X chromosome inactivation and the molecular genetics of haemophilia would increase the value of this aspect of the book.

The major part of Rushton's study (84 pages) is, however, devoted to variegated porphyria. Here the author is on shaky ground. There are serious errors both of omission and commission. Thus he attempts to outline the pathway of haem biosynthesis, vital to the understanding of the nature, severity and cause of the acute porphyrias. In 1980 Battersby and colleagues clarified the steps between porphobilinogen and the uroporphyrins. These steps are not shown and thus the reader is confused on the nature of the defect in acute intermittent porphyria and its key relationship to the symptomatology of variegated porphyria.

Rushton bases his diagnosis of porphyria on the work of the psychiatrists and amateur historians, mother and son duo, Ida Macalpine and Richard Hunter, who categorically stated that King George III was not 'mad' at all but suffered from the undiagnosed medical condition acute intermittent porphyria. In a second paper they altered the diagnosis, again categorically, to the milder condition variegated porphyria on the history of skin lesions in the King (adolescent acne, an instance of sunburn and a possible episode of urticaria).

In spite of authoritative and well argued doubts expressed at the time by experts in the field, this dubious claim has entered the canon of historical fact and is a widely-accepted interpretation that features in academic and popular history books, television documentaries and notably Alan Bennett's award-winning