

Illness is the night-side of life, a more onerous citizenship. Everyone who is born holds dual citizenship, in the kingdom of the well and in the kingdom of the sick. Although we all prefer to use only the good passport, sooner or later each of us is obliged, at least for a spell, to identify ourselves as citizens of that other place. ✓

I want to describe, not what it is really like to emigrate to the kingdom of the ill and live there, but the punitive or sentimental fantasies concocted about that situation: not real geography, but stereotypes of national character. My subject is not physical illness itself but the uses of illness as a figure or metaphor. My point is that illness is *not* a metaphor, and that the most truthful way of regarding illness—and the healthiest way of being ill—is one most purified of, most resistant to, metaphoric thinking. Yet it is hardly pos-

sible to take up one's residence in the kingdom of the ill unprejudiced by the lurid metaphors with which it has been landscaped. It is toward an elucidation of those metaphors, and a liberation from them, that I dedicate this inquiry.

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Two diseases have been spectacularly, and similarly, encumbered by the trappings of metaphor: tuberculosis and cancer.

The fantasies inspired by TB in the last century, by cancer now, are responses to a disease thought to be intractable and capricious—that is, a disease not understood—in an era in which medicine's central premise is that all diseases can be cured. Such a disease is, by definition, mysterious. For as long as its cause was not understood and the ministrations of doctors remained so ineffective, TB was thought to be an insidious, implacable theft of a life. Now it is cancer's turn to be the disease that doesn't knock before it enters, cancer that fills the role of an illness experienced as a ruthless, secret invasion—a role it will keep until, one day, its etiology becomes as clear and its treatment as effective as those of TB have become.

Although the way in which disease mystifies is set against a backdrop of new expectations, the disease itself (once TB, cancer today) arouses thoroughly old-fashioned kinds of dread. Any disease that is treated as a mystery and acutely enough feared will be felt to be morally, if not literally, contagious. Thus, a surprisingly large number of people with cancer find themselves being shunned by relatives and friends and are the object of practices of decontamination by members of their household, as if cancer, like TB, were an infectious disease. Contact with someone afflicted with a disease regarded as a mysterious malevolency inevitably feels like a trespass; worse, like the violation of a taboo. The very names of such diseases are felt to have a magic power. In Stendhal's *Armance* (1827), the hero's mother refuses to say "tuberculosis," for fear that pronouncing the word will hasten the course of her son's malady. And Karl Menninger has observed (in *The Vital Balance*) that "the very word 'cancer' is said to kill some patients who would not have succumbed (so quickly) to the malignancy from which they suffer." This observation is offered in support of anti-intellectual pieties and a facile compassion all too triumphant in contemporary medicine and psychiatry. "Patients who consult us because of their suffering and their distress and their disability," he continues, "have every right to resent being plastered with a damning index tab." Dr. Menninger recommends that physicians generally abandon "names" and "labels" ("our function is to help these people, not to further afflict

don't use
words?

them")—which would mean, in effect, increasing secretiveness and medical paternalism. It is not naming as such that is pejorative or damning, but the name "cancer." As long as a particular disease is treated as an evil, invincible predator, not just a disease, most people with cancer will indeed be demoralized by learning what disease they have. The solution is hardly to stop telling cancer patients the truth, but to rectify the conception of the disease, to de-mythicize it.

no rather

When, not so many decades ago, learning that one had TB was tantamount to hearing a sentence of death—as today, in the popular imagination, cancer equals death—it was common to conceal the identity of their disease from tuberculars and, after they died, from their children. Even with patients informed about their disease, doctors and family were reluctant to talk freely. "Verbally I don't learn anything definite," Kafka wrote to a friend in April 1924 from the sanatorium where he died two months later, "since in discussing tuberculosis . . . everybody drops into a shy, evasive, glassy-eyed manner of speech." Conventions of concealment with cancer are even more strenuous. In France and Italy it is still the rule for doctors to communicate a cancer diagnosis to the patient's family but not to the patient; doctors consider that the truth will be intolerable to all but exceptionally mature and intelligent patients. (A leading French oncologist has told me that fewer than a tenth of his patients know they have cancer.) In America—in part because of the doctors' fear of malpractice suits—there is now

much more candor with patients, but the country's largest cancer hospital mails routine communications and bills to outpatients in envelopes that do not reveal the sender, on the assumption that the illness may be a secret from their families. Since getting cancer can be a scandal that jeopardizes one's love life, one's chance of promotion, even one's job, patients who know what they have tend to be extremely prudish, if not outright secretive, about their disease. And a federal law, the 1966 Freedom of Information Act, cites "treatment for cancer" in a clause exempting from disclosure matters whose disclosure "would be an unwarranted invasion of personal privacy." It is the only disease mentioned.

All this lying to and by cancer patients is a measure of how much harder it has become in advanced industrial societies to come to terms with death. As death is now an offensively meaningless event, so that disease widely considered a synonym for death is experienced as something to hide. The policy of equivocating about the nature of their disease with cancer patients reflects the conviction that dying people are best spared the news that they are dying, and that the good death is the sudden one, best of all if it happens while we're unconscious or asleep. Yet the modern denial of death does not explain the extent of the lying and the wish to be lied to; it does not touch the deepest dread. Someone who has had a coronary is at least as likely to die of another one within a few years as someone with cancer is likely to die soon from can-

cer. But no one thinks of concealing the truth from a cardiac patient: there is nothing shameful about a heart attack. Cancer patients are lied to, not just because the disease is (or is thought to be) a death sentence, but because it is felt to be obscene—in the original meaning of that word: ill-omened, abominable, repugnant to the senses. Cardiac disease implies a weakness, trouble, failure that is mechanical; there is no disgrace, nothing of the taboo that once surrounded people afflicted with TB and still surrounds those who have cancer. The metaphors attached to TB and to cancer imply living processes of a particularly resonant and horrid kind.

heart
attack
vs
cancer

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Throughout most of their history, the metaphoric uses of TB and cancer crisscross and overlap. The *Oxford English Dictionary* records “consumption” in use as a synonym for pulmonary tuberculosis as early as 1398.* (John of Trevisa: “Whan the blode is made thynne, soo folowyth consumpcyon and wastyng.”) But the pre-modern understanding of cancer also in-

* Godefroy's *Dictionnaire de l'ancienne langue française* cites Bernard de Gordon's *Pratiquum* (1495): “Tisis, c'est ung ulcere du polmon qui consume tout le corp.”

vokes the notion of consumption. The OED gives as the early figurative definition of cancer: "Anything that frets, corrodes, corrupts, or consumes slowly and secretly." (Thomas Paynell in 1528: "A canker is a melancolye impostume, eatynge partes of the bodye.") The earliest literal definition of cancer is a growth, lump, or protuberance, and the disease's name—from the Greek *karkinos* and the Latin *cancer*, both meaning crab—was inspired, according to Galen, by the resemblance of an external tumor's swollen veins to a crab's legs; not, as many people think, because a metastatic disease crawls or creeps like a crab. But etymology indicates that tuberculosis was also once considered a type of abnormal extrusion: the word tuberculosis—from the Latin *tūberculum*, the diminutive of *tūber*, bump, swelling—means a morbid swelling, protuberance, projection, or growth.* Rudolf Virchow, who founded the science of cellular pathology in the 1850s, thought of the tubercle as a tumor.

Thus, from late antiquity until quite recently, tuberculosis was—typologically—cancer. And cancer was described, like TB, as a process in which the body was consumed. The modern conceptions of the two

* The same etymology is given in the standard French dictionaries. "*La tubercule*" was introduced in the sixteenth century by Ambroise Paré from the Latin *tūberculum*, meaning "*petite bosse*" (little lump). In Diderot's *Encyclopédie*, the entry on tuberculosis (1765) cites the definition given by the English physician Richard Morton in his *Phthisiologia* (1689): "*des petits tumeurs qui paraissent sur la surface du corps.*" In French, all tiny surface tumors were once called "*tubercules*"; the word became limited to what we identify as TB only after Koch's discovery of the tubercle bacillus.

diseases could not be set until the advent of cellular pathology. Only with the microscope was it possible to grasp the distinctiveness of cancer, as a type of cellular activity, and to understand that the disease did not always take the form of an external or even palpable tumor. (Before the mid-nineteenth century, nobody could have identified leukemia as a form of cancer.) And it was not possible definitively to separate cancer from TB until after 1882, when tuberculosis was discovered to be a bacterial infection. Such advances in medical thinking enabled the leading metaphors of the two diseases to become truly distinct and, for the most part, contrasting. The modern fantasy about cancer could then begin to take shape—a fantasy which from the 1920s on would inherit most of the problems dramatized by the fantasies about TB, but with the two diseases and their symptoms conceived in quite different, almost opposing, ways.

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TB is understood as a disease of one organ, the lungs, while cancer is understood as a disease that can turn up in any organ and whose outreach is the whole body.

TB is understood as a disease of extreme contrasts: white pallor and red flush, hyperactivity alternating with languidness. The spasmodic course of the disease is illustrated by what is thought of as the prototypical TB symptom, coughing. The sufferer is wracked by coughs, then sinks back, recovers breath, breathes

normally; then coughs again. Cancer is a disease of growth (sometimes visible; more characteristically, inside), of abnormal, ultimately lethal growth that is measured, incessant, steady. Although there may be periods in which tumor growth is arrested (remissions), cancer produces no contrasts like the oxymorons of behavior—febrile activity, passionate resignation—thought to be typical of TB. The tubercular is pallid some of the time; the pallor of the cancer patient is unchanging.

TB makes the body transparent. The X-rays which are the standard diagnostic tool permit one, often for the first time, to see one's insides—to become transparent to oneself. While TB is understood to be, from early on, rich in visible symptoms (progressive emaciation, coughing, languidness, fever), and can be suddenly and dramatically revealed (the blood on the handkerchief), in cancer the main symptoms are thought to be, characteristically, invisible—until the last stage, when it is too late. The disease, often discovered by chance or through a routine medical checkup, can be far advanced without exhibiting any appreciable symptoms. One has an opaque body that must be taken to a specialist to find out if it contains cancer. What the patient cannot perceive, the specialist will determine by analyzing tissues taken from the body. TB patients may see their X-rays or even possess them: the patients at the sanatorium in *The Magic Mountain* carry theirs around in their breast pockets. Cancer patients don't look at their biopsies.

TB was—still is—thought to produce spells of euphoria, increased appetite, exacerbated sexual desire. Part of the regimen for patients in *The Magic Mountain* is a second breakfast, eaten with gusto. Cancer is thought to cripple vitality, make eating an ordeal, deaden desire. Having TB was imagined to be an aphrodisiac, and to confer extraordinary powers of seduction. Cancer is considered to be de-sexualizing. But it is characteristic of TB that many of its symptoms are deceptive—liveliness that comes from enervation, rosy cheeks that look like a sign of health but come from fever—and an upsurge of vitality may be a sign of approaching death. (Such gushes of energy will generally be self-destructive, and may be destructive of others: recall the Old West legend of Doc Holliday, the tubercular gunfighter released from moral restraints by the ravages of his disease.) Cancer has only true symptoms. }?

TB is disintegration, febrilization, dematerialization; it is a disease of liquids—the body turning to phlegm and mucus and sputum and, finally, blood—and of air, of the need for better air. Cancer is degeneration, the body tissues turning to something hard. Alice James, writing in her journal a year before she died from cancer in 1892, speaks of “this unholy granite substance in my breast.” But this lump is alive, a fetus with its own will. Novalis, in an entry written around 1798 for his encyclopedia project, defines cancer, along with gangrene, as “full-fledged *parasites*—they grow, are engendered, engender, have their struc-

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ture, secrete, eat." Cancer is a demonic pregnancy. St. Jerome must have been thinking of a cancer when he wrote: "The one there with his swollen belly is pregnant with his own death" ("*Alius tumentis aqualiculo mortem parturit*"). Though the course of both diseases is emaciating, losing weight from TB is understood very differently from losing weight from cancer. In TB, the person is "consumed," burned up. In cancer, the patient is "invaded" by alien cells, which multiply, causing an atrophy or blockage of bodily functions. The cancer patient "shrivels" (Alice James's word) or "shrinks" (Wilhelm Reich's word).

gallops

TB is a disease of time; it speeds up life, highlights it, spiritualizes it. In both English and French, consumption "gallops." Cancer has stages rather than gaits; it is (eventually) "terminal." Cancer works slowly, insidiously: the standard euphemism in obituaries is that someone has "died after a long illness." Every characterization of cancer describes it as slow, and so it was first used metaphorically. "The word of hem crepith as a kankir," Wyclif wrote in 1382 (translating a phrase in II Timothy 2:17); and among the earliest figurative uses of cancer are as a metaphor for "idleness" and "sloth."* Metaphorically, cancer is not so much a disease of time as a disease or pathology of space. Its principal metaphors refer to topography

* As cited in the OED, which gives as an early figurative use of "canker": "that pestilent and most infectious canker, idleness"—T. Palfreyman, 1564. And of "cancer" (which replaced "canker" around 1700): "Sloth is a Cancer, eating up that Time Princes should cultivate for Things sublime"—Edmund Ken, 1711.

(cancer “spreads” or “proliferates” or is “diffused”; tumors are surgically “excised”), and its most dreaded consequence, short of death, is the mutilation or amputation of part of the body.

TB is often imagined as a disease of poverty and deprivation—of thin garments, thin bodies, unheated rooms, poor hygiene, inadequate food. The poverty may not be as literal as Mimi’s garret in *La Bohème*; the tubercular Marguerite Gautier in *La Dame aux camélias* lives in luxury, but inside she is a waif. In contrast, cancer is a disease of middle-class life, a disease associated with affluence, with excess. Rich countries have the highest cancer rates, and the rising incidence of the disease is seen as resulting, in part, from a diet rich in fat and proteins and from the toxic effluvia of the industrial economy that creates affluence. The treatment of TB is identified with the stimulation of appetite, cancer treatment with nausea and the loss of appetite. The undernourished nourishing themselves—alas, to no avail. The overnourished, unable to eat.

The TB patient was thought to be helped, even cured, by a change in environment. There was a notion that TB was a wet disease, a disease of humid and dank cities. The inside of the body became damp (“moisture in the lungs” was a favored locution) and had to be dried out. Doctors advised travel to high, dry places—the mountains, the desert. But no change of surroundings is thought to help the cancer patient. The fight is all inside one’s own body. It may be, is increasingly thought to be, something in the environ-

ment that has caused the cancer. But once cancer is present, it cannot be reversed or diminished by a move to a better (that is, less carcinogenic) environment.

TB is thought to be relatively painless. Cancer is thought to be, invariably, excruciatingly painful. TB is thought to provide an easy death, while cancer is the spectacularly wretched one. For over a hundred years TB remained the preferred way of giving death a meaning—an edifying, refined disease. Nineteenth-century literature is stocked with descriptions of almost symptomless, unfrightened, beatific deaths from TB, particularly of young people, such as Little Eva in *Uncle Tom's Cabin* and Dombey's son Paul in *Dombey and Son* and Smike in *Nicholas Nickleby*, where Dickens described TB as the "dread disease" which "refines" death

Helen in
Gone with the Wind

✱ of its grosser aspect . . . in which the struggle between soul and body is so gradual, quiet, and solemn, and the result so sure, that day by day, and grain by grain, the mortal part wastes and withers away, so that the spirit grows light and sanguine with its lightening load. . . .*

* Nearly a century later, in his edition of Katherine Mansfield's posthumously published *Journal*, John Middleton Murry uses similar language to describe Mansfield on the last day of her life. "I have never seen, nor shall I ever see, any one so beautiful as she was on that day; it was as though the exquisite perfection which was always hers had taken possession of her completely. To use her own words, the last grain of 'sediment,' the last 'traces of earthly degradation,' were departed for ever. But she had lost her life to see it."

Contrast these ennobling, placid TB deaths with the ignoble, agonizing cancer deaths of Eugene Gant's father in Thomas Wolfe's *Of Time and the River* and of the sister in Bergman's film *Cries and Whispers*. The dying tubercular is pictured as made more beautiful and more soulful; the person dying of cancer is portrayed as robbed of all capacities of self-transcendence, humiliated by fear and agony.

Death
of
Ivan
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These are contrasts drawn from the popular mythology of both diseases. Of course, many tuberculars died in terrible pain, and some people die of cancer feeling little or no pain to the end; the poor and the rich both get TB and cancer; and not everyone who has TB coughs. But the mythology persists. It is not just because pulmonary tuberculosis is the most common form of TB that most people think of TB, in contrast to cancer, as a disease of one organ. It is because the myths about TB do not fit the brain, larynx, kidneys, long bones, and other sites where the tubercle bacillus can also settle, but do have a close fit with the traditional imagery (breath, life) associated with the lungs.

While TB takes on qualities assigned to the lungs, which are part of the upper, spiritualized body, cancer is notorious for attacking parts of the body (colon, bladder, rectum, breast, cervix, prostate, testicles) that are embarrassing to acknowledge. Having a tumor generally arouses some feelings of shame, but in the hierarchy of the body's organs, lung cancer is felt to be

TB style
cancer:
leukemia

less shameful than rectal cancer. And one non-tumor form of cancer now turns up in commercial fiction in the role once monopolized by TB, as the romantic disease which cuts off a young life. (The heroine of Erich Segal's *Love Story* dies of leukemia—the "white" or TB-like form of the disease, for which no mutilating surgery can be proposed—not of stomach or breast cancer.) A disease of the lungs is, metaphorically, a disease of the soul.* Cancer, as a disease that can strike anywhere, is a disease of the body. Far from revealing anything spiritual, it reveals that the body is, all too woefully, just the body.

Such fantasies flourish because TB and cancer are thought to be much more than diseases that usually are (or were) fatal. They are identified with death itself. In *Nicholas Nickleby*, Dickens apostrophized TB as the

disease in which death and life are so strangely blended that death takes the glow and hue of life, and life the gaunt and grisly form of death; a disease which medicine never cured, wealth never

* The Goncourt brothers, in their novel *Madame Gervais* (1869), called TB "this illness of the lofty and noble parts of the human being," contrasting it with "the diseases of the crude, base organs of the body, which clog and soil the patient's mind. . . ." In Mann's early story "Tristan," the young wife has tuberculosis of the trachea: ". . . the trachea, and not the lungs, thank God! But it is a question whether, if it had been the lungs, the new patient could have looked any more pure and ethereal, any remoter from the concerns of this world, than she did now as she leaned back pale and weary in her chaste white-enamelled arm-chair, beside her robust husband, and listened to the conversation."

warded off, or poverty could boast exemption from. . . .

And Kafka wrote to Max Brod in October 1917 that he had "come to think that tuberculosis . . . is no special disease, or not a disease that deserves a special name, but only the germ of death itself, intensified. . . ." Cancer inspires similar speculations. Georg Groddeck, whose remarkable views on cancer in *The Book of the It* (1923) anticipate those of Wilhelm Reich, wrote:

Of all the theories put forward in connection with cancer, only one has in my opinion survived the passage of time, namely, that cancer leads through definite stages to death. I mean by that that what is not fatal is not cancer. From that you may conclude that I hold out no hope of a new method of curing cancer . . . [only] the many cases of so-called cancer. . . .

For all the progress in treating cancer, many people still subscribe to Groddeck's equation: cancer = death. But the metaphors surrounding TB and cancer reveal much about the idea of the morbid, and how it has evolved from the nineteenth century (when TB was the most common cause of death) to our time (when cancer is the most dreaded disease). The Romantics moralized death in a new way with the TB death, which dissolved the gross body, etherialized the

personality, expanded consciousness. It was equally possible, through fantasies about TB, to aestheticize death. Thoreau, who had TB, wrote in 1852: "Death and disease are often beautiful, like . . . the hectic glow of consumption." Nobody conceives of cancer the way TB was thought of—as a decorative, often lyrical death. Cancer is a rare and still scandalous subject for poetry, and it seems unimaginable to aestheticize the disease.

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From Meredith Sue Willis

Thank you!

