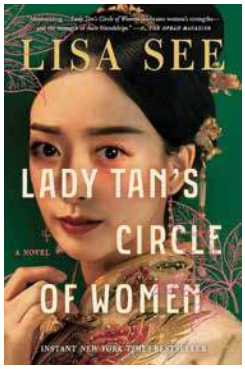
Book reviews

Jack Coulehan, MD, MPH, and Lara Hazelton, MD, Book Review Editors



Lady Tan's Circle Of Women
Lisa See
Scribner
2023, 368 pages

This is a remarkable novel about a Chinese woman physician, Tan Yunxian, who was born in 1461 into a family that had produced many physicians. Following the tradition of her family, she was trained by her grandmother and practiced medicine in a provincial Chinese town during the Ming Dynasty in the last quarter of the fifteenth and early sixteenth century. In a time when most women in China died by their thirties, Tan Yunxian lived to the age of ninety-six. She wrote a book, later printed as: *Miscellaneous Records of a Female Doctor.*[1] In a brief preface to this text, Tan Yunxian's cousin, Ru Lan, wrote:

> Our ancient land has birthed many famous doctors, some of whom were female. It is the honor of our family lineage that my cousin Lady Tan Yunxian has produced a book of heart-mind lifesaving cases. The great physician Sun Simiao wrote, "Women are ten times more difficult to treat than a man." This is not just a matter of yin and yang or of the outside world of men and the inner chambers where women reside. It is because women become pregnant, give birth, and endure a monthly loss of blood. They also suffer from having different temperaments and emotions than men. My cousin has excelled at treating women because she has shared in the losses and joys of what it means to be a female on this earth.

Lady Tan's Circle of Woman is a fictionalized story of Lady Tan's life, based on events and patient cases drawn from her book.

Born into a prominent family, Lady Tan's grandfather had passed the Imperial Examinations at the highest level, and while not wealthy, was close to the Imperial Court. Her mother, who was known as Respectful Lady, died at the age of 28. She had older sons who both died of smallpox, although variolization was practiced in the China of that time. Lady Tan and her half-brother, Yifeng, the son of Lady Zhao, her father's concubine, were brought up by their grandparents in their home, the Mansion of Light, where she learned medicine from her grandmother Lady Ru, who was a brilliant diagnostician of women's ailments. Even as a child, Lady Tan was intellectually gifted and eager to follow in her grandmother's footsteps. Lady Tan remembers:

> With my mother, I used to learn poems and passages from the Classics. Now I do that with Miss Zhao [her father's concubine]. When we're done, I practice memorizing symptoms, formulas or treatments, and the details of individual cases that famous doctors of the past have, as Grandmother puts it, chronicled across the millennia. I've come to understand the Five Concepts—Water, Fire, Wood, Metal, and Earth—which help to explain these phenomena. (p 48)

The descriptions of the family compound where Lady Tan grew up, and of the larger and wealthier home of her husband, are mysterious and beautiful. Room after room, gardens and fountains, songbirds and fruit trees. Many servants, relatives both married and single, elderly spinster aunts, and various concubines. Men's quarters are strictly separated from women's. When a woman falls ill, a male physician called in to attend to her examines her strictly by questioning, as he is separated from the patient by a curtain and not permitted to touch her. When in childbirth, women are delivered by a female midwife and never by a male physician. Although in critical situations, a male surgeon may be consulted.

When she turns fifteen, Lady Tan is chosen to marry the fifteen-year-old scion of a wealthy merchant family, an arrangement considered appropriate because they were both born in the year of the snake but, more importantly, because of the high status of her father and grandparents. Upon marriage, by Chinese custom, she moves to her husband's family compound, the Mansion of Golden Delight, where her husband's mother rules with an iron will. Lady Tan, like all women in the household, is expected to spend her days reading, sewing, writing poetry, painting, and of course, having male children. But definitely not practicing medicine.

The author describes the difficult lives of Chinese

upperclass women of that time. Their status was tenuous. Giving birth to a male child assured her status and her future. When Lady Tan's first child is a girl, her husband purchases a concubine whom he brings into the home to share his bed and produce a male heir, who would then be considered a legitimate son, exactly as her father had done after Lady Tan was born.

Lady Tan's mother, Respectful Lady, dies after she develops an infection of her bound feet. Having fallen outside her bedchamber, she is carried into her room by her husband whose tenderness towards his wife is apparent. When the concubine, Lady Zhao, unwinds Respectful Lady's foot bindings, they discover a broken bone protruding from the infected foot. The odor is overwhelming. She has developed gangrene. Lady Tan reminisces how, when she was a child, her mother had taken such great care to bind her feet tightly, even though the binding was very painful.

Through her fortuitous friendship with a young midwife, Meiling, Lady Tan learns about the world beyond the walls of her husband's family home. She even dares to disguise herself in ordinary garb and travel with Meling to the shops and bazaars of the city. Initially, she misses and longs for her grandmother, whom she rarely sees, although the Mansion of Light is but minutes away from her grandparent's home. Yet, within her new family's compound, she gradually develops a reputation as a healer by informally helping other women. Eventually, even her husband's mother acknowledges Lady Tan's medical practice.

Lady Tan's Circle of Women is well worth reading for many reasons. Lady Tan's reputation becomes so great that she is called to Beijing and the Forbidden City to treat the Emperor's Wife. Later, she gives evidence at the trial of her own family's physician, when a woman's appearance in court was unheard of. The book is also a good introduction to traditional Chinese medical concepts and treatments. Finally, it provides a fascinating glimpse of Chinese culture during the Ming dynasty. I recommend it as especially engaging for physicians and other clinicians.

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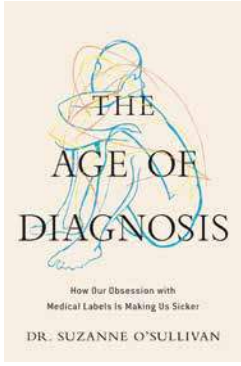

The Age of Diagnosis: How Our Obsession With Medical Labels is Making Us Sicker
Suzanne O'Sullivan, MD
Thesis
2025, 320 pages

The subtitle of neurologist Suzanne O'Sullivan's new book, *The Age of Diagnosis,* encapsulates the author's intent: to explain "how our obsession with medical labels is making us sicker." She begins by citing statistics about the dramatic rise in ADHD, autism, PTSD, depression, asthma, chronic Lyme disease, osteoporosis, and many other conditions over the last two decades. Why have all these disorders skyrocketed in prevalence? Could the phenomena be explained by increased risks from environmental or behavioral causes? Or perhaps by improved diagnostic methods? In this book, O'Sullivan focuses on a third possibility, "It could be that not all of these new diagnoses are entirely what they seem. It could be that borderline medical problems are becoming ironclad diagnoses and that normal differences are being pathologized." (p 3)

Among the disorders O'Sullivan discusses, ADHD and autism provide strong evidence for overdiagnosis. In both cases, diagnostic criteria have progressively weakened over recent decades by requiring fewer and less severe symptoms. For concerned parents whose child doesn't quite meet the current threshold for autism, Diagnostic and Statistical Manual (DSM-5) offers the new category of "social communication disorder," which allows the child's behavior to be pathologized. Increasingly, high functioning autism may now be diagnosed in adults who are said to have "masked" their symptoms. "A person may appear entirely socially capable, and it is enough for them to describe a great deal of effort to maintain that front for the diagnosis to be made." (p 108)

According to O'Sullivan, a similar pattern of overdiagnosis occurs with ADHD. The incidence of severe ADHD has remained stable over time, but mild cases have dramatically increased. In addition, the condition is now frequently diagnosed in adults. Example DSM-5 symptoms include statements like "often avoids tasks," "often fidgets," and "often talks excessively," which, in adults at least, are self-reported. "Presumably any person who seeks an assessment for ADHD will only do so because they are struggling with some aspect of their life, which means that all will be impaired." (p 174)

Do these self-perceived (or in children, family- or teacher-perceived) difficulties represent problems best addressed by giving them a medical diagnosis? Does the diagnosis help or hinder? The newly popular concept of neurodiversity aims to remove the stigma of such labels by allowing patients to understand themselves as not sick, but simply neurologically different from the norm.

The author also discusses two controversial conditions: chronic Lyme disease (CLD) and long COVID. Both demonstrate an extremely wide array of symptoms, and neither can be reliably diagnosed with specific diagnostic tests. There are two well-documented syndromes associated with Lyme disease: the acute illness and a post-treatment syndrome, which often includes neurological involvement and may require additional aggressive antibiotics before it resolves. However, CLD is a third syndrome. It usually affects persons who have never had symptomatic acute Lyme disease, and who may or may not have evidence of previous lifetime exposure to *Borrelia burgdorferi.* Multiple disabling symptoms, such as severe fatigue, muscle pain, and brain fog, that are unresponsive to intravenous antibiotics, may continue to plague the patient for years. Interestingly, in Australia, a country where neither *B. burgdorferi* nor the ticks that carry it exist, and no case of acute Lyme disease has ever been confirmed, a large number of people who have not visited a Lyme-affected area have been diagnosed with CLD.

There is virtually 100 percent overlap in symptoms across CLD, long COVID, and chronic fatigue syndrome (CFS), a disorder that O'Sullivan does not discuss in detail. In each of these disorders, immunologic studies show subtle abnormalities suggesting immune dysregulation or activation. Yet, within each diagnostic label, there is as much heterogeneity in specific findings as there is heterogeneity in findings among the three diagnoses. Rather than cleanly separable immune signatures, the data suggest, if anything, a shared post-infectious syndrome. There is no compelling reason to consider them separate diseases.

These are fascinating considerations, but do they support the contention that obsession with medical labels is making us sicker? "Those concerned about overdiagnosis of CLD attribute much of the problem to the exploitation of desperate people looking for answers and to a niche group of professionals profiteering through knowledge of where the grey areas of diagnosis lie." (p 67) The same can be said for CFS.

O'Sullivan raises two questions in her discussion of CLD and long COVID. The first concerns misdiagnosis. Does everyone with one of these conditions have what they think they have? For example, could some of them have psychosomatic disorders, similar to those described in *The Sleeping Beauties,*[1] the author's earlier book about culture-bound illness. (Reviewed in *The Pharos,* Summer 2022.)[2] After describing why many supposed long COVID cares are likely to be psychosomatic in origin, the author identifies a major problem, "Someone diagnosed with a psychosomatic disorder may feel they are being dismissed by the medical establishment, as, in the popular imagination, psychosomatic disorders are seen as lesser than other diseases," (pp 84–5) which means the doctor is trivializing the patient's suffering.

The second question concerns overdiagnosis. In these conditions, diagnostic criteria are vague and can be interpreted variably among physicians. In some cases, especially the milder ones, the label may simply medicalize common discomforts of living, thereby perpetuating symptoms that would otherwise have remained transient or occasional hiccoughs in the person's daily life.

Prospective genetic testing is another area that O'Sullivan considers. She raises good questions, but the answers do not necessarily contribute to the "making us sicker" hypothesis. For example, Huntington's disease (HD) is a lethal autosomal dominant condition. An affected person's child has a 50 percent chance of developing the disease in middle-age, yet only a minority choose to have predictive genetic testing. Most say that they would rather live with hope, rather than with the certainty of succumbing to HD. The situation is different with daughters of cancer victims who have adverse variants of BRCA1 or BRCA2 genes. In these cases, genetic testing gives them the option of choosing prophylactic mastectomies and oophorectomy. About 30–40 percent of affected American women opt for bilateral mastectomies and 45–70 percent choose oophorectomy. These

percentages are considerably higher than in many European countries, suggesting that Americans have a greater tendency to prefer aggressive surgical interventions over watchful monitoring.

The only clear-cut genetic testing villain is the direct-to-consumer (DCT) variety in which commercial laboratories provide customers with a list of "susceptibility factors" based on their genetic profile. Numerous studies have shown that at least 85 percent of recipients are unnecessarily labeled "high-risk" for at least one disease. The author tells of one man whose test indicated that he had a 15 percent chance of developing prostate cancer. He thought the test may have literally saved his life because he didn't realize that the lifetime risk of prostate cancer for men in general is 12 percent, and the test had produced essentially no significant information. O'Sullivan comments, "I also worry that we are so pleased with our ability to detect biological abnormalities and so impressed with technology that we have become like kids in a candy store." (p 163)

Does *The Age of Diagnosis* convince me that "our obsession with medical labels is making us sicker?" Yes and no. It is clear our society has medicalized many aspects of distress that were once considered normal conditions of human life. Healthcare is the single largest and steadily expanding sector of the American economy, now contributing more that 18 percent to the GDP. There are multiple reasons for this, but it is a fact that Americans think about, utilize, and pay for medical care more than ever before. However, I think the avalanche of mild or borderline cases of ADHD, autism, depression, chronic Lyme disease, cancer anxiety, and so forth plays only a small role in the cultural drama of medicalization. The drama's central theme is the fruitless quest to alleviate all forms of human suffering, if possible, through medical interventions. Perhaps the way we live is a more fundamental problem than the way we diagnose.

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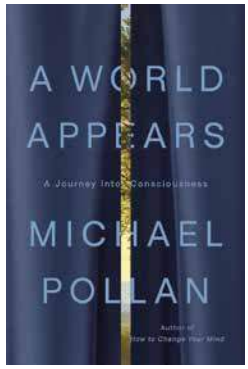

A World Appears: A Journey Into Consciousness
Micheal Pollan
Penguin Press
2026, 320 pages.

When I began my psychiatry residency in the 1990s, one of the first books I purchased, on the advice of my program director, was *Symptoms in the Mind: An Introduction to Descriptive Psychopathology*[1] by Andrew Sims. The book, which I still have in my office, provides a wide-ranging description of the external manifestations and subjective experiences that the human psyche comprises. As I recall, my first reaction to it was that I had just wasted my limited book budget. I had no idea what Sims was talking about, although I could see it bore a superficial relationship to the mental status exam that I was supposed to be carrying out on my patients. Near the beginning of the book were two black and white photographs. The first showed a white-coated doctor performing a physical exam on a recumbent patient. In the second image, the doctor stood beside the patient, blindfolded, and with his hands tied together. This, according to the caption, represented the mental status exam. I didn't get it, and I couldn't see that it had any relevance to my clinical work.

A few years later, I went back to *Symptoms in the Mind* when I was preparing for my Royal College exams, and I was awestruck. What had seemed so incomprehensible now made perfect sense. As physicians, we cannot examine the mind of another person directly in the way we would palpate a liver; we are blindfolded and our hands are tied. We can only glean information from how they describe their experience and how it manifests externally. We might be able to image a brain, but the mind is not an objective "thing"

that can be assessed using the same approach that we would use to examine a liver or an elbow.

I was reminded of *Symptoms in the Mind* as I read Michael Pollan's latest book, *A World Appears: A Journey into Consciousness.* Both are concerned with phenomenology, which the *Stanford Encyclopedia of Philosophy* describes as "the study of structures of consciousness as experienced from the first-person point of view."[2] However, Sims (and psychiatry) tend to assume the existence of the mind as an entity, whereas Pollan goes further into questions of how we can define or understand consciousness and its boundaries. This is not an easy task. As he comments in the introduction, "One reason why consciousness has proved such a hard nut for science and philosophy is because the only tool we can use to crack it is consciousness itself." (p xxvi)

Anyone who has read Pollan's previous books will be familiar with his provocative and engaging style that blends scientific exposition with history, anecdote, and personal experience. While his background is journalism rather than science, Pollan is rigorous in his approach (to the point where the footnotes can become distracting). Pollan's previous book, *The Omnivore's Dilemma,*[3] is a fascinating and accessible exploration of modern patterns of food consumption. In the intervening twenty years, it is possible to trace a line from his interest in food (particularly plants), to psychedelic substances (such as mushrooms and plants), and ultimately to consciousness, as reflected in the subtitle of one section: "Is it like anything to be a plant?" Pollan's last book before this one was *This Is Your Mind on Plants.*[4] It is not surprising then that various experts are asked whether taking psychedelic substances is helpful, or maybe essential, for understanding consciousness (Pollan would probably say it is).

The book is divided into four chapters: *Sentience, Feeling, Thought, and Self.* There is a lot packed into each of them. Multiple sources have been consulted, from philosophers such as Rene Descartes, to authors like Fyodor Dostoevsky, and scientists such as Antonio Damasio. There is a ripped-from-the-headlines section that explores the question of whether AI can become conscious. Weaving it all together is Pollan (his *self* or *mind* one might say) trying out an experimental approach to catching random thoughts, arguing with the experts, spending time in a cave learning how to meditate.

While *A World Appears* is not an easy read, Pollan manages to bring the motivated reader along with him on his magical mystery tour. I was most interested in the chapter on emotion, which seems to hold the most potential for understanding consciousness from a scientific point of view. Inevitably there are some topics that are not explored thoroughly. Personally, I would have liked to have seen more discussion of thought disorders in the chapter on thought: Sims' *Symptoms in the Mind* might have come in handy for that.

Throughout the book, Pollan gamely struggles to understand the theories of consciousness as are presented to him (e.g., "the self is not the thing that is perceiving; it is itself a kind of perception." [p 190]) To his credit, *The World Appears* is a very readable overview of a complex topic that will likely appeal to a broad audience including physicians. However, one might be left with agreeing with the author, when near the end of the book he freely confesses that "I know less now than I did when, naively, I set out to unravel the mystery of consciousness." (p 225)

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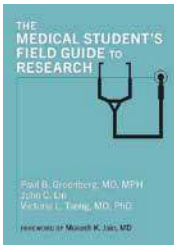

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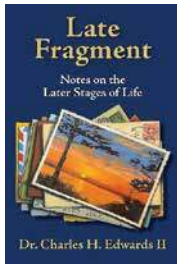

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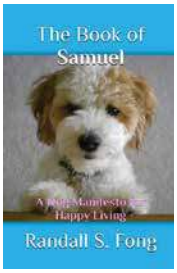

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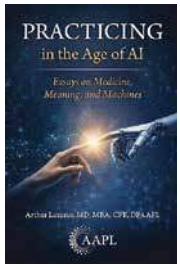
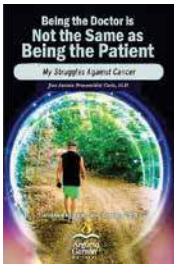


Practicing in the Age of AI: Essays on Medicine, Meaning, and Machines
Arthur Lazarus, MD, MBA, CPE, DFAAPL (AΩA, Lewis Katz School of Medicine at Temple University, 1980); American Association for Physician Leadership, June 12, 2026; 218 pages.



Being the Doctor is Not the Same as Being the Patient: My Struggles Against Cancer
Jose Antonio Franceschini-Carlo, MD (AΩA, Universidad Central del Caribe School of Medicine, 1993); Independently published, January 29, 2025; 346 pages.

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