

## Possession

They sit across the desk from me, the young couple, both tense and distracted. I am very new to family practice, and John is almost exactly the same age as I am. We are the same height and shape, and we have the same style of moustache. We are even dressed in a similar way. But there's a pinched, sallow look about his face, as if the mirror I am peering into is blurred and slightly dusty.

John and Bridget live with their 2 young children in an outer suburb of London. It's an area of small, identical, semidetached houses, each with its own tiny garden in front. On a previous house call there, I had noticed that their house was trim and immaculate; the indoor surfaces were as shiny and polished as the colored illustrations in a mail-order catalogue. Outside, the tiny garden was also neat and ordered. Its hedges, flower beds, and climbing roses were all carefully trimmed, because John is a keen and dedicated gardener. He is the manager of a small company, but there is also something military about his bearing, an upright air—although he is not prepared, at all, for the battle to come. Usually, he is fit and healthy; he plays squash each week at a local gym and swims regularly in the pool. His wife, thin and tremulous, is as neatly dressed as he is. Every wisp of her hair is carefully lacquered into place. However, at the end of each sentence, her voice rises in an anxious question mark.

She does most of the talking. She says that recently John has seemed “not quite himself.” He is easily fatigued, often constipated, and looks rather pale. He has lost some weight, and he occasionally passes some bright red blood in his stools. He is, she says, “under the weather.” Sitting beside her, John seems irritable and impatient, often glancing down at his wristwatch. His wife says that he's been reluctant to come in and see me (“You know what men are like, don't you, Doctor?”), but today she's insisted that he do so. As she speaks, he rolls his eyes at me, as if to say, “I'm really OK. There's nothing wrong with me, but you know what women are like.”

I examine him fully. Soon I find myself fighting to control my own feelings of panic, for inexperienced as I am, I have never faced such a situation before. Under my fingertips I can clearly feel a hard mass in his abdomen. Furthermore, the edge of his liver feels firm and irregular, and, after the rectal examination, there are traces of blood on my glove.

After I have sat down slowly at my desk again, I try to reassure myself with that old aphorism that in clinical practice “common things occur commonly.” However, my internal voice sounds hollow and unconvincing. “Look,” I say, “it may not be anything sinister. It may all be benign. Perhaps only a form of inflammatory bowel disease. Ulcerative colitis, say, or Crohn's disease. Either way, I want you to see a surgeon. *As soon as possible.*”

With this last phrase, the atmosphere in the room

suddenly changes. Something new enters it, and I can feel it—an almost tangible presence that chills the air around us and makes our voices sound high and shrill, as though we'd all been inhaling helium. For a while, we sit in silence. Bridget looks closely at my face, then at her husband, as I scribble busily in his chart, trying not to catch her eye.

Over the next week or so, I watch as John is sucked into the hospital vortex, drawing him in like quicksand. He frequently goes to and from various clinics for scans, blood tests, radiographs, and many other investigations. Each time, he tells me, he finds himself occupying an unfamiliar landscape of chilly fluorescent-lit rooms, in which frowning strangers in white coats probe one orifice after another with their fingertips or flexible tubes. Other strangers peer closely at shadowy portraits of his inner self; the white skeleton inside them is like a precognitive photograph of his future. Some of the surgeons he encounters are cheerfully evasive, others noncommittal, shaking their heads imperceptibly each time they talk to him. Almost hourly, John's sporty clothes seem to hang a little looser on his increasingly thin and stooping body. His face, with its ragged moustache, wears a pale, distracted look.

Explorative surgery is arranged for the following week. While John is waiting for hospital admission, the 3 of us meet several times to discuss the situation. Strangely, in these meetings, time seems to have distended, slowed down, become dense with meaning. Words, thoughts, and emotions all condense into the eternal present: Minutes seem like hours, hours like days or even years.

In our conversations, I find that we are gradually losing ourselves in a labyrinth of language, as a new set of words creeps insidiously into it. Our talks have now become laced with euphemisms, evasions, metaphors, as the 3 of us struggle to avoid mentioning the “C” word. I hear John and Bridget begin to talk about the probable growth in his abdomen in horticultural terms: as if it were only a weed, a patch of vegetation that for some reason has grown out of control. With its seeds planted deep within the body, as well as in the imagination, its foliage has spread widely, absorbing the body's own nutriments, as the roots extend chaotically into the adjoining neat lawns and flower beds. “Could one ever uproot it completely?” they ask. Are the chemical weed killers of medicine effective here? Can they stop it from spreading elsewhere, like seeds spread by the wind?

Then, over the days another image—much darker than the first—begins to emerge. The sense of a mob of wild, disorderly plants has now coalesced into a single image: a sort of collective personality that is malevolent and deeply destructive. John and Bridget begin to refer to his abdominal growth as an “It”—a reified Thing, a living and maligned presence that has somehow possessed his body. “Do

you think *It* has attacked the liver yet?,” they ask. “I can feel *It* inside of me, taking all my strength away.” “I’ve heard that chemotherapy can kill *It* off completely. Is that so?” The “personality” of this “*It*” seems to be both implacable and cunning, as it tries ceaselessly to outwit all the doctors it encounters. Sometimes it’s as if the diagnostic technology could somehow interrogate this new presence in their lives and ask *It*: “Who are you? What do you want?”

For the first time in my medical career (but certainly not the last), I come to realize that diseases like cancer are not just disorders of cells; they are also disorders of *language*. How we talk about them can sometimes be just as important as how we treat them, because words and images can kill as well as heal. They can give hope to patients, but they can also take it away.

In the days leading up to the operation, I try desperately to demystify the disease and free John and Bridget from the trap of metaphor into which they have fallen. In talking about John’s condition, I try to be literal, realistic, matter-of-fact, using neutral words and everyday language—avoiding, as much as possible, the dangerous and demonic metaphors attached to his disease. In particular, I try to counteract the damage done by a surgical resident’s careless use of words like “malignant,” “aggressive” and “invasive” at one of the hospital clinics. I am also conscious of how, almost daily, newspapers and politicians contaminate the word even further, pontificating in print against the “cancer of crime” or “the cancer of corruption.” It’s a

difficult struggle, one that continues right up to the day of the operation.

The operation itself is not a success. The surgeon, an elderly Scot, telephones me shortly afterward. Normally cool and unemotional, his voice on the line is now husky and unclear. Dimly I hear the phrases: “bowel carcinoma”—“a most unusual presentation”—“very rare in such a young person”—“the liver absolutely riddled with secondaries.” And finally: “—absolutely nothing we could do”—“sending him home.”

After his discharge from the hospital, I visit John several times in his small semidetached house. Thin and silent, he lies in a large double bed, surrounded by tubes, oxygen cylinders, and bottles of medication. The room smells of disinfectant and bodily fluids. A nurse hovers around. Standing beside the bed, John’s wife seems almost as wasted as he is. The house now seems neglected and disordered, as if the pages of the mail-order catalogue had been crumpled up and strewn around. As I eventually leave, I notice that the garden outside is now wild and overgrown, the lawn all full of weeds.

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