



The blood is strong

Are some diseases more common in Celtic peoples and what does this mean for Australia? This thought leapt to my mind when I shook hands with a crofter and good friend, Niall MacIllemhail (Neil MacMillan) during a recent visit to the Isle of South Uist, a remote island of incredible beauty in the Western Isles of Scotland.

Neil has had fingers amputated from both hands due to severe Dupuytren disease, a condition caused by progressive bilateral contractures of the palmar fascia. When I was in medical school, I was taught that Dupuytren disease was associated with liver disease and alcohol consumption, which is not at all true (although still widely taught).

Dupuytren disease is one of the commonest inheritable conditions in men and is found most commonly in people with a Celtic genetic background. Various genes have now been identified as potential causative agents. Not only is Neil affected by Dupuytren disease, but so is at least one of his 9 sons. Evidence of Dupuytren disease can be found in 46% of Norwegian men aged 65-74 years, compared to 39% of Scots men. Compare this to a country such as Japan where the prevalence is as low as 12%.¹

South Uist is as Celtic as you can get. A stronghold of the Gaelic language with a musical tradition of bagpipes and song that is almost the lifeblood of the community – for pipers such as Neil, to lose fingers must be a terrible blow.

Not only do the hills and landmarks of South Uist have both Gaelic and English language names, but Niall can also tell you their Norse names, a legacy from the days of the Norwegian settlements of these islands. So it

is not surprising that a highly prevalent Norwegian condition is common in these islands.

But what has this to do with Australia?

At least 1 million Australians claim Scottish ancestry, while 1.9 million claim Irish.² Not surprisingly, the rate of Dupuytren disease in Australia is estimated to be 28%; strong evidence of the Celtic origins of many Australians. Early European colonisation of Australia brought many Celts, including my ancestors, who were often forcibly removed from the native lands, and yet I continue to ignore this in my professional life.

As GPs practising medicine in our multicultural society we are aware that certain conditions are associated with particular ethnicities, such as thalassaemia in people originating around the Mediterranean. A quick review of the literature shows other conditions, such as haemochromatosis, multiple sclerosis, some breast cancer genes, seborrheic dermatitis and melanoma are all associated with Celts. My own father had mild Dupuytren disease. Do I ever think of Celtic ethnicity as an indicator of disease?

In that instant of shaking hands with Neil, I was reminded that I should not forget our nation's Celtic past, and how its inheritance continues to affect us to this day. But the Gaels always have a better way of putting it ... they would simply say, 'the blood is strong'.

References

1. McFarlane RM. On the origin and spread of Dupuytren's disease. *J Hand Surg* 2002;385-390.
2. Australian Social Trends. Population - Population characteristics: Ancestry of Australia's population. Australian Bureau of Statistics 2003. www.abs.gov.au.

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