Full-Length Article

The Myth of Schubert's Syphilis: *A Critical Approach*

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Abstract

This is a critical examination of the diagnosis of syphilis in Schubert's case, a diagnosis for which there has never been any medical evidence. It was a conjecture made by an art historian at the beginning of the twentieth century that has since been uncritically repeated by subsequent biographers and commentators. This is an attempt to challenge it from an epistemological point of view. At the time of Schubert's death, not only were there no tests for this condition, but even its pathogen, Treponema Pallidum, had not yet been isolated. The composer's nonspecific, multi-system signs and symptoms are compatible with many conditions not yet identified in his time.

Keywords*: Schubert, syphilis, myth, epistemology*

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Franz Peter Schubert (1797-1828) was born in Vienna, the twelfth child of a school teacher. He was exposed to death early in life as many of his siblings died before reaching puberty and his beloved mother died when he was 15. These early losses made an indelible impression on his young mind, thus love and sorrow became a hallmark of his music. In his own words: "For years and years, I sang my songs. When I would sing of love, it would be like pain to me. And yet when I would sing of pain, it was like love to me. Thus, was I divided by love and pain" [1; p. 362]. Affectionally nicknamed by his friends as *Schwammerl* ('little mushroom'), Schubert was myopic, of short stature and with a tendency to put on weight. Said to be of robust physique, he survived small pox in childhood. A passionate man, who enjoyed the company of friends, he held regular soirées (*Schubertiads*) where current cultural and political events were discussed, interspersed with his piano playing and singing. Schubert never married and was rumoured to have frequented brothels. He drunk wine rather heavily and smoked cigars throughout his adult life [1].

Schubert's precocious musical genius was recognised early, and he was appointed assistant director of an orchestra at the age of 14. During his short life, he composed over 600 *Lieder* (songs) for piano and solo voice, almost as many piano pieces, 40 liturgical compositions, a dozen symphonies, 20 string quartets, several quintets, and more. His creative output was not impeded by his six-year illness, and during the years 1823-1828, he wrote his most famous pieces. In 1823, he composed many of his great songs, such as *Du bist die Ruh* (D. 776) and *Auf dem Wasser zu singen* (D. 774) and a Piano Sonata in A Minor (D. 784). His much-loved song cycle, *Die schöne Müllerin*, was also written in this year. In 1824, he wrote the Piano Sonata in C (D. 812) and an evocative String Quartet in D minor (D. 810), *Death and the Maiden*, with its 'rhythm of the dead'. The year 1825 was particularly productive for him, and he composed the famous *Ave Maria* (D. 839) *based on* Walter Scott's epic poem *The Lady of the Lake.* Deeply affected by the death of Beethoven in 1827, Schubert took part in his funeral as a torch bearer. Not long afterwards, he wrote the song cycle *Die Winterreise* (D. 911), a haunting journey through the realm of death. During the last year of his life – 1828 – Schubert composed many of his masterpieces, including *Impromptus* (D. 899–935), *Fantasie* in F minor (D. 940), *Schwanengesang* (D. 957), the *String Quintet in C major* (D. 956) and his last three Piano Sonatas (*D 958–960).* The Sonata in A major (D. 959), with its tragic Andantino, gives an arresting glimpse of "the undiscovered country, from whose bourn no traveller returns".

The illness

Disappointingly, little is known about Schubert's illness. The earliest symptoms, which can be gleaned from the surviving records, date back to February 1823 when he was 25. In the autumn of that year, a deterioration in his health required a hospital admission lasting several weeks, but regrettably no medical records can be found in the archives. He was put on a regimen of diet and baths. A letter of his friend Schober reads:

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"Schubert is better, and it won't be long now before he will have his own hair again, which had to be cut off because of the rash..." [1; p. 372]. This is the only reference to a skin rash found in Schubert's biographies.

In February 1824, he was "really doing well" and his hair was showing "the first signs of sweet little curls" [letter from von Schwind to Schober dated 22 February 1824, 1; p. 372]. Von Schwind also observed that Schubert "lavishly drank tea" [2; p. 331]. In April that year, the composer complained of defuse severe pains in his left arm and throat problems which prevented him from singing. These symptoms have been uncritically interpreted by McKay as "associated with syphilis" [3; p. 184].

There are no recorded health problems in any extant documents from the year 1825, but Schubert was sick in early 1826 and plagued by his "usual" headaches in October 1827 [1; p. 380]. In September of 1828, he was reported as feeling poorly and complained of rushes of blood to the head and dizziness. Yet, at the beginning of October, in the company of his brother Ferdinand and two friends, he undertook a three-day excursion on foot to Joseph Haydn's tomb near Eisenstadt (approx. 50 km outside Vienna). He was apparently in good spirits and full of musical ideas.

The final illness began in October 1828. Schubert could not finish a meal, claiming that he felt nauseated and as if he had ingested a poison. On 3 November, he went to hear his brother's requiem composition, followed by a three-hour walk. Afterwards, he ate and drank little. Around 13 November, he underwent blood-letting (common treatment for all kind of ailments at the time) and soon afterwards, weak and with fever, he sank into his sickbed. Yet, he still managed to discuss harmonies and rhythms with friends and read the proofs of *Winterreise*. A fluctuating delirium set in on 17 November and Schubert talked about lying next to Beethoven in a strange underground room. He died on 19 November and was buried a few feet from his immortal idol, Beethoven, at Währing Cemetery (later exhumed and transferred to *Zentralfriedhof*). On his death certificate the cause of death was recorded as *Nervenfieber*, which has been interpreted as typhoid fever [1; pp. 391-396]. Although this disease was said to be endemic in Vienna, there are no records of a typhoid epidemic at the time of his death.

In recapitulation, the scant accounts of Schubert's illness include a transient, unspecified rash on his head, headaches, rushes of blood to the head, general malaise, transient weakness of the arm, transient throat problems, possible polydipsia (excessive tea drinking), with a fluctuating course spanning over 6 years. Cardinal features of syphilis, conspicuously absent in the description of Schubert's illness:

- No chancre, rash on the thorax, hands or soles, or mucous plaques of the mouth, genitals and anus have ever been documented.
- There is no mention of fever in any surviving documents during the earlier years of his illness. Only shortly before his death did he develop a fever, thought to be typhoid.
- Not a single reference to pupil abnormality (such *as Argyll Robertson pupil*[1]*),* gait ataxia, dysarthria or tremor can be found in Schubert's biographical documents, and the handwriting in his last letters shows no dysgraphia [see a sample of his steady handwriting, 1; p. 381]. He was highly productive until shortly before his death and showed no signs of syphilitic dementia or tabes dorsalis.
- There is no clear evidence that Schubert was ever treated with mercury.

The growth of a diagnostic myth

There is no record of a diagnosis of syphilis made by the physicians who treated Schubert. Among them, Joseph von Veering, was a published specialist in venereal diseases in early nineteenth century Vienna. This diagnostic silence has been used as an indirect evidence of the composer's 'shameful' illness, and the absence of any contemporary reference has been interpreted as a deliberate attempt to hide the diagnosis by destroying the evidence [4, p. 93].

The first mention of syphilis in relation to Schubert was in 1907 (79 years after the composer's death) by the cataloguer of his works, Otto Deutsch, in an article in *Behen and Welt* (cited by Sams, 1980). This art historian relied on oblique references by Schubert's friends and acquaintances, drawing conclusions from what was *not* said. With unsubstantiated certainty, he claimed that the composer's illness was venereal, probably syphilis (2; p. 287). Afterwards, the diagnosis of syphilis has been repeated uncritically by various biographers and commentators, and it has now become firmly attached to the composer's name [1;2;3;4;5;6].

Initially, the speculations were drawn *ex hypothesi*. Sams, a musicologist and Shakespeare scholar, wrote that "the rash *would be* manifested not later than mid-April 1823" and "this secondary syndrome *would have* lasted a month or two and *may* have been severe enough to warrant hospital treatment" [5; p. 16]. McKay, also a musicologist, went further and her diagnosis was no longer hypothetical. She wrote with conviction: "Schubert was either ill or to some degree unwell throughout 1823. The symptoms from which he suffered are now recognised with certainty as those of syphilis" [3; p. 168]. She also stated authoritatively that the ultimate cause of Schubert's death was typhoid fever "in a man afflicted with active tertiary syphilis and compounded by the toxic effects of treatment" [Ibid, p. 331]. Gibbs, while conceding that a definitive posthumous diagnosis was impossible, joined the chorus proclaiming syphilis as Schubert's illness. He believed

[1] A condition described by a Scottish ophthalmologist in the mid-1860s, in the context of neurosyphilis.

that "his symptoms and treatments –rashes, aches pains and so forth – are consistent with primary and secondary stages of the disease" [4; p. 93]. Disappointingly, this professor of musicology did not consider that they could be also consistent with many other diseases. Hayden, a marketing executive, relying on the authority of previous biographers, announced that "Schubert was hiding, since he was exhibiting the socially embarrassing signs of syphilis. At first, he kept his illness a secret, but it became common knowledge among his friends, shared in their letters, although of course it was never named" [6; pp. 90-91]. This is an example of inference based on *what is not said*. She also promoted the notion of syphilis as a 'great imitator'.

Neumayr (1; pp. 400-401], the only biographer with a medical background, acknowledged that two exhumations of Schubert's body revealed no "suspicious alterations to the bones of the skull" and also that "no medically attested description of the specific symptoms of his disease has come down to us". Despite this, he was unable to challenge the myth and stated that there was no question that the composer's chronic affliction was syphilis.

Critical Discussion

Until the important discoveries regarding the aetiology, the transmission and the treatment of syphilis were made, the disease had often been described as 'the great imitator'. This may have been due to ignorance which led to many conditions being misdiagnosed as syphilis, out of fear rather than knowledge. The cause of syphilis was discovered in 1905 (77 years after Schubert's death), when Schaudinn and Hoffmann identified Treponema Pallidum as its etiological agent. The first, crude and non-specific test for syphilis, the Wassermann Test, was introduced in 1906. VDRL was developed by Harris, Rosenberg and Riedel in 1946, while the specific tests (such as FTA, Trep-Sure) came later still. Early treatments, which aimed to expel the pathogen out of the body, included blood-letting, laxatives and baths in wine, herbs or olive oil. In addition, mercury was used in the nineteenth century and derivatives of arsenic in the early twentieth century. Penicillin, discovered by Fleming in 1928, came into clinical use in 1942 and soon became a standard treatment for syphilis.

It is highly improbable that Schubert had tertiary syphilis. He died at the young age of 31, and too short a time would have lapsed between the alleged infection and his symptoms. Crucially, there is no evidence that he had a single feature of late syphilis. Whether he had any syphilis at all is impossible to determine. Although the diagnosis of some conditions can be hypothesised on clinical description alone (e.g. manic-depressive illness), when a a physical illness is suspected – as in Schubert's case – the patient must be examined, and tests must be performed; such are the requirements of good medical practice.

No differential diagnosis has been considered by any of the commentators. Schubert's nonspecific, multi-system signs and symptoms such as general malaise, headaches, transient skin rash, transient bone pain and sore throat could have formed a part of many diseases. Among them, not yet identified at the time of his death, are: leukaemia (first described by Virchov in 1847), anaemia (first described by Herrick in 1910) and Hashimoto disease (identified by Hashimoto in 1912). Schubert's unspecified rash on the head, which by now has achieved an almost legendary status, could have been due to many conditions, from measles (virus isolated in 1954 by John F. Enders and Thomas C. Peebles) to endocarditis (first described by William Osler in 1885). Thyroid diseases (including Hashimoto) can produce various skin problems [7] and bone pains occur in leukemia [8]. Conn's syndrome (identified in 1955), a primary hyperaldosteronism due to an adrenal gland tumour, could be a viable hypothesis for Schubert's six-year illness. An excess of aldosterone can lead to fatigue, headaches, polydipsia, high blood pressure and poor vision, muscular aches, and its complications include kidney failure [9]. Mercury poisoning (first reported in 1865) cannot be excluded, even though there is no clear record that Schubert was ever treated with it. It is also conceivable that various episodes of ill health spanning last six years of the composer's life were unrelated and did not constitute a distinct, single illness. If any of the above diagnoses were to be considered as an alternative, an examination of the patient as well as the performance of additional tests would have been imperative.

The diagnosis of Schubert's syphilis was a piece of guesswork informed not by science or clinical knowledge but by a need to tell a story. And the will to certainty – not the will to scientific truth – seems to have powered its perpetuation. Repeated countless times in crescendo fashion, it has ossified into a dogma with no doubt admitted. Doubt is a function of knowledge and little knowledge provokes no doubt. Although at the time of Schubert's death the aetiology of syphilis was unknown and there were no serological tests for it, none of his biographers regarded this as a hindrance to the diagnosis. Instead, they seem to have resorted to spurious confirmations: his every sign and symptom only confirmed the diagnosis of syphilis. The notion of syphilis as a 'great imitator' often provided a safety net for all inconsistencies and contradictions, and the various conspiracy theories filled the gaps.

Although, as Karl Popper [10] boldly asserted, scientific theories often start as myths, what finally prevents them from being consigned to mythology is the test against reality. Also, in search for scientific truth, one must accept the limits of human knowledge. The inability to accept the unknown and the unknowable forms the kernel of pseudoscience which admits only confirmations. This is compounded by a 'confirmation bias' in publications, which strongly leans towards positive correlations. It is unfathomable why the

diagnosis of syphilis should be so compulsively attached to Schubert whenever he is mentioned, or his music played in the media. Whatever illness the composer suffered from appears to have had no direct bearing on his music; not a single 'syphilitic note' can be heard in any of his compositions. Tragically, his exceptional creativity was cut short by his untimely death. And as Gibbs aptly observed, had Beethoven carried out the suicide he contemplated around the time of his Heilingenstadt Testament in 1802, the quantity and quality of his compositional legacy would have hardly matched Schubert's [4; pp. 65-6].

Be it the intimate lyricism of the *Neugierige* from the *Die Schöne Müllerin* cycle, the sorrowful bleakness of *der Leiermann* from the *Winterreise* or the sublime pathos of the String Quintet in C major, Schubert's music continues to reach the deepest emotional recesses of human soul. Few other composers can boast such an achievement. Perhaps, echoing the pleading passage from his *Ave Maria*, the time has come to allow Schubert the man to lay in peace.

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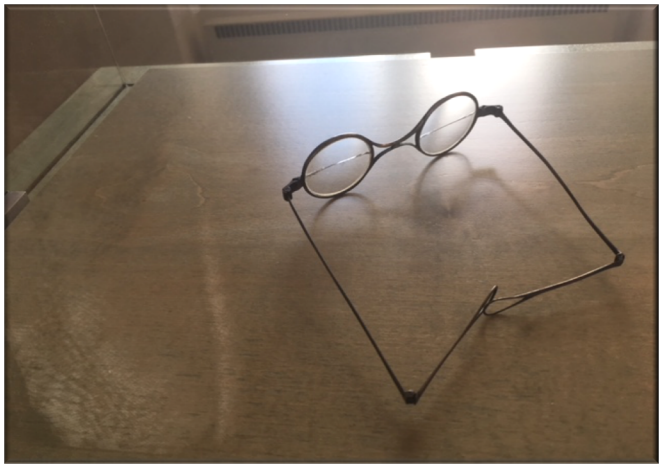

The composer's glasses, an indispensable element of his iconic image. Author's own photo taken at Schubert Geburtshaus in Vienna.

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Biographical Statements

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