

and views the ascent of Mont Blanc—and the path to enlightenment—primarily as a dramatic struggle, a contest between himself and the mountain which he is determined not to lose; Dogen, on the other hand, is a chief expositor of the Soto school that sees the process of enlightenment more as the quiet cultivation of insight and awareness leading to a sense of oneness with mountains and the realization of emptiness, the ultimate nature of reality.

Shulman's single-minded focus on reaching the summit and attaining *satori* results in an intriguing, but rather self-centered, account of his climb. He tells us very little about his companions—we never learn their names or hear them speak—and most of the photographs are of Shulman. This is strangely at odds with the goals of Zen, which are to take a person beyond the individual self or ego. In fact, the author's writing about Zen tends to be somewhat self-conscious. On the other hand, this very quality of the book serves a useful purpose, frankly exposing the inner doubt and turmoil, hope and ecstasy, that more experienced climbers often experience but are reluctant to express.

EDWIN BERNBAUM

Medicine for Mountaineering. Edited by James A. Wilkerson, M.D. The Mountaineers, Seattle, Washington, 1992. 416 pages, line drawings. \$16.95.

It is unusual for the layman to find books on how to recognize and manage medical problems, let alone books that instruct people about how to handle esoteric medical problems in a remote setting with little or no access to modern-day medical infrastructure. A book with such an objective is an onerous task, since the author must navigate the book between the Scylla and Charybdis of providing too little information versus deluging the reader with medical minutæ. *Medicine for Mountaineering* exemplifies a fine job of editing by Dr. Wilkerson, who has managed the offerings of numerous contributors on diverse subjects in a remarkably cohesive fashion.

The book is divided into three sections, in addition to a very readable introduction and informative appendices. The first section is devoted to the principles of medical diagnosis and management and serves as a well written primer for the uninitiated. It includes a detailed discussion on the all important aspects of sanitation and water purification. However, by suggesting that in underdeveloped countries, bottled, carbonated drinks are safe to drink, it fails to recognize a source of gastrointestinal misery for many a mountaineer: In many remote regions these "bottled" drinks are in fact clandestinely recapped by shopkeepers and therefore no safer than drinking the local water!

The second section is a short text upon the management of numerous traumatic and non-traumatic ailments. This section covers a lot of ground "from ophthalmology to orthopædics" and is quite informative about the conditions it deals with. The line drawings accompanying the text are very useful. The authors have resisted the temptation of using medical jargon and instead they have painstakingly explained signs and symptoms with the layman in mind. This

otherwise well-written section, however, did have its share of blemishes. It does not recognize that differences of opinion do exist about some of its statements and recommendations. For example, on page 151 the authors state that "The most important part of asthma treatment is adequate fluid intake;" surely relieving the widespread narrowing of air passages is considered just as, if not more important. Another example exists on the treatment of *Giardia* with Tinidazole where the authors state (page 173) "... in view of the similarity of this agent to Metranidazole, both advantages must be regarded with skepticism." However, numerous studies and most authorities consider Tinidazole rather than Metranidazole to be the drug of choice against *Giardia*. Additionally, it was surprising that this section does not include guidelines to distinguish bacillary from amoebic dysentery, since these disorders are not uncommon in many mountainous regions of the world.

The final section is one that the wilderness enthusiast and mountaineer will find especially interesting and pertinent. This section has been developed by top-notch contributors to the field and reading it before going off on an expedition should be *de rigueur*. The chapter on altitude sickness does a good job by including both the patho-physiological considerations of high altitude disorders and some case studies from lower elevations. This section is quite comprehensive and includes some recent advances in the management of altitude sickness such as Nifedipine and portable hyperbaric chambers. Hopefully the next edition will include a discussion of the recently described syndrome of subacute mountain sickness, which is a surprising omission. Taken together, this section should adequately drive home the need to acclimatize and thus avoid many of these problems. As the authors put it rather succinctly in context of altitude sickness, "Individuals who get more than slightly sick have only themselves to blame."

To all mountaineers, I'd say: "Don't begrudge the excess 580 gms." If you are travelling without a doctor you will find *Medicine for Mountaineering* a welcome addition to the medical kit.

TEJVIR SINGH KHURANA, M.D., PH.D.

The Mont Blanc Range Topo Guide. Volume 1. Michel Piola. Editions Equinox, Vernier, Switzerland, 1988. 207 pages. Maps, 30 black-and-white photographs. Softcover. Translated from the French by Jules Mills. French francs 111 (approx. \$20).

This excellent guidebook, which includes 201 routes and 83 topos, is the first in a proposed series that presumably will include all the rock climbs (no ice or mixed routes) in the Mont Blanc Range. I say this advisedly, since I do not know for sure what Piola actually has in mind. Volume 1 features the following sections: *Aiguille du Midi*, *Rognon du Plan/Dent du Requin*, *Envers des Aiguilles* (upper and lower sections), *Aiguilles de Chamonix* (northwest side), and the *Aiguilles Rouges*.