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LISZT'S LAST ILLNESS

Biographers of Franz Liszt have often ignored the fact that for the last six years of his life Liszt was an extremely unwell man. Like many old people, he was affected by multiple illnesses which were the result of physiological decline, occupational illness and the habits of a lifetime. These illnesses were overlooked for two reasons: firstly, because of the composer's magnificent public bearing which forced his contemporaries to concentrate aspects of his personality rather than his physical and personal well being. Secondly, although these illnesses were of considerable severity - so severe in fact that Liszt was near death many times in the last few years of his lifetime - the miracle of Liszt's piano playing was still preserved right up until the time of his death, despite disease of the lungs, heart, eyes and the skeletomuscular system.

Liszt's last illness was due to long standing disease of the lungs and the cardiovascular system. The key aetiological factor in this disease was tobacco abuse - Liszt was an inveterate smoker of cigars, cigarettes and pipes. He frequently rose at 4 a.m. and commenced chain smoking whilst working steadily away at his compositions. After evening dinner there would be further rounds of cigars - Liszt preferred the cheapest and strongest Havana cigars available.

We can see evidence of advancing disease of the lung and heart in the last photographs of Liszt. His chest has assumed a prominent barrel shape and in some portraits his body is swollen with "dropsy" or edema fluid, a legacy of right-sided heart failure. This fluid is labile and accounts for the great variation in Liszt's physical appearance in the last photographs. Like the famous photographs of Robert E. Lee in his old age, one can trace the progression of Liszt's final illness through the later photographs. Adelheid Von Schorn wrote of Liszt in her memoirs (October 1882):

"When I first saw him I was shocked. His face was pale, his features bloated, his hands were swollen and he had become quite corpulent. His mood varied with the fluctuations in his physical condition and he was tired practically the whole time. He scarcely ever left his rooms but sat at his desk and worked, often dropping off to sleep in his chair."

This is a fine description of the symptomatology of right heart failure.

By 1886, Liszt's "dropsy" was such that his legs were chronically swollen right up to the knees. Often Liszt was prone to bouts of deep fatigue and depression and his personality seemed subdued. This is certainly due largely to the

progression of his right heart disease. Many of the later photographs of Liszt show both the hyperinflated lungs of chronic airways disease and abdominal distension presumably due to ascitic fluid.

Heart failure is a term used by physicians to describe a cardiac output which is insufficient to meet the physiological needs of the body. The heart itself consists of two pumps in parallel, the right side pumps blood through the lungs and failure of its action causes blood to pool before it reaches the lungs. Hence the collection of edema fluid in the dependent areas of the body. In the last few months of his life, Liszt experienced the symptoms of left heart failure, with pooling of the blood in the lungs themselves. This left heart failure initially manifested as a chronic cough, but it progressed to respiratory embarrassment and was probably a synergistic cause of Liszt's death along with bronchopneumonia.

The reason that right heart failure appeared first was probably due to the fact that Liszt's lungs were heavily damaged by cigarette smoking. The disease of the lungs produced by cigarette smoking is now called chronic obstructive airways disease and this entity is a combination of chronic bronchitis - inflammation of the respiratory passages with emphysema - destruction of the respiratory cells themselves. When these cells die, their blood vessels die along with them, increasing the resistance of the pulmonary vascular tree and placing a strain on the right side of the heart. Factors which led to the development of left-sided heart failure in Liszt's case probably included disease of the arteries and hypertension (high blood pressure). Visible in the full face photograph by Nadar, we see the so-called "arcus senilis," a ring of cholesterol deposits around Liszt's cornea. The arcus is often associated with disease of the arteries. The origins of Liszt's arterial disease and hypertension, if present, would largely have been due to cigarette smoking.

Other subtle manifestations of cardiac failure would have included the so-called "cardiac cachexia" or generalised weakness associated with cardiac failure. Siloti tells us that Liszt played the Moonlight Sonata of Beethoven in response to a challenge by a student that he could not play it better than Rubenstein. His playing of the first two movements was incomparable, but he soon became fatigued playing the last movement and gave it up as soon as he had impressed the class with his abilities. Despite such advanced disease, Liszt managed to put up a bold front and played many times in public in 1886. Liszt was also apparently suffering from a mild hand disease, either osteoarthritis or perhaps even tophaceous gout. Despite this, his manual dexterity was not greatly impaired.

We are also told that Liszt had something of a problem with alcohol in the last two or three years of his life. He was always a heavy drinker, but he seldom drank more than he could handle. His drinking occurred mainly in a

social context and was balanced by a good diet and did Liszt's health little harm. By 1883 his students were becoming alarmed by Liszt's alcohol intake. There is probably two reasons for this: firstly, those who suffer from chronic disease often drink heavily to allay their sufferings.

Secondly, Liszt may have had congestive liver disease secondary to right-sided heart failure and this disease entity would have been responsible for a marked decline in Liszt's alcohol tolerance.

A feature of chronic bronchitis is that its sufferers are prone to minor respiratory infections which may exacerbate the disease and lead to very serious complications. Thus, a simple cold may progress to pneumonia in an elderly person with chronically damaged lungs. This is because of the damaged disease-fighting and immune mechanisms in the walls of the respiratory passages, the bronchi. Liszt's physical condition deteriorated rapidly in 1886 due to progression of his long-standing lung and heart disease and it was apparent to all that his end was not far away. The year was to mark the 75th anniversary of Liszt's birth and Liszt, despite his illness, planned a long and involved tour involving England, France, Belgium and The Netherlands, anniversary celebrations had been planned widely throughout the Continent. The aged abbe was known to love an anniversary!

The year did not begin well, however. In February, the Hungarian winter was particularly heavy with violent snow storms and lashing rain and Liszt, who was staying in Budapest, caught a bad cold which progressed to prostration and respiratory embarrassment and took a great toll on his health. Liszt was eager to attend the celebrations which had been planned for him though he was well aware that little time remained to him and alluded to this fact frequently in his last letters. Liszt therefore took great care of himself during his illness and made a slow and steady recovery. This fastidiousness was rather atypical of the old man's behavior whose life was now spent in the Franciscan spirit of self-abnegation and it probably prolonged Liszt's life by several months.

Liszt was absent from public life for over a month but he did not neglect his piano teaching which he now considered to be his most important obligation. When he left Budapest for the last time in early March, his friends were dismayed at the sight of the frail, emaciated figure embarking on what was to be his last journey. He took the night train from the city after a farewell dinner and a concert given in his honour. He was now white-haired and haggard, his eventful life almost at a close. His once tall figure was now hunched and his gait was impaired by arthritis and by poor vision. His body was often swollen by the dropsy, or edema fluid, which was a legacy of his heart disease. He had few teeth of his own and his jaw sagged. Yet, when he played the piano, or when

he appeared in public, the old charisma remained and the audience were once more overwhelmed. The old man was a phenomenon, a ghost from the past who had been a friend of Chopin, Wagner and Berlioz. He was so obviously near death, yet he still played uniquely and magnificently. People brought their children to the last concerts, well aware of their historic importance and perhaps unconsciously to potentiate in the collective auditory memory of the human race the remembrance of the sight and sound of its greatest musician whose unique virtuosity was soon to vanish forever.

Liszt's last public appearance were amongst the most remarkable of his life. At a London concert we hear of a fiery performance of the "Tarantella de Bravara," a virtuoso piece from the 1840s. This was performed despite the fact that he was nearly blind and he was suffering from almost terminal cardiac failure. Liszt was eager to treat the public to his improvisations, an art which had already disappeared amongst the younger generation of pianists. It is often said that one sees the true character of a person when he is ill and in his last illness we see the best of Liszt, determined to make the best of his life and to freely give of his time and genius to other people.

The terminal phase of Liszt's illness lasted for about 10 days, from about the 21st July, when he arrived in Bayreuth, until the 31st, when he died. Liszt's death was probably due to an exacerbation of congestive cardiac failure complicated by bronchopneumonia. The prodromal signs of his illness - a worsening chronic cough and increasing dropsy - had been present for many months.

Liszt took refuge in rented rooms in Bayreuth near the Villa Wahnfried and his deterioration was evident to all amongst his circle. Liszt had to be helped from his carriage for several months before he died and he was now so frail that he could not walk without assistance.

Liszt's eye disease is worthy of comment. In the last few months of his life he was rendered near blind by cataracts. His last letters are often only brief notes rendered in a laborious scrawl. Cataracts are opacification of the lens of the eye. In Liszt's case, his left eye was affected first but gradually the vision in both eyes was reduced as the disease progressed.

Liszt was initially myopic, but in old age he became markedly presbyopic (long sighted). Another unfortunate manifestation of Liszt's eye disease was a painful condition producing a discharge from his eyes. This was probably a chronic bacterial conjunctivitis which would have been untreatable in Liszt's day. It may have resulted from the installation of unsterile drops into his

eyes which were used to treat cataracts.

Liszt was very reluctant to undergo cataract surgery, citing his age and his physical frailty as reasons why surgery should not be undertaken. Nevertheless, the rapid deterioration of his vision made the operation a necessity. Liszt's surgeon was to be von Grafe, who was the most eminent of the German ophthalmic surgeons and who wrote the definitive contemporary textbook on eye surgery. Antiseptic technique had been introduced to surgery by Lister, one of the most famous surgeons who worked in Scotland. Topical analgesia was recently introduced to cataract surgery by Karl Koller. In 1884 Koller wrote a paper describing topical analgesia of the eye by the installation of cocaine drops; a technique for immobilising the eye and its muscles of movement was as yet unknown. Cocaine was a local anaesthetic was introduced to the medical profession by Sigmund Freud who, incidentally, became a cocaine addict himself. Von Grafe's technique of cataract operation involved operative removal of the lens and a partial iridectomy was performed at the same time. The occurrence of major complications was in the order to two to five per cent from this operation. An iridocyclitis and a sympathetic ophthalmitis were the most frequent of the serious complications. Infection was less frequent but a dangerous complication of eye surgery.



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Today's cataract operations are far more effective and safe and involve the implantation of an intra ocular lens directly into the eye at operation. Because of this lens which aids vision and obviates the necessity to wear thick and cumbersome glasses, cataract operations are performed at an earlier stage in the disease than ever before. The operation usually takes place under the operating microscope. Aside from the high rate of complications of cataract operations in the 19th Century, it was very difficult to make an adequate lens once the eye's own natural lens had been removed. Glasses were bulky and cumbersome.

In Liszt's case, because his operation was to be done at a late stage when the eye was almost blind because of the opacified lens which covered the visual axis, the operation often provided some relief under these circumstances. Liszt's poor physical condition and the presence of chronic conjunctivitis were important negative prognostic factors in the surgical treatment of his eye condition.

The story that Liszt's final bout of illness developed after a pair of young lovers insisted that the window of Liszt's carriage be left open in order that they could gaze out on the moon over the Bavarian pine forests may not be apocryphal. Cold air is known to exacerbate chronic bronchitis. At any rate, Liszt arrived at Bayreuth in a very debilitated condition. On the afternoon

of the 24th of July, Adelheid Von Schorn wrote of Liszt:

"Liszt was sitting on the sofa in his livingroom holding his cards in his hand and surrounded by a number of his pupils who were playing Whist with him. He coughed, fell asleep for a moment, then went on playing. He hardly knew who was there and could scarcely sit upright. Deeply depressed, we both left knowing that there was nothing we could do for the master we loved."

The reason for this stuporous state was twofold. The progression of heart failure and the fact that Liszt's doctor had prescribed morphine for a violent cough which now plagued him day and night and was a symptom of his cardiorespiratory disease. Although morphine is a fine cough suppressant it depresses both the respiratory drive and the level of consciousness itself. The doctor forbade Liszt his brandy and prescribed foot baths and mustard plasters. These had no therapeutic efficacy whatsoever.

By the 28th July, Liszt was confined to bed, his breathing had become laboured, his coughing worse. He was now coughing lumps of phlegm. Professor Fleischer, a professor from the University of Erlangen was consulted on the 30th. He diagnosed pneumonia of the right lung and told Cosima that her father would recover.



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The pathology that Professor Fleischer noted on his examination was probably a pleural effusion - fluid in the pleural cavity on the right side of Liszt's chest. This was probably either a manifestation of pulmonary edema or the pneumonic process itself in Liszt's lungs. The pulmonary edema is, of course, a consequence of heart failure.

Liszt's illness now progressed with alarming rapidity. At 2 a.m. on the night of the 30th he stumbled around his room crying "air, air" and he jostled his servants. This behavior is consistent with the delirium and the terror which accompanies the interruption of the oxygen supply to the brain. Mercifully, Liszt's final hours were less terrifying as he gradually drifted into a coma and he died on the evening of the 31st July at 10.30 p.m. His doctor gave him camphor injections when he finally became still but he convulsed and fell back dead.

Those who put their ears close to his lips shortly before he died heard Liszt mutter the word "Tristan" - a reference to Wagner's opera that he himself had promoted many years ago. Liszt was nearly 75 when he died and ill health had affected his life far less than many of his contemporaries. Liszt showed great courage and determination in the face of a host of final, aggravating illnesses.

Liszt's Last Illness

Another observation which has relevance both to Liszt's music and biography, which may be made from a study of his medical history, is that much of the often discussed depression of Liszt's later years may have been due to physical illness. Advanced cardiorespiratory illness is known to be associated with psychic depression; sufferers of these disorders often sleep poorly due to nocturnal breathlessness. Additionally, it is noted that many old people suffer from psychic depression. This has been labelled "endogenous depression" or "involutional melancholia" and it is not related entirely to environmental circumstances. The theory behind this form of depression is that the aging brain does not manufacture enough catecholamine neurotransmitters - these substances are implicated in affective disorders. The poor sleeping and nocturnal ruminations that many people experience and the feeling of unsatisfied sleep which Liszt strived to capture in his nocturne 'Sleepless Question and Answer' probably has an organic basis as well as a psychological one.

Modern psychotropic drugs such as the Tricyclic antidepressants, are used to treat depression in the elderly. They act by increasing the concentration of catecholamines in the brain. The old biblical saying that one is allotted 3 score and 10 years and that after this period life is often miserable is often true of the lives of many old people, particularly those that lived in the era before modern medical therapy. Modern medicine has certainly helped to decrease much of the morbidity associated with aging and certainly drugs to treat congestive cardiac failure would have been useful if available in Liszt's case.

It might be appropriate to make a few personal observations about the later music of Liszt from a doctor's point of view.

There is less music in the last few years. Liszt was often unwell and creativity was often fraught with difficulty.

Critics of Liszt's music often feel that whilst the music is interesting, because of its experimental harmonies it is ultimately unsatisfying because of its lack of form, simple themes and the indefinite conclusions of the compositions.

I find this criticism of the late works of Liszt unsatisfactory. To me, the works are programme music in which Liszt recreates the feelings and the state of mind of many elderly people. The indefinite feeling and the anxiety which the inevitable approach of death provokes is mirrored in the later works of Liszt. Happiness of the past is evoked nostalgically in the Valses Oubliees. Often these return to original form after a series of complex variations - much like the rumination of any elderly person recalling the past. It is music of involution, uncertainty and loss, highly personal.

Death for Liszt is not necessarily final sleep and rest after the agitation and struggle of life - a mood we find in the "Four Last Songs" of Strauss nor is it necessarily transformation to a state of grace and eternal life as we find in the music of Bach. Death remains an unanswered question and a mystery that cannot be answered on this side of the grave despite even the fullest of lives.



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Addenda to Liszt's Last Illness

(Page 2, insert after paragraph 4)

The music critic, A.M. Diehl, heard Liszt play during his last visit to London in 1886. Diehl compared the playing of the aged Liszt to that of the fiery virtuoso in his youth: "Very different was the master when he was heard in London shortly before his death. A feeble, venerable old man, his touch was as magical as ever, his technique as exquisitely balanced as in his softer moments years before; but the fire and the extravagance were gone. It might have been Charles Halle at his best, or one of his most faithful imitators among his pupils, such as Stavenhagen and the rest."

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