The great composers: their premature deaths

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Prelude

A look at history reveals that there have been enormous differences in the time taken for different composers to reach the peak of their creative powers, and that many of the greatest composers of classical music were either ‘cut down in their prime’ by a premature death, or had their creative efforts diminished by illness. In a high proportion of instances, the illness responsible would certainly have been curable (or at least susceptible to palliation) had modern methods of treatment been available at that time: it is fascinating, therefore, to speculate as to what musical masterpieces may never have been completed, or even started, because of disease impairing creative activity or causing premature death. Concentrated upon here are those great composers who died before their ‘three score years and ten’ had passed.

Variations

Tuberculosis

Tuberculosis was a prolific killer before effective anti-tubercular drugs and the BCG vaccine were developed, and this disease claimed the lives of a significant proportion of the great composers. Perhaps the most celebrated case was that of Frédéric Chopin (1810–49) [1], who was forced to display his fabulous skills as a virtuoso pianist less and less frequently as consumption increased its grip on him. When he died, aged 39, he was a respiratory cripple plagued by recurrent haemoptysis. Probably of no lesser significance was the premature death of Carl Maria von Weber (1786–1826), the brother-in-law of Mozart [2]. He was troubled all his life with a congenital deformity of his right hip [1,2], but this did not prevent him from excelling as a virtuoso pianist and conductor and transforming the development of operatic writing with his Oberon. His death, at the age of 40, followed increasing respiratory difficulty. Also from the operatic world, Vincenzo Bellini (1801–35) [3], who composed bel canto opera, and Giovanni Pergolesi (1710–36) [3], both succumbed to tuberculosis. Karol Szymanowski (1882–1937) [3], whose music is now becoming much more widely appreciated, died in a TB sanatorium. The most fascinating case of all, Niccolo Paganini, merits his own chapter and is dealt with later.

Syphilis

In the days prior to effective treatment becoming available, syphilis (the ‘great pox’) could exert deleterious effects on the sufferers long before it caused their deaths. Franz Schubert (1797–1828) [4,5] composed an enormous amount of music during his short life but, probably in 1822, he learnt that he had contracted syphilis. There is some evidence that it was about this time that Schubert was hard at work on the famous Unfinished Symphony, and he had only completed two movements of the work when he was told of his diagnosis; the shock upset him so much that he ceased all composing activities and, while he subsequently composed a great deal more music, he never got back to the earlier symphony [4]. Consequently, syphilis left us with one of music’s intriguing enigmas.

Schubert spent his last years troubled by recurrent episodes of pain, dizziness and depression; it has been suggested that his terminal illness was typhoid fever [4,5]. Robert Schumann (1810–56) [6] was initially destined for a career as a concert pianist, but after 1830 he developed problems with his left hand. Tradition has it that the hand was damaged by a device which Schumann was using to increase the suppleness and strength of his ring finger, but more recently it has been proposed that the hand problems were due to neuro-syphilis (or the attempted treatment of the condition) contracted while the composer was a law student (he was known to consort with prostitutes) [6]. It has also been suggested that Schumann may have had Dupuytren’s contracture. As time went on, he lost weight and developed tinnitus, dizziness, speech impairments, episodic paralysis, convulsions and delusions; his last compositions are rambling and tedious. Ultimately, Schumann attempted to drown himself in a river, but he was rescued and committed to an asylum, where he later died. At autopsy, the cause of death was given as ‘cerebrospinal syphilis and dementia paralytica’[6]. Domenica Donizetti (1797–1848) [7,8], an important Italian operatic composer (Lucia di Lammermoor is among his works), developed progressively stranger behaviour over his last few years of life (indeed, he took to attending orgies). Donizetti’s final syphilitic illness was heralded by fever, weakness and paralysis. Bedrich Smetana (1824–84) [8], the first really great Bohemian nationalist composer, eventually had to stop composing because syphilis led to his developing tinnitus and becoming deaf; hallucinations preceded his demise. Hugo Wolf (1860–1903) [1], thought by many authorities to be the
finest song writer of all time, contracted syphilis at the age of 17 and eventually became insane. Frederick Delius (1862-1934) [7], from Bradford, was one of the most important British composers. He spent his last years in France, blind and dying with generalised paralysis of the insane. Finally, it should be mentioned that Scott Joplin, who died in 1917, was another young victim of this disease.

Tuberculosis and syphilis
Baron Niccolo Paganini (1797-1840) was possibly the finest violinist who ever lived. He was also an extraordinary and eccentric person: Sitwell states ‘perhaps no person more odd and peculiar than Paganini has ever existed’ [9]. He was also a walking textbook of pathology in that he suffered from both tuberculosis and syphilis; tuberculosis caused recurrent haemoptysis and the loss of his voice, while syphilitic tabs possibly caused the severe episodic abdominal pains from which he suffered [7,9]. Some inappropriate medical advice resulted in the Baron having all his teeth extracted, and this, allied to his emaciated appearance, made him ‘one of the sights of Paris’ (as he was described by Sir Charles Halle) [9]. Despite this, Paganini continued with his career as a virtuoso violinist and probed new frontiers in composition for the violin (a single tiny tune by Paganini has inspired massive sets of variations by Brahms, Rachmaninoff and Andrew Lloyd-Webber). He died excommunicated by the Roman Catholic Church (the reasons for this are not too clear), so his corpse did not find any sort of permanent burial place until 1844, the year when Marie-Louise, Duchess of Parma and widow of Napoleon Bonaparte, allowed the corpse to be brought into her dominions [9]. Even then, the body was exhumed and re-buried numerous times on a variety of pretexts until it was left alone after 1896 [9]. Clearly, Paganini, dead or alive, continued to fascinate people.

Cardiac disease
Rheumatic fever and cardiac valvular disease. The marvellously gifted Georges Bizet (1838-75), who revolutionised opera with his Carmen, was only 37 when he died after a lifetime of ill health [1,10]. He had often been troubled by sore throats and peritonsillar abscesses and he frequently complained of palpitations and dyspnoea on exertion, suggesting a diagnosis of rheumatic cardiac disease [1,10]. At the time of his death, he had a massive retropharyngeal abscess and he is thought to have died during his final attack of rheumatic fever. Gustav Mahler (1860-1911) wrote massive symphonies and was a famous conductor of his day [7]. He was frequently troubled by streptococcal throat infections and in 1907, he was noted to have a heart murmur. He too died during a bout of rheumatic fever. Benjamin Britten (1913-76) [11] suffered from angina pectoris from 1971 onwards, and he had major cardiac valvular surgery performed at the National Heart Hospital in London in 1973. Following his operation, Britten sustained a stroke which left his speech impaired and denied him the use of his right arm, so robbing him of his piano-playing skills. He became depressed and stopped composing.

Ischaemic heart disease. Alexander Borodin (1833-87) [12], the illegitimate son of a Russian prince, was a qualified physician and a talented research chemist. He was also a gifted composer, although writing music was for him a part-time activity; it is amazing that he composed even as much as he did. As a child, he survived cholera [13], but at a party in 1887 (at the age of 44), he sustained a cardiac arrest and died [12]. Had modern principles of resuscitation been available at the time, Borodin might have survived to complete his operatic masterpiece, Prince Igor. Carl Neilsen (1865-1931), the most important Danish composer, sustained a myocardial infarct in 1926 which so disabled him as to totally extinguish his ability to compose [1]. Antonin Dvôrák (1841-1904) [14] was the most famous composer ever produced by Czechoslovakia and he was one of the first great composers to cross the Atlantic to teach in the USA (where his eccentricities were famous). He had a history of renal disease but he eventually died after a 10-day period languishing in his bed having sustained (probably) two myocardial infarcts. Today, Dvôrák would almost certainly have been nursed in a coronary intensive care unit.

Intracranial problems
Felix Mendelssohn-Bartholdy (1809-47) was a child prodigy who produced his most brilliant work early in life [15]. He was a gifted pianist, organist, violinist, conductor and artist, but he aged prematurely and grew less active, troubled by severe nose bleeds. He sustained a series of strokes and was also troubled by vertigo and recurrent headaches. In his last hours, he developed a ‘shattering’ headache, had a fit, and died shortly afterwards. As his two sisters also died young (at 42 and 45 years of age) with strokes, a congenital problem in the Mendelssohn family has been postulated [15] (such as intracranial aneurysm or arterio-venous malformation): the exact pathology involved is not known.

Alexander Scriabin (1872-1915), a brilliantly innovative composer who eventually became insane, died shortly after developing a carbuncle on his lip [1], suggesting cavernous sinus thrombosis as the likely cause of death. Maurice Ravel (1875-1937) [16] developed, from 1933 onwards, increasing mental confusion and recurrent severe headaches with progressive impairment of coordination. He had a craniotomy to exclude a tumour but no abnormality was found. The exact cause of his death has been kept a secret [16], although the history would perhaps suggest a pre-senile dementing process.

George Gershwin (1898-1937) [17], the man who fused classical forms with jazz in Rhapsody in Blue, noted the smell of burning rubber while playing the solo part of his Concerto in F in public. He had also been troubled by early-morning headaches and was found to have left-sided anosmia. The result of a lumbar puncture suggested a tumour and the two most prominent neurosurgeons of the day, Dandy and Cushing, were both asked to perform
Gershwin's craniotomy; both were too far away to be of any use and at operation, a cystic tumour of the right temporal lobe was encountered. Gershwin's meteoric career ended shortly after he left the operating theatre.

Finally, Sergei Rachmaninoff's (1873-1943) career as a composer was almost brought to a grinding halt by a severe depressive illness [1]. The composer, in gratitude for help given, dedicated his famous second piano concerto to his psychiatrist. The composer eventually died of a bronchial carcinoma [7].

Neoplastic lesions

Johannes Brahms (1833-97) [8] is reported to have died of liver cancer, but it is not clear if Brahms (whose most intimate friend was the great surgeon, Theodore Bilroth of gastrectomy fame) actually died of primary hepatoma or metastatic tumour. Claude Debussy (1862-1918) [8] was exceedingly depressed after he was found to have developed rectal carcinoma in 1909. His symptoms made him progressively more miserable, and he was unable to compose in his latter years. Bela Bartok (1881-1945) [18] was diagnosed as having leukaemia and, while he lived recently enough to benefit from the discovery of antibiotics, he lived too early to benefit from the more recent therapeutic advances which might have saved him.

Alcoholism

In only one case has the death of a great composer been attributed entirely to alcohol. Modest Mussorgsky (1839-81) [12,19] was a dapper Russian army officer whose small musical output was of great musical significance. He took to drinking excessive alcohol and drank his way down from the highest social echelons to the depths of degradation. He died, aged 42, in delirium tremens.

Intra-abdominal pathologies

Paul Hindemith (1895-1963) [20] died in agony and, at autopsy, was found to have had acute pancreatitis. While still potentially lethal, the treatment and prognosis for this condition improves with the passage of years [21]. Gustav Holst (1874-1934) [22], of The Planets fame, died aged 60 having had years of intractable problems with painful duodenal ulceration which had not been helped by surgery. He died after emergency surgery for a gastrointestinal haemorrhage. Had H2-antagonists been available the story might have been different.

Trauma

Enrique Granados (1867-1916), the Spanish virtuoso pianist and composer, was unlucky enough to be sailing on the SS Saxxex when it was torpedoed and sunk by a German submarine in the English Channel during the First World War [1]. Like the poets Lord Byron, Wilfred Owen and Rupert Brooke, Granados was a victim of 'man's inhumanity to man' which still shows little prospect of going away.

Enigma variations

Mozart

When Wolfgang Amadeus Mozart (1756-91) died, aged 35, he was buried in a pauper’s grave, the site of which was lost. What is also still a mystery, and a fertile source for discussion [22,23], is what actually killed him. Mozart was frequently troubled by sore throats, joint pains and rashes, and Davies (1983) [22] and Schoental (1983) [23] have analysed the available information in detail. From the extensive list of theories, Davies has selected out Henoch-Schönlein purpura with severe renal involvement as the probable cause of death. However, a BBC TV programme in 1986 advanced the hypothesis that the coup de grace was poison (antimony and arsenic) administered by the jealous husband of one of Mozart’s more attractive female pupils.

Beethoven

The post mortem examination on Ludwig van Beethoven (1770-1827) was not terribly illuminating, although a macronodular cirrhosis was noted [24]. As in the case of Mozart, the actual causes of Beethoven’s long-standing ill-health and famous deafness are obscure. Indeed, the deafness prevented the composer from continuing on the concert platform as a virtuoso pianist but it did not prevent him from continuing to compose some astounding works, such as the ‘Choral Symphony’ (9th) and the ‘Emperor Piano Concerto’ (5th). Larkin [24] has analysed the available data: Beethoven had a lengthy history of deafness, fluid retention, recurrent rashes and abscesses, ‘rheumatics’ and ‘colitis’, and, at the end of his life, he became jaundiced [1]. Larkin discounted syphilis and alcohol abuse as the likely primary pathologies and suggested that a connective tissue disorder, such as systemic lupus erythematosus, was the underlying problem [24]. Finally, it has been convincingly argued that Beethoven was a sufferer from Paget’s disease of bone [25].

Tschaikowsky: cholera versus suicide

Peter Ilyich Tschaikowsky (1840-93) was a complex and neurotic man whose death was considered for many years to have been due to cholera [12,26]. However, more recent evidence suggests that the composer did, in fact, commit suicide by taking arsenic [26]. Tschaikowsky was a homosexual (which depressed him) and he had previously attempted suicide in 1877. Why he took his own life in 1893 has been ascribed to his being compelled to take poison by some prominent people because the composer had made homosexual advances towards the young son of one such prominent person [26]. Tschaikowsky is reported to have died in agony and, after his death, sanitary precautions which, given the state of knowledge at the time, would normally have been brought into force were completely ignored: indeed, friends of the composer kissed his corpse on the lips, which would have been quite unthinkable had he died of
the vibrio. That a cover-up took place seems quite certain [26].

Berlioz and ‘abdominal neuralgia’

Hector Berlioz (1803–69) suffered in agony for many years from a persistent abdominal pain which defied diagnosis [27]. The problem was labelled ‘abdominal neuralgia’ which did little to help Berlioz: it sapped his energies and reduced his output of music to nil [9]. He died in extreme agony, still undiagnosed. Had he lived today, no doubt more effective diagnostic tools would have been brought to Berlioz’s assistance.

Coda

Clearly, there have been many great composers who enjoyed relatively good health throughout their lives (for example, J.S. Bach, Handel, Liszt, Greig, Sibelius, Wagner and Rimsky-Korsakoff) and have not been mentioned here. However, many others died prematurely as a result of diseases which would have crumbled under the onslaught of modern diagnostic and therapeutic methods. Indeed, it would now be calamitous for a 31-year-old man like Schubert to die of a treatable illness such as syphilis in our own day and age. In some cases, the illness altered history and was possibly to posterity’s advantage: for example, Schumann and Beethoven both devoted more time to composing music than they would have done if their illnesses had not made it impossible for them to earn a living on the concert platform as pianists. On the other hand, great works such as Mozart’s Requiem Mass, Schubert’s Unfinished Symphony and Borodin’s Prince Igor were left in an unfinished state because of the composer’s early death, and indeed the total worthwhile musical output of some of these gifted individuals might have been considerably greater had they lived today.

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