A patient's diary:
episode 10 — post-operative check up

24 SEPTEMBER

This morning I went along to the surgery for my post-operative check up. It is just over 4 weeks since my unusually situated appendix was removed by Mr Cutler at the New Hospital. They treated me very well there, and probably saved my life. I was so fortunate to have a brilliant man like Mr Cutler available just when I needed him. The only problem is, being a busy man, much in demand, he had to rush away and did not have time to tell me about postoperative complications, several of which I had already begun to suspect. And after having someone's rubber-gloved fingers, however skilful and eminent, in your insides, in your very peritoneal cavity, you are bound to wonder: will things in there ever be the same again? Well they can't be, can they? No more appendix for one thing. Just a stump, like a little amputated limb.

They say you can do without it because it has no function but I wonder if that can be true. Surely everything is there for a purpose? Also I wanted to know when it would be safe to resume normal activities. The scar looks fairly firm but I wouldn't like to strain it prematurely and open up a great yawning gap through which … The very thought makes me feel a little nauseous so I shall not pursue it. And it is still a bit painful, particularly at the lower end where there seems to be a kind of pulsating swelling, although Hilda says it's probably just a trick of the light. Anyway, I thought I should get a professional opinion just to be sure.

My appointment was with Dr Sally Greengage, the registrar. Most people prefer the older doctors but I had selected her with good reason because, being freshly out of hospital, she is going to be much more *au fait* and up to speed with surgical problems. Well, let's face it, the others may know all about antibiotics and steroids, and so on, but it's many years since they saw any actual blood.

Norman wonders how he will manage without an appendix.

In the waiting room I found myself sitting next to old Harry Pocket who used to live next door to us, and somehow the conversation got around to operations. It seems that he has got to have a hernia done but he has decided to avoid the NHS waiting list and go private. Not that it will cost him a penny, he explained, because he and his wife have a joint policy with POSH (Private Operators Surgical Hospital) which will pay for the whole thing.

'No waiting lists for me, Norman,' he said, all very smug and pleased with himself. 'Private room with plasma screen satellite television, five star catering and, most important of all, Mr Robert Cutler FRCS himself will do my operation personally.'

At this point I let it be known that I have had direct experience of Mr Cutler's prowess with the scalpel myself, on my own person, and all under the auspices of our still excellent National Health Service. I could see that Harry Pocket was quite impressed but was trying to conceal it with a show of nonchalance.

'I dare say Cutler was in overall charge,' he said, 'but I expect the actual cutting and stitching was done by one of his junior assistants. Well, they have to learn their trade somehow. So why not practice on you?' says he with a big grin on his silly face.

I was about to put him firmly in his place with a few salient facts about my relationship with Mr Cutler and his staff but the buzzer went and it was my turn to go into the consulting room.

Dr Sally Greengage greeted me warmly and expressed great sympathy when I told her about my emergency appendicectomy at the New Hospital. But when she looked through my records on the computer there was nothing there about it at all. Not even a letter from Mr Cutler. So I had to fill in some of the background for her myself. I explained, as tactfully as I could, how Dr Teacher had experienced some difficulty in reaching a correct diagnosis resulting in my eventual late night trip to Emergency.

I know that Dr Teacher is her mentor and she probably thinks he can do no wrong and I didn't want to dampen her youthful hero-worship. No doubt she will come to a more realistic assessment of his abilities in due course. And it was an unusual presentation, as I explained to her, sketching the anatomy on the back of an envelope. She found that very interesting. Then I asked if she wouldn't mind having a look at the scar to see if it was thoroughly secure? To tell the truth, I was just a bit uneasy after Harry's nonsense in case a junior surgeon had been allowed to do a bit of the stitching up and might not have tied a proper knot at the lower end. Dr Sally palpated the scar carefully. Nice hands she has, just a little bit cold. She concluded that they had done a first class job on me. There was no need to worry about anything coming undone. I got dressed again and took out my little notebook in which I had made a list of questions I wanted to ask.

'I have just a few little points to go over', I said, 'if you have the time?' She flashed a quick look at the clock on the wall and then said, yes, of course she had, in a very patient voice. So I went through the list: 'How far can I walk? When can I drive the car? Is it all right to have a bath? Should I take extra laxatives?' I don't know why it is, but somehow I always seem to leave the most difficult question to the end. I pored over the list and checked things off with my pencil. I think Dr Sally could sense that there was something else I wanted to say because there was an awkward pause in the conversation and she asked

if I had something else on my mind. I took a deep breath and told her about my exercises. It might seem a bit ridiculous, I said to a youngster like yourself, for an old fellow like me to do exercises, but I do like to keep myself in shape so I do 20 minutes of aerobics every morning (well, until the operation anyway), and it puts quite a strain on the abdominals. Would it now be safe to resume them? She looked a bit puzzled but said it would be OK if I just did them gently to start with. Then she said she thought I had been going to ask her something about Mrs Gland. No, I said. Hilda isn't one for exercises. Running around after me is enough to keep her fit, I said. Dr Sally gave a rather musical peal of laughter and said that was all right then. Was there anything else I wanted to ask? By that time I had lost my place in the notebook and, not wanting to take up any more of her time, I thanked her and took my leave.

As I came out, the irrepressible Harry Pocket gave me a great wink and said, 'you were a long time in there, old son. What's the matter, have they taken the wrong one out then?' After which he laughed in his coarse vulgar way. Several people looked up from their magazines to see what the joke was. I just gave him one of my looks and turned on my heel without deigning to reply. He is beneath contempt. It was only on the way home that I remembered I had forgotten to ask Dr Sally about diet and whether one needs to take extra vitamins and trace elements to make up for the loss of digestive power of the appendix. So I popped into the health food shop and got a little selection just to be on the safe side.

We are grateful to John Salinsky for these extracts from Norman Gland's diary.

Mike Fitzpatrick

The meaning of cancer

Following the death last month of his wife Jane, from breast cancer at the age of 43, Mike Tomlinson paid tribute to her courageous 7 years of sporting achievements and campaigning, saying that this could help to 'redefine what it means to be a cancer patient'. Jane Tomlinson's marathons, triathlons, and long-distance bicycle rides were extraordinary achievements for somebody undergoing treatment for disseminated breast cancer. Yet, while extending sympathies to her husband and three children, I am doubtful whether Jane Tomlinson provides a role model that we should commend to patients with cancer.

Far from representing a new and enlightened approach towards cancer, the Tomlinson story of defying her prognosis (she was 'given 6 months to live' in August 2000) through exertion revives the 19th-century concept that disease can be challenged by will. This notion is always closely linked to the idea that disease is itself an expression of character. The cultural critic Susan Sontag, who died from cancer in December 2004, observed that the view of disease as an expression of inner self appears less moralistic than that of disease as a punishment for sin. 'But this view turns out to be just as, if not even more, moralistic and punitive', she argued.[1]

Contrasting the old myths about tuberculosis (TB) and modern myths about cancer, she noted that both proposed notions of individual responsibility. But, for her, the cancer imagery was 'far more punishing'. Whereas TB was regarded as a disease of passion or excess, cancer is a disease of repressed emotion, associated with depression ('melancholy minus its charms') and stress. Whereas the tubercular character was once envied as an outlaw, a misfit, a bohemian, today's cancer patient is a loser, with a shameful affliction, someone deserving of pity.

Sontag shrewdly observed that 'theories that diseases are caused by mental states and can be cured by willpower are always an index of how much is not understood about the physical terrain of a disease'. When the identification of the tubercle bacillus in the 1880s deprived TB of much of its mystery, cancer — a group of diseases that is still ill-understood and for which current treatments are often ineffectual — became the focus of modern fears and of notions that both its onset and its course could be influenced by emotional factors and psychological therapies.

Jane Tomlinson is offered as the model of the active patient who refuses to take a passive role in their treatment. But where does this leave somebody with cancer who does not want — or is not able — to fight or struggle, does not want to spend their remaining months or years running or cycling or becoming a high profile campaigner? Many patients are likely to find the robust activism personified by Tomlinson and encouraged by the big cancer charities that sponsor these campaigns as oppressive rather than supportive.

The public resonance for Tomlinson's activities and heroic death confirms the growing popular concern about cancer-related mortality. Sociologist Clive Seale has noted how what he characterises as 'the revival of death awareness' in contemporary Western society has fostered a notion of dying as 'a new form of heroism', one that, in our defiantly anti-heroic age, is open to everybody.[2] In this scenario terminal illness is endowed with profound meaning and death becomes a heroic drama. As Seale observes, some people embrace the charismatic approach towards death with 'the enthusiasm of religious conversion'. On the other hand, some experience it as 'a stigmatising distortion of the truth'.

In her later reflection on AIDS, written a decade after her first commentary on cancer, Sontag indicated that she too had adopted a mission. Her campaign in relation to cancer was 'against interpretation'; her aim was 'not to confer meaning, but to deprive something of meaning'. As she wrote, 'nothing is more punitive than to give disease a meaning — that meaning being invariably a moralistic one'. She suggested that the way forward lay through regarding cancer 'as if it were just a disease (and not necessarily a death sentence)'.

REFERENCES

1. Sontag S. *Illness as metaphor: Aids and its metaphors.* London: Penguin, 1991,
2. Seale C. *Constructing death: the sociology of dying and bereavement.* Cambridge: Cambridge University Press, 1998.