

Dystonia

TO THE EDITOR: The review of dystonia by Tarsy and Simon (Aug. 24 issue)¹ contains misleading statements about dystonia 3 (also referred to as X-linked dystonia–parkinsonism [XDP] and lubag), which is an important differential diagnosis in people of Filipino descent who present with dystonia, parkinsonism, or both. Table 2 of the article by Tarsy and Simon incorrectly states that dystonia 3 is “endemic in Panay, Philippines.” Although the disorder originated through a founder effect on the Philippine island of Panay, it is not “endemic” there. Rather, XDP occurs in people of Filipino descent independently of their location. Several cases have been diagnosed in the United States, Canada, and Europe. The table also states that there is no known mutation in dystonia 3. In fact, there are several disease-specific sequence changes (DSCs) within the *TAF1/DYT3* transcript system, including one in a transcribed exon (DSC3), that facilitate the unequivocal molecular diagnosis of dystonia 3.²

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2. Nolte D, Niemann S, Müller U. Specific sequence changes in multiple transcript system *DYT3* are associated with X-linked dystonia parkinsonism. *Proc Natl Acad Sci U S A* 2003;100:10347-52.

THE AUTHORS REPLY: We thank Müller for pointing out that Table 2 incorrectly lists the mutations for dystonia 3 as unknown. The mutations in the *TAF1/DYT3* multiple transcript system should have been listed.¹ In the table, the mutation involved in dystonia 8 was also incorrectly listed as un-

known, whereas, in fact, mutations have been reported in the myofibrillogenesis regulator 1 (*MR-1*) gene in association with this disorder.^{2,3}

In their original report, Lee and colleagues described 28 Filipino men with torsion dystonia that was thought to be X-linked, 23 of whom were from the island of Panay.⁴ A subsequent study confirmed that the prevalence of dystonia 3 in Panay was 13 times that in the general Philippine population. The prevalence in the province of Capiz (which is on the island of Panay) is about 1 case per 4500 men, which is 60 times that in the general population.⁵ Lee et al. state that “the figures suggest that XDP is endemic in Panay, particularly in Capiz.” We agree with these authors’ use of the term “endemic,” meaning a disease usually present or always present in a region or population. Its presence elsewhere does not contradict this designation.

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4. Lee LV, Pascasio FM, Fuentes FD, Viterbo GH. Torsion dystonia in Panay, Philippines. *Adv Neurol* 1976;14:137-51.
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The Severe Gout of Emperor Charles V

TO THE EDITOR: Ordi et al. (Aug. 3 issue)¹ confirm that the Holy Roman Emperor Charles V suffered from what physicians had long suspected was severe tophaceous gout.² Lead poisoning may also have contributed to the decline and fall of this emperor.³ Saturnine gout results from exposure to lead through the addition of lead sugar (acetate) to wine to sweeten it and from the leaching of lead from glazes on amphora or from pewter drinking vessels.

Voracious consumption of wine (and lead) adored not only the Romans, but also the bibulous, podagrous English aristocrats of the 18th century,⁴ who were immortalized by Hogarth’s caricatures. Ordi and colleagues tell us that Charles V liked to drink large quantities of beer and wine and that he even ordered a specially designed four-handled drinking mug. It would be fascinating to know the material from which his chalice was made. Even more interesting would be an analysis