MEDICAL HISTORY

Weeding Mozart's medical history

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Otto Eric Deutsch, the musicologist, listed some of the methodological concerns over Mozart biographia—the mixing of fact and fiction, the spreading of errors to produce a saleable story[1]. Whenever possible, facts must be gathered straight from the horse's mouth; thus publications on Mozart's medical history should be read with great caution. Much of the writing on Mozart's health and illnesses is based on secondary sources, with consequent restatement of errors and amplification of biases. In preparing this paper I have relied on primary sources, in particular the German complete edition of the letters of Mozart and his family; Anderson's English translation is incomplete since it represents an anthology of selected or excerpted letters[2].

MOZART THE CHILD

Contrary to widespread belief Mozart did not experience an unusual number of childhood illnesses and he recovered safely from the life-threatening ones; he showed no evidence of chronic illness or chronic joint disorders[3]. With minor episodes omitted Mozart's childhood illnesses can be summarized as follows.

In 1762 (aged 6 years) he had an episode that sounds like a textbook case of erythema nodosum.

In 1762, 1763, 1764, 1765, 1768, 1770 and 1771 he had episodes of sore throat, common colds and various other upper respiratory infections. Since bacterial diagnosis cannot be made on clinical grounds, Mozart's sore throats cannot be attributed confidently to *Streptococcus pyogenes* (as they often have been). Even in the century since the bacterium was described, the natural history of streptococcal infection has changed considerably.

He had two episodes of acute postinfectious polyarthritis, in 1763 and 1766 (age 7 and 10), which lasted from seven to ten days—not much for a diagnosis of rheumatic fever as we know it, though such a diagnosis cannot be ruled out.

In 1770 and 1774 he had repeated dental complaints.

In November to December 1765 he experienced a life-threatening disease, generally believed to be typhoid fever with possible pneumonia.

In 1767, he had smallpox, and his face was pockmarked thereafter.

Sometime between the summer of 1769 and the spring of 1773, he may have experienced severe sickness, possibly with jaundice. If he was actually ill, the diagnosis might have been hepatitis, relapsing fever, infectious mononucleosis, malaria (then prevalent in Italy) or any childhood disease.

Mozart's records show that between 5 and 21 years of age he had an average of 3.1 sickness episodes a year, including 1.3 respiratory episodes; these rates are distinctly low compared with those in western children today.

His left ear—or perhaps both his ears—probably presented the anomaly that now bears his name. Malformations of the external ear are associated in 20–30% of cases with congenital malformations of the genitourinary tract that may give rise to obstructive uropathies, renal calculi or urinary tract infections[4].

MOZART THE ADULT

Mozart was generally in good health[2]. During four days in 1784 he had four episodes of severe colic and vomiting accompanied with fever—probably gastroenteritis, though renal colic cannot be excluded. In 1770, 1778 and 1786 he had several episodes of migraine and headache.

Between 22 and 35 years of age, the documents indicate that he had an average of 1.9 illness episodes per year (including toothaches and headaches); respiratory diseases contributed an average of 0.8 episodes a year.

The case against Tourette's syndrome

Several writers have hypothesized that Mozart might have suffered from Gilles de la Tourette's syndrome, a vocal tic disorder with echolalia and coprolalia[5–7]. Proponents of this diagnosis claim to quote Schlichtegroll's necrology of Mozart (1798), a valuable primary source, but actually refer to Stendhal who did not even read Schlichtegroll and had no original information about Mozart at his disposal[8]. Moreover Schlichtegroll did not mention any motor or vocal tics.

These commentators also refer to an allegation by Joseph Lange, Mozart's brother-in-law, that Mozart uttered 'vulgar platitudes'; but this is an incorrect translation into English. *Einfälle platter Altäglichkeit* signifies 'ideas on a level with commonplace banality'.

Psychiatric interpretations of the composer's wit, e.g. in his letters to his cousin (the Bäsle letters), miss the point. His scatological wit was not a symptom, neither was his gibberish or his tomfoolery; they relied on a wealth of

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rhetorical techniques, literary tools and figures of speech. Like Folengo, Rabelais and James Joyce, Mozart used time-honoured literary devices such as multiple meaning, deformation of syntax, enumerations, the jocular, the pleasure of unexpected associations or coarseness and the delight of defying taboos and ignoring proprieties. Mozart's silliness or foolishness, through its language and symbolism, expressed the spirit of his time and that of the Viennese and South German middle class[9]. Four-letter games 'transform the unspeakable into a natural idiom of anti-value and rebellion against the most staggering dogmatic and psychosclerotic conventionalities of everyday life'[10]. Mozart turned his epistolatory style into a concealed social critique which illustrated his defiance of the aristocratic system. He was transposing and perverting the whole phraseology suited to social occasions. He could poke fun at everything and everybody, including himself, but particularly at bourgeois traditional pompous conversation or epistolatory style. His humour mocked and consequently demoted personal and social values. Anyone whose interests are limited to faecal parlance is bound to misunderstand Mozart.

The diagnosis of Tourette's syndrome has indeed been amply refuted and rejected[14]. It fails to meet the American Psychiatric Association's diagnostic criteria (DSM–IV) since there is no evidence that Mozart manifested any sort of vocal or motor tics, and even less that he manifested marked distress or impairment of social or occupational life. Moreover, the syndrome does not show itself by *written* but by *spoken unintentional* obscenities. Mozart showed no echolalia, palilalia, learning disabilities, self-mutilation or abnormal obsessive–compulsive traits. This diagnosis is an example of the Procrustean bed fallacy; Procrustes offered his bed to travellers and stretched or cut off their limbs so that they would fit it.

The case against mental disorder

When psychiatric disorders have been assigned to Mozart, there has usually been neglect of the criteria that demarcate normal from abnormal behaviour or reaction[15]. Some commentators have upgraded Mozart's daily worries into paranoid ideas or anxiety neurosis, his blues or genuine worries into depression, his elation into hypomania, his linguistic games into jargonophasia, his wit into immature and hypomanic behaviour and the dissonant harmonies of the Haydn quartets into Gilles de la Tourette's syndrome.

Mozart allegedly suffered from thought disorder, delusions, musical dysfluency, verbal tics, and epileptic fits and he did not compose music but merely expressed musical hallucinations; he was a manic-depressive, a pathological gambler, and suffered from an array of psychiatric conditions such as attention-deficit/hyperactive, paranoid, obsessional, dependent, and passive–aggressive personality disorders. The psychiatric narratives contribute to an uninterrupted tradition of detraction and defamation—of which the film *Amadeus* was one of the latest public expressions.

With psychoanalytic stereotypes and tropes, the shadows keep lengthening. As an artist, Mozart was not far removed from being a neurotic. Mozart's music is characterized by its 'femininity or lack of sexual provocativeness'. Concerning his humour, we were reminded that laughter is analogous to vomiting. Some obscure analogies have been learnedly described between Mozart's musical ornamentation and urinary dribbling, between the springs of his musical creativity and farting, or between his musical expression and defaecation.

For some psychobiographers, Mozart was the sport of obscure forces of which he was completely unaware, so that he often seemed to have been deprived of free will. Mozart's death has been described as a 'sacrifice'. How often did psychobiographers, attempting to make a diagnosis in absentia, fall prey to what Freud called 'projection', indulging in the illusion of uncovering Mozart's hidden mental life while actually describing their own preoccupations? Psychoanalytic literature on Mozart is more revealing of our distraught and anxious world than of Mozart's personality.

Nolens volens, this leads to shoddy medical interpretations often constructed upon single words or phrases taken from sources of dubious authority or else supported by highly selective readings of the sources, and blatant misquotations and perversions of the diagnostic criteria.

To be sure, Mozart had sudden changes of mood: he could switch from deadly seriousness to a scoffing, jolly, and rowdy and sometimes overwrought mood, but these were personality traits, not psychiatric signs of personality disorder[16,17]. He had periods of restless activity when he experienced the elation of creative work which Renaissance artists called *furore*. His depressive episodes proceeded from external stressful life events such as the loss of his mother. For depressive episodes to be part of a depressive disorder, they should be severe and occur in the absence of or independently from stressing factors. If they result, for instance, from the death of a loved one, they represent mere adjustment reactions. Only by mis-citation and consequent misuse of the criteria for depressive disorder has this diagnosis been defended[18]. Mozart, like all of us, had his ups and downs[19,20].

THE FINAL YEAR (1791)

Several medical writers have attempted to evince that Mozart's terminal illness started early in 1791. The only primary sources available are Mozart's own letters: there

are about 30 of them—all full of joy and frolics. No mention is made of any ailment, headaches, tiredness or weight loss. His musical output and activities were prodigious in 1791 and the musicologist Alfred Einstein observed that none of his last works such as *La Clemenza di Titot* or *die Zauberflöte* showed any sign of haste or fatigue.

The tale of Mozart's swooning fits arose in the nineteenth century and was part of the romantic transfiguration of Mozart. Though largely groundless, it became the key support for the hypothesis of a chronic illness.

During his last stay in Prague (August–September 1791) Mozart suffered from an influenzal illness which delayed but did not impede his work and daily activities and which he was still trying to shake off in early September. There is no reliable documentary evidence for headaches, weight loss, weakness, anaemia, swooning fits, death-haunting, or personality changes that might indicate that Mozart's health was deteriorating in the course of 1791. Actually 1791 was one of the most creative, most successful and happiest years of his life.

The grey messenger

The story of the grey messenger (whom Mozart never called 'the messenger of death') was launched in 1792. The Requiem was commissioned by Count Walsegg Stuppach in memory of Maria Theresia Prenner von Flammenberg, his wife, who was 21 when she died on 14 February 1791. Mozart actually knew Anton Leitgeb, the count's grey and mysterious emissary, and he also knew Walsegg's late wife, a former actress who made her debut at ten years of age and sang several times with Aloysia Lange, Mozart's first love and sister-in-law. Constanze Mozart was somewhat sceptical of the story of the grey messenger which began to circulate after Mozart's death.

Mozart once mentioned that he had been poisoned with aqua toffana, a heavy-metal poison called 'inheritance dust' because of its use by would-be widows; however, some of the leading Mozart scholars regard that story as hardly believable. There is no indisputable evidence that Mozart had death premonitions, or that he was expecting or even half-longing for death, until the very end of his final illness[21].

Final illness

Mozart's last illness started about 20 November 1791 when he took to his bed. The disease was characterized by swelling of the hands and feet (possibly spreading to the whole body), immobility due to the swelling, and vomiting. He later showed some perversion of the sense of taste or smell, a rash (probably prickly heat) possibly with fever, and episodes of delirium—though it seems that he was conscious and lucid close to the end[22].

The medical treatment was very aggressive. The rules were:

Clysterium donare	Administer a clyster
Postea seignare	Thereafter phlebotomize
Ensuita purgare	Subsequently give a purgative

He may have been bled two or three times during his last two weeks, losing roughly two litres of blood. Neither Constanze, his wife, nor Sophie Haibel, his sister-in-law, was aware of the gravity of Mozart's condition until death was imminent. The night before the composer's death, Dr Closset, the family doctor, attended Mozart, performed a venesection and ordered Sophie to bathe his temples and forehead with vinegar and cold water; the patient immediately gave a slight shudder and expired later in her arms without regaining consciousness[28].

It is doubtful that Mozart did any work on the Requiem on his deathbed since his hands were probably crippled[24]. The story of the deathbed rehearsal of the Requiem is now judged a posthumous legend. After her husband's death, Constanze encouraged, or at least did not discourage, the story that Mozart kept working to the end and that he gave the best of himself in completing the Requiem. Pressed to get the Requiem completed, she had to declare the authenticity of the Mass, by lying if necessary[25].

What was the final illness? The primary source—i.e. the testimonies of Constanze Mozart and her sister Sophie, as well as two reports written by Dr Guldener von Lobes summarizing the medical findings[24,26]—do not mention any headache, nausea, abdominal pain, diarrhoea, tender and swollen joints, emaciation, hemiparesis or partial paralysis, convulsion or anaemia and it is doubtful that he had suffered any pain. These alleged manifestations all stem from conjectures, sometimes based on spurious sources and conjured up during the twentieth century to back diagnostic hypotheses such as rheumatic fever, juvenile rheumatism, bacterial endocarditis, cerebral haemorrhage, and Henoch–Schönlein purpura. The hypothesis of a paralysis stems from a faulty 1882 English translation from Jahn's first major biography of Mozart: *ein fast volige Unbeweglichkeit* (i.e. 'almost complete immobility') was wrongly translated as 'a partial paralysis'. Sophie Haibel, Mozart's sister-in-law, attributed his immobility to extensive body oedema.

Special mention must be made of 'Deiner's memoirs', which appeared in the *Wiener Morgen-post* on 28 January 1856, Mozart's hundredth birthday. This document was supposed to be an edited version of the recollections of 'an ordinary man' who knew Mozart; it was generally regarded as a romantic fabrication until shown by Ernst Weizmann, a Viennese physician, to be a forgery[27]. This melodramatic evocation of Mozart's last days has been a misleading though widely quoted source used to support some flighty medical hypotheses.

As a result, the diagnosis of Henoch–Schönlein purpura proposed by Davies[28] is groundless. The American College of Rheumatology Diagnostic Criteria for Henoch–Schönlein purpura are not fulfilled. Among them, the necessary features of polyarthritis and diffuse abdominal pain, worse after meals, were not mentioned by the eyewitnesses or the medical reports[29].

End-stage renal failure is a possibility, but why resort to rare diseases when common diagnoses will do? Mozart's medical historiography, derived from various narratives, includes 118 causes of death. The succession of diagnostic hypotheses shows a general time trend due to the progressive exhaustion of probable and tenable guesses: the more recent they are, the less plausible and the rarer.

The most likely cause of death was proposed by Mozart's own physicians: he probably contracted a contagious disease which was prevalent in Vienna, and died in shock from severe bloodlettings and purgation.

Burial

Mozart was buried according to the 1784 and 1785 burial ordinances of Emperor Joseph II which were still valid in 1791. Since the hearse could not depart before 6 pm it was dark by then in December. St Mark's cemetery was about three miles from St Stephen's cathedral, and it was not the custom to accompany the coffin to the gravesite. Mozart was buried in a common grave according to the normal burial procedures stipulated in the official ordinances and applied to 85% of the middle class[30].

A death certificate

How would we fill in Mozart's death certificate according to present medical practice, taking into consideration the known clinical evidence?

A death certificate requires a prudent best guess, and one might propose the following:

	Cause of death	Approximate interval between onset and death
I		
Disease or condition directly leading to death	(a) *Septic shock*.....	*a few hours* .....
Antecedent causes	due to (or as a consequence of)	
Morbid condition, if any, to the above cause,	(b) *Acute renal failure*.....	*a week*
stating the underlying condition last	due to (or as a consequence of)	
	(c) *Bloodlettings, purgatives (calomel)*	*few days* .....
	due to (or as a consequence of)	
	(d) *Acute unspecified infectious disease*	*two weeks* .....
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	*mental strain due to stressful work*.....	*several months*.....
	.....	*few days*.....

Though not entirely satisfactory, this certificate is no less accurate than many nowadays written by practitioners unable to reach a precise and reliable diagnosis through lack of information.

Mozart enjoyed writing rebuses and conundrums which were published in the local newspapers such as the *Oberdeutsche Staatszeitung*, but his final plight remains the greatest of his unsolved riddles.

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The hospital telephone book

If you go down to the management block,
Be sure you go in disguise.
For the managers down in the management block
Have had an unpleasant surprise.

The Minister's spoken, the Minister's said,
Though it turns every policy onto its head,
That the number of managers has to decrease.
This isn't a slowdown, it isn't a freeze,
It's a genuine cut, five per cent get the boot.
The pendulum's swung, and to wear a grey suit
With a badge and a clipboard is no longer chic,
Because more of the money must go on the sick.

But how shall we know when the managers go?
The response to the Minister's bound to be slow,
For achieving a change demands more of the same,
And a long paper-chase is a manager's game.
A business plan drafted, a business plan made,
A business plan pondered and often delayed.
To manage a management change is no joke,
For each wheel of change, there's a management spoke.

There will need to be more of the relevant force,
So recruit extra staff into Human Resource,
And change a few name-plates on officers' doors.
A change may be better, a change may be worse,
So label some managers 'clinical nurse'.

Then how can we know what the changes have been,
Or what the statistics and figures might mean,
Some names may be changed and the totals may fall,
But will the bureaucracy shrivel at all?

And the Minister's eyes will be covered with wool,
Though the figures he quotes appear fuller than full,
To get a true picture, then where should we look?
We look in the hospital telephone book!

The old telephone book was flimsy and light,
The new one is glossy and coloured and bright,
And the management numbers are listed inside,
So the old and the new can be placed side by side.
For the telephone book lists each number and name
The titles may change but the names stay the same.

The hospital telephone book is the source
Which lays open the size of the management force,
And shows that the management numbers are more—
For each one there was, there are now almost four.

Though the Minister ordered the numbers to fall
Will the legions of managers alter at all?
For those who've kept copies and know where to look,
There'll be evidence based on the telephone book.

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