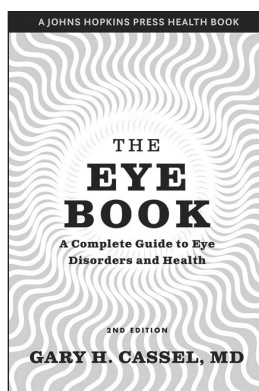


# BOOK AND MEDIA REVIEWS

## The Eye Book: A Complete Guide to Eye Disorders and Health

Gary H. Cassel, MD

Baltimore, MD, Johns Hopkins University Press, 2021, 536 pp., \$24.95, paperback



Most people have questions about how their eyes work, what they should be doing to protect their eyes, and what happens when their eyes age and change. In primary care, we may see patients with questions about why they need glasses as they enter middle

age. Sometimes, patients may ask complicated questions about newly diagnosed eye disorders like glaucoma. In an effort to provide an easy-to-read owner's manual to the eye, Gary H. Cassel, an ophthalmologist trained at the Wills Eye Institute and a practicing clinician with over 30 years of experience, wrote *The Eye Book: A Complete Guide to Eye Disorders and Health*. This is the second edition of this book and a major update based on more current recommendations and treatment options.

Like any good owner's manual, this book starts out with some basic information about how eyes work. There are plenty of clear diagrams to which readers can refer as Dr Cassel describes the parts of the eye more detail. He then describes how our eyes see and provides clear illustrations to help explain the text. He discusses what it means when we describe a person as nearsighted or farsighted and what astigmatism is. In the second part of the book, he describes in detail what's involved with an eye exam and the different types of eye professionals that a patient may have contact with, including optometrists, ophthalmologists, and opticians. He describes the scope of practice for these different eye professionals and how they work together as a team to promote healthy eyes.

Next, he describes the three common diseases of the eye: cataracts, glaucoma, and macular degeneration, and outlines how they are treated. For each of the major diseases, he describes what it is and symptoms patients may experience. He reviews who would be at risk and how the disease can be prevented. He also describes the different treatments that can be offered to patients from medications to surgery. These are very useful chapters to review with patients with a new diagnosis of cataracts, glaucoma, or macular degeneration.

In the fourth part of the book, Dr Cassel describes other common eye problems including those that are sometimes seen in primary care like conjunctivitis, blepharitis, corneal abrasions, dry eye, common retinal disorders, and optic nerve disorders. This part is organized by the anatomy of the eye. He starts by describing the common disorders of the eyelid and then moves on to the cornea, the conjunctiva, the tear ducts, the uvea, the retina, and the optic nerve. Each potential disorder is given a brief synopsis that includes a description of the disorder, symptoms, and treatment. Readers would have to have some familiarity with anatomy to know where to look for the specific disorder that they are concerned about, but each description does provide a clear synopsis.

In the last part, he describes more in detail how our vision can be affected by our health as we age, including how common comorbid conditions like diabetes and hypertension can affect our vision, some common medications that can affect our eyes, and finally, what resources are available if a patient develops impaired vision or blindness. Given the prevalence of diabetes and the impact of diabetic retinopathy, it was surprising that this section did not garner more space. Yet, the text does provide information about risk factors and screening recommendations as well as potential treatments available.

While this book provides comprehensive information about ophthalmology for adults, it was surprising that there was nothing about vision in children. In primary care, addressing vision in children is a common question

and there is often some angst and confusion amongst parents on this subject. To be a truly comprehensive owner's manual of the eye, information about pediatric vision concerns would be crucial, including how eye exams are tailored to children in the ophthalmologist office, how parents can prepare their children for eye exams, and some of the common eye disorders seen in childhood, like amblyopia. Yet, as a basic summary of eye care in the adult patient, this book serves its purpose. It is clearly written and provides just the right amount of detail to be of interest to the reader looking to learn more about their vision health or for the family physician looking for ways to describe the basics of eye care to curious patients.

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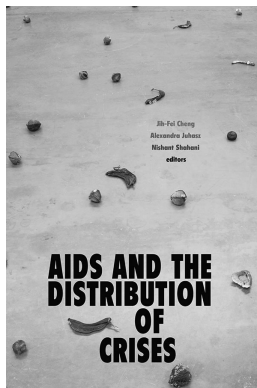
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## **AIDS and the Distribution of Crises**

Jih-Fei Cheng, Alexandra Juhasz, Nishant Shahani

Durham, NC, and London, UK, Duke University Press, 2020, 336 pp., \$28.95, paperback



*AIDS and the Distribution of Crises* is a curated collection of perspectives and scholarly work on the past, present, and future of the global AIDS crises. The volume is presented with an introduction, 13 chapters, and an afterword. In these 13 chapters, the volume

lays out the connections and history of AIDS in relation to racism, sexism, homo- and transphobia, global capitalism and colonialism. The editors of the volume are each academics and longtime AIDS activists who found common ground in their work and wanted to share broad perspectives on the past, present, and future of the AIDS pandemic in the context of the global political environment. The topics and perspectives presented are stirring, and inspire readers to explore further by watching the referenced documentaries or reading related scholarly work. This is not a book to sit down and read from cover to cover, but rather to read a chapter or section then reflect and explore the topics further before going to the next

section. Each chapter is rich with resources embedded in the reading as well as footnotes and a bibliography.

This volume makes it clear that when it comes to the global AIDS crises, things are not as they seem, and things are not and have not been as they have been portrayed by the media and scholarly work. This volume sets to dispel the all-too-common notion that the development of antiretroviral therapy has made AIDS a crisis of the past. As we read through the passages, we see that in many ways and forms this crisis is manifesting globally and locally today. Additionally, women and people of color have often been completely left out of the history of HIV/AIDS crises, and this volume seeks to correct this inequity of media and scholarly coverage. Any of us in the health care field who interact with patients, work in health policy, teach or work with future physicians or learners, or are interested in global health should read this compilation. The writing is illuminating, engaging and eye-opening.

One of the most unique and interesting aspects of this volume is the inclusion of “Dispatches.” These are three chapters spread out through the volume, in which readers see a collection of responses to a question posed to the experts in the field. These dispatches are asynchronous discussions between activists, scholars, journalists, and artists. They highlight, rather than smooth over, the various opinions and perspectives on the topics presented. The first of the dispatches discusses the globalization of the AIDS crisis, and the responses range from a passage about AIDS in the Soviet Union in 1985 to the effects of pharmaceutical companies on the experience and treatment of AIDS and the local and global power pharmaceutical companies have over the crisis. The second dispatch discusses the revisitation of the commonly known story of the emergence of the AIDS crises and the globalization of AIDS. With the third dispatch at the end of the volume, the editors focus on the future of AIDS activism in the political environment of 2018. The responses are about regrouping and forging ahead with activism while acknowledging the toll it takes on the activists themselves.

As readers move through the other chapters, they will find immersive stories that were previously left out of the common narrative of the AIDS pandemic. One such passage shares how early internet regulation in the mid-1990s in the United States had the consequence of

blocking safe sex education and online AIDS activism. The writer recalls that the court case to amend this regulation absurdly, although not surprisingly, involved the witness needing to explain to a judge what the internet was and how it worked! Many chapters address the misconception that the advent of antiretrovirals solved the AIDS crisis by taking the reader into stories of the AIDS crisis in full bloom. Other chapters highlight the ways in which women and people of color are ignored and uncounted in published statistics and how different the history is when they are included.

Overall, as I read through this volume, I found the narrative that I had in my mind of the AIDS crises evolving with the new information and perspectives shared and highlighted by the editors. This broader, more inclusive narrative has inspired me to a more inclusive approach to the practice of medicine.  
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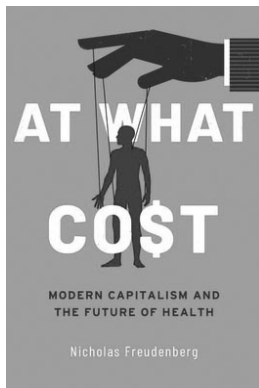
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## At What Cost: Modern Capitalism and the Future of Health

Nicholas Freudenberg

Oxford, UK, Oxford University Press, 2021, 406 pp., \$29.95, hardcover



Dr Freudenberg is Distinguished Professor of Public Health at the City University of New York Graduate School of Public Health and Health Policy, Director of the CUNY Urban Food Policy Institute, and founder of Corporations and Health Watch. He is well

known for his work studying the influence of corporations on public health (book spoiler alert: he generally doesn't consider it a good idea). His other books include *Lethal but Legal* and one of the classics in urban public health, *Cities and the Health of the Public*, which he coedited with Drs Sandro Galea and David Vlahov.

The book opens with a chapter titled "The Changing Face of US and Global Capitalism" and the body of the book deals with the influence of capitalism on major areas of our life,

divided into sections: Food, Education, Health Care, Work, Transportation, and Social Connections.

The book presents a clear point of view and ultimately a balanced perspective. In doing so this is a more powerful and thought-provoking book than one simply calling for the end of corporate medicine in America. The author acknowledges the growth of capitalism as part of US health care, and in some cases, perhaps even its necessity. Yet the case studies in these above chapters illustrate clearly some simple truisms. When profit is a primary motive, then capitalist enterprises in the social sphere are at best used for financial gain, or at worst an incidental line of business that can be discarded when profits run dry. The moral and practical tussle would seem to be between catering to the market (the foundation of capitalism) and engaging in public good, a thread running throughout the book. Health in the United States is a prime example, being a tussle between caring for patients by individuals who should have no financial incentive (physicians and other providers), and those who would make a profit based on that health care (insurance companies). In my opinion, this has reduced health care providers to being more akin to shopkeepers who profit based on what they sell, than school teachers who get paid a fixed amount to educate the children in their classrooms. It is a peculiarity of the US health care system that when a system designed specifically to maximize curative interventions fails to deliver adequate prevention and public health, we are shocked and dismayed. One suspects Dr Freudenberg would not be shocked. He provides excellent examples from cancer care, that dissects the relationship between overlapping interests within this field: those stricken by disease, those seeking to cure, those seeking to profit. He notes that in a rational system, medical science and those who govern it would in fact be the driving forces, and, for example, lead to better and more equitable treatments for cancer and other conditions. He notes with dismay that in the US system, corporate/capitalist interests have usurped this authority, and not always to the end of the public's health.

The reader is confronted with the inescapable truth that making a profit off the poor is difficult to do; thus capitalism may be an imperfect tool to solve issues that do not yield immediate or foreseeable profit in conventional terms. This is consistent with the overall theme of the book, namely that unfettered

capitalism does not achieve the aims of public health. What it does accomplish—short term financial gain and incidental benefit to health—is neither effective nor replicable (the United States being quite alone among industrialized countries to resist socialized health care).

The author's case studies in other areas of health are equally robust. This is a thoroughly researched book with decades of experience to back it up. If anything, occasionally the approach is too academic; for the casual reader, there may be too much data presented before getting to the crux. This stands in contrast to the types of popular works that make a provocative point first, then layer in the supportive information.

This book serves several audiences, even without occupying the type of pop-culture bookshelf space that others might: teachers and students of health policy within schools of public health, medicine, or other health

sciences; individual chapters would also make fine reading material for family medicine journal clubs (the entire book may be a stretch).

This is an important contribution to the literature on the topic, and I look forward to more of Dr Freudenberg's thoughts on the future of health care, health policy, and the intersection between private corporations and public health.

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