

Known Symptoms and Diseases of a Number of Classical European Composers during 17th and 20th Century in Relation with their Artistic Musical Expressions

Jasna Pucarin-Cvetković^{1,2}, Eugenija Žuškin¹, Jadranka Mustajbegović¹, Nataša Janev-Holcer¹, Pavao Rudan³ and Milan Milošević¹

¹ University of Zagreb, »Andrija Štampar« School of Public Health, Zagreb, Croatia

² Croatian National Institute of Public Health, Zagreb, Croatia

³ Institute for Anthropological Research, Zagreb, Croatia

ABSTRACT

Medical history and relationship to the medical conditions as well as to the music creativity and productivity of some of the classical European composers have been described. In this review article we analyzed their illnesses as well as association between physical or mental diseases and their creativity and adaptability to disease. Some classical composers suffered from organic diseases, while others complained of mental disturbances. However, in spite of their disorders, the intensity of their creativity mostly remained unchanged.

Key words: European composers, medical history, creativity, functional disorders, psychological effects

Introduction

Music is ever present in our daily lives, establishing a link between humans and the arts through the senses and pleasure. It is interesting to explore music as musical expressions of life, an reflection of musical expressions and the great contribution to the enhancement of quality of human life^{1,2}.

Although classical musicians did not suffer from known work-related diseases, it is interesting to explore the medical history of these artists, including different, or at least known, symptoms and diseases that may influence their artistic-musical expressions. For several centuries stories of famous musicians who were depressed and took their lives made people wonder. In fact it was Aristotle who first asserted the idea of the “mad genius”. Theories and speculations exist as to the exact etiology of the disease that have influenced the creativity and productivity of famous classic music composers. On a scale of diseases and disorders which most often cause work incapacity, the unipolar major depression ranks first. However, mood disorders in general, as a nosological

group, do not show that great unfavorable impact on the quality of life and professional activity of the diseased as certain forms of schizophrenia. This has been confirmed by a fact that many public figures, famous artists and politicians have suffered from affective disorders but that has not disabled them in their artistic creativity, work productivity or public work. Proven examples are composers such as Frederic Chopin, George Friedrich Handel, and Robert Schumann.

The literature shows the correlation between a disease and art, which has been explained by close relationship between concrete physical limitations of the artists but also their mental capacity to cope with the disease and to accept it. Diseases, drugs, but also medications they were using, might have affected their productivity and creativity. Only in the last years has scientific evidence demonstrated that creative people are more vulnerable to depression and suicide, regardless of whether or not they become famous. Post³ suggested that among functional disorders, depressive conditions, alcoholism,

and psychosexual problems were linked to some kind of valuable creativity. Previous psychological research has also suggested a link between creativity with depression and mood swings. Depression, anxiety and especially bipolar conditions with frequent intense manic phase were common but exclusive to composers⁴.

The associations between illness and art may be close and many of the composers because of both the actual physical limitations and their mental conditions have adapted to disease. Although many of them were ill, they continued to be productive⁵.

Post³ described that severe depressions occurred in the lives of a third of scientists and composers. By exploring the health of classical great composers it appears that two of them committed suicide, some suffered from severe depression or other assorted ailments, and some were suffering from manic depressive illnesses. It seems that they are most productive immediately after a phase of depression⁶.

Jean Baptista Lully (1632–1687)

A classic example of work-related injury with fatal outcome is what happened to Italian composer Jean-Baptista Lully (1632–1687), born in Florence, Italy. He never drank alcohol because he thought 'it would kill him'. He died of the consequences of a real work-related injury: while conducting an orchestra, he accidentally hit his toe with the tip of his cane, the wound developed into an abscess followed by gangrene first of the foot and later of the entire leg. There is a possibility he was a latent diabetic, and that this accident only accelerated the unfavorable development of his condition, so he died of sepsis in March 1687, at the age of 55⁷.

Antonio Vivaldi (1678–1741)

Vivaldi was born in Venice 1678. Though ordained a priest in 1703, within a year of being ordained Vivaldi no longer could celebrate mass because of physical complaints (»tightness of the chest«) which pointed to angina pectoris, asthmatic bronchitis, or nervous disorders. It is also possible that Vivaldi was simulating illness – there is a story that he sometimes left the altar in order to quickly jot down a musical idea in the sacristy. He had become a priest against his own will. Vivaldi wrote fine and memorable concertos and operas. He died on July 21st, 1741 »of internal fire« (probably the asthmatic bronchitis from which he suffered all his life).

Johann Sebastian Bach (1685–1750)

Bach, who was always nearsighted, went totally blind before he died. He also suffered from pain behind his eyes probably caused by temporal arthritis, a failure in the arteries supplying the eyes. Bach was a heavy smoker which may have contributed to illness due to arteriosclerosis and hypertension. Because of frequent incisions to the eye, Bach's eyes became terribly infected, which led to more bleedings, and worsening health. He died in Leipzig in 1750 probably from terminal pneumonia, shortly after suffering a stroke⁸.

George Frederick Handel (1685–1759)

Georg Friedrich Handel was born in 1685, in Halle, Germany. He suffered from psychiatric diseases such as cyclothymia or mania. He was prone to rheumatologic disorders like arthritis, and before the age of 50 he often frequented spas. In 1737, he suffered a stroke making his one shoulder paralyzed, and 'a certain impairment of health and cognitive faculties' was also observed. He tried to comfort his depressive states by excessive alcohol consumption. Also frequent were digestive disorders such as esophagitis, gastritis, duodenitis or duodenal ulcer. His vision deteriorated, and in 1753 he went completely blind but continued to play the organ and harpsichord up to the very end. This could be explained by development of a cataract, some other eye disease (glaucoma), cerebrovascular disease or alcohol-related impairment of the optic nerve. While conducting Messiah, on April 8, he suffered a seizure of 'faintness'. It was probably a heart attack of which he died six days later^{9,10}.

Franz Joseph Haydn (1732–1809)

Haydn was one of the most prominent Austrian composers of the classical music. He was a survivor of smallpox with scars of this disease. For most of his life, Haydn was troubled by chronic nasal polyposis which had a great affect on his own musicality. The treatment for nasal polyps in early medicine lasted for days and was excruciating and bloody. In the year 1802, his illness increased in severity to the point that he became physically unable to compose.

Gradually he came to feel more isolated and lonely expressing frequently his loneliness. With increasing age, he complained of progressive forgetfulness preventing him from composing for about the last 8 years of his life. During his illness, Haydn was often sitting at the piano playing Gott erhaite Franz den Kaiser, which he had composed himself as a patriotic gesture in 1797. This melody later was used for the Austrian and German national anthems. There is an evidence of periods of depression in his later life. Haydn spent his days increasingly immobilized and inactive, suffering from a disabling gait disturbance. His legs were frequently swollen. The reason for the composers' death was diffuse atherosclerosis and congestive heart failure. A more sophisticated pathology leads to the diagnosis of subcortical vascular encephalopathy. He died in 1809 at the age of 77 years.

Wolfgang Amadeus Mozart (1756–1791)

Mozart was one of the most musically talented individuals. He suffered from severe rheumatism (rheumatic fever?) suggestive of a streptococcal infection complicated by erythema nodosum. Mozart would also suffer many upper respiratory infections. The massive insult to his kidneys from repeated bacterial maladies became evident by the superimposition of acute on chronic nephritis. He had uremia from kidney failure and infections. Hypertension was a natural complication. Most of these symptoms were consistent with the uremic syndrome. Mozart became chronically depressed, neurotic, moody

and unsociable. There was also a change towards a paranoid personality and he was emotionally labile. He became tormented with delusions that he had been poisoned. His neuropsychiatric symptoms could be interpreted either as an inflammatory condition of the brain or a space-occupying lesion in the brain. The official diagnosis entered in the register of death is »heated military fever«. The most possible hypothesis would be related to renal failure secondary to rheumatic fever. An acute viral or bacterial illness could have been superimposed on the chronic condition.

Ludwig Van Beethoven (1770–1827)

Beethoven is regarded as the dominant musical figure of the 19th century. He had a number of medical conditions, including deafness and chronic liver disease¹¹. Medical records suggested different diagnosis involving irritable bowel syndrome, postdysenteric reactive arthritis, cryptogenic cirrhosis, chronic autoimmune hepatitis and sarcoidosis¹². He suffered from abdominal disorders, such as abdominal pains and diarrhea probably related to typhoid fever. There are suggested two common diagnoses – namely inflammatory bowel disease (irritable bowel syndrome) and multisystem rheumatic or connective-tissue disease¹³. He repeatedly complained of diarrhea, dehydration, prostration, anorexia and abdominal colic. Beethoven also had a prolonged attack of jaundice, abdominal pain and vomiting. The possible diagnoses considered were viral or alcoholic hepatitis and chronic recurrent pancreatitis¹⁴. Beethoven became a very melancholic on the outcome of his illness.

At the age of 44 he became deaf, he neglected himself grossly and he drank excessively. He seems to have been seriously depressed by his deafness and the resulting isolation. Some historians attribute Beethoven's hearing loss to neurosyphilis. The cause of his deafness has also been attributed to otosclerosis with degeneration of the auditory nerve and chronic inflammation of the auditory nerves¹⁵. He later developed tinnitus and hyperacusis. Deafness had an important influence on Beethoven's compositions – he was composing in a silent world. Beethoven's deafness, however, had no effect on his musical productivity and creativity, but psychologically he became depressed, unhappy and isolated. His behaviour became odd, and he had frequent outbursts of temper.

Beethoven also complained of severe long-lasting headaches, increased gastrointestinal problems and recurrent rheumatic attacks. He often referred to his rheumatic problems in conjunction with his abdominal complaints. In 1804 he had severe fever and an abscess on the finger and on his jaw. Later on he complained of a painful eye. The relationship between joint, eye and hut symptoms is intriguing and raises the possibility of a reactive arthritis. In 1825 Beethoven had again jaundice which was associated with mental and physical deterioration, including pyoderma, recurrent nose bleeding and haemoptysis. Hepatic failure and pneumonia were diagnosed at that time. However, his final illness was diagnosed as cardiorespiratory, hepatic and renal failure Postmortem exami-

nation revealed liver cirrhosis, portal hypertension, splenomegaly, chronic liver disease and chronic pancreatitis, and inflammatory bowel disease. It was also postulated that Beethoven developed diabetes mellitus during his final illness. Clinical and post-mortem findings point to renal papillary necrosis and liver cirrhosis¹¹.

Franz Peter Schubert (1797–1828)

Franz Schubert was born in 1797, in Vienna, Austria. He suffered from depression, occasional headaches, bad moods and he drank alcohol excessively. In 1823, he contracted syphilis with consequent swellings and skin rashes, and hair loss. Schubert suffered from neurological disorders. He had episodes of osteodynia, mood swings, vertigo, and hypertension. He also suffered from short-lasting pain in his muscles and joints. From time to time he would experience delirium accompanied by fever and disorders of the nervous system, which are symptoms of fever and typhus. In his last days of life, he suffered from typhoid fever, had attacks of uremia, and was overcome by delirium. He died in 1828, and the autopsy confirmed 'nervous fever' as the cause of death^{16,17}.

Louis Hector Berlioz (1803 –1869)

Berlioz was a famous French composer. In 1840, Berlioz starts to feel beginning of an intestinal illness¹⁸. The work on *Béatrice et Bénédict* had extensive rehearsals for many months, and Berlioz later remarked that his conducting was much improved due to the considerable pain he was in on the day, allowing him to be »emotionally detached« and »less excitable«¹⁹. The intestinal pains had been gradually increasing, spread to his stomach, makes that his days were undergo in agony. Even spasms were so intense that he could barely move¹⁹.

Berlioz took opium to relieve agonizing toothaches, but there is no indication that he ever took opium to become intoxicated. A young musician of morbid sensibility and ardent imagination in a paroxysm of love-sick despair has poisoned himself with opium. The drug too weak to kill plunges him into a heavy sleep accompanied by strange visions. It was obvious that Berlioz was addicted to opium. His sensations, feelings and memories are translated in his sick brain into musical images and ideas. The symphony reflects Berlioz' hysteric nature with hits of frenzy, as revealed in his dramatic behavior.

After series of concerts in Russia, where he was ill and stayed all day in bed at the palace (except for rehearsals and concerts), he returned to Paris in 1868. He was exhausted by concerts but also Russian winter permanently damaged his health²⁰. His travel to Nice was just one last attempt to recuperate his health in the Mediterranean climate, but he was accidently slipped on sea shore rocks, possibly due to a stroke, and had to return to Paris, where he lived as an invalid until his death at the age of sixty-seven in 1869¹⁹.

Felix Mendelssohn (1809–1847)

Mendelssohn is one of the great German classical composers of all time. Many members of his family died

from cerebral apoplexy, i.e. stroke. The family had weaknesses in the walls of certain arteries at the base of the brain causing aneurisms during period of high blood pressure. Untreated hypertension caused headaches and nosebleeds and episodes of dizziness. He suffered stroke which left him partially paralyzed from which he never fully recovered. There are speculations that Mendelssohn suffered a subarachnoid or intracerebral hemorrhage²¹. He died in 1847, at the age of 38.

Fredric Chopin (1810–1849)

Kubba and Young²² described symptoms and diseases of Frederic Chopin, famous composer and virtuoso pianist. Chopin complained frequently of chest symptoms, hemoptysis, fever, headaches, bronchitis, laryngitis, recurrent diarrhea and weight loss. He was chronically breathless. The post mortem differential diagnosis included: respiratory disease, including emphysema, cystic fibrosis, α 1-antitrypsin deficiency (α 1AT), bronchiectasis, tuberculosis, pulmonary hypertrophic osteoarthropathy, liver cirrhosis, hepatitis, pancreatic insufficiency. Mullan²³ suggested that Chopin may have died from tuberculosis, but there is some evidence that he actually suffered from the then unknown disease cystic fibrosis. Chopin was ill from childhood and certain traits of his lung disease sound to modern physicians more like cystic fibrosis than common tuberculosis.

Robert Schumann (1810–1856)

Robert Schumann was one of the giants of early romantic music. He suffered from a major affective disorder, i.e. manic-depressive disorder²⁴. Schumann suffered from period of depression or schizophrenia. In 1854 he was demonstrating peculiar behavior as well as visual and auditory hallucinations. He was extremely sensitive and prone to violent mood swings. He attempted suicide and entered an asylum where he died in 1856²⁵.

Music often came to him through ecstatic episodes. Towards the end of his career he was tormented by »angels« and »devils« signs of schizophrenia, until he finally sought to end it all by a suicide attempt by throwing himself into the Rhine River. Schumann had paranoid delusions of persecution and eventually refused to eat because he thought his food was poisoned. It appears that Schumann's mental illness was most likely due to a manic-depressive disorder and syphilitic infection of the brain. Alcohol and quack remedies may have exacerbated his fragile mental health⁸.

Johannes Brahms (1833–1897)

Johannes Brahms seems to have known few illnesses throughout his life. He suffered occasionally from flu-like sickness and finally in 1896 he developed progressive jaundice and weight loss. This terminal illness of the composer was probably carcinoma of the pancreas but he could also have hepatic carcinoma²⁶. He developed an icterus together with a considerable enlargement of the liver and loss of weight. Cirrhosis of the liver was also considered. He might also suffer from obstructive sleep

apnea which is tenable and may be attributed to heavy snoring. Brahms consumed substantial quantities of alcoholic beverages throughout his life and it is known that alcohol is recognized as a common and important exacerbating factor in obstructive sleep apnea. In his later age he developed pancreatic cancer and also developed distorted facial features, and an immobile eye and dysphasia associated with weakness. There is also a second issue about his impotence which might have affected his music which has been even called by Hugo Wolf »a celebration of impotence«. In addition, there is a prickly personality and peevish behavior as a result of obstructive sleep apnea. Brahms demonstrated irritability and depression that are typical of the personality changes that may accompany the disorder, which may explain the composer's intermittent bouts of depression and notorious irascibility. Brahms died in 1896, when he was 63 years old.

Edvard Grieg (1843–1907)

The Norwegian composer Edvard Grieg suffered from pleurisy at the age of 17 years. He had suffered from respiratory problems ever since he was very ill in 1860 as a student in Leipzig. The tuberculosis infection later also involved his lungs and column. Though his whole life, his health was impaired by a destroyed left lung and considerable deformity of his thoracic column. He also suffered from numerous respiratory infections. Later he developed combined lung and hear failure. Grieg was admitted many times to different spas and sanatoria both in Norway and abroad²⁷. Edvard Grieg died in the autumn of 1907. at the age of 64 after a long illness.

Achille-Claude Debussy (1862–1818)

Claude Debussy was one of the most important French composers, working within the field of impressionist music. Debussy's music virtually defines the transition from late-romantic music to twentieth century modernist music²⁸. Claude Debussy is widely regarded as one of the most influential composers of the 20th century²⁹.

Ascending authoring period was finished in 1909, when Debussy started to fell first signs of illness, later diagnosed as colorectal cancer which killed him nine years later. The illness affected his capabilities and productivity and gradually dominated his life. In addition to his illness he was severely depressed by the events of the World War I and to some extent they depressed him to the point where he suffered creative blocks.

He began several projects which remained unfinished due to his fading concentration and increasing delays, but despite the serious health problems, which required morphine injections for pain, he also continued to compose and completed several masterpieces. An operation in 1915 only temporarily checked the condition. Claude Debussy died in Paris in 1918, aged 55 from modernist music, after he had survived one of the first modernist music operations ever performed two years earlier^{30,31}.

Maurice Ravel (1875–1937)

Ravel's music is often considered to incorporate elements of romantic, neoclassic and jazz style, while being most strongly identified with French Impressionism. He had been subject to psychiatric disorders for many years with signs of organic brain disease. Ravel experienced a gradually progressive decline in neurological function^{32,33}. He suffered from aphasia, apraxia, agraphia and alexia with relative preservation of comprehension and memory. However, his musical creativity was lost. He was diagnosed as cerebral atrophy with bilateral ventricular enlargement. The exact diagnosis remains unclear, but

the likelihood of a progressive degenerative disorder, such as frontotemporal dementia is considered. There is some opinion that he had posttraumatic subdural hematoma or hydrocephalus. Temporoparietal meningioma was also suggested. The likely cause of Ravel's illness was a restricted form of cerebral degeneration.

Acknowledgements

This review article is part of »Project No.196-1962766-2751« founded by Croatian Ministry of Science, Education and Sports.

REFERENCES

1. MOSS H, NOLAN E, O'Neil D, *Ir Med J*, 100 (2007) 634. — 2. JONAS-SIMPSON C, *Nurs Sci Q*, 17 (2004) 330. — 3. POST F, *Br J Psychiatry*, 165 (1994) 22. — 4. PORTERA SÁNCHEZ A, *An R Acad Nac Med (Madr)*, 121 (2004) 501. — 5. WOLF PL, *Arch Pathol Lab Med*, 129 (2005) 1457. — 6. WINTERSGILL P, *J R Soc Med*, 87 (1995) 764. — 7. WIKIPEDIA. Jean-Baptista Lully Website, accessed 17. 10. 2011. Available from: URL: http://en.wikipedia.org/wiki/Jean-Baptiste_Lully. — 8. KURTH HR, *MPPA*, 3 (1988) 76. — 9. BAZNER H, HENNERICI M, *Cerebrovasc Dis*, 17 (2004) 326. — 10. BREITENFELD D, THALLER V, ZORIČIĆ Z, BREITENFELD T, DASOVIĆ D, *Liječ novine*, 19 (2003) 4953. — 11. HUI ACF, WONG SM, *Hong Kong Med J*, 6 (2000) 433. — 12. DRAKE ME, *Neurology*, 44 (1994) 562. — 13. PALFERMAN TG, *Intern J Dermatol*, 33 (1994) 664. — 14. DAVIES PJ, *Ren Fail*, 17 (1995) 77. — 15. HUXTABLE RJ, *Proc West Pharmacol Soc*, 43 (2000) 1. — 16. BREITENFELD D, *Alcoholism*, 26 (1990) 109. — 17. BAZNER H, HENNERICI MG, *Front Neurol Neurosci*, 27 (2010) 61. — 18. The Hector Berlioz Website, Berlioz Biography, accessed 17. 10. 2011. Available from: URL: <http://www.hberlioz.com/Works/biography.htm>. — 19. WIKIPEDIA, Hector Berlioz, accessed 17. 10. 2011. Available from: URL: <http://en.wikipedia.org/wiki/Berlioz>. — 20. The Hector Berlioz Website: Linda Edmondson, The Russia that Berlioz visited, accessed 17.10. 2011. Available from: URL: <http://www.hberlioz.com/Special/ledmondson.htm>. — 21. CHERINGTON M, SMITH R, NIELSEN PJ, *Semin Neurol*, 19 (1999) 47. — 22. KUBBA AK, YOUNG M, *Chest*, 113 (1998) 210. — 23. MULLAN F, *Rocky Mt Med J*, 70 (1973) 29. — 24. LEDERMAN RJ, *Semin Neurol*, 19 (1999) 17. — 25. FRAZEN C, *Eur J Infect Dis*, 27 (2008) 1151. — 26. CHENG, TO, *Chest*, 119 (2001) 985. — 27. LAERUM OD, *Tidsskr Nor Laegeforen*, 113 (1993) 3750. — 28. WIKIPEDIA, Claude Debussy, accessed 16.10.2011. Available from: URL: <http://en.wikipedia.org/wiki/Debussy>. — 29. HOWAT R, *Debussy in Proportion: A musical analysis* (Cambridge University Press., Cambridge, 1983). — 30. H2G2, Claude Debussy – the Composer, accessed 15. 10. 2011. Available from: URL: <http://www.bbc.co.uk/dna/h2g2/alabaster/A684272>. — 31. CLASSICAL NET, Claude Debussy, accessed 15. 10. 2011. Available from: URL: <http://www.classical.net/music/comp.lst/debussy.php>. — 32. ALONSO RJ, PASCUZZI RM, *Semin Neurol*, 19 (1999) 53. — 33. HENSON RA, *Br Med J (Clin Res Ed)*, 296 (1988) 1585.

J. Pucarin-Cvetković

University of Zagreb, »Andrija Štampar«, School of Public Health, Rockefellerova 4, Zagreb, Croatia
e-mail: jpucarin@snz.hr

BOLESTI POVEZANE S RADOM U NEKIH KLASIČNIH EUROPSKIH SKLADTELJA U RAZODBLJU OD 17-20 STOLJEĆA

SAŽETAK

Opisani su zdravstveni problemi i njihov utjecaj na kreativnost i stvaralaštvo nekih klasičnih europskih skladatelja. Analizirane su bolesti, odnosno utjecaj fizičkih i psihičkih bolesti u klasičnih skladatelja na njihovu kreativnost i prila-godba na takvo zdravstveno stanje. Neki klasični skladatelji su patili od organskih bolesti dok su se drugi žalili na mentalne smetnje. Unatoč tome, njihova kreativnost je ostala nepromijenjena.