labeled in 21 different languages were on hand.”) Most of the issues discussed in this chapter are not ones that confront the individual doctor, but physicians are indeed often in a position to bring such issues to the attention of organizations that donate supplies. Throughout the book, there is definitely a theme that physicians can and should act to help communicate certain important disaster medicine principles to hospital administrators, municipal authorities, and others who often bear the responsibility of designing or participating in disaster planning and/or response.

Disaster Medicine also stands apart from 2 other recently released texts, *Emergent Field Medicine* and *Conflict and Catastrophe Medicine*, because the primary focus of the material is on the practice of disaster medicine within developed countries—and most specifically, within the United States. In fact, multiple chapters in the “Disaster Response Planning and Coordination” section are devoted just to providing an overview of the complex organization at the federal and national level of disaster management planning and oversight in the United States. Even though I have been involved in these system as both a FEMA USAR (Federal Emergency Management Agency Urban Search and Rescue) and NDMS: DMAT (National Disaster Medical System: Disaster Medical Assist Teams) member, I found these chapters enlightening in terms of how the overall system is designed and operates.

The book is organized into 6 sections. The first discusses general disaster medicine concepts such as triage and infectious disease issues. The second section addresses disaster planning and, as such, can arguably be considered the crux of the text. Of particular importance is the chapter “Principles of Hospital Disaster Planning,” which is outstanding and should be widely read and discussed. Natural disasters of all types (eg, earthquakes, tsunamis, tornadoes) are individually discussed in the chapters of the third section. These chapters tend to present an overview of the issues, but when applicable, they also address specific and relevant clinical information. (Did you know to consider, let alone diagnose and treat, fluoride poisoning from the ash of volcanic eruptions?) Industrial disasters of various types from hazardous materials to airplane crashes are discussed in the fourth section. The fifth section, euphemistically titled “Conflict-related Disasters,” addresses matters such as terrorists causing nuclear, biologic, and chemical calamities, and it also contains 2 chapters on tactical emergency medicine and mass shootings. Overall, the chapters in this section can be depressing to read, but they are clearly of topical and significant importance in the post-9/11 era. Incidentally, it appears that the chapters’ authors had to submit their final versions to the editor

shortly after the terrible events of 9/11; therefore, this particular disaster is sometimes mentioned in the text. Some of the information contained in these chapters is (hopefully!) unlikely to be used by the individual physician—such as measuring the angular width of the cloud from a nuclear detonation to estimate the yield size of the device used or employing the M5A2 nuclear fallout predictor to calculate fallout patterns. However, the informational materials contained in these chapters are significant and important—and they certainly serve as additional arguments for the prevention arm of disaster mitigation!

The sixth and last section of the book, “Education, Training, and Research,” is unique. The material presented is not truly specific to disaster medicine. Instead, it provides an overview on how to put together effective presentations and training exercises. Also included is a chapter that specifically outlines the efforts and steps involved in putting together research and medicine in today’s world. It goes far beyond a general plea for additional research in disaster medicine by describing a general outline of all the steps involved in organizing a research project in medicine (including an IRB [institutional review board] review). As such, it should be commended.

Overall, the book succeeds in presenting a textbook that successfully outlines the relatively new field of disaster medicine. For those who work in positions in which disaster planning is involved (eg, emergency department directors, EMS Medical Program Directors, emergency physicians in general), the material is particularly relevant. With the recent national efforts to include more disaster medicine education in emergency medicine resident training, this book should become a welcome resource. In summary, *Disaster Medicine* is a well-written, well-organized, and accessible first edition that should be read by all who are involved with disaster planning or response.

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Expedition Medicine

David Warrell and Sarah Anderson, editors
New York, NY: Fitzroy Dearborn, 2003
US \$55.00, 398 pages, hardcover

Expedition Medicine introduces its subject by describing the second expedition led by Henry Stanley to Africa from 1874 to 1877, during which he lost 68% of his party of 356 men (a few to cannibalism). The authors could alternatively have cited the Lewis and Clark Voy-

age of Discovery that took place 70 years earlier, during which only 1 of 48 members died (of appendicitis). Some undertakings are inherently riskier than others: climbing on a Himalayan peak in Nepal kills 1 of 40 people who try, whereas simply trekking in Nepal results in the death of only 1 in 6500.¹

125 years ago, there was little effective medical care available whether one was on an expedition or not. Expeditions brought a higher level of danger, but the risk of being away from adequate medical care was not as psychologically daunting as it is today. These days, knowledge of the kind of medical interventions that would be available at home places pressure on expedition planners to provide a high level of care on the expedition and to be able to evacuate members as needed. Safeguarding expedition members requires a great deal of planning and can be a daunting task for the first-time expedition medical officer (“exactly how many bandages or ibuprofen tablets should I bring?”). This book is a worthy attempt to share past experience and to highlight the specific risks that expeditions face when they set off to various parts of the globe.

The definition of an expedition offered in the book—an organized journey with a purpose—sounds straightforward. Expeditions at one time brought together like-minded individuals to share in the planning and risks. With the advent of the “adventure travel” industry came the popularity of guided adventurous trips. We once pictured expeditions as mainly exploring the unknown, harkening back to a time, barely half a century ago, when the summit of Mt Everest remained more unreachable than either the North Pole or the South Pole. Today, adventure travel companies attempt to create the illusion of adventure during travels that retrace the steps of past explorers.

Whatever the group’s motivation proves to be, taking people into remote areas is a challenge. Liability for poor planning or execution of medical care looms larger and larger among people who want their adventures free from risk. That’s perhaps why the chapter on legal liability occurs early in the book, right on the heels of vaccines, expedition medical kits, and first-aid training.

The book is logically divided into sections on preexpedition planning, field medicine, and medical problems of environmental extremes. Most of the advice seems sensible and well intentioned, although I did note a few errors in specifics. People who are preimmunized against rabies and sustain a possible exposure should be given boosters on days 0 and 3 (not 0 and 7). Rabies immune globulin should mainly be infiltrated around the wounds, using the entire calculated amount if necessary (rather than using only half the calculated dose around the wound).

Overall, the book would be very valuable to any medical officer facing the responsibility of his or her first big expedition, whether guided or not. It clearly covers the main points that should be considered. For those who are not based in the UK, the specific recommendations on courses and resources will be less valuable. Hopefully, readers of this book will be able to do better than Stanley’s second expedition to Africa and will return with more than 32% of their original expedition still alive.

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Cruise Ship Blues: The Underside of the Cruise Industry

Ross A. Klein

Gabora Island, British Columbia: New Society

Publishers, 2002

US \$14.95, 200 pages

I was eager to read this book about the cruise ship industry because most of the articles I have read written by cruise ship physicians, travel agencies, and the cruise companies have been overwhelmingly positive and did not meet with my own experiences working as a chief medical officer and physician for a cruise line.

Ross Klein is perhaps the best person to evaluate the experience of the modern cruise trip; he writes this book from the dual perspective of a sociologist and a self-confessed “cruise junkie.” Most of us have the Titanic, Queen Mary, or Loveboat to use as a current reference for cruising, all of which are different from the modern voyage.

Mr Klein focuses on his own experiences as a cruise enthusiast, as well as anecdotes from other passengers, cruise insiders, and other reference sources, including guidelines and statements from various organizations. His discussions are often qualitative with anecdotes supporting each point. Some sources are anonymous to protect the individual, while others are clearly cited references. I do not find this a methodological weakness because my own experience with patients returning from cruises; and my own observations clearly support the widespread concern over passenger safety, hygiene, and proper running of a vessel in international waters, even if this is rarely mentioned in the media.