

Fatal diseases of composers due to tobacco smoking and other addictions

**Darko Breitenfeld, Branimir Krištofić, Tomislav Breitenfeld¹,
Marijo Vodanović, Ivica Kostelić, Ivan Šimunec, Tomislav Jagetić**

Croatian physicians' music society (CMA), Zagreb, Croatia

¹*University Department of Neurology, University Hospital Centre Sisters of Mercy, Zagreb, Croatia*

Summary – In this article we are presenting about 40 tobacco-related pathographies among more than 1 000 general pathographies that we examined, dealing with composers who died of fatal diseases such as cancer, pneumonia and vascular episodes (stroke, heart attack-failure), which were all connected to their tobacco and other addictions.

Key words: diseases, composers, tobacco addictions

INTRODUCTION

We have examined over 10 000 composers' biographies, and in this article we have decided to present about 40 pathographies of composers who died of fatal

illnesses which were a result or in a way connected to their tobacco addictions. We also examined several rock musicians who were heavy smokers, and died mostly young of diseases connected to their addiction.^{1,2,11}

JOHANN SEBASTIAN BACH (1685–1750)

A German composer and organist. In one of his rare authentic portraits in 1746 (by Elias Gottlob Haussmann) oral asymmetry is obvious, suggesting minor to partial right central facial palsy, probably due to a prior (mild?) stroke. From the same portrait obesity is obvious. During his last two years his vision dete-

Correspondence to: **Darko Breitenfeld**, M.D., Ph.D., Derenčinova 25, 10000 Zagreb, Croatia.
E-mail: darko.breitenfeld@gmail.com



Johann Sebastian Bach (1685–1750)

riorated rapidly with pain in his eyes, therefore he was advised to consult an ophthalmologist. By the end of 1749 he was not able to write any more. That could be due to another stroke or worsening of his vision. In 1750, he suffered a fatal stroke, complicated with fever (pneumonia). Two famous local doctors tried to help him, but without success. Johann Sebastian Bach died in 1750 from a stroke. Although he was one of the most famous composers, he was also a poet. He wrote a poem called »edifying thoughts of a tobacco smoker«, from which we excluded few interesting lines which show what he thought of his addiction:^{3,10,15,16}

*»Whene're I take my pipe and stuff it
And smoke to pass the time away,
My thoughts as I sit there and puff it,
Dwell on a picture sad and grey:
It teaches me that very like*



Johann Sebastian Bach (1685–1750)

*Am I myself unto my pipe.
Like me, this pipe so fragrant burning
Is made of naught but earth and clay;
To earth I too shall be returning. «*

GEORG FRIEDRICH HAENDEL (1685–1759)

A German-born composer famous for his operas, oratorios, anthems and organ concertos. He was a strong and dynamic personage, who inclined to food and drinking, which made him suffer from gluttony and alcohol abuse. He was also a heavy smoker. His episodes of a »paralytic disorder« could be interpreted as strokes, rheumatic recurrent illness, but also as alcoholic pre-delirium states or symptomatic alcoholism due to the existing depression. He died totally blind (probably from cataract) despite of some

operations, due to arteriosclerotic and vascular problems and it is assumed the cause of death was either a heart attack-failure or a stroke with pre-delirium signs.

15,16,17

GIOACCHINO ROSSINI

(1792–1868)

An Italian composer. It is supposed that he began with his lustful way of life when he was 15 and very soon was infected with gonorrhoea. In spite of all treatments, at that time very palliative, his illness became chronic with a number of new infections, again because of his way of living. Otherwise, he was inclined to illnesses with frequent throat inflammations, which rather intensified from time to time. Because of his fatness, caused by his enormous appetite, he became less mobile and short of breath. In 1866 he got a digestive catarrhus and brain stroke with temporary paralysis, from which he was recovering very slowly. He was more and more dysfunctional, felt pressure in his chest and anxiety with insomnia. He was a heavy smoker. Heart disturbances were growing, leading to coronary heart disease, erysipelas appeared on his right leg and his intestinal disturbances particularly deteriorated. Intestinal malfunction and other troubles were the reason for the first and then the second operation in November of 1868. A progression of rectum cancer was found and parts of the

tumor were removed. He died in coma.
10,15,16

HECTOR BERLIOZ

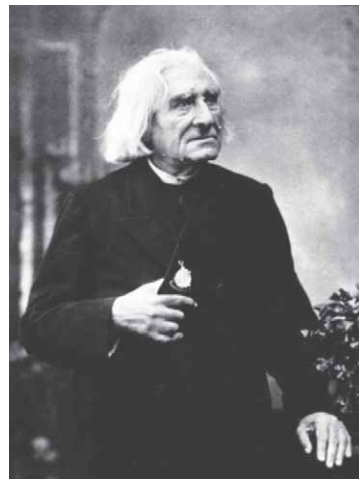
(1803–1869)

A French composer and conductor. He tried to commit suicide twice by laudanum (opium). Opium misuse finally resulted in addiction and gradually made him look like a shadow. One year, after a head commotion, he passed away from a stroke as a chronic opium abuser and a heavy tobacco smoker.^{4,10,15}

FRANZ LISZT

(1811–1886)

A Hungarian composer, virtuoso pianist conductor and teacher. He was a depressed man and drank up to a liter of cognac per day to be able to function. Besides his heart congestion, he devel-



Franz Liszt (1811–1886)

oped pneumonia, causing febrile and alcohol delirium and death. His alcoholism can be considered as a symptomatic one. Besides that, he was a heavy smoker. His death was officially a result of pneumonia.^{10,15,16}

RICHARD WAGNER

(1813–1881)

A German composer and libretto writer. Except for his nervousness and some indigestible problems, he had thick recurrent erythema on his face and occasional skin rash. He was strongly affected by weather, so he went to different Spas and Baths for climate change. He suffered from insomnia and the headaches with obvious symptoms. He was also a heavy smoker. At the end of his life, he had some syncope states connected with his earlier heart problems. During his last years, the more often appearing stenocardia was reported by his visitors. They have described that he appeared to go blue as though he was seized by the cardiac spasm, would fall on to the sofa and wave the hands helplessly. His heart got worse, probably had a few undiscovered coronary attacks and one of them was deadly.^{10,15,16}

GIUSEPPE VERDI

(1813–1901)

An Italian composer and conductor. As a person, he was mostly healthy and calm, somewhat depressive and of as-

thenic and thin appearance. During his life, he had few long periods of headache and frequently sore throat. He suffered from nervous gastric troubles and rheumatic pains, which worsened with time in his limbs and spine. In 1877, he asked for medical help in Monte Carlo because of chronic bronchitis. He was a heavy smoker. Verdi had a stroke with loss of consciousness and right extremities paralysis and when he regained consciousness, he developed global aphasia. Despite all the help he got from physicians, they could not prevent his death one week later: it was a massive stroke in the left hemisphere. This severe stroke came as a relief after a series of prior minor strokes or transient ischemic attacks.^{10,15,16}

CHARLES GOUNOD

(1818–1893)

A French composer. His operas and solo songs were famous, he called them »melodies«, and they were in fact a renewal of French romances. In his works he got rid of Italian and German influences, succeeded to create a new melody, typically French. He was a heavy smoker. In 1874 he had some strokes and later, he died.^{10,15,16}

ANTON BRUCKNER

(1824–1896)

An Austrian composer and organist. He was endlessly spending time in pray-

er and was imagining things. Because of a throat catarrhus as well as because of increased restlessness, he avoided public performances. He frequently suffered from heavy headaches. He developed oedemas which were a symptom caused by the weakness of his heart. From time to time, he agreed to be cured and felt better after the cure of rest, diet without salt and reduction in talking liquids with the usage of digitalis. On top of that, he was a heavy smoker. The following year, 1894, his disturbances deteriorated: heavy breathing, pleuritis. He gradually faded away and died in 1896 at the age of seventy three, under the diagnosis of a general and cardiac arteriosclerosis.^{10,15,16}

JOHANN STRAUSS, YOUNGER (1825–1899)

An Austrian composer, conductor and violinist.

He was a heavy smoker. In 1899, after one »Bat« operetta conducting, he was affected by influenza, which became worse after seven days with following symptoms: higher shaking fever, temperature, coughing and weakness. The doctors diagnosed pneumonia and he wasted progressively and declined into coma and death.^{10,15,16}

HANS BÜLOW (1830–1894)

A German conductor, virtuoso pianist, and composer of the Romantic era. He

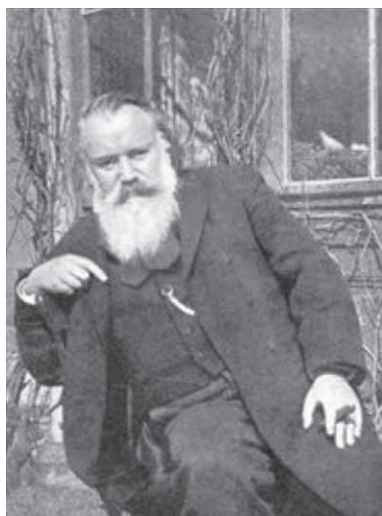


Hans Bülow (1830–1894)

was a heavy smoker who suffered from chronic neuralgia-like headaches, which were caused by a tumor of cervical radices. After about 1890, his mental and physical health began to deteriorate. He died in Cairo, Egypt only ten months after his final concert performance, from a heart attack.^{10,15,16}

JOHANNES BRAHMS (1833–1897)

A German composer and pianist. Brahms lived as a loner so he tried to compensate his restraining sociability with alcohol. He was also a heavy smoker. At the age of 63 he developed an icterus and loss of weight. The most probable cause of his death was a tumor of the pancreatic head and metastatic decay.^{10,15,16}



Johannes Brahms (1833–1897)

CAMILLE SAINT-SAENS (1835–1921)

A French composer Saint-Saens had been blessed with longevity and was considered a classic even during his life. He was a heavy smoker who finished his creative life dying peacefully in his sleep after a heart attack.^{10,15,16}

EDVARD GRIEG (1843–1907)

A Norwegian composer. Formal musical education he got at Leipzig. There in the course of his unorganised and sometimes confusing life-style, he got specific (TBC) of the left side in 1859 which was followed by colapsotherapy of the left lung. There is no evidence of later re-activation of TBC, but he lived a very ex-

hausting life which worsened his breathing troubles, especially at nights, which were followed by physical exhaustion. He was a heavy smoker, of weak health, had respiratory insufficiency, which was worsened by asthmatic attacks. Aside from his respiratory insufficiency, accompanied by the breathlessness on even smallest exertion, he got pains in the chest. Also he had signs of decompensated pulmonary heart disease, so he was hospitalized several times in Bergen. He also suffered from insomnia. He left his villa in Troldhaugen, for an overnight stay in hotel in Bergen, but during that night, he got sick and needed immediate hospital treatment. He was restless that night, and was given a morphine injection which would make him sleep but he went comatose and died soon in the early morning. On autopsy, old tuberculosis lesions were found in the remaining part of his lung with the big pleural adhesion, accompanied by decompensated pulmonary heart disease.^{12,15,16}

NICHOLAS ANDREYEVICH RIMSKY-KORSAKOW (1844–1908)

A Russian composer. He lived a tire-some life of a prestigious musician. He was musically and socially very active and occupied which led to exhaustion. He was getting more tired and started experiencing respiratory and coronary difficulties. He was a heavy smoker who



Nicholas Andreyevich Rimsky-Korsakov
(1844–1908)

eventually died of a myocardial infarction.^{[10], [15], [16]}

GABRIEL FAURE (1845–1924)

A French composer, organist and educator. He started to experience hearing difficulties when he was nearly 60, with a subjective sensation of change of sound timbre. Higher frequencies were experienced as low and vice versa. Although there is a distinct possibility that his impaired hearing was caused by arteriosclerosis, the fact is that it ran in the family, since his brother suffered from the same problem. He was a heavy smoker who also suffered from progressive emphysema with chronic bronchitis, with frequent acute lapses and gradual wors-

ening, so that he could not take much strain, particularly travelling, because in his last years he was highly dependent upon oxygen. He grew physically weak and returned to Paris to die at home.^{10, 15,16}

EDWARD ELGAR (1857–1934)

An English composer. He led comfortable life and spent most years of his life outside London, given to a variety of his hobbies, especially those having to do with nature. In his last years, he was for reasons of impaired health sent to a nursing home. He was a heavy smoker and in the year preceding his death he suffered from an intense sciatic pain as a result of the pressure exerted by neoplasm which



Edward Elgar (1857–1934)

was diagnosed during an operation as an abdominal cancer. The operation brought no essential relief; he had a slow recovery, and soon died from metastases.^{10,15,16}

GIACOMO PUCCINI (1858–1924)

An Italian composer and conductor who was addicted to psycho-stimulants (especially excessive tobacco and coffee misuse). The last year and eight months of his life he became dysphonic with throat pains, coughing and generally feeling bad. He was diagnosed with subglottic laryngeal malignant tumor. In Bruxelles, radium compresses were applied and after laryngeal fenestration seven laryngeal radium syringes were implemented. He died suddenly in a fever (cardiorespiratory collapse).^{5,10,15}



Giacomo Puccini (1858–1924)

CLAUDE DEBUSSY (1862–1918)

A famous French composer well-known for his music, as well as for his complex personality. Seeking to ease his neurotic misery and loneliness, he became addicted to tobacco, but also to hard drugs, such as morphine and cocaine, and many other sedatives. In his last years Debussy suffered serious abdominal spasms and finally developed rectum cancer. Being regularly given shots of morphine, operated and irradiated, he stopped composing and died in cachexia and coma.^{6,7,10}



Claude Debussy (1862–1918)

JEAN SIBELIUS (1865–1957)

A Finnish composer of the late Romantic period. His music played an important role in the formation of the Finn-



Jean Sibelius (1865–1957)



Ferruccio Busoni (1866–1924)

ish national identity. In his thirties he developed some precancerous states as well as a throat cancer which was medically treated. He lived 50 years after that, finally dying of a cerebral hemorrhage at the age of over 90.^{10,15,16}

FERRUCCIO BUSONI (1866–1924)

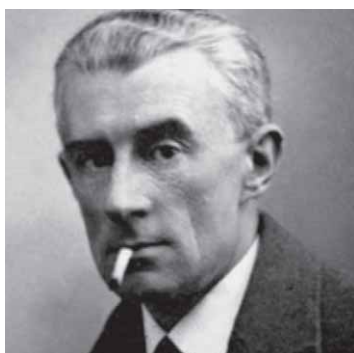
An Italian composer who was very open, loud and attracted to smoking and probably alcohol, too. He was inclined to stimulating drugs and showed some signs of chronic inflammation and injury of cardiac muscle towards the end of his life. Incidentally, it was mentioned that he died of kidney infection. He was certainly one of those who were inclined to drugs and the injuries of his heart may be related to that, especially as he was a heavy smoker.^{10,15}

CHARLES IVES (1874–1956)

An American composer. In 1937 he had an operation of cataract and lost sight in both eyes. He was a heavy smoker. In his last decade, he suffered deterioration of his health and had a stroke after an unimportant operation.^{10,15,16}

MAURICE RAVEL (1875–1937)

A French pianist, composer and conductor, known especially for his melodies, masterful orchestration, richly evocative harmonies and inventive instrumental textures and effects. During his life, he misused tobacco, alcohol, especially liquors and illegal drugs. Ravel's health was deteriorating during the last few years of his life due to a progressive neurological illness. At the age of 52, he experienced occasional difficulties in playing



Maurice Ravel (1875–1937)

the piano, writing and also early symptoms of dysphasia. In the October of 1932, he was involved in a car accident; he suffered a head (facial) and chest injury. Exploratory brain surgery was carried out about 17th December by Professor Clovis Vincent. After the surgery, Ravel sank into a coma and died in 1937. Differential diagnosis could include: a systemic, vascular or infectious disease, endocrine chronic disease, brain tumor, traumatic brain injury, Alzheimer's or Pick's disease, primary progressive aphasia, corticobasal degeneration and frontotemporal dementia.^{8–10,15}

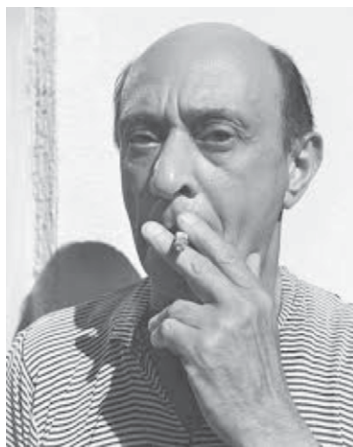
MAX REGER (1873–1916)

A German composer, conductor, pianist, organist, and academic teacher. Being of rebellious nature, strong and early matured in conflicts with authorities (from his father on), he revolted and made all kinds of alcohol and other excesses. He

smoked excessively. At night, he used to roam through the town drunk and drive his landladies to despair. His excesses under the influence of alcohol (some quote that he was even delirious) led him to military hospital as a psychiatric patient. He made some great tours, but during them he suffered fatigue and his heart started to fail (probable alcohol etiology). He suffered more and more frequent heart-attacks and during one attack with heart oppressions, dyspnea and gastric pains with heart oppressions he died.^{10,15,16}

ARNOLD SCHOENBERG (1874–1951)

An Austrian composer. Like his father, he was a heavy smoker and rather early suffered from respiratory and bronchial asthma. At the age of 70, he started to suffer from arteriosclerosis, diabetes with



Arnold Schoenberg (1874–1951)

vasculopathy. His asthma deteriorated and seeing difficulties occurred. Soon his heart started decompensating with edemas, arrhythmias and increased blood pressure. His earlier problems with thyroid adenoma deteriorated. Soon he had his first myocardial infarction (in 1946). He developed kidney disturbances and a hernia together with edemas and ascites. He died from the final heart insufficiency.^{10,15,16}

**IGOR FYODOROVICH
STRAVINSKY
(1882–1971)**

A Russian composer and conductor. He was a heavy smoker. In 1895, he developed pleuritis, which was probably the first sign of his tuberculosis. The whole family was inclined to tuberculo-

sis and many of them died therefore. When he was 77 years old he had his first stroke. In 1967, his health state deteriorated – he had an embolism of peripheral thin blood veins and an embolectomy was performed. In 1969 he had a new tuberculosis attack. He died due to a heart failure.^{10,15}

**ANTON WEBER
(1883–1945)**

An Austrian composer. He had his own style tending towards rationalism and perfection. He lived a quiet family life; at the end of the war he went to visit his daughter in Mittersill, in the mountains near Salzburg. There, as he went outside of his house to have a smoke (being a heavy smoker) he was shot by an American soldier, in the night, probably by



Igor Fyodorovich Stravinsky (1882–1971)

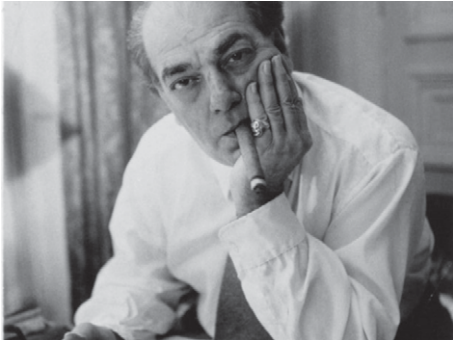


Anton Weber (1883–1945)

mistake. In a way it can be concluded that his addiction killed him.^{10,15}

HECTOR VILLA-LOBOS
(1887–1959)

A Brazilian composer, conductor, cello player. He was a heavy smoker. Eleven years prior to his death he was diagnosed with urinary bladder cancer that developed from a papilloma, but was operated on time and consequently recovered fully. Two years before his death Villa-Lobos's 70th anniversary was celebrated throughout the world; him still composing vigorously. Nevertheless, during his last year he fell gravely ill again. His kidneys congested and failed so he died in an uremic state.^{10,15,16}



Hector Villa-Lobos (1887–1959)

**SERGEI SERGEYEVICH
PROKOFIEV**
(1891–1953)

A Russian composer, pianist and conductor. He was a heavy smoker practically all his life and suffered from vascular

problems. During his life he developed several brain contusions and in the end, died probably from stroke on the same day as Stalin.^{10,15,16}

GEORGE GERSHWIN
(1898–1937)

An American composer and pianist. In 1937, Gershwin began to complain of blinding headaches and a recurring impression that he smelled burning rubber. Gershwin suffered coordination problems and blackouts during some of his performances. The headaches and olfactory hallucinations continued and Gershwin was admitted to Cedars of Lebanon Hospital for observation. Tests showed no physical cause and he was released with a diagnosis of »likely hysteria«. He was a heavy smoker, mostly always composing with a cigar. His troubles with coordination and mental acuity worsened so he was rushed back to a hospital where he fell into a coma. He was suffering



George Gershwin (1898–1937)

from a brain tumor and Gershwin's condition was judged to be critical and the need for surgery immediate. An attempt by doctors at Cedars to excise the tumor was made, but it proved unsuccessful, and Gershwin died.¹⁰

KURT WEILL
(1900–1950)

A German – American composer. He had psychosomatic problems which started with psychic sensitivity, tendency to conflicts and rapid self-exhaustion. He seemed to have suffered from angina pectoris in his early life, which worsened under stress. He was a heavy smoker. Two weeks prior to his death his health deteriorated with sudden intensive prolonged chest pains. It seems that it could have been a myocardial infarction. After a short improvement the subjective bad

feeling worsened once again. Weill died due to a cardiac infarction.^{10,15,16}

AARON COPLAND
(1900–1990)

An American composer, conductor, pianist and song writer. Copland was a heavy smoker. In his old age Copland was mostly ailing, so much that he was a chronic Alzheimer patient for the last ten years of his life and died of stroke complicated by pneumonia.^{10,15,16}

**DMITRY DMITRIEVICH
SHOSTAKOVICH (1906–1975)**

A Russian composer, piano-player and conductor. He suffered from tuberculosis of bronchi and lymph nodes; he was operated and later recuperated himself in Crimean peninsula because of its tem-



Kurt Weill (1900–1950)



Dmitry Dmitrievich Shostakovich
(1906–1975)

perate climate. Later on he had disturbances caused by his excessive smoking. He started ailing early and first paresthesias and palsies of the fingers, especially of the right hand, afflicted him and had reached the stage where he could no longer elevate his upper limbs to place his fingers on the piano keyboard. These changes later on progressed and spread to the lower limbs; he was half mobile and sometimes bed-ridden. His progressive muscular atrophy was a form of motor neuron disease – amyotrophic lateral sclerosis to which he would probably succumbed a few years later. In his sixties, he started having serious coronary disturbances – the first heart attack he had in 1966 and later had the second one. In the end he developed a liver cancer, so that the sudden death from the third heart attack was in fact a salvation from his suffering.^{10,15,16}

LEONARD BERNSTEIN (1918–1990)

An American composer, conductor and pianist. After his wife's death, a popular person as he was, he soon befriended several of his pupils, young musicians. Being an overactive person and a heavy smoker he soon fell gravely ill. Bernstein coughed a lot, had emphysema and pneumonia that as a matter of fact masked an even heavier ailment – a pleural mesothelioma. He died of a heart attack in an already detrimental health state.^{10,15,16}



Leonard Bernstein (1918–1990)

CONCLUSION

Tobacco smoking and other addictions caused-facilitated composers' death of cancer, pneumonia or a vascular attack (stroke, heart attack-failure). Composers' addictions deprived them and us of many great musical creations and were associated with illnesses and premature deaths which abruptly stopped them in their creativity.

FATALNE BOLESTI KOMPOZITORA UZROKOVANE PUŠENJEM DUHANA I DRUGIM OVISNOSTIMA

Sažetak – U ovom članku iznosimo oko 40 patografija skladatelja ovisnika o pušenju među ukupno 1000 općih patografija koje smo pro-

učili od skladatelja koji su umrli od smrtonosnih bolesti kao što su rak, pneumonija ili vaskularne bolesti (moždani udar, infarkt –

zatajenje srca), a koji su povezani sa njihovom ovisnošću o pušenju i drugim supstancama.

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