

# Insignificant and Inappropriate Surgery

## Non-Normative Orchiectomy for Testicular Cancer in Historical Context, 1906-2018

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"Last month, in the bathroom of my hotel room in Paris, I noticed an **unusual hardness in my left testicle**. When I got back to New York, I found a good urologist."

"Just a few hours after an initial examination and an intense ultrasound experience...**he told me I had testicular cancer**. I gazed out the window of my office for a few beats—testicular cancer—then I returned to the meeting."

Welch required but a momentary adjustment to process being a cancer patient, and it seemed the surgical process went just as quickly for him.

"After a short operation, I closed out the week that followed with one ball, **a handful of stitches in my pelvis**, and (as far as the tests can tell, anyway) zero cancer. I like that math."

By noting the stitches were in his pelvis, Welch indicated he had an inguinal orchiectomy, even though he avoids specific medical terms. More importantly, he emphasized the speed and efficiency of the diagnostic and surgical process.

"**Eight days of diagnosed testicular cancer** taught me: (1) When Charles Darwin gave us each two balls, he intended one as a spare. Hallelujah. (2) I'm already pretty close to living every day like it's my last."

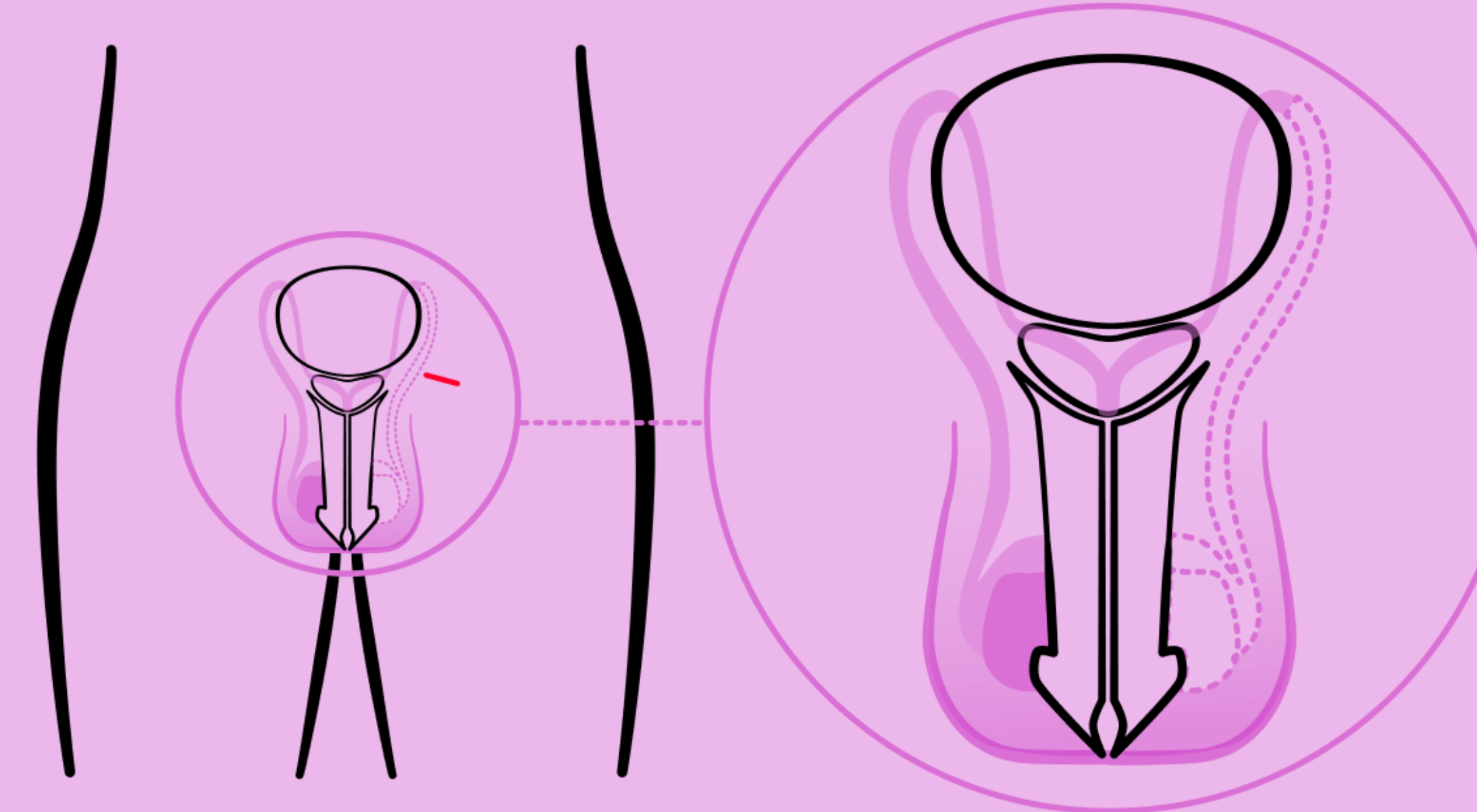
The unspoken in Welch's account: he had no prior medical conditions complicating his treatment, and no problems with his urologist, insurance, or caregivers. Welch's cancer did not require further treatment like radiation, chemotherapy, or additional surgery.

"This experience has only reinforced my confidence that I am who I am who I am until I'm gone. **Not even cancer can shake me.**"

With Welch's access to modern medical techniques, attentive doctors, and rapidly available surgery, testicular cancer was simply a bump in the road.

In 2018, the editor of GQ Style, Will Welch, wrote a "Letter from the Editor" about his experience with testicular cancer and showed (or at least shared) little inner turmoil concerning his orchiectomy.

In the early decades of the twentieth century, surgeons saw orchiectomy – the surgical removal of a testicle – as an "insignificant" but necessary intervention for testicular cancer. While surgery would remove the tumor and diagnose the cancer, it could also hasten cancerous spread and lead to death. With improvements in surgical techniques and adjuvant treatments, surgeons began to see orchiectomy not as an inconvenient hurdle, but rather as a simple step in treating and curing testicular cancer.



The inguinal orchiectomy is performed via an incision low on the abdomen, with the testicle and spermatic cord removed via the inguinal canal.

**1906:** French urologist **Maurice Chevassu**, in his book **Tumeurs du Testicule**, thought the slow, insidious growth of testicular tumors was the key reason why surgery was a last-ditch hope. While orchiectomy was necessary as a diagnostic tool, he still saw the surgery as a "**random**" attempt at cure, which "**does not work except by luck.**"

**1925:** American testicular cancer researcher **Archie L. Dean**, in his article "**The Treatment of Teratoid Tumors of the Testis with Radium and the X-Ray**," called the inguinal orchiectomy "**the most careful and effective technique.**" He stressed the surgery should always be combined "**with the use of any other measures which might inhibit the growth capacity of the tumor cells.**"

No\_Ab\_Cut's surgical narrative is not representative of the general testicular cancer patient population. In truth, neither is Welch's.

Welch's surgical narrative presented a patient who was anodyne and acquiescent to diagnosis and treatment, yet came across as an ideal man. No\_Ab\_Cut was opposite in nearly every respect.

Both patients were aware of the changes their bodies would go through, but were more concerned with the potential for changes to their identity.

Accepting the situation of losing a testicle and treating it as a trial to stoically undergo, as Welch did, presented as a more masculine approach to orchiectomy. No\_Ab\_Cut's self-advocacy was the abnormal part of his narrative.

Whether a surgery is "insignificant" or not depends on who is asked: the patient or the practitioner. A non-normative, "inappropriate" surgical method – when accompanied by follow-up care and adjuvant treatment – can have little if any clinical difference. The significance and appropriateness of a surgery are situationally dependent, on both the patient's body and on their identity.

Viewing a surgical case as happening to an inert body overlooks the patient as a person outside of their diagnosis. The shifts in surgical opinions about testicular tumors showed that there was not one universally agreed-upon method for surgical intervention. Sometimes the best option for the surgeon is not the best option for the patient.

The physical action of orchiectomy does not necessarily equate to significant changes in masculinity from a patient's perspective. A patient's perceived compliance to the surgical process of orchiectomy, not the loss of the testicle, is more likely to dictate if they are still man enough.

In 2018, support forum member No\_Ab\_Cut wrote a series of posts about his testicular lump, his many previous abdominal surgeries, and his apprehension at the very idea of an inguinal orchiectomy.

**1956:** In his article "**The Treatment of Testis Tumors**," Dean called the inguinal orchiectomy "**an insignificant part of the patient's treatment**" due to its role in diagnosing testicular cancer rather than stopping its spread.

**1988:** Further medical research found **more than half of all testicular tumors were diagnosed and treated with alternate methods** such as needle aspiration, open biopsy, or scrotal incision. "**The Clinical Significance of Unconventional Orchiectomy Approaches in Testicular Cancer**" said, despite the clear indications for inguinal orchiectomy, "**inappropriate surgery probably will continue.**" Though not to be condoned, the scrotal incision was "**not associated with demonstrably dire sequelae.**"

"I was **diagnosed six months ago with a painless lump on my right testicle**. My primary care doctor sent me for an ultrasound and directly to a urological surgeon."

"I'm a bit of **a different patient.**"

No\_Ab\_Cut's self-identification as different was distinct, as other forum members tried to emphasize similarity to peers, not difference. Because of past abdominal surgeries and debilitating scarring, No\_Ab\_Cut was adamant he did not want to undergo another abdominal incision in the form of an inguinal orchiectomy.

"I can recite the reasons for **the inguinal orchiectomy versus removing the testicle via the scrotum** in my sleep."

"I thought the first rule of medicine was **'do no harm.'** But, I am beginning to think it's **'my way or the highway.'**"

By sharing historical and contemporary medical articles, No\_Ab\_Cut demonstrated sources of his medical knowledge, and showed his views were not only coming from personal opinions.

"Since an inguinal approach is **based only on an opinion expressed in 1925** and every study done since shows no difference in death rates, I'm sticking to my resolve that the doctors can exchange notes, discuss it and **either leave the damned thing where it is or take it out via the scrotum**. I've even made contact with doctors that do orchiectomies with little documentation of being transgender. **I'd rather lose them both via the scrotum than one via the abdomen.**"

In saying he would prefer a literal castration to an inguinal incision, No\_Ab\_Cut clearly saw his agency and choice as critical to his decisions about surgery. For life-saving surgical intervention to happen, it needed to happen on his terms.

"I fully understood the testicle needed to be removed. So, I contacted The México Transgender Center. I had to pay for my transportation, meals, etc. A **simple bilateral orchiectomy and scrotoplasty** was about \$2,000 US dollars. Three days recovery in a nearby hotel and I flew home."

"So, it was a ten-day trip to Guadalajara and **I came home a eunuch.**"

No\_Ab\_Cut's narrative showed he had little control over his body and health in his past medical and surgical experiences, so he took control when he could. These past experiences gave him knowledge of medical information and of his own body in a medical setting.

"Oddly, I've never set out to be **a difficult patient.**"

For references and more information, scan here:

