Personal Paper

×11-・711スマス

Operation in Japan

T W M LILLEY

British Medical Journal, 1977, 2, 1646-1648

The English doctor had said, "A gum ulcer? I'll give you something to put on it." Back in Japan a week or two later the Japanese doctor also gave me something to put on it, and said, "These ulcers are a seasonal thing. Don't worry about it." But I did worry about it: it was getting bigger, it was soft, it didn't hurt, and it wouldn't go away. So when I visited my Japanese dentist and read the "I don't like the look of that" expression on his face, I was almost glad when he said, "You should get that examined to determine the nature of the bacteria which are causing it. I'll give you a note to the Tokyo Dental College." I went there the next day, filled in the necessary forms, was impressed by the calm efficiency of the staff and the modernity of the equipment, and eventually found myself in another dentist's chair.

Except for the periods I spent in the x-ray rooms, I was in that chair for the next three hours. Cuttings were taken from the offending ulcer and borne away for analysis with much the same reverence as that given to holy relics. The ranks of the medicos examining me steadily increased: the black characters on the blue plastic identity disks changed to red, then green characters on white disks, until finally I was examined by a man with no identity disc at all—the maestro. And maestro he proved to be, for there was in his hands a faculty for healing which I have yet to feel in other hands.

After his departure, the other doctors queued up to take photos of the ulcer. By now, of course, I'd got the message. This wasn't a common or garden ulcer: it was a cancerous ulcer—on a par for malignancy with the great white shark. Asked to come back at two o'clock, I escaped for a much-needed drink and duly returned—for more cuttings and photos, and the request that I return the morning after.

I was something of a Japanese doctor's dilemma. Informed that he has cancer, the reactions of the average Japanese are quite likely to be a short jump in front of a train, or a high jump from a forty-storey balcony, and, while it might have been possible to cure his cancer, it is usually quite impossible to cure him of the consequences of either jump, so, very sensibly, Japanese doctors do not tell their patients when they have cancer. The problem was that I wasn't Japanese.

Nevertheless, I was aware of the problem and I resolved it by telling a Japanese friend that I had got cancer and asking him to accompany me to the hospital the next morning (a Saturday), thus enabling the doctors to take him aside and explain the position, while absolving them from any responsibility for my subsequent actions.

The position, they said, was that I had cancer of the jaw; an operation was possible, would be accompanied by an 80% chance of success, and would necessitate some three weeks in hospital. Furthermore, neither my speech nor my appearance would be altered in any noticeable way. I was relieved. I had been steeling myself against something along the lines of "I'm sorry, but you have from six to nine months," and I had not been altogether confident of my reaction to such information, so my smile was genuine when I replied, "The sooner the better."

As instructed, I returned on Monday morning to be told that a bed had been found for me in the Tokyo Municipal Hospital at a place called Fuchu—well outside urban Tokyo—and that I should go there immediately. So off I went, accompanied by a doctor who happened to remark during the course of the journey that the operation had to be carried out very soon as, "within another seven to ten days the cancer would have moved and would have become inoperable." On arrival at the Municipal Hospital I was allotted a room wherein I sat on the edge of one of the two beds, swinging my legs and asking such questions as, "Are you sure I'll be able to speak properly after this operation?" while two doctors and I drank beer from tins, and ate salami, and cheese and biscuits, with the curtain in front of the door carefully drawn as we were not conducting ourselves strictly in accordance with hospital regulations.

When I asked how many times in a year they carried out this kind of operation, the answer was a raised index finger and the comment, "You're the first." The truth was simply that the operation had to be carried out with some urgency and the Fuchu hospital was one of the few which had vacant beds, but neither the doctor's English nor my Japanese was up to the explanation. That evening, a choir of some 50 nurses carrying lanterns visited the wards and sang carols. It was both impressive and moving. Each patient was given a Christmas card painted by one of the nurses on which, in meticulous writing and at great length, she expressed her wish for his or her speedy recovery. My card, which could scarcely have taken less than two hours to prepare, was given to me by an exquisite doll of a nurse, who also gave me the impression that by accepting it I had made her my slave for life.

The next morning two doctors came to my room to explain what the following day's operation would entail—the removal of five teeth, a small piece of jawbone, the method of administration of the anaesthetic, and so on. They were, I suspect, both surprised and hurt when I interrupted to tell them that I didn't want to know. Such an attitude is, of course, typically Anglo-Saxon, but it's emotional rather than logical. After all, if people are going to do things—and indeed, rather serious things—to one's body, surely it's not unreasonable to expect to be told how they are going to do them. Japanese patients *want* to know and expect to be told.

Later on that day, all the things one expects to be done before an operation were duly done, but whatever was done—be it injection, extraction, or whatever—was done not only with

solicitous concern but also with calm efficiency. Curiously enough, the Japanese seem to favour the smaller veins of the arm when taking blood out or putting things in. Also—and I particularly noticed this at the Tokyo Dental College—they spent quite a lot of time examining with the tips of their fingers the undersides of patients' jaws. I have not seen this done elsewhere and suspect that the Japanese have unusually sensitive fingers which enable them to reach diagnoses which could not, by the same means, be reached by doctors of other less gifted races.

Came the morning of 24 December—and the last of the estimated half-million cigarettes which had taken me to where I was. My body, having been polished both inside and out, was put on a trolley and taken by way of lifts and corridors to the operating theatre. I was extremely interested in what was happening—which may be why I was not, as I gather I should have been, unconscious. The most dominant feature of the operating theatre was a circle of powerful lights some 15 feet in diameter in the centre of the ceiling—among and behind which I suspected the presence of cameras, and vaguely wondered if I might be on TV. When I lowered my eyes from the lights I found myself confronted by about a dozen Martians; they were all in battleship grey uniforms, wearing navy-blue gloves, masks, caps, and bootees, and were all looking at me with eyes which conveyed grave reassurance. But it was not so much the eyes as the atmosphere which most impressed me—it was sharp with collective determination. One does not recall failing consciousness; one recalls only returning consciousness. . . . "Lilley san, Lilley san," and the arm round my shoulder urging me awake. But the lights above the operating table were too strong and, in any case, I could not rustle up the strength to raise my eyelids. But then I became aware that someone was inserting a catheter. I'm told that though I totally failed to respond to the "Lilley sans," my response to the catheter was swift. I promptly sat up, stared long, hard, and indignantly at the catheter, groaned, grimaced, and then let my head fall back on the pillow. But I can recall only a sudden burst of Martian laughter.

The remaining 17 days that I spent in hospital passed uneventfully; such things as I remember, I remember for their absurdity, strangeness, or unpleasantness—the removal of stitches, for example, which was most unpleasant. Or the fun we had with my fundoshi. A fundoshi is a kind of loincloth which goes through the legs and at each end fits over a cord tied round one's waist—and I was supposed to wear one. The trouble was that I didn't know how to put it on, but I couldn't explain this as, owing to the tubes in my throat, I couldn't talk. So there I was, my arms around the shoulders of two nurses who were trying to lift me high enough to tie on the fundoshi—a performance accompanied by shrieks of laughter. Or the doctor explaining that they had had to remove only four teeth and did I want them? Had I been capable of speech I might well have told him where to put them, tooth by tooth; as it was, I simply shook my head. Or, later, when the doctor gave me permission to go for a walk. I dressed, took the lift to the ground floor, walked to the main door, and was told by a doorman that he had had a phone call about me, and would I wait? Then four nurses appeared, and made it quite clear they were taking me back. They hadn't approved of the doctor's permission, or, perhaps, in seeking that permission, I had put the doctor in a position where he couldn't refuse it (in which case I shouldn't have sought it). In any event, I didn't get my walk—not that day, anyway. (But honesty compels me to admit that I discovered that getting as far as the main door was really as much as I could manage at that time.) Or the nurse who took me off to the bathroom, put on a pair of rubber bootees, and proceeded to wash my body in much the same way as she no doubt cleaned her Honda car, while all I could do was sit there trying to think of icebergs and praying that I wouldn't get an erection.

All in all, the 20 days that I spent in that hospital were among the most instructive of my life. To me, it epitomised humanness. The fact that the seriously ill were accompanied at all times by their relatives or friends was a source of wonder to me—until

東京都立
府中病院

Tokyo Municipal Hospital,
Fuchu. (Where I spent
Christmas 1975.)

I gave it a moment's thought. When the little girl across the corridor didn't have her mother or grandmother in the room, she had her father and, even if he was asleep in the other bed, he was *there*. Similarly, the elderly man in the ward next door had one of his children with him—all the time. One doesn't have to be a psychologist to be able to appreciate the therapeutic value to patients of the presence of loved ones, who, moreover, carry out all the chores which would otherwise have to be carried out by nurses.

There were, of course, matters I found disconcerting. Men and women patients shared the same washing facilities, so when I went to wash my face and hands I might well find myself standing next to a Japanese version of Salomé—disconcerting, but only momentarily, and I don't recall making any complaints. From my window I could see Mount Fuji, and, unwittingly, I'd chosen the best time of the year to view it. For it was the New Year holiday and for a week or so a million factory chimneys would cease fouling the air, thus enabling me to enjoy the beauty of sunrises and sunsets which were a feature of daily life in Japan just 25 years ago—and snowmantled Fuji in the light of the setting sun is breathtakingly beautiful.

Came the day when I had no tubes sticking out of my head or neck and the dressings on my throat could be removed. The doctors present surveyed the results with keen interest, shook heads, exchanged looks, made clucking noises which included the name of the maestro, who had carried out the operation, and handed me a mirror. I had expected at least an ugly scar, but

there was scarcely anything visible—except that I badly needed a shave. The bristles on my face and neck were well over a quarter of an inch long and that shave took me an hour and twenty minutes, but such scar as there was (a three-inch thread) had completely healed.

First the good news, then the bad news. I couldn't open my mouth more than half an inch and, I was told, it would be six months before I could open it fully. At that stage I was able to eat solid foods—as opposed to having liquid foods poured into me through a tube through a nostril—and there's no doubt about it, if you can open your mouth only half an inch then chopsticks are the only possible eating utensil.

Some 10 days after the operation I was told I would be discharged at the end of the week. I was aghast. I didn't want to be discharged. I wanted to stay in that warm womb of a hospital. On the morning of my departure, and at my request, I reported to the accounts section of the hospital to count the cost. I had had, I felt, the kind of operation Americans mortgage houses to pay for. Vaguely, I wondered what would happen when I told them I couldn't pay: would I have to report to the hospital laundry and iron fundoshi for the next 20 years? But the cost, I was told, was £500, including the operation, all treatment, and the 20-day stay in hospital. If I cared to join the National Health Insurance scheme, however, I need pay only 30%, the balance being paid by the NHI. Furthermore, I could pay off my 30% over an extended period if I wished. I don't altogether understand an insurance scheme which permits one to insure oneself retrospectively—to insure oneself against getting what one has already got, or had. But who am I . . . ? And the cost of the contributions? About £1 a month. So £350 was paid by the NHI, and I paid the balance. Had I spent those 20 days in the least ostentatious of Tokyo's international hotels, it would

have cost a great deal more. And at £1 a month, I calculated that the Japanese NHI would break even with me in the year 2004. But that calculation has already been proved wrong; I have to report to the Tokyo Dental College every fortnight, and the lion's share of the cost of medicine, x rays, and so on is borne by the NHI, so I don't see the NHI breaking even with me even in 2004.

In the four months that have elapsed since the operation, events have unfolded as forecast: my voice is normal; I can't open my mouth to the extent of inserting three horizontal fingers, but can manage two and a half, while the scar under my left jaw is scarcely visible; I still can't put my tongue out more than half an inch, but am saving a lot of money on sticks of rock and ice cream cornets.

But life hasn't altogether been a bowl of cherries: it was two months before I was strong enough to resume work, and there was the day when the maestro thought that the cancer had transferred to the underside of my tongue. His distress was such that I was tempted to put an arm around his shoulders, tell him not to worry and that in any case I was living on borrowed time, but, in the event, x rays showed no justification for his misgivings. Recently, through a Japanese teacher of English literature, I asked in writing how long I would have lived if the cancer had transferred to my tongue, and how much of that time would I have spent in pain? I received the same answer to both questions, "1-2 years."

Just something else I really didn't want to know.

(Happy New Year)

(Accepted 24 June 1977)

11月20日 - 2011年1月

A case of self-diagnosis

EOIN O'BRIEN

British Medical Journal, 1977, 2, 1648-1649

"Stately, plump Buck Mulligan came from the stairhead, bearing a bowl of lather on which a mirror and a razor lay crossed. A yellow dressing-gown, ungirdled, was sustained gently behind him by the mild morning air. . . . Solemnly he came forward and mounted the round gunrest. He faced about and blessed gravely thrice the tower, the surrounding country and the awaking mountains."

Ulysses. James Joyce.

It is 6.45 am on a Monday morning. A deep-red sun hovers, suspended, it seems, only a few feet above the calm sea lending to the blue a golden shimmer. The sky is almost clear but the monotony of perfection is gracefully avoided by a scattering of gently drifting pink and grey-white puffs of cloud, which brook no ill to those beneath. The tide is full and adds to the moment a peaceful adagio as the water gently laps the granite and concrete of the shoreline, and the tinkling of the yachts at mooring is accompanied by the musical chatter of numerous

birds. I see the cormorants poised with wings spread in statuesque immobility and further out at sea a lone sentinel heron gazes towards the red sky of Howth. The winding sea road from Seapoint to Sandycove is as quiet as a country path; early risers are not plentiful in Dublin and nature undisturbed lavishly evokes a scene of tranquil perfection in the assurance of being unmolested.

My bicycle brings me safely to the Forty Foot. I glance at the ramparts of the Martello Tower, on which an earlier morn would have seen Buck Mulligan and Stephen Dedalus in blasphemous converse. The sign at the entrance to the Forty Foot states in bold freshly painted white on black GENTLEMEN ONLY and as surely as this was painted yesterday it will be blackened by protesting femininity before dusk; an inner notice declares that costumes must be worn after 9 am but at this kind hour the rules of conformity are far from my mind as, undressing, alone I survey the deep sea ahead of me from this rocky paradise. A dive brings the soothing sensation of the cool fresh waters, and nature's wonders seem boundless. I swim a few hundred yards, dive carelessly a few times from the board, and 30 minutes later lying in the sun I am wishing that such moments did not have to cease.

Symptoms

But the day is Monday, and an hour later walking to the train I am conscious of a nagging pain in my right groin.

The Charitable Infirmary, Dublin

EOIN O'BRIEN, FRCP, MRCP, consulting physician