

Dr. Anton Neumayr

"Music & Medicine: Haydn, Mozart, Beethoven, Schubert"

From the book: excerpts concerning Mozart's final illness and death

A Note of Introduction

A subject of abiding interest in the realm of Mozart biography is the composer's final illness and death. He was, after all, not yet 36 years old. Coming as it did in the midst of his work on a requiem for the dead, the stage was set for myths of astonishing proportions to proliferate.

Confronted with an endless number of theories, few of them sublime and most of them ridiculous, what is the layman interested in an informed, well-substantiated explanation to think? Whose views should he accept and whose, reject? In short, how credible is the witness who would have us accept his or her views?

In fact, it is possible to objectify an answer to the question.

A witness worthy our attention should be able to deal satisfactorily both with the evidence that exists and with its historical context. In other words, the witness should be able to produce a serious, thoughtful and detailed review of the historical record concerning Mozart's terminal illness and death and offer medically informed judgments. The witness should have at least some of the following qualifications, the more the better.

--Qualification A: A knowledge of the German language and an ability to work with primary source material much of which is in Kurrentschrift (the angular German handwriting of Austria in the 18th century).

--Qualification B: Complete and repeated access to all the relevant archival sources (which are mostly in German – and in Vienna).

--Qualification C: A deep understanding of the historical context, that is, a substantial knowledge of Vienna and of the Viennese medical scene in the second half of the 18th century and of medicine as it was then practiced.

--Qualification D: A degree in medicine from a reputable university and at least a decade or two of medical practice.

The book, "Music & Medicine: Haydn, Mozart, Beethoven, Schubert," by Dr. Anton Neumayr (translator: Bruce Cooper Clarke), is published by the MEDI-ED PRESS of Bloomington, Illinois. The ISBN number is 0-936741-05-8. It can be ordered directly from the publisher at www.medi-edpress.com.

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Let us consider three authors.

The first is Miss ABC who has published a book which not only presents novel theses with respect to Mozart's death but also offers new judgements regarding the composer's psychological make-up. The book has even received favorable mention from some Mozart musicologists (who admittedly have no medical qualifications). How does Miss C rate as a witness? Her mother tongue is English; she appears to know only a smattering of German. Apart from brief visits to Austria, her research has been conducted mainly through reading published Mozart literature available in her country. Miss C has only a general awareness of the 18th century Vienna medical scene. And although she has worked in medical clinics, she is not a doctor of medicine. Putting this all together, a certain reserve for her conclusions regarding Mozart seems called for.

Author No. 2 is Dr. XYZ, who modestly believes his book presents the only "true" account of Mozart's final illness and death. German is his Muttersprache. He has delved into the relevant archives and has a substantial, albeit selective, knowledge of Vienna in the late 18th century. And he is a "doctor" – of philosophy, with a PhD in physics and has, naturally, never practiced medicine. Although his views are strongly held, Dr. Z may not in fact be the most reliable witness in the subject area of our interest.

Let us consider, then, Dr. Anton Neumayr, author of a book containing a detailed review of Mozart's medical history from childhood on, culminating in a discussion of the fatal illness. What are Dr. Neumayr's qualifications?

First, German is his mother tongue and he is old enough (born 1920) to have encountered primary schooling in Kurrentschrift. His access to relevant archival sources is unparalleled: not only is he one of Vienna's pre-eminent medical doctors, but he is known and admired for the quality of his medical research. Moreover, he regards himself as a direct inheritor of the Viennese medical tradition reaching back to Gerhard van Swieten, Closset, and von Sallaba, and his research and writings on the medical histories of Haydn, Beethoven, Hummel, and Schubert as well as Mozart have involved him deeply with the medicine of their times. And Dr. Neumayr has been Primarius (chief physician) at a major Vienna hospital and enjoyed a decades-long practice as a doctor of internal medicine of international reputation. In short, his qualifications suggest that he is a witness worthy of our attention.

In the pages that follow, you will find Dr. Neumayr's account of Mozart's final illness and an analysis of his medical history as they appear in his book. These excerpts are drawn from pages 167 to 205, or 38 pages out of a discussion of Mozart that covers, in all, some 128 pages. The book's coverage of Mozart from the medical viewpoint is a highly useful adjunct to more conventional Mozart biographies written by authors who lack the medical qualifications of Dr. Neumayr. (And with it, you get Dr. Neumayr's well-informed review of the medical histories of Joseph Haydn, Ludwig van Beethoven, and Franz Schubert as well.)

The Fatal Illness

In his biography, Nissen summed up Mozart's last sickness in these words: "Mozart's fatal illness, where he was confined to his bed, lasted 15 days. The onset was marked by swelling of the arms and legs and he was virtually unable to move; this was later followed by sudden vomiting, a sickness called 'hitziges Frieselfieber' [acute miliary fever, or 'sweating sickness']. He remained fully conscious until two hours before he passed away." Nissen could hardly imagine how many Romantic legends, irrational speculations, and technical medical discussions he would set in motion with these words.

"Hitziges Frieselfieber" is not a precise medical diagnosis. Rather it reflects a symptom or – as the old Viennese school of medicine used to express it – a "coincidental" side effect that appears with many types of feverish states. The "Frieselfieber" probably corresponds to epidemic occurrences of influenza or viral infections in which poor hygienic conditions and profuse sweating accompanying the fever frequently resulted in vesicular eruptions of the skin that could fester and form pus. The papules and pustules (the "Friesel") appeared primarily on the covered parts of the body, that is, on the trunk, buttocks, and thighs, while the arms and face largely remained free of them. It is therefore easy to understand why members of Mozart's family did not notice these skin eruptions mentioned by Dr. Closset.

From the article on putrid fever published by Dr. Closset in Leipzig in 1783, and from the description in Dr. Mathias von Sallaba's work, *Historia Naturalis Morborum*, which appeared in Vienna in 1791 and was dedicated to Dr. Closset, it is clear that both doctors knew exactly the diagnostic value of the term "hitziges Frieselfieber." Dr. Sallaba was called for consultation on 28 November 1791 because of Mozart's alarming condition. Mozart's personal doctor, Dr. Closset, used the term "Frieselfieber" for the entry in the coroner's report and in the register of deaths in the chancellery of St. Stephen's Cathedral on 5 December 1791. He obviously did so because, according to an imperial ordinance of 24 February 1784, a medically certified coroner was required to provide the authorities with a generally understood "brief notation of the manner of death" in the German language (that is, not in Latin). In keeping with the custom of the time, the two attending physicians, Dr. Closset and Dr. Sallaba, did not issue a medical certificate as to Mozart's actual illness.

When Mozart died, at five minutes before one o'clock in the morning of 5 December 1791, Constanze was apparently beside herself with grief over the loss of her husband. She is said to have lain in Mozart's bed during the night from the 5th to the 6th of December, driven by the desire to die from the same infectious disease. Dr. Closset gave her a sedative and she was taken, probably with her two young sons, to stay at the home of friends.

The citizens of Vienna formally learned of the death of Wolfgang Mozart from a notice in the *Wiener Zeitung*:

In the night from the 4th to the 5th of this month, the k. k. Hofkammerkompositor Wolfgang Mozart died here. Known throughout Europe from his childhood on for his unique musical talent, he had ascended to the level of the greatest composers

through the most fortunate development and steadfast application of the marvelous gifts Nature gave him; his widely loved and admired works are proof of this, and they in turn provide the measure of the irreplaceable loss that the noble art of music has suffered with his death.

The fact that his death was lamented in many newspapers in the larger cities of Europe refutes the often-heard allegation that, by the time he died, Mozart had been largely forgotten.

In this connection, however, a report in the *Musikalisches Wochenblatt* of Berlin on 12 December 1791 was destined to have a malignant influence. A correspondent from Prague added the following postscript to the report:

Mozart is dead. He was feeling sick as he arrived home from Prague, and since then he had continued to languish; they say he had dropsy, and he died in Vienna the end of last week. Because his body became swollen after his death, they even believe he had been poisoned.

Ignoring the fact that almost all the details in the report are wrong, the postscript does contain the first mention of a rumor that was soon to contribute to the thesis of Mozart's death by poisoning. This thesis led to the wildest speculations, which in their absurdity reached a seldom achieved level of bad taste and ignorance in a so-called judicial proceeding reported in an English newspaper on 18 May 1983 (discussed below).

The words used by the Prague correspondent suggest that he did not himself believe the rumor that Mozart had died an unnatural death. However, the matter continued to smolder – almost certainly because the Romantic mentality of the times included a special fondness for bizarre and mysterious happenings. In the 18th century, people normally attributed every unexpected death of a prominent personality to some unnatural cause. And so the legend of Mozart's death by poison began to excite the interest of posterity. Once aflame, the rumor could not be extinguished.

Constanze herself added tinder to the fire with her account of the utterance – "I'm sure of it, someone has poisoned me!" – that Mozart supposedly made during a walk in the Prater in Vienna in October 1791. Both Niemetschek and Nissen were aware that Constanze did not believe it and had tried at the time "to show him how groundless his morbid thoughts were." Nevertheless, they both included the statement attributed to Mozart in their biographies, thus lending substance to the rumor. Even as early as 1799 – one year after the first edition of Niemetschek's Mozart biography appeared in Prague – a poem on the death of Mozart by Johann Isaak von Gerning in the *Neuer deutscher Merkur*, published by Wieland, said in part: "For the sake of Mankind and Music, we must hope that this Orpheus may indeed have died a natural death!"

The first suggestion as to what poison allegedly was used is found in a diary entry of Supliz Boisserée from November 1815 on the occasion of a visit from the Kapellmeister Franz Seraph von Destouches, who was briefly a student of Joseph Haydn's in Vienna and who had details of Mozart's life to tell: ". . .he is said to have been given aqua toffana. . ." This is a reference

to a poison made from a mixture of antimony, lead, and white arsenic, which was named for the Sicilian lady Theophania di Adamo. It is reputed to have been used to commit murder for the first time by her daughter, Julia Tofana.

At first, people in Vienna did not seem to take the stories of poisoning very seriously. It was only in 1819, some thirty years after Mozart died, that interest was directed to this lurid topic by an article in the Leipzig *Allgemeine musikalische Zeitung*. Taking a statement by a musician named Sievers as its point of departure, the article openly conjectured that Mozart could have been the victim of a plot by the Italian faction in Vienna. No names were mentioned until 1823, when the Hofkapellmeister Antonio Salieri was singled out by name in connection with the rumor of murder by poison. A newspaper report out of Vienna to the *Allgemeine musikalische Zeitung* of 25 May 1825, only eighteen days after the death of Salieri on the 7th of May, said in a delayed comment from April:

Our worthy Salieri just cannot seem to die, as the people here say. His body suffers all the pains of old age and his mind is gone. In moments of hallucination and confusion, they say, he even accuses himself of complicity in the early death of Mozart: a delusion that no one believes except the poor, bewildered old man himself.

In fact, many people apparently looked on this delusion as reality. When Salieri attempted to cut his throat with a razor in a moment of mental derangement in the autumn of 1823, rumors ran through Vienna that the old man had confessed to poisoning Mozart. A report in November 1823 by the Viennese editor Johann Schickh said in this connection: "Salieri cut his throat, is still alive though. The odds are one hundred to one that his declaration of conscience is true! The way Mozart died confirms this declaration!" Even Anton Schindler, later a biographer of Beethoven, wrote at the time: "Salieri is having a very bad time of it again, he is totally deranged. In his delusion, he believes that he is guilty of Mozart's death and he poisoned him. It must be the truth – for he wants to confess it as such – and so it is that everyone gets what they deserve." At the beginning of 1824, Beethoven's nephew Karl wrote something similar in one of the conversation books that were used to communicate with the deaf composer: "Salieri maintains that he poisoned Mozart. . . ."

Some eighteen places in the collected letters of the Mozart family indicate that relations between Mozart and Salieri were often tense. The reason for Mozart's generally negative remarks about Salieri had to do with the favored position Salieri enjoyed at the court of Joseph II, a position that gave him considerable influence over musical life of Vienna. Mozart's letter to Michael Puchberg in December 1789 promising to tell him all about "Salieri's cabals" could well have been referring to one of Salieri's intrigues against Mozart. That Salieri succeeded in keeping the works of other musicians away from the emperor is attested to by documents indicating, for example, that together with other court musicians he prevented the performance of Haydn's string quartets as well as Mozart's chamber music. Given all that, the logical conclusion would be that it was Mozart who must have wanted to get rid of Salieri and not the other way around. It was Mozart who was fighting the losing battle for recognition at court and it was the less gifted Salieri who was standing in his way. All the threads of Vienna's musical life

ran through the fingers of the court's musical conductor and president of the musicians' society, Antonio Salieri. Even as an opera composer, he had gauged the public's taste much better than Mozart.

Actually, the relationship between Salieri and Mozart cannot have been as troubled as it usually is portrayed. The representatives of the Italian faction at court had high regard for Mozart's music and even occasionally performed it. In fact, at a concert on 17 April 1791, Salieri chose to conduct Mozart's great G-minor Symphony (KV 550) himself. Salieri also held Mozart's operas in high esteem. Mozart personally went in his carriage to take the alleged antagonist Salieri, with his lady friend Caterina Cavalieri, to a performance of *The Magic Flute*. As he reported in a letter of 14 October 1791 to Constanze:

Yesterday Thursday the 13th. . .at 6 o'clock I picked up Salieri and Caterina Cavalieri with the wagon and took them to the loge. . . .You can't believe how friendly they were – and how much they liked not only my music, but the libretto and everything put together. They both said it is a masterpiece – worthy of being performed at the grandest celebrations before the greatest monarch – and they would surely go to see it very often, for they have never seen a prettier or more enjoyable show. He watched and listened with complete attention and from the overture to the last chorus, there wasn't a number which didn't bring forth a bravo from him, and they could hardly find words enough to thank me for the favor. . . .After the theater I had them taken home. . .

Even these few comments suffice to show how totally absurd it is to suspect Antonio Salieri of murdering Mozart by poison. Many of Salieri's contemporaries spoke out vigorously against the rumor. Johann Nepomuk Hummel, who had been Mozart's student, gave his view in his biography of Mozart: "Similarly I would take outright issue with the legend that Mozart was poisoned by Salieri; even if the latter had been jealous of the former's greater talents, which must have detracted from the Italian taste reigning at the time, still Salieri was much too honest and generally well regarded a man to accuse him in the least way of something like that." Ignaz Franz von Mosel took a similar stand in the brief biography of Salieri published shortly thereafter in 1827. But the most important witness for the exoneration of Salieri, whose students had included Mozart's second son Franz Xaver Wolfgang as well as Beethoven, Schubert, and Liszt, is the prominent musician Ignaz Moscheles in a report he made about his last visit to Salieri, then fatally ill, in the autumn of 1823. In a biography published in 1872/73, Moscheles wrote:

Our reunion. . .was sad, for I found his appearance appalling and he talked to me in broken sentences about his death which was surely soon to come; and then finally these words: "In spite of this being my last illness, I can declare in good faith that there is absolutely nothing to that absurd rumor; you know what I mean – Mozart, they say I poisoned him. But I didn't! It is malice, sheer malice, tell everyone for me, dear Moscheles; old Salieri, who is about to die, has told you himself."

This avowal by Salieri refutes the suggestion, mentioned as part of the rumor, that he had made a formal confession of guilt before a priest. Moreover, Salieri's two attendants testified that no one was allowed access to him except his doctor. This testimony tends to be confirmed in the travel diary of the Polish composer Karol Kurpinsky, published for the first time in 1957. An entry dated 27 November 1823 states: "I wanted to meet Salieri, but they told me at Artaria [music publishers in Vienna] that he would admit no one, not even his best friends, in to see him. The word is that he cut his throat."

The wave of allegations that Salieri was guilty of Mozart's murder reached its peak on 23 May 1824. On that day, Beethoven's Ninth Symphony and parts of the Missa solemnis were being performed at the Redoutensaal in the Hofburg. Suddenly leaflets fluttered down from the balcony with a poem on Beethoven written by the son of the Viennese opera singer Luigi Bassi. It contained unambiguous allusions to Salieri's guilt. This disgraceful defamation of Salieri before a prominent audience led his friend, Giuseppe Carpani, an author living in Vienna, to publish his famous defense in a Milan monthly in August 1824. In his clarion call for justice, Carpani's indignation overflowed: "Silence, you slanderers!. . .tell us, if you can, where your knowledge of such a terrible misdeed comes from. . . .And even though the story is not true, at least it has been cleverly made up. First it originates in a small circle, then a larger circle throws the echo back and, to the vast majority, the crime is fact – Salieri poisoned Mozart."

The defense Carpani wrote was based primarily on a document which, from a medical point of view, should eliminate all suspicion that Mozart died by poison. The document is particularly valuable today because it is the only expert medical opinion on Mozart's last illness written by a doctor of unimpeachable authority and one who had seen Mozart's body after he died – Dr. Guldener von Lobes, a public health official for Vienna and Lower Austria.

In translation from Carpani's original Italian, the testimonial reads:

I am pleased to tell Your Grace everything I know about the illness and death of Mozart. In late autumn he had fallen ill with inflammatory rheumatic fever which was going around generally at the time and affected many persons. I only learned of it some days later when his condition had already turned for the worse. For various reasons, I did not visit him but I did ask Dr. Closset, whom I ran into virtually every day, about him. The doctor regarded Mozart's illness as serious and feared from the beginning it would have an unhappy outcome, in particular, a deposit in the head ["deposito alla testa"]. One day he encountered Dr. Sallaba and told him in no uncertain terms: "Mozart is lost, it is no longer possible to stop the deposit." Sallaba passed this remark on to me right away, and Mozart did in fact die some days later with the usual symptoms of a deposit in the head. His death gave rise to sympathy and concern on the part of people generally, but it occurred to no one even in the slightest to entertain suspicion of a case of poisoning. While he was ill, he was seen by many persons, many others asked after him, his family looked after him with care and solicitude, and his highly regarded physician, the gifted and experienced Closset, treated him with all the

attention of a conscientious doctor and the personal concern of a friend of many years, so that surely nothing would have escaped his notice, even if there had been the slightest trace of poison to discover. The illness took its normal course and lasted the usual length of time. Closset had recognized and followed it so closely that he had predicted its fatal outcome practically to the hour. The same illness struck numerous inhabitants of Vienna in the same period and, with many of them, had the same fatal result and the same symptoms as with Mozart. Close inspection of the body revealed nothing out of the ordinary. That is all I am in the position to say about Mozart's death. It would please me very much if I could contribute thereby to rebutting the terrible slander of the worthy Salieri. . . .

Döbling, 10 June 1824

Your faithful servant, Guldener.

Dr. Guldener von Lobes sent virtually the same testimonial to Sigismund Neukomm, Joseph Haydn's former student then living in Paris. Neukomm obviously wanted to have it as material to use in connection with an article exonerating Salieri that he was publishing in the *journal des debats*. Of the few additions or changes in the testimonial at variance with what was sent to Carpani, one sentence appears significant in connection with the rumor of poisoning: "...I viewed the body following [Mozart's] death and it showed no signs other than those customary in such cases." These words make it dear that Dr. Guldener personally saw Mozart's body after his death, perhaps in the capacity of official coroner.

An examination of a corpse was mandatory under the sanitary laws then in force. The relevant passages state:

Each lifeless body shall be viewed prior to burial to verify that death by violence has not occurred. . .whether the person died of natural causes or ended life by violence should be established by a formal examination to be undertaken immediately by the authorities since, in the event of murder, suicide, or the commitment of crime, a judicial proceeding must take place.

Dr. Guldener's statement that after Mozart's death "close inspection of the body revealed nothing out of the ordinary" could only mean that the swellings referred to in the *Musikalisches Wochenblatt* in December 1791 were simply the swellings of Mozart's arms and legs already observed before he died. The wording in the newspaper that gave rise to the rumors of poisoning – "because his body became swollen after his death" – is obviously a layman's subjective description, one that the Prague correspondent may have heard in a roundabout way from the medically untrained Weber daughters, Constanze and Sophie.

Even leaving Dr. Guldener's testimony completely aside, however, it is simply unthinkable that Mozart's attending doctors would not have recognized mercurial poisoning if it had been present, as many authors today contend. From the time when Gerhard van Swieten first began to treat syphilis with mercury chloride, the various clinical manifestations of mercury poisoning resulting from an accidental overdose were much better known than they are now. Dr. Closset wrote about the use of mercury for treatment in his dissertation on putrid fever: ". . .the prolonged use of it [mercury] dissolves our bodily fluids and makes them liable to putrify. One can

recognize this by the stinking breath and sweat of those persons who have taken mercury over a long period; their urine is cloudy and similar. . .to so-called dray horse urine." Moreover, there was a doctor in Vienna at that time who had devoted himself with particular zeal to the study of different poisons and prompted the establishment of a chair for forensic medicine at the University of Vienna. This doctor was none other than Dr. Closset's friend and consultant at Mozart's bedside, Dr. Mathias von Sallaba.

In short, the thesis of Mozart's murder by poisoning cannot be proved, and the suspicion cast on Salieri does not stand up under examination. Even Mozart's relatives and friends were convinced of Salieri's innocence. Neither Constanze nor her two sons ever suggested otherwise. The note made by the two Novellos to the effect that Mozart's son Wolfgang denied that his father had felt threatened or indeed poisoned by Salieri is confirmation of this. Johann Nepomuk Hummel, who lived with the Mozart family for a long time when he was a young student, also took a clear stand on this matter in his Mozart biography written in 1825.

But legend, as we all know, is more persistent than historical fact, and the myth of Mozart's being poisoned would not die. A sterling example is found in Alexander Pushkin's two-scene dramatic work, *Mozart and Salieri*, written in 1830, in which Salieri is put down as Mozart's murderer. With its emergence as an opera through the music of Nikolay Rimsky-Korsakov in 1897, it became even better known and was widely distributed once records became available. Pushkin's drama with its historical inaccuracies founded on rumors that had reached the German ambassador in St. Petersburg from Vienna can, of course, be excused on the grounds of poetic license. The lack of fact in the Mozart biography published in 1845 by Edward Holmes, with its report of Salieri's alleged confession of murder, is much less excusable.

For a long time, the rumors and myths about Mozart's being poisoned (which have been set forth chronologically in the work of O. E. Deutsch) were not taken very seriously, but in 1861 the nature of the argumentation suddenly changed with the invention of malicious insinuations. In the magazine *Aus der Mansarde*, published in Mainz, an article by Georg Friedrich Daumer (who wrote many poems later set to music by Johannes Brahms) appeared with the title "Lodge and Genius," in which, for the first time, the Masons were held to be responsible for the alleged poisonings of both Mozart and the German dramatist Gotthold Ephraim Lessing. In addition, the article was the first to draw a connection between the question of Mozart's burial and a ritual murder supposedly ordained by the Masons. Even less tenable factually are the charges brought years later against the "murderous machinations" of the Masons, the Jesuits, and the Jews by the Berlin pedagogue Hermann Ahlwardt. In his book *Mehr Licht*, published in 1910, he named as victims not only Mozart and Lessing, but also the German poet Johann Christoph von Schiller, and even hinted darkly at a "Schiller-Lessing-Mozart consumption."

Certainly the most tendentious portrayal of Mozart's death comes from the German neurologist Mathilde Ludendorff, the wife of General Erich Friedrich Ludendorff. First in her book *The Unatoned Crime Against Luther, Lessing, Mozart and Schiller*, published in 1928, and then even more forcibly in the chapter on Mozart that appeared in expanded form as a book, *Mozart's Life and Violent Death*, in 1936, Dr. Ludendorff spoke of a gruesome death

by a Jewish ritual that simultaneously showed signs of a typical Masonic lodge execution. In her opinion, the Masons deliberately directed suspicion of the murder to Salieri to avoid appearing guilty themselves. We do not need to go any further into this unsubstantiated portrayal of Mozart's death. Mozart had many friends and acquaintances among Jews in Vienna and we know it did not bother him at all that his friendship with Jews might have been socially harmful – we need think only of his relationship with Nathan Adam Arnstein and especially Arnstein's wife Fanny, for example. He was fully aware, of course, of the anti-Semitic views of Empress Maria Theresa, who shortly before her death in 1780 declared, "I know of no worse plague for a country than this tribe of people."

Mozart showed a similar loyalty to the Masons, and his commitment to the renewal of Masonic concepts can be seen in the ideas and symbolism of *The Magic Flute* and the little *Masonic Cantata*. From these works, it is obvious that Mozart had given neither the Jews nor the Masons any cause for offense. The ceremonial speech on the occasion of Mozart's death delivered at a meeting of the venerable St. Johann lodge "Zur gekrönten Hoffnung" speaks for itself:

It has pleased the Master Builder of the World to break one of our most beloved and most worthy links from our brotherly chain. Who did not know him? Who did not esteem him? Who did not love him? – our worthy Brother Mozart – It was only some weeks ago that he was still standing here in our midst, still glorifying the consecration of our Masonic temple with his magical music.

Who among us, my Brothers, would then have apportioned him so short a thread of life? – Who among us would have thought that only three weeks hence we would mourn for him? . . . For Art is Mozart's death an irreplaceable loss – his gifts which he exhibited from his earliest years had long made him the rarest phenomenon of his age – all Europe knew and admired him, exalted persons called him their favorite, and we called him Brother. . . . Love for his Brothers, agreeableness, readiness to take part in good works, charitability, a true, inmost feeling of pleasure when he could bring some profit to one of his Brothers through the use of his talents, these were the outstanding traits of his character – he was husband – father – friend to his friends – Brother to his Brothers – he lacked only treasure, with which he would gladly have made hundreds happy.

More than all the rational arguments one could make, words like these show the absurdity of the suspicions that the Masons used poison to dispatch Mozart into the next world for revealing the secrets of the Masonic rites in his opera *The Magic Flute*.

Salieri was once again implicated in Mozart's death in 1953, when Igor Belza published a book discussing Pushkin's dramatic piece *Mozart and Salieri* and Mozart's supposed poisoning by Salieri. Belza quoted an alleged written confession by Salieri that the musicologist Guido Adler supposedly found in the archives of a church in Vienna, complete with all the details of Mozart's murder by poison and the release of the priest who heard the confession from his oath of silence. Adler was said to have disclosed this

sensational discovery only to the Russian Boris Assafiev who was visiting Vienna in 1928 and had refrained from telling his fellow scholars about it. Belza's grotesque story has since been refuted by Dr. Boris Steinpress in the official music magazine in Moscow, which should make any further discussion of this unbelievable hypothesis unnecessary.

As it turned out, two German physicians, Dr. Günther Duda and Dr. Dieter Kerner, accepted these revelations without question, obviously because they saw in them support for their frequently expressed view that Mozart had been poisoned. In the Mozart chapter of his book *Krankheiten großer Musiker (The Illnesses of Great Composers)* that appeared in 1963 – a chapter replete with historical inaccuracies – Dr. Kerner writes concerning the outcome of "scientific studies": "Modern medical research has proved beyond doubt that W. A. Mozart was the victim of mercurial intoxication caused by mercury chloride." Despite the fact that the clinical picture of Mozart's last illness that has come down to us does not conform in the slightest with that of mercury poisoning, the two authors go on to mention a growing number of possible murderers in connection with various hypotheses. At first it was Salieri – perhaps under contract from some obscure secret society such as the Masons – who was the key suspect. Then, however, the circle of possible perpetrators began to expand. To back up the theory of a long, drawn-out poisoning with mercury, suspicion was cast on the Mozart family's longtime friend and patron, Gottfried van Swieten, who was the son of Empress Maria Theresa's personal physician, Gerhard van Swieten. Duda and Kerner point out that Gottfried van Swieten must have been fully informed of the characteristics of mercury because his father had started to use mercury chloride dissolved in brandy or wine for the treatment of syphilis. Thus the poison could have been administered to Mozart in the course of the musical concerts that took place at van Swieten's home every Sunday. These concerts had already ceased more than a year before Mozart died, one fact among many that apparently was not known to the authors. Their ultimate speculation is that perhaps Mozart happened to poison himself with mercury, unintentionally of course, while trying to treat himself für syphilis incurred through the "bad company of the theater director Schikaneder."

The utter lack of substance in these bizarre, ostensibly scientific inquiries is even more obvious in Dr. Kerner's interpretation of symbols and his cabalistic numerological acrobatics in the book by Duda, Kerner, and Johannes Dalchow, *W. A. Mozart: Documentation of his Death*, published in 1966. The following example is one of many in Kerner's chapter on Mozart:

With respect to our knowledge of the events surrounding his death, it is interesting that the frontispiece engraving to the original libretto of *The Magic Flute* shows eight allegorical symbols relating to Mercury (8 is the sacred number of Hermes = Mercury!) on a herm, that is, a square stone pillar at the left of the page, symbols which have their origins in the alchemy of medieval times and others as well (the ibis, snakes, a ram's head, a lyre). Even the Mozart commemorative stamp issued in Austria in 1956 exhibits 8 allegorical symbols of Mercury around the edges, terminating in a sunburst at the corners: to be precise, four times two lyres and caducei. . . .Of particular note in this connection is the fact that, according to the

concepts of medieval alchemy, both the number 8 and the color gray are attributed to the planet Mercury, something that brings vividly to mind the "Gray Messenger" who repeatedly terrified Mozart at the end in Vienna and who commissioned a requiem mass from him. . . .

Just how the symbols on the commemorative stamp in fact came to be chosen is something O. E. Deutsch learned from Professor Chmielowski, its designer: "The signs which are said to have symbolic character actually originate partly from an Empire clock and partly from a chair out of the same period, both of which are owned by my cousin, Count Csaky; in case there is any doubt about this, they may both be seen at any time." In short, like the misinterpretation of the stamp, all the other propositions in support of the thesis that Mozart was murdered by poison put forward by the group around Dr. Kerner collapse in the presence of more factual and, in particular, more medically based examination (as discussed below in considering the "mercury kidney").

In 1983, two British Mozart scholars, Francis Carr and Horace Fitzpatrick, made big news with their presentation of a new theory for the death of Mozart in the context of a make-believe "judicial inquiry" with the title *The Last Year in Mozart's Life* at a music festival in Brighton, the English seaside resort. In addition to Mozart's envious rival Antonio Salieri and his student Franz Xaver Süssmayr, who just incidentally was suspected of having an affair with Constanze, a chancery clerk by the name of Franz Hofdemel was also suggested as the possible poisoner of Mozart. As it turned out, fully half the "jurors" in this peculiar trial ended up finding Hofdemel guilty.

This incredible accusation is founded solely on a supposition by the two Mozart scholars that Hofdemel's young wife Maria Magdalena, who may have been a pupil of Mozart's, had admitted having a love affair with him. Hofdemel was one of Mozart's lodge brothers and had even loaned him some money in April 1789. Mozart took part in the frequent playing of chamber music at Hofdemel's elegant home in the Grünangergasse in Vienna. On 6 December 1791, the day after Mozart died, Hofdemel perpetrated a horrible bloodbath, first attacking his five-months-pregnant wife with a razor and cutting her grievously around the neck, and then committing suicide with the same weapon. Thanks to the timely care of the surgeon Dr. Rossmann, Maria Magdalena survived the assault. Hofdemel's body was sown in a cowhide and buried in an unmarked grave, as was customary with suicides at the time.

The first report of this attempted murder and the subsequent suicide appeared in the Pressburg newspaper on 7 December without any names being mentioned. Then a week later, the same newspaper mentioned an alleged incident growing out of a jealous scene between Herr and Frau Hofdemel. The edition of 21 December said: "The widow of the suicide, who as we now know killed himself more out of despondency than jealousy, is still alive and not only many ladies but Her Majesty the Empress herself have pledged their support to this woman, whose conduct is known to be irreproachable." We can read from these lines that Frau Hofdemel evidently led an exemplary life and that an unbalanced mental condition, and not jealousy, had caused her husband to commit his frightful deed. Still, gossipmongers in Vienna, noting the coincidence in time between Mozart's

death and the murderous attack, soon made a supposed love affair between Mozart and Maria Magdalena Hofdemel into the motive for the attempted murder.

The event of 6 December 1791 had a great impact on people then and later. Not only did Beethoven become aware of the tragic affair, but the people of Vienna would be reminded of it several times – for example, in the operetta *Wolfgang and Constanze* by Franz von Suppé and in the novel *Franz Hofdemel* published in 1932 by Wolfgang Götz. But the ultimate in bad taste was shown by Carr and Fitzpatrick, the initiators of the musical festival in Brighton in 1983 who, with presumptions made up out of thin air in a ridiculous judicial farce, posthumously accused the unfortunate Hofdemel of Mozart's murder by poison.

Today, belief in the absurd legend of Mozart's being murdered with poison can be sustained only through a total lack of knowledge of the clinical picture of mercury poisoning or by the manipulation, deliberate or not, of the biographical and historical facts related to Mozart's death. It is high time that we finally put an end to the constantly recurring discussions of this hypothesis, which has been disproved medically, and to the whole idea of looking further for potential "murderers" of Wolfgang Mozart.

Among the other theories about the cause Mozart's death, the hypothesis of kidney (renal) disease is particularly important because it is advanced by a profound student of Mozart, the dermatologist Professor Dr. Aloys Greither. The first person to hold the view that Mozart had begun to suffer with renal disease in his childhood was the French clinician Dr. J. Barraud. He wrote in the *Chronique Medicale* in Bordeaux in 1905 that in his opinion, the disease gradually developed into a chronic condition and led ultimately to Mozart's death in uremic coma. Even then, the swellings of Mozart's arms and legs were attributed to inflammation of the kidneys subsequent to an earlier attack of scarlet fever. It is now believed that the "scarlet fever rash" that Mozart had in October 1762 was not scarlet fever at all, but another inflammatory rash, known as erythema nodosum. It appears to be an immunologic response to bacteria such as tuberculosis or to sarcoidosis. In his 1939 dissertation, H. Holz emphasized the anginas and tooth abscesses as the causes, in line with the theory of focal infections prevalent at the time.

Undoubtedly, the most fervent advocate of the kidney thesis is Dr. Greither. He places the start of this fateful kidney disease in the period of the first Italian journey, that is, in the years 1769 to 1771. In so doing, he relies on the passage in Nannerl's letter of 2 July 1819 that says: ". . .this [portrait] that was painted just when he returned from Italy is the oldest [of three portraits], he was only 16 years old but because he had just recovered from a very serious illness, so his picture looks sickly and very yellow." But this report refers – as previously mentioned – to the time after Mozart's return in December 1771 from the second of the travels through Italy; he would turn 16 some weeks later. It was only then, shortly after he had finished his Symphony in A (KV 114) at the end of December 1771, that he acquired the "yellow Italian color" which supposedly made him unrecognizable and which, as also mentioned before, almost certainly resulted from jaundice caused by a viral infection of the liver he contracted in

Italy. Because we are able to date this occurrence with some precision, Greither must be mistaken when he asserts in his 1971 medical study of Mozart:

The key to Mozart's fatal illness appears to lie in this first Italian journey. . .during which he was sick without knowing it for a long time and following which he had to endure an even longer convalescence in Salzburg. Evidence will be provided later that this long illness represented an acute glomerulonephritis which would not heal and which, 25 years later, would lead to Mozart's early death.

Although nephritis is associated with pallor (anemia) and an olive-colored skin, hardly any nephritis leads to such a yellowing of the complexion that the patient becomes almost unrecognizable. In the acute phase of nephritis, the facial complexion is rather pale. Even in advanced stages of a chronic nephritis, we observe only a kind of sallow coloration of the skin. Greither's later argumentation shows how, once the mind is made up, all subsequent developments serve to underpin the initial hypothesis, even when the evidence would point the impartial person in a completely different direction. In his study, Greither continues:

Should one. . .cast doubt on the later acute, protracted illness [meaning the one after the first Italian journey] as being glomerulonephritis, then these kidney symptoms were certainly manifest in September 1784 at the latest. From a detailed letter of Mozart's father to his daughter on 14 September 1784, we know that Mozart went through a serious illness with cystopyelitis [inflammation of the urinary bladder and renal pelvis] as its focus, putting him in danger of urosepsis [bacterial infection of the urinary tract].

In the letter cited, Leopold Mozart was reporting on Wolfgang's acute feverish illness, one then prevalent in Vienna, which involved four days of painful colic and vomiting. The word "colic" was used in those days chiefly as a term for gallbladder and abdominal pain – as Daniel Langhans stressed, for example, in his description of dangerous diseases written in 1762. Because the illness clearly was epidemic, it could have been acute epidemic gastroenteritis, with accompanying fever and vomiting. In their clinical manifestations, viral infections correspond for the most part to the description given by Leopold Mozart. A diagnosis of this illness as febrile cystopyelitis, given our knowledge today, can be excluded, especially in view of its epidemic character.

But Greither's line of argument becomes totally incomprehensible when it addresses the end of Mozart's short span of life. Greither's suggestion that Mozart "was demonstrably seriously ill" during the last months of his life is entirely incompatible with Mozart's enormous activity and productivity in this period. He not only worked on the *Requiem*, but also completed *The Magic Flute*, *Titus*, the Clarinet Concerto, the *Masonic Cantata*, and numerous smaller compositions. Nor is Greither's view consistent with Mozart's last letters to Constanze, letters bubbling over with mirth and exuberance,

confidence and the joy of living, letters that tell of an excellent appetite completely at odds with the terminal stages of chronic renal disease.

Greither's preconceived notions are most evident, however, in his interpretation of the swellings of Mozart's arms and legs as described in the extant reports. To support a diagnosis of chronic kidney disease and of uremia as the cause of death, an interpretation of "Nierenwassersucht" (renal hydrops) is introduced. This line of argument for a generalized hydrops, that is, an abnormal accumulation of serous fluid in the tissues, implies that Mozart's attending physicians were incapable of distinguishing the painless swellings of legs and arms from the painful swelling and acute inflammation of the joints. With such an inference, proponents of the kidney disease thesis make a serious mistake, as the relevant chapter from Dr. Sallaba's 1791 *Historia Naturalis Morborum* demonstrates. Under the title "Hydrops," that is, dropsy resulting from heart or kidney disease, Dr. Sallaba gives the following description:

The illness is exceptionally frequent. . . .Whoever is struck by hydrops, however, will persistently complain of dryness of the throat and the tongue in particular, with or without unquenchable thirst, and of dryness of the skin and diminution of urinary output. . . .The sickness can affect the entire body, but often as well only part of it. There is a soft swelling of the body, especially in the lowermost parts, in the lower limbs and the feet. When you press in on the swelling with your finger, an indentation remains which afterwards fills up again. The eyelids swell up in the same way. . . .Fever is slight. . . .

Dr. Sallaba had a special interest in acute rheumatic fever. He regarded it as being the consequence of the deposit of an abnormal substance, causing pain and swelling of the joints:

Rheumatic fever seldom appears as a simple fever, but instead usually strikes a particular part of the body, either inside or out. It favors the membranous, sinewy parts, such as the ligaments and the joints, and is particularly dangerous for the knee joints and the wrists. Once inflammatory rheumatism has established itself in a particular place, exceptionally sharp pains occur which then spread farther; they seem almost more than a person can stand and are cruelly aggravated by the slightest movement of the body or by touching of the stricken part. The sickness is associated with swellings which are usually greater in extent (although with less hyperthermia and a stronger redness) than a true phlegmon. Moreover, the inflammation tends to migrate and leave the place it first occupied, either of its own accord following the application of cold compresses or through the use of other counter-inflammatory measures. It will very often migrate to the inner parts of the body, especially to the head or into the chest, cutting the threads of life and being the most frequent cause of death that comes from this illness.

Given that Dr. Sallaba explicitly noted in the foreword to his book that he and his friend Dr. Closset were in agreement on all important medical questions, we can be sure that both doctors were fully capable of differentiating very precisely between the inflammatory swelling of elbows and knees described above and edema caused by the presence of kidney

hydrops. Hence, when they made the diagnosis of acute rheumatic fever and not hydrops due to kidney disease, they surely did so because they had not observed generalized overall swelling of Mozart's body, but rather – as Sophie Haibel recounted to the Novellos – highly inflamed and swollen limbs which – as Eybler noted in his autobiography – caused such pain that Mozart had to be "lifted up, laid down, and nursed" because of the "almost total immobility" of his swollen arms and legs.

This clinical picture is not characteristic of a chronic kidney disease that has reached the stage of uremia, in which we almost never find pronounced edema, but is typical of acute rheumatic fever. Further, Mozart exhibited "hitziges Frieselfieber," a feverish condition with profuse sweating and a consequent skin rash, at the same time as the painful swelling of his arms and legs. Such symptoms are never seen with a chronic kidney disease in the uremic stage, where the skin is noticeably dry because of a lack of tissue fluid. Finally, Dr. Guldener von Lobes stated that there was an epidemic outbreak of similar sicknesses in Vienna in the autumn of 1791. With such evidence, it is really difficult to understand why so many doctors still cling to the thesis of kidney disease as the cause of Mozart's death.

To justify their view, these doctors ignore the inflamed and painful character of the swellings. They argue that the description "much inflamed and swollen" written by the English couple, Vincent and Mary Novello, was a misinterpretation of Sophie Haibel's words caused by the Novellos' lack of familiarity with the German language. But after reading the Novellos' diaries, we cannot give this contention much credence; such simple adjectives as "swollen" and "inflamed" simply cannot be incorrectly translated! Similarly, Joseph Eybler is accused of having insufficient mastery of his mother tongue. Greither contends that, in describing Mozart's "painful" fatal illness which required that he be "lifted up, laid down, and nursed," Eybler really meant the word "painful" to be understood only in a psychological or emotional sense. Such an interpretation can also be rejected, for allusions to Mozart's physical pains are found in other primary sources. In his biography of Mozart, Nissen writes about an "almost total immobility" of the swollen arms and legs. When Sophie Haibel reports that "due to the swelling," Mozart could not move or turn over and was therefore given "nightgowns he could put on from the front," surely she is not referring to a painful emotional disorder.

Advocates of the notion that Mozart's death was caused by mercury poisoning leading to damage of the kidneys and ending in uremia have put forth even less understandable arguments. They not only ignore the symptoms evident during Mozart's fatal illness that are cited in the primary sources, but also demonstrate ignorance of the clinical picture of mercury poisoning and attendant kidney damage. In common with atrophic kidney resulting from other causes, edema is virtually never present either at the stage of uremia or with mercury poisoning. Nevertheless, the presence of edema is constantly advanced in connection with this line of reasoning. As proof of the "massive swelling of the body," attention is called to a death mask that surfaced in Vienna in 1947 and is alleged to be that of Mozart.

From two sources, we know such a death mask once existed. In a letter of 17 February 1802, Constanze informed the publishers Breitkopf & Härtel:

. . . Let me advise you therefore that the k. k. Kammerherr Count [Joseph] von Deym – who used to call himself Müller some years ago and who set up his own art gallery – cast Mozart's face in plaster of paris right after he died and, furthermore, that the actor [Joseph] Lange, who is a good painter, made a large portrait of him, but in profile, and, particularly since he knew M. well, he can probably make a very similar full-face portrait with the help of Deym's molding.

Sophie Haibel's letter, too, says that Count Joseph Deym arrived shortly after Mozart died and "cast his pale, dead face in plaster of paris." The original mask has unfortunately not been preserved and a copy that was made for Constanze was inadvertently broken, which – so the story goes – she dismissed with the disparaging remark that now, thank goodness, "that ugly thing is finally broken in two." The sensational discovery of a bronze casting alleged to be the death mask of Mozart has since turned out to be in error and two scientific commissions have concluded that the casting was made in the 20th century.

Seldom does chronic mercury poisoning result in kidney damage. Instead we find, in addition to a heightened flow of saliva and urine, pathological symptoms of the nervous system. The first to appear is a characteristic slight tremor, a trembling of the hands, which can be recognized in handwriting samples. Evidence of such a tremor cannot be adduced for Mozart. Researchers have not discovered – either in his handwriting or in the flow of his musical scores, including the last notes he ever wrote, in the "Lacrimosa" of the *Requiem* – even the hint of a finger tremor.

From a medical point of view, the utter lack of competence of the advocates of the poisoning theory is demonstrated by the hypothesis put forward by Dr. Kerner that Mozart's fatal illness must have involved the so-called "calomel sickness." What apparently is meant is an allergic hypersensitive reaction to mercurous chloride (calomel), once used as an intestinal purgative. Such reactions are encountered today in connection with many medications. The course of such hypersensitive reactions, which characteristically begin with fever and allergic rashes after about ten days, is usually benign. For this reason, contrary to Dr. Kerner's view, calomel sickness is not related even theoretically to fatal mercury poisoning of the kidneys.

In the last few years, two more hypotheses about Mozart's death have been advanced. In 1983, Peter J. Davies proposed that Mozart's illness in the late summer of 1784 was a case of a so-called Schönlein-Henoch purpura, with further attacks in 1787 and 1790, which led to chronic glomerulonephritis, that is, an inflammatory injury to all of the functional elements of the kidneys, and terminated in chronic renal failure. According to this theory, Mozart contracted a streptococcal infection while attending the meeting of his lodge on 17 November 1791 during a flu epidemic in Vienna. A few days later, the infection led to a hypersensitive reaction with a skin rash and purpura, that is, bruises and small red patches on the skin, and to

acute inflammation of the joints. Because neither Constanze nor Sophie Haibel noticed minute, pinpoint red spots on the skin, the author simply assumes that the rash was limited to the lower half of the body. In Davies' view, however, chronic inflammation of the kidneys was only indirectly the cause of Mozart's death, for he does not allude subsequently to a terminal uremic coma. Rather, he holds that Schönlein-Henoch purpura caused a worsening of Mozart's high blood pressure – which he posits for no explainable reason – and consequently death from a massive cerebral hemorrhage.

Davies interprets various passages from the primary sources to substantiate his hypothesis. For example, he takes Nissen's description of the "almost total immobility" of Mozart's swollen arms and legs and Eybler's statement that, because of his painful sickness, Mozart had to be "lifted up, laid down, and nursed" as indicating paralysis of one side of the body. In addition, he invokes a statement from Sophie Haibel's letter of 7 April 1825 to her brother-in-law Georg Nissen:

Closset, the doctor, was sought for a long time, finally found at the theater, only he had to wait till the piece was over – then he came and ordered cold compresses be placed on his burning head, which was such a shock to him that he never recovered consciousness before he expired. At the very end, as he tried to sound the drums in his Requiem with his mouth, I can hear it still.

Even this puffing out of the cheeks while breathing in a state of deep unconsciousness, which had been Mozart's condition since the last time he had been bled two hours before he died, is placed in the context of a cerebral hemorrhage; Davies here diagnoses paralysis of the seventh cranial nerve, whose motor fibers supply the muscles of facial expression. Even laymen with no medical training can see through this line of argument. The immobility of a person paralyzed by a stroke can under no circumstances be equated with "swelling of the arms and legs and an almost total immobility." Furthermore, an observer would not say that a paralyzed person "couldn't turn over because of the swelling" or had to be "lifted up, laid down, and nursed" because of "his painful sickness."

The primary sources provide still more indications that the thesis of cerebral hemorrhage with consequent paralysis is unfounded. Sophie Haibel says in her April 1825 letter: ". . . Now, when Moz. fell sick, we both made nightgowns for him that he could put on from the front. . . and because we didn't know how sick he might be, we made him a quilted robe too. . . so that when he got up, he would be well taken care of." Even these few sentences make it apparent that Mozart could not have been paralyzed. The letter goes on to say: ". . . once when I came there on a Saturday [scarcely two days before his death!], M said to me: now, dear Sophie, you tell Mama that I'm feeling pretty good and that I'm still coming to congratulate her in the week of her name day." A patient who is paralyzed could hardly assume that, in a few days, he would be ready to get out of bed and go visit his mother-in-law. Finally, Sophie Haibel's statements in connection with the last two hours of Mozart's life can hardly be construed to suggest paralysis of the seventh cranial nerve. Her statement that Dr. Closset's cold compresses so convulsed Mozart "that he never regained consciousness before he expired" means that shortly before he died he slipped into a state of deep

unconsciousness, one probably triggered by the preceding bloodletting and in which the cheeks, flaccid and lacking tonicity, filled up like sails with the coma's labored breathing. Sophie Haibel described this too: "At the very end, as he tried to sound the drums in his Requiem with his mouth. . ."

The clinical picture discernible in documentary sources shows that we need not examine further the highly original and conjectural diagnosis of Schönlein-Henoch purpura. Such a diagnosis is certainly not founded in either Mozart's previous medical history or by analysis of the clinical picture of his final illness.

Finally, we must examine a recent theory attributing Mozart's death to a genetic, that is, a hereditary, pathologic anatomic condition. Professor A. E. Rappoport of Florida, a prominent pathologist and unabashed admirer of Mozart, proceeds from reports of Swiss and American scientists that numerous abnormalities of the kidneys and urinary tract accompany abnormalities of the ear. In such occurrences the spectrum of kidney anomalies can range from polycystic kidneys to the downward displacement of a kidney. The Italian urologists Professor Cacchi and Professor Marini had concluded in 1957 that Mozart was afflicted by a hereditary anomaly in the form of a polycystic kidney and had died in a uremic coma as the result of renal failure. The possibility therefore occurred to Professor Rappoport that in Mozart's case there might be concurrent hereditary anomalies of the kidneys and the outer ear. He based this notion on a passage found on page 586 of Nissen's biography: "The facial traits and ears of the son Wolfgang are very similar to those of his father. What seems to be exceptionally noteworthy is the shape of Mozart's ears, which were completely different from what is normal and which, by the way, only his younger son inherited from him." Note, however, that the most profound student of the Mozart literature, O. E. Deutsch, had already pointed out in 1965 that such a characterization of Mozart's ears is not found in any other source and that the 19th century sketch in Salzburg showing such an ear was recognized long ago as being a picture of Mozart's younger son. An English group headed by the author Alex Paton arrived at the same conclusion. Thus, one of the two premises for Rappoport's theory collapses. Neither does the second premise – that Mozart died in a uremic coma following renal failure – stand up under serious critical consideration of the relevant biographical and medical factors, as shown in the preceding discussion.

It is striking how the proponents of the different theories of Mozart's last illness seem to agree that his death resulted from kidney failure. For the uncommitted observer, this unanimity is all the more remarkable because a uremic coma presents a clinical picture completely at odds with that described by persons who were witnesses to Mozart's last illness and reported by word of mouth from Mozart's doctors to Dr. Guldener von Lobes. His testimonial in the letter to Giuseppe Carpani is the sole medical certificate relating to Mozart's last sickness, and its significance cannot be overstated. Dr. Guldener, who was kept up to date on the course of Mozart's illness by his colleagues and whose information agrees with the eyewitness reports of laymen, came to a diagnosis of acute rheumatic fever, as we have seen in the full text quoted previously.

This diagnosis based on Dr. Closset's statements has been repeatedly subjected to critical examination, most recently by Professor F. H. Franken. In particular, the point has been made that in Mozart's time, people had a quite different understanding than we do today of the term "inflammatory rheumatic fever." It was used as a lay expression in association with diseases of the heart or lungs, as well as the intestines, the ears, and even the teeth. Medical doctors such as Dr. Closset or Dr. Sallaba, however, certainly understood this expression to mean a well-defined clinical condition, as we can conclude from the relevant passage in Dr. Sallaba's 1791 medical textbook, *Historia Naturalis Morborum*. His picture of "inflammatio rheumatica," which in Dr. Sallaba's opinion has as its focus the deposit of matter causing sickness in the joints, is practically identical in content to the description of rheumatic fever found in modern textbooks on rheumatology and demonstrates that the diagnosis by Mozart's physicians was indeed based on an informed understanding of this clinical picture.

Admittedly, in the context of present-day medical terminology, Dr. Guldener's diagnosis gives a definition that is rather too general. Nevertheless, when we consider Mozart's previous medical history and the symptoms described by his relatives and friends, and then factor in our knowledge of the old Vienna school of medicine, we are able to form a more precise picture. Dr. Carl Bär did so in a particularly systematic way. In his monograph published in 1972, comprehensively analyzing all available sources and taking contemporary conditions, especially the medical-historical aspects, into consideration, Dr. Bär arrived at a diagnosis for Wolfgang Mozart's final illness which, in light of medical understanding today, can justifiably claim the highest degree of probability: acute rheumatic fever.

Mozart's Medical History: An Analysis

A short recapitulation of Mozart's case history bears out the validity of Dr. Bär's diagnosis of his final illness. Documentary evidence confirms that Mozart suffered three episodes of acute rheumatic fever in his youth, along with frequent and sometimes severe bouts of pain and cramps, as well as tooth abscesses. He had repeated upper respiratory infections, probably with hemolytic streptococci, the bacteria whose metabolic products precipitate the onset of acute rheumatic illnesses. Finally, in 1791, a sickness occurred which, on the basis of the extant descriptions, strongly supports the diagnosis of a new attack of acute rheumatic fever with acute inflammatory arthritis.

The detailed statements of Mozart's relatives and friends cited previously support this view: ". . .The illness began with swelling of the arms and legs and his almost total immobility. . ." Apparently they tried hard to avoid any movement of his swollen arms and legs, for even getting dressed caused difficulties ". . .because he couldn't turn over due to the swelling. . ." The impossibility of confusing the symptoms of untreated acute rheumatic fever, well known to doctors then, with the painless swelling that accompanies chronic kidney disease is underscored by extracts from the clinical description of acute rheumatic fever contained in the well-known *Textbook of Applied Medicine for Internal Diseases* by Dr. H. Eichhorst. This text was written in 1899 after treatment with salicylic preparations had begun in 1876. For example:

. . . The most constant symptom is pain which is spontaneously present even at rest and can become extremely severe with the slightest movement. . . . Thus, when many joints are afflicted, the patient gives the impression of being completely helpless. . . . Necessary changes in his position, for example, when changing his bed or when defecating, cause the most agonizing pains.

This account clearly illustrates what Eybler meant when he spoke of Mozart's "painful final illness."

The textbook describes still other symptoms that were seen in Mozart. For example: ". . . A marked characteristic of the disease is the tendency for profuse sweating. There is a constant flow of a peculiar, sour-smelling. . . sweat, without it having anything to do with the patient's temperature as it does with other infectious diseases. . . ." The heavy sweating undoubtedly was the reason why Constanze and her sister Sophie promptly began to make several nightshirts for Mozart as soon as he fell ill. Eichhorst continues:

. . . Normally, the disease in the joints comes to rest at first in one or more of the joints of the extremities. . . most often, the knee and ankle joints are affected, followed by the wrists, the shoulder and hip joints, and finally the finger joints in descending order of frequency. The affected joint is usually swollen, the skin around it is reddish and warm to the touch.

The redness and heightened temperature of the swollen joints can be recognized by anyone, medically trained or not. It is therefore all the more curious that Mary Novello's account of Sophie Haibel's fear – that the cold compresses prescribed by Dr. Closset ". . . had been harmful to the sick man whose arms and legs were very inflamed and swollen" – has been dismissed by Greither and others of his persuasion as an incorrect assessment of the swellings, caused by difficulties in translating from German to English.

Eichhorst continues with his description of acute rheumatic fever:

Fever always accompanies disease of the joints. The temperature is seldom extreme and normally does not rise above 39.5°C. [103°F.]. . . . Even in severe cases, the mind remains clear. At times, periods of agitation may occur. In untreated cases we can sometimes observe a dry, even blackened tongue.

Such a coating of the tongue could explain the oft-cited statement Mozart supposedly made to Sophie Haibel the night before he died: "I already have the taste of death on my tongue." The fever must have been rather high, at least toward the end, for Sophie says that "cold compresses for his burning head" were ordered by the doctor. We can confidently assume that Mozart remained coherent and conscious despite the high fever, for Nissen says in this regard: ". . . He remained fully conscious until two hours before he passed away."

Eichhorst also comments on the various skin disorders that arise in the context of acute rheumatic fever: ". . .The strong tendency of sweating to occur with acute rheumatic fever has already been mentioned; miliaria (prickly heat) often appears in association with it. . ." This vesicular skin rash of small blisters, which is present with various sicknesses involving fever, was regarded even then as a nonspecific symptom and given the term "Frieselausschläge" – miliary eruptions. The medical expression "hitziges Frieselfieber," acute miliary fever, was generally used for a sickness that evidently was observed in many people in Vienna in late autumn of 1791. In his deposition, Dr. Guldener said explicitly: ". . .The same illness struck numerous inhabitants of Vienna in the same period and, with many of them, had the same fatal result and the same symptoms as with Mozart."

Of course, Dr. Guldener was not saying that a large part of Vienna's population was sick with acute rheumatic fever at this time; rather, he was drawing attention to a situation which today we would call an epidemic of febrile illnesses. This is the only interpretation we can give to the similar sentence in the copy of Dr. Guldener's letter to Carpani that was sent to Neukomm in Paris: ". . .an inflammatory fever which was so widespread at the time that relatively few persons escaped it completely. . ." Because of the unhygienic conditions common at the time, such nonspecific symptoms were much more frequently responsible for setting off a wave of rheumatic sicknesses than they are today. It is therefore not surprising that, according to Dr. Guldener's testimony, the death rate due to inflammatory rheumatic fever had increased in the years 1786 and 1791.

The vomiting said by Nissen to have occurred toward the end of Mozart's final illness is a symptom the opponents of the rheumatic fever theory like to incorporate into a clinical picture of uremic coma as the last stage of an acute or chronic kidney disease. Nissen's biography of Mozart says: "His fatal illness. . .began with swellings of the arms and legs. . .which were later followed by sudden vomiting. . ." To classify this symptom properly, we need to know something of the customary method of treating rheumatic fevers at the time, as it would have been applied by Dr. Closset and Dr. Sallaba, the two best known students of the celebrated medical pedagogue Maximilian Stoll. Writing in April 1777, Stoll had recommended the following measures: "My method of treatment was: following venesection [bloodletting], I administered potions of saline solutions, using, if necessary, an emetic which I repeated from time to time. After the vomiting, I sought to keep the bowels open. . . ." Maximilian Stoll was the leading advocate of the theory of the humors – the so-called "humoral pathology" – and held firmly to the fundamental principles of the four basic temperaments laid down by the Greek physician Galen. The most essential measure, as Stoll saw it, was the removal of the disease-causing matter – the *material peccans* – from the stomach by administering an emetic. To do this, Stoll recommended ". . .four grains of antimoniated tartar dissolved in a half liter of water, with the patient drinking a fourth of it every quarter hour. Following vomiting, I give lukewarm water to drink to alleviate the throwing up. . . ." As Stoll's student and successor, Dr. Closset could well have treated his renowned patient, Wolfgang Mozart, in this way. In short, the vomiting mentioned by Nissen was probably not a symptom of Mozart's illness, but, rather, a consequence of its course of treatment.

By integrating all these pertinent comments, we can make a diagnosis of the cause of Mozart's last sickness, a diagnosis seen from the standpoint of medicine today. It is the same diagnosis that Carl Bär made after his thoroughly scientific examination of the clinical history and physical findings, and one in accord with that of the doctors who treated Mozart - namely, rheumatic fever.

Critics of this diagnosis counter by contending that such an acute rheumatic fever must have been the first occurrence of the disease, which - as Franken commented - happens relatively seldom in adults and which, if left untreated, can lead to death in only a few weeks even today. However, we now know that the appearance of acute rheumatic fever in middle adulthood does not signify an initial occurrence of this illness, but rather that relapses or recurrences of rheumatic fever can show up at that age. The streptococci that cause the disease take so many forms that successful recovery from one infection confers no immunity against other species in this bacterial group, which is why children who have rheumatic fever with acute inflammation of the joints caused by such streptococci, as Mozart did, often suffer severe exacerbations to renewed infection in adulthood. Today, thanks to effective treatment with antibiotics, cortisone preparations, and medicines that inhibit the inflammation associated with rheumatism, latter-day recurrence in adults is rare. But to understand the course of this disease in Mozart's time, we must turn again to Eichhorst for guidance. We learn that the frequency of recurrence must have been considerably higher in previous centuries than it is today:

. . . Even more frequent is the tendency of the patient who once has had rheumatic fever to get all the symptoms of a recurrence. Once sick with polyarthritis [rheumatic inflammation of multiple joints], an inclination for repeated attacks is acquired, so that such persons can be ill with rheumatic fever three, four, even eight times.

Because Mozart had at least three attacks of acute rheumatic fever in his childhood, we may assume that his final illness was another episode of acute rheumatic fever in his mid-adult years.

To understand the progress of this illness, which culminated in death in the brief span of only fifteen days, we need a knowledge of *pathomorphogenesis*, that is, the developmental changes in the clinical picture presented by this sickness during the past two centuries, and a knowledge of what was seen as an effective method of treatment given the state of medicine in Mozart's time. Today we know that, under the social and hygienic circumstances in those days, acute rheumatic fever not only appeared thirty times more frequently than it does now, but was much more severe. Comparable conditions are found today in the so-called underdeveloped countries, where rheumatic fever is not only a very common disorder, but one with an appallingly high mortality rate. In his study published in 1836, J. B. Bouillaud was the first to point out that all his cases of rheumatic fever that ended in death were accompanied by inflammation of the heart (inflammation of the heart muscle, the cardiac valve, or the heart sac) and that this was one of the most frequent complications of acute rheumatic fever. For this reason, Dr. Carl Bär considered the possibility that Mozart could have acquired heart damage in childhood in the course of his

three bouts of rheumatism. If a valvular defect of the heart is already present, a new attack of acute rheumatic fever can cause recurrence of inflammation in the region surrounding the affected cardiac valve or cardiac muscle. The description of the symptoms accompanying Mozart's last illness, however, contains no hint at all that this complication was present. Arguing against such a possibility is the fact that Mozart's physical fitness does not appear to have been impaired or reduced in any way. He was able to indulge his passion for dancing with no difficulties at all and, until shortly before his death, often went horseback riding in the morning.

The rapidity with which Mozart died, after an illness lasting only slightly more than two weeks, could have been due to other factors. One indication of another possible cause is found in Dr. Guldener's testimonial: ". . . [Dr. Closset] regarded Mozart's illness as serious and feared, from the beginning, that it would have an unhappy outcome, in particular, a deposit in the head. One day he encountered Dr. Sallaba and told him in no uncertain terms: 'Mozart is lost, it is no longer possible to stop the deposit'. . ." In other words, a "deposito alla testa," a deposit in the head, was held to be directly responsible for Mozart's death. In this connection, we must keep in mind the then prevailing humoral pathology, which taught that the many symptoms present with rheumatic diseases were due to disease-producing (pathogenic) substances deposited in the bodily tissues. The accumulation of such matter primarily in the joints was believed to produce the usual picture of acute rheumatic fever. Matter was thought to accumulate in other parts of the body as well, the thoracic cavity being favored. According to medical teachings toward the end of the 19th century, pleural effusions were relatively common with acute rheumatic fevers as a masked form of the sickness, whereas inflammations in the region of the peritoneum (the serous membrane lining the walls of the abdominal and pelvic cavities and covering the abdominal organs) and especially the meninges (the membranes covering the brain and spinal cord) were an infrequent complication. At the end of the 18th century, if the disease took a threatening course or culminated in death, it was often diagnosed as the dreaded "deposito alla testa." This medical term should not be translated as meningitis but rather, in accordance with Stoll's theory of the humors, as referring to an accompanying inflammation of the brain, something that can occur with every inflammatory process involving elevated fever and which Stoll termed "incidental encephalitis."

For an explanation of the surprising suddenness of Mozart's death, we have to reach back to the experience of doctors in the 19th century who, even after the introduction of salicylates, still had cases which took such a dramatic turn. As late as 1911, Jochmann was writing about the involvement of the brain in connection with acute rheumatic fever:

. . . The first thing to mention concerning manifestations of the central nervous system are the states of excitement which occur in sensitive persons resulting from severe pain and the sleeplessness that goes with it, influenced perhaps by pathogenic effects as well. . . particularly noteworthy are those unusual and, fortunately, rather seldom cases of rheumatic fever which we call either cerebral rheumatism because of their serious brain symptoms, or hyperpyretic rheumatic fever because of abnormally elevated fever. In this stage of the disease, regardless whether the case is serious or light, the fearsome situation can ensue

whereby the fever inexorably climbs to 40°C. [104°F.], 41° [105.8°], or 42° [107.6°] and even higher. When that happens, it leads to heightened levels of psychomotor activity and to delirium, often to motoric signs of irritation leading to cramps or to irritation of the meninges as well. The pulse races and becomes weak, and death occurs amid signs of collapse. The duration of this stage often amounts to only a few hours, although it can stretch out over days. Because we can learn nothing by anatomically examining the brain, we can only assume an uncommonly virulent toxic effect of the pathogen causing rheumatic fever on the central nervous system and the centers controlling the body's temperature.

This detailed presentation is instructive in several ways. It accords in essence with the experience of doctors in the late 18th century and their ideas about how a "deposito alla testa" materialized, only here the toxic effect is ascribed to the postulated pathogen causing rheumatic fever rather than to the disease-producing matter. In today's view, rheumatic fever is in fact a delayed symptom of an upper respiratory infection caused by Group A hemolytic streptococcus. The excerpt also coincides remarkably well with the statements about the progression of Mozart's illness shortly before his death. From the extensive comments of Sophie Haibel already cited, we can assume that Mozart must have had a very high fever immediately before he died, for she emphatically mentions "cold compresses on his burning head." Mozart apparently fell into a kind of fever delirium at the end, for Seyfried's account states: "The evening of the 4th of December, M. was already delirious. . . ." But still another source is available to us that reports a sudden worsening in the course of the illness. This source is known as the "Deiner report," which has not been mentioned until now because of the uncertain validity of its testimony. It contains the reminiscences of Joseph Deiner, who had worked in a nearby tavern that Mozart apparently visited frequently in the last part of his life. Deiner died in 1823 and his personal remembrances were published in 1856 by an anonymous author in the *Wiener Morgenpost* on the occasion of the 100th anniversary of Mozart's birth. The account says, among other things:

On 28 November, the doctors held a consultation regarding Mozart's condition. The then well-known Dr. Elossek [Dr. Closset] and Dr. Sallaba, chief physician at the General Hospital, were present. . . . Because Mozart's illness was becoming more critical by the minute, his wife had Dr. Sallaba come again on 5 December 1791. He arrived and soon after him the Kapellmeister Süssmayr besides, to whom Sallaba quietly confided that Mozart would not survive the night. . . .

We can be reasonably certain, then, that at the very end, just before Mozart died, an extremely high body temperature and finally delirium appeared along with the rheumatic pains in his joints. This constellation of symptoms fits well with the clinical picture of "cerebral rheumatism" or "hyperpyretic rheumatic fever" given in Jochmann's 1911 description and could quickly have led to Mozart's death. With this in mind, we can easily imagine how meaningful the diagnosis of a "deposito alla testa," a deposit in the head, was for the physicians of the 18th century in judging the likely future course of a case of rheumatic fever and we can better understand why they often could tell that the outcome was likely to be fatal. In short, we find a certain vindication of Mozart's attending physicians that offsets the blame

heaped on them by Sophie Haibel, as mirrored in Nissen's biography: "My sister-in-law is of the opinion that Mozart did not receive adequate treatment for his sickness, because instead of trying to drive out the skin eruptions even more in some other way, they. . .put cold compresses on his head. . .," a postscript that relates to Sophie's previous statement that Dr. Closset "ordered cold compresses be placed on his burning head, which was such a shock to him that he never recovered consciousness before he expired. . . ."

Although doctors at the end of the 18th century might well have seen nothing exceptional in death after only a few weeks in grave cases of rheumatic fever complicated by cardiac valve inflammation or so-called cerebral rheumatism, one other factor must be considered that probably contributed decisively to Mozart's unexpectedly sudden death. A common method of treatment in those times was the purposeful withdrawal of substantial quantities of blood from the body. Bókay was the first to call attention to its harmful effects in 1906. The writings of Dr. Closset and Dr. Sallaba suggest that venesection must have been the treatment they chose for their patient Mozart. In his *Historia Naturalis Morborum* of 1791, Dr. Sallaba wrote about the importance of vigorous withdrawals of blood in connection with rheumatic inflammations: "Here the necessity for withdrawing blood is at its greatest, greater in fact than with a real inflammation, and there is no other disease known that so easily tolerates the large withdrawal of blood." Accordingly, he would prescribe at least six to eight venesections or more, a fourth of a liter of blood at a time, in the first week of an inflammatory illness. Such a loss of blood could only have had a catastrophic effect on Mozart's slight body, weakened as it was by fever and outbreaks of miliaria.

That Mozart was in fact subject to this bloodletting therapy can be derived from two different sources. First, Sophie Haibel said that ". . .the family doctor, Dr. Closset, arrived that last night and undertook the letting of blood." Second, a doctor later alluded to this method of treatment. An entry in the diary of Dr. Carl von Bursy written in 1816 says: "The most famous doctor in the city diagnosed Mozart's disease as inflammatory and bled his veins. . . ." The account in the Deiner report that a consultation between Dr. Closset and his friend Dr. Sallaba took place in Mozart's apartment in the Rauhensteingasse on 28 November 1791, a week before he died, might suggest indirectly that they were considering intensifying the venesection therapy. We are aware that the two friends and colleagues discussed difficult decisions with one another. Moreover, from remarks made in Niemetschek's biography of Mozart, we can infer that this consultation was called not because of a lack of certainty about the diagnosis but for the purpose of considering therapeutic measures. In any event, the reason behind it was the dangerous rise in Mozart's body temperature. From both Dr. Sallaba's writings and the teachings of his mentor, Maximilian Stoll, we learn that when fever failed to abate or, especially, when there was a further rise in temperature, even more frequent venesections were recommended. Stoll's 1794 textbook comments on this therapeutic approach: ". . .[those] inflammation fevers which. . .do not perceptibly lessen after three bloodlettings are dangerous. For after the third bloodletting, the illness [that is, the temperature] should at least not rise, if there is to be any hope [for recovery]."

For Mozart, the venesections apparently did not bring the hoped-for improvement. Their lack of success must be another reason for Dr. Closset's prediction of a fatal outcome. Indeed, Dr. Guldener's testimonial says: "One day he encountered Dr. Sallaba and told him in no uncertain terms: 'Mozart is lost, it is no longer possible to stop the deposit.' Sallaba passed this remark on to me right away, and Mozart did in fact die some days later with the usual symptoms of a deposit in the head."

It is beyond question today that, for many patients at the time, the treatment of withdrawing substantial quantities of blood brought on death through hypovolemic shock. In view of the indications, both direct and indirect, that bloodletting was used on Mozart, this therapy could well have contributed significantly to his death. Nissen's biography of Mozart contains a striking suggestion of this possibility: ". . .Accordingly the family doctor, Dr. Closset, arrived that last night and undertook the letting of blood. . . whereupon his strength visibly ebbed and he fell unconscious and never came to again. "

In sum, if we consider all sources available to us, as well as contemporary medical-historical factors and the level of medical understanding at the time, Mozart's fever-ridden illness accompanied by profuse sweating and miliaria-induced skin eruptions, with inflamed and swollen extremities and limited movement as the result of extreme painfulness, was almost certainly an acute polyarthritis with the clinical picture of recurrent acute rheumatic fever. This diagnosis is substantiated by the several previous episodes of acute rheumatic fever in Mozart's youth. The development of "cerebral rheumatism" with impairment of important brain centers, a disease accompanied by extremely high body temperature and often quickly fatal in the absence of the necessary therapy, could well have been critical for the ultimate course of Mozart's illness, one that was much more dangerous than now, and for his death after just over two weeks. But the immediate cause of his death undoubtedly was the withdrawal of blood two hours before he died. All the reported details of Mozart's final illness fit with this diagnostic conclusion and allow no other interpretation. An end to the controversy over Mozart's fatal sickness therefore seems to be in order.

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PROF. DR. ANTON NEUMAYR, a brief introduction:

Dr. Neumayr, a graduate of the renowned Salzburg Conservatory of Music, the Mozarteum, and a professor and doctor of internal medicine of international reputation, has used his unique combination of credentials and talents to prepare this work of exceptional authority, written in a way that makes it accessible to every lover of classical music.

The book is founded on Dr. Neumayr's extensive professional experience and his knowledge of medical practices, present and historical, as well as on his experience as a concert pianist and music historian.

As an Austrian physician living and practicing in Vienna, Dr. Neumayr is intimately familiar with the Vienna schools of medicine reaching back into the 18th century; the German language of most of the relevant source documentation is his own. He has sought to provide a scientific and objective review of the diseases and deaths of these four composers – Haydn, Mozart, Beethoven, and Schubert. In the course of his investigations and research, Dr. Neumayr touches on many of the misconceptions and faulty diagnoses put forth over the years.

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