

‘But it *can’t* be cancer, I’m going camping...’

Repercussions of a rogue testicular tumour.

Ben Taylorson

## Prologue

‘Testicular cancer is a good cancer to get, if you’re going to get one’

Since first hearing that particular truism I’ve always thought it sounds not unlike a bit of countryside wisdom, and hence wouldn’t look out of place alongside sayings such as ‘owls at night, snails in the morning’ or ‘it’s as worthless as teats on a boar hog’ or ‘it’s raining like a cow pissing on a flat rock’. However, this specific adage wasn’t offered by a weather-worn sheep farmer perched atop a five bar gate. It was instead offered by a medical professional. I can’t recall exactly *which* medical professional, thanks largely to a state of cerebral befuddlement engendered by dread and painkillers at the time of its utterance. Whoever did say it though, they weren’t wrong – around 2,000 young men per year are diagnosed with testicular cancer in the UK alone, yet the survival rate is very high. So in a sense, it *is* a good cancer to get. But I’m still not one for downplaying the gravity of any form of cancer. Attempting to belittle cancer is a little bit like the Pharaoh of ancient Egypt declaring to his subjects - all of whom have seen their crops decimated by winged vermin and are now facing starvation, whilst also finding themselves festooned with weeping pustules:

‘If we’re going to get a couple of devastating biblical plagues, boils and locusts are good ones to get...’

I decided to write this memoir, chronicling my experience with testicular cancer and resultant ‘difficulties’, for a number of reasons. Firstly, I hope it proves to be an informative read, and perhaps may dispel some of the mystery surrounding a topic that, understandably, few men are willing to talk about at any length. Secondly, I hope that this book might prove to be of some comfort to anyone going through similar experiences to those that I did, or indeed anyone who *knows* someone in a similar position. Regardless of the high survival rates and good general prognoses, testicular cancer is still *cancer*, and cancer is terrifying. It’s a loaded term, the very utterance of which evokes notions of suffering, loss and death. And even if the fight seems won and the cancer is ‘gone’, the battle can in fact be far from over, as I found out. If the words

in these pages can offer any comfort to anyone on what can be a very lonely journey, then I have achieved what I set out to by writing them.

Finally, I hope this book might encourage any reader who has any doubts at all about suspicious lumps, bumps, hardenings, softenings, aches, pains or any other anatomical anomalies, to visit his or her GP. If it's a testicle thing: look, I get it - no-one wants to voluntarily traipse down to the doctor's surgery and flop his scrotum into the hands of a qualified stranger. I know - I've been there. But a few minutes-worth of awkwardness is a small price to pay for the peace of mind of knowing everything is OK, or getting the right treatment if it isn't. If you've got any misgivings about your man parts and you choose to ignore them rather than seeking medical advice from a real medical professional (the internet does not count), you're an idiot.

Don't be an idiot.

I was almost an idiot. But then I wasn't. And it could well have saved my life.

Ben Taylorson, April 2016

## 1. Resolve

I'd done it. Well, I'd almost done it. I was in fact *about* to do it. I'm still not quite sure, even now, exactly *how* I did it. I can only deduce that there was an unforeseen planetary alignment that made it possible. The impartial observer may perhaps have even assumed witchcraft of some sort was involved. But however I'd done it, it had been done: I'd reached the end of the inaugural 2013 Yorkshire Marathon. I'd not collapsed in an undignified, blubbering heap, chafed my own nipples off or befallen any other of my pessimistic pre-race predictions. The end of twenty-six-and-a-bit autumnal miles of leg-throbbing agony was in sight.

A crowd of people three or four persons deep lined the finishing straight behind garish pink banners adorned with the marathon's official logo which, in the cold light of day, appears to depict a man self-destructing, the epicentre of the explosion seemingly being his bowels. Which is apt, I feel, given that succumbing to the dreaded 'runners' trots' had been another of my pre-race fears. But I was going to seemingly avoid that too, as all I had to do was wobble down a bit of a hill and across the finishing line that was situated under a giant stopwatch thing without fouling myself. There I could fall into the loving embrace of a St John's Ambulance man and one of those foil blankets - reserved exclusively for marathon finishers and for people who have fallen off a mountain and are staving off hypothermia whilst patiently awaiting the arrival of the air ambulance.

I was tired. I was sore. I was so soaked in sweat that an objective observer may have assumed I'd just clambered out of the ocean. And as the finishing line inched ever nearer I began to contemplate. Not to contemplate 'what an outstanding achievement running this marathon deely has been' amidst a sense of ever-swelling pride, but instead to ponder 'what a ridiculous idea this doing this marathon shite was' with a feeling of bemused fury. Perhaps of all of the ridiculous ideas I'd had over the years, 'Oof I know, I'll do a marathon' was right up there. Well, right *down* there. Right down there with that time I thought 'I know, I'll put a pond in my garden' and ended up creating something that resembled a muddy portal to the underworld that, even when finally 'finished', merely provided the local bird population with a never-ending piscine buffet. Or the time I ran over the electrical cord with the lawn mower and decided to pick up

both ends of the still-live cable 'to have a closer inspection', only narrowly avoiding an undignified death-by-Flymo on my own front lawn. Or that time on the first day of secondary school where, for reasons known only to Satan himself, I answered 'yes' to the question 'can anyone do any impressions?' and proceeded to curl an entire roomful of toes by unleashing The Worst Rik Mayall Impersonation Of All Time on my new, unfamiliar and somewhat dumbfounded classmates.

Idiotic idea or not though, the marathon represented something of a culmination of what I could pretentiously refer to as 'my running journey'. I'd started running for pleasure (well, 'pleasure') a few years prior to signing up for the stupid marathon. Initially my only aim was to lose weight. Which I did – going from a fifteen stone cheese-worrier to a slight, twelve stone dynamo over the course of an intense four months of pavement pounding. Highlights of those early days as a novice runner included 'pausing mid-run to wretch for a bit near a hedge', 'pausing mid-run to cry for a bit near a bush' and 'raw thighs'. That last one had come as a particularly unpleasant surprise, as before taking up this particular hobby I was unfamiliar with the concept of the body chafing itself sore as if in calculated objection to its owner's newfound physical exploits. The only consolation regarding the self-inflicted inflammation, perilously close to my lower groinal, area was the fact that the mere thought of referring to the tenderised area as 'raw thighs' had me paraphrasing the theme tune to *Rawhide*. Sometimes out loud.

*Runnin' runnin' runnin'  
Runnin' runnin' runnin'  
Runnin' runnin' runnin'  
Runnin' runnin' runnin'  
Raw thighs!  
Argh! Argh!*

*Keep runnin' runnin' runnin'  
Though the legs are swollen  
Keep them leggies runnin',  
Raw thighs!*

*Through rain and wind and weather  
Hell bent for leather  
Really hopin' that I won't die*

*Move 'em on!  
Stupid running!  
Head em' up!  
Bastard shite!*

*Move 'em on!  
Bloody hell!  
Raw thighs!*

*Cut 'em out!  
Keep it up!  
Ride 'em in  
Vaseline!  
Cut 'em out  
Germoline!  
Raw thighs!*

And so forth.

Eventually I got to a stage where I didn't have to stop to be sick mid-run, and with that tangible improvement came my first foray into running actual distances, as opposed to just aimlessly bombing around the streets near my home in the dark. I purchased a GPS running watch that allowed me to measure distances, times, splits, pace, calories, and a whole array of other data that I could use to while away the hours compiling pointless-yet-ever-so-satisfying statistics. The natural progression from 'man who furiously chases a 5k personal-best alone at 5.58am on a Tuesday morning' to 'active player in a mass-participation running event' occurred soon afterwards. My first foray into the world of 'organised running' took place Middlesbrough Riverside 5k. A combination of overexcitement, overenthusiasm and, well, every other positively-charged noun with the prefix 'over', saw me totally deplete myself over a three-and-a-bit mile course that took in some of Teesside's more notorious icons: The imposing Transporter Bridge; The Riverside Stadium, home of the mighty Boro; Temenos, the commanding 50-metre high artwork by Anish Kapoor. Also, The Tuxedo Royale - a former floating nightclub once infamously docked under Newcastle's Tyne Bridge, now forlorn, abandoned and listing heavily against the banks of the Tees, its legendary revolving dance floor long since banished to the mists of time and/or drunken reminiscence.

Whether it was the satisfying clank of the finishers medal, the overpowering odour of Deep Heat or the fact that I'd won a round of 'The ASDA Price Challenge Roadshow' in the car park (sorry, 'athletes village') outside the football stadium before the race, something about the whole experience ensured that I'd been bitten by the running bug. So I entered more races, progressing from 5ks to 10ks. Eventually I even became

‘quite good’, relatively speaking, and went on to do a few half marathons. This allowed me to make the hilariously naïve assumption that I could complete the step up to a full marathon with relative ease. But as I’d come to discover whilst working through a gruelling marathon training schedule, running anything more than 20 miles was agony.

In fairness, and with a full acknowledgement that this is the runner’s equivalent of a bad workman blaming his tools, I was not aided by ‘the conditions’ as I trained for the marathon throughout the summer of 2013 given that it was one of the warmest in recent memory. I’m not built for the sun – I’m fair skinned, fair haired and with a tendency to sweat profusely at the mere thought the weather being clement enough to justifiably indulge in a Wall’s Calippo. Plus, I live in the North East of England, where sometimes for years on end the sun becomes an object of reminiscent legend rather than a reality. Hence, the above-average temperatures proved to be somewhat testing training conditions for the newfound marathon idiot such as myself. I remember vividly one 16-mile training run where I arrived back home nettled, sunburnt, aching, furious, sodden with sweat and sporting a dehydration-induced headache that took two days to subside. Whilst some would point to the fact that some of the world’s greatest distance runners hail from some of the hottest countries on earth, I have visions of a such runners on a treadmill in a climate-controlled training tank where their vindictive trainer up’s the challenge from ‘Kenyan heatwave’ to ‘Favourable afternoon in Middlesbrough’.

But all of that training was behind me, existing only as bitter memories. I was now on the finishing straight. And as I approached the line, I glanced to the heavens and was overcome with emotion. Was it the culmination of 42 kilometres of attritional agony that had driven me to tears? No. Well, yes. But also, my thoughts had turned to my dear old Dad who had died quite unexpectedly only a few days beforehand, making the fact that I’d made it to the start line, never mind the finish line, something of an unlikely accomplishment.

Before his death, my father hadn't been backwards in coming forwards regarding his feelings on the whole marathon thing. Like many - myself included - he'd employed a tone of understatement when hinting that perhaps I was pushing myself a little too far. But as I crossed that line I felt sure he'd have been proud of me nonetheless for completing the stupid thing. And just beyond the finish line, basking in the hypothetical praise from my recently deceased father only hastened the arrival of tears and an accompanying bout of modest delirium, as I pictured him looking down on me proudly from wherever he was now, in ghost form. Like Obi-Wan Kenobi in *The Empire Strikes Back*. Or Mufasa from *The Lion King*. Or Bill Cosby in *Ghost Dad*. Hmm, maybe not that last one.

A St John's Ambulance man, naturally assuming I was overwhelmed by the joys of marathon completion and/or had used my last iota of strength crossing the finish line, clearly took note of my delicate state and chalked me down as 'a potential collapser'. He duly moved in to offer assistance should I be about to put a dampener on proceedings by taking an impromptu pavement to the face. I took his arm and few seconds to compose myself, before assuring him I wasn't about to join that chap on the floor behind him who was busy receiving oxygen whilst spread-eagled next to a puddle of sick. But I thanked him for his concern and enquired as to the availability of the foil blanket I'd set my heart on.

Now wrapped up like an oven-ready chicken, I encouraged my seized limbs to trudge onwards to the rendezvous point where I would meet the friend with whom I'd started the marathon. The plan had been to finish together, but at some point around the 30k mark I'd felt I was only slowing him down as I plumbed untold depths of running-induced anguish, and had gesticulated (spoken words were not really an option at this point, but had they been then phrase 'just leave me here to die' would likely have been uttered) for him to leave me in his wake. I found him with little difficulty, slumped on the floor and wearing the kind of smile that says/asks 'I ran a marathon?' We embraced and immediately verbalised our new-found hatred of marathons, pledging never to do another one ever again ever. I then delved into the finisher's bag I'd snaffled, adorned myself with my finishers medal before devouring a packet of crisps in a time that I'm still adamant must be a world record. Unfortunately – and I've checked this – the Guinness World Record's



people don't have an official record relating to the rapid consumption of 'potato chips' - which is both surprising and somewhat unforgivable. Pfft, we humans call ourselves an 'advanced race', yet just when I'd thought I'd finally begun to understand this crazy world of ours I happen on an omission such as that.

After consuming a second bag of crisps at a slightly more pedestrian pace, my mate and I decided to head into town and address our 3,000-calorie deficits with some proper sustenance. So we went to the pub.

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It had been just over a week before the marathon that I'd received the kind of phone call that I knew instantly was bad news. It was mid-morning. I was at work, in an office where the sterility of the surroundings was reflected quite succinctly by prominent shelving of a copy of the *Yellow Pages* which was 14 years out of date. As usual, I was dithering as to the level of semantic diplomacy needing to be employed in a hilariously inconsequential email when the phone rang. It was my wife, Liz, and she was clearly distressed. Initially she attempted to keep the exact particulars of the bad news at hand from me, telling me only that she was on her way to collect me because there was somewhere I needed to be. But recognising my concern in fearing for the wellbeing of one of our children, she had no choice but to tell me that my Dad was dead.

I'd spoken to my father just the evening before his death. His voice had been uncharacteristically shrill; distorted by discomfort. He'd known he was ill. I'd known he was ill. But he wasn't *that* ill. Was he? I still think of that last phone conversation often – wondering, wishing, chastising myself. He'd had a pain in the abdomen that had begun as mild discomfort, but had grown to the point where he found sleeping in his own bed too uncomfortable, opting instead to sleep upright in his chair. He'd seen the doctor. Investigations were underway. But then he died.

In days following my Dad's death I was understandably numb with grief. The sensible option, and perhaps to many the *only* option, would have been to give up on the marathon, accepting that it simply wasn't meant to be. But I decided that I'd done the training, damn it. And it would never really be the right time to run a stupid marathon. And not doing it wasn't going to bring him back.

I'd do it for him.

But then he wasn't a runner. And he wouldn't have been bothered if I *didn't* do it.

Alright then, I'd do it for me.

As a sign of defiance.

To spite fate.

To underscore the fact that I was in control of my own destiny.

I was in control of my own destiny, wasn't I?

Oh bollocks to, it I'd run it because I wanted to.

Hence when I did blunder round in just over four hours, somewhere buried beneath the considerable physical pain, the emotional turmoil and the grief, there was pride. I could have said no, with a fair excuse. But I didn't. For some reason.

The day following my marathon exploits was the day of my father's funeral. It was a small-ish service at a crematorium, followed by modest gathering at a local club. Due to the previous day's exploits, I was stiff as

a board. Easing up and down and in and out of chairs proved problematic. As it turns out, as a close relative of the recently deceased, you do an awful lot of standing up and sitting down at a funeral. I did so repeatedly with all of the sprightly grace of a 96 year-old. This was at least a source of general amusement amongst the mourners, with my obvious physical discomfort being lighting the sombre mood at several junctures.

Scattering my father's ashes proved to be an inevitable time for reflection. All the things we'd done, all the times we'd shared. All the things we hadn't said to each other. Thinking back now, I didn't mourn properly. I didn't allow myself to. The shock of his sudden loss prevented me from coming to terms with his death properly.

As a family, we would learn in the weeks following his death that cancer had taken my Dad, aged just 64. It had taken my father-in-law too, at just 60. And my mother in law; a strong, proud woman I'd seen reduced a skeletal shell before her death to that vicious condition. That vile, unsympathetic condition: Ender of lives; shatterer of worlds. Little did I know at that point, I'd soon feel the touch of cancer's slithering tentacle myself at only 33-years of age. I was young, fit, healthy and idiotically determined. But not out of cancer's reach.

## 2. Ignorance

With my father cremated and his ashes scattered, the world kept on dispassionately turning. Family life shook down into a new normality as the case must inevitably be following any bereavement. After a few days away from the office, I returned to my job as a university librarian. Life, on the whole, was pretty good – the recent unexpected passing of my father notwithstanding. I was in my early 30s with a nice home, a loving wife, two happy and healthy young children, a cat and several chickens. I had a LEGO collection that the kids weren't allowed to touch. I drove a hybrid. My suits came from Marks and Spencer. I had a model railway project taking shape on the mezzanine floor I'd had installed in the garage for that very purpose. I went to the cinema once a week – a diversion that a friend and I utilised to turn our cinematic opinions into a mildly successful movie-themed podcast (please note: the term 'mildly successful' is both comparative and applied very liberally). In short, I was a reasonable illustration of what a modern man is decreed to be when he is 'happy'.

Since the marathon, I'd decided I'd had enough of running - for the time being at least. I was, and indeed remain, very much an 'on/off' or 'all/nothing' or 'woo yeah isn't running wonderful/bollocks to that running shite' type of runner, and as the winter of 2013 approached the switch was firmly set to off/nothing/bollocks. I had, I'd concluded after minimal reflection, done enough running for one year. After all, with the marathon unpleasantness and its hours of onerous training now behind me, running was deemed:

- a) Stupid
- b) Boring
- c) Synonymous with the death of my father

I'd decided that what I needed was a pastime requiring altogether less pain and effort, and a great deal more sitting down. The movie podcast filled that void nicely. It didn't make me sick. Or cry. Or sweat. Or chafe my own thighs - unless the film in question was particularly stimulating. It was, on the whole, an

altogether more serene experience. It simply involved my friend and I recording a good natter about whatever films we'd been watching that week, before editing out all of the bits that might have caused offence, alarm or an impassioned hoard of pitchfork-wielding offendeers to gather and demand retribution. The finished product was then be uploaded to the internet for people to download at their leisure. Or not. Usually not. But even if it didn't attract an audience of millions, a lucrative sponsor or paved the way for a newfound career as a voiceover artist, it was fun. Plus, I met some likeminded folk through doing it, on both sides of the Atlantic. And by 'likeminded' I mean other men of a certain age, all yakking into a microphone connected to their laptop in the spare bedroom, harbouring the faint hope that 'this might be the way out, you know – this podcast thing will take off and I can finally quit that day-job as an undertaker/wheelchair repair guy/university librarian'.

Continuing with the theme of 'seeking a way out of morale-sapping employment', I'd decided to use an opportunity granted to me by my father's legacy, choosing to embark on doing something he probably wouldn't have approved of in the least: I'd decided to undertake a full-time master's degree in Contemporary Cinema and Television. After all, I liked cinema. And I watched television. Why not do a degree in it/them? Besides, I'd never been a *proper*, full-time student, having opted to start work at the age of 18 as opposed to heading to university as at the time I'd liked the idea of 'having money' and 'not learning anything else'. But now, some fifteen years later, I'd just about had enough of full-time employment. And as retirement was still some thirty-plus years away, taking a year out of work seemed a good way to recharge the batteries and, you never know, possibly kick start a career change.

My undergraduate degree - a vocational BSc in Information and Communications Management (very much the 'laugh-a-minute', it sounds like, I can assure you) – was something that I'd completed part-time, over five years in my early twenties, a period that encompassed the time both of my children were born. And I can tell you, when you're an exhausted, sleep deprived new father who is way out of his element, the last thing you want to be turning to is a 3,000-word essay on 'Ranganathan's fifth law of library science'. Yes, librarianship has laws. Boring, boring laws. Not good ones like 'Fear does not exist in this dojo' or 'If a man

goes limp or cries stop the fight is over' or 'Don't cross the streams'. You only get those kinds of laws in the movies - hence my enthusiasm towards the master's degree and the resultant career-change.

My father, by his own admission, had worked a job he rather disliked for 40 years. It was a good job; well paid. And by all accounts he was very good *at* his job, but I think it's fair to say that 'spiritual fulfillment' had never entered into my father's reasoning for sticking with it for four decades. He was in it for the money. And at aged just 33, I could foresee myself repeating the pattern. My job was also comfortable and well paid, yet I was burned out. From what I could vaguely remember of *Maslow's Hierarchy of Needs* from A-level business studies, all of the nice, fluffy bits that sit above 'physiological needs' and 'safety needs' were not being addressed by my current role. And before I knew it, I'd be 65. And still not self-actualized or whatever. I'd be getting the big retirement card signed by all of the people in the office that I didn't know, offering a dispassionate 'all the best' alongside an accompanying garden centre gift voucher. Actually, it'll be 2046 by the time I retire. I'd want retirement rocket boots. Or a trip to the moon. Or a robot butler.

Anyway, my reasoning was that taking a year out would give me a chance to, at worst, spend the best hours of the day studying something in which I had a genuine interest. And at best it may *just* prove to be the start of a whole new career. I could be a movie producer. Or a screenwriter. Or a casting director. Or something further down the credits...a 'gaffer'? Or what about a 'best boy'? Was/am I too old for that? Surely you can't discriminate according to age in these enlightened times? It should be 'best man'. Or indeed, 'best woman'.

So, I submitted a formal request to my boss asking for a year off which, much to my delight and surprise, I was granted without any fuss. This was and remains something for which I was truly grateful, as to be honest the university for which I work would have been well within their rights to tell me simply, albeit formally and politely, to 'sod off'. But no - I was to be temporarily replaced in my post, and set free to indulge in the wonders of modern cinema and television for a self-funded year of full-time, postgraduate education.

As the days of early 2014 began to lengthen, everything was looking good both at work and at home. I'd be starting my degree in the autumn and thus had that to look forward to. The podcast was growing in listenership. My model railway was shaping up nicely. I'd added a Death Star to my ever-growing LEGO collection. And, although I knew I'd inevitably get back to it at some point, I was enjoying prolonged sabbatical from the running. Not least because that sodding marathon had left me in a continued state of mild discomfort. Thinking back now, I can't pinpoint in any great detail exactly when I noticed something was wrong, but once the regular aches and pains had waned I'd been left with a peculiar complaint. Like most men, I was prone to having a regular rummage 'down below' under the guise of checking that the equipment was all in working order, but I didn't tend to make multi-paragraphed diary entries to mark the occasions for posterity. Anyway, I'd begun to notice that *something* was awry. I wasn't in pain as such; it was a certain, well, stiffness. In the crotch region. Whoa, not like *that* you understand - although perpetual, involuntary erections are no laughing matter. I once read an article about a poor chap who had one for several days. An article from a respectable publication I should add, it wasn't from the pages of *Nuts* magazine or gleaned from a submission to *Dear Deidre*. Anyway, the bloke with this particularly unfortunate ailment had tried everything to solve the riddle of his never-ending stiffy. He'd tried running it off. Doing a book of Sudokus. Thinking intensely about loft insulation. But despite his best efforts to rectify the problem himself, in the end he had no choice but to seek medical help. I wonder what they prescribed? A cold shower and a *Newsnight* marathon? I shouldn't jest. It must have been hard for the bloke. Very, very hard.

Anyway, my stiffness was not the same kind of stiffness as that. Specifically, mine was \*closes curtains, edges nearer, hushes tone\* stiffness of my left testicle. Can you have a stiff testicle? I could. And in fact I did. A definite stiffness. Or tightness. Or hardening. Or whichever other synonym you might care to utilise. There were no lumps or bumps; no specific little nobbled abnormalities. I knew that's what you were supposed to look out for, whilst recognizing that it was in fact like looking for a lump in a bagful of lumps. But for me, it was the whole testicle that was slightly abnormal. It wasn't swollen though, and the relative

firmness seemed to differ depending on the environmental conditions. Like a true scientist – after all, I do have a part-time, vocational BSc - I'd been sure to test *all* of the conditions. I'd not gone as far as employing safety goggles and a clip chart, but after rigorous testing in varying states - warm, cold, wet, dry, dormant, excitable and so forth - I had convinced myself that the bollock in question wasn't *quite* as firm when exposed to the warmest conditions. That's exposed *to*, not exposed *in*. This is a memoir, not a disclosure. Anyway, a good probing in a hot bath, whilst sweltering under a 15 tog duvet, or submerged at the deep end of a municipal swimming pool revealed what can best be described as 'a lessening of the hardening'. Or indeed, 'a softening'. Which meant everything was OK. Surely. Surely? I wasn't convinced.

But it was still the winter. And like washing the car, building that bird table or fixing the flapping bit of felt on the corner on the shed roof, I'd decided that I'd put off doing anything further about the ol' toughened testicle until the weather got better. Even though it was no way dependent on the weather. Being honest with myself, I knew something wasn't right. But I'm a man, and I don't like being honest with myself, so I decided to blame the running and duly tried to forget about it. It had to be the running. The running had chafed my thighs, after all. My *inner* thighs, no less. It was only logical that the running would go on to do further damage. And where was the logical progression from inner thigh, if indeed I imagined 'the running' as a malevolent entity giving me a bit of a feel up that would result in physical discomfort? The testicles, that's where. I decided there and then I'd never do an ultra-marathon for fear of running my cock off.

Despite the flawless logic in concluding that 'it must be the running', there was still a nagging voice telling me I should maybe seek some medical advice. Away it nagged. It was just barely audible, but it was there. And no, it wasn't my wife - how dare you jump to such a sexist conclusion.

I hadn't built up the courage to tell her yet.



### 3. Rubicon

As Spring sprung, try as I might I couldn't stop worrying about 'the testicle thing'. Of course, I hadn't actually done anything about it, like a sane person might do. But I couldn't stop fiddling with it, obsessed with giving it a regular squeeze of hopeful reassurance. Whereas in an idle moment some my send a digit up a nostril on an exploratory mission, some would be inclined to have a quick round of *Candy Crush* and others might plot the downfall of Western civilization, my default time-filling exercise was to give the testicles a quick clutch of comparison to see if there'd been any softening of the left one. But there hadn't.

I resolved once again to trying to convincing myself that it actually *was* some sort of running-induced ailment. And if that was the case, I could deal with that in the same way in which I'd deal with any other sort of runner's niggle - hence I took up running again in an attempt to 'run it off' like a tight hamstring or a pulled calf. But that didn't work either, so I tried ignoring it again. Eventually the realization that 'I was going to have to mention it to my wife and get a sensible person's opinion on what to do' began to dawn. I hadn't wanted to worry her, and up until that point I'd been content with unhealthily repressing the worry for the both of us. Besides, even if I had wanted to raise the topic, a man can't just slip something like that into casual conversation:

'So dear how was your day? Should I put that bit of recycling out? Have you set the Sky+ for *The Affair*? Those skirting boards could do with another coat of gloss couldn't they? By the way, did I mention that one bollock is considerably firmer than the other these days? Now, I'm off down to the SPAR, is it just yoghurts and kitchen rolls that we need?'

Having eventually built up the courage, the issue then became a matter of exactly *when* rather than *if* I was going to say something. As much as I was always on the lookout for a topic for us to discuss as a family at the dinner table, I wasn't about to mention it in front of the kids. And I didn't just want to spring the firm bollock on my wife. So to speak. In the end, I seem to recall we were sat up in bed reading. Well, Liz was

reading, I just was sat pretending to read, waiting for an opportunity to strike. Like a panther. With a funny testicle. Finally Liz said something. I agreed and then blurted out:

‘But let’s talk about something else, OK? How was your day? Lovely weather we’re having? Is that a new nightshirt? By the way, some hardening of one of my testes hahaha! You know, I might just head down to the kitchen and de-lint the tumble drier. Yes, I know its 11:36pm, but if I don’t do it now I’ll forget. I’ll put more salt in the dishwasher and defrost the freezer whilst I’m on. See you in the morning!’

Alright, it wasn’t quite like that. I’m paraphrasing and offering a vague approximation. But the gist of it was that I tried my hardest to downplay it. My wife, however, not being the cowardly imbecile I am, was duly concerned. And despite me presenting an energetic if somewhat insincere explanation as to how the marathon was to blame, she was not won over by the ‘runner’s nut’ theory and told me that I should go and see my GP about it as soon as possible. Of course, I knew she was right. But the prospect of striding into the doctor’s surgery and whipping out the love-spuds for an exploratory probing by an unfamiliar medical professional was not one that I relished. However, partially because I knew, deep down, something was wrong and largely because I always do what my wife tells me to do, I confirmed that I would book an appointment.

That night, as my wife slept peacefully beside me in bed, I decided it was time to properly accept the fact that all might not be well down in the joy department, and thus I began some preliminary investigation into what might be wrong, if indeed my irrational ‘runner’s nut’ theory did prove incorrect. And in order to do that, I whipped out the laptop and made an appointment with Dr Google. Well, in fact I strolled straight into Dr Google’s office, as no appointment is really necessary. Now, I can say with a degree of experience that appointments or indeed impromptu liaisons with Dr Google are not really ever the best idea if you’re sporting a potential medical anomaly, owing to the likelihood of outlandish self-diagnoses. Sure, I was going into Dr Google’s office with a toughened testicle, but there was a good chance that, before I knew it, I’d have fallen down a serendipitous self-diagnosis wormhole and added a case of welder’s ear, whippet lung

and taxidermist's elbow to my ever-increasing list of ailments. Although to be honest, all I actually ever really leave Dr Google's office with is crushing case of cyberchondria – the condition where the sufferer is overcome with angst regarding the numerous, highly unlikely ailments the internet has insisted that they must surely have.

So, if I knew all of this, why venture online for a selection of hilariously unlikely prognoses and a case of the hyperchondrical jitters? Well, as an excitable idiot with a tendency for pessimistic forethought, I needed to be armed with information regarding what my hardened testicle deely *might* be just in case I showed up at the doctors only to be laughed back out again having been diagnosed with only a raging case of thirty-something not-sick-at-all-itis. So in effect, I was going online to prove/disprove that I was/wasn't suffering from some sort of testicular issue so that the doctor could confirm/deny that I did/didn't have runner's nut (which doesn't exist). I tell you, being me at the best of times is like living in some sort of exhausting paradox...

As I began my late-night internet perusal with only the light from the laptop screen illuminating the bedroom, almost immediately I found I didn't much like what I was discovering. Information on lumps and bumps was plentiful, with many of the explanations and prognoses being things that weren't at all serious. When it came to 'hardenings', information was considerably less abundant. And most of the material that I did happen across led to one horrific conclusion: cancer.

'Cancer? Urgh...' I muttered into the gloom.

And if this was the case, if I did indeed have some sort of cancerous abnormality in/on my testicle, the solution was surgery – an 'orchiectomy', to be precise. Because with testicular surgery, it appeared it was very much an 'all-or-nothing' type scenario: if the surgeon was going in, the whole ball was coming out. This was a wince-inducing prospect, to put it mildly. The kind of prospect that makes a man go rigid in bed and suck air in through his teeth for added effect.

Continuing my search, I found pictures of tumours and detailed descriptions of bollock-ectomies. I read testimonials from testicular cancer patients. I poured over statistics on recovery, relapse and mortality. And then I happened across a question: what if the cancer spreads?

‘Hmm...’

Which me to ponder a second question: what if the cancer had *already* spread?

‘Shiiiiit...’

I progressed from mere wincing and dental wind-sucking, to sweating profusely and breathing rapidly, before deciding ‘that was enough internet for one evening’. Unable to sleep, I lay in the dark having a bit of a think. Which some turned into a bit of a worry. And then a substantial worry. And then a bit of a cry.

The very next morning, I booked an appointment at my GP’s surgery. Well, I say that – I got Liz to do it for me, like I was eight years old. It was scheduled for the following Monday at 8am. What a way to start the working week, both for me and for doctor unfortunate enough to kick it off with my scrotum in his palm. Or her palm. Oh good God, please let it be *his* palm...

\* \* \* \*

To be honest, I hadn’t realised the GP’s surgery opened as early as 8am. It was the first time I’d ever been. But when I arrived early that Monday morning I was far from the first person there. I can only assume there’d been some sort of geriatric tent village outside the surgery overnight, as for me that formed the only rational explanation as to how the small waiting area was already so full of elderly people, all of whom knew everyone else on a first name basis. Indeed, the whole room had an ambience of polite, retired

familiarity, not unlike the breakfast buffet at a coach trip bed and breakfast. I spoke to the receptionist, with whom I conspired to bring the average age of the room down to just under 80, to confirm my attendance. I was informed that the doctor was 'running late' because he'd 'forgotten which surgery he was supposed to be at'.

'Well, we've all been there' I said, meaning to sound funny but instead coming across as a bit of a sarcastic arse.

I took a seat amongst the cast of *Last of the Summer Wine* and thought about what I *should* have said to the receptionist to further imply a tone of joviality rather than sarcasm.

'Well, we've all been there. I mean, I'm a librarian, but I've lost count of the amount of times I've absent-mindedly turned up at that abattoir, only to belatedly remember that my date stamp and copy of the Dewey Decimal Classification system won't be much use to me out on the killing floor'

That is what I should have said, I decided. But the moment had passed.

The image of a befuddled doctor stood outside the wrong surgery chastising himself amused me. And it led me to wonder/hope/pray that 'maybe he won't turn up' and thus I'd be spared the embarrassing episode to come.

'Maybe he'll be in such a rush to get here he'd be in a car accident' I mused. 'A *minor* car accident of course – I'm not a monster. Just enough so there'd be some cosmetic damage to his Saab - the inconvenience being enough to have Sandra (I'd decided the receptionist was called Sandra – she looked like a Sandra) cancel all of his morning appointments. After all, he'd be a bit shaken by the lorry full of assorted Monopoly pieces (or similar) that had overturned just in front of him, and he couldn't rightly perform a scrotal inspection with still-shaking hands'.

But alas, only a few minutes later my hopes were crushed like the front end of the doctor's imaginary Saab when he steamed on into the surgery. He bellowed an apologetic greeting to Sandra and offered the surgery full of patiently-waiting patients a little semi-circular wave like Lionel Blair trying to mime a rainbow during an episode of *Give Us A Clue*. Only a few minutes later I was called into ~~Room 101~~ Consultation Room 2 for my appointment.

As I entered the room, a spacious if distinctly beige office, I felt it only fair to start by offering an apology to the stout, middle-aged chap hunched over a desk that looked two sizes too small for him - after all this was the start to his working week as well.

'Sorry, it's a testicle thing' I managed to babble before even fully through the door.

A more assured chap may have offered a 'Hello' or perhaps a 'Good morning', but the doctor took my somewhat anxious demeanor and the revelation as to the testicular nature of my appearance in his stride – his reaction being to neither one extreme nor the other. He didn't roll his eyes, offer a displeased tut or put his head in his hands and whisper 'I could've been an estate agent instead you know'. Yet nor did he smile like a Cheshire cat and mouth the words 'thank you' to the heavens, whilst slapping his hands together to start warming his palms in anticipation.

Having now composed myself a little, I launched into a vivid description of all things testicular: the hardening, the marathon, the deep end of the municipal swimming pool. Plus any and all other factors I felt pertinent. Of course, the inevitable examination of the balls came next.

'Could you jump up on the bed?' asked the doctor, in a pleasingly professional tone. Any hint of allure wouldn't have gone down well.

'Sure!' I said, trying to walk the tightrope of being compliant and cheery without looking over-keen.

Up onto the bed I jumped.

There was an awkward moment of silence and general inaction.

'You'll have to take your trousers off...' he said, somehow avoiding the temptation to suffix the utterance with the words 'obviously' and 'you total tit'.

'Ah. Yes. Sorry.' I offered, conceding that indeed I had failed to remove any clothes, whilst silently acknowledging that could prove quite the obstacle to a thorough testicle examination.

In my defense, he hadn't expressly *told me* to remove my clothes. And I was as nervous as any man should be when he's about to reveal the twig and berries in a formal setting. The last thing I'd wanted to do was to 'flop them out', only for their appearance to be received with a cry of 'Whoa! Put them away Mr. Taylorson. I was going to examine you *through* your trousers. Somehow.'

I jumped off the bed and duly de-pantsed. With my trousers bunched down around my knees, I clambered ungainly back onto the bed as he snapped on a pair of surgical gloves. To be fair, once I was back on the bed there was no hanging about on his part - he was in there like a flash, squeezing, prodding and probing. I do remember him engaging me in light conversation as he did so, but for the life of me I can't remember what we were talking about. And then, just like that, we were done. It had finished before it had even started. Like a first kiss or *An Audience With Ken Dodd*. He concluded that there were no lumps and no bumps, nor were there any other abnormalities as far as he could tell.

The relief was tangible. I felt like hugging him, but I still had no trousers on and was wary of sending out the wrong message.

As I re-pantsed, the doctor informed me that he would send me for an ultrasound scan as a precaution, given that I'd identified the issue and I knew my own bollocks better than him. I agreed, both to the ultrasound and the statement in general. In fact, I was so happy the ordeal was over with and to be handed a clean bill of health I'd likely have agreed to just about anything in my euphoric state, which was perhaps best described as a 'post balls-examine high'.

Of course, the ordeal was far from over. But at that point I was oblivious to the fact that the decision to send me for a precautionary ultrasound was one that may have ultimately saved my life. Right then though, I was just happy to strut out of Consultation Room 2 with a jovial whistle, offering the wink and the gun to every one of the surgery's aging clientele I encountered, blissfully unaware of what was still to come.



## 4. Carcinoma

Immediately following my trip to the doctor's, 'the testicle thing' had moved from the part of my brain marked 'things to be worried about' to the bit labelled 'things I've finally gotten around to doing something about that can now be happily ignored'. This is very much how I manage my email inbox at work, with the stark reality being that once an email has been transferred from 'inbox' to 'archive', it's never coming out again and the subject contained therein is to be given no further consideration. Unless, that is, it's to:

- a) Prove I was right after all
- b) Prove I *did* do that thing I'm being accused of not having done
- c) Cover my back in some other miscellaneous way

The aim of the perpetual game, therefore, is to get around to doing whatever work needs to be done to enable the transference of the emails from the inbox to the archive. Having now used the same logic in regards to my bollock-related health issue, I was more than happy to go with the doctor's opinion that the toughened testicle was likely nothing to worry about, as you can probably imagine. After all, he was a doctor. He'd felt countless balls in a professional context. Mine were clearly a stellar set, perfectly formed and thus there was no need to worry. He didn't actually say it *quite* like that, of course. In fact, if he had, there's a chance I'd have freaked out, hurriedly whisked my scrotum from his grasp and done myself a mischief in the process. But he hadn't. So that was alright.

I wondered if perhaps maybe my 'runner's nut' theory wasn't so far-fetched after all. In fact, I could have potentially claimed to have identified a brand new running-induced ailment. It could even be named after me: Taylorson's Testes. I could hear Brendan Foster now:

'And what makes this victory even more impressive is that the favourite has battled through the marathon with an acute case of the Taylorsons. In fact, in the pre-race interview he was heard saying to Gabby Logan that his left nut was as hard as a walnut'

Since the doctor's examination I'd even started moving a bit easier. Pfft, there wasn't really anything wrong with me. The fact that the tightness had grown into a dull ache with a definite pull to one side of my scrotum could *surely* only be down to all of the prodding I'd been giving the area in recent weeks. By the day the appointment for the ultrasound scan rolled around, I wasn't worried at all. In fact, I had stopped giving the matter any real thought.

By now it was May 2014. It was the half-term holidays in fact, and I had a few days off work. Liz, the kids and I were going away for a couple of nights in our camper van. Which would be nice. Well, *should* be nice. Hypothetically speaking. The reality of four people trapped in steel box on wheels for 48 hours by terrible weather can soon drain the potential enjoyment out of any camping trip. I can tell you, there's been many a time I've found myself frantically flicking the flipper of our novelty, penguin-shaped radio, scanning the airwaves for something – anything – on the medium-wave bandwidth to distract even momentarily from the prolonged bickering that has ensued as a direct result of the entertainment value of *National Trust Top Trumps* having evaporated. As an aside, in that particular version of the game a purple emperor butterfly is ranked as four-times more ferocious than a basking shark. I fundamentally disagree with that.

But anyway, my ultrasound appointment was 9am. The plan was that I would head off down to the hospital and get that out of the way first thing, then we'd finish packing up the van and escape to enjoy a nice couple of days away. The campsite we were heading for was one where you could have a real campfire in a 'fire pit' at every pitch. I confess that I was very much looking forward to being able to roasting foodstuffs and burning things, because that's just the kind of chap that I am. I've always enjoyed burning things. Just to qualify, by 'things' I don't mean 'houses with people in them' or 'historically significant buildings' or 'large swathes of woodland'. Let me furnish you with a (hopefully reassuring) example: As a child I would visit my grandparents' house with my parents. Their house had an open fire. Whilst the adults made small talk, I would enjoy making little people out of the kindling. My attention to detail was quite exact, and I'd go as far as to draw little faces on the kindling people. I'd make little sets of them. And then I would burn

them on the fire. When I got a little older, I burned countless *Star Wars* figures (genuine, original *Star Wars* figures...a moment of silence please for my retrospectively-weeping wallet) to make them more 'authentically battle damaged'.

Hmm, reading those back, neither example is particularly reassuring. I also used to like burying things. Even now, there's still a B.A. Baracus action figure buried somewhere well beneath my mother's vegetable patch. But I think we've delved deeply enough into my childhood neuroses for now.

So, on the day in question I got up early and headed off down to the James Cook University Hospital in fine spirits. The hospital is of course named after the legendary seafarer who hailed from Middlesbrough. It can't have been an easy decision when it came to working out with notable Teesside native after whom to name it. Chris Rea and Paul Daniels must have run him close. Anyway, the hospital is only a couple of miles away from my home, so I decided to take my bicycle rather than the car. The exercise would be good for me, and I could save on the eye-watering £2.70 per-hour parking charges, which I passionately resented. Also, through work I was taking part in something called the Global Corporate Challenge, which was a 100-day challenge designed to get office workers such as myself to pay more attention to how little they move every day. The aim of the challenge was to do 10,000 steps per day, recorded on a pedometer and subsidized if necessary by equivalent movement undertaken via your activity of choice. This could be anything: cycling, rowing, dressage, rhythmic gymnastics, mud wrestling, extreme ironing, streaking a major sporting event, armed robbery and so on and so forth. As this was only day two of the challenge, I was riding something of a wave of initial enthusiasm, and therefore I hopped on the bike to ride down to the hospital with the dual aims of both saving £2.70 and making inroads into the day's 10,000 step total.

It was a pleasant ride down, dappled sunshine with a light breeze and I was somewhat carefree. I thought not of potential testicular issues, but of the welcoming glow of the camp fire to come that evening. 'Was there still time to climb up loft and fish out an old *Star Wars* figure or two before we left?' I wondered. 'There might be you know'.

So, I arrived at the James Cook in fine fettle, and early to boot. Being hopelessly unfamiliar with the humongous building, I fell afoul of its labyrinthine nature and my own inability to follow clear signage. But after some assistance from a kindly lady with a stall selling crocheted bobble hats for charity, I eventually found the ultrasound bit of the hospital. I then checked myself in and readied for a wait.

To pass the time I attempted to log myself into the hospital using *Foursquare* – an admittance that will likely date this memoir horribly. But alas, it had crashed since its last update and I couldn't log in. Missing out on what would have been nine meaningless points in the ongoing, absurd battle with my mate 'to see who could amass the highest number of inconsequential points from checking-in to places we'd been' left me mildly annoyed (read: furious). Although I confess, the novelty of *Foursquare* wore off shortly afterwards. For once you've checked-in to the town so many times that you've been declared 'Mayor of Middlesbrough' - and hence effectively climbed to the top of the *Foursquare* Mountain, and indeed the mountain of life - the only way is down.

As I sat waiting, thoughts turned to the matter at hand, and with those thoughts came a sudden pang of worry. It was fair to say that since the doctor had given me a professional squeezing, I no longer feared neither what the late-night internet might candidly call 'A Cancerous Tumour of Death' nor any other 'Unknown Testicular Medical Horrors'. But there was still the small matter of once more having my intimates manhandled by unfamiliar medical personnel.

As it happens, there was little time for fretting myself into a state, as my name was called and into the ultrasound room I duly plodded. There I was met by two ultrasound technicians. Two *female* ultrasound technicians.

'Ladies? But I'd pictured two chaps. One was called Kevin. He had a beard and a caring bedside manner. It was a vivid premonition' I thought but happily didn't say out loud.

This was a whole new ball game. Or indeed, a whole new *balls* game. If the trials of testicular examination had been converted into an 8-bit platform game, 'two female ultrasound technicians' would surely comprise an 'end-of-level boss'. But I'd cope. I wouldn't cry 'Urgh, birds?' and flee the hospital.

'Would you like a male chaperone to make you feel more comfortable?' asked one of the technicians.

'No, pfft, I'll be fine, haha!' I replied, trying to sound relaxed and casual but not *too* relaxed and casual for fear of coming across as some sort of testicular tourist just here for the thrill of it. Regardless of how nervous I actually felt, I certainly didn't need a male chaperone to add yet another element to the already complex equation. It would be like a party in there.

At least I was on familiar ground as regards the surroundings: I'd been in similar rooms before with my wife when she was pregnant, watching a sonographer slather the little detector thing around on my wife's stomach in a labored effort to find the black-and-white, shrimp-like thing that was in there somewhere, and for me to declare 'oh yes I see it' when in truth 'I could actually see sod all'. But this time shrimp was off the menu. To be replaced with, erm, meatballs. And before I could delay proceedings by offering 'that's a nice plant you've got on that windowsill there, is it rubber or real?' I found myself up on the bed with my pants around my ankles. Again. At least there was no false start arising from unspoken trouserial instructions this time.

One of the technicians began unfurling an abundance of paper sheeting from a huge roll, the size and scale of which you may have expected to find in the bathroom of legendary 1980s wrestler Andre the Giant. At first, somewhat inexplicably, I leapt to the conclusion that I was going to be wrapped up like a man-sized tortilla. But alas, the paper was there to cover up all but the precise examination area, meaning I could tuck my 'little chap' away under the unfurled roll that now covered my lower abdomen and thus retain a small

degree of dignity. One of the ultrasound technicians then explained to me that she'd be spreading gel all over the 'appropriate area' and after the examination I could use the dignity sheeting to wipe it off.

'A very organized system, no doubt borne out of trial and error' I thought, but once again happily didn't say out loud.

Then I braced for gel-to-scrotum contact, wondering if they'd had time to warm the gel beforehand. If not, I feared the resultant shrinkage could affect the whole process. What would happen then? Would the scan still work if I'd shriveled up below owing to low temperatures? Or would they have to put the thermostat up and 'give it fifteen minutes' before resuming?

As it happens, the gel was pleasingly off-cold. But not *too* pleasingly, thankfully. Man, what a nightmare scenario that would be...

Away we went. As I lay clasp the oversized paper roll across my midriff and clandestine penis, the technicians came at me from both sides. Like velociraptors. Albeit professional, proficient and polite velociraptors. Actually, the whole scenario did get me thinking that had I ever been required to man a medieval torture rack of some sort, I'd insist on a partner. Having a person at each end and thus never really knowing who was about to strike next was extremely disconcerting.

As the process got into full flow, I'd say that rather than embarrassing it was just a surreal experience at first. One of the technicians – the one who wasn't working what I'll call 'the testicle gun' - started making small talk, which was something that I was all too ready to attempt to prolong and thus negate the onset of awkwardness. We talked about the weather. I explained about how I was going camping. I contemplated explaining the allure of the campfire and my history of casual pyromania, but I didn't really want to alarm a person in the midst of probing my testicles, be it accidentally or purposefully. To clarify, that's 'accidentally or

purposefully alarm them' as oppose to meaning anyone who was 'accidently or purposefully in the midst of probing my testicles'.

'Sorry, just bent down to pick up my briefcase there Charles and I accidently gave your balls a good probing'

The conversation faltered, yet still the examination continued. I was beginning to weigh up whether or not it was a good idea to crack a joke along the lines of 'Can you tell whether it's a boy or a girl yet?' to the ultrasound technician with the testicle gun, when she asked something about the possibility of me cancelling my camping trip if needs be. I was taken aback a bit by this, frankly because I didn't think she'd been listening to the earlier conversation. Which wasn't a criticism, she had just a bit busy being the testicle gunner and the conversation had been largely limited to just me and her colleague. Naively, I assumed she meant could we cancel the camping trip if the weather turned inclement. With her head turned towards the screen onto which the ultrasound images were being projected, she then said something else. All I heard was one word:

Tumour.

Time stopped. With the utterance of that single term, everything I'd repressed in terms of doubts and fears suddenly bubbled to the surface immediately.

'Here is your healthy testicle' the testicle gunner said, simultaneously pushing the gun into my scrotum uncomfortably and turning my head towards the display screen - me being unable to do it for myself having suffered a momentary bout of total body paralysis owing to the rogue tumour announcement.

'...and here is the other' she said, as the gun slid across.

And indeed, there it was - the difference starkly discernable. In comparison to its healthy counterpart, this one was...blackened. Toxic. Tumorous. Terrifying. As I lay, tears of trepidation began to stream involuntarily. They began to well in my ears, which was, even in my then-current state of shock, notably uncomfortable. And thinking about it now, it's somewhat indicative as to a flaw in the design of the human body, I feel. I mean, a man on his back down could be deafened by his own tears. It's a good job we don't breathe through our ears. If we did and got particularly upset whilst lying down, we could drown ourselves.

'I need to examine your abdomen now, to look for other abnormalities' said the testicle gunner softly, clearly having noted my tears but not feeling the need to comment on them.

This meant it was time to dry off the balls with the big paper sheet thing, pull the pants back up and then lift up my t-shirt to reveal the abdomen for a second round of scanning. Now I was beyond terrified, having immediately convinced myself I was riddled with cancerous tumours. As the ultrasound technician applied the gel and pressed the scanner to my abdomen, I became hypersensitive. Everything hurt or felt swollen. In my mind, my organs were all bulbous and diseased. More tears came. The second ultrasound technician, the one not manning what had now effectively changed from 'the testicle gun' to become 'the abdomen cannon' (a moniker chosen in preference over 'the belly blaster', 'the gut gun' or even 'the midriff magnum') comforted me, and I managed to pull myself together again as the examination concluded. The abdomen cannon-wielder reported that she couldn't see anything, but stressed that the abdominal ultrasound was far from conclusive. I would need to go for a CT scan of my full torso to look for other tumours. I didn't know what a CT scan was. But never mind that, *other* tumors? Not *a* tumour. Others? Plural?

Oh God.



## 5. Diagnosis

As I dried the last of the ultrasound gel from my abdomen and straightened myself up, one of the ultrasound technicians told me that she'd make an appointment for me to see 'the specialist' that morning. The Specialist? For some reason the Sylvester Stallone film of the same name came to mind.

'Having him as my testicle specialist might be quite reassuring' I pondered, somewhat hysterically. 'But I haven't got time to see Sylvester Stallone this morning, or indeed any other Hollywood action star-cum-gonad specialist, I'm going camping' I continued internally.

The seriousness of the situation was seemingly soaking into my consciousness at an uneven rate: On the one hand, there was the prospect that I was host to a body full of organs in a worse state than those of a reasonably well-preserved 3,000-year-old Egyptian mummy. And on the other hand, I was still clinging doggedly to the hope of getting away later that day in the campervan, with the aim of roasting marshmallows and possibly a vintage Chewbacca figurine over campfire that very evening. The gravity and unexpected nature of the news, combined with the resultant internal conflict had hit me like a ton of testicles.

Punch drunk, somewhat hazy and now relying entirely on other people telling me what to do, I was guided through to a waiting area where I could loiter until an appointment with The Specialist could be confirmed. A cup of tea appeared, which was a welcome sight. I sipped it and stared into space. After an undetermined amount of time, I decided to ask if I was OK to go outside and phone my wife.

'Yes, of course - but you mustn't use the word 'cancer', because it might not be that' came the reply from the ultrasound technician.

There was something about the tone of her voice that made me feel twelve years old again, as if I was getting told off for something I hadn't yet done.

But I agreed, took another mouthful of what I then noticed was particularly strong, sweet tea before venturing outside to phone my wife and to let her know I'd be longer than planned owing to unforeseen tumour-related circumstances.

If you've ever phoned the people at *Sky* to explain how you'd like to downgrade your televisual package, and have thus been forced into describing, in microscopic detail, how you 'don't need the sports channels any more even if you did watch seven minutes of Dagenham and Redbridge versus Wycombe Wanderers last Tuesday because there was absolutely nothing else on', all the while hoping they don't venture further into your viewing history as to question your semi-regular evening foray onto *Babestation* around midnight, you'll have some understanding of what it is to make 'a difficult phone call'. But this was perhaps an even tougher one than that. Outside of the front of the hospital, shivering beneath the now grey and cloudy sky, I informed Liz that I needed to have some more tests and that 'things didn't look good'; hence I didn't know how long I'd be. Following the positive outcome at the doctor's appointment we'd both been convinced ourselves it was nothing to worry about, so understandably she was as shocked as I.

Before heading back into the hospital I decided that I needed to go and make sure my bike was still there, having become irrationally convinced during the course of the short phone call home that it had been stolen by a gang of bicycle thieves that specialized in preying on the newly aggrieved. But as it turned out it hadn't been stolen. So it hadn't been a totally bad-news morning.

Back in the hospital, I had no idea how long it might be before my rendezvous with S. Stallone, Testicle Specialist. Deciding that I needed something to distract me - if possible - from worrying, I opted to buy a paper. Now, I don't read newspapers typically, and hence I had no idea which paper to buy, finding myself in a state of perpetual awkwardness undertaking the type of task that a lot of people do on a daily basis without thinking twice about. It wasn't that I was bothered about whatever newspaper I bought being a possible reflection of my political leanings or intellectual level; I just wanted something I could actually

*read*. That said, not being twelve years-old or a sex addict, I dismissed the ones where scantily-clad ladies accounted for a large proportion of the front page. And I also bypassed the ones where the main headlines resembled the broad strokes of an ill-considered speech given by a drunken, racist uncle at a wedding. This left two categories from which to choose: there was 'local' or 'text, lots of text'. I opted for the latter. But in the end it didn't really matter which paper I'd chosen. Try as I might, no newspaper was going to divert me from my state of unfettered worryment.

Although I confess I wasn't in the best frame of mind to accurately measure passages of time, it didn't seem long at all before I was ushered in to see *The Specialist*, who was accompanied by a nurse. If my movie-themed medical personnel logic was carried through correctly, she should have been Sharon Stone. She wasn't. I took a seat, noting also that, unless he'd undergone a remarkable makeover and discovered some hitherto unknown Asian roots, *The Specialist* wasn't Sylvester Stallone after all.

You know, it's not like it is on TV. I mean the 'I'm afraid its bad news' diagnosis. There was no 'you might want to sit down'. I was already sitting down. I could have got up just to sit back down again, but that would have just been stupid. There was no steady build-up to a big, climactic moment. No incidental music. Although if someone had chosen to stick an LP of Mike Oldfield's 'Tubular Bells' or something similarly commanding at the crucial moment, I'd have approved. There was no theatrical tone to anyone's voice. No tragic fade to black before the end credits. It was just words – words and a slow, steady, sinking realization that this was happening to me, right now. It quickly became apparent that it would be OK to use the word 'cancer' from this point forward, as within a matter of seconds, and with my ultrasound results in hand, I was formally diagnosed with testicular cancer.

'But it can't be cancer, I'm going camping' I thought.

Not Sylvester Stallone reiterated what Dr Google had predicted during my late-night consultation some weeks back: cancer meant surgery. Emergency surgery, in fact - the worst type of surgery. Actually, there

can't be many words or phrases where inserting the word 'emergency' beforehand doesn't increase the gravitas of the situation exponentially. For example, if a 'landing' becomes 'emergency landing' we know without the need for further information that all is not well aboard the aeroplane/helicopter/zeppelin, and 'working out how they're going to be first in line at the baggage carousel' is no longer foremost in the passengers' minds. Similarly, if 'brake' becomes 'emergency brake' we are led to imagine the sudden appearance of an unnoticed toddler/squirrel/ravine in the road. Even 'trousers' aren't spared - if you're donning the 'emergency trousers' all manner of ill fortune has clearly already struck.

Surgery meant the complete removal of the affected testicle, which would then be dissected and analysed. No man ever wants to hear the words 'dissected' and 'testicle' in the same utterance. What I'd also be having was the aforementioned CT scan, which would be used in the hunt for evidence of the cancer having spread. I almost interjected to confess I didn't really know what a CT scan was, but with Not Sylvester Stallone in full flow, it didn't seem quite the right time. There'd be blood tests, too. And chemotherapy or radiotherapy. Basically, in the space of about two minutes Not Sylvester Stallone reeled off a long list of words and phrases that I never really contemplated hearing in the context of my own health. Words like 'cancer' and 'emergency surgery'. But Not Sylvester Stallone continued unabated, and he soon mentioned another important word. And that word was 'prosthetic'.

'Would you like a prosthetic?' came the question from Not Sylvester Stallone.

'A...what?' I asked.

'A prosthetic?' The Specialist qualified.

'Sorry...I'm not with you' I replied, only able to conjure up visions of that chap with the one arm who killed Dr Richard Kimble's wife in *The Fugitive*. Which I acknowledge puts the whole world of prostheses in a negative light from the off, but please don't blame me - I'm merely a product of popular culture.

'A prosthetic testicle. Some men opt for one' came the ever-patient explanation.

Yet still I offered only a blank expression by way of a response.

'It makes you look the same as you are now, with two testes' he explained further.

Finally, the penny/testicle dropped: a prosthetic *testicle*! To fill the would-be void in my scrotum!

'Oh! Right! I'm with you. Erm, I don't know...I'll have to...ask my wife?' I said/asked in a distinctly apologetic tone.

Suddenly, my confusion felt like a blow to my very machismo. I worried there must be some sort of unwritten rule about all men needing to have a ready answer to this question lined up 'just in case'. A bit like being expected to know the line up to the '66 World Cup final off by heart, or knowing what grade of oil goes in your car or what type of central heating boiler you've got. Hence every man apart from me walked around with a list like this in their pocket in case of unforeseen circumstances:

- Banks, Cohen, Charlton, Moore, Wilson, Stiles, Ball, Charlton, Peters, Hurst, Hunt
- 15w/40
- Condensing
- Yes, I would like a silicon replacement testicle, should the relevant circumstances arise

This was the exact point where things had officially gone too far, too fast for me. If I'd have had a little white flag, I'd have waved it. If I'd had a distress flare, I'd have launched it. If I'd had a red, flashing emergency telephone, I'd have phoned Batman. Or Commissioner Gordon, depending from which end of the telephone I was calling. When I woke up this morning I was going camping. Now I was being asked to

mull over, with a certain degree of urgency, my options regarding the relative aesthetic value of a fake knacker. And to contemplate whether I'd like one shoved into the space vacated by the testicle I was about to have hacked out. Oh, in addition to having been diagnosed with at least one type of cancer, of course.

Not Sylvester Stallone confirmed that 'discussing it with my wife' was fine. And he didn't make a little whip-crack noise or anything else to indicate that I was under the thumb, and should really be able to decide for myself on a whim any and all matters that relate to the cosmetic nature of my scrotal region. He'd also clearly taken note that presenting me with the decision was generating a perhaps disproportionate amount of burden I didn't need quite at that particular moment in time, and thus was keen to doubly stress that I could decide at a later date. In fact, the prosthetic could even be inserted weeks after the surgery. So if, a little way down the line, I found myself laughed out of the locker room by 'the lads' for only having one testicle, if the wife ran from the bedroom in disgust at the sight of 'the monopod', or indeed I kept listing heavily to one side when I was back at work due to my newfound biological imbalance, I could always book in for a silicon testicle at some point in the future. Why, I could make a weekend of it - something to look forward to.

The 'plan of attack' was then reiterated to me, although happily Not Sylvester Stallone didn't refer to it as a 'plan of attack' whilst cocking a pistol or caressing a shotgun or similar. I'd have the blood tests taken that day, plus I was to be booked in for the emergency surgery which would likely happen in the next few days ('But I'm going camping...'), in addition to having the CT scan performed. Then they'd get all of those test results together, along with the outcome of the bollock-dissection which they'd have done in the meantime, and let me know within a fortnight or so what was to come after that in terms of any further surgery, preventative treatment or not being alive.

'Right, great!' I said, whilst actually meaning 'Right, terrible!'

But still, I took some comfort from the fact that action was being taken quickly and decisively.

With the bad news all delivered, Not Sylvester Stallone excused himself and left. Not Sharon Stone, who'd been in the room with us the whole time and who had in fact introduced herself earlier as 'Sue', yet needed to reiterate that to me as all talk of cancer and prosthetic testicles had negated my ability to retain such facts, took me to her office. There she made me comfortable and handed me an 'Understanding Testicular Cancer' booklet which, I'll freely admit, reminded me immediately of the episode of *The Simpsons* where Homer is handed the 'So, You're Going To Die' pamphlet. I suspect the mask of numbed horror I sported when being furnished with the 'all is not well in your cancerous happy-sacks; what does this mean as regards your continued existence?' leaflet was not the first that Sue has seen. At this point, I decided Sue's office was about as dignified a setting as I would find in which to have another bit of a cry.

After I'd sobbed on for a bit, Sue tactfully interjected to explain that testicular cancer had no definite cause that the medical world were aware of. There was nothing I could have done differently; nothing I did wrong. She then asked if I had any questions. I didn't. But then I did – I did have a question. A very stupid question:

'Is the CT scan that thing where you lie down and go in and out of that tube thing?' I asked, displaying my legendary flair for the English language.

She confirmed it was.

The subsequent follow up question was so bizarre I could see it catch Sue out, and I still to this day don't really know why I asked it. I would claim now that its emittance was something akin to an out-of-body experience, where I saw and heard myself asking the strange question, but did so whilst in the form of a wincing apparition, floating up near the ceiling:

‘Are those tests expensive to do? They look expensive. That machine looks like something out of *Stargate*. The Kurt Russell film. Not the TV series. I’ve never watched that.’ I jabbered.

Sue confirmed, somewhat tentatively, that the tests were indeed expensive. She neither confirmed or denied if she was a fan of *Stargate*. The film or the TV series.

I momentarily mulled over asking her to contextualize just *how* expensive, not in an ‘At what point do I become too expensive for the NHS to sustain?’ type way, but more in a ‘How many racehorses could I get for a 100 CT scans?’ sense. But I decided against that, and instead opted to have a bit more of a cry. Eventually I composed myself and began leafing through the pages of The Death Pamphlet before Sue chivvied me off for the blood tests.

Shuffling into another room on what was turning into something of a tour of the hospital’s facilities, I was confronted by a formidable-looking phlebotomist who’d been expecting me. Just like a Bond villain. I half-expected the imposing, woman-mountain to collect the necessary blood by simply punching me in the face and lowering my broken visage over a suitable receptacle. But, as the old adage goes, ‘you can’t judge a fearsome medical behemoth by her scowl’ and in actuality she was really nice. Clearly she could tell I did not relish the prospect of the blood being taken, but once I explained that I ‘wasn’t a fainter or a vomiter, just a weeper’ she knew how to deal with me. I’ve since become rather blasé regarding blood tests as I’ve had lots, and I now wheel out the ‘I’m not a vomiter or a fainter, just a weeper’ line every time I encounter a new blood-letter, which always seems to go down well. It breaks the tension. In fact, it’s not unlike Bruce Forsyth wheeling out his favorite catchphrase. Hmm, I wonder if Bruce has any lines I could paraphrase to make it apt for a phlebotomy-related scenario... Oof, I’ve got it! From *Play Your Cards Right*: ‘I’m the leader of the pack which makes me such a lucky jack. And here they are, they’re so appealing, OK phlebotomists do your bleeding’. It doesn’t really rhyme, mind. And it’s perhaps a bit long-winded. Also, without me taking to the time to contextualize it beforehand, it’s quite weird. It could lead to me having notes added to my medical record along the lines of ‘not a fainter or a vomiter, just a nutter – caution’



I had two lots of bloods taken that morning. Then I was free to leave the hospital, find my bike, cycle home and tell my wife and children I had cancer. On the whole, I'd had better mornings. [2,900]

## 6. Announcement

The bike ride home only took about 20 minutes, but as it was all uphill it felt like considerably longer. I regretted bringing the stupid bike, wishing I had the car instead as I just wanted to get home as quickly as possible. Although on the one hand I was dreading breaking the news to her, I was desperate to hold Liz in my arms and hear her tell me that it was going to be OK; that I was going to be OK. But when I did get home, I wouldn't tell the kids straight away. We'd have our weekend away camping first. I could relax a little, get some fresh air and have a chance to put things in perspective - to let things settle before having to tell the youngsters that 'Dad wasn't well'.

I grimaced as a forceful blast of wind hit me head-on and further slowed my progress.

'What kind of a tit cycles to an ultrasound!? I asked myself out loud, employing an intonation similar to that which you might hear when a prohibition-era gangster asks 'what kind of an idiot brings a knife to a gunfight?'

I'd given Liz a ring whilst unlocking my unstolen bike, hence she knew I was headed home and was therefore there to meet me as I pulled up outside my house. Climbing off the bike, I got straight to it like an agitated whirlwind of negative news:

'It's cancer. There'll be surgery. And further tests. After that, well, I'm not sure...'

I waved The Death Pamphlet at Liz too, for good measure. But we were still going camping, I assured her - we'd use the couple of days away to think things through before we had to break the news to anyone else, and before we had to start preparing for, well, whatever challenges might be to come.

Using the almighty power of retrospect, I can see now that I was in fact clinging to 'the camping' for reassurance, in the same way that the survivor of a nautical disaster might cling doggedly to an old

wardrobe door in a futile attempt to delay an inevitable decent beneath the waves. Still, at the time it felt like 'the camping' was going to make everything better.

After hugging my wife for a considerable period of time, I then steadied myself and headed inside the house. The children were ensconced in front of the TV, so I made my way into the living room to say hello. Daniel, my then 11-year old son, knew immediately that something was wrong. And, try as I did, I couldn't bring myself to conceal it from him. I knew I had to tell him, and therefore I also had to tell Phoebe, my then nine-year old daughter.

Now, I'd led something of a charmed life to that point. Of course, like most people, I'd had certain, piddling adversities thrown at me throughout the course of my 33-years. One particular piddling adversity that springs to mind is the time I accidentally superglued a scale model of 'The Bounty' (the infamous Royal Navy vessel, not the coconut-filled chocolate bar) firmly to my hand, and during the resultant debacle, went on to unwittingly superglue the accompanying recovery vessel to the crotch of my trousers. To the casual observer, it appeared I was sprouting scale miniatures of notable, seafaring craft from various parts of my anatomy. Also, I once put a rusty nailed right through my foot. Accidentally, I should add. Not just 'for a laugh' or to pass the time one quiet Sunday afternoon. And then there was the time a bee flew up the sleeve of my t-shirt and stung me on the heart. Well, on the chest. It hurt though. I whined on about it to Liz for hours afterwards.

But these and countless other personal disasters were mere trivialities in comparison to me having to break the news regarding 'Dad's Tumour'. I can say without a shadow of a doubt that I have never been in a more difficult and upsetting situation than the one where I found myself telling my children I had cancer, and promising them that I was going to be alright when I had no idea if I *was* going to be alright.

Both children were understandably distressed and worried. Daniel was upset that Dad had cancer. Phoebe, too young to really understand, was upset that 'Dad's funny testicle' might have scuppered the camping trip.

With the bad news broken, children consoled, tears dried and hugs-a-plenty, the phone rang. It was the hospital (well, a *person* ringing *from* the hospital – the very hospital itself hadn't become self-aware and started going through the phone book in an attempt to make friends) to inform me that I was booked in for pre-operative assessment at 9am the next morning.

'But I'm going camping' I pleaded down the phone.

The stunned silence from the other end of the line indicated that telephone calls relating to scheduling pre-operative assessments for emergency surgery are not often met with such pathetically trivial responses from cancer patients. My wife, overhearing my end of the conversation, swiftly and succinctly explained to me – using minimal dialogue and some quite illustrative gesticulation - that I should forget the camping trip and tell the whoever was on the phone that I would be at the hospital in the morning. Which I did.

With camping suddenly off the agenda, I was forced to relinquish my metaphorical grasp on the waterlogged wardrobe door; duly cast adrift into a sea of uncertainty. My daughter was not impressed by the cancellation of the camping, but I promised I'd make it up to her 'when I was better'. A fleeting pang of dread reminded me I didn't know when that would be – if ever. But damn it, I'd done enough crying for one morning and I was determined to carry on with things and to try to re-instill a degree of normalcy.

'Who's hungry?' I asked, with a fair degree of false chirp.

No one was hungry. Nor did neither Liz nor I feel like preparing anything. But it was lunchtime, and that's when normal, non-cancerous people and their families had lunch. So my daughter and I headed out to pick up something to eat.

In the midst of acquiring deep fried delights from the local fish shop, my mobile rang. This caused a small degree of reactionary alarm. No one ever rang me on my mobile - other than those delightful PPI chaps, or someone with an eerily similar accent who was terribly concerned about that accident that I didn't actually have last year. I handed my daughter the armful of battered fish and answered my phone. It was Sue. She was ringing to let me know that I was either going in for my operation tomorrow afternoon, or in a week's time.

'Tomorrow afternoon? As in 'the day after today'? I wasn't ready. Besides, I was going camping. Wait, no I wasn't. I remember'

But still, did I get to choose whether it was tomorrow? No, apparently not. It was 'between me and another patient'. I pictured some sort of fight to the death – me and 'the other would-be patient' stripped to our loincloths, handed a mace or a whip and told to fight it out in a pit, possibly atop some sort of pentangle etched in goat's blood. Or perhaps they'd blindfold us both, and then ask us to throw a single dart over our heads at a dartboard - closest to the bull's-eye would win an operation on their chosen date. Or maybe just a simple rock-paper-scissors marathon could decide it.

As it happens, I just had to wait for a phone call to find out which day it would be. Another phone call? I'd only been diagnosed a couple of hours, but the cancer shite had already done wonders for my telephonic popularity. At this rate I'd need to hire a secretary.

Back home, just after we'd all finished lunch – or, more accurately, just after lunch was served and poked around various plates uneaten - Sue rang back again. She revealed that my operation was scheduled for 2.30pm the next day, and I needed to be there at noon.

Holy shitballs.

So it *was* going to be the next day? I'd seemingly won the pentangle mace death match. Or had I lost? I wasn't sure.

I knew deep down that it was almost certainly a case of 'the sooner the better', but at that point I was very much wishing that I had an extra week to be able to let it all sink and brace myself somewhat. However, what that likely would have meant in reality was several unwelcome days of worry, dread and tears. And then, a certain realization dawned: If the operation was the very next day, I had less than 24-hours to tell people. Lots of people. And several of those people I needed to tell face-to-face. The prospect of The Most Depressing Afternoon of All Time began to loom large.

I hadn't given work a moment's thought since the diagnosis, which some may argue is indicative as to my dedication as an employee. But at that point I decided I'd best get in touch with my boss to let him know the bad news, so I gave him a ring. Alas, I couldn't get through to him and I was reluctant just to leave a message with the secretary along the lines of:

'Alright, erm, I won't be in on Monday, and possibly never again owing to this unforeseen cancer deely that's just been spotted. I'm off for emergency surgery tomorrow, haha! If you could, you know, 'spread the word' that would be grand. Also, if you could just check that cup that's sat on my desk at some point? I fear if left unchecked, the culture contained within could consume seven-eighths of the world's surface in my absence. Cheers!'

After multiple attempts, I managed in the end to speak to my boss's boss regarding making necessary arrangements in my absence, and just generally relaying the news. I was comfortable with speaking to him, as he was a good bloke. Well, he *is* a good bloke. He hasn't expired. He's just no longer my boss's boss. He's moved on. In a good way. He wasn't sacked for embezzling funds or similar. And also it's not that I'm not saying that my boss is *not* a good bloke by way of comparison. Because he is. Phewf, I'm glad I got all of that cleared up.

The harsh reality when you have young children is that life must go on. Liz decided to take Daniel and Phoebe to the cinema that afternoon to see *Maleficent*. After all, 'there's nothing like a live-action Disney fairytale with a chiseled-cheekbone antihero to calm the cancer concerns', as the saying goes. Liz and I would have both have preferred to have delivered the bad news to people together, but neither of us wanted to expose the children to the afternoon of undoubted misery that was to come. An afternoon of cancerous revelations would be hard enough without cries of 'He's touching my iPod!' and 'She's picking her nose!' and 'He's pulling a face!' and 'She's giving me the finger!' or similar. And that would just be me and Liz.

With Liz and the kids having left for the cinema, I got in the car and set off on my decidedly downbeat roadshow. As I drove, the grief arrived in waves, not unlike how rampaging hoards of the undead might sweep across a post-apocalyptic landscape. My fragile state of mind was akin to a flimsy fence set up to obstruct their progress, keep me safe and stop the grief/zombies from eating my brain. I decided not to use this analogy to help break the news to my mother, whose home was to be my first stopping point. As I got closer, the waves of dread became one singular swelling, as the reality of having to break the news edged nearer. I imagined what it would be like in her position, hearing one of my own children tell me they had cancer.

Then I tried to quickly un-imagine that and never think of it again.

When I arrived at my mother's house, I insisted we have a cup of tea and a sit down before divulging my unfortunate medical revelation. Her reaction was inevitable. From there I drove on to see my sister – more tea, more tears. And then to my stepmother for yet more of the same. It's strange - I was the 'victim'; the 'casualty'; the 'sufferer', yet because I was the one reporting the news, I felt a welcome obligation to be 'the strong one'; to provide the steady shoulder to cry on and to say it would all be OK. Next I called into work, by which time it was late in the day and everyone had already gone home. I sent a couple of emails and put up an indefinite 'out-of-office' notification for incoming messages. Lastly, on the way back home I called in to see an old friend.

By the time I returned home I was almost spent, but before bed that night I decided I'd stick a message online. In many ways this was something I would have preferred not to do, but letting as many people as possible know what was happening to me had grown steadily more important to me across the course of the day. I've thought long and hard about just why this was, as usually I'm a relatively private person and crushingly self-conscious. Plus, I'm certainly not the biggest endorser of social media as a method of communicating information more important or emotionally significant than funny gifs or quizzes along the lines of 'Which Hawaiian Island are you?' (Moloka'i) or 'Can you complete these Barbra Streisand lyrics?' (No). But I've come to the conclusion that I was happy to update my Facebook status in relation to the cancer as, in all honesty:

- 1) I thought I was going to die on the operating table to the sound of a trainee anesthetist uttering 'Oh, I see now, it meant *milliliters* not centiliters. Whoops!'
- 2) I took strength from more people knowing, as I believed that the more people knowing made the plausibility of this whole situation having a terrible ending less likely. Fate could wrong me, but not all of us together, surely.
- 3) As a chap who was usually quite quiet, undemanding and certainly never confrontational, if I was going through this shit then just for once, I wanted all the sympathy I could get.



At the end of the day I was absolutely drained. I settled into bed next to Liz, realizing that there was still the topic of the prosthetic testicle to discuss with the missus. Although not renowned for my pillow talk, I felt this might plumb new depths of absurdity on what had already been a trying day. But after the briefest of chats, we decided that neither of us cared that much about the visual appeal of my 'yam bag' and therefore I'd not bother with the prosthetic. Instead I could use the subsequent void to smuggle illicit materials across borders. Computer files. Microfilms. Nuclear launch codes.

Ironically, that night I had absolutely no problem sleeping. In fact, I had the best night's sleep I would have for months and months to come. For on that particular day, I'd done all of the crying and worrying I possibly could. I quite simply had nothing left to give.

## 7. Operation

Frankly, it was the prospect of the operation itself that scared me the most. I'd decided that 'the future', in terms of what was to happen *after* the operation regarding prognoses and treatments and suchlike - that was a problem for a man I like to refer to as Future Ben. See, I tend to try and compartmentalize my worrying ('try' being the operative word) by assigning things that haven't yet happened to be the concern solely of my future equivalent. It's true to say that Future Ben does often lament the actions of Past Ben (who was then and is in effect, in perpetuity, Present Ben) and his inability to take responsibility. Perhaps I can best illustrate this with an example: Present Ben is tasked with taking down and putting away the Christmas lights. However, Present Ben can't be bothered to put them back in the box carefully/delicately/properly. Thus, he instead opts to just hurriedly scrunch them all into the box and let Future Ben deal with any resultant complications at a later date. If we then advance eleven months into the thereafter, Future Ben will exhume the Christmas lights from the attic, unfurl them and then drape them over the Christmas tree with a sense of purpose and enthusiasm that only the imminent arrival of festive season can account for. However, he's soon reduced to tears of frustration and an accompanying, pained cry of 'Damn you Past Ben and your half-arsed approach to everything!' when coming to the realisation that he has a string of lights that don't work owing to the 17 broken bulbs that have resulted from some imbecile scrunching them into the box too hastily.

I can't imagine undergoing surgery is anyone's activity of choice, but I've harbored a particular life-long dread of going under the knife. As a kid, even playing the classic board game *Operation* left me feeling rather peculiar. The tension generated when utilizing the tweezers in an attempt to try and rid the poor in-game patient of his charley horse, wrenched ankle or writer's cramp (everyone's least-favourite; curse that stupid little pencil), *without* setting off his hideous nose-buzzer, would almost lead to me passing out. As a child, I often used to wonder if actual operating theatres had a similar alarm, whilst concluding that if they did, it was unlikely to be connected to the patient's nose. In adulthood, I've decided that if they don't, they should have. They could call it 'the malpractice buzzer'. The surgeon has nicked an artery? BUZZ! The

patient has been sewn-up but there's still a pair of forceps in them? BUZZ! 'You weren't meant to take that out, put it back in!' BUZZ!

There I was - a 33-year-old man that had never spent a night in hospital. I'd never had a general anesthetic. I'd never broken a bone or even had a filling. In fact, my medical history was comparatively non-existent. I'd had my nose cauterized to stem the never-ending stream of childhood nosebleeds. Although it's hardly fit to rank alongside cancer surgery in terms of gravitas, that procedure wasn't pleasant. But then, having something stuck up your nose rarely is. Unless you're doing it yourself. Then it can be quite satisfying and an infrequent source of comedy gold. For example, I occasionally enjoy shoving a cocktail sausage up each nostril at a picnic and loudly asking 'Can anyone else smell pork?'

In terms of other medicinal adventures - there was the time I got a bit of grit in my eye whilst batting a tennis ball around feverishly, owing to a rush of adrenaline following a televised Tim Henman 4th-round Wimbledon victory. A doctor had to delve in behind my eyeball with a cocktail stick and a bit of cotton wool to get it out. He needed to iodine my eyeball first, the resultant yellowing of which made me surprisingly popular at school for a few days afterwards.

So, in truth, I had no *real* experience with any proper medical procedures. But I did have an overactive imagination generating a selection of appalling-if-laughably-unlikely scenarios. One I was particularly concerned with was waking up in the middle of the operation and being able to feel everything that was going on, but having no way to communicate this with the attending medical personnel, owing to the total body paralysis caused by the anesthetic. I believe I'd gleaned the inspiration for that particular nightmare from secretly reading an 'It happened to me!' article in one of my mother's copies of *Bella* magazine as a child. Anyway, when I awoke on the morning of Friday 30th May 2014 I was all too aware that it was in fact 'happening to me' that very day.

I was up early and began the day in what I'd call a state of reflective numbness. I opted to once more hop on the bike to head down to the hospital, this time for my pre-operative assessment. You'd have thought I might have learned that cycling may not have been the wisest of choices, but no - I'd decided that if I was going to die on merely day three of the Global Corporate Challenge, I was going to do so with an above-average step count. And you just can't reason with that kind of stubborn determination/idiocy.

After an incident-free trundle down to the James Cook, I plodded on in with a somewhat greater degree of confidence in my ability to find where I was meant to be going than I'd had merely 24-hours previously. After all, it felt like I'd surely seen most of the hospital now. Plus, I'd been given detailed instructions over the phone as to where to go. Twice. I'd even penned them on the front of The Death Pamphlet, which I had with me. Nevertheless, I ended up in completely the wrong place and at the total mercy of anyone willing to take pity on me and then guide me onwards to where I should have been. I think the fundamental error this time was confusing 'outpatients' and 'inpatients', my assumption being they meant the same thing. Like 'flammable' and 'inflammable'. But apparently they don't.

Anyway, when I did find the correct department I was immediately whisked into a side room to complete a medical questionnaire. This basically consisted of me ticking the box marked 'no' next to a list of various questions:

'Are you currently taking any medication?' No.

'Do you have any allergies?' No.

'Do you have a heart condition?' No.

'Do you have a supernumerary third nipple?' No.

'Do you have any other longstanding medical conditions?' No. Well, there's the cancer? But I kind of thought you might be factoring that in.

Then I had my inner thigh swabbed for MRSA, enabling me to add that to the list of life experiences I've been able to savour. I once again noted that tone was everything when it came to patient care in the NHS.

'I'm just going to...swab your inner thigh'

If that phrase was emitted in an inappropriate tone and accompanied by a tactless raising of one eyebrow at just the wrong time, it could have come across as quite sordid. Although, I had my part to play in keeping things civilized too. If I'd have met the thigh-swabbing action with a pleasurable moan or a whispered utterance of perverted apprehension, I could possibly have been ejected from the hospital there and then. I'm thinking something along the lines of a breathless 'That's it baby, get right in there'.

I saw Sue again, which was nice. She said she'd call in and see me again that afternoon, just before the operation. It was a great comfort having Sue there. It felt like having someone 'on the inside' who could put in a special word for you. Which sounds a bit like a prison analogy, but in fact I had no plans on asking Sue for some extra soap, cigarettes or indeed materials out of which I could manufacture a crude shiv. I was instead more likely to request that she cried 'remember its milliliters not centiliters!' just as the operating theatre doors were closing.

Suitably questioned and with my intimate area freshly-swabbed, I was then free to trundle my bike back home uphill with a lot less urgency, huffing and/or puffing than the previous day. After all, I was going to be headed back to the hospital in merely two hours' time, and that was a trip from which I might never return home. So I was damned if I was going to spend a good twenty minutes of my final hours on this earth flogging a pushbike unnecessarily. I decided that I'd merely trundle, like a doomed man ambling towards the gallows. I took the time to talk to passing pigeons. They didn't talk back. Which was probably a good sign. I began to wonder how my newfound medical circumstances would impact on my team's GCC challenge. After all, my 10,000+ steps per day were added to a daily team total, and it was as a group that we sought triumph.

If I selfishly died could they bring in a substitute?

When I got home my mother had landed, which makes her sound like an eagle, or perhaps a space shuttle. She'd be looking after the children whilst Liz accompanied me to the hospital at noon. The couple of hours' worth of hanging around the house waiting for it to be time to head back out to the hospital were hard. It was like purgatory; I was neither here nor there. And as much as I was dreading it, I was actually glad when it was time to go. But then came the point at which I had to say goodbye to the children, promising Daniel I'd see him first thing tomorrow morning when I got home. And promising Phoebe that I'd re-book the camping trip not long after that. Rarely have I said a more upsetting farewell.

We took the car for this particular jaunt back to the hospital, although I did toy with the idea of asking Liz to 'ride a backer' on my bike as part of a ruthless final attempt to tack a few more steps onto my GCC total, but feared that would go down poorly.

So, I then once more found myself back at the James Cook. Liz and I headed to the 'male admissions' bit, which we found without incident as I had a sensible person with me. I went wild and bought another newspaper on the way.

*Another newspaper?*

Twice in two days? Just call me... Rupert Murdoch? Actually, that comparison isn't apt as he's known for his propensity for *producing* newspapers (well 'newspapers') rather than his penchant for consuming or hoarding them. I mean, he *might* spend his time living amongst stacked and bundled newspapers in a dank, dingy flat that reeks of cat's piss, but I've got no actual evidence to support such an outlandish theory. I can't imagine his wife, Jerry Hall, would tolerate that no I think about it. But then you never can tell a hoarder. She could have several bin-bags full of old curtains stuffed behind her settee, too.

With my newspaper in hand, Liz was able to sit with me for a bit as I loitered in a designated waiting area prior to being admitted. When I was called forth she would have to go. It was 'men only' beyond a certain point. Like the Freemasons. Or that one room in a Working Men's Club. Or the Gentlemen's Reading Room in a traditional, private members' library, resplendent with its leather wingback armchairs and an open fire. All too soon, it was time to leave. As I got up to depart I turned to Liz. Neither one of us knew what to say - indicative perhaps of another point where fiction and stark reality diverge. I was too frightened and self-conscious to say out loud all the things I hoped she knew I wanted to say, whilst simultaneously furious with myself for not saying them. But before I knew it I was on my own, left to hope I'd get another chance to not say all of those things I'd wanted to say again in the future.

As it turned out, the male admissions ward wasn't anything like a Gentlemen's Reading Room. Nor was it like a masonic lodge, as far as my knowledge of such things extends, in that there wasn't a secret handshake or any insider trading immediately obvious. In fact, the male admissions ward was much like any other hospital ward, except that each patient had a seat rather than a bed. For posture, I assume. Or so that we could all partake in a game of musical chairs to calm the pre-operative nerves. After being shown to my very own seat in a curtained-off cubicle, I perched and pretended to read my newspaper, all the while taking in what and who were around me. Firstly, and perhaps somewhat inadvertently carrying on my inappropriate prison analogy from earlier, I tried to ascertain 'what everyone else was in for'. We couldn't all be here for 'testicle treats' could we? Persistent earwigging revealed there was a kidney stone patient (or 'Kidney Man' as I christened him), a chap with some sort of catheter issue (Catheter Chap), a spinal concern which sounded particularly unpleasant (Señor Spine – he wasn't Spanish, but I do like my alliteration) and a gentleman due to undergo an exploratory biopsy (Biopsy Bloke) which I guessed was a cancer thing too. Everyone was cheery, dignified and pleasant. And everyone looked considerably less terrified than me.

Maybe they were on drugs?

Or maybe they had accepted their fate?

Or perhaps they just didn't live their entire lives in a state of unyielding pessimism...

A nurse came along and drew the curtains around my cubicle, putting a temporary end to my eavesdropping. They weren't sound-proof curtains you understand, it was just that she was there to ask me to check my details and confirm that they were correct. Thus, I could no longer fully commit myself to task of snooping on my fellow patients. I checked my details. They were correct. Actually, they weren't correct, but I wasn't in any fit state to notice. They'd spelled my first name as 'Benjamain' rather than 'Benjamin' which adds a certain degree of accidental sophistication I feel. Luckily, the erroneous nature of my misspelled forename didn't lead any sort of medical mix-up with another patient, which is good because if I'd have woken up in the recovery ward only to find my appendix removed and my breasts enlarged, I'd have been furious. A few months later I'd finally get around to pointing out that my first name was misspelt - something which caused a small administrative meltdown, but happily didn't lead to someone declaring 'I'm sorry, in that case we'll have to put the cancer back in'.

Anyway, having done the half-arsed job of checking my own details, I then slipped into the hospital gown and stockings which had been provided. Next I donned a medical-name-tag-bracelet-thing so that my corpse would be clearly identifiable later. Things suddenly felt rather real. I was a proper hospital patient. About to have an operation. No, wait, an *emergency* operation. For cancer. Bloody hell. I asked a nurse if I could keep my wedding ring on. That was OK, so long as I had it taped up.

'Like a Premier League footballer. Or a rock climber. Or if I worked in a paper mill' I said, causing the nurse to nod in a placating manner.



You know, in relation to that last one, I've had various work-based health and safety responsibilities over the years and I've seen pictures of people who've had industrial accidents involving rings on their fingers. I believe the term is 'de-gloving'. It's not pleasant.

All kitted out in my hospital attire, the curtains were pulled back to reveal me like the speedboat the contestants *could* have won at the end of *Bullseye* if only they gotten 101 points or more with nine darts. The ward suddenly seemed a lot fuller now, with it having become strikingly apparent just how much younger than the other patients I was.

Left to my own devices, I decided to go back to pretending to read the newspaper. It had gone rather quite on the ward, so rather than partaking in further earwiggling, I made the unwise decision to progress from mere pretense to some actual interaction with the newspaper by attempting to complete the cryptic crossword. Now, there are lots of things in life that I'm utterly useless at. DIY. Hula-hooping. Wrapping Christmas presents to look like anything other than a hurried bundle of festive fury. Also, cryptic crosswords. Which I believe are designed by sadists who derive power from the purposeful withholding of information from others. What I *really* hate about them are the little rules and understandings that your cryptic crossword regular can deduce, yet that leave the occasional crossword tosspot like me dumbfounded. I remember one do-gooder on a train, noticing that I was about to punch a hole clean through a copy of a discarded Sunday supplement owing to my inability to fathom any of the clues in the cryptic crossword, pointing to one clue and informing me that:

'You can tell by the way the clue is worded that it's actually an anagram'

Swallowing the words 'Can you? Well I can't. And do you know why I can't? Because it doesn't say 'BY THE WAY THIS IS A SODDING ANAGRAM' next to the clue does it?!' with a similar level of ease to that of swallowing an apple whole, I simply offered a 'Thanks for that...' and quietly crushed the paper when he wasn't looking.

It didn't take me long at all to lose it completely with the pre-operative cryptic crossword, opting to squeeze curt, four-letter replies to the clues into the little boxes rather than actual answers. After a while I moved on to the none-cryptic crossword. There I had more success. Well, *slightly* more success. By which I mean that after 10 minutes of staring blankly at it, I finally made a breakthrough with 'poisonous snake, 3 letters' and let out a victorious if somewhat involuntarily cry of 'ASP!' accompanied by a raised, clenched fist.

I eventually found my intellectual level by drawing little glasses and beards on pictures of people in the paper. I have to say that property mogul Tevfik Arif looked particularly pleasing after I'd given him a biro makeover. If only he'd gone on to take over Aston Villa like the paper suggested, I could have joined his team as an image consultant. So long as he wanted 11 players molded in his own image, with an afro, monocle and a handlebar moustache.

My attention soon shifted from the rogues' gallery that I had created across several pages of the newspaper, to the patient sat in the cubicle opposite, who was the aforementioned Catheter Chap. Well, I say sat - he was actually standing. And fidgeting somewhat. I would say he was in his late sixties, and I'd taken an instantaneous liking to him owing to the fact that he bore a striking resemblance to the character Stuart McKenzie, as portrayed by Mike Myers, from the movie *So I Married An Axe Murderer*. I'd already deduced from my earlier 'intentional overhearing' that Catheter Chap was a master of providing information that was *related to* the question he'd just been asked by a medical professional, but which didn't actually *answer* the question. I'd presumed this was an attempt to prolong the conversation further either for his own entertainment or because he liked the company.

'When did you last eat?' asked a nurse.

'I had some fabulous marmalade' replied Catheter Chap cheerily.

‘Have you had a bath or a shower today?’

‘I like to give myself a really good wash on a Tuesday’

‘When were last in hospital?’

‘There was a Jamaican fella in the bed next to me last time’.

All of this had been an amusing distraction from the looming surgical procedure I was about to have. But now, Catheter Chap was without a medical professional to regale with his tales of preserves, personal hygiene or overseas bedfellows. Hence, he was on his feet attempting to snare one as they passed, with his opening gambit of ‘I like to keep on my feet of an afternoon, me’ proving somewhat unsuccessful, as it was being met with nothing other than polite if dismissive smiles.

Now, I’m the type of idiot that finds this kind of scenario very stressful. You could perhaps call it stress-by-proxy. I began busy imagining a scenario where Catheter Chap cornered a passing surgeon who really didn’t have the time to hear about his regular afternoon stroll to the allotments and back, as he was rushing to attend to someone with a collapsed lung or similar. Being an ultra-sensitive soul, I derived a sense of tangible awkwardness from watching such a scene unfold, worrying as to the wellbeing of the poor patient with the collapsed lung (who admittedly more-than-likely doesn’t exist). This led to me feeling stressed - even more than I already was, if that was possible. Not wanting to be even more stressed, I decided to intervene, to prevent this scenario (that wasn’t occurring, other than hypothetically in my own mind). I just wasn't sure *how* to intervene. I could have gone and talked to him. But I didn’t want to seem overfamiliar by leaving the confines of my cubicle. Nor did I want to be seen as ‘chatty hospital nutter’. But then, fate intervened and the ideal opportunity arose. Catheter Chap pinned a passing nurse and asked her for a paper.

She didn't have a paper.

I had a paper.

He wanted puzzles to do, he explained.

I had puzzles, I thought.

Uncompleted puzzles.

Well, apart from the asp. But he'd just have to cope with that.

So, I got up and strode over with the paper as casually as I could, all the while imagining a priest reading the non-existent collapsed lung patient his last rites, which didn't make any sense for a number of reasons, not least because Catheter Chap was no longer holding anyone up.

In my mind what I was going to say was:

'Excuse me sir, I couldn't help but overhear that you're on the lookout for newspaper, possibly containing the odd brain teaser? I just so happen to have spare one here – would you like it?'

But what I actually blurted out was:

'Paper, mate, puzzles?' whilst waving it around not unlike how Jeff Goldblum tries to attract the attention of the T-Rex with a distress flare in *Jurassic Park*.

He took it and began leafing through it like a man on the lookout for a misplaced, winning lottery ticket that he might have absent-mindedly used as a bookmark.

‘Ah! Codeword! That’s what I like!’ he said, affording his thanks.

I offered him a pen. He seemed quite offended at the motion, immediately producing his own pen seemingly from thin air, as if to underscore that my assumption of him *not having* his own pen had besmirched his reputation as puzzle-loving hospital fidgeter. I was momentarily tempted to whip the paper back out of his hands and ask him ‘what good a pen was without the beloved codeword?’, but I didn’t, as that would have been mean. And having him engrossed in the codeword was as much for my benefit as it was his (and the non-existent person with the collapsed lung, of course). I just had to hope that he wouldn’t start harassing passing brain surgeons for help with finding out what ‘something-something-I-M-something-I-something-A-something’ might be.

Paperless, barring one sheet that I’d retained in case of some as yet unforeseen emergency that required a single sheet of newspaper, I returned to my cubicle. The surgeon then appeared. He didn’t look a bit like how I’d pictured him. Which admittedly was like the Surgeon General of Beverly Hills as depicted by Bruce Campbell in *Escape From LA*. You know, I’m not aware of any film that is simply called *The Surgeon*, but there must be one out there. Hmm, a rudimentary internet search informs me that there is a movie called *Exquisite Tenderness* which was released with the alternative title of *The Surgeon*. It concerns a small boy who witnesses his brother killed in surgery, and then grows up to become a monster with a scalpel. Sounds delightful. The movie poster is quite appealing, with the face of a buck-toothed demon/murder victim emblazoned on a drip bag. Malcolm McDowell and Charles Dance starred in it? A career low for both, surely.

Anyway, The Surgeon duly quizzed me to ensure he had the correct Benjamain. He then explained the procedure, describing what exactly they were going to do. My medical notes apparently implied I’d opted

for a 'yes' when it came to the prosthetic bollock, but I assured him I'd be remaining 'all natural' for the foreseeable future and he duly corrected the notes. Then, much to my surprise, he drew an arrow on my arm to remind himself and the rest of the surgical team 'which side they'd be attacking from'.

A rich cocktail of emotion followed.

On the one hand, I felt relief that there was something of an analogue failsafe in place, yet I couldn't help but be being alarmed and amused in equal measure at the fact that it didn't seem to matter how many qualified medical personnel were on hand, or how detailed the notes were, it all came down to a note written with marker on an unconscious human body that might as well have read 'not this nut, you wanker'. Despite my amusement, I made sure to ask him to 'pen it on in a couple of places just to be sure'. I then made a mental note that my first physical movement on awakening after the operation was to be to check that the right nut had been removed. By which I meant the *correct* nut. The left one. Not the right one. If the right one was gone, I was in a world of trouble. By which I meant the right-*hand* one. As I look. Which is actually the left-hand one as you look. Not that you would be looking...

'Just write it on one more time, would you please, doctor?'

The single page of the newspaper that I'd retained earlier then came in handy, as I decided to make some notes on it. The Surgeon had left the cubicle - I challenge you to articulate that out loud in a manner similar to that which you might adopt when declaring 'Elvis has left the building' - so I decided it would be a good time to make a list of things I'd like to do after the operation, when I was recovered. Unfortunately, beyond 'still be alive' and 'go back to that fish and chip shop I like' I was drawing a blank. So instead I opted to pen a few of my earlier observations - notes that in fact form the basis of most of this chapter, hence my ability to recall some of the finer details. Although at the time I made the notes I was doing it for the sake of my own sanity, rather than plotting this undoubtedly fabulous tome based on my experiences.

Next the anesthetist arrived to ask me yet more questions about myself. I took the opportunity to explain to him that I was terrified of the operation in general, but of all the things I was about to go through, the general anesthetic was perhaps the one I was most afraid of in a kind of ‘receiving too much/being allergic/not receiving enough and then dying’ type way. He was what I would call ‘professionally dismissive’ of my concerns, which to be fair was just what I needed. Rather than, say, him playing the situation for jocular effect.

‘Overdose? No need to worry pal, I don’t use chemicals’ he could say, and then reach for a comically-oversized hammer or simply slap a fist into the palm of his hand.

As he left, he told me it wouldn’t be long as I was ‘first in’. With my paper gone, notes scrawled, pulse racing and any remaining composure rapidly evaporating, I decided to focus intensely on the rather garish Captain Cook curtains around my cubicle which to that point had gone unnoticed. As mass-produced curtains for medical purposes relating to legendary seafarers go, they were pretty good. There was quite the selection of differing images, doing the great man justice in a number of scenarios. Although I noted no reference to him being ‘slain by savages in Hawaii’, whilst acknowledging that such an image could be interpreted as ‘quite the downer’ in a medical setting. I do wonder even now if every hospital has sets of bespoke curtains made to tie in with the name of the hospital. I bet they don’t, you know. Although part of me hopes that Dunfermline’s Queen Margaret Hospital has a set depicting a scene where the cave in the town formally used by the Queen as a place of devotion and prayer is being covered beneath the municipal car park that now stands there.

Sue turned up, which was nice – it felt like she was there because she wanted to be, rather than because she had to be. Which likely isn’t true at all, but still. And mere seconds after her arrival, two young men came to escort me to the anesthetist’s room. I said a quick goodbye to Sue, and before I knew what was really going on I was urged to hop up onto a gurney thing and remove my undergarments. Yet again. I’d semi-publically de-pants altogether too many times recently for my liking. In fact, given that I wasn’t

suffering any specific, acute medical difficulties as a result, that had been one of the most irritating consequences of the cancer up to that point.

One of the young men had clearly been given the less-than-glamorous job of bagging up my underpants for my subsequent, post-operative retrieval. He'd have been forgiven for entering into the job with the same level of enthusiasm a dog owner displays for picking up Rover's first dump of the day, but in fact he was quite chirpy.

'Fear not, they were clean on this morning' I said, trying to sound 'upbeat' but perhaps coming across more as 'frenzied'

I then began to fear that me making such a jape might have him believe the opposite was true. And that might distract him. And for all I knew he might progress from 'underpants collector' to 'anesthetic milliliter/centiliter confuser' any minute. This led me to reiterating my fear of death-by-anesthetic to anyone who would listen, whilst being wired up to a heart monitor and having a cannula put in my back of my hand. This was another first – being 'tubed up' so that I could receive all manner of liquids squirted direct into my veins. Saline. Blood. Worcester Sauce. That's something that by now I've got very much used to having done. By which I mean having the cannula put in. Not being fed Worcester sauce intravenously.

This was it. It was happening right now. The oxygen mask was placed over my face, and I confess that I started 'freaking out a bit'. I'd been scared before. Really scared. Like that time on the ghost train at Seaburn when a strange man grabbed my face in the dark. And by 'face' I do mean face, just to clarify or reassure. The anesthetist, who'd spotted my increasing sense of distress, squirted some clear liquid into the tube in my hand.

'I'll just give you this to calm you down' he said.



I gulped a few breathes of the oxygen. I thought of Liz. I thought of the kids. I thought of my Dad. Would I be joining him soon? If so, he'd better have the kettle on.

'I feel a bit calmer now' I said.

And I did.

Then: bang - I was out.

Unconscious.

What felt like an instant later, I was waking up in the post-operative ward.

## 8. Consequent

As it happens, I didn't die on the operating table. Nor did I regain unintended consciousness and the ability to feel pain, despite the retention of total body paralysis. Unsurprisingly, I remained in a state of utter senselessness for the entirety of the procedure.

Now, if you're as unfamiliar with testicular surgery I was, the exact nature of the operation may not be quite what you might expect, if indeed you can be said to have any expectations whatsoever. Before I'd taken that aforementioned foray into the world of late-night self-diagnoses in front of the laptop, and the vivid descriptions of testicular surgery I happened across as a direct result of the serendipitous fretting that followed, I had no idea about how an orchiectomy was performed. If, prior to that point in my life, I'd been forced to take a guess as to how it was done (I'm not quite sure how the scenario of 'being forced to hypothetically describe testicular surgery' might have occurred, nor do I particularly want to dwell on it...) I would have guessed that it was a matter of sweeping in 'from below', making a sizable scrotal incision, and then plucking the affected testicle out in a manner akin to scrumping an overripe apple from a pink, leathery tree.

But no.

In actuality, The Surgeon came at the testicle 'from above'.

Like a chaffinch. Or a military airstrike.

The first step was for someone to shave my upper groin/extreme lower abdomen area so that The Surgeon could see what he was doing. The Shaver only shaved the one affected side, which didn't bother me, but I imagine is not good for fans of symmetry or feng shui. Given that I'm not a pornographic actor or an Olympic diver, I'd never previously experienced having a shaved pubic area, so it was something of a brave new world for me. A world summed up in one word: itchy. Anyway, soon after I was officially out for the

count, someone shaved me. I do wonder if it was that the same chap who had earlier been charged with bagging my underpants. Perhaps it's something of a rite of passage for all trainee doctors: forced to undertake twelve months of 'pants and pubes' before being allowed to progress. Not unlike the degrading tasks that a prospect for membership to an established motorcycle gang might have to undertake, if wanting to be taken seriously as regards being voted into the club - so television leads me to believe, anyway.

With my pubic hair duly half-shaved off, a six-inch incision was then made in my newly-smoothed skin. And I know its six inches because I've just covertly measured my scar with a Grufallo-themed ruler I found in one of the kids' bedrooms. As an aside, the resultant wound is in *precisely* the same area that underpants elastic tends to settle - but more on that later. The Surgeon then entered through the incision and delved ever-downwards, like a deep-sea diver, stopping only when he'd 'reached the ocean floor', with the part of the ocean being played by my scrotum. From there, a 'radical orchiectomy' was to be performed, which in layman's terms means the snipping-off of my cancerous bollock and associated material. The severed nut was then pulled up and out of the incision, like the aforementioned deep-sea diver returning to the surface with a prize pearl. Then it was simply a matter of stitching me back up and I was done – Bob's your uncle. Well, Ben's your uncle. Your uncle with one testicle.

On the whole, it's not the sort of operation I'd want done under a local anesthetic and with someone offering a running commentary as it happens. Also, I suspect that when the cancerous testicle *is* removed, The Surgeon throws it nonchalantly through a miniature basketball hoop and then high-fives his colleagues triumphantly. Because that's what I'd do. But I wouldn't want the patient seeing it as it might come across as 'unprofessional', hence the need for them/me to be unconscious.

When I came round from the operation, it only took me a few seconds to remember where I was and to work out that I'd 'been done'. As per my pre-operative promise to myself, I immediately reached down to check that all was as expected.

It was! They'd done the right side. Well, the correct side. The left-hand side.

Phewf.

The relief was tangible. But what was even more tangible was the pain.

'How are you feeling?' asked a nurse somewhere in the fog to my right.

'It hurts' I said, like a toddler with a scraped knee.

'On a scale of one-to-ten, one being 'no pain' and ten being 'the worst pain imaginable', where would you say you are now?'

'Oh. Erm. A six, maybe?' I said/asked, feeling bizarrely guilty for not being able to accurately rate what 'the worst pain imaginable' would be like in comparison to how I felt then. But also mildly curious as to what scenario could or would indeed result in 'the worst pain imaginable'. I settled for 'being peeled like a banana by an alien overlord', which I blame firmly on the whole 'de-gloving' issue being at the forefront of my mind owing to having to have my wedding ring taped up.

Now, I believe at this point morphine was administered because the next hour or so was like some sort of beautiful dream of which I remember very little. I do however vaguely remember referring to the nurse as 'darling' on several occasions, and each time slurring an apology about mistaking her for my wife and 'not really being a sexist'. I can also just about recall, even in the midst of a narcotic stupor, being determined to underline my status as a non-sexist by comparing myself to people I wasn't the same as. This quickly came unglued, however, when I couldn't differentiate between Bernard Manning and Bernard Matthews.

‘Not the turkey man...that other bloke. Comedian. Big fella. He’d dead. Well, they’re both dead actually, darling. Sorry. I’ve done it again’

Even through the factor-six pain, I’d noted that the post-operative ward had been busy when I’d first rolled in, but the number of other patients seemed to diminish rapidly as I drifted in and out of consciousness. Eventually it was decided I was alive enough to be moved on, and I was duly wheeled out to another ward, fulfilling a bizarre lifetime’s ambition of ‘taking a trip on a hospital trolley’. Being pushed about on a hospital trolley was much better than any of the other things I’d been pushed about on, as there wasn’t that lingering feeling that at some point I was going to have to reciprocate. I do wonder if anyone has ever got to their ward, hopped off and asked the hospital porter ‘Here, mate, do you fancy a go? It’s great!’

Liz was waiting outside of the ward I was being transported to. Seeing her standing there waiting for me resulted in one of the best feelings of my entire life. Her expression, however, was somewhat strange I thought. Maybe she’d heard about my new-found penchant for calling the nurses ‘darling’? In reality, it was of course the look of a woman who was seeing her husband in a state of total incapacitation for the first time; following emergency surgery for the cancer neither she nor he knew that he had only 24 hours previously.

I was wheeled into the ward and left to rest in my own morphine-induced haze. I don’t know how much time passed, but suddenly there was my mother. Then she was gone. Then she was back. Then there was my Liz again. Then a nurse. Then my mother again. Then Liz again. With various significant people coming into and going out of focus, seemingly without reason or logic, it was a bit like the opening credits of *Match of The Day*. If only my mother had been furiously remonstrating with a linesman or Liz had crashed one in off the bar from 25 yards.

As the morphine eventually wore off, I began piecing together elongated moments of lucidity. The children arrived. My daughter seemed no longer concerned about the cancelled camping trip, and was instead more

perturbed by her Dad who likely wasn't making much sense. I explained to the kids that being in hospital was great. People brought you everything. The bed went up and down with a button, like those swish ones for affluent old people you see advertised during *Countdown* and *Fifteen-to-One*. Plus, there was a little helpy-helpy button you could press to summon a nurse. I was too frightened to press it, naturally, in case I was told off for not being ill enough.

The mere availability of such a button reminded of the time I'd been visiting someone else in hospital, where the elderly lady in the next bed over had a tendency to push the helpy-helpy every time she encountered the slightest inconvenience. Moreover, if she wasn't attended to *instantly* she'd emit an accompanying, feeble cry of 'Help'. In a hospital setting, hearing someone cry 'help' quite pathetically could prove disturbing, but not when 'Help!' is contextualised was 'I need a spoon for my rice pudding!' in the middle of a busy ward. Of course, Spoon Woman was attended to in a timely, courteous manner by the medical personnel, but there was a palpable feeling of irritation amongst the other patients and visitors, and some typically-British, subtle 'tutting of disapproval' as regards Spoon Woman helplessness. Hence, I feared effectively becoming 'Spoon Man', and I therefore made the decision that I wouldn't push the button unless I was really dying.

As afternoon became evening, my opening-credits-like sequence of recurring visitors departed, leaving me alone with the other patients. By this point was thirsty. Very thirsty, in fact. Plus, I was on a drip and I'd noted with some alarm that the bag was empty. I'd surely wither; dehydrate into some sort of puckered, prune-like form which would then disintegrate like ash when exposed to a light breeze. I couldn't press the helpy-helpy button to call for the nurse, of course. I wasn't having a heart attack. Or a stroke. Nor had I reached a nine on the International Pain Barometer. Instead I'd just have to lie there and desiccate in dignified silence, or until I could attract a passer-by with a wizened arm.

A nurse came around before I contracted into a crinkled corpse. It turned out that I didn't need the drip bag replacing. I was in fact fully refueled. Like a Boeing 747. I was still thirsty though. Unlike a Boeing 747. But I

didn't want water. Or aviation fuel. A long-dormant memory regarding the prevalence of 'orange drink' in hospitals had come to the fore. You know the type: we used to get it at school because it was cheap. And I'd seen it dished out on the wards when I'd been a hospital visitor. I had the distinct urge for some of that, if they had it.

And they did.

And I didn't just get a glass - I got a whole jug!

A whole jug?

A whole jug.

Now, something funny happens to us British folk when we're presented with a drinks receptacle that's intended to be shared or enjoyed in several sittings over an elongated period of time: we seem to view it as a challenge. A 'drink as much as you can' type-challenge. I'd argue this is why the phenomena of 'the beer pitcher' has not really caught on to the same extent in pubs in the UK as it has elsewhere in the world – because it becomes a mission to drink ALL THE BEER AS QUICKLY AS POSSIBLE. I'd also cite the humble teapot as a further example, if presented in a cafe or tearoom. In my own home, if I want a cup of tea, I make a cup of tea. If I'm feeling particularly adventurous, I could even make a *second* cup of tea. In a cafe, if I order tea I'll sometimes get a little teapot, PLUS a little pot of boiling water to refill the teapot if I want to. Feeling some unspoken obligation to consume all of it, I'll duly drink five cups of tea.

I drank eight glasses of orange drink that evening. Not that I was complaining. In fact, if I could have reviewed the place on the medical equivalent of Trip Advisor, it was definitely getting five stars. Or five syringes or five spleens or whatever the appropriate symbols might have been. And not long after consuming the aforementioned gallons of orange drink, I was presented with a laminated menu from which

to choose my evening meal. In a classic case of ‘my heart ruling head’ or ‘my eyes being larger than my stomach’ or ‘some other unfortunate, metaphorical-anatomical mismatch’, I opted for the chicken curry. It was lovely, but a mere three mouthfuls in I began to feel rather unwell, owing most likely to it being the first solid food I’d consumed in about 24 hours, it having been a prerequisite of the operation that I have only liquids beforehand.

Although by this point I hadn’t tried to move much and hence couldn’t accurately gauge *exactly* how much pain I’d be in on the Universal Discomfort Yardstick should an unannounced bout of vomiting occur, I had a fair inclination that it would not be a pain-free experience. With that in mind, I decided to park the curry and stick with the trusty orange drink to keep me nourished.

As the morphine was now wearing off, I was no longer ‘as high as a kite’ as per earlier in the afternoon, and hence I was able to take in my surroundings in some detail whilst the other patients ate their evening meals. It was a small ward and there were merely four patients on it, including me. I didn’t ever get as far as being on a first-name basis with any of the other patients, but I do remember the broad strokes of what they were in for. There was ‘Tongue Chap’. He rarely spoke. Somewhat understandably. There was ‘Ear Man’ - he was quite chatty but it wasn’t much of a reciprocal arrangement. And then there was ‘Nose Bloke’. I was, of course, ‘Cancer Man’, but I should really have been ‘Eyeball Dude’ in order to complete some sort of sensory-impinged superhero league.

My appetite returned mid-evening, and I rapidly devoured three custard creams whilst watching a football match on the big box TV that had been wheeled into the ward. In an era of bedside, flat-screen, pay-per-watch TVs, this was a welcome return to the communal technology of yesteryear. It was also eerily similar to the set-up I’d had back at junior school. If only there’d been a top-loading VHS player that the nurse had needed one of the older boys to come and help with because ‘the tracking was off’. My bed was nearest the TV, so it was my job to relay the action to my fellow patients. I was still a touch hazy from the



morphine, so there was something of a seven second delay. But it didn't really matter as only Ear Man took any great interest in the game and he couldn't hear me anyway.

When night came, I couldn't sleep. Unfamiliar surroundings, a drug-induced doze and the strangeness of the day's events meant I wasn't primed for sleeping. Instead I lay listening to a podcast about *Marathon Man*. There's nothing like a vivid reliving of an elongated dentistry-themed torture scene to make you forget about the surgery you've just had. Plus, there was the whole 'marathon' aspect to hate too. But despite all of that, I was really quite enjoying it when disaster struck. Well, more accurately, eight glasses of orange drink struck: I needed to go to the toilet. And with a sense of urgency, too. I could see the toilet. It wasn't far from my bed. I tried to move only to find myself recording a pretty high score on the Intercontinental Tenderness Criterion. It became quickly apparent that I wasn't able to get out of bed unaided without risking disaster on several fronts. Basically, I foresaw prolonged and undignified agony in a puddle of my own urine.

But wait...could I? Would I? Press the little button with the person on it? The helpy-helpy? I'd never even pressed the one on an aeroplane for fear of being 'a nuisance'. But surely, now was the time. I mean, what was the worst that could happen? I foresaw a newspaper headline that read:

'Nurse's axe-rampage horror: pushed over edge by button presser's feebleness'

Nevertheless, I fixed my courage to the sticking place and I pressed it.

It bonged.

And bonged. And bonged and bonged and bonged. But no-one came. I felt pangs of guilt. I might be disturbing Tongue Chap and Nose Bloke with my late night bonging. Ear Man, not so much. But you never know. His hearing might be returning now, after his...earectomy or whatever he'd had. I started counting

the bongs. If there were ten more I'd have to take charge of the situation. Somehow. Could you turn it off?  
Where was the unbonging/debonging button?

Mercifully, after merely two additional bongs, a nurse – who thankfully wasn't carrying an axe - arrived to help me.

My first instinct was to make a conscious attempt to appear as spritely and casual as possible whilst climbing out of bed so as to be seen to be 'not making a fuss'. But then I worried that I might get told off for pressing the button 'despite appearing to be spritely and casual', and hence leant to the other extreme of 'hamming it right up for effect'. However, it was all academic in the end as the reality was pretty agonizing without the need for amateur dramatics. I then shuffled to the toilet assisted by the nurse, who waited outside when I got there.

'This must be what it's like if you need to go to the hospital in the middle of an exam' I muttered.

Which makes no sense, I grant you, but what I *think* I meant was 'this must be what its like to go to the *toilet* in the middle of an exam'. I still do wonder what happens if that is the case and you need a number two. Does the invigilator come in the cubicle with you to make sure you haven't got the calculus solutions stuffed somewhere intimate? I hope I never find out. As an examination candidate, or, more particularly, as an invigilator.

Needing to wee meant I had to unleash the bits and bobs, which were neatly sealed in what is best described as pair of 'hospital swaddling bandage pants'. Unearthing the little chap meant a first glance at the disaster area.

Man alive, it wasn't great.

Everything was swollen, colourful and sore. It looked like that chap with the ram-horn headdress from *Indiana Jones and the Temple of Doom* had grown tired of ripping hearts out of peoples' chests and gone for a testicle instead. Also, weeing was excruciating.

I hobbled back to bed with my chaperone and asked for some more painkillers.

'On scale of one-to-ten...just give me the painkillers'

Even with them I still couldn't sleep. I went back to *Marathon Man*, but then before you could say 'NHS dentist' it was morning.

## 9. Home

The previous night's toilet 'adventure', in combination with the experience of a repeat excursion first thing in the morning, taught me a valuable lesson: bending in the middle was not advisable. And I'd come to realise that a person bends in the middle quite a lot, without ever really thinking twice about it. My first real task on the morning following my operation was to try to get dressed *without* bending in the middle, if at all possible.

It's fun - you should try it.

In order to replicate the conditions, I recommend gaffer-taping a tea-tray to your naked body, across your groin from, say, from naval to upper-thigh area. And then try and get dressed. I'll admit that your choice of attire will likely be affected by the experimental conditions. Skinny jeans are out. As are trousers in general. If fact, you'd be better off in a loose-fitting dress. For the gents I'd suggest possibly a baggy smock or a relaxed gown. Anyway, give it a go and then see how many of your normal, everyday activities you can easily undertake. I'm guessing not many. Mostly due to the physical inconvenience of having a tea-tray taped across your groin, but also because you'll be drawing looks of suspicion from family members, co-workers and concerned members of the public. After all, there's you, moving awkwardly in ill-fitting clothing - in these insecure times, there could be the fear that you're wearing a suicide vest. Rather than a tea tray.

Without a gaffer-taped tea tray to impede me - just a fresh, six-inch wound and associated agony - I slithered into a pair of trousers by my bed whilst trying not to weep openly. As I did so, I heard Tongue Man discussing his tongue with one of the nurses. I deduced from the fact that his knowledge of tongues and drugs was well beyond that of the average man, he was clearly a doctor himself. After all, what other profession brings those two worlds together? Tongue model? Drug taste taster? Unlikely, I felt. And Dr Tongue was clearly and very pleased with the care he'd had, and satisfied that his tongue was recovering well from whatever he'd recently had done to it.

As I hobbled out from behind my dignity curtains, Dr Tongue was the first to be discharged. He didn't speak to any of his fellow patients before he left. He *could* speak – after all, I'd heard him just moments earlier when he was talking about his tongue. But for whatever reason, he didn't speak to *me* - either about his tongue or anything else. Sheesh, and there was me thinking we'd bonded slightly over the big-box telly and the football?

The bastard.

Nose Bloke went next, offering a cheery if somewhat nasal goodbye. Then it was Ear Man's turn to holler his best in my general direction before disappearing out of the ward and off down the corridor. I could still hear him several minutes later.

Ear Man's departure left me alone on the ward, which was now in a state of semi-darkness and a bit eerie. If it had been a horror film, it would surely have been at that point where I was doomed to become the prey of *The Surgeon*, as aforementioned. Or indeed, any other health service-based cinematic evil. Such as Michael Myers' hospital rampage in *Halloween II*. Or the infamous scene at the nurses' station with 'the thing in the sheet with the hedge trimmers' in *The Exorcist III*. Thinking along these lines made me quite tense. And any man in a state of post-operative weakness really doesn't need the jitters associated with planning, in finite detail, how he'll hypothetically defend himself from a sinister, possibly paranormal fiend, should it emerge from behind the Captain Cook curtains.

Happily, Liz arrived to take me home before I could be murdered by any form of malevolent entity. And she wasn't alone: with her she'd brought a walking stick. Strictly speaking then, she *was* alone, as it's not like the stick could in any way be classed as 'animatedly existent' by anyone other than perhaps the seriously disturbed or very lonely. But you know what I mean. And with the wooden walking implement came the revelation that there was yet another thing in life that 'I didn't know I couldn't do' - use a walking stick.

You'd think it would come naturally, like riding a bike or hating the French. After all they're everywhere. Walking sticks I mean, not the French. Loads of people have them. Hill walkers. Blind folk. Well-to-do-fictional characters. But the action of properly employing a walking stick doesn't come naturally at all. I can only assume that the veritable Grand Masters of the device – the elderly – get some sort of guidance sheet tucked inside a 65<sup>th</sup> birthday card from the state. It'll be called 'Stick Utilization – Performance Standards, Knowledge and Understanding Requirements' or similar. And it'll arrive along with a pamphlet on 'How to Suddenly Stop and/or Change Direction Without Warning in a Busy Shopping Precinct' and a copy of this year's 'Good Garden Centre Tea-Room Guide' with an accompanying eight-page pullout on scones.

Upon leaving the ward I thanked the nurses for looking after me and apologized needlessly for both pressing the helpy-helpy in the middle of the night and for being the last to leave. Then, employing what's best described as an unorthodox technique when it came to my newfound inability to use a walking stick, I hobbled to the car on Liz's arm. I was, of course, in no fit state to drive, so after lowering myself into the passenger seat with all the grace and ease of a starched corpse, Liz drove home. And she did so with great consideration, taking it slowly and carefully so as not to cause me any accidental discomfort. However, as part of her effort to drive sympathetically, Liz drove so close to the curb that the car bounced across every single kerb-side drain cover, each time causing the car to jolt quite firmly. Each time that occurred, it sent an agonizing bolt of pain through my tender loins. Not wanting to be seen to be making a fuss, I said nothing. But eventually my inadvertent wincing, in combination with the clenched fists I was making every 270 yards or so that we progressed down the road, meant Liz cottoned on to my discomfort and pulled the car slightly to the right. For which I was grateful, and duly stopped crying.

On arriving home, I was so tired after a busy night of broken sleep, painful urinating and *Marathon Man* that I wanted to head more or less straight to bed. But first I needed to call in on Daniel to tell him that I was home, just like I'd promised. He was fast asleep, and thus wasn't actually that fussed about his returning father. When I persevered with making sure that he was temporarily conscious enough to understand that I was home, he mistook me for Tony, our 90 year-old neighbour who had been around

earlier that morning in order to keep an ear out for the kids whilst Liz was out picking me up from the hospital. I immediately blamed the walking stick for this discrepancy.

Having climbed two flights of stairs to our bedroom and thus reached the summit of Mount Painful, I approached the bed. Liz appeared behind me in the bedroom doorway.

She had learned a neat trick with a carrier bag, so she informed me.

I told her I was tired, sore and in no fit state for exiting new bedroom discoveries.

She qualified that the trick was one that she had learned from her mother.

I reiterated my previous statement.

She went on to disclose further that she'd learned it from her mother when *she'd been ill*, and it assisted in getting into bed without having to bend in the middle.

I suddenly became more interested.

Liz explained that the trick involved placing the bag on the bed, sitting on the bag, leaning back a bit, lifting my legs up a bit and then swiveling. The bag reduced friction, allowing for a pleasing sliding-motion and minimal movement. If you've ever put some washing-up liquid on the linoleum to assist with getting an unruly washing machine into place (and if you have, then I formally welcome you to The Guild Of People Who Have Maneuvered a Stupid Washing Machine With Its Uneven Weight Distribution And Ridiculous Lack Of Hand-Grips - we should all get matching tattoos), then this is the human equivalent.

So, if this book gives its reader just one thing to take away in terms of practical, free, carrier-bag-related patient-manipulation advice, its that. I say free, but in these environmentally conscious times it could well cost you five pence. Perhaps I could patent a special bag for the bedridden. It would form some sort of legacy for after I'm gone. Plus, a thorough understanding of the carrier-bag technique effectively permits you to hand a plastic bag to any post-operative person and declare 'SWIVEL ON THAT!' for comedic purposes. Or maybe that's just me.

But, carrier bag or no carrier bag, before I could slide on into bed I had to get undressed. At least now I had Liz to help me. I decided I wasn't yet ready for the total removal of the 'hospital swaddling bandage pants', so instead I opted to get a second day out of them – their removal could be tomorrow's excitement. Speaking of excitement, I'd been bought some new pyjamas. Which was nice. I hadn't considered that I might get presents because I was unwell. I unwrapped them enthusiastically, observing that 'there was nothing quite like that new pajama smell' - coincidentally not long after having consumed a healthy dose of the painkillers I'd been sent home from the hospital with. Pyjama-ed up, I then slid into bed as gracefully as a swan with one testicle, using the carrier bag trick. I then paused to offer posthumous thanks to my mother-in-law.

It was nice to be in bed. I was comfortable and at ease. I closed my eyes and began to drift, only to be soon roused from peaceful semi-slumber by a loud, flump-like noise and an excruciating pain in my groin area. The family cat, who is the size of a small elephant and displays similar dexterity, had decided he *needed* to clamber over me, being sure to step precisely on my most tenderest of areas in the process. I'm very fond of the cat and it was nice to see him, but his misplaced feet forced an involuntary cry of 'Hiiiiiaaooeejarghghgh!' from me, resulting in him being reluctant to head further up the bed for a stroke. Instead he decided to settle uncomfortably on my knees (uncomfortable for *me* I should stress, not him...), just out of reach of my hands in that way that only a cat can. After giving the matter some thought I couldn't decide whether his arrival was a case of 'loyal feline joins sickly, beloved owner' or, perhaps more likely, 'shallow cat saps heat from ailing human'.



The rest of the day was a blur, and I can remember nothing in any great detail. Thanks largely to the painkillers, life was still something of a fabulous dream. I'd been sent home with two lots – 'strong 'uns' for a night time and 'not-so-strong 'uns' for the day time. It's fair to say that they did for my cognitive ability what slamming your hand in a car door might do for your handwriting prowess, but they certainly worked in terms of relieving the pain. Every four hours or so was like another trip to Neverland. If Peter and/or Wendy had been bed-ridden. With a fat cat uncomfortably asleep on their knees.

However, despite the fabulous drugs, it took me less than 24-hours to deduce that being a patient at home was comparatively boring. The bed didn't move. There was no one to earwig on, nor was there a buzzer to press. Plus, Liz wouldn't furnish me with a bell to ring. I had considered banging on the floor with my stick if I'd wanted something, like elderly Madame Fanny La Fan from *'Allo 'Allo*, but I'd decided that, at best, I'd likely have my stick taken away, and at worst, I'd have it permanently inserted. But having grown bored with bed, it was with a certain degree of drug-induced enthusiasm that I decided that the next morning I would not only get up, but I'd go out into the garden.

A few weeks before the whole 'cancer shite' had reared its tumourous testicle, I'd received a surprise package from some friends across the pond that contained a can of spray cheese (not available in the UK owing to one if not several - or indeed all - of the ingredients having been deemed 'not very good for you' I fear. Which, for the sake of my heart/waistline, is probably a good thing as I'm the kind of chap that can finish an entire can in one sitting) and a bright yellow baseball cap adorned with the logo of the Nashville Predators ice hockey team.

I know nothing at all about ice hockey. I was once wearing the hat in question when an unfamiliar young man came up to me in the street and started waxing lyrical about the sport, having noted my cap and hoping he'd found a likeminded fan. I of course did the only thing I could do. Which wasn't 'admit cheerily that I knew nothing about the sport whilst thanking him for an uplifting moment of unexpected social

engagement and then offer a sincere hope that his team of choice 'wins the/a cup' this year', but was instead 'smile, nod, pretend not to speak English and run away'. I don't wear that hat quite as often these days.

But, on the morning in question I donned the hat for my first post-operative foray into the garden, and in fact there is photographic evidence of me sat in a deckchair, adorned in the hat and clutching my stick on that very morning. As an aside, that particular picture makes me look like I've only got one arm. But the hat has become somewhat synonymous with my determined recovery. Whenever I look at it now I think:

- 1) Oof, that cancer operation didn't half hurt
- 2) But wasn't I determined in my recovery?
- 3) I couldn't half go for a can of spray-cheese just about now

That first day 'up and about' after the operation also marked the day of the first *tangible* thing the cancer had cost me. I had been due to run the infamous Middlesbrough 5k again that day. But I was downed. Floored. Incapacitated by the cancer. More irritatingly, I was due to chaperone my daughter around the smaller 2k course.

I'd missed out on a finisher's medal.

And a complementary t-shirt.

And a precious 'father-daughter bonding/memory' opportunity.

But most importantly, that finishers medal.

I might have gotten a pair of pyjamas out of it, but still. This cancer shit would not stand. Or sit. Or lie down with a cat sat uncomfortably on it.

I was determined that I was going to get better as quickly as possible.

## 10. Scanned

Merely a couple of days after the operation, it was time to commence The Hunt For Yet More Cancer. Not to be confused with *The Hunt for Red October*, as it was to feature neither a nuclear submarine nor a questionable Russian accent. And nor was it to be confused with 1980s TV game show *Treasure Hunt*, as there'd be no helicopter, no Kenneth Kendall and no Anneka Rice. To the best of my knowledge. Although, The James Cook University Hospital does have a helipad, so should I one day acquire the requisite funds to purchase the use of a helicopter and to hire Anneka Rice for the afternoon (on the assumption that she hires herself out for afternoons spent as a hospital/helicopter companion), I might well make that dream a reality, as its clearly something that every man should aspire to.

Opting instead for a more traditional method of screening, I was in fact hobbling back to the hospital to have my first CT scan – which is computer-processed set of multiple x-ray images that can be combined to make what is effectively a cross-sectional view of a person's innards. Now, I can't recall in fine detail exactly what went on that day, owing to my fabulous drugs and delicate, post-operative state. So I've kind of pieced together what happened, using my other experiences of the CT scanning routine as a reference. Think of it a bit like a *Crimewatch* reconstruction. Even though its really nothing like that.

Heading back to the James Cook for the CT scan meant an opportunity to get lost in an all-new and exciting area of the hospital. Prolonged endurance on my part revealed that the hospital's CT scanning area was in the x-ray department. Which is also known as 'radiology'. And is easily confused with 'radiotherapy', if you're an idiot like me. But hopefully not as easily confused if you're a paid medical professional, otherwise a patient could well be coming in with a suspected fractured fibula, yet end up going home with a newfound ability to glow in the dark. Actually, it's not just that the CT scanning area is merely *in* the x-ray bit, it's almost like it's an executive wing of the x-ray department. The CT scanning area even has its own separate little waiting area from which I could look down on those who were about to be merely x-rayed whilst sipping bucks fizz and picking at caviar nibbles.

I must stress, I didn't *literally* look down on the x-ray folk – it wasn't a balcony or a penthouse or similar, although that would have been fabulous. Nor did I really get bucks fizz or caviar nibblets, as those are reserved exclusively for patients who've gone private. Anyway, I have come to think of the CT scanning area being akin to 'business class', as oppose to the x-ray bit being merely 'standard'.

You know, I once had the fortune to be upgraded from standard to business class on a trans-Atlantic flight. I was 17 years old, on a school exchange visit to New York State, where I was to stay with the family of a lad called 'Fimbol', which is a name I'd never heard before, nor have I ever heard since. There I was on the plane - upgraded, terrified and separated from my fellow exchangees. I seem to recall I was wearing an Adidas track suit, which likely didn't really help me to blend in with the business types.

There are only three things I can remember about my experience of business class with any real clarity:

- 1) Dinner came on proper, actual plates.
- 2) I asked the flight attendant if 'I really was OK to keep the complimentary sponge bag' four times before being finally satisfied I could take it without being arrested on touchdown.
- 3) I had my own TV and a choice of channels. I watched *Tomorrow Never Dies*, during which I fell asleep. I woke up to find myself slumped forward in my seat and drooling into my own lap. I felt it necessary to apologize to the executive-looking sat lady next to me. She told me not to worry about it.

Anyway, because one of the prerequisites of having a CT scan is needing to have drunk lots of clear liquid, every CT scanee is given their own little jug of water in the executive waiting lounge. It's like a party. A very subdued, uneventful party. Where the guests leave the little room with the stack of well-thumbed *Marie Claire* magazines one at a time to be pumped full of radioactive dye.

Worst party ever?

One time I was joined in the pre-CT scanning area by a nun. She wasn't giving me the last rites or anything, she was a patient too. Even though she was lovely, I was quite intimidated. I tend to get that way around the devoutly religious. As if I'm going to utter an involuntary 'Hail Satan!' or accidentally invert a crucifix or something.

Another time, I was joined in the waiting area by a woman of indeterminate age who was accompanied by her mother. The pair were friendly and very chatty, and I felt instantly at ease in their company. The woman was a veteran of not only many CT scans, but also cancer surgery, chemotherapy, radiotherapy and all other associated ordeals. Her decades-long battle had clearly left its mark on her physical body, yet her spirit remained undying. She spoke of facing the kind of adversity that would have broken many, yet she refused to be downbeat in accepting her lot. She laughed, joked, smiled and sympathized with me and my comparatively trivial one-cancer. In short, she was the type of human being I could legitimately class as 'an inspiration'. Only a few weeks after my one short meeting with her, and purely by chance, I saw her picture in a local news article online – alongside her obituary. She had died aged 46, following a 20-year battle with cancer. Her daughters described her as 'brave and defiant'. I'd known her for 20 minutes, but those were perhaps the same words I would have used. For someone I didn't know and that I met so briefly, I think of her often.

I was given 30 minutes to drink the jug of pre-operative water, and during this time things happened in stages, which at least broke up the tension. I was in fact *extremely* tense on that first occasion, as I didn't know what to expect and I hadn't had time to re-watch *Stargate*. Firstly, I was called into a side room have a cannula put in again. My nerves were not eased when we encountered 'trouble' - it took several attempts and multiple chuntered complaints of 'nothing's going in!' from the nurse before the/a vein was eventually found. Such vein-related trials have proved to be an ongoing issue for me, but I and indeed several different medical personnel have noted that whilst 'getting stuff in' proves problematic, I have no problem 'letting stuff out'. I believe the expression 'Oof, you're quite the bleeder' was once uttered following one of the more epic complications. Anyway, after some lengthy toiling I eventually felt a rush of cold water shoot up

the inside of my arm, as the nurse squirted a syringe-full through to make sure the cannula was finally working. I have to say, that was and remains quite a weird sensation. And one that inevitably led to me having a serendipitous panic about the possibility of accidentally being injected with an air bubble and it going straight to my brain. I've often worried about that. It only takes the person with the syringe to have an off day. I mean, on more than one occasion at home I've thrown dirty socks in the toilet whilst almost weeing in the washing basket, owing to not having the brain fully engaged. A similar mistake in a hospital setting and its goodnight Vienna. Well, goodnight Middlesbrough. I tell you what else I occasionally wonder about - being accosted and injected with a mystery substance on the street by a strange, ailing scientist. Not unlike what happens to Martin Short in *Innerspace*.

After a successful cannulation, I was directed back to the waiting area for another cup of deliciously tepid water, before then being invited to strip off yet again. Happily for all concerned, this time the testicles (well, testicle) were/was not to be on show for everyone's delectation, it was just a matter of being clothed in suitable attire so as not to interfere with the workings of the fantabulous CT scanning contraption. No metal is allowed, you see. As I slipped into another rather fetching hospital gown, I began to consider that 'they'd have to give Mr. T more than a few minutes warning, what with all of his chains and suchlike'. Then I began to ponder just how very out of touch I was with contemporary cultural references, and to wonder who, if anyone, was the modern day equivalent of Mr. T. In the end I decided there wasn't one. He was very much a product of his time. Like a Sinclair C5 or a steam-powered threshing machine.

Back in the waiting area, with everyone looking splendid in their hospital gowns, it was like the 'party' had become a slumber party. I have to say, those hospital gowns are unnervingly comfortable. It took all of my concentration to remember I wasn't at home in my lovely new pyjamas and thus wasn't free to break wind or scratch myself in an intimate place with reckless abandon, as that may in fact have been frowned upon.

Before you could say 'if you don't stop that sir I'm going to have you ejected from this waiting area for the comfort of the other patients', it was my turn to enter the CT scanning chamber. It was a large room, with a

sectioned-off bit that allowed the relevant medical personnel to observe proceedings without being exposed to what the internet informs me is 'radiation a thousand times the power of an x-ray'. Mother of Hades, that's a lot of x-rays. No wonder they lay a lead-lined belt/skirt thing across my groin, presumably to protect the remaining nadule from total sterility.

I've had several CT scans now - I bet I'd set a Geiger-counter clicking away like an arthritic knuckle convention. Plus, I'm furious that I don't at least have *one* type of superpower as a result. I could be 'The Man With The X-Ray Testicle'. The irony of course is that such exposure, over time, actually increases my chances of getting cancer. Well, of getting cancer *again*. It's a bit like firing a rifle into the air whilst trying to shoot down a pterodactyl, knowing full well that one bullet in a thousand is going to come out of the gun at the wrong end.

Yes, it's *just* like that.

In the middle of the large room was the CT scanner itself, a bit like a narrow single bed with a Stargate at one end. I felt actual, tangible relief that this represented one medical-related bed that I was being asked to climb atop whilst keeping my hospital-issue trousers *on*. Indeed, the best thing about the CT scan was, given that I was still rather delicate, at least I got to have a bit of a lie down. Although it only really offered a somewhat false sense of comfort, as various people traipsed in and out like it was a thoroughfare, some stopping to fiddle with the Stargate and/or me. Lying there, I got to wondering if I'd be more or less reassured if the CT scanner resembled the 'Bertha', the machine from the old kids' TV programme of the same name that I recalled from my youth. In the end I decided 'less', as although Bertha always seemed very nice, I could never fully shake the feeling that really she harboured a desire to eat everyone in that factory.

So, as I lay on the bed-thing, I was instructed to lift my arms up over my head, so that the cannula could be connected to the dye tube (as oppose to the 'die' tube, which is presumably what patients get connected



to their cannula at the *Dignitas* clinic). The nurse then explained what was going to happen to me in terms of the dye going in, before she stepped back behind the 'blast shields'. Next, she pushed a button or pulled a lever or burned appropriate material in order to cause an emission of white smoke from the hospital chimney to signal the start of the process. This meant it was time to go through the Stargate-like thing a couple of times.

At first I was surprised by just how noisy it was, but quite pleasingly it was very much the kind of science-fiction-type-noise I'd expect to hear if I was about to be sent back in time or through to another dimension where the slugs were in charge. However, rather than being transported back to 1885 or over to The Planet of the Slugs, I stayed firmly in the hospital where an automated, female voice (devoid of feeling or emotion, very much how I'd imagine the mouthpiece of a race of robot overloads to sound, which I found simultaneously reassuring, worrying and a little alluring) told me to 'Breathe in!' and then to 'Hold your breath!' before finally requesting that I 'Breathe normally!' These instructions were accompanied by visual cues in the form of little pictograms of a bald chap in various states of breath-holding, which amused me then and has done on every subsequent visit.

At the same time as all of this breathing, holding and travelling in and out of the Stargate was happening, I was flushed with the dye, which is a strange experience. It first manifested itself as a funny taste (which I kept tasting on and off all day) before I felt a distinct hot flush in the upper-abdomen. Then it felt eerily like I'd wet myself, before the warmth moved further downwards, pooling around my ankles and then finally ebbing away away. Should you wish to re-create the experience for yourself in the comfort of your own home, the best parallel I can offer is 'imagine drinking a can of warm, metallic-tinged ginger beer so quickly that you can feel it going down, before wetting your pants whilst standing in a warm bath', all to the sound of any electrical items you can find to simultaneously power up.

Hypochondriac Ben (who can, for clarification, live in harmony with either Present Ben or Future Ben) did wonder – once he'd firmly established that he *hadn't* in fact pissed himself - 'but where has all of the dye

gone?’ after it had seemingly left the feet area. I assumed some sort of ‘absorption’ had occurred, and was doubly curious when wondering whether or not I would excrete a phosphorent piss a few hours later.

I didn’t.

Which was mildly disappointing.

And that was it - I was all done. All that remained was for me to be disconnected from the empty dye receptacle and led back into the waiting area (which now moonlighted as a ‘recuperation lounge’) for a short period of post-scanning observation to make sure I was alright, before being de-cannulated and allowed to go home. On this first occasion and a couple of occasions since, I have been what you could describe as ‘not alright’ owing to being ‘quite the wuss’. On such occasions I was prescribed a cup of tea and three bourbon biscuits, which in each case resulted in a speedy recover. Although last time I had a CT scan, owing to a ‘change of dye’ I was asked to hang around for an hour on hospital grounds after de-cannulisation ‘just in case’.

I found the ambiguity of ‘just in case’ a little alarming. So much so in fact I asked a nurse:

‘In case of what?’

‘In case you have a reaction to the dye. And, well, you know...’

‘No...I don’t know...’

‘I wouldn’t worry; it usually happens in the first few seconds after the dye is administered’

'It? What? What happens? Gigantism? Lycanthropy? The rapid formation of a rash on the abdomen resembling Elvis?'

She laughed. She didn't answer, but she laughed...

## 11. Apprehension

The CT scan was done, the blood I'd had taken on the day of my diagnosis was being tested and my tumourous testicle was away being dissected: Now it was time to play the waiting game. Although, as Homer Simpson once said, 'the waiting game sucks; let's play *Hungry Hungry Hippos*'. But I couldn't do that, because we didn't own *Hungry Hungry Hippos*. We did have *Guess Who?* though, the only board game in existence that can reduce a competitor to emitting a broken cry of 'BUT YOU SAID HE *DIDN'T* HAVE A MOUSTACHE!' before upending his half of the game and storming out of the caravan. Or, there was always *Mouse Trap*, with its stupid, twanging boot and that hand-spring thing that will never stay in the damned plumbing, forever popping up and causing the bastard bowling ball to set the diver off and thus bring the trap down prematurely.

Stupid board games.

Anyway, in whichever way I chose to pass the time, I had been left with effectively two weeks 'in limbo', waiting for results that would tell me if the cancer had spread, and if so, to *where* it had spread. The information contained within The Death Pamphlet informed me that if the cancer *had* spread, it would be to my 'lymph nodes' at first. I confess that I hadn't heard of lymph nodes before getting cancer, nor did I have any understanding as to what they were. 'Lymph node' sounded to me like a Scandinavian rock star.

'Please welcome to the stage, legendary guitarist with the Oslo Glam Satans, Lymph Nöde!'

Aside from being a fictional/non-existent Norwegian axe slayer, I read that lymph nodes were 'small swellings in the lymphatic system where lymph is filtered and lymphocytes are formed'.

Wait, what? 'Where lymph was filtered'?

What the hell *was* lymph?

‘Pint of lymph please, chief.’

‘Lymph’, I went on to further determine, was ‘the liquid that circulates in the lymphatic system’, which was itself ‘part for the circulatory and immune systems’. Now, I’m no doctor – no doubt you’ll find that fact hard to believe having read this far– but I knew that the circulatory and immune systems were important, in the same way that I’m also ‘no mechanic’, but I understand that ‘engine’ and ‘wheels’ are vital car components.

Lymph nodes were, I discovered, key to understanding metastasis – the spread of cancer from one organ to another. If the cancer hadn’t spread, or if only lymph nodes in close proximity to my ‘testicular area’ were affected, I’d be classed as ‘M0’. If cancerous cells were found in the more distant lymph nodes (‘there’s trouble with the band, Lymph Nöde has been distant these past few weeks...he doesn’t want to work on the third album or go on the European tour’) or the lungs, I’d be classed as M1a. If the cancer had spread to other organs, say the liver or the brain, I’d be classed as M1b. Not to be confused with ‘MiB’ – those fictional men in dark suits who chase aliens.

I was already familiar with stage M1b or ‘stage 3’ as it’s also known, thanks to the tale of epic cycling cheat and renowned cancer-puncher Lance Armstrong. I recalled that he’d seemingly once been given a slim chance of survival, having effectively been diagnosed with ‘cancer of the everywhere’. Now, there’s a scene in the John Carpenter movie *Prince of Darkness* where a possessed Alice Cooper stabs a man to death with half a bicycle.

Yes, you did read that correctly.

I tend to think of that scene when I think of Lance Armstrong and cancer. Despite his sporting discrepancies, no man can deny his achievements when it comes to besting cancer – an activity where drug

use is both allowed and encouraged. So in my analogy, Lance Armstrong is Alice Cooper. And cancer is the man he stabs with half a bike. The bike being aptly symbolic, of course.

Regardless of whether I was to be classified as M0, M1a or M1b, I had no fight to ready myself for whilst waiting for my results – I was in a state of uncertainty. Instead, I had mere fundamental, everyday challenges to face. These included tasks such as ‘having a shower’ and ‘changing the dressing on my wound’. Showering was problematic because it involved twisting and stretching and bending. That makes it sound like I was showering with Rosemary Conley, but if you’re in any doubt as to how much moving about you do in the shower, try strapping the tea-tray back on and giving it a go. When it came to changing the dressing, it was in effect a large, self-adhesive pad which, despite my fabulously-shaved half-groin, was very painful to remove. And I can tell you, if there’s one area of your body you *don’t* want to have to keep un-attaching and re-attaching a self-adhesive pad to, it’s a post-operative groin area. After a short period of trial and error, or indeed, ‘error and further error’, I worked out that it was better to combine the tasks of showering and bandage un-application. As the sage, old Native American saying goes:

‘The wise man unpeeled his agglutinant under running water’

And he did so for two reasons: firstly, the water helped soften the adhesive, which in my particular case was so effective it appeared to have been developed by NASA in order to glue space shuttles together or similar. And secondly, the sound of the running water masked my pitiful screams a little.

A couple of days after the operation, I finally built up the courage to shed my hospital swaddling bandage pants, like a butterfly shedding a chrysalis. The removal of the dressing revealed a crotch that looked very much like the Batman villain ‘Harvey ‘Two-Face’ Dent’: one side was pink, hairy and sporting an unexceptional testicle; the other was purple, damaged and lacking a certain something. You know, I can see this as a Facebook quiz:

‘Which DC supervillain does *your* crotch most resemble?’

Actually, as much as I like my friends and family, I wouldn’t want to see the results of that on my feed. Or their feed. Or any feed. I’m getting all sorts of vivid mental images for things like ‘The Penguin’ or ‘The Joker’ or ‘Poison Ivy’. And I don’t even want to think about ‘The Riddler’.

But with my hospital swaddling bandage pants now disposed of, I was treated to some new underwear that would offer me the kind of comfort and support I imagine only a sports bra brings or a grievance counselor can bring. However, I made reference earlier to the unfortunate cosmic coincidence regarding the location of my post-operative wound and the natural home of underpants elastic. I did make the error on one (and only one) occasion of nonchalantly ‘snapping’ my underpants on.

I cried.

Because of the surgery and my resultant singular testicle, I felt it important that my newfound monorchistic status was underscored and duly given the respect it deserved at home. Hence, I felt the need to have a conversation with the kids about it ‘no longer being funny to punch Dad in the crotch’, which is not really a conversation that any father wants to have with his children. After all, it *used to* be funny. Well, funny for them. And for Liz to watch. For me? Not so much. But as I explained that testicular contact was no longer on the list of ‘acceptable hilarity’, we recalled together with delight the times it had been funny for them. With the tears – some of them tears of joy, albeit not mine – and the laughter. As a family we’d shared some special moments. Special, agonizing moments. So many, in fact, that we could have had a veritable testicle testimonial.

Indeed, a testiclional.

For example, there was the one time I was engaged in a game of ‘restaurants’ with my daughter in the grounds of an English Heritage ruin. My role in the game was to go into the pretend restaurant and order some pretend food from the pretend menu. I’d then take a pretend seat as she pretended to cook it and then brought it to me. I’d pretend eat it, and then pay for it with pretend money whilst telling her how much I’d enjoyed my pretend meal. Then I’d leave the pretend restaurant, and the whole process would begin again.

After entering the pretend restaurant for the 27<sup>th</sup> time that particular afternoon, I took the audacious step of asking the chef to prepare a pretend dish that was not on the pretend menu, just to ‘spice things up’ a little bit.

This went down poorly with the pretend chef.

I saw the formation of a wild, fiery look in my then-six-year old daughter’s eyes, before she unleashed a most unexpected and rather devastatingly accurate right-hook to my crotch that, even now, still brings tears to the eyes. I dropped like a felled oak, to a chorus up uproarious laughter from my son, daughter and, despite a failed, fleeting attempt at disapproval, from Liz.

I’d like to say that this was an isolated incident. But it wasn’t.

However, the operation meant the end of crotch-based japery. For me as the recipient, at least. The remaining testicle needed to be kept safe. Like a Faberge egg or a set of porcelain souvenir thimbles.

I find stories that involve some sort of unexpected testicle impact highly entertaining, so in the hope that you do too, I’ll share a couple more:



I've often wondered if my own tumourous testicle issues were some form of universal karma for an incident that took place many years ago, when I was about 14 years-old. I was on the school playing field engaging in some keepy-uppies with a football. A friend of mine was stood watching, eagerly awaiting his turn with the ball. Under the pressure of his watchful eyes, I began to struggle and somewhat lose control. The ball began to stray almost out of reach, edging perilously close to my static friend. Despite the ball beginning to invade his personal space, my mate didn't move. I was keen to (and I've used this exact phrase try and explain my subsequent action to him many times over the years) 'hook the ball away from him' so as to prolong my keepy-uppy streak. However, whilst overstretching somewhat, I missed the ball entirely and rather than 'hooking the ball' I instead 'hooked his testicles' with my boot-clad foot.

And not gently.

He made a noise that likely hadn't been heard since primordial times, and then remained motionless on the school field for a very long time. After a good half an hour or so, I enquired as to his wellbeing and was told, in no uncertain terms, where both 'I and my foot could go'.

We're still good friends twenty years later. But he's never forgiven me.

Another time, many years later, I was working in a small office that had taken receipt of a box of 'sample gifts'. One of these gifts was an air-powered rocket that could fly 'up to 50 feet!' according to the pidgin English on the packaging. Three of us tried and failed for several minutes to fathom out how this wondrous thing worked. And all three of us had a hold of it when I finally gave a hard pull on what I can best describe as 'the rocket sheathing', causing the projectile to shoot unexpectedly loose from the packaging at quite breathtaking speed, straight into the crotch of one of my fellow rocketeers. He was a big bloke, but he went down like he'd taken a George Foreman roundhouse/uppercut/grill to the chin.

I'm afraid I laughed so hard that my nose bled.

My colleague left the office some time later, moving in the same way a cowboy might after a long and uncomfortable day in the saddle. As an aside (to, erm, this aside), in a moment of uncharacteristic outgoingness I went to an audition for *The Weakest Link* that very afternoon, and I regaled the 'interview panel' with the story of 'the testicle rocket' as part of my introductory ramble.

I didn't get on to the show. Despite the hilarious testicle monologue. Not that I'm bitter.

Stupid programme.

I'm glad that it got cancelled.

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Initially, following the operation, mealtimes and going to the toilet were an issue as they were times where bending in the middle was something of a necessity. Despite my lengthy whining, I was in actuality quite determined just to 'get on with it' as much as possible. That Middlesbrough 5k finisher's medal that I didn't get to earn had lit something of a fire under me. And I henceforth channeled that determination into two things: The first of which was the cinema podcast that my friend and I were committed to churning out every week. I was utterly determined not to miss recording a single episode of that, meaning that only four days after the operation I got Liz to physically help me to the cinema to see the Tom Cruise sci-fi action picture *Edge of Tomorrow*. This resulted in what was far from the most comfortable two hours of my life, as anyone who also has 'tried not to bend in a cinema' (with or without the application of a gaffer-taped tea-tray) might be able to sympathise with. The resultant podcast was *not* one for the ages, and was in fact recorded with the on-air caveats that I was 'on painkillers so may well talk bollocks' and also that 'If I passed-out, Liz would just take over'.

The other thing that I was determined to get back to was the running. I may have taken something of 'a sabbatical' from it following the marathon, but that had been on my own terms. The current sabbatical was enforced. It was on cancer's terms. And those were – if I had a pump-action shotgun to hand, I'd pump it for effect here – 'unfavourable terms'. Even through the cancer diagnosis and the unforeseen loss of a testicle, I still not forgotten about the Global Corporate Challenge thing and its 10,000 steps a day, and I saw that as my way back to fitness. Crying in the shower aside, I was determined to build my physical strength at all costs. Well, some costs. Minimal costs.

Despite my initial reliance on it, I hobbled less and less every day and soon threw away my stick. Like Jesus. Actually, he urged others to throw away their sticks after he'd cured them, didn't he? According to my rudimentary understanding of biblical miracles, that is. Which likely isn't accurate. If indeed any casual reflection on a bible story can be said to hold any form of accuracy whatsoever, without entering into a potentially offensive theological debate about it. Plus, I didn't literally throw the stick away. I put it in the oversized beer stein we keep near the front door and use as an umbrella stand. But that doesn't have quite the same ring to it.

Anyway, I was determined to make up for lost time. Eight days after the operation I made it back to 10,000 steps. It was rather agonizing, but things got easier physically every day from thereon in. The walk which would supplement my quest for 10,000+ steps became the focal point of every day; a purpose; something to do other than just sit about and worry.

But, I'm a born worrier. And it was during these walks that the gravity of the situation began bleed fully through. Whilst alone and wandering somewhat aimlessly, I began to worry as to if my days were numbered. Behind what I'd refer to as my 'bemused amusement' regarding the whole situation, I was truly terrified. Thus, my determined daily walks soon became melancholy rambles, and I started to wallow in self-pity.

I was scared.

Scared about what might be to come. Scared of dying. As Sue had said, the cancer had no identifiable 'cause' as such and there had been no warning - there was no purpose to it.

It was meaningless.

Like life.

Clichés abound regarding getting older and wiser, and I have learned many lessons from many things. Parenthood. Bereavement. That copy of *Readers' Digest 1,001 DIY Hints and Tips* that I use as a doorstop. Those tortoises I looked after whilst their owner was on holiday. And cancer.

Cancer has taught me many things. One of them is humility. The bleak truth that bad things happen to 'good' people all of the time. I was a good person. I *am* a good person. I like to think so anyway. I mean, I'm not Gandhi or anything, but I'm a decent bloke. Yet better people than me suffer worse fates than testicular cancer every single day. So soon my defiant reasoning – 'I didn't deserve this. I'd played by the rules. I'd been a good lad' – gave way to anger. I was furious. Absolutely furious.

What was cancer? Stupid little cells growing in the wrong place?

Damn you, stupid little cells.

There is a tendency to personify cancer, to make it a monster with a personality; with human traits. And I don't just mean the chap that Alice Cooper stabbed with half a bike. But cancer is not a person. And I recognized that. It couldn't be reasoned with or bargained with. It couldn't be shown the error of its ways.

It wouldn't crumble in the face of defiance. And it absolutely would not stop. Like *The Terminator*. Or a traffic warden.

I can remember two particular walks amidst those strange days. During one walk it rained. And I mean proper, biblical, coming-down-like-stair-rods type-rain. I'm not a member of any particular organized faith, but that doesn't make me godless. Soaked, I stopped and stood in the middle of a field. I looked to the heavens and addressed God directly.

I asked for a sign.

Which, admittedly, was a request that was low in originality – but one that was high in raw, almost euphoric emotion. Any sign would have done. A heavenly light. A clap of thunder. Men at work. Give Way in 170 yards. Anything.

All I wanted to know was that there was some sort of point to this...nonsense.

I stood for the longest time by the foothills of Roseberry Topping, with the air still and the rain falling straight and hard, frozen in time like an angry idiot. But I got nothing from God. Well, I got wet.

Only a day or so later the afternoon was dry and hot. I hiked a long way from home before walking through a field of nettles and finding a badger trail. I spent the next hour or so worrying intensely about being mauled by a badger. In the end I concluded that it would be an ironic end, and make for a pleasing gravestone epitaph:

Here lies

Ben Taylorson

Died ironically, aged 33

The badger got him before the cancer could

Take that, fate

## 12. Outcome

By the end of two weeks of waiting for the test results to surface like a nuclear submarine, I was perhaps what can be best described as ‘a jittery, pessimistic, fate-fearing mess’. Albeit, thanks to the melancholy strolls undertaken as part of my somewhat psychotic pursuit of the GCC’s daily 10,000 step target, a much physically stronger and fitter jittery, pessimistic, fate-fearing mess

In truth, the speed with which I’d been diagnosed and subsequently operated on had left me shell-shocked, and the resultant wait for the test results had given me time to reflect solely on the negative. I’d always thought that I’d die relatively young. I don’t know why, it was just some sort of inherent, pessimistic inkling that I wouldn’t make it to old age. So there was a feeling that some sort of prophecy, in my mind at least, was coming true. I’d therefore decided that my first act in the afterlife would be to punch God in the kidneys and say ‘I *knew* it!’ in a tone that was 33% annoyed, 33% accepting and 33% playful.

I duly felt an urge to start to prepare for the inevitable; to undertake certain tasks so that Liz wouldn’t have to, after my demise. I began by starting to dismantle my model railway. Well, I say I ‘began by’ – in actuality ‘dismantle my model railway’ was all I did. Liz was seemingly on her own when it came to sorting out the rest of the garage, and everything else.

I’d never been fully satisfied with my model railway. Firstly, it was a loop. You didn’t get loops on proper railways. Who’d build a loop in real life? Who’d live in the middle of a loop? Who’d integrate ‘an idiotic railway loop’ into a wider transport infrastructure? After all, in my model village of ‘Loopington’, walking between the two train stations I’d constructed would be quicker than boarding a train and going on a ridiculously elongated, circumferential trip past the goods yard and the coal drop. Straight – that’s what proper railways were like. If I was starting again, I decided, I’d just have straights. With sidings, to shunt my little trucks in and out of.

But I wasn't going to have either a loop or a straight with sidings now because - to put it somewhat melodramatically yet in a way that British Rail might approve of if it/they still existed - 'there was cancer on the line'. So I pulled up my signal box. I unglued my decorative hedging. I boxed my level crossing. All three of which sound worryingly like euphemisms, but they weren't. They were literal undoings, reflective of my defeated demeanour.

Eventually, the waiting was up. The results of the CT scan came through first. Thinking back now, I can't actually recall *how* the news was delivered. I guess it must have been over the telephone. It certainly wasn't by carrier pigeon or singing telegram – I would have remembered that. Particularly because that second one wouldn't really be apt if it was bad news. With the first however, it would surely be just a matter of choosing a suitably morose-looking pigeon?

But as it happens, there was no need for dour-looking flying-vermin, because it wasn't bad news - I was all clear. This was great, as everyone would keep telling me. And of course, they were right - it was *fantastic* news. But I couldn't relax until I'd had the results of the blood tests and the bollock dismemberment too. And it wasn't until a couple of days after the CT scan results came through that I was due to head back to the hospital to hear Not Sylvester Stallone tell me what the other tests had revealed. I still feared that the cancer may have spread to parts unknown, or that the initial tumour had turned out to be so big it needed radiotherapy delivered by a device not unlike that laser that Christopher Lee has on his funny exotic island at the end of *The Man With The Golden Gun*.

I think it's fair to say I was rather wary of 'celebrating too early', like a striker who thinks he's just prodded home the cup final winner, only to have his choreographed celebrations curtailed by the straight-armed flag of the robotic linesman. Or like one of those cock-ups in the final of Miss World, where Miss Venezuela is announced as the winner only for it to transpire that, owing to a technical glitch or a miscount or gremlins in the Miss World-O-Matic, it was in fact Miss Uzbekistan who should have won.



I imagined the results of my tests being handed to Not Sylvester Stallone in a golden envelope by Sue, looking resplendent in her eveningwear. He'd then announce them after some polite applause and a dramatic pause. Or perhaps someone could phone the results through from the testing centre via a big TV screen that sported a static picture of Middlesbrough at night in the background, like Eurovision. Well, like Eurovision circa 1986.

Understandably, it was with some relief, yet with a great deal more trepidation, that I made my way back to the James Cook to see Not Sylvester Stallone and Sue (who wasn't looking resplendent or clutching a golden envelope, nor was she on the phone to Riga awaiting the results of the Latvian jury or similar) to hear the outcome of the tests. Not Sylvester Stallone wasted no time - the results had come through.

I was all clear. The cancer had all been successfully removed and it hadn't spread; I was 'M0' – it was all gone. I was officially in remission.

I'd heard the phrase 'in remission' before and not really known exactly what it meant. Given the context in which I'd previously heard it, I'd always assumed it meant the cancer was being successfully fought, but that it was still there. And it *can* mean that, particularly if contextualized as 'in *partial* remission'. But it can also mean that all signs and symptoms of the cancer have completely disappeared, as they had done with me.

Plus, the good news wagon just kept on rollin' (I've decided that if the 'good news wagon' was a thing, it would look something like the Christmas Coca-Cola truck, only without the inherent aim of tightening a capitalist grip on the enslaved masses): Thanks to my thorough familiarity as to the feel of my own testicles enabling me to spot that something was wrong early, in combination with Liz's insistence that I head up to the doctors for a professional feel up instead of 'just trying to forget about it', and the doctor's resultant referral, we had caught the cancer early. Very early. In fact, so early that I didn't even need any follow-up treatment. The tumour itself, explained Not Sylvester Stallone, was smaller than the minimal size required

to warrant either chemotherapy or radiotherapy. I forget the exact figures involved, but I do remember thinking that it would have been handy if he could have demonstrated how my tumour compared to one that was *just* on the threshold of requiring follow-up treatment by pushing it through a little slot in plastic guidance board, like they do in the Post Office to decide if something is a 'standard' or a 'large' letter. One of those spaghetti measurers would have also done the trick. I'm surprised no-one has created the tumour-comparison board. There's something else for me to patent, I reckon, along with the plastic facilitation bag for the bedridden.

Despite the undoubtedly positive nature of the news – it could really only have been more positive if Not Sylvester Stallone had finished the conflagration by handing me an oversized novelty cheque as we smiled and shook hands in front of a photographer, before Sue handed me the keys to a new Ford Mustang – I confess that I didn't feel any immediate sense of relief. There was no sudden weight lifted from my shoulders. No millstone whipped abruptly from around my neck. No monkey shaken immediately off my back. No other hideously overused relief-related cliché. I noted even at the time that this was both weird and frustrating, following a fortnight of unadulterated worrying. Every other worry I'd ever had in life had resulted in a definite, tangible 'lift' when solved - that rush of endorphins; the relaxing of the shoulders; the cry of 'thank God I've finally deleted it, let's not make that mistake again on a work computer'.

When I look back now, I can see that the lack of relief was something of a warning sign as regards my psychological state - something with which I was already beginning to struggle.

Despite the good news, I was in truth neither physically nor mentally quite ready to head back to work straight away, so I went about seeing my GP for a two-week extension to the sick note I'd initially been given. That would take me up to a total of four weeks off in to total. I felt somewhat conscience-stricken. After all, novels had been written in less time. Masterpieces had been painted. Family games of *Monopoly* had been just about completed.

When I arrived back at the doctor's surgery to obtain the sick note extension, it seemed like a lifetime since I'd been in to have the balls fondled, despite it actually being only a month or so previously. A lot had happened since then. I'd got those new pyjamas, for one. Plus, I'd joined the club for men with one testicle. There wasn't a card or a fortnightly meeting you understand – it was just a figurative club. A club in name only. Where you'd find me. And the aforementioned Lance Armstrong. And, erm, Adolf Hitler?

What a club.

The waiting room at the doctor's surgery was quiet, with only myself and an elderly couple waiting. I observed the gentleman of the couple try to resist the lure of a stack of old magazines, but eventually his urges got the better of him and he palmed a copy of *Reveal*. A few minutes later I heard him mutter the words '...and that's Bruce Willis's daughter? Absolutely scandalous...' to his wife, who wasn't nearly as outraged as him.

I never did find out what Bruce Willis's daughter had done.

I saw the same doctor that had given my balls a squeeze only a month earlier. Given the number of people he likely encountered, it was perhaps no surprise that he didn't recognize me. I resisted the urge to declare 'perhaps you'll recognize me...now', whilst dropping my trousers somewhat dramatically between the 'me' and the 'now'. I instead thanked him for the ultrasound referral that he couldn't recall giving me, as it had all worked out quite well for me in the end, when compared to the alternative. I then embarked on a long, winding and apology-ridden rationale as to why I needed a little more time off work. I think, in retrospect, a more succinct request that simply involved the words 'cancer' and 'emergency surgery' would have done it. Unsurprisingly, I was given an initial extra fortnight off without any problems.

Cancer-free and with my sick note extension signed, I was clear for a fortnight to engage in a seemingly laid-back routine that was structured around tuning in to BBC Radio 2 every morning just before 10.30am

for *Popmaster*, and then ensuring I caught *Bargain Hunt* on the TV just before lunch. Following that, I would go for an afternoon walk. It was very much what I imagined being retired would be like, and if it is then I'm looking forward to it. The next 35 years or so can't go quickly enough.

However, I was putting more effort into the 10,000 steps-per-day challenge than your average pensioner. In fact, I'd become a 'more than a bit determined' as regards it. The 10,000 steps target soon became 'the minimum' rather than the desired number, and thereafter I was instead aiming for 20,000 steps per day. As mentioned earlier, I was part of a team of people at work competing together, and I at first harbored the urge to make up for the days I'd missed when laid up. Once I'd caught up, the next aim was to climb to the top of our team's standings in terms of individual contributions. Once I'd achieved that, my ambition was to stay at the top.

My mentality is such that if I'm given a simple yet attritional task that involved statistics, I can and indeed will 'push it to the nth degree' for my own entertainment and feelings of self-satisfaction. For example, one day during the challenge I did nearly 50,000 steps. That's around 30 miles of walking by my reckoning, when I had nowhere specific to walk to.

I would go on to complete the 100-day challenge with a step count that was laughably above average, to a point where it was beyond 'impressive' and had firmly edged into 'simply taking the piss' territory. My teammates, noting the demented determination at hand, nominated me for a special reward for 'rising above adversity', what with me having been diagnosed with cancer on the third day of the challenge but not deciding to bow out gracefully like a sane man might. I received the award in the form of a certificate in a frame and a £50 voucher for Mountain Warehouse. I couldn't afford a mountain, so I bought a pair of trousers which I now like to refer to as 'the congratulation pants'.

Despite my home-based, laid-back routine consisting of nothing more challenging than a regular rendezvous with Ken Bruce and Tim Wanacott, I had failed to regain any sense of concentration. Well, I'll

contextualize that: I could recall the name of Blue Öyster Cult's third album if required and could predict that Anita Manning's purchase of a late-Victorian ink-well for the blue team's 'Bonus Buy' could well scupper their chances of victory, but being required to focus on anything more imperative was a challenge. I also felt guilty for not being back at work. And I felt the prolonged disruption and general strangeness of the everyday wasn't helping. I began thinking about the year to come, and began wishing I hadn't signed up for the degree - all I suddenly wanted was my old routine back.

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You'd be forgiven for wondering how there can possibly be so much of this book left. In fact, I can hear you now:

'Right, so, he's had the cancer and the operation, and now he's had the all clear. That's it, surely? What are all of these other pages? Presumably just a few more hilarious testicle-impact monologues?'

It's true to say that the cancer had gone, and that I was free to pick up my life where I'd parked it temporarily. But it wasn't as simple as that. Despite the surgery and its resultant and completely understandable impact on my mental state, I felt an overwhelming, self-imposed pressure to 'get back to normality'. After all, I was getting better *physically* every day, so shouldn't I surely follow suit mentally, too?

But the truth was, I'd changed.

I'd changed physically of course, the importance of which was not to be underestimated. After all, I didn't opt for the prosthetic testicle, but many men do and for good reason. But I'd also changed in other ways too, and I was struggling. I'd made and was continuing to make a catastrophic mistake: I didn't talk about how I felt, to anyone. I didn't talk about the array of emotions I was feeling. About the fear. The anger. The frustration. The shock.

The guilt.

The shame.

I felt guilty that I wasn't having chemotherapy. I know this a strange admittance, but it felt like it 'wasn't proper cancer' without it. I didn't *want* proper cancer, of course. I didn't want a larger tumour that wouldn't fit through the spaghetti measurer or that would cost me 32p extra to post. And I certainly didn't want chemotherapy, with its brutal and debilitating side effects. I'm not stupid. I'd seen my mother in law go through chemotherapy – I'd see that horror first-hand. But without needing it, well, it felt...like I'd been making it up. Or at least, like I'd been over the top in my reaction; melodramatic. After all, 'if I was going to get cancer, this was a good one to get'. I'd only ever seen the tumour itself as a sinister shadow through the grainy, black and white ultrasound monitor. I'd only ever felt it as mild discomfort. And now it was gone. There wasn't really anything wrong with me.

So why did I feel like there was?

I know now how I'd come to the ridiculous, guilt-ridden conclusion that I was somehow 'taking a lend' with what I began to feel was 'cancer-lite'. To the uninitiated such as I had been, the chemotherapy and its obvious physical effects were one of the few *visible* signs that people could associate with cancer. It was one of the things that made it *real*, that allowed others to effectively 'see the physical manifestation of cancer'. Without it, I felt that I didn't have 'real' cancer, nor had I ever had it. After all, it was just a little tumour. It was no license to feel sorry for myself. Thus, I had just been wasting everyone's time; making people worry unnecessarily. I was a pathetic fraud. And because of that, I felt ashamed.

Not only did I not talk about these feelings, but I didn't really even acknowledge them. I let them build up, and I would allow them to push me to breaking point.

## 13. Normalcy

By early July 2014 I'd started running. Not from my responsibilities as a husband and father and/or the authorities, you understand: What I mean is that I'd once more commenced 'dashing on foot for pleasure'. Well, 'pleasure'. It had begun as some short, light jogging whilst in pursuit of the previously-chronicled, 'ridiculous 20,000 steps per day', which I then built it up into a few miles at a time. Since my enforced abandonment of the Middlesbrough 5k and my subsequent fury, I'd planned on making my glorious return to the Teesside mass-participation running calendar at the Middlesbrough 10k, which I did in early September. The race actually starts right on my doorstep. Well, relatively speaking. It would be quite crowded with 4,000 people corralled onto my *literal* doorstep. It's actually 3.26 miles from my doorstep as the crow flies. I've just measured it. Alas, not with an actual measuring crow - although having one of those would be fabulous. Anyway, I trudged around the Boro 10k course in about 54 minutes, which was approximately 10 minutes slower than 'Fully Fit Ben' (who can pre-exist with both Past and Future Ben, yet can rarely integrate seamlessly with Present Ben) would have likely managed it. Perhaps slightly more remarkably, I completed the Great North Run a mere three weeks after the Boro 10k, tearing up the 13.1-mile course in just under two hours. That's 'tearing' as in 'ripping', as opposed to 'crying the whole way round', just to clarify. Although the later was perhaps more likely than the former, in actuality.

I've always been a realist when it comes to obsessing about target-driven running. I know I am never going to record a sub-four-minute mile. Or indeed, a sub-five-minute mile. I did almost kill myself once whilst in pursuit of an early-morning sub-six-minute mile, duly achieving it with a time of five minutes and 52 seconds with a run that ended with me collapsing into a ditch just past the mile mark and staying there for a good ten minutes. But, despite that doubtless unparalleled achievement, I'll always look back at the 2014 Middlesbrough 10k and Great North Run as my 'greatest victories', in a running sense. I may have been struggling mentally, but physically: I was back. Like Arnold Schwarzenegger. Which is a reference to his catchphrase 'I'll be back', rather than him to him having made a low-key public appearance at the Middlesbrough 10k.

I returned to work once my extended sick note had run its course. Having some holiday to take meant that I only returned for one month before giving up my job for an entire year, in order to undertake the degree. I therefore began the process of handing over my workload to a temporary replacement as soon as I was back. It was a strange scenario. It was like going on maternity leave. I suppose in some ways, I was. Only rather than a having a baby, I was due to give birth to master's degree. Out of my brain, via my hand. Urgh. But for some reason, it felt like I wasn't going to be returning to work ever again. And not just because I was sure to be winning the Academy Award for Best Original Screenplay at the next Oscars, thanks to my newfound thorough understanding of contemporary cinema and television. Mind you, I had that daydream a few times –receiving the award from Johnny Depp; thanking co-presenter Charlize Theron; fighting with Gary Busey at an after-show party following an ill-judged wisecrack about his extraordinary teeth.

The truth is, part of me didn't believe the cancer was gone. Part of me thought I was still dying. So, I deleted files, emptied cabinets, shredded incriminating documentation and left work, fully expecting never to return.

On one level I acknowledged that I was struggling to deal with the mental side of things. It was certainly still proving difficult to concentrate, and I still had the feeling that I was 'in limbo', due likely to the shifting nature of my circumstances. In addition to, and perhaps partially due to those circumstances, I felt hideously alone. This was in spite of the fact that a lot of people were keen to offer words of positivity and encouragement about the cancer shite (my phrasing, not theirs). However, those words, when combined with my own, ludicrous, self-created pressure to 'move on and forget', began to create what felt like an obligation to be better *for* other people, as if my recovery (and subsequent relief at such) was somehow the vital facilitator for others' relief and reassurance. I mean, I knew I *should* be happy.

But I wasn't.



I didn't feel that was what people wanted to hear, though. And I didn't want to be a thought of as a burden or unnecessarily morose, so I pretended that I was happy; that I was relieved; that I was moving on with renewed optimism. Of course, it wasn't the conscious intention of anyone to create the pressure that I felt. But with each new well-meaning comment, I repressed further uncharacteristic negativity.

'I knew a bloke at my old workplace who had 'it'. He was back on his feet in a couple of weeks and never gave it a second thought' said someone.

'Fantastic. Great news. I'm sure he wears a vest with a large 'S' emblazoned on it under his work shirt' I thought.

'You gave us quite the scare'

'Whoops. Sorry, I'll be more careful next time. Still, I was back on my feet after a couple of weeks. Never gave it a second thought'

'Is that 'stuff' all behind you now?'

'Yes, sorry for the scare. I was back on my feet after a couple of weeks. Never gave it a second thought. Although, I must point out that your position assumes that I view time as a two or perhaps three-dimensional construct, with me advancing ever-forward, and with events themselves represented by fixed axis-points. This, in actuality, is not how I view 'that stuff'. It's not all behind me – I have it with me all the time. Like a packet of cancer-flavoured chewing gum (that'll never catch on) or a set of tumourous reading glasses. Or perhaps an EpiPen, if we imagine instead that instead of having had cancer, I'm allergic to bee stings and that one recently stung a testicle off'

And that was the crux of it – no, not the confused, bee-sting-testicle-cancer-anaphylaxis analogy – the fact that I couldn't move on. Why? Well, one particularly insightful truism that I heard around that time, and I can't remember who said it, other than it being someone who clearly knew what they were talking about, was:

'Every niggle, every pain, every ache – from now on, you'll worry that its cancer'

This was *devastatingly* accurate.

If I had an ache in my abdomen, I feared stomach cancer. The same was true if I had a chest infection – it was lung cancer. If I had a headache, I worried it was a brain tumour. As an extension of this way of thinking, I also began to fear I was having a heart attack or a stroke if I had a quickened pulse or heartburn or similar. And all because that little voice, the one that I'd relied on to say:

'Don't be stupid of course it's not cancer, its indigestion - you just ate that microwaved cheeseburger too fast/at all'

It had no clout any more. After all, the last time that little voice had piped up with something, it had been the lesser-diagnosed 'runners nut' logic – that time it was wrong. Very wrong. So instead of reassuringly dismissive advice, the little voice was left offering only a retrospective cry of:

'Oops-a-daisy, so it *was* cancer, eh? And emergency surgery? Well, you can't get them all right!'

That little voice had no authority any more. Like a disgraced cop from an American TV show, it had been forced to turn in its symptom-calming badge. And gun.

As weeks became months since the operation, my hypochondriacal neuroses grew and grew until they began to occupy my mind for hours at a time, every single day.

Regular, repeated trips to the hospital for check-ups served as a fixed reminder that the spectre of cancer had not gone away. I may have been in remission, but I was still scheduled to return to the hospital every three months for tests; a routine intimation that the cancer could come back. After each one of these trips, when the telephone rang I feared it would be the hospital. When the post came, I worried it would be bad news. Although, to be fair, I'm reasonably sure I wouldn't be told by post if the tests had unearthed another tumour. That reminds me of the episode of *Only Fools And Horses* where Rodney sees through Del's pretense of having been disabled in a hang-gliding accident by pointing out that 'they don't send paralyzed people home by bus'.

But those lone trips to the James Cook were, and still are, a fundamental reminder that it's not over. And it never *will* be over. Until it is over. And by then I won't care, as I'll be elsewhere – punching God in the kidneys whilst I wait for my Dad's kettle to boil.

In truth, I find the actuality of the regular hospital appointments themselves bizarrely enjoyable. I can see why old people haunt the NHS, because everyone is so polite and the attention is great. And now I've been there over a dozen times, I can just about find the radiology outpatients waiting room unassisted. I have to say, its home to a fabulous selection of motorbike magazines. I've come to the conclusion that someone who works there must have or be related to someone who has 'quite the hog'. I don't have a motorbike, nor do I have any interest in ever owning one. But if I do end up in the possession of one – say I won it on a resurrected version of *Man O Man* or was bequeathed one by an as-yet-undiscovered rebellious Aunt – I'd know exactly what type of tyres to put on it.

Each time I go, it's for a three-stage appointment. The first stage of the process involves seeing The Oncologist. This is not Not Sylvester Stallone, because he was The Specialist. Sadly, there is no film called

‘The Oncologist’ from which to draw any inappropriate comparisons. If there was, and I had to guess what kind of film it might be, I’d go for ‘action’. Dolph Lundgren could star a high-ranking army officer, undercover in a hospital cancer ward, trying to recruit terminal patients for military suicide missions in a dystopian future-war between militant atheists and orthodox cyborgs.

My previous oncologist had a subtle moustache that always looked like it was in a state of flux; like it was either coming in or going out. It was impressive, as most moustaches are, yet it was too short for my liking.

‘It’s neatly trimmed, but to the point where it fails to operate as a moustache’ I often felt like saying, as if some sort of spokesperson for the Moustache Council of Great Britain, but never did.

Despite the funny pseudo-moustache, he was a nice chap. But he’s retired now. And at the time of writing I’ve not met my new oncologist. Who is a woman, and thus the moustache is unlikely, and the prospect of me commenting on it is even less likely. Anyway, The Oncologist’s job is to give me the results of my last round of tests and to tell me what is to come next, which is usually more of the same.

After I’m finished with The Oncologist, I head off to see the phlebotomist to have blood taken, which will be sent away and tested for cancer markers. The regular chap reminds me very much of Hodor for *Game Of Thrones*, in that he’s a gentle giant of very few words. I’ve never *quite* built up the courage to tell him that, just in case he takes it the wrong way and injects me with an air bubble. Although, I have made a point of telling him that he’s much gentler than whoever usually fills in for him when he isn’t there.

‘She almost ripped my arm off!’ I remember offering, for the sake of his/my own amusement.

But that revelation got him quite animated, and he duly headed straight onto his computer to uncover who the culprit of the ever-so-slightly hyperbolized ‘arm-ripping’ was.

‘Ah, right – it was Linda (names have been changed to protect the innocent/savage bloodletting professional) I’ll be telling *her* next time I see her’

‘Hahaha’ I chuckled nervously, hoping Hodor never went on holiday ever again, or at least that he hadn’t added a note to my medical record that read ‘Remember when I said someone had complained? THIS IS THE TWAT, LINDA’

After I’m bled appropriately, I make my way to radiology (from radiotherapy – a simple man *can* learn the difference over time, see) with a little slip of paper to tell the staff there what I’m coming for. The little slip of paper reminds me very much of a school permission slip or a note from my Mother

‘Please give Taylorson a chest x-ray. And excuse him from PE. Also, I hereby give permission for him to attend the school trip to Beamish Museum’.

The chest x-ray is used to look for cancerous growths in the upper torso – a likely place for the cancer to surface if indeed it comes back. The chest x-ray doesn’t usually take too long, and its seemingly dependent on which way the wind is blowing as to how many clothes I have to take off. Sometimes the clothes I’m wearing are deemed OK to be x-rayed in, sometimes they’re not and I’m duly asked to don the medical gown.

I really must stop wearing that chain mail shirt to the hospital.

Sometimes I’m asked to strip naked to the waist. Naturally that becomes a time to ‘suck in the gut and flex’ for the duration of the procedure, adding ‘passing out’ to the list of possible side effects.

In addition to these regular appointments, I signed up voluntarily for a couple of clinical trials to help aid research into testicular cancer and its treatment. One of the trials looks at the best ways to monitor post-

operative patients such as myself, and as part of that trial I'm having an additional seven CT scans, thus making 'The Man With The X-Ray Testicle' a still-realistic possibility. I've already had the cape made. And I'm looking forward to the knighthood that will surely follow at some point.

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Just after the first round of the aforementioned regular tests, I started my degree at York University. I soon settled into an unfamiliar routine - one that allowed me to focus on something new and that had no mental connections at all with the cancerous proceedings that had gone before. The course itself was great – I found it stimulating and challenging. I wrote papers entitled 'Love amidst Chaos: Romance, Emotion and Meaning in HBO's *Deadwood*', 'Authorship, Genre and the films of John Carpenter' and 'Creating Climax: Mise-en-scène and the finale of *The Karate Kid*'. I wrote an original screenplay and an accompanying justification of characterization. And I finished the degree with a dissertation on 'Societal infantilisation and contemporary cinema', for which I received a distinction and was extremely proud.

As interesting and enjoyable as the course was, it soon became apparent that it wasn't going to kick-start any sort of career change I might have hoped for. I was too old, and nor was I about to jack in my moderately well-paid job, to become an unpaid intern or a runner for the BBC or similar. Nor did I have the drive or the ability to become a student filmmaker. What also became apparent was that I wasn't going to make any new, lasting friendships. I'm not great at socializing at the best of times - a skill which I find akin to doing a jigsaw insomuch that I *think* I'd probably be quite competent at it, if only I could just be bothered to take the plastic wrapper off the box – and with a good 10-15 years on most of my fellow students, it meant common ground was hard to find.

In truth though, I was purposefully ostracizing myself. The degree required lots of commuting, meaning I spent most of my time outside of lectures and seminar travelling alone. Across the course of the year I had stepped up the running, too – more prolonged periods of self-imposed solitude. The movie podcast –

another of my few interactivities with the wider world – came to an end. Increasingly self-critical, melancholy and isolated, I began to withdraw; to shy away from everyone. I was suffering. And nobody knew just how much.

## 14. Depression

I've always been a worrier. Well, perhaps more accurately, I've always had the gift of foresight and a tendency towards pessimism, which has proved to be both my blessing and my curse over the years. I did a human resources-type test recently. It turns out that I'm apparently an 'ISTJ', which, contrary to my initial suspicions, is not a sexually transmitted disease or an obscure branch of law enforcement.

'Freeze! This is the ISTJ! All of this shit is impounded!'

ISTJ instead stands for 'Introversion, Sensing, Thinking, Judging'. Basically, according to the test, I'm a reserved, introverted person with few friends who tries to find a practical solution to all problems whilst being overly concerned as to how it will impact on others. Or 'a practical worrier' as it could perhaps be put, in simpler terms.

For example, as a child, I remember being selected for the junior school football team. I only ever played the one game, taking to the field as a right-back during a resounding five-nil victory for our school. But why did I play just the *one* game?

Did I punch the referee following a controversial offside decision?

Did I drop my shorts and moon a particularly vociferous parent of an opposition team member?

Was I just 'totally shite'?

The answer is none of the above. I played well that day, as far as memory serves - even if I did get caught out of position on a couple of occasions as I made ill-judged ventures up the field in search of glory.

However, the night after the game I lay awake in bed, fretting silently in the dark, as I was prone to do. On



this particular occasion the source of my worryment was contemplating how, if I was selected again for the school team, I'd get to our next game, which was an away game. After all, because my divorced parents both worked full-time, I knew neither my mother nor my father could be on-hand straight after school to give me a lift. The fact that I would have no doubt had a lift arranged *for* me never occurred. And rather than mentioning this somewhat melodramatic quandary to the teacher who ran the football team, I instead passed a message to him via my own class teacher to say 'I didn't want to be considered for selection any more'.

I effectively retired from the school team, for non-footballing reasons, aged nine.

Another example of my juvenile anguish – and I've never really understood why I remember this so vividly, hence committing this particular tale to the page is quite cathartic - came when my Dad bought me a rubber shark head nose from The Sea Life Centre in Blackpool.

A what?

A 'rubber shark head nose'.

Let me explain: The idea was that kids, such as I was at the time, could purchase and adorn themselves with a small shark's head that could be strapped on their nose in order to publically display their love for sharks and/or their joy at having seen one in the flesh a big tank in the Las Vegas of Lancashire. These were simpler times, you have to remember – people drove for miles to see a shark, and hence there was a healthy market in 'things that exhibited the fact you'd seen a shark or maybe just knew someone who had'. Anyway, I'd seen a shark and wished to display the fact. On my face. Specifically, on my nose. So, I put this thing on, only for the elastic to immediately snap. I did and still do have a comically-oversized head, which may have accounted for this. Anticipating that I was going to be told off for breaking my newly-purchased rubber shark head nose (which I wasn't), I decided to deflect any incoming criticism by going on a quite

spectacular, elongated rant regarding ‘what was clearly shoddy workmanship’, indicating that ‘I’d hoped for better’ despite the fact that ‘I should have known it would break’ because they were ‘so bloody cheap’. I wasn’t allowed to swear at all, and I remember thinking that if I employed the use of the word ‘bloody’ for added shock-value, that *could* help distract/confuse my Dad from castigating me for having broken the string on my new rubber shark head nose.

My father, somewhat dumbfounded by my hilarious overreaction to a slight hiccup as regards my self-application of a rubber shark head nose, simply re-knotted the elastic and said nothing.

I also remember as a kid, being sat in the bath and telling my mother, after something of a pensive sigh, that

‘Things were OK at the moment as I had real no worries’

I was *NINE* years old. Nine! I shouldn’t have had *any* ‘worries’, beyond how He-Man might foil Skeletor’s next evil plot during the upcoming episode of *The Masters of the Universe*, or whether I’d ask for a SEGA or a Nintendo next Christmas.

I can’t say with any certainty that my childhood worrying was the source of – or is in any way related to – my experiences with depression, but I do know that I was first depressed as a child. In fact, I can vividly remember my first encounter with depression’s creeping shadow. As indicated above, as a boy I would regularly find myself lying awake in bed of an evening unable to sleep, yet too young to have discovered the delights of ‘solo adolescent pursuits’. Lying alone in the dark was clearly a scenario clearly more memorable than perhaps it sounds, as I have many memories of such circumstances in addition to the aforementioned ‘inner-torment as to how I’d struggle to get to the school team’s away fixtures’.

I remember lying awake one time and hearing a definite knock on the window of the small box room that comprised my bedroom at my father's house. It wasn't a creaking or a cracking, nor was it a number of random rattlings caused by something like a tree branch in the wind. It was a slow and measured knocking. Like the rhythmic rattling of a demonic hand, or the deliberate tapping of a monster's claw, or the calculated clonking of some sort of devil-bird talon. Naturally, I almost crapped in my pyjama bottoms and didn't dare to glance out of the window to see who, or indeed what, it was. So this particular aside ends on a somewhat unfulfilling note.

A bedtime distraction somewhat more common than devil-bird talons at the window was 'The Sweaty Game', especially in the summer months. The rules/guidelines of this particular game came in the form of a question:

'How hot and sweaty could I make myself get before I could take no more or passed out?'

A simple premise, I'm sure you'll agree. And in order to play the game, I'd simply cocoon myself in the duvet to create an 'air-tight sweat tent', and I'd stay in it until the heat and/or lack of oxygen became unbearable.

Look, it passed the time.

In the lesser-known modern classic *Best of the Best 2*, our would-be heroes Eric Roberts (brother of Julia, star of over 400 movies) and Philip Rhee (brother of Simon, star of *Best of the Best*, *Best of the Best 3* and *Best of the Best 4*) take to the Native American equivalent of my sweat tent in the searing desert heat, as part of an elongated training montage. I believe the accompanying dialogue is something along the lines of:

'The sweat lodge is a church. Sometimes you might have what the white man calls hallucinations. We call them visions, messages from the spirits'

I never had hallucinations in my duvet. Or visions. Or messages from the spirits. I just got really sweaty.

Although, maybe *that's* who was at the window that time.

Sometimes I would just do normal kid things when I couldn't sleep, like read or play with my toys or imagine myself as the 5<sup>th</sup> Teenage Mutant Ninja Turtle. I'd be Botticelli, my bandana would be yellow and I'd have a kama as my weapon. Which is like a short, sickle-like weapon. In truth, I'd probably have accidentally chopped my own hand/leg off quite quickly, but still.

One night, as I lay awake in bed - most likely well after the attraction of The Sweaty Game had worn off - a certain realisation entered my head. It manifested itself as a short and seemingly harmless little phrase:

'I'm really here'

I remember repeating it to myself with a sense of curiosity that edged into defiance:

'I'm here. No, I'm really here. I'm really here, *now*, really here'

With each repeated utterance I became a little more euphoric and, unbeknownst to me then, was lead closer to a door in my mind that I'd end up wishing that I never opened.

'I'm really here, now. *Really* here. Really. Right now.'

My pulse began to quicken and I felt a rush or adrenaline. Then, with one more repetition, it hit me:

Reality.

Being.

Essential nature.

I can't explain the cognitive process, all I can describe it as is something akin to the sudden, conscious comprehension of my own existence - and its utter meaninglessness. The walls of the box-room closed in on me. I panicked. I started sweating profusely - and not in a controlled and strangely enjoyable way like with *The Sweaty Game*. It was as if my brain declared:

'Oh shit man, he's right - we *are* here. And we haven't a clue what's going on...'

At that age I was used to a world of childish simplicity, where swells of panic would recede quickly and definitely as soon as the brain could comprehend a solution, even if that solution was 'just tell Dad'. Here though, alone in the dark, a sense of panic, confusion and terror grew and grew. My world – my entire existence – felt like it had been jolted from its axis. Things felt irreparably wrong. So, I did what anyone should do in such circumstances – I ran to my father for a cuddle. He was downstairs watching *Commando* on the TV, which had just started. It was the bit where Arnold Schwarzenegger and his on-screen daughter are feeding an ice-cream to a deer for some reason. I felt better immediately.

My experiences with depression ever since that evening of accidental self-discovery have, unfortunately, been plentiful. As a teenager I was somewhat the epitome of an awkward, self-resenting buffoon who tried just that little *too* hard to fit in yet never quite did. I think perhaps these years are best summed up by the words of a young lady to whom I took a fancy to in my formative years, who reportedly told a then friend of mine that:

'She *would have* gone out with me, if only I wasn't *quite* so much of a prat'.

In fairness, she wasn't wrong. Yet, behind my apparent two-dimensional prattulance lurked a more sinister issue, as my teenage years were dogged with depression and resultant desperation.

My experiences with depression have always been existential in their manifestation, and my depressive feelings have always been very much related to what I call The Big Whys – those most important, open-ended of philosophical musings. For me, when suffering a 'depressive episode' (which makes it sound like the *Eastenders* omnibus), they become simply overwhelming. It therefore may come as no surprise that following the cancer, my newfound, post-operative obsession with the relative failings of my physiological makeup led inevitably back to this existential dread and resultant depression. After all, the cancer had me questioning my body, my mortality and my very being. Those feelings would in turn create the numbing fog; that black, hanging, inescapable cloud so often chronicled by depression sufferers. As weeks turned to months after my initial cancer ordeal, the fog thickened. Soon it began to feel as though there was no way out; that all was hopeless. In turn, I withdrew and became inclined to ever-increasing introversion.

I've heard the phrase 'the loneliest place' used to describe cancer. In my experience this is apt, but in comparison to depression, having cancer felt at times like being as popular as the chap with the *Ferrero Roche* at the Ambassador's reception.

Depression is a disease like no other I've experienced; one that stupefies and terrifies; that ostracizes and debilitates.

And this time, in my state of apparent physiological fragility, with the depression came anxiety. I'd been anxious before of course, and I don't mean whilst waiting for the work Christmas raffle to be drawn, or when praying that the official-looking car by the side of the A19 is a DVLA tax checker and not a speed camera, or hoping the delivery man doesn't arrive with the supermarket shopping in those two minutes when you're on the toilet. I mean *properly* anxious. But this time, fueled by the sincere understanding that I *wasn't* in full control of my body as I'd always naively assumed, that things went on 'in there' without my

say-so - cancerous things - I began to experience increased levels of anxiety in all sorts of new and unpleasant ways.

Things that I used to enjoy doing became something of a trial. I became both claustrophobic and agoraphobic – something I would have previously thought to be an impossible paradox. Such fears would prove particularly acute during regular forays to The Riverside Stadium to see my beloved Middlesbrough FC, where I would often have to fight the urge to flee the stadium, unable to calm down. And not just because of the festival of crushing frustration unfurling on the pitch in front of me, that would likely have the most measured of observers reaching for the Chinese Baoding balls. You know, I once drove all the way from Middlesbrough to Southampton in a heatwave to see a match, only to spend about a third of it being attended to by a medic in the bowels of St Mary's Stadium as I felt dizzy and sick. The medic in question had no batteries in his blood pressure monitor, and the tap didn't work when he tried to get me a glass of water, which didn't really help to create an ambience of reassurance.

My anxiety issues meant that when I was in meetings, lectures, seminars or public spaces, I needed to seat myself near an exit or an aisle. I began to find vast, open spaces overwhelming. I became acutely uneasy with large or unfamiliar groups – something that I had become accustomed to dealing with through my job. I suffered with the frequent, overpowering need to go to the toilet with little prior warning. And this could be spectacularly awful if combined with, say, intense feelings of claustrophobia aboard a packed commuter train. I would sweat profusely and feel dizzy. Sometimes I'd feel trapped inside my own body, particularly in the middle of the night. Other times, I'd feel a sense of total depersonalization – as if I was watching myself remotely. Sometimes I felt an acute sense of time having slowed down, other times things would pass in a blur.

Despite the fact that the cancer was 'gone' and I was seemingly 'free to move on', I was fast becoming - to put it technically – quite the quivering mess. And what was worse, I could see no end to it.

## 15. Confession

There are only a few things in my life for which I'm genuinely ashamed, or for which I can be said to have definite, legitimate remorse. Actually, that's not true at all now that I think about it. I feel guilty about almost everything. And given the previous chapter's accentuation of my then-status as an 'adolescent worry-bag', it will perhaps come as no surprise to learn that a decent number of shameful reminiscences emerge from my childhood memories.

You learn a selection of useful little aide-mémoire as a child. Those pithy sayings that help you to remember good, practical advice, that remind you how to stay safe and that emphasize what to do in an emergency. Such sayings frequently take the form of a concise little ditty. For example, when I was a kid there was the advice to 'Stop, Look and Listen' when crossing the road, made all the more memorable by my father frequently reminding me that The Green Cross Code Man was in fact Darth Vader, so I'd better do what he said. There was 'Say No To Strangers' – advice that even came with its own song:

*Say no, no, no!*

*To strangers! To strangers!*

*Say no, no, no!*

*Remember! The Dangers!*

*Don't go with anyone that you don't know!*

*Always say no, no no!*

A clearly catchy little number, given that thirty years later it's still firmly entrenched in my brain, occupying the part of my memory where more practical reminders could instead lurk, such as 'what those little clothes-washing symbols mean' or 'which side of my car the petrol cap it on'. Still, the Strangers Song worked. I never once took sweets from a sweaty chap with a wispy beard, nor did I ever head off to see an unfamiliar man's puppies.



There was also the lesser-preached ‘Stop, Drop and Roll’, for if you accidentally caught fire. I took particular note of this, as even back then I deemed it to be ‘sound advice for the junior pyromaniac’ such as I was. Despite all of this judicious guidance, as a child I was, however, much more prone to regularly exercising the practical advice implicit in another saying - one known universally, to nasal connoisseurs everywhere:

‘Pick, Lick, Roll and Flick’

And on one particular occasion as a kid, I recall sending a finger up a nostril on an exploratory mission and then, for reasons unknown, flicking the resultant, monstrous bogey (after licking and rolling, naturally) onto my mother’s salmon pink carpet. It sat there for days in the corner of the room, wearing me down like Poe’s tell-tale heart, leading to an eventual, tearful, guilt-ridden confession.

Also, as a child I once drew on one of our sofa cushions with a red biro and then blamed it on my sister. I can’t even remember what I drew or why; the mood just clearly took me. Similarly, I inexplicably once chewed all of the buttons off a polo-necked tee shirt and blamed her for that as well.

I once rang up the telephone operator just to call her a ‘bong head’. In fairness, I was goaded into that by my sister, so she didn’t always play the part of the innocent victim in these wayward ongoingings. Thinking back, my interaction with the entire telephonic network was somewhat indicative of the simpler times in which we then lived. When my Grandma used to occasionally come to our house to look after me, the highlight of such evenings would be the point at which she’d let me call the talking clock. But only if I’d been good, which I invariably was with such a treat on offer.

Naturally, my shameful recollections are not solely confined to childhood. For example, I once worked for a popular high-street store – let’s call it ‘Barks and Twencer’. I was still at 6th form at the time, and I hadn’t been working there long. I used to have to be in work before dawn in order to load the store freezers and refrigerators with chilled and frozen foodstuffs, ready for the onslaught of hordes of very cross, middle-

class, middle-aged people who at that time seemed to comprise the majority of that particular store's customer demographic. One morning, with my pork loins and so forth just about all neatly stacked and exhibited, I was just finishing my shift when the unmistakable 'call of the bowels' sounded from below. This wasn't an audible sound like a claxon or an air-raid siren you understand, but a similarly chilling switching-on of an internal red-alert. I'll cut a long and graphic story short to say the resultant fallout in the staff-only toilets was violent, plentiful and seemingly never-ending, causing me to start running late for school. Eventually the horrors from below subsided and I duly finished up and flushed. But alas, 'it' would not flush. I had inadvertently created 'The Unflushable' (coming soon to cinemas everywhere). Knowing I was now firmly racing against the clock, I had two options:

1) Report HMS Unsinkable AKA The Gargantuan Turdening to someone. However, I was 17 years old. I'd only been working there for a couple of weeks. I felt that I couldn't very well sidle up to a colleague - most of whom were female and a similar age to my mother – and declare 'Sorry, its Elaine isn't it? It's been a rough morning and I'm afraid I've dropped quite the legendary chod in the staff bogs. You wouldn't know who would be the right person with which to, you know, touch-base about it?'

2) Run away.

I suppose its with an agreeable level of irony that I chose option 'number two'. In fairness, I gave it another couple of flushes before I scarpered, but to no avail.

I also once found a £10 note in a car park and I didn't hand it in to a police station. Plus there was that Mars Bar I found in the garage that had clearly been there for years, but that I still ate anyway.

I think I've commemorated enough of my longstanding, archival confessions for now.

The confession that directly relates to the topic at hand weighs more heavily on me than all of the above combined: Throughout late 2014 and then 2015, in a foolhardy attempt to relieve the effects of depression and anxiety brought on by the cancer diagnosis, I had turned to drink. And much to my eternal shame, my drinking had then begun to spiral out of my control.

‘Alcoholic’ is a strange word. In many ways, it’s a lot like the word ‘cancer’ inasmuch that merely one utterance of the term can instantaneously conjure-up a thousand different tales of misery. It’s fair to say that I used to feel the same sort of ridiculous guilt when applying the word alcoholic to myself as I did the word cancer. I felt that I somehow wasn’t worthy of it. That I hadn’t earned it, as if a panel of independent adjudicators somewhere should be responsible for deciding who was or wasn’t worthy of the moniker. I used to think that, after all, I didn’t drink as much as some people did, much like my cancer ‘wasn’t as bad’ as many others. And I operated OK: I lived a structured, functioning life. I wasn’t swigging meths in a Soho doorway of a Tuesday morning. I mean, ‘If I got into a pissing contest with a genuine alcoholic I’d undoubtedly lose’ I used to think. And that could be either a figurative or a literal pissing contest.

My entire adult life I’d ‘enjoyed a drink’ with some prolonged exceptions, themselves indicative of my conscious wariness of alcohol. I drank socially, at first – that caveat that excuses indulgence. But over the years I would come to having a couple of glasses of wine or bottles of beer of an evening most evenings to ‘wind down’. It’s a familiar tale to many. Following the death of my father, I had noted an increase in the amount I was drinking. But it wasn’t until after my cancer diagnosis, and in fact after the all clear, that I slipped into ‘alcoholism’ as it is perhaps most commonly understood. As I unknowingly sank deeper into a depressive mire, alcohol felt at first like the only release. But soon it became a problem to accompany the depression and the anxiety; to encourage it; to feed it.

There is no inherent shame in alcoholism itself. It is a disease, like cancer and like depression. My sense of shame is born from the fact that I hid my alcoholism from the ones that I love, and that for too long I didn’t

summon up the courage to tell my family and friends that I was suffering, that I needed help and that I wasn't coping.

I'm never going to be a magician. I've never really wanted to be a magician, to be honest. Although I have met a few people over the years that I'd liked to have made disappear or to have sawn in half. And I do know one decent card trick. I've tried over the years to learn others, but I think my fingers are too fat. Or too thin. Or maybe not long enough. Or perhaps I'm just inept. Anyway, we can accept that my membership card for The Magic Circle is unlikely to be arriving in the post any time soon, and thus I can't risk being ostracized from the organisation by compiling a 'this is how all of the magic tricks were done' type reveal programme for ITV2. But I could compose a 'this is how I managed to be a functional alcoholic' type reveal programme instead. That's probably more of an ITV4 kind of show though, in fairness.

As a drinker I had structure and I had rules. I didn't drink and drive and I didn't drink during the day and/or in front of the children, excepting certain social circumstances. Instead, I compacted my drinking into two or three hours in the evening, after the children had gone to bed. And it's fair to say that what I lacked in drinking time I made up for in intensity when it came to downing the booze, although I am reluctant to say exactly *how much* I was drinking. Why? Well, it's not that I'm ashamed. I mean, I *do* feel ashamed, but that's not why I won't say. And it's not because I'm worried about a lack of acceptance to the League Of Worthy Alcoholics or a failure to be nominated for a Blackened Liver Award For Alcoholic Of The Year 2016. It's because I don't want any reader to be able to look at the amount I was drinking and think:

'Pfft, I don't drink as much as that, I must be alright!'

Because that's the kind of thing I used to do, justifying my excess because it wasn't as excessive as someone else excess. After all, as Qui-Gon Jinn once said in *Star Wars: Episode I - The Phantom Menace*:

'There's always a bigger fish'

And, as Jar-Jar Binks replied:

‘True-sir. And there’s always a drunkier drunk’

Well, actually he didn’t reply with those words. But he could have done, because being an alcoholic is not about sheer volumes. It’s about *why* a person drinks and to what end, for what purpose and for what they are trying to escape.

I hid the extent of my drinking because I didn’t want Liz to worry about me. So, as to explain the smell of alcohol on my breath, I’d typically have one long drink throughout the course of the evening. This would usually be a big bottle of beer. And then I’d ‘subsidize’ that with a bottle of spirits that I kept hidden. In order to keep the cost manageable, the spirits in question would always be of questionable quality. And by questionable, I probably mean the folk who worked in the distillery would likely ask the question:

‘Just who on Earth *drinks* this shite?’

It was typically the cheapest available vodka or whiskey, and perhaps to underscore just *how* cheap, I’d occasionally see my brands of choice mentioned in local news stories that went under headlines such as ‘Local Shopkeeper Jailed For Selling Vodka That Isn’t Vodka’ or similar.

No component of this part of my story represents anything I’m proud of in any way. That said, I did have quite an ingenious hiding place for my surreptitious booze: I kept it in the box with a partially-constructed glow-in-the-dark pirate ship model I’d received as a present one Christmas. So, in short, a typical evening’s drinking would involve me having a big bottle of beer, whilst taking regular, clandestine swigs from a bottle of dangerously-cheap spirits that I had hidden away in the box with my fluorescent buccaneer frigate, which I’d invariably consume until none remained.

It sounds ridiculous when put like that.

When I'd wake each morning - typically after a night of broken, feverish sleep thanks partly to the booze and partly to the anxiety and depression - I'd be immediately filled with remorse, regret and self-loathing. Faintly hung over, I'd chastise myself for yet another evening that had disappeared down the bottle. Throughout the course of the day I'd typically have words with myself, finding quiet moments during which to give myself a telling-off, or occasionally to have a bit of a feeble cry. The part of me that longed for alcohol was very separate to the part that loathed myself for its consumption (we'll call these two personas 'Drunk Ben' and 'Sober Ben', but quite where they sit alongside Past, Present and Future Ben, I'm afraid I'm beginning to lose track of). I would pledge daily to stop drinking and pull myself together. But as the day progressed, my anxiety levels would increase and depression would begin to take a firmer hold. I'd then convince myself once more that I'd earned 'the release'. Drunk Ben, roused from his daytime slumber would reassure Sober Ben that it would be OK if we just partook in a little booze.

And then the next day it would start over again - that same excruciating, tiresome cycle of drunkenness, regret and self-loathing, to accompany the depression and anxiety.

A veritable Hell, partially of my own creation.

It was an exhausting way to live.

One morning, following yet another day that had begun with me pledging to myself that I'd give up the booze and ending with me swigging budget vodka illicitly from the box of a luminous, scale-model pirate ship in a darkened room on my own, I awoke lathered in sweat and with my heart racing. I was both terrified and furious – terrified owing to the panic attack I was in the midst of having, and furious that I'd once again worsened the situation through copious amounts of alcohol. In fact, I was so furious with myself that I punched myself in the knees as hard as I could.

Have you ever been so furious that you've punched yourself in the knees?

I was.

And, try as I might, I couldn't calm down. I felt sure I was going to have a heart attack; that I was going to die. So I stumbled out of bed and raced off downstairs, into the arms of Liz who was in the kitchen. She had witnessed such anxiety attacks before, and held me as I finally began to calm. As I stood limply in her arms, shaking and soaked through with sweat, the realization finally hit home that *anything* was better than this. However hard it was going to be to admit that I needed help, it was inevitably going to lead to an easier path.

That night, I didn't drink. And the next morning, sober and composed, I spoke to Liz. I broke down whilst explaining how I'd been drinking to cope, an acknowledgment in itself that I was in fact not coping at all. My wife was the supportive and reassuring woman I've always known, saying exactly the right things. She'd support me as I got the help I needed, and I was to begin by speaking to my doctor about the anxiety, the depression and the factors that drove them – the resultant, overwhelming fear of my own mortality, no doubt brought about by both the premature death of my father and my surprise cancer diagnosis.

Oh, and the alcoholism.

There was that as well, of course.

## 16. Restoration

The very next day I made an appointment to see my GP, who this time was a woman. By which I don't mean it was the same GP as I saw previously, having undergone sex reassignment surgery in the intervening period. Although, that might have segued nicely into an icebreaker, with me offering the observation that 'there were considerably more testicles in *this* room the first time we met!' But alas no, it was in fact a *different* GP, who was female, in her late 50s and who had a kindly if austere disposition.

It was another early morning appointment, so I didn't have to loiter long with the gathered army of the undead in the waiting room before I was called forth to Consultation Room 2. I was a little perturbed, as it was the same *room* as last time, only with a different doctor. Had she killed him and buried him under the patio? Or perhaps eaten him, as the surgery didn't have a patio? Or was he just at that other surgery perhaps - the one that he'd gone to by mistake last time? That was conceivably the most likely reason, albeit the least scandalous or exciting.

I took a seat and, following a deep breath, I explained how my cancer diagnosis had followed my father's untimely death, and how after successful surgery I'd suffered the gradual onset of depression, anxiety and alcoholism, the latter helping to create a something of a matted tapestry of shame and regret that both fueled and accompanied the formers' spirit of malaise. I explained also that I now feared I may have damaged myself internally, following years of casual alcohol abuse and the more recent, prolonged and intense assault on my liver. Looking back, I'd been drinking heavily for 18 months. I of course broke down as I explained it all.

After all, I am a weeper. But not a fainter or a vomiter.

The doctor offered a sympathetic response, commenting that in many ways I'd done the hardest part by simply getting to her and actively seeking help. I know the way in which I've structured these latter chapters perhaps makes obvious the fact that asking for help was the key, but at the time I didn't feel



inclined to believe that I could have possibly already done the hardest part, because in the end it had been so simple. It was just words – opening my mouth and asking for help was all I had needed to do. Despite the fact that I'd become an anxious, malfunctioning wreck, almost drinking myself into oblivion through a course of avoidance of having to *say* those words or asking for help - in the end it had felt so easy.

And so *right*.

The doctor and I spoke about the available options, and we reached the conclusion that I would try some form of counselling in order to help deal with the anxiety and depression. In addition, the doctor would prescribe me some antidepressants. Also, she'd schedule some blood tests that would analyze my liver functionality for any signs of damage, and make an appointment for me to see a specialist alcohol counsellor.

Just like that, I could see a way out; like a lighthouse in the fog. Finally, that weight I'd hoped would lift when I was given the all-clear all those months ago *began* to lift. As I left the doctor's office that morning, I felt better than I had done in for a very long time. I headed straight to the chemists to pick up my antidepressants with a spring in my step.

There's irony in that somewhere, I feel.

There was a short queue to see the pharmacist, so I decided I'd browse the store's wares as I waited. I noted an abundance of denture-related products and several different types of 'cracked-heel cream'. Yet there was only one form of cystitis medication. I began to wonder as to what this particular array of health products might say as regards the well-being of the average patron who frequented this particular chemist's, deciding that they probably had manky feet and fewer natural teeth than the front row of a Daniel O'Donnell concert, but could likely piss like a racehorse.

Soon after making this observation, someone that I knew came into the chemists. It wasn't a friend; it was a friend *of a friend* – the kind of passing acquaintance with whom a meeting in such circumstances could result in maximum discomfort for both parties. I didn't really want to have to enter into a polite conversation that could well go the way of:

'Hello! I'm just in for my antidepressants. I see you've just collected your...intravaginal thrush pessary'

So I stared intently at the incontinence pants until she went away.

I took the first of my six-month course of antidepressants that evening. They began to help after a few days, although I noted tiredness as an almost immediate side effect. I also noted a decreased sex drive. However, that has in itself spawned a positive side effect, in that Liz can now occasionally bend over to empty the dishwasher without me suffering the unconquerable urge to put my hand on her bottom.

The next action for me to undertake was to head back to the surgery a couple of days later to have blood taken for the liver-function tests. This gave me a chance to regale a new and unfamiliar phlebotomist with my anecdotes. I asked if she watched *Game of Thrones* and knew who Hodor was. She didn't, and she didn't. I could have left it there, but I chose to contextualize it by explaining why I asked. I then went on to explain that I'd be silently rating her blood-letting abilities against his almost impossibly-high standards, before further explaining that I'd made the decision to no-longer comment out loud regarding the results, in case it led to a derogatory note on my medical records. She was very gentle, so I went back on that promise and told her so. She seemed pleased. But then, she'd also told me that she had the afternoon off and I was her last appointment of the morning, which was perhaps the more likely reason for her positive outlook.

A few days later, I received the kind of phone call no-one really wants - one to tell me that the blood tests had shown my liver to be 'under pressure', and thus I would require yet further tests. Despite being

amused on the one level at the prospect of the late David Bowie and Freddie Mercury duetting the results of my liver function test down the telephone, I was understandably quite alarmed.

‘I’m not dying, am I?’ I asked the young woman on the end of the phone, who, I’m fairly sure, was the surgery’s receptionist and thus unlikely to be medically qualified to reassure me that I wasn’t dying, or indeed break the bad news if I in fact was.

As it turned out, I wasn’t - my liver was healthy. But I was diagnosed a few days later with something called ‘Gilbert’s Syndrome’. In a nutshell, this is a genetic disorder that makes it harder for my liver to break things down, thus making the consumption of ridiculous levels of alcohol perhaps even more of a bad idea for me, as compared to your average drunkard. Gilbert’s Syndrome is of course not to be confused with ‘Dilbert’s Syndrome’ – a notable increase in apparent cynicism towards the management of a large, bureaucratic organization.

As it happens, I suffer from that as well.

The next thing to do was to arrange my counselling sessions. I’d been given a number to ring, and after a telephone consultation I was assigned a counselor with whom I would go on to have a number of very useful and productive sessions. I’d talk about my particular set of circumstances and the reasons behind why I perhaps hadn’t coped as well as I might have done. The counselor lit a candle before each session; an action which I found pleasingly in line with what I might have expected. In fact, the only downside of the counselling was that the place in which her office was located was a bit rough, so I found myself on more than one occasion a little distracted from discussions relating to ‘transactional analysis’ and suchlike, and more concerned about the wellbeing of my parked car.

My final task as agreed with my GP was to visit with the specialist alcohol counsellor. This was perhaps the one thing I was consciously worried about, given my shame as regards having let myself down with the booze.

I was worried about being judged, derided, embarrassed and even told off.

But I needn't have been.

A meeting had been arranged with 'Frank' (not his real name, just in case he loses it, tracks me down and kills me) at a health centre in central Middlesbrough. This particular facility is above a shopping centre, and clearly the first task on any recovering alcoholic from the Teesside area's 'to-do list', just after 'admit that I have a problem' must surely be 'try to find the way into the sodding health centre', as this proved to be far from intuitive. Well, to me anyway, with my previously-chronicled lack of directional intuition. Having casually dithered back and forth along the shopping centre whilst trying my hardest not to look like a shoplifter or a sexual predator, I did eventually find the way up via a lift that appeared to have been varnished in urine on more than one occasion. Because of this, and the general sense of ill-feeling the lift gave off, as if it and its occupants were all subjected to some form of ancient curse, I made sure to ride the lift alone whilst chanting the mantra 'don't break down, I want to live' repeatedly. When the lift doors opened, the health centre, deserted bar the receptionist tucked behind what appeared to be bullet-proof glass, was revealed. I didn't know where I was going (naturally), so I decided to ask Bulletproof Brenda for directions. Employing a degree of tact, I decided I wouldn't let out a raucous cry of 'ALRIGHT PET? IS THE ALCOHOL MAN IN?' and instead I simply said:

'Hello. I'm here to see Frank'

Her blank expression indicated that Frank was not a person she knew well, if at all. An awkward silence began to ensue, before to my relief I saw a lightbulb switch on behind her eyes.

'OH! YOU MEAN THE ALCOHOL MAN!' she cried raucously.

'Yes. That's the chap' I agreed.

'Take a seat, I'll let him know you're here'

So I took a seat. It wasn't a comfortable seat, mind. Which is not a reflection of the comfort-giving potential of the particular seat in which I sat, more an indication of the fact that I felt a definite sense of...unease in the room.

My primeval senses twitched.

They sensed danger.

My caveman equivalent would have undoubtedly fashioned some sort of club from the jawbone of a nearby woolly mammoth carcass and then sought higher ground for a better vantage point.

A furious young woman then appeared, shepherding a pushchair that appeared to have at least seven kids in it. She was bellowing into her mobile phone:

'...WELL THERE'S NO MONEY 'TIL NEXT THURSDAY, SO HE'LL JUST HAVE TO GET FUCKED...'

I tensed, pushing back in my chair in an attempt to fade into the 'Antibiotics Awareness' poster on the wall behind me like a chameleon as she powered onwards towards the lift, now serenaded by a chorus of seven screaming kids. Sensing that perhaps the danger had passed, I allowed myself to take a breath. But then, a wiry, wild-eyed chap appeared from nowhere.

'Is the doctors taking on, mate?'

I didn't know.

Taking on what? Water? Apprentices?

I almost burst into a panicked rendition of a-ha's 'Take on me' before suggesting that Bulletproof Brenda in the armoured reception area might know. A short conversation between the two ensued. She didn't know if/what the doctors was taking on. There was a form to fill in. But he didn't like forms. In fact, forms appeared to enrage him.

And interesting stand to take against the world, I felt.

Instead, he'd just go and speak to 'them'. He then disappeared through a set of mysterious double doors, before reappearing 0.4 seconds later and announcing that 'they weren't taking on'. He then left, making a point of pausing to tell both me and Bulletproof Brenda to 'have a lovely day', but in a way that definitely implied some sort of veiled threat.

Two big women with aggressive haircuts appeared next. They'd come to ask Bulletproof Brenda about the availability of free condoms. However, in very much the same way as I would have acted in such circumstances, they couldn't just *ask*, in a straightforward, matter-of-fact way. No, there was a fair bit of glancing about, an exaggerated cupping of the mouth and a distinctly hushed, round-mouthed tone to the inquiry that made it sound as if they were actually asking for 'fee condors'. According to Bulletproof Brenda, they had to 'come back after five o'clock'. I can only assume there was some sort of after-hours contraceptive festival taking part when the curtains got drawn. If I'd hung around long enough, I could've found out.

But then a cry from the armoured reception area implied that Frank was ready for me.

After picking my way through a labyrinthine corridor and several grey doors - reminding me of that game in *The Crystal Maze* that involved a room full of similar doors, mirrors and a contestant that would invariably blunder through the same circular handful of doors and whimper 'I can't find it!' rather than employ any sort of logic – I located Frank The Alcohol Man. He was a chap in his early sixties, with a welcoming nature and a distinctly unkempt beard which, when combined with the fact that he was wearing a t-shirt over an old woolen jumper, made him look like 'he'd had a few' himself.

I took a seat and talked candidly to Frank about my alcohol consumption and what had led me to it. It became apparent that on a sliding scale of alcoholics, I could have fared a lot worse. In order to illustrate approximately where on the scale I sat, imagine that 'yodeling man' game from *The Price Is Right*, with the bottom of the mountain representing 'teetotalness', and the top bit, where the yodeler would fall off if Deidre from Southend gave a ridiculously high estimate as regards the automated laundry appliance on offer, representing 'inevitable death from acute alcohol poisoning'. I was situated fairly close to base camp on the mountain, only a few quid or so away from the actual price of Deidre's twin-tub. As an aside (yes, another aside), I was terrified of the 'yodeling man' game as a child when it came on the TV, hence it left a sizable impression on me - and hence this bizarre analogy.

Frank reiterated that I had in fact likely done the hardest part myself by owning up to having a problem and then stopping. By the time I'd got to the appointment with Frank, I'd not had a drink for three weeks. We talked about combating temptation and some practical tips for the newly sober. He asked me, in effect, why I was there and what I wanted to do. I effectively reiterated what Frank himself had just said - just being there to admit that 'I hadn't coped and needed help' was a big step forward. I then arranged to see him again in a few weeks' time, just to make sure I was getting on OK.

I decided against using the terrifying lift to descend back to shopping centre level. Instead I took the stairs, which were even more awful and terrifying than the lift. Aside from being a gloomy, concrete nightmare, there was a cage running through them so that certain levels of the building could be locked off entirely, giving them that 'post-apocalyptic prison' look. If I'd been in a Hollywood picture, bad things would have happened on those stairs. But I wasn't, so they didn't.

I returned to see Frank a few weeks later.

'I'm here to see Frank' I told Bulletproof Brenda.

'Who?'

'THE ALCOHOL MAN'

'Oh, right, yes. I'll just ring through for him'.

But this time, Frank wasn't there. Very much like The Doctor (as in 'Who' rather than, say, 'Dolittle', 'Martens' or 'Quinn: Medicine Woman') he'd regenerated into a chirpy young woman called Andrea, which, with all due respect to dear old Frank, was something of a glamorous upgrade. I was, in many ways, hoping she was going to say:

'I'm sorry, Mr Taylorson, there's no-one called Frank who had ever worked for us in the capacity of alcohol counselor'

Which would mean that I'd either imagined him like Tyler Durden from *Fight Club*, or that he was just someone who'd wandered in off the street for 'a bit of a chat with the drunks'.



I talked to Andrea about my progress. I hadn't had a drink for weeks, my anxiety and depression had eased.

I was feeling optimistic about the future and fairly chipper all round. She said I was doing well.

She was right.

## 17. Resumption

I've spent a lot of time 'pondering' in the weeks, months and now (almost) years since the cancer diagnosis. Pondering is the right word, as it's suitably ambiguous as to include the times when my thought patterns have been particularly pensive, as well as those other times when I've found myself looking back on things with a greater sense of bemusement. Since ditching the booze and admitting to myself and others that I wasn't coping particularly well, my newfound sobriety combined with feelings of accomplishment and optimism have given me the chance to look back on the last couple of years with a degree of objectivity. Which, in turn, provided the inspiration to put all of this down on the page, with what hopefully translates as the same mix of pensiveness and bemusement that I have felt.

Because it's been a strange period of my life, to put it mildly.

Cancer gate-crashed my life, left its sizable mark and then promptly left. And now it doesn't write or call or anything. Thankfully. Whilst I accept that 'normal' is an artificial construct and that life is all 'weird' - it's just that some parts are weirder than others – the last couple of years have culminated in a period of my life dictated largely by negative occurrences. But, I hope that this will eventually represent a time that I can look back on and think:

'I could have allowed that cancer shite to define the remainder of my days, but I didn't. And eventually I came out of the other end of it all feeling, well, wiser'

Because I suppose that is how I feel, in one word: wiser.

And truer, perhaps, to myself - resolved to be a more compassionate and measured man, with a greater understanding of both who I am and who I want to be as a person. Minus one testicle, obviously.

For a while after the operation I could still feel the missing testicle, you know. Specifically, I could feel that pulling/tugging-to-one-side feeling I mentioned. Which was odd, as the testicle in question wasn't there. Hmm, now I look at it written down, 'The Testicle In Question Wasn't There' for some reason reminds me of the 1970s film *One of Our Dinosaurs is Missing*. Similar rhythmic phrasing, perhaps? That was the first film I can vividly remember scaring me. In particular, the scene that features a dinosaur skeleton on the back of a truck looming out of the London fog. I can't see the film being remade with a testicle theme. Also, you'd have to lose the outdated and now rather politically incorrect tone of the original. You couldn't have Peter Ustinov playing a Chinese agent in a contemporary, gonad-themed reboot I feel. And not just because he's dead. Anyway, my post-operative 'phantom testicle' feelings are, of course, not on a par in terms of either gravitas or earnestness when compared to anyone who has, say, lost a limb, yet can still feel an itch in their missing fingers or toes. But it's a bit similar. Hence I plan to utilize it for monologue purposes at parties, whilst accepting that it may put some people off the hors-d'oeuvres.

Actually, one thing I perhaps haven't touched on that seems an appropriate point to cover in this final chapter is 'the reality of life with one testicle'. A brief foray onto the internet will reveal that there aren't too many spokespeople for the monorchid community. And Hitler doesn't count.

'Why is this?' you may ask?

By which you probably don't mean 'Why doesn't Hitler count?', as I would have thought the reasons for my dismissal of his input on the matter would be many and obvious. You are more likely to mean:

'Why don't men speak up as to detail the fabulous life of a chap with one gonad?

Well, the stigma for one. Which is born from ignorance and the Neanderthal-esque assumption that a man with one nut is merely half a man. I can firmly attest to that not being the case. I may not have yet undertaken any activities based on the opportunities afforded to me by my newfound monorchidal status

(such as using my newfound scrotal void to smuggle illicit microfilm across international borders), but I can certainly still do most things that I could do before the operation. For example:

- I can still make masculine noises when spotting an impressive motor car
- I can still wield a chainsaw haphazardly
- I can still change an electrical plug. Well, actually no I can't, but I couldn't do it beforehand either.
- I can still start a fire using just twigs and straw. And matches.
- I can still grow a rugged beard and perform sexually. Indeed, if I could do the former quickly whilst engrossed in the latter I could join an X-rated circus.

Plus, I have a manly scar, and:

'Chicks dig scars'

So popular culture tells me, anyway. I've just asked Liz if she digs my scar. She simply replied 'dig?' in a quizzical manner, so I explained further. She then said 'no', owing to its closeness to the general pubic area. Which is a fair point, as I have allowed my shaved half-groin to once more become overgrown like a veritable pubic forest. Perhaps the saying needs to be amended:

'Chicks dig scars. But maybe not ones located too close to hairy, intimate areas'

Although, surely these days the word 'chick' is both a bit derogatory and non-inclusive? Taking that into account, what does that leave us with?

'Some people might like some scars, possibly'

So what *can't* I do with merely one testicle? Well, to be honest, I've yet to expose myself to any circumstances in which it's proved to be an issue. Or indeed, expose myself at all. Since that official caution from the police. I don't list heavily to one side, nor have I been laughed out of the locker room by 'the lads' - owing partially to not having been in a locker room with any lads. Although, for all I'm being glib (a word I use sparingly after it was once used to describe me in a detrimental manner by someone whose outlook on life only ever shifted from 'solemn' to 'sullen' and back again) I can understand completely why men would be self-conscious in such a setting. But I don't tend to need to strip off amongst other chaps for sport-related purposes. Nor do I frequent a nudist colony. But, that said, if I *did*, at least I might prove memorable for those for whom facial recognition proves problematic. And given that you get a lot of old folk in nudist colonies (so is my rudimentary understanding based on what popular culture has told me), that could put me at an advantage:

'Look, Alf, there's that lad. Keith. Jim. No, wait, it's him with the one testicle...Ben! Alright Ben? You're what? Off to for a game of nude table tennis (because that's what you do at nudist colonies, I reckon) are you? A bit of ping-pong with the ol' ding-dong hanging out?'

I suppose if I'm honest I do suspect that I'm unlikely to make a go of it as a post-operative underwear model, and to be fair, I have stopped waiting for Armani to call. Plus, I'd be a bit self-conscious if I ever reached the final of Mr Universe. Again though, another bridge to cross when it is reached.

Given that I'd down to a mere one, I am perhaps what you might describe as 'ultra-sensitive' regarding the remaining nodule. Any twinges are a cause for alarm, of course. I've got to look after the one that's left. Sue did expressly mention being sure to 'avoid twisting' my outstanding testicle. To which I should add that I don't think she meant outstanding as in 'striking' or 'superior', but more likely as in 'leftover'.

Or maybe I'm doing myself a disservice.

Anyway, to the best of my knowledge I've never 'twisted a testicle'. I think I'd remember, as it sounds horrendous. But these days I make doubly sure not to mistake my residual testicle for a jam-jar lid or a towel that needs wringing out. In fact, if it was practical to wrap it on cotton wool, I would. Which actually might be an idea when I go out running, as one thing I have noted is that since the operation I now get chafed in all-new and exciting places 'downstairs', presumably due to the change of physiological arrangement in my running shorts. There are particular issues in a very dark place that I can best describe as 'down, round and under the scrotum'. I have to say, I'm not happy about it. Not that I can imagine any particular set of circumstances off the top of my head when a man *would* be overjoyed with a raw scrotum, and indeed cheerily declare:

'Here, Susan, come and have a look at *this*! It's like Christmas has come early!'

Still, I'm particularly furious as I've got less down there to be chafed now. How can less bits result in more chafing? That shouldn't be right. It's illogical. I can only think that because there's more room for things to 'move about' down there, and therefore it's the equivalent of having an unsecured, fragile parcel in the vacuous underbelly cargo-hold of a trans-Atlantic aircraft. Even so – I'd expect the fragile parcel to get knocked about, but not to 'chafe the walls of the plane'.

Although once again, my choice of analogy could be deemed to be fundamentally flawed.

I try to keep up the running without 'being mental' about it. It's about striking a balance without overdoing it. A sensible amount of running, and the resultant endorphins, helps to keep the depression at bay. However, during 2015, with raging depression, anxiety and alcoholism in full flow I threw myself into training for and indeed completing a second marathon, despite the fact I said I'd 'never go back'. I'd like to say it wasn't awful, but I can't because it was. I did, however, finish the stupid thing in under four hours, which is something of an achievement, particularly if we ignore the fact that I literally thought I was going to die for a good few minutes at around the 22-mile mark.

If I ever moot the prospect of running another marathon, you have my written permission to stop me in the street and twist my testicle.

But marathons aside – so far aside they fall off the table and shatter into 100,000 irreparable pieces - I have come to recognize that do I need some sort of target or aim or goal to be working towards, preferably one that involves other people, for fear of becoming a floundering, self-destructive idiot. I've always got to have a side-project on the go, as it stops my mind defaulting back to worrying about The Big Whys. Talking about my feelings and *trying* not to be quite the introverted worrier helps too. At the time of writing I'm still taking the antidepressants and they're working pretty well. I do *almost* forget to take them every day, but I've used that as an excuse to purchase myself a snazzy new watch that has a vibrating alarm thing on it to remind me. Really, I just wanted a new watch. Also, it's a *smart* watch - which doesn't mean it can make a cup of tea, predict the weekend's football results or launch a pre-emptive nuclear strike, sadly. It means it vibrates when my phone gets a message or a call.

The first time my watch vibrated when I received a text, I momentarily thought I was having a seizure. Naturally.

Even following counselling and medication, I'm still suffering with anxiety - I'm just learning to cope better, and deal with each situation as it arises. I can't undo what my body and mind have been through, but I can better prepare them for re-occurrences of anxiety. There are days when I still feel removed or alien; days when I'm still panicky and flighty. But I don't feel like I'm going insane or that I'm having a heart attack or a stroke, which is a definite improvement. I try to be measured; to keep my emotions as stable as possible. And I make sure that I talk to people about how I'm feeling. People I know, I should add – not just stopping passers-by outside Boots or similar.

It's still hard, though. I can't to dismiss out of hand what is still, for me, a very real and ongoing battle with anxiety. Some days, supposedly pleasurable experiences such as going to the cinema or driving to the coast can still become somewhat overwhelming. I still panic 'unnecessarily', without warning and without apparent stimulus. And that is still terrifying.

But I cope.

Part of the self-discipline that helps me to cope means not drinking. Having given up alcohol altogether, I have to say I've found sobriety rather wonderful. I have more money. I don't feel like death every morning. I'm particularly fond of being able to remember what I watched on the TV last night as anything other than just a vague blur. Plus, it's not fueling the depression and anxiety that were edging me towards oblivion – another not-insignificant bonus.

I was worried about giving up the booze; about it being what I felt was another stigma. Because there is a stigma, if a person gives up something that he once used to enjoy with other people. As with any kind of newfound self-discipline or change of ethos, non-participation can, quite naturally, create feelings of disappointment, suspicion, distrust and even anger. Abstention can and does reflect the insecurities of others, and can lead to a feeling that perhaps they are being judged. As someone who used to drink (a lot), suddenly saying "I don't drink" inevitably leads to questions about why. In my particular case, it's perhaps hard to imagine a scenario where people wouldn't be understanding as to my reasons, so long as I am honest in disclosing them.

That can, of course, be difficult.

Plus, I'd suggest that talking about the evils of alcoholism (or indeed depression or cancer) in a situation where everyone else 'just wants to get pissed' can unfortunately make you about as popular as that bastard who shot Bambi's mother.



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To be honest, you're almost up to date now. This memoir has more or less caught up with its author's story. I suppose, in conclusion, I can't really offer a happy ending to this tale, because this is not an ending. I've turned a corner since admitting I wasn't coping and getting help, but I've not long turned it.

There are plenty of positives, mind. I'm not dead, for one - despite my countless hours of worrying about dying prematurely. And I've come to understand that, as the cliché asserts, happiness is not a destination; it's a state of mind. An attitude. A way of living, not a terminus. However, anyone who thinks that our own happiness is *always* merely self-dependent are mistaken, I would argue. Many things can impinge on a man's happiness. Poverty. War. Disease. Depression. Cancer. Middlesbrough's faltering promotion push. But speaking only for myself, I'm happy now, at this moment in time. I'm relaxed now. And I'm sober. That last one is at least something I have control over, but the others require the help of my friends and family. I forgot that help was out there in the bleakest of times.

But then I remembered, and I started to get better.

Do I still worry that the cancer might return? Of course. If I'm feeling run down or ill, I still worry about the possibility of the 'worst case scenario'. But I try to remember that if the worst does occur, I deal with it then, not hypothetically now. After all:

'That's Future Ben's problem'

I still go for my checkups with Hodor and friends, and instead of fearing the worst I try to take comfort from the fact that I'm being monitored. If a scan or a blood test reveals I have to go another round with the cancer, so be it. I won't go down without a fight. Plus, at least I'd get to write another book.

In the strangest way, I actually feel lucky. That said, if the ultrasound technician had turned my head towards that screen to show me the monochrome image of my blackened, tumourous testicle and declared 'Oof, you lucky chap' I'm not sure how I would have taken it. And I don't feel lucky as in 'winning the pools' or 'being the millionth customer at a branch of Tesco and getting to do a trolley dash' (man, that's just below the now crossed-out 'take a ride a hospital trolley' on the list of things I'd like to do) type-lucky, but somehow fortunate. I value my life that bit more now, and everything that's good about it.

I'm glad to be alive.

And I'm ready to keep on living.

## Epilogue

I have to say that writing all of this stuff down has proved to be extraordinarily cathartic. Which, in truth, wasn't one of my aims, but has been a pleasant side-effect nonetheless.

The fact that this book ever got finished is something of a minor miracle. Finding pockets of uninterrupted time in order to put my thoughts to paper proved somewhat problematic. A great deal of it was written during my lunch break at work (well, by which I mean a collective accumulation of writing across many lunch hours, rather than me having had one epic, three-month-long, midday hiatus from work - because that doesn't make any sense and would have undoubtedly been frowned-upon), hunched in the corner of the staff room with my headphones on. Other bits of it were written whilst I was sat in the car waiting for various things and people. I wrote the outline for one chapter whilst stood in a wet field waiting for a game of under-11 girls' football to start. Another during a snatched half-hour on a bench in the rain, on a freezing winter's afternoon.

And I edited substantial parts of it on the toilet.

Fighting distraction also proved difficult. We now have two cats, meaning that there is usually one of them sat on me, pawing for attention - an all-too-welcome interruption from the task of organizing my thoughts onto the page. The new cat is a kitten, in fact. She spends most of the time harassing the old cat, climbing the curtains and begging for food, but it's nice to have new life in the house that feels like part of an unfamiliar, positive way forward. Even if I do keep falling over her. As I type, the fat ginger one (the elephantine beast that settled uncomfortably on my knees following my return home from hospital) is sprawled next to me like a vast, fuzzy slug.

Also, another threat to the advancement of this memoir was a certain online pool game that I became quite good at during the course procrastinating rather than churning out these pages. Daniel, familiar himself with the game, said to me at one point:

‘You know its mostly just young kids from Eastern Europe playing against you, don’t you Dad?’

I didn’t know. I didn’t care. I still don’t care. Although it does add a certain degree of context when Liz tells me that tea is ready, and I reply with a pained cry of

‘Not now, I’ve got young Vladislav just where I want him!’

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‘But Ben, what’s next for you now?’ I hear no-one ask.

Well, I’m hoping to write something about living with anxiety - something of a glimpse behind the curtain into the world of a perpetual worrier who is facing up to a life with unremitting angst. Who is me, just to clarify. There are lots of people out there who battle through each and every day with similar conditions, and yet it’s a subject on which there isn’t a great deal written, I feel. I’ll try and keep it fun, and I promise there’ll be a whole lot less testicle-talk.

So keep an eye out for that.

And take care.