

not yet been overcome. Throughout the evening I was introduced to about eight other younger general practitioners all of whom were doing an MD thesis in one or other university in the Netherlands. They were enthusiastic, they were confident, they were well read, and they were working extremely hard.

The analogy of the wedding bears further thought. Just as the private internal review of the thesis represents the formal engagement and the making of the contract, so the wedding represents the public commitment and the celebration of an important event in which there is a change of status and a change of title. Dr van den Bosch had his change of title to a full

doctor of the university recognized publicly and in style.

Perhaps his wife should have the last word. When I was saying goodbye to her and thanking her for inviting me to her party, she smiled and said 'After all, writing a thesis happens only once in a lifetime — so one might as well do it all well!'

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## Composition and decomposition: the illnesses of some of the great composers

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AS we were taught as medical students, common things occur most frequently: as with lesser mortals, so with composers. Seven composers are considered here, ranging in time from Handel who was born at the end of the 17th century to Liszt who died in the middle of the 19th century. In the first four cases presented the major illnesses during life were relevant to the cause of death; in the remaining three cases the terminal illnesses were different from those experienced earlier in life.

### George Frederick Handel (1685–1759)<sup>1</sup>

Apart from obesity, which was largely the result of an excessive intake of food and drink, Handel was fairly healthy up to the age of 50 years. He then suffered the first of three episodes of 'rheumatism' associated with depression; it seems quite likely that the 'rheumatism' was in fact a mild stroke. During the next few months he had several bouts of depression, associated with financial worry, alternating with periods of mania. He then went to Tunbridge Wells to take the waters, a practice common among the nobility and gentry of that period. On his return to London five weeks later he was much improved.

Two years later he had a similar episode, this time associated with the loss of use of his right arm. This meant that he was unable to play the organ or to conduct. He again visited Tunbridge Wells before travelling on to Aix-la-Chapelle (Aachen) in Germany. On his return to London a month later he was again much improved, so much so that some nuns, passing a cathedral, were amazed at his playing.

Six years later Handel was affected by another episode of stroke and depression; in a letter Horace Walpole wrote 'Handel has a palsy and cannot compose'. This time there was loss of speech and 'disorder of the senses' as well. He was evidently in pain and had a fever. Thus, in this case he may have been affected by a rheumatic complaint as well, possibly gout, in view of his customary diet.

When Handel was 66 years of age he started to develop cataracts, for which he had three operations during the next seven years. After the last operation he went completely blind.

His last illness lasted only a week. He was carried home from a performance of the *Messiah* following a stroke. He died on Good Friday, 13 April 1759 at his home in Brook Street, London, after lying semi-conscious for a week.

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### Wolfgang Amadeus Mozart (1756–91)<sup>2</sup>

When he was six years old, Mozart had the first of several attacks of rheumatic fever, followed by what appears to have been erythema nodosum, judging by his father's description. Leopold found 'a few spots as large as a kreutzer [a coin about one inch in diameter], very red and slightly raised, and painful to the touch' on Mozart's shins and elbows.

As an 11-year-old child, Mozart caught smallpox during an epidemic in Vienna. However, he recovered completely.

Later in life Mozart had periodic attacks of fever accompanied by joint pains; presumably these were further episodes of rheumatic fever. It is now known that the streptococci causing rheumatic fever can also cause erythema nodosum and nephritis, but the physicians of the 18th century knew nothing of such matters. It is likely, therefore, that each time Mozart had rheumatic fever, he sustained kidney damage.

This would explain his death from kidney failure at the early age of 35 years, with its symptoms of peripheral oedema, fever and vomiting.<sup>3,4</sup> His decline was gradual, lasting approximately six months, until his death on 5 December 1791. There was no postmortem and no evidence of poisoning, as has been suggested. Hensch-Schonlein purpura has been suggested as a cause of death,<sup>3</sup> but it seems unnecessary to suggest a rare condition when a common one fits the bill.

### Frédéric François Chopin (1810–49)

During childhood and adolescence Chopin was noticed by his friends to be thin, frail and easily exhausted. On one occasion at the age of 18 years he had to be carried to his carriage after exerting himself on the piano. His sister had died at the age of 14 years of a chest illness, which until recently was thought to be tuberculosis. However, in view of the long length of the illness, this is unlikely.

Chopin suffered from a chronic cough from the age of 15 years. He was also intolerant of fatty foods, which gave him abdominal pain and diarrhoea. In addition, he never, so far as is known, fathered a child. He had repeated chest infections, especially in the winter when his cough became worse, and productive of sputum. In addition, he had periodic sinusitis and laryngitis. All this points to some form of bronchitis or bronchiectasis, rather than tuberculosis, as was once thought.

On a visit to Majorca at the age of 28 years, he had a particularly bad chest infection, the winter being cold and wet. In the long term his cough got gradually worse and his breathing more difficult; he became weaker and more dependent on others. From February 1849 until his death on 17 October the same year, he became weaker still and his face and legs started to swell. At the postmortem no definite conclusion was reached, except that there was no sign of the tuberculosis that had been expected.

Thus, contrary to popular belief, tuberculosis was unlikely to have been the cause of Chopin's death. In view of his lifelong cough and physical weakness, together with his intolerance of fats, the most likely diagnosis is cystic fibrosis,<sup>5</sup> which was unknown to medical science at that time.

### Franz List (1811–86)

Immediately after his birth Liszt was a weak infant, who seemed unlikely to survive. Later he was subject to convulsions, which were usually associated with fever, so were probably not epileptic fits. Following vaccination against smallpox at the age of six years, he was very ill.

Liszt collapsed during a concert at the age of 24 years. This may have been a simple vasovagal attack, or possibly tetany caused by hyperventilation; he is known to have been an intense, highly strung individual. It has also been suggested by Liszt's detractors, rather uncharitably, that the attack was psychogenic,<sup>6</sup> designed to attract attention, but this seems unlikely.

He developed jaundice during a visit to Bonn, Germany, which was probably due to infective hepatitis. The swellings on his fingers were probably Heberden's nodes, associated with osteoarthritis of the finger joints.

Liszt's main disability was chronic bronchitis with emphysema, doubtless aggravated by the strong cigars which he frequently smoked. This disability caused increasing breathlessness as he got older, as did the resultant cor pulmonale. Later in life he developed left ventricular failure, with still more breathlessness.

During his last year of life Liszt became weak and breathless after the slightest exertion. During his concerts, however, mind triumphed over matter, enabling him to display his mastery of the keyboard in his accustomed way. At this time he also developed cataracts, on which it was planned to operate, but death intervened.

Liszt's terminal illness lasted only 10 days. He became rapidly thinner and more breathless as his abdomen swelled, no doubt from ascites. As a result of all this he became severely depressed. He had chest pains on 31 July 1881, the day he died. Death was due to congestive heart failure, resulting from cor pulmonale, with possible terminal coronary thrombosis.

### Ludwig van Beethoven (1770–1827)<sup>7</sup>

Apart from a possible attack of smallpox in childhood, and several attacks of asthma in his teenage years, Beethoven's only illness was a chronic bowel disease. This consisted of recurrent abdominal pain with anorexia and diarrhoea. This may have been due to the irritable bowel syndrome, or more probably, pancreatitis, due in turn to excessive intake of alcohol. Beethoven, like his father, was fond of wine, although not to quite the same extent. In middle age he used to take more wine in an attempt to relieve the pain, but it may well have made it worse.

A more familiar ailment is his deafness.<sup>8</sup> This began at the age of 30 years, gradually increasing in degree until it was complete when he reached the age of 45 years. The deafness was accompanied by tinnitus, which gradually decreased as the deafness increased; this points to otosclerosis as the most likely cause. He tried various treatments, usually prescribed by his doctors, which he applied to his external ears, in a vain attempt to control his deafness. The only effect of these was to cause otitis externa. One suggested cause of his deafness was syphilis,<sup>9</sup> but there was no sign of this elsewhere in the body, either during life or at the postmortem.

Beethoven's final illness was cirrhosis of the liver, which became evident about four months before his death. He developed ascites, for which his abdomen was tapped three times, a total of 20 litres of fluid being withdrawn. Other symptoms at this time included jaundice and peripheral oedema. He finally died on 26 March 1827. The diagnosis was confirmed at the autopsy by the state of the liver and enlargement of the spleen.

### Franz Peter Schubert (1797–1828)

Like many other young men of his time, Schubert caught syphilis from a prostitute at the age of 25 years. A few weeks later came the signs and symptoms of the secondary stage: headaches, dizziness, pains in the bones, skin rashes, iritis, and loss of voice and hair. It is known that he felt shame about his condition soon afterwards, followed later by a depressive phase.<sup>10</sup> It can be deduced, therefore, that he recognized the diagnosis. The secondary stage lasted about six months, and included a period spent in the Vienna General Hospital; he composed one of his songs *Die schone mullerin* in hospital at the age of 26 years. His treatment included copious fluids but little or no food, cold baths, plenty of exercise and the administration of mercury, then a popular treatment for syphilis. It is also known that he lost some hair during this period, for he had his head shaved and wore a wig.<sup>10</sup>

The following year he felt 'newly rejuvenated' and his hair had grown again. The secondary stage had passed and his various treatments received the credit. In early September 1828 he complained of headaches and 'rushes of blood to the head', which may well have been the result of syphilitic meningitis.

Schubert's terminal illness lasted barely a month. He was on holiday and, after tasting some fish, he pushed it away, saying that it tasted horrid and was poisoned. When he returned from his holiday, he took to his bed, taking no food or drink until his death some two to three weeks later on 19 November 1828. During this illness he had been feverish, delirious at times, and increasingly weak.

The cause of death stated on his death certificate was 'typhus abdominalis', a blanket term used at that time on the continent to cover a variety of illnesses, but notably typhoid fever. It has been considered in the past that Schubert died of syphilis,<sup>11</sup> but as only about five years elapsed between his primary infection and his death, there was probably insufficient time for tertiary syphilis to develop. It seems most likely, therefore, that Schubert died of typhoid fever.

### Robert Alexander Schumann (1810–56)

There was a strong family history of depression in Schumann's family, involving his only sister, who committed suicide at the age of 19 years, and his father, who was also mentally unstable, and died soon after his daughter.

Schumann himself was sensitive, and subject to episodes of depression, notably after the deaths of his sister and father. As a young man he indulged in drinking bouts, as well as being somewhat promiscuous. There was, however, no definite history of venereal disease.

He injured his right hand when aged 22 years, which ended any hopes he might have had of becoming a concert pianist. The exact nature of the injury is not known, but it was apparently caused by a gadget he was using to strengthen his hand muscles. The injury may well have been some form of tenosynovitis; it has even been suggested it was functional in nature,<sup>12</sup> but this seems unlikely. At all events it was followed by one of his episodes of depression.

During his adult life Schumann was physically healthy, but began in his forties to have hallucinations. These made him fear he was becoming insane, especially as they became more frequent and prolonged. Finally he attempted suicide by throwing himself into the River Rhine, from which he was rapidly rescued. He was then admitted, at his own request, to an asylum, where he stayed until his death some two years later.

The cause of Schumann's death, which occurred on 29 July 1856, is still open to debate. One school of thought favours general paralysis of the insane (GPI),<sup>1</sup> a form of tertiary syphilis of the nervous system; this would explain his hallucinations. The other school favours multiple physical causes,<sup>1</sup> such

as, malnutrition, hypertension and congestive heart failure. In either event, the terminal cause was bronchopneumonia, the only definite finding at the autopsy.

### Conclusion

Two groups of composers have been considered here. In four the major illness during life was relevant to the cause of death; in the other three this was not the case. Handel had three strokes between the ages of 50 and 58 years, finally dying of one when aged 74 years. Mozart had several attacks of rheumatic fever associated with nephritis, finally dying of kidney failure. With Chopin, there is still some doubt about the cause of death, although a diagnosis of cystic fibrosis would seem to account for all the facts. Liszt had a long history of bronchitis and emphysema, from the effects of which he died. In the remaining three composers, the terminal illnesses were not experienced throughout life. Beethoven had abdominal pain and deafness, but died of cirrhosis of the liver. Schubert had a prolonged bout of secondary syphilis, but died of typhoid fever. Finally, Schumann died of bronchopneumonia, following no major illness.

It can, therefore, be concluded that common things occur most frequently.

## Styes: a curious chain

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DR W S INMAN was an ophthalmologist and psychoanalyst who published papers linking ophthalmic pathology to feelings related to pregnancy and/or childbirth.<sup>1</sup> He questioned men and women patients with styes or other ocular symptoms about their life experiences: invariably, they revealed a recent or current involvement with pregnancy or childbirth. Apparently, Inman expressing his conviction that these experiences were responsible for the symptoms was sufficient to bring about total cure.

When I undertook my psychoanalytic training in the early 1960s, Inman's ideas were well known; psychosomatic medicine was fashionable and his work constituted proof that the mind did influence the body. After qualification, we formed a group which met regularly, so that we could share our experiences and help each other over the anxieties of being newly qualified analysts. One day, a female colleague reported a patient's dream: the patient was walking towards the analyst's house when the patient saw the analyst at the window. But the analyst looked older, a 'hag'. The patient had been suffering from a painful stye and the patient's comments on the dream referred not only to the analyst's eyes and general appearance, but also to the analyst's position as a young and successful professional. Our colleague told the patient that the dream and its associations showed how envious the patient felt: it was her envy that had led her to turn the analyst's appearance into the revolting face at the window. The analyst made no reference to the stye, but when the patient came the next day, the stye had gone. Our group was delighted at such proof of the value of analysis (particularly since envy was identified, which was a fashionable concept at the time). Predictably, the discussion moved on to Inman's theories, but our colleague did not know whether her patient had been involved with anyone pregnant or anyone who had just had a baby.

Two years later, I was visiting a city abroad after a long absence. I met friends and colleagues, both socially and

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professionally. After a few days, I found that I was developing a stye which was surprising, as I had never had an eye infection before. I thought of Inman and of my London colleague but dismissed the ideas of pregnancy and childbirth. I wondered about envy. During those days I had had plenty of strong feelings, but besides tension and anxiety over my performance, the predominant feeling was one of disillusionment. I had heard presentations by older colleagues of whose reputation I was well aware. I had been shocked at the poverty of ideas, the adherence to rules inferred from foreign literature, the general climate of a quasi-religion barely covering up the underlying intellectual emptiness. Assuming that my perceptions had 'caused' the stye to appear, I could only conclude that my feelings of disillusionment were more traumatic than I had thought. I was relieved to find next morning that I had no trace of the swelling that was so prominent the previous evening.

One day a niece came to spend a holiday with us in London. After a few days, I noticed she had developed a stye. When I commented on this, she said that it would be fine in four or five days. She had struggled with styes for many years and she had accepted their invariable pattern. I decided to recount the story of my colleague's ideas about envy, Inman's theories about pregnancy and childbirth and my thoughts about disillusionment. Everyone laughed, someone hoped that my niece was not pregnant herself and I was teased for believing in magic. My niece's stye burst during the night and by morning the swelling on the eyelid had subsided considerably. The family were amused, my niece was relieved and I was left to puzzle over the explanation for such a course of events.

Years later, I was visiting my niece's family. One day, my niece's visit to London was mentioned and this reminded her sister of a 'funny event'. A friend of hers had a large stye. My niece remembered her sister's experience and proceeded to tell her friend my stories and their effect on the sister's stye. The friend found it all interesting and amusing, but of doubtful relevance. However, the next day the friend telephoned to tell my niece that the stye had gone.

I have found other examples of the 'magical effect' of this story. The latest episode occurred recently during a holiday. We met some people and I found that one of them was a specialist

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