

Digestive diseases of 80 composers (addictions included)

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Abstract – Based on study of pathographies we noticed eighty cases of digestive diseases among composers. The most important composers are presented in the form of short pathographies, and the others were briefly mentioned in the following list. Mentioned diseases influenced the creativity of composers and their life expectancy.

Keywords: composers, digestive diseases, addictions

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Introduction

By studying more than ten thousand biographies of composers and more than a thousand pathographies we selected composers with diseases of the digestive system (80). Some composers are presented in the form of short pathographies and arranged chronologically by year of birth. We mentioned other composers in an additional list [1-13].

Ludwig van Beethoven (1770-1827)

Ludwig van Beethoven was a German composer, pianist and conductor. The history of his illnesses can be traced back to his

childhood, when he went down with small-pox. In his youth he suffered from inflammatory catarrhs, probably because of the Eustachii's tube inflammation. Since 1789, he had been having diarrhea. In his youth he starts to lose hearing. In 1795 and 1796 colics and diarrhea reoccur in greater intensity. These cramps had often last for several weeks, but is never stated a tinge of blood in the stool, although he kept complaining about his hemorrhoidal disturbances. Diarrhea was often accompanied by fever, exhaustion and weakness, what forced him to stay in bed for a longer period of time. Diarrhea is mentioned in 1801, 1804, 1809, 1812 and 1816, and was also present in his last years. The most probably cause of diarrhea was post-dysenteric enterocolonopathy, and inflammatory bowel disease (IBD) is also possible. Beethoven's liver disease emerged in 1821. By

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mid-1821 he got jaundice-icterus from which he suffered for weeks. In 1825 he started to vomit blood (hematemesis) and bleed from his nose (epistaxis). From his thirties because of depression caused by hearing loss he was prone to alcohol. He was trying to treat these disturbances with alcohol, but he recognized that it had not been beneficial. He used to drink about hundred grams of absolute alcohol per day, usually one liter of wine. The liver disease from 1821 was most probably caused by infectious hepatitis, which (with the abuse of alcohol) further progressed to liver cirrhosis. In 1825 liver cirrhosis reached its acute phase with general deterioration, portal hypertension and ascites. Analyses showed Beethoven's hair was exposed to lead poisoning at the time of death, but analysis of the skull showed that the poisoning lasted longer. Lead poisoning can cause headache, fatigue, difficulty concentration - personality changes and other health cutaneous and diarrheal problems. That could explain Beethoven's bad behavior, anger and aversion to cooperation.

Carl Maria von Weber (1786-1826)

German composer and conductor. In his childhood he was marked by gentle physical constitution, general sensitivity and morbidity. He was ailing since he was 25, suffering from heavy diarrhea, probable as a consequence of virogenic enteritis, caused by salmonella or coli bacteria. Next year he suffered from his first lung problems with pain in his chest, explained as rheumatism. He felt seriously ill and was confined to bed. Next year he had frequent sore throat with fever, coughs which became more frequent and he generally felt worse. Sore throats and headaches were more often in the following years around became even weaker. His hoarseness

increased, he had breathing difficulties, spat blood, perspired heavily at night. His hands were shaking at conducting. He aged rapidly, his hair from grey and his body was covered in rashes. He lost weight. Severe cough with stabbing chest appeared, with severe cramps, diarrhea, loss of appetite and occasional fever and he died in agony. The autopsy found an ulcer on the left side of his throat, lungs full of tubercles with two egg sized cavern. Massive intestine tuberculosis was not detected probably because no autopsy of bowel was performed.

Gioacchino Rossini (1792 – 1868)

Italian composer. He was probably infected with gonorrhoea already with fifteen years. Soon, the disease became chronic, with number of new infection. Otherwise, he was a relatively sickly, with frequent sore throat inflammations, occasionally intensified (perhaps angina or diphtheria). He had a hypochondriacal traits and occasionally longer depressive phase when separated from society. Already in 1825 he was seriously ill for the first time and he was confined to bed for weeks. In 1831 these symptoms were repeated. He also suffered from back pain with expressive depressive moods and general nervous exhaustion. From 1838 he became extremely sickly. He suffered from chronic urethritis with purulent discharge and very deficient stream of urine, due to urethral stenosis. He had strong joint pains, probably within gonorrhoeic arthritis. These disorders were accompanied by the hemorrhoids with frequent bleeding and eczema of surrounding region, which was manifested by strong pruritus. In addition, there were gastric problems and frequent diarrhea (alcohol abuse, possible inflammatory bowel disease; ulcerative colitis). That led to general exhaustion,

extreme weight loss, mental depression and withdrawal from society. He was treated persistently in a number of spas and was recovering, becoming of better mood and reinforced and so spent ten happiest years of his life. However the first signs of physical failure occurred. Because of the obesity, he was less mobile, he became dyspnoic, with cardiac and vascular disorders. These disturbances later amplified and catarrh with cough and sputum occurred, probably within bronchitis with emphysema. In 1866 he had an intestinal catarrh, and later that year, also a minor brain stroke with temporary paralysis from which he was recovering very slowly. He was more and more dyspnoic, anxious and he suffered from insomnia. In 1867/1868 he had erysipelas on the right leg and his intestinal disturbances especially worsened. He collapses more and more and was tied to the bed, listless, with no appetite. He suffered from an expressive anal pruritus, with pain in the rectal area which was getting worse. Doctors have not found anal fistula, but rectal examination established abscess. Further examinations were interrupted due to pneumonia with severe cough and fever from which he was hardly recovering. Due to the increasing intestinal ileus and other intestinal disorders he underwent in November 1868. the operations of the colon. It was found an advanced rectal cancer and necrotic tumor mass was removed. He was further treated unsuccessfully and died in a coma.

Vincenzo Bellini (1801 – 1835)

Italian composer. He was always oversensitive and nervous, also lacking resistance towards illnesses. Since the childhood his digestion was easily upset and he inclined to summer diarrheas. During the summer of 1830, he was affected by digestive disor-

ders, with lack of appetite, and, as he had described, extensive inflammatory gastrointestinal bile fever which required venepunction and application of emetics. At that time it was thought that the bloodletting and emetics have a cleansing effect. A few years later the condition recurred. These summer digestive disorders were followed by attacks of diarrhoea, so it is considered that he was likely suffering from dysenteric syndrome (or inflammatory bowel disease; Chron disease). During the summer of 1835 he was feeling bad and, plagued by a series of digestive troubles, he shuns society. A few days before his death, his condition deteriorated markedly. He had a fever and bloody mucoid stools, he lost consciousness, he had seizures and died. His last illness, from which he died within a few days, was clinically presented as a subacute dysenteric syndrome. Autopsy revealed pathological changes in the large intestine (numerous ulcerations of purulent content) and in the liver (abscess full of pus). For several years he suffered from uncharacteristic gastrointestinal disturbances corresponding to “chronic” intestinal amebiasis, and macroscopic autopsy report also speaks for a retrospective diagnosis of severe amebiasis

Hector Berlioz (1803 – 1869)

French composer and conductor. He was rigid and naive enthusiast, with a female sensibility, excessive, with sudden changes of mood, so often depressed. Some fifteen years he had suffered from “intestinal pain (neuralgia)” (or irritable bowel syndrome) and these cramps he often treated with laudanum, opium preparation. A few months before his death in the coastal walks he falled twice and injured his head, which can be interpreted as a transient ischemic attack, or the collapsing states and seizures. Until the death he be-

came more and more apathic and depressed, more tied to the bed and gradually declined in the growing opium and arteriosclerotic decompensation. He had the final stroke with aphasia, and later paralysis of the limbs and tongue, which progressed to the agony, coma and death.

Mikhail Ivanovich Glinka (1804 – 1857)

Russian composer. Right after his birth his grandmother cared for him. She was too guarded, concealing him from every breath of wind, and isolated him in the house. It caused his later tendency to colds and other illnesses. Nevertheless, it is more likely that he, due to his isolation (he was separated from his peers), did not get over any child disease and therefore his immunological system was not developed. In 1852 he started a trip to Spain, but on his way there, he got stomach-nerve pains for which is possible that were the result of the alcohol-induced erosive gastritis. In the last months of his life he felt constant fatigue, he had stomach problems, bad mood and difficulty in controlling his behavior. He was on the border of the paranoia and psychosis, all as the introductory in progressive syphilitic paralysis. A few weeks before his death really he got a heavy cold and finished into bed. He complained on strong pain “in the liver” and completely appetite loss. His condition worsened day by day, he was more and more often unconscious, became febrile and felt in delirium. Soon he died. The autopsy report stated that the liver was extremely enlarged and the stomach was completely shrunken (possible cachexia, an ulcer or a malignant tumor). The liver showed the adipose dystrophy (malignity or probable starting necrosis), because of which he really could not live any longer. The conclusion was that he died from starvation.

Louis Moreau Gottschalk (1829 – 1869)

American composer and pianist. He was traveling a lot in the tropics and he was suffering from tropical diseases of the digestive system. He died of appendicitis and peritonitis.

Johannes Brahms (1833 – 1897)

German composer, conductor and pianist. He was introverted and silent person, stubborn and egocentric. He regularly drank several glasses of beer and wine, but he was rarely drunk. The last ten years of his life he suffered from catarrhal ear infections, headaches and a few febrile states. In 1896 he developed the jaundice of increasing intensity together with a considerable enlargement of the abdominal mass and loss of weight. Since infectious hepatitis could hardly come into consideration, there is a possibility of a neoplasm in the liver, as well as cirrhosis. Since he consumed large amounts of concentrated alcoholic drinks, probable diagnosis would be cirrhosis of the liver. However, the most likely the cause of these symptoms was a tumor localized at the upper right quadrant of the abdomen, where the tumor of pancreatic head could pressed surrounding structures, preventing the flow of bile. In that state of illness no one longer dared to operate. Brahms continued to lose weight. He looked thin and miserable, but trying to hide his illness with the good mood. A few days before death he started to feel pain in the back, what could suggest a pathological vertebral fracture caused by metastases. His skin became brown, almost black. He started bleeding from the nose, and his condition worsened generally. Peripheral paralysis of the left facial nerve led to loosen one side of the face. He did not eat anymore, feeling nausea, he

was vomiting and at the end had hemorrhages from oesophageal varices and the lower intestinal segments. All of these symptoms could support theory of widespread metastatic cancer disease.

Pyotr - Peter Ilyich Tchaikovsky (1840. – 1893.)

Russian composer, conductor, musicologist and critic. As a child he had measles and vertebral meningitis, which had made him even more sensitive and irritable. At the age of 23 he got diphtheria. In order to conceal his homosexual tendencies and frequent depression at the same time, he developed excessive symptomatic neurotic alcoholism with delirium. He suffered from gastric problems, particularly in stressful situations associated with diarrhea, which he treated with high doses of natrium bicarbonate. Modern medicine would relate such symptoms to gastric diseases (gastritis, gastric ulcer), and intestinal disease (irritable bowel syndrome). Gastric pains were often calmed as soon as he ate something, and reappeared when he was hungry, especially at night. These are indications of gastric or duodenal ulcer. In 1893, on the steamboat, on the way to Odessa, he supposedly seduced a 14-year-old boy, nephew of Baron Steinbock, who informed the Emperor. Huge problems occurred. At business lunch he deliberately poured himself a glass of unboiled water from the River Neva, which was a very unreasonable thing to do since cholera epidemic partly raged in St Petersburg. He supposedly drank that glass. Shortly after that he got sick, went to bed and fall asleep. He woke up after a few hours in fever and feeling stomach spasm; soon diarrhea and vomiting started. He was in pain, had stomach spasm and he was feeling unbearably thirsty. Muscle ache appeared together with anuria, as a part of uremia. One day his

condition improved, only to get much worse the next day, and on November 6, 1893 he died. According to the latest theory the cause of death is not a spontaneous suicide with cholera vibrio or any other infection, but it is a deliberate poisoning with arsenic due to pressure of authorities for general scandal of which he more and more challenged by his homophilic behavior. Such an assumption seems reasonable because all the symptoms were characteristic for the acute arsenic poisoning.

Claude Debussy (1862 – 1918)

French composer. He lived in despair and he was often a participant of public scandals. He even attempted suicide several times. In its 43rd year, he started to feel the physical, but also mental exhaustion. He turned into a person with a very complex personality, egocentric and associable. To facilitate emotional distress he sought the comfort in various sedatives and even hard drugs such as morphine and cocaine. In attempting to solve his addiction, he often had strong withdrawal symptoms, drowsiness and headache. In 1914, strong abdominal spasms began to torture him. To reduce the pain, he was taking quinine and some other stimulating drugs. He developed rectum cancer. The surgical treatment was performed together with multiple radiation treatment, which contributed even more to his physical weakness. The last days of life he passed through grief and despair, getting regular doses of morphine. He died in cachexia, completely exhausted and in great pain.

Eric Satie (1866 – 1925)

French composer. We can consider him sensitive, reserved, withdrawn into himself,

shy and elegant, but still of very pleasant behaviour. He had a lot of sense for humor and there was something fascinating in his complicated personality. He was leading a bohemian lifestyle and he lived in extreme poverty. For years, he was drinking large amounts of alcohol, eventually becoming less sociable. His health rapidly deteriorated, he lost his appetite, completely neglected himself, not even changed clothes, and finally he died in the hospital of liver cirrhosis as a result of alcoholism with pleuritis and pneumonia. Besides his bizarre lifestyle, he suffered from extreme neurosis combined with symptomatic-co morbid alcoholism.

Paul Hindemith (1895 – 1963)

German composer, violinist, conductor and musical theorist. It could be sad that

he was suffering from a father figure complex which resulted in a certain timidity and lack of trust in people, although he was well known for his kindness and generosity. Short and rather plump he suffered from cyclothymia and his moods alternated from extreme activity to melancholy and depression. Already in 1959 he suffered a mental breakdown – probably the first sign of prodromal arteriosclerosis with high blood pressure. He also suffered from kidney stones and in his later years his creativity visibly deteriorated which is a symptom of prodromal arteriosclerosis. He suffered several strokes of varying intensity followed by speech impairment, aphasia and pyelonephritis. He spent five weeks in hospital and died rather suddenly – an autopsy revealed acute pancreatitis as the cause of death.

DIGESTIVE DISEASES OF COMPOSERS:

Name	State	Year of birth and death	Disease
Claudio Merulo	ITA	1553 – 1604	appendicitis [?] , peritonitis
Antonio Lotti	ITA	1667 – 1740	alcoholism, liver cirrhosis
Wilhelm Friedemann Bach	DEU	1710 – 1784	gallstones, alcoholism
Luka Sorkochevich	CRO	1734 – 1789	biliary colic, suicide
Karl Ditters von Dittersdorf	AUT	1739 – 1799	hemorrhoids, alcoholism
Giovanni Paisiello	ITA	1740 – 1816	liver disease with meteorism, cancer [?]
Domenico Cimarosa	ITA	1749 – 1801	biliary colic, gastric cancer, alcoholism
Wolfgang Amadeus Mozart	AUT	1756 – 1791	gastroenteritis, colics, alcoholism, hepatitis [?]
Friedrich Heinrich Himmel	DEU	1765 – 1814	liver cirrhosis, alcoholism
Ludwig van Beethoven	DEU	1770 – 1827	abdominal colic, diarrhea, cirrhosis, alcoholism
John Field	IRL	1782 – 1837	colorectal cancer, alcoholism
Nicolo Paganini	ITA	1782 – 1840	constipation, hemorrhoids, stomatitis, drug addiction
Carl Maria von Weber	DEU	1786 – 1826	gastroenteritis, pulmonal and intestinal tuberculosis
Gioacchino Rossini	ITA	1792 – 1868	ulcerative colitis, rectal cancer, stroke, gonorrhoea, alcoholism

Gaetano Donizetti	ITA	1797 – 1848	hemorrhoids, intestinal disease, neurosyphilis, stroke
Sabo Frankovich	CRO	1800 – 1864	typhus
Vincenzo Bellini	ITA	1801 – 1835	amebiasis, ulcerative colitis, liver abscess
Hector Berlioz	FRA	1803 – 1869	abdominal neuralgia, opium addiction, hepatitis, stroke
Mihail Ivanovich Glinka	RUS	1804 – 1857	gastric and liver cancer, delirium, alcoholism
Karl Friedrich Curschmann	DEU	1805 – 1841	“intestinal pain“
Robert Schumann	DEU	1810 – 1856	hemorrhoids, neurosyphilis, alcoholism
Richard Wagner	DEU	1813 – 1883	hemorrhoids, irritable bowel syndrome, inguinal hernia
Giuseppe Verdi	ITA	1813 – 1901	frequent gastric disorders in old age, stroke
Charles Gounod	FRA	1818 – 1893	hemorrhoids, dysentery, stroke
Joaquin Gaztambide	ESP	1822 – 1870	liver disease
Franjo Pokorni	CRO	1825 – 1859	alcoholism, liver cirrhosis, ascites
Louis Moreau Gottschalk	USA	1829 – 1869	appendicitis, peritonitis, alcoholism
Johannes Brahms	DEU	1833 – 1897	jaundice, alcoholic cirrhosis, pancreatic cancer-metastases
Modest Petrovich Mussorgsky	RUS	1839 – 1881	alcoholic cirrhosis, delirium
Peter Ilyich Tchaikovsky	RUS	1840 – 1893	duodenal ulcer, cholera-arsenic poisoning, alcoholism
Risto Savin	CRO	1859 – 1948	pancreatic cancer
Gustav Mahler	AUT	1860 – 1911	hemorrhoids
Sandor Bosiljevac	CRO	1860 – 1918	dysentery
Claude Debussy	FRA	1862 – 1918	spasms, rectal cancer, drug addiction
Eugene D'albert	DEU	1864 – 1932	frequent “gastric disorders“
Eric Satie	FRA	1866 – 1925	liver cirrhosis, alcoholism
Janko Barle	CRO	1869 – 1941	abdominal typhus, stroke
Leopold Godowsky	POL	1870 – 1938	stomach cancer, stroke
Blagoye Bersa	CRO	1873 – 1934	liver cancer
Gustav Holst	GBR	1874 – 1934	duodenal ulcer
Franjo Dugan Senior	CRO	1874 – 1951	cancer of the descending colon
Arnold Schönberg	AUT	1874 – 1951	inguinal hernia, cardiac arrest
Ives Charles	USA	1874 – 1954	inguinal hernia, stroke
Manuel de Falla	ESP	1876 – 1946	“intestinal problems“
Ernest Bloch	USA	1880 – 1959	colon cancer
Luyo Shaphranek-Kavich	CRO	1882 – 1940	cholangitis
Igor Fyodorovich Stravinsky	RUS	1882 – 1971	peptic ulcer disease, inguinal hernia, stroke
Bernard van Dieren	GBR	1887 – 1936	chronic cholecystitis
Bohuslav Martinu	CZE	1890 – 1959	stomach cancer

Morfydd Owen	IRL	1891 – 1918	appendicitis
Rudolf Taclik	CRO	1894 – 1942	pancreatic cancer
Paul Hindemith	DEU	1895 – 1963	pyelonephritis-stones, stroke, acute pancreatitis
Milan Mayer	CRO	1895 – 1967	acute abdomen
George Gershwin	USA	1898 – 1937	constipation, irritable bowel syndrome, brain tumor
Boris Krnic	CRO	1900 – 1979	duodenal cancer, ileus
Peter Dumichich	CRO	1901 – 1984	colon cancer with pulmonary metastases
Styepan Stepanov	CRO	1901 – 1984	hepatitis
William Walton	GBR	1902 – 1983	inguinal hernia, cataract surgery, cancer
Aram Ilyich Khachaturian	RUS	1903 – 1978	peptic ulcer disease
Nikos Skalkottas	GRC	1904 – 1949	incarcerated inguinal hernia, ileus
Marc Blitzstein	USA	1905 – 1964	inguinal hernia, appendicitis?
Ivo Suchich	CRO	1905 – 1969	liver cancer
Mladen Pozajich	CRO	1905 – 1979	appendicitis, stroke – heart attack
Harold Arlen	USA	1905 – 1986	alcoholic cirrhosis, esophageal hemorrhage, prostate cancer
Willy Ferrero	ITA	1906 – 1954	liver cirrhosis, alcoholism
Dmitri Dmitriyevich Shostakovich	RUS	1906 – 1975	appendicitis, cancer, heart attack
Boris Papandopulo	CRO	1906 – 1991	esophageal and gastric cancer
Alfred Schwarz	CRO	1907 – 1986	liver metastases
Victor Shafranek	CRO	1908 – 1979	esophageal and gastric cancer
Peggy Glanville-Hicks	AUT	1912-1990	hemorrhoids
Benjamin Britten	GBR	1913 – 1976	inguinal hernia, colon diverticulitis – surgery, stroke
Kreshimir Kovachevich	CRO	1913 – 1992	liver adenoma, stroke, alcoholism
Harry Davies	IRL	1914 – 1955	peptic ulcer disease
Albe Vidakovich	CRO	1914 – 1964	jaundice, heart attack
Nico Richter	NLD	1915 – 1945	“intestinal problems“
Danilo Danev	CRO	1915 – 1988	pancreatitis, ileus
Lou Harrison	USA	1917 – 2003	peptic ulcer disease
Nicola Korbar	CRO	1926 – 1975	liver carcinoma
Milivoy Koerberler	CRO	1930 – 1971	cholangitis
Angela Samardzich	CRO	1942 – 1987	liver cirrhosis

Conclusion

Among pathographies of composers, within gastrointestinal diseases we found most commonly the liver disease, particu-

larly cirrhosis caused by alcohol, followed by gastric irritative disorders, gallstones and hemorrhoids. Among the cancers, the most common is the cancer of the colon, followed

by cancer of the stomach and pancreas. Less frequently pancreatitis and appendicitis are mentioned. These diseases decreased creative contribution of composers and shortened their life span.

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None to declare

Bolesti probavnog sustava u 80 skladatelja

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Ključne riječi: skladatelji, probavne bolesti, ovisnosti