

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

A H BRAFMAN

DR W S INMAN was an ophthalmologist and psychoanalyst who published papers linking ophthalmic pathology to feelings related to pregnancy and/or childbirth.¹ 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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in the acquired immune deficiency syndrome (AIDS). I discussed our meeting with my wife and told her that the doctor had a large chelazion and I was tempted to tell him my stye story. My wife believed no harm could be done by this, but I was afraid of intruding into his privacy. When we next met the doctor and his wife, the doctor mentioned having undergone serious surgery some months earlier from which he had made a full recovery. I decided to take this story as a sign that he might not mind my commenting on his chelazion, and I mentioned it cautiously. He explained that he had suffered from styes for many years and had long accepted that each stye turned into a chelazion that persisted for weeks. Luckily, they did not cause much pain or discomfort. I asked if I could tell him a story of styes and he agreed. My story only provoked benevolent smiles.

Our holiday ended and we left the country the following day. After some weeks, we received a postcard: our friends recounted how the next morning after our meeting the chelazion had burst and proceeded to clear up faster than ever before.

My decision to write this account came when I spoke to this

doctor six months later. He told me of his amazement and of his ophthalmologist's disbelief about the whole sequence. They had agreed to wait for the next stye but, for the first time in his life, six months had gone by with no recurrence.

How is one to interpret such 'cures'? None of my cases had any connection with pregnancy or childbirth and yet my interventions duplicated Inman's findings. The context of the conversations did not allow me to discover which affects preceded the styes: envy, disillusionment or other emotions. I suspect that whatever the connection between affect and infection, the fact of someone attaching the idea of a meaning to the stye may be the important factor in making it disappear.

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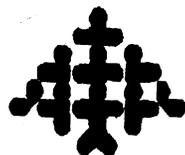
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