

Pathographies

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Malignant Diseases as Cause of Death in 92 Composers / Musicians (addictions included)

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Abstract – This study shows malignant diseases as the main cause of death in composers. Pathographies are listed according to the chronological order of their occurrence. Composers in this study died of malignant diseases in the average age of 66.3 years, (median age 67, range 33-91 years). Unfortunately, one part of this heterogeneous group of composers lived too short, while most of them could realize their creative work. Nowadays many of these composers could be cured thanks to the development of medicine, better diagnostic procedures and treatment options, including more selective radiotherapy, chemotherapy, immunotherapy (monoclonal antibodies, specific target receptor or intracellular signal inhibitors).

Keywords: malignant diseases, composers, musicians

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Patography

Among the examined pathographies of composers over 1500, we emphasized the importance of malignant diseases as the cause of death in 92 composers. Some of composers died in elder age, whereas some of composers died too early [1,2]. Pathographies are listed according to the chronologi-

cal order of their occurrence. Composers died at the time when diagnostic procedures and treatment options were not developed. Nowadays many of these composers could be cured novel treatment options in oncology and hematology-oncology [3-7]. In the period from 1600-2000 we analysed pathographies of famous composers/musicians who died of malignant diseases. We mention the most important parts of pathographies of famous composers (Rossini, Puccini, Debussy, Brahms, Rachmaninov), whose pathographies have already been described in de-

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tails previously. We mentioned pathographies of other composers in table 1. which shows the most relevant characteristics of composers and types of malignant disease.

Giovanni Paisiello (1740-1816) an Italian composer died quietly of liver cirrhosis, which was not caused by the heart failure. Intestinal neoplasm (colorectal) with liver metastasis and ascites was the cause of death [1-5].

Andre Ernest Modeste Gretry (1741-1813) a French composer suffered from tuberculosis and recurrent bacterial pneumonia. Bronchial neoplasm (lung cancer) could be the cause of death [1-5].

Domenico Cimarosa (1749-1801) an Italian composer, died of necrotic stomach cancer [1-5].

Daniel-François-Esprit Auber (1782-1871) a French composer died of urinary bladder cancer. At the end of life due to the pelvic bone and spinal metastasis he suffered strong pain [1-5]. **Gioacchino Rossini** (1792-1868) a Italian composer, died of colorectal necrotizing cancer (carcinoma) with stercoral peritonitis. He was twice surgically treated unsuccessfully [1-5,8].

Giacomo Puccini (1858-1924) an Italian composer. In March, 1924 he felt dull pain in his larynx, hoarseness and cough. He smoked, and in the middle of October he asked for medical help. Laryngeal carcinoma was diagnosed by surgical biopsy. Later, he was surgically treated and received radiation therapy. He was getting better after surgical treatment, but he died from fever and tachycardia (sepsis?) [1-5,9].

Claude Debussy (1862-1918) a French composer. He suffered from colorectal cancer, and he died completely exhausted, treated surgically and radiated with morphine in-

jections constantly. He died from terminal malignant disease and cachexia [1-5,10].

Sergei Vasilievich Rachmaninoff (1873-1943) a Russian composer, he was suffering from arthritis for many years. The shadow was detected incidentally on the x-ray lung scan. That was lung metastasis, afterward melanoma was diagnosed [1-7].

Percy Grainger (1882-1961) an Australian composer. He was suffering from dysuria in the last seven years of his life, and health disturbances were getting worse. Prostatic cancer was diagnosed with disseminated metastasis (brain, liver, spleen, bones) [1-5].

Johannes Brahms (1833-1896) a German composer. At the end of his life he suffered from jaundice, ascites and weight loss. The main cause of his symptoms was pancreatic head adenocarcinoma or bile ducts carcinoma (cholangiocarcinoma) with disseminated liver and bone metastasis. He was in inoperable state with bone metastasis in his back, therefore he felt strong pain. Finally, he experienced epistaxis, disseminated intravascular coagulation with hematemesis and enterorrhagia, malignant cachexia and paralysis of facial nerve [1-5,11].

Alfredo Casella (1883-1947) an Italian composer. He died of disseminated intestinal metastatic cancer (colorectal?) [1-5].

George Gershwin (1898-1937) an American composer. His symptoms began firstly with headache and facial right-sided paresis and afterward he felt dizziness, cacosmia, photophobia. He suffered from symptoms caused by high intracranial pressure. He was diagnosed for cystic cerebral neoplasm (glioblastoma multiforme) and he was surgically treated. He did not recover after surgical treatment and finally he died in cerebral coma [1-5].

Olivier Messiaen (1908-1972) a French composer. He died of disseminated prostatic cancer with vertebral metastasis [1-5].

Samuel Barber (1910-1981) an American composer. He suffered for a long time from leukemia [1-5].

Leonard Bernstein (1918-1990) an American composer and a conductor. He suffered from emphysema, frequent pneumonias. Finally, he was diagnosed for mesothelioma (pleural neoplasm). He died of heart attack (myocardial infarction)[1-5].

Table 1. Characteristics of composers and type of accident

Name	State	Years of birth and of death	Type of malignant disease
Angelo Frezza	CRO	(1759-1835)	
James Hewitt	USA	(1770-1827)	Head and neck carcinoma
Franz Suppe	CRO	(1819-1895)	Pharyngeal carcinoma
Pajo Kolarić	CRO	(1821-1876)	
Vilim Just	CRO	(1826-1883)	
Filippo Marchetti	ITA	(1831-1902)	
Miroslav Cugšvert	CRO	(1844-1894)	
Vjekoslav Klaić	CRO	(1849-1928)	
Antun Stöckl	CRO	(1851-1902)	sarcoma
Franjo Vilhar	CRO	(1852-1928)	Laryngeal carcinoma
Risto Savin	CRO	(1859-1948)	Pancreatic cancer
Josip Mantuani	SLO	(1860-1933)	Prostatic cancer
Victor Hausman	CRO	(1871-1909)	Lung cancer
Dragutin Honsa	CRO	(1872-1957)	
Blagoje Bersa	CRO	(1873-1934)	Liver cancer
Leo Fall	AUT	(1873-1925)	Pancreatic cancer
Franjo Dugan Stariji	CRO	(1874-1948)	Colorectal carcinoma
Gojmir Krek	SLO	(1875-1942)	Lung cancer
Antun Dobronić	CRO	(1878-1955)	
Slavomir Grančarić	CRO	(1878-1941)	
Anton Lajovič	SLO	(1878-1960)	Colorectal carcinoma
Ernest Bloch	USA	(1880-1959)	Colorectal carcinoma
Ivan Matetić Ronjgov	CRO	(1880-1960)	
Fran Lhotka	CRO	(1883-1962)	Lung cancer
Saša Šantel	SLO	(1883-1945)	Leukemia
Krešimir Benić	CRO	(1887-1961)	Urinary bladder carcinoma
Kamilo Kolb	CRO	(1887-1965)	
Miron Kozinović	(CRO)	(1887-1965)	Laryngeal carcinoma
Niko Štritof	SLO	(1890-1940)	Laryngeal carcinoma
Richard Tauber	AUT)	(1891-1948)	Lung cancer
Krešimir Baranović	CRO	(1894-1985)	Lung cancer

Rudolf Talcik	CRO	(1894-1942)	Pancreatic cancer
Miroslav Biro	CRO	(1895-1960)	Lung cancer
Ivo Tijardović	CRO	(1895-1976)	Esophageal cancer
Josip Slavenski	CRO	(1896-1955)	Liver and lung cancer
Matija Bravničar	SLO	(1897-1977)	Prostatic cancer
Branko Operman	CRO	(1898-1971)	
Srećko Koporc	SLO	(1900-1965)	Stomach cancer with liver metastasis
Boris Krnic	CRO	(1900-1979)	Intestinal duodenal cancer
Franjo Dugan mlađi	CRO	(1901-1934)	
Petar Dumičić	CRO	(1901-1934)	Metastatic colorectal carcinoma
Franjo Šnajdar	CRO	(1903-1966)	Prostatic cancer
Aleksandar Ujheli	CRO	(1904-1975)	Lung cancer
Ruth Crawford Seeger	USA	(1905-1953)	Colorectal carcinoma
Ivo Sučić	CRO	(1905-1969)	Liver cancer
Vladimir Bedrović	CRO	(1906-1980)	Prostatic cancer
Ivan Brkanović	CRO	(1906-1987)	Prostatic cancer
Jelisava Kirn	CRO	(1906-1971)	Lung cancer
Miroslav Magdalenić	CRO	(1906-1989)	
Boris Papandopulo	CRO	(1906-1991)	Oesophageal and stomach cancer
Božidar Antonić	CRO	(1907-1983)	Lung cancer
Marjan Kozina	SLO	(1907-1966)	Tonsillar cancer
Alfred Švarc	CRO	(1907-1986)	
Dragan Guril	CRO	(1908-1967)	
Radoslav Hrovatin	SLO	(1908-1978)	Metastatic pancreatic cancer
Viktor Šafranek	CRO	(1908-1979)	Oesophageal and stomach cancer
Maks Motl	CRO	(1909-1980)	
Ivana Lang	CRO	(1912-1982)	Breast cancer
Marijan Burić	CRO	(1913-1979)	Lymphoma (NHL)
Krešimir Kovačević	CRO	(1913-1992)	Liver cancer
Ivo Kalinski Lhotka	CRO	(1913-1987)	Prostatic cancer
Ferdo Pomykalo	CRO	(1915-1973)	
Dinu Lipatti	ITA	(1917-1950)	Hodgkin lymphoma
Ladislav Šaban	CRO	(1918-1985)	
Branko Grković	CRO	(1920-1984)	
Dubravko Stahuljak	CRO	(1920-1988)	
Mercedes Domić	CRO	(1922-1992)	
Darko Lukić	CRO	(1922-1974)	Acute leukemia
Zlatko Černjul	CRO	(1924-1988)	Lung cancer
Vladimir Fajdetić	CRO	(1924-1981)	
Luigi Nono	ITA	(1924-1990)	

Zvonimir Marković	CRO	(1925-1983)	Metastatic melanoma
Nikola KOrbar	CRO	(1926-1975)	Liver cancer
Vladimir Špoljarić	CRO	(1926-1986)	Melanoma
Marijan Grgić	CRO	(1929-1980)	
Boris Ulrich	CRO	(1931-1983)	Acute leukemia
Mato Leščan	CRO	(1936-1991)	

Analyzing pathographies of more than 1500 great composers, we found out that 92 composers died of malignant diseases. Composers in this study died of malignant diseases at the average age of 66.3 years, (median age 67, range 33-91 years). Composers died mostly of digestive system carcinomas (colorectal carcinoma, pancreatic carcinoma, stomach carcinoma). This type of cancer occurred in composers in the age range of 60-70 years. Younger composers died of hematological malignancies (Hodgkin lymphoma, acute leukemia and cerebral neoplasm – glioblastoma). Older composers died mostly of lung cancer and prostatic cancer. For some of the composers/musicians we have not been able to find the data on the type and localization of the tumor. Unfortunately, one part of this heterogeneous group of composers lived too short, while most of them were able to accomplish a lot and finish their creative work. We mention in the table many Croatian composers (Bersa, Baranović), whose pathographies have already been published [12,13].

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Malignant diseases are the second leading cause of death, responsible for one quarter to one third of all death-causes in modern countries.

Nowadays many of those composers could be treated and cured thanks to the development of medicine, better diagnostic procedures and treatment options.

First of all, that includes more selective radiotherapy, chemotherapy, immunotherapy (monoclonal antibodies, specific target receptor or intracellular signal pathways inhibitors). The primary target of radiation within the tumor cells is DNA. That aims to eliminate the tumor through inhibition of its proliferating capacity and by induction of cell death, avoiding adverse events and side effects in health tissues.

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None

Conflict of interest

None to declare

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Maligne bolesti kao uzrok smrti kod 92 skladatelja/glazbenika (uključujući ovisnosti)

Sažetak: U ovom radu su prikazane maligne bolesti kao glavni uzrok smrti kod 92 skladatelja. Patografije su navedene kronološki. Prosječna dob smrti skladatelja u ovoj studiji je 66,3 godine (medijan dobi 67 godina, raspon 33-91 godine). Nažalost, značajan dio skladatelja nije mogao zbog malignih oboljenja dostići svoj stvaralački opus, dok je ipak većina dostigla stariju dob i stvaralački maksimum. U današnjici bi mnogi od ovih skladatelja mogli biti izliječeni zahvaljujući napretku suvremene medicine, boljim dijagnostičkim postupcima i terapijskim opcijama liječenja. To ponajprije podrazumijeva ciljanu terapiju poput selektivne kemoterapije, imunoterapije (monoklonska protutijela, specifično ciljani inhibitori staničnih receptora ili unutarstaničnih signalnih puteva).

Ključne riječi: maligna bolest, neoplazma, skladatelj