

Mozart (1756-91): His illnesses and death

“Whether the angels play only Bach praising God I am not quite sure. I am sure, however, that en famille they play Mozart” - Karl Barth¹

The nature of the illnesses and the cause of death of Wolfgang Amadeus Mozart have always intrigued the medical profession and much has been written about these^{2,3,4,5,6,7,8,9,10,11,12,13,14,15} Did he die from natural causes and if so what was the cause? Was he murdered by poisoning? Was his death iatrogenic? Was it accidentally self-inflicted?

1991 was the bicentenary year of Mozart's death so it is opportune to review the available evidence which has been carefully analysed by various authors^{2,3,4,5,6,7,8,9,10,11,12,13,14,15} This evidence is based mainly on a number of detailed descriptions in family correspondence which provide important information about the medical history of the musical genius who wrote so prolifically some of the most beautiful music the world has ever known. However, medical diagnosis in the eighteenth century lacked precision which makes it difficult to place too much reliance on the diagnoses of Mozart's physicians.

There are surprisingly few descriptions of Mozart's appearance and he has been the subject of more portraits having no connection with his actual appearance than any other famous man.¹⁶ It is known, however, that he was five feet four inches tall and of slight build, had fine fair hair, a large nose, blue myopic-like eyes and an animated countenance. He had an habitual pallor and his face was scarred from an attack of smallpox in childhood.^{5,16,17} The portrait of Mozart by Nepomuk della Croce in the Salzburg Mozarteum was said by Mozart's sistern Nanneri, to be a good likeness of her brother.¹⁷

Mozart was born in Salzburg into a middle class family and was the second survivor of the seven children of Leopold (a professional musician and composer) and Anna Maria (nee Perti) Mozart. He spent the first five years of his life in a happy household and was the most famous child musical prodigy in history. From the age of six years he was taken with his sister on musical tours by his proud and ambitious father when the children performed in concerts throughout the courts of Europe. It is reported¹⁸ that as children Mozart and Marie Antoinette (later to become Queen of France and wife of Louis XVI) met in the Austrian Court and that he had proposed to her; had it been possible for her to accept, the luckless Marie Antoinette would have been committed to a life of poverty and sadness rather than one of luxury ending in tragedy.

During these successful tours Mozart was exposed to the infections of the time and undoubtedly the unsatisfactory accommodation due to the family's pecuniary circumstances and the harsh conditions of carriage travel contributed to his many illnesses² and

his adult health was affected too by his almost constant struggle with poverty.

The first recorded illness of Mozart at the age of six years has been attributed to a streptococcal throat infection which was followed by erythema nodosum and rheumatic fever. As an indication of the detail with which the illnesses were recorded by his father, the erythema nodosum was noted as a few painful, tender, very red and slightly raised spots the size of a Kreuzer (a coin the dimensions of an old penny) distributed over the shins, elbows and buttocks which increased in size but not in number over a period of a week. Mozart in subsequent years had well described attacks of tonsillitis, quinsy, typhoid fever, rhematic fever (again), smallpox, jaundice and upper respiratory tract infections severe enough to be recorded.² In 1782 Mozart married Constanze Weber; they had six children only two of whom survived, Karl Thomas and Franz Wolfgang, and both became musicians.⁵ In 1784 at the age of 28, following a further streptococcal throat infection he suffered an attack of fever, joint pains, abdominal colic and vomiting which Davies^{2,4} in his excellent analysis considers to have been Henoch-Schonlein Syndrome complicated by glomerulonephritis. Two subsequent occurrences of Henoch-Schonlein Syndrome also appear likely but Jenkins⁵ rejects this diagnosis. Mozart is reported to have had a deformed left ear, the so-called “Mozart Ear”.⁴ The salient features of this condition have been described as a large flat auricle with loss of its attractive concavity and oval shell configuration together with a complete defect of the lobe.¹⁹ External ear malformations can be associated with congenital anomalies of the renal tract^{10,19} and it has been proposed that Mozart's renal ailment could have been due to such an anomaly but this has been refuted on several grounds.⁴

The poisoning theory relates principally to Mozart's fellow musician and rival, Antonio Salieri, who at the age of 73 became seriously mentally ill and accused himself, among other crimes, of having murdered Mozart by poisoning.^{4,5} This theory gained further ground when Rimsky-Korsakov produced an opera in 1898 based on Pushkin's dramatic poem of the same event and more recently by Peter Shaffer's production *Amadeus*. Other theories suggest that poisoning was conducted by his fellow Freemasons² who were disturbed by the portrayal of some of their secrets in Mozart's opera “The Magic Flute”, or that poison was administered by the jealous husband of one of Mozart's lady pupils.³ Mozart himself because of his ill-health, believed that he was being poisoned by aqua toffina^{2,5} (a substance containing lead, arsenic and antimony which derived its name from Teofania di Adamo, the infamous murderess who belonged to one of the better known poisoning families of Italy in the 17th century).⁴ Mozart was prone to self medication^{2,4,6} and renal damage could have resulted from such medication. Should Mozart have been poisoned by mercury, however, this would certainly have caused a hand tremor but in none of his last

compositions is there any suggestion of tremor in his writing, nor was there ever any evidence of toxic effects of lead, antimony or arsenic. Mozart's physicians, one of whom had fortuitously an interest in forensic medicine, and a physician consultant specifically ruled out poisoning as a cause of death so for all these reasons the poisoning hypothesis can be safely laid to rest.⁴

An iatrogenic cause of death is likely at least in part. Mozart's physicians performed venesections on him during his final illness as was the fashion at that time in all cases of inflammation and fever. Opinions vary as to how much blood would be withdrawn in this therapy^{2,4,10} but there can be little doubt that taking blood from a patient with chronic renal failure, likely to be anaemic, would hasten death. The most recent suggestion that Mozart's doctors probably killed him inadvertently by prescribing antimony and possibly mercury which were the therapies of the day for depression (melancholia)²¹ from which Mozart in his latter years may have suffered, can be excluded since there was no evidence of such poisoning as already stated.

It is of interest that during his last year Mozart's musical output was quite prodigious including piano concerto No. 27 (K 595), the wonderful string quartet (K 614), the Magic Flute Opera (K 620), the incomparably beautiful "Ave Verum" motet (K 618), the magnificent heart-cramping clarinet concerto (K 622) the opera "La Clemenza di Tito" (K 621), the sublime "Requiem" (K626) and many other lesser known works.²²

On November 20th, 1791 Mozart was confined to bed for what turned out to be his terminal illness contracted during an epidemic of streptococcal infection. This illness considered by Davies^{2,4} to be anaphylactoid purpura, was associated with pyrexia, sweating and polyarthrititis; an exanthem had been recorded by his physicians. He now had chronic renal failure due to chronic glomerulonephritis which had occurred during his first attack of post-streptococcal Henoch-Schonlein purpura seven years earlier.^{2,4} Davies raised the interesting hypothesis that Mozart may have been the most famous patient in history with Berger's IgA nephropathy.^{4,2,3} After about a week in bed he appeared to have hemiparesis and fifteen days from the beginning of this final illness he suffered a convulsion which was followed by unconsciousness and within an hour Mozart was dead. Death probably resulted from cerebral haemorrhage and streptococcal bronchopneumonia which latter condition is often the immediate cause of death in patients with uraemia and usually develops when the patient is moribund.^{24,24} Sadly, the venesections by his physicians would have been a contributory cause.^{2,4,10} A recent publication¹⁵ considers there is no evidence for a diagnosis of chronic renal disease and attributes death to an acute epidemic fever possibly streptococcal septicaemia. This cause of death has previously been suggested but refuted by Davies.²

Mozart died at 12.55 a.m. on December 5, 1791

at the early age of 35 years. Some friends escorted his body to St Stefan's church in Vienna. It was raining heavily and following a brief ceremony the body went unaccompanied to St Mark's cemetery where it was consigned to a common unmarked grave containing 15-20 corpses.^{4,5} Mozart's early death was an enormous set-back to art music. If, like Haydn, he had survived to his twilight years he would have been a contemporary to Beethoven and Schubert in Vienna. This cluster of musical genius would have persuaded the Creator to reprove Cherubim and Seraphim and report that they "could do better"!

GJ Bourke

Department of Public Health
Medicine and Epidemiology
University College Dublin
Earlsfort Terrace
Dublin 2

Reference

- 1 Barth K. 20th century quotations. Pepper FS, compiler. London Sphere Books, 1987:254
- 2 Davies PJ. Mozart's illnesses and death. *JR Soc Med* 1983; 76: 776-85.
- 3 Green ST, Green FAM. The great composers: their premature deaths. *JR Coil Physicians* London 1987; 21: 202-5.
- 4 Davies PJ. Mozart's left ear, nephropathy and death. *Med J Aust* 1987; 147: 581-5.
- 5 Scarlett EP. The illness and death of Mozart. *Arch Intern Med* 1964; 114:311-6.
- 6 Fluker JL. Mozart his health and death. *Practitioner* 1972; 209: 841-5.
- 7 Schoental R. Mozart's illness and death. *JR Soc Med* 1983; 76: 1079-80.
- 8 Davies PJ. Mozart's illnesses and death. *JR Soc Med* 1984; 77: 623.
- 9 Soothill JF. Mozart's illnesses and death. *J R Soc Med* 1984; 77: 436.
- 10 Karhausen L. Mozart ear and Mozart death. *BMJ* 1987; 294: 511-2.
- 11 Davies PJ. Mozart's illnesses and death. *JR Soc Med* 1984; 77: 623.
- 12 Davies PJ. Mozart's illnesses and death. *JR Soc Med* 1984; 77: 85.
- 13 Schoental R. Mozart's illnesses and death. *J R Soc Med* 1984; 77: 157.
- 14 Wheeler M. Mozart's last illness - a medical diagnosis. *JR Soc Med* 1990;83:586-9.
- 15 Jenkins JS. The medical history and death of Mozart. *JR Coil Physicians* Lond 1991; 25: 351-3.
- 16 Schurig A. "Die Bildnisse W.A. Mozarts 1762 bis 1791" Wolfgang Amade Mozart, Leipzig 1923, Vol 11, 441-52. In: Robbins Landon HC, Mitchell D, editors. The Mozart Companion. London: Paber and Faber, 1986:5.
- 17 New Grove Dictionary of Music and Musicians. London: Macmillan 1980.
- 18 Barber DW. Bach Beethoven and the Boys. Toronto: Sound and Vision, 1986:71.
- 19 Paton A, Pahor AL, Graham GR. Looking for Mozart Ears. *BMJ* 1986; 293: 1622-4.
- 20 Hilson D. Malformation of ears as sign of malformation of genito-urinary tract. *BMJ* 1957; 2: 785-9.

- 21 James I. Doctors killed Mozart. *Irish Medical Times* 1991; 25 (42): 23.
- 22 Robbins Landon HC, Mitchell D, editors. *The Mozart Companion*. London: Faber and Faber, 1986: 385.
- 23 Berger J. IgA glomerular deposits in renal disease. *Transplant Proc* 1969;1:939-44.
- 24 De Wardener H. The Kidney. London: Churchill, 1963; 157. In: Davies PJ. *JR Soc Med* 1983; **76**: 776-85.

New Journal: iatrogenics

When it comes to litigation the medical profession tends to be reactive rather than proactive. The current approach is to practise careful medicine and stoutly defend one's reputation when a writ is received. In subsequent proceedings, much of the evidence produced by both the plaintiff and the defence tends to be opinion rather than scientific fact.

iatrogenics is a new journal which sets out to publish articles about complications in health care. It is the official journal of the international society for the prevention of iatrogenic complications. Its first issue was published in January-March 1991 and it will be circulated quarterly.

The journal will gather together papers that have scientifically studied medical complications occurring during the course of treatment. The development of this science will make treatment safer for patients and on the other hand doctors will be in a better position to review complaints that have occurred. For example the first issue contains a study on IM injections the commonest medical procedure associated with litigation