Diseases and early deaths of 200 young composers (Pergolesi, Schubert, Bellini, Mozart, Purcell, Bizet, Mendelssohn, Gershwin, Weber, Chopin, etc.)

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Summary – As the opposite of long living composers’ majority (more than 60 years) we stressed here the impressive amount of composers who died young (younger than 40) focusing on 10 most eminent ones and their death causes, as well as other 200, accentuating the youngest ones who died by the age of 20.

Key words: composers (200), diseases, young, deaths

INTRODUCTION

Through centuries, composers have mostly lived for more than 60 years, but some of them – leading a turbulent and exhausting life as well as being sensitive and of failing health – became mostly ill of tuberculosis, other infections, epidemics (plague), inflammations, intoxications or succumbed to murders, accidents – drowning, anxieties – depressions, with suicides, dependences and other diseases, circulatory disorders, malignancies – surgeries, etc. In that case, their life expectancy was thirty or less. Our focus is on the most eminent 10 composers who died young and we shortly comment on their illnesses.¹–⁸

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10 FAMOUS COMPOSERS

GIOVANNI BATTISTA PERSOLESI
(1710–1736) Pergolesi was not a healthy person in his early years; he led a very active social life but had to withdraw from those activities because of his illness-tuberculosis. He received his final treatment and care in Pozzuoli monastery, where he died. Just before his death, he wrote some sacral music, such as »Stabat mater« and »Salve regina«. He was aware of his illness and therefore he didn’t want to get married. He could have become one of the world’s biggest composers. Maybe only Schubert and Mozart have given more in 26 years.

FRANZ SCHUBERT (1797–1828) Due to his drinking habits, he was nicknamed »little sponge«. He was not a typical alcoholic. By chance, after one of his casual »intimate contacts«, he was infected with syphilis in 1823. He suffered from syphilis, a disease with very unpleasant symptoms in the second phase, with itchy swellings and eczema all over the body and the loss of hair. He was admitted for treatment to Vienna General Hospital. In 1828, at the age of 31, he suffered from vertigo – dizziness and headache (hangovers?). Suddenly, after two to three weeks he died from an unexpected acute disease – typhoid fever.9

VINCENZO BELLINI (1801–1835) For several years he was having uncharacteristic gastrointestinal troubles which cor-
respond with »chronic« intestinal amoebiasis, i.e. that very clinical picture which is in all Mediterranean regions most commonly found. His last illness, because of which he died within several weeks, started after some rather large and long – lasting exertions. His terminal illness had the (clinical) picture of the acute dysenteric syndrome. The macroscopic finding at the autopsy also spoke in favour of the afore-mentioned diagnosis of a rather severe amoebiasis and hepatic abscess.\textsuperscript{10}

**Wolfgang Amadeus Mozart** (1756–1791) Aged 6, 8, 10, 22, 28 and 34 he had bouts of streptococcal throat infection – tonsillitis – rheumatic fever. The last 2 years of Mozart’s life were a period of quick deterioration of his health (1789–1791). This was a period of great creativity and exhaustion but also of ever worsening financial status, perhaps because of gambling? During the last 2 months, and especially the last 2 weeks of his life, his health became rapidly worse. Two weeks before his death, he lay in bed. His physicians diagnosed a fever with a rash. They could not save him, just as they could not save so many other people in Vienna at that time (epidemics). Mozart’s illness was worse after bloodletting and he died of fever, painful and swollen joints, exanthema and convulsions. The cause of his death was some generalized bacterial infection (coli bacteria, staphylococci, or most probably streptococci). It can explain Schönlein – Hennoch’s purpura (benign prognosis), the first attacks of rheumatic fever (very rare at that age with such an outcome), possible endocarditis, toxic scarlet fever and septicaemia.\textsuperscript{11}

**Henry Purcell** (1658–1695) In the autumn of 1695, he started being ill and became skinny, so he had to stay in bed, but still, he was trying to work as hard as possible. His condition was getting worse with further weight losing, sweating and
coughing with fever. It is believed that he died from tuberculosis, which is very likely considering the symptoms. He died too early – at Mozart’s age (36), wanting to obtain as much as possible from his short life by his sociability, hard work and periodical inclination towards pleasure (drinking etc.).

**Georges Bizet** (1838–1875) He was a person of rather delicate health, with a long history of sore throat and recurring tonsillitis, with consequent rheumatic condition affecting the joints, that was particularly persistent during the last months of his life. Also, he must have suffered from a heart condition. He became ill of a peritonsilar (while less possibly para-pharyngeal) abscess. His general condition deteriorated with high fever and sore joints – an acute case of rheumatism. He died far too prematurely, during the night, from his second heart attack.

**Felix Mendelssohn – Bartholdy** (1809–1847) Since 1833 he suffered from frequent headaches accompanied by temporary spells of dizziness and black-outs. Once, while swimming in the river Rhein, he had a seizure (mild stroke?) and almost drowned. He suffered mostly from so called neurasthenic – conversive difficulties, sometimes with hypochondriac characteristics, so that the majority of his ailments could be considered as psychosomatic. Mendelssohn was shocked when his sister Fanny passed away suddenly in 1847 after suffering from a stroke, actually only few months before him. He suddenly fell ill on October 9th 1847 (first stroke). He went to bed complaining that his hands were cold and numb. The same attack repeated that evening. His hands were stiff, and he had a terrible headache. The next day his doctor prescribed leeches. Several more relapses happened after that. An abrupt deterioration took place on November
3rd 1847. He suddenly became very ill (third stroke). He suddenly screamed and felt a terrible pain in his head. He finally lost consciousness and died the next day. There was a terminal brain – bleeding. Another possibility is the rupture of a brain aneurism (an enlarged and weakened brain vessel).

GEORGE GERSHWIN (1898–1937) Gershwin’s health was good until 1934 when having started displaying some symptoms like dizziness, headache and nervousness – irritability. The first ominous sign of his fatal illness appeared early in 1937: hypersensitivity and depression occurred. The first warning signs were unpleasant smell of burning rubber, nausea, vertigo, severe light-headedness and his condition worsened. He lost his vitality completely. He could barely walk, using his surroundings as support. Light started to bother him, his voice weakened and his movement coordination was disrupted and he became irritable and aggressive. On 9th July he slipped into deep unconsciousness. A neurosurgeon urgently operated on Gershwin and a brain tumour was found in the right temporal lobe. It was a cystic tumour with highly malignancy signs. Glioblastoma multiforme was diagnosed. The patient did not recover after the surgery; he remained in the state of deep unconsciousness and died around noon on the same day.

CARL MARIA VON WEBER (1786–1826) His entire childhood was overshadowed by his sensitive constitution, general sensitivity and delicate health. He was limping; it was probably caused by a hip dislocation at birth. His acid poisoning was never explained. He suffered from permanent hoarseness. He was ailing since he was 25, suffering from heavy diarrhoea, lung problems with strong pain in his chest, throat pains with fever, ever more frequent coughs and he was very weak in general. The condition

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worsened in the following years and around 30 he became even weaker. He accepted a fatal offer from London. After a very successful London premiere of »Oberon«, he died in great pains at the age of 39.

**FRÉDÉRIC CHOPIN** (1810–1859) He often complained about chest symptoms, haemoptysis, fever, headache, bronchitis, laryngitis, cough, relapsing diarrhoea and loss of body weight. He was infected with tuberculosis. However, at first he did not show signs of the disease because he was in good general and immunological state at that time. Later, he was suffering from chronic dyspnoea. He met George Sand in 1837. He escorted her to Mallorca. His health severely deteriorated there and he was even in mortal danger – exudative cavernous tuberculosis developed, with constant catarrhus, bronchitis, cough, fever and later, haemoptysis. He also felt bad in the winter of 1844. Later on, because of many conflicts, Chopin and Sand broke their relationship. The handsome Scottish singer Jane Stirling brought him proudly to Scotland. Chopin’s symptoms were constantly progressing with attacks of exhausting cough, producing sputum with blood streaks. The humid climate made his health even worse and thus, he went back to Paris to die.15

**200 OTHER COMPOSERS**


Biks Beiderbecke (1903–1931) USA, Charlie Parker (1920–1955) USA,


**BLINDNESS – IMPAIRED SIGHT (NEARSIGHTED EXCLUDED):** Jose de la Cruz Mena (1874–1907) ESP,

**DEAFNESS – IMPAIRED HEARING:** Louis Moreau Gottschalk (1829–1869) USA, Georges Bizet (1838–1875) FRA, Franyo Krezma (1862–1881) HRV,

**DENTAL PROBLEM – DISEASE:** Wolfgang Amadeus Mozart (1756–1791) AUT, Franz Schubert (1797–1828) AUT, Fryderyk Chopin (1810–1849) POL – FRA,


**DIGESTIVE DISEASE:** Wolfgang Amadeus Mozart (1756–1791) AUT, Carl Maria von Weber (1786–1826) DEU, Vincenzo Bellini (1801–1835) ITA, Franjo Pokorni (1825–1859) HRV, Louis Moreau Gottschalk (1829–1869) USA, Morfydd Owen (1891–1918) IRL, George Gershwin (1898–1937) USA, Milivoj Koerbler (1930–1971) HRV,

**DISABILITY:** Carl Maria von Weber (1786–1826) DEU,


**EAR – NOSE – THROAT DISEASE:** Wolfgang Amadeus Mozart (1756–1791)
AUT, Carl Maria von Weber (1786–1826) DEU, Fryderyk Chopin (1810–1849) POL, Georges Bizet (1838–1875) FRA,

**HEART ATTACK:** Georges Bizet (1838–1875) FRA,

**HEART FAILURE:** Fryderyk Chopin (1810–1859) POL,


**INTOXICATION:** Chastelain de Couci (c1165–1203) FRA, Leonardo Vinci (1690–1730) ITA, Johann Schobert (c1735–1767) DEU, Wolfgang Amadeus Mozart (1756–1791) AUT,

**KIDNEY – UROLOGICAL DISEASE:** Johann Hermann Schein (1596–1630) DEU, Wolfgang Amadeus Mozart (1756–1791) AUT, Vjekoslav Karas (1821–1858) HRV, Dora Peyachevich (1885–1923) HRV,

**MALIGNANT DISEASE:** Viktor Hausman (1871–1909) HRV, George Gershwin (1898–1937) USA, Franyo Dugan Junior (1901–1934) HRV, Dinu Lipatti (1917–1950) ITA,


**LUNG EMPHYSEMA, PNEUMONIA:** William Baines (1899–1922) GBR.

**RESPIRATORY NON–INFLAMMATORY DISEASE:** Wolfgang Amadeus Mozart (1756–1791) AUT, Fryderyk Chopin (1810–1849) POL.

**RHEUMATIC DISEASE:** Wolfgang Amadeus Mozart (1756–1791) AUT, Carl Maria von Weber (1786–1826) DEU, Georges Bizet (1838–1875) FRA.

**SKIN CHANGE – DISEASE:** David Rizzo (c 1525–1566) ITA, Alessandro Stradella (1644–1682) ITA, Ignazio Albertini (c 1644–1685) ITA, Wolfgang Amadeus Mozart (1756–1791) AUT, Carl

**STROKE:** Felix Mendelssohn (1809–1847) DEU, Otto Nicolai (1810–1849) DEU,


**SURGERY:** Morfydd Owen (1891–1918) GBR, Lili Boulanger (1893–1918) FRA, Edmund Thornton Jenkins (1894–1926) USA, George Gershwin (1898–1937) USA,


RESULTS AND DISCUSSION

It is necessary to comment on some early deaths of very young musicians – composers who died before their twen-
ties. Some of them were very talented (Filtch – 15, Pozadas – 15, Gretry – 18, Krežma – 19, Arriaga – 19, Aspull – 19, Martin – 19, Linley, LA Pinto, Vo išek, Schuncke, Cuyas, Reubke, Stolpe, Rott, Vancaš, Mielck, L. Boulanger, Slavik – 20/25, etc.).

We elaborated the destinies of 200 composers who died young – before their fortieth birthday – in their adolescence, twenties and thirties – mostly of consumption – tuberculosis (108), murder – wound (32), drowning (17), infections (15), plague epidemic (12), anxieties – depressions and dependences (22), suicides (15), psychoses (11), neurological diseases (14), respiratory diseases (8), digestive diseases (9), diabetes (7), skin changes (13) and other less represented disorders – diseases or interventions. The comprehensive lists are added – as well as the completed lists.

CONCLUSION

It is obvious that the main cause of the young composers’ deaths were infectious diseases (tuberculosis, etc.), violence and psychiatric disorders.

REFERENCES


