

University of British Columbia in Vancouver. Toward that end, he proposes a simple addition to the Alzheimer's armamentarium: aspirin.

McGeer cites his own anecdotal evidence that Alzheimer's rarely strikes rheumatoid arthritis patients, who typically take aspirin on a regular basis. "An aspirin a day keeps the gerontologist away," he suggests. Other researchers have reported observations that contradict McGeer's, and they note that even if aspirin had potential in Alzheimer's, it might not enter the brain in sufficient concentrations before reaching toxic levels in the blood.

**O**ther theories on Alzheimer's genesis abound. Researchers still wonder, for example, whether aluminum — found in high concentrations in amyloid plaques — helps cause the syndrome or simply becomes concentrated in these protein deposits later in the disease.

And scientists have yet to understand the differences between familial Alzheimer's — the clearly inherited form accounting for an apparent minority of cases — and noninherited Alzheimer's, which appears unpredictably in the elderly and somewhat more frequently in women than in men.

Meanwhile, efforts to evaluate new therapies remain hampered by the lack of

a clear biological marker allowing physicians to diagnose the disease before the patient's death, by the uncertain value of various cognitive tests used to measure improvements in patients' behavior and memory, and by the difficulty of finding enough study participants with Alzheimer's who are not already taking many other drugs (see box).

And, as with all diseases of the central nervous system, drug developers must wrestle with the problem of getting their product into the brain, past the membranous border patrol known as the blood-brain barrier. All told, says James Simpkins of the University of Florida in Gainesville, "Alzheimer's disease is probably more difficult to treat pharmaceutically than any other disease."

Nonetheless, asserts Williams of the National Institute on Aging, "the scientific base is there" to devise an effective treatment. With more than a dozen drugs already in clinical trials and with drug companies using automated methods capable of screening hundreds of compounds per week for potential nervous-system activity, "we can do it within the next five or 10 years if we want to," he declares.

Even a drug capable of delaying the onset of Alzheimer's by a decade or two would be a worthy goal, says Thal, who adds wryly: "That would allow us to die quietly and nicely from some other disease." □

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ble scientific publications reaching a general audience would avoid simplifying the human complexities of the disease by presenting as science such ludicrous, off-the-wall theories.

Member, Alcoholics Anonymous  
Athens, Ga.

### Ancestral anatomy

Although I am sure that within the anthropological community there are specific meanings associated with "modern" and "Asian," I was surprised to learn in reading "Migration evolves Down Under" (SN: 12/2/89, p.365) that there was a notable anatomical difference between "modern man" and "Asian man." As a person proud of my Japanese ancestry, I immediately checked under my bed for a stone hand-axe or flint-chipping implement, but was unable to locate any.

Seriously, I would like to know what the technical meanings are.

Kay Otani  
Los Angeles, Calif.

No contrast was intended between "modern man" and "Asian man." The article reports on the argument that modern humans display significant anatomical differences from human ancestors whose remains have been found in Asia, the Near East and elsewhere, dating to more than 200,000 years ago and possessing some racially distinct features. According to the argument, environmental forces produced the changes in cranial shape and other skeletal features typical of modern humans, whether they live in Tokyo or Tulsa. — B. Bower

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