menting philosophic concepts, teaching methods, and research results. Divided into 11 sections, commencing with the Glossary of Osteopathic Terminology, the *Yearbook* includes sections on psychomotor skills training, diagnosis, palpation, motion testing, manipulative technique, research, and two resource lists. The order in which the papers are presented adds a necessary clarity to this extensive collection; it makes for a delightful, comprehensible order of what could have been little more than a discordant "osteopathic smorgasbord."

Two bonus sections—Validation of Manipulation and Resources—are featured at the end of the *Yearbook*. The first of these sections lists articles from the world medical literature. These articles report research efforts concerning the efficacy of manipulation. They are just the sources we have all searched for to settle those arguments requiring documentation of the efficacy of manipulative treatment. Readers may have to modify their thinking after looking up some of these references.

The invaluable Resources section lists osteopathic medical texts, other works on manual medicine, journals, videotapes, and significant articles. The latter is subdivided into sections on palpation, reflexes, mechanics, and the like.

In all, this feast of osteopathic medical information is a must for every DO whether his or her occupational focus is the patient or the student.

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Manter & Gatz's Essentials of Clinical Neuroanatomy & Neurophysiology

Edited by Sid Gilman and Sarah Winans, ed 8. Pp 328, F. A. Davis Co, 1915 Arch St, Philadelphia, PA 19103, 1992, $21.95.

My review of *Manter & Gatz's Essentials of Clinical Neuroanatomy & Neurophysiology* felt like a visit with an old friend. My rumpled, well-worn copy of the fourth edition survives on my bookshelf from my medical school days. The current edition preserves the original clear, concise, and practical approach to neuroanatomy and neurophysiology, bringing it to life with examples of practical clinical applications.

For instance, chapter 19 succinctly describes the basal ganglia and related structures in ten pages. The concluding clinical discussion in that chapter emphasizes Parkinson's disease and Huntington's disease, showing the reader the clinical relevance of this otherwise dry, abstract topic.

All chapters have been updated; the new chapters, "Physiology of nerve cells," "Cerebral arteries," and "Approaches to patients with neurologic symptoms" enhance the original material. Black-and-white schematic drawings, some with red highlights, are used effectively throughout this book.

Given the introductory nature of this text, it is understandable that no references are listed. However, a suggested reading list is provided for those readers wishing more detailed information.

The authors have produced an admirable update of a classic introductory work. This book proves extremely valuable for all medical students and for physicians-in-training who need to review basic clinical neuroscience.

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Color Atlas of Mountain Medicine

Edited by J. Vallotton and F. Dubas. Pp 223, with illus, Mosby Year Book, 11830 Westline Industrial Dr, St Louis, MO 63146, 1991, $85.

The first edition of this handsomely bound atlas provides concise, useful information for both the novice and experienced mountaineers or the physician who treats them. Printed on high-quality paper with numerous, informative color photographs, this atlas also features easy-to-understand diagrams and tables.

The first two short sections examine the historical aspects of medicine and today's mountain rescue techniques. Both of these sections offer interesting background and develop a frame of reference for the two major parts that follow: Part I describes climatic conditions and associated disorders; Part II covers trauma and sports medicine.

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The requisite clinical skills for practicing mountain medicine encompass several specialty domains. But it is the precision with which these skills can be adapted to mountain medicine's unique requirements that determines the quality of the clinical outcome. Preventing accidents and life-threatening situations and performing prompt, efficient rescues are the essence of mountain medicine.

Early scientific expeditions to high-altitude levels, beginning with the ascent of Mt Blanc in 1787 by Geneva physicist Professor de Saussure, are reviewed in the introductory chapters. Also reviewed is the evolution of our understanding of human acclimatization to altitude.

When Jean Moine landed his helicopter on the summit of Mt Blanc in 1955, the modern era of mountain medicine began. The text explains the impact that this trip had on mountain transport. In fact, it led to the first airborne mountain rescue in 1957.

Modern mountain rescue strategies are described, including communication, transport, evacuation, and medical treatment. The major climate conditions—altitude, solar radiation, cold, ice, snow, and lightning—are defined as well. The physiology and pathology relating to the climatic conditions are presented clearly in the text and in the numerous graphs and tables featured in this work.

The photographs of frostbite prove particularly helpful. Several case presentations, with photographs of frostbite taken in its various stages through resolution, are included here, too.

Hiking and trekking, downhill skiing, and mountaineering are emphasized in Part II. The editor has also included those areas that should be studied further: the mechanics of muscle protein loss at high altitude; climbers' acid-base status at extreme altitudes; and the residual impairment of the mountain climbers' central nervous system function after ascents to very high altitude.

A well-rounded book, *Color Atlas of Mountain Medicine* not only details immediate and long-term treatment of specific injuries, but it also features recommendations for supplies that any physician who spends time in the mountains should keep in his or her little black bag. The comprehensive reference list is helpful to those readers wanting further details. I recommend this interesting, helpful book.

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Editor in Chief

Evaluating the Global Deterioration Scale as a means for staging Alzheimer's disease

The Global Deterioration Scale has been used extensively since its 1982 publication. Its stages are based on implicit assumptions concerning the linearity, temporality, and interdependence of cognitive, functional, and behavioral impairment in Alzheimer's disease.

In this study, the authors evaluated the validity of these assumptions and tested the hypothesis that psychopathology and functional impairment would occur in earlier stages than the Global Deterioration Scale predicts. Their analyses were based on data from 324 patients with Alzheimer's disease, selected from a registry. Among the data included were descriptive statistics on the frequency of psychiatric symptoms and difficulties with daily living activities; and logistic regression, with symptoms and functional impairment as independent variables, to test for significant changes in patients' status between stages of the Global Deterioration Scale.

More than 50% of the patients at stage 2 displayed psychopathology; 32% had two or more symptoms. The significant increase in psychiatric symptoms occurred between stages 3 and 4 and 5 and 6.

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