

Short Communication

Neuroscientific approach to behavioural health in cancer cases in the year 1824

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Since life events may be considered stressors, how to improve the behavioural health of the cancer patient is worthy of study. This was done by going back to the year 1824 in order to appreciate how two medical masters scientifically handled the well being of an affected patient and a patient's relative. It is concluded that these historical antecedents provide useful data applicable to modern stress management, not only by giving a glimmer of hope but also by mollifying temper.

Key words: Coping, stress, cancer, behavioural health, history.

INTRODUCTION

It is well established that life events may be considered stressors and are significantly related to both physical and mental health (Zuckerman et al., 1986). Of special interest is coping with cancer (Manuel et al., 1987). Indeed, its stressful nature has long been such that, even how to tell a patient about it, has for centuries been itself stressful (Onuigbo, 1976). Therefore, this paper presents how two medical masters both handled this onerous matter in 1824 in a medical Journal and in a book respectively.

CASE REPORT 1

The great Astley Cooper (1824) was explicit in his lectures and exemplified as follows:

I am anxious when a patient comes to me with this horrible complaint, in such a state as to afford her no hope from operation, to mention these examples. I am anxious to say to her, "Though your complaint has arrived at that stage in which an operation will be of no avail, and though it is of that nature which does not allow of cure by medical means, yet I can tell you of many instances in which it has been exceedingly slow in its progress, and if you have your life prolonged ten or seventeen years, you will perhaps be content." This excites a beam of sunshine in the breast, and a gleam of joy on the countenance; "Death," she then says, "is not so near as I expected," and her anxiety of mind is removed by the hopes which

she has of the fatal event being procrastinated. It is right, gentlemen, in humanity, to mention these cases to patients labouring under this most distressing disease.

CASE REPORT 2

The problem concerned not the patient, who died with lingual cancer, but her husband. Specifically, Suttleffe (1824), while detailing 38 years of experience, noted how he contended with the man thus:

The husband (not the kindest spouse in the world), stung with remorse, gave vent to his distressing feelings by impugning the imperfections of the healing art, till I was obliged repeatedly to remonstrate with him, saying, "My unhappy friend, why censure us — surely some diseases are incurable? If it pleases God to visit you or me with such a one, we ought rather to be 'dumb, and not open our mouths.'" He replied, "Oh! But could the case not have been seen and known earlier, and provision made accordingly?" "Doubtless," said I, "in more instances than the public are aware of: but what human discernment can distinguish an adder from an eel, when the creature first betrays symptoms of life?"

COMMENT

Life events are worth studying including the historical

aspects. Thus, as Kronick (1984) pointed out, "To understand any phenomenon, it is useful to know its antecedents." Therefore, this brief report shows useful antecedents of stress management by examining what transpired as far back as 1824 between a doctor and his patient or patient's relative. In the one case, the patient was given a glimmer of hope after having been told of examples of breast cancers that were long lasting. In the other case, the distressing feelings of a man at the loss of his wife were suitably mollified. In fact, as Aljubran (2010) disclosed recently, the feelings of family members should be taken into account during clinical consultations worldwide.

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