Commentary: Early thoughts on death, disease and sex

Hugh Thomas

This article was written in a period of his life (1931–1934) that Archie Cochrane, in his autobiography, called ‘the years of mistakes’. He had gained a Cambridge double first in the Natural Sciences and undertaken a year’s research on the newly developing area of tissue culture. But he was not a good laboratory scientist and a personal sexual problem was affecting his life. He could not consummate his relationships with women because, as he wrote 50 years later, he could not ejaculate. Whether the problem was that he could not experience an orgasm or maintain an erection is not clear. After seeking conventional medical help, which was of no benefit, he turned to psychoanalysis and sought expert help in Germany. For almost 3 years he received treatment and psychoanalytic training from Dr Theodore Reik, accompanying him as he moved from Berlin, to Vienna and then to The Hague to escape the anti-semitism of Nazi Germany. Unfortunately, Cochrane’s problem was not cured and he parted amicably from Reik, returning to London to commence his clinical training. In later years he attributed his sexual problems to an inherited metabolic condition, porphyria, which he later found affected many of his male relatives. During his 3 years abroad he became fluent in German and competent in French and Dutch. His political awareness was developed and his abhorrence of fascism meant that after only a year back in London, and while still a medical student, he went to Spain to give medical help to the Republican forces fighting Franco and his German allies.

I knew Archie Cochrane in his later years, first meeting him in 1972 and later sharing an office with him for 3 years at the Medical Research Council Epidemiology Unit in Cardiff. After his death in 1988 it was apparent that many of his professional and private papers were in the Unit basement and with financial support from the Nuffield Provincial Hospitals Trust, an archive was established at Llandough Hospital in Penarth, South Wales, housed in the library which had been named after him. His certificate of study in Vienna in 1932 is in the collection. My knowledge of the septuagenarian Cochrane, both personally and through his papers, inevitably influences my assessment of an article that he wrote relating to death, sex and disease when only 23 years old.

The article discusses the ‘greater problems of life’ but notes that both Metschnikoff and Freud, while being self-confessed atheistic scientists and dismissing religion as worthless and philosophy as of secondary importance, show an ‘increasing love of speculation’. I have not read the two works of Metschnikoff which provide all but one of the 24 references, but doubt whether they contain good survey or experimental data to support the suggestion that fear of death, disturbances in sex life and disease, more especially pathological old age, are the three chief human disharmonies. My own unscientific observations as a family doctor in a retirement seaside town with a high proportion of over 85s is that few of any age discuss fear of death and many very elderly do have ‘a definite desire for death’—perhaps an ‘instinct de la mort’—related to their frailty, dependence on others and often the fact that their contemporaries have all gone. For the many with dementia and memory loss no reliable assessment can be made, but developing such conditions appears to be an increasing fear among those in middle age. Preventing or postponing physical and mental disease, by utilizing scientific knowledge, appears to be Metschnikoff’s ‘ideal’ with ‘the object of a long, active and vigorous old age, leading to the final period of satiety with life and desire for death’. This has a modern resonance with such expressions as ‘adding years to life and life to years’. Metschnikoff’s views that the average length of life could be very much extended by a more rational diet would receive much support in 2003, but his estimate of about 100 years appears exaggerated, although it would, as he suggests, be more likely to produce the ‘instinct de la mort’!

While Archie Cochrane found the psychoanalytic field fascinating as regards new hypotheses, he found it lacking in experimental proof and judged that analysis could treat hysteria, a disappearing disease, but little else.

The final two sentences of the article have two Cochrane hallmarks—the call for the application of scientific study and also the tendency to namedrop—‘I took the liberty of asking Professor Freud’, an indication that with the confidence of a good Cambridge degree, a keen intellect and a private income he was comfortable moving in such circles.

References