One limitation of the volume is its minimal engagement with the process of translation though it does include a brief bio note of the translator. Given the linguistic and cultural richness of the original stories, a brief reflection on the translator's role and how meaning travels across languages, could have further deepened the collection's interdisciplinary resonance, especially for readers attuned to questions of voice, representation, and linguistic nuance.

Nonetheless, *Medical Maladies* is a valuable and timely intervention. It offers an accessible yet theoretically grounded account of how illness is experienced, narrated, and contested. For those working at the intersections of literature and medicine, the collection is both an archive of subaltern voices and a critical lens for rethinking the socio-political dimensions of illness, health, and healing.

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BOOK REVIEW

A book on tuberculosis for everyone

ADITHYA PRADYUMNA

John Green. *Everything Is Tuberculosis: The History and Persistence of Our Deadliest Infection.* Ebury Press; 2025. 208 pages, INR 999, ISBN: 1529961432

"Everything is Tuberculosis" brings in the rich tapestry of the history of tuberculosis (TB) — both, how it has shaped our world, and how perspectives and care evolved over time. It covers the size and nature of the TB challenge (that it is preventable and curable) to help establish it as a problem of public health importance to the lay reader. It is also an account of the bacterium, the affected, the caregivers, the various social contexts, governments, corporations, and the advocacy associated with TB. In addition, it is a meditation on the ethical dimensions of the experience of TB at an individual, community, health system and global level.

The book is populated with several personal anecdotes, which form the basis for the author's motivation to better understand and advocate for action against TB as a global health concern. He writes, "I care about TB because I care about Henry" (p141), referring to a boy from Sierra Leone (in West Africa) — a TB survivor, college student, and health reform advocate — with whom Green has built a strong friendship over the past few years.

Through the eyes of Henry, his parents, and his friends (fellow patients and hospital staff) at the Lakka TB care centre in Sierra Leone, we learn about the pains of interrupted treatment, stigma, sacrifices, health-seeking behaviour, quality of care, disparities, the importance of family and community, and global health challenges. The book gives a vivid description of how TB patients may look and feel over the course of months as the disease progresses, especially those in whom the antibiotics did not work.

About the author

I take a pause here to mention that I did not pick up this book to learn more about TB (although I did learn and am glad of it). And while I have enjoyed Green's fiction books, that was not the reason for picking this up either. I did so because I am a fan of John Green the person, and of his passion for this subject. I've followed the YouTube channel "vlogbrothers" that he manages with his brother Hank Green (the creator of one of the most important educational channels, "Crash Course") for more than 15 years. They are among the pioneers of YouTube. By following this channel, I've closely seen his concern and advocacy for better access to TB care over the past few years. Some of these vlogs are so good — especially the ones where he urges pharma and medical diagnostics companies to make TB drugs and kits more accessible globally — that I've used them in class as examples of what moral arguments look like. It certainly helps that he has got a good sense of humour and is clear in his communication — both of which are reflected in this book. He expresses vulnerability in an intimate way, while also being self-deprecating for comic effect.

He mentions how his family has observed that he always brings TB into any conversation, which is one of the reasons for the title of the book "Everything Is Tuberculosis". Another is that many important occurrences in the world are connected to TB — he demonstrates its connection to colonialism, industrialisation, political decisions, scientific motivations, fashion, and migration, among others. However, I feel the title also reflects how TB is a great example of an issue that deeply represents the most important concerns in the world such as disparities, political economy, justice, science, care, and morality.

How the book deals with morality

While regular readers of this journal need no explanation on how TB and TB care is linked with ethics, this book brings in some newer facets to consider from a moral standpoint. In fact, morality is a key concern in the book. First, the author explores how morality forms an important basis of the popular epidemiology of this disease (and of diseases in general). A beautiful poem written by Kurt Vonnegut is cited in the book, which includes the line, "Man got to tell himself he understand (sic)" (p 54) as a characteristic human trait to ascribe meaning to phenomena. And how TB has often been linked with various moral failings, for instance alcohol consumption. Such meaning-making was linked to a way of "reassuring ourselves that we'll never feel that pain" (p 54). The use of moral failings as explanatory factors increased when the disease became more prevalent among the working classes. However, the author argues, "the disease was simply too common to be an illness of moral failing" (p 55).

On the other hand, when the disease was prevalent among the wealthier sections of society in the early 19th century, it was associated with the virtues of creativity and aesthetics. Due to such meaning-making especially among colonial powers and in the US, it was thought that TB did not affect other races, and that the symptoms exhibited by persons from other races were of some other disease. This happened even after the bacterium causing TB was discovered (and the book includes some interesting stories around that discovery too). Both these phenomena seem to have 'othered' TB patients in different ways.

Alongside this, stigma against TB thrived — and continues to thrive in various settings — to the extent that one patient in Sierra Leone was devastated that the diagnosis was not cancer. Indeed, the author also recognises the uniqueness of the treatment approach for TB (directly observed treatment), which, while acknowledging its important role in control, is also the only case in healthcare where patients and their caregivers are not trusted to take their own medicines. I feel this may be partially explained by TB being a unique condition (due to the nature of the bacterium), but it is a point worth noting.

Through all this, the author emphasises how both the romanticisation (as paragons of beauty and intelligence) and the stigmatisation are both making TB patients as different from others (either more or less than human, and not just human) — "Either way, the ill are treated as fundamentally other..." (p 56).

In the above context, two words from the book linger in my mind. One is "hunger". This is not just about malnutrition increasing the risk of TB, but also the experience of hunger when anti-TB medication begins to work. Tuberculosis takes away the hunger, but the treatment brings it back — and often poverty, which was exacerbated by colonialism, comes in the way of access to nutritious and adequate food. This is a source of great distress for both the affected and the caregivers. The second word is "loneliness". Especially the loneliness felt by patients with multi-drug-resistant TB over a period of weeks (or months if they don't receive the right antibiotics), as these patients don't even get to interact with other patients in the TB hospital, let alone family and friends.

Linked with these two words are the cross-cutting concerns of care and justice. Green pushes for optimism, stating that "mere despair never tells the whole human story, as much as despair would like to insist otherwise". He describes in great detail both the importance of care from the family and from the health system, and how inadequate care compromises the chances of recovery. He further describes how care and justice at a global level are crucial in dealing with this challenge. Here, the book also documents the important advocacy efforts of TB patient groups and survivors in increasing awareness and using legal approaches to improve access to care, such as the role of the late Shreya Tripathi — who is one of the people this book is dedicated to.

In addition, we learn about the role of online groups — such as the followers of his YouTube channel — in pressuring corporations to take action. The author urges governments to step up action to prevent and treat this disease, while continuing to support the development of newer medicines and vaccines. Further, he effectively challenges the concerns related to programmatic costs and the development of antimicrobial resistance and suggests that there is no good reason to deny full access to TB diagnosis and treatment options. In this context, I remember the ongoing work of several community health professionals in India towards improving access to nutrition for TB patients, besides access to care.

Overall, Green advocates for a "virtuous cycle" of action to combat the "vicious cycle" of the TB challenge. And through this book, he convinces the reader that it is a problem worthy of greater attention. At 198 pages, it is possible to read the book at a relaxed pace over a weekend. It is written for lay persons and hence quite accessible. I am not a lay reader, but I was still able to learn many things about TB that I was not aware of. I enjoyed the book, and I recommend it to readers both from health and non-health backgrounds as there is something in it for everyone.

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BOOK REVIEW

Beyond the Superwoman myth: the feminist call for women's liberation

GUDIYA YADAV

Nilanjana Bhowmick, *How Not To Be A Superwoman: A Handbook For Women To Survive The Patriarchy,* Penguin Random House India, March 2024, 240 pp, Rs 399 (paperback) ISBN: 9780143464181

Introduction

How *Not To Be A Superwoman: A Handbook For Women To Survive The Patriarchy,* by Nilanjana Bhowmick, opens with Euripides' line from *Medea,* "Of all creatures that can feel and think, we women are the worst treated things alive.", situating it in the feminist lineage of Simone de Beauvoir's *The Second Sex*. Bhowmick examines how patriarchy enforces motherhood and caregiving as women's defining roles — expecting them to excel at home and in professional life while performing unpaid emotional and cognitive labour. The superwoman ideal masks exhaustion, especially evident during festivals, when women shoulder most of the domestic and emotional labour. She links these burdens to chronic stress, depression, and economic exclusion. While emotionally resonant and grounded in lived experience, this opening risks framing caregiving as inevitable, offering self-prioritisation as the main remedy without fully interrogating structural change. Its middle-class lens could have been widened through intersectional engagement with caste and class, and its critique of gendered myths strengthened with empirical data on the economic value of unpaid labour.

Chapter-wise summary

From this introduction, Bhowmick expands in the first three chapters on how women shaped by social conditioning and patriarchal structures live under constant tension between their authentic selves and the roles imposed on them, a split that undermines mental health and compromises the promise of equality. Patriarchy rarely supports self-awareness, making personal awakening an act of resistance pursued for one's own sake rather than for societal approval. Drawing on voices from both Eastern and Western contexts, she shows how moments of epiphany, often during midlife transitions, post-menopause, or family role shifts, can lead to self-discovery and the reclaiming of meaning. Rejecting the designated "superwoman" role, she urges women to resist overperformance and emotional overburdening. While empathetically portraying personal transformation within systemic constraints, this discussion could be deepened with more data on women's mental health and workplace inequality, as well as greater engagement with strategies for dismantling structural barriers alongside individual awakening. Chapter three extends this by showing how family structures perpetuate gendered conditioning, with marriage and motherhood considered central to women's identity. Though the critique effectively exposes heteronormative pressures, it remains confined to man-woman binaries, with limited attention to the LGBTQ+ experience and structural solutions.

Bhowmick turns, in the fourth and fifth chapters, to the psychological costs of perfectionism and the pressures surrounding bodily appearance, especially in the Indian marriage market. Standards of beauty from adolescence to motherhood impose a lifelong scrutiny of women's bodies, fostering body-shaming, complexion bias, and internalised self-surveillance. These pressures reinforced by peers, media, and cultural norms, heighten the risks of depression, anxiety, eating disorders, and body dysmorphic disorders. The ideal of a "perfect woman", Bhowmick argues, demands unconditional love, politeness, and submission while concealing its mental toll. Perfectionism framed as a perfect trap fuels addiction, self-harm, and the corrosive belief that women are never good enough. Extending this analysis into motherhood, she depicts it as a gendered construct that sustains patriarchy through unpaid, unacknowledged labour. "Mommy guilt" functions like a chronic stress disorder — silent, cumulative, and socially normalised — where self-sacrifice is glorified without structural support. Social media's "supermom" narrative deepens self-doubt, particularly