Book Reviews

Cryptosporidium and Cryptosporidiosis, 2nd edition

Ronald Fayer and Lihua Xiao, editors

Boca Raton, FL: CRC Press, 2008

US \$129.95, 560 pages, hardcover

Gastroenteritis caused by protozoa of the genus *Cryptosporidium* has become increasingly common worldwide in recent years. Cryptosporidiosis is now the leading cause of gastroenteritis outbreaks associated with treated recreational water venues (eg, public swimming pools or commercial water parks) in the United States and a more frequent cause of sporadic gastroenteritis. *Cryptosporidium* oocysts are resistant to traditional chlorination. The parasite is widely prevalent in many developing countries.

Fecal-oral transmission of *Cryptosporidium* oocysts occurs by ingestion of contaminated drinking or recreational water, consumption of contaminated food, or contact with infected persons or animals. Illness in humans is manifested by watery diarrhea lasting 1 to 3 weeks and sometimes longer. Diarrhea will usually resolve with supportive treatment in immunocompetent persons. Nitazoxanide is approved by the Food and Drug Administration for treatment of persons with healthy immune systems. The drug's effectiveness in immunosuppressed persons is unclear, and cryptosporidiosis is a particular problem for immune-impaired persons.

Cryptosporidium and Cryptosporidiosis immediately became the definitive text on this pathogen and the disease it causes when it was first published in 1997. This second edition of the book is greatly expanded (twice as long) and thoroughly updated, reflecting the much greater understanding of cryptosporidial disease that exists today compared with a decade ago.

The book's 20 chapters cover the parasite's basic biology, genomics, immunology, life cycle, transmission, animal hosts, disease epidemiology, prophylaxis, clinical manifestations, and treatment. Manifestations of illness in fish, reptiles, birds, wild mammals, livestock, and companion animals are covered. The text is clear, although somewhat slow reading because of the large amount of information conveyed. There are ample illustrations, figures, and black-and-white photographs and a handful of color photographs and illustrations.

Overall, I highly recommend this book, especially for persons interested in waterborne diseases, clinicians who routinely treat gastroenteritis, and persons interested in public health in developing countries, infectious diseases,

or animal health. Unquestionably, it is the definitive book on cryptosporidiosis and *Cryptosporidium*.

Kenneth W. Kizer, MD, MPH

Aliso Viejo, CA, USA

War Surgery in Afghanistan and Iraq: A Series of Cases, 2003–2007

Shawn Christian Nessen, Dave Edmond Lounsbury, and Stephen P. Hertz (editors)

Washington, DC: Office of the Surgeon General,

Department of the Army, 2008

US \$71, 441 pages, hardcover

War is inherently bad for health. Over the centuries, however, war has proved to be a very valuable laboratory for advancing medical knowledge. Many of the current methods of managing wounds and other trauma, various infectious diseases, environmental exposures, and common health problems occurring in extreme environments—all of keen interest to wilderness medicine practitioners—have come from wartime experiences.

The current wars in Afghanistan and Iraq are no exception. Medical knowledge has been advanced in the areas of hemorrhage control, compartment syndromes, brain injury, and other trauma; pain management; post-traumatic stress disorder; medical information management; and medical transport, among others. What is unprecedented, though, is the rate of learning. The combination of high-speed communications, practiced command and control, rapid evacuation, routine teleconferencing between medical care settings in the combat theaters and referral centers in the United States, and increased computer-based patient tracking is refining practice in near real time, and survival rates from previously mortal injuries have dramatically risen.

War Surgery in Afghanistan and Iraq memorializes some of the lessons learned from these conflicts and exemplifies the rapidity with which medical lessons are being learned. Instead of its taking years after a war has ended for lessons learned to be compiled, this collection of case studies is being made available as the conflicts still rage.

This large-format book is a compilation of 70 cases that begins with a prologue describing trauma system development and medical evacuation in the combat theatre. The cases are divided into 9 chapters focused on

acute resuscitation and critical care; face, neck, and eye trauma; head and spine trauma; thoracic trauma; abdominopelvic trauma; soft-tissue trauma and burns; orthopedic trauma; vascular trauma; and special scenarios. Most of the chapters contain 6 to 8 illustrative cases. Each case follows a similar format: a case summary followed by discussion of the teaching points, clinical implications, damage control, a summary, and suggested readings. Appendices provide information on abbreviations and acronyms, product manufacturers, the Glasgow Coma Scale, and clinical practice guidelines.

Perhaps the most notable feature of the book is its large number of color photographs, most of which were

taken with hand-held digital cameras by treating physicians during the course of care. Readers not accustomed to dealing with severe trauma may find many of these disturbingly graphic. The book's text is clear and crisp, although the style does vary from chapter to chapter, as often occurs with multiauthored works.

Overall, *War Surgery in Afghanistan and Iraq* is an exceptional book. I heartily recommend it to anyone seriously interested in wartime medicine, trauma care, surgery, or care for severe injuries in medically austere environments.

Kenneth W. Kizer, MD, MPH
Aliso Viejo, CA, USA