Beethoven’s illnesses, and particularly his deafness, have been the topic of speculation since soon after his death in 1827, at the age of fifty-seven. The bitter irony of deafness in a musician of such stature has become part of the heroic legend of his life and music, as each new generation of musicians and enthusiasts wonders how Beethoven could compose such great music when he lacked the ability to hear it. Beethoven’s struggles with other ailments, though not quite as much a part of the popular legend, have also been well known through such sources as Beethoven’s own letters and the comments of his friends and associates. The available sources do not provide the complete diagnostic picture, however, and the literature on Beethoven is replete with arguments on such questions as the cause of his deafness, whether he abused alcohol or contracted syphilis, and the ultimate causes of his death. Much of the previous discussion has taken place in the medical literature, and thus is not readily accessible to those lacking medical training. Dr. Mai, a professor of psychiatry at the University of Ottawa and an amateur pianist, sheds new light on these questions in an account that is quite readable, and for the most part well-documented.

Mai sets the stage in his first chapter with a fascinating discussion of the state of medical care and medical research during Beethoven’s lifetime, as well as the political, social, and cultural background of the time. Further background is provided in the discussion of Beethoven’s life in chapter two, with particular emphasis on his parents’ health problems (his father was an alcoholic and his mother died of tuberculosis), his own health concerns, and his many unsuccessful relationships, particularly with the numerous women who did not return his love.

Dr. Mai’s discussion of Beethoven’s health problems draws upon five types of primary sources: Beethoven’s own letters (chiefly from the translations by Emily Anderson), letters and accounts written by others, the Conversation Books (chiefly using the French translations of J.-G. Prod’homme), physicians’ reports, and the report by Russell Martin on the toxicological analysis of a lock of Beethoven’s hair that was done in 1996. Included among the physicians’ reports is the complete autopsy report, provided in facsimile and in Mai’s complete translation from the original Latin. In his discussion of possible interpretations of the evidence provided by these materials, Mai reviews the previous commentary of both medical researchers and music historians, examining in turn each of the medical systems affected by Beethoven’s various illnesses. Subtopics include Beethoven’s terminal illness and the autopsy, his drinking habits, kidney disease, his gastrointestinal problems, deafness, psychiatric and psychosomatic symptoms, respiratory problems, eye symptoms, musculoskeletal symptoms, other possible medical problems, and what Mai refers to as “the syphilis myth”. About the latter, the author states that “...the clinical evidence that
Beethoven had syphilis is minimal, and the autopsy evidence is absent. It is time for the myth that Beethoven had this condition to be permanently laid to rest.” (p. 171)

In summarizing his own conclusions concerning Beethoven’s medical problems, Mai warns that diagnoses must be considered conjectural, since “…[t]he evidence that we have from his letters, his friends, and the limited nature of his physician’s reports is incomplete and sometimes conflicting.” (p. 171)

Based on his readings of the available evidence, however, Mai presents persuasive conclusions about Beethoven’s various medical and psychiatric conditions.

There is a strong possibility that he had recurrent depressive episodes, and it is also likely that he had what would now be called a bipolar disorder. Otosclerosis is the likely cause of his deafness, and he also suffered from irritable bowel syndrome. … The cause of death was liver failure due to cirrhosis caused by a long-term misuse of alcohol in the wine and beer he consumed, complicated in the final stages by failure of kidney function. (pp. 171-2)

In his final chapter, Mai explores the nature of creativity, and its possible connection to illness, seeking answers to the question of how Beethoven was able to exhibit such genius as a composer while suffering from serious medical and psychological problems for much of his life. While he occasionally lapses into sweeping generalizations about music (e.g. “Music is distinctive as an art form because, unlike literature or even painting, it has no clear connection with human communication.” (p. 173)), for the most part Mai presents a fascinating and cogent discussion, incorporating the findings of many psychological research experiments, as well as first-hand accounts by Beethoven’s associates and examples from the lives of other creative geniuses. Subsections include: “The psychology of creativity”, “Psychopathology and creativity”, “Substance abuse and creativity”, and “Medical illness and creativity”. On the subject of Beethoven’s deafness, Mai concludes:

Beethoven had unpleasant and chronic health problems for most of his life. Although he complained frequently and bitterly about them, he also dealt with them in a stoic fashion, and he rarely let them interfere with his composing. This is true particularly of his hearing problem. Although it caused him immense grief, and brought him to the point of suicide in 1802, he dealt with it by slowly letting go of teaching, conducting, and performing (in all of which he was limited by his hearing defect), and focused his musical energies increasingly, and during his final years solely, on composition, which he could master without hearing. This channeling of his creative energy into composing may, by this very fact alone, have raised the fineness and the quality of his works and enabled him to better deal with the anguish of his deafness. (pp. 198-9)
The content of the discussion in this book is supported by four appendices. The first, a glossary of medical terms, is very helpful for understanding terminology that may be unfamiliar to many readers. In the second, Dr. Mai presents Beethoven’s medical history as it might be presented at a “clinical-pathological conference.” Appendix three presents “Criteria for Alcohol Dependence and Abuse” as adapted from the American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders*. The final appendix presents, in English translation, the complete medical report of Dr. Andreas Wawruch, the doctor who was Beethoven’s primary physician during his final illness and death.

Although this book is, for the most part, very well documented with numerous endnotes and a lengthy bibliography, a curious lapse was discovered in the case of the aforementioned medical report by Dr. Wawruch. The source information for this important document is not listed in the bibliography, although a footnote in the appendix states that it is taken from Paul Nettl’s *The Beethoven Encyclopedia*.1 What is more disconcerting, however, is the fact that portions of Wawruch’s report are also quoted in chapter 2 of Mai’s book (p. 90-91, and 99), but clearly using a different translation of the text. For example, “He was compelled to spend a night in a village tavern where, besides wretched shelter, he found an unwarmed room without winter shutters” (p. 90); compared to “He was obliged to stop overnight in a village inn, when [sic] in addition to the shelter afforded by its wretched roof he found only an unheated room without winter windows.” (p. 218) Though the quotations in both cases are identified as being from the same Nettl source, it appears that Mai actually quoted Thayer/Forbes’ version2 (with minor variations) for the passages in chapter 2, but without properly identifying his source.

The occasional confusing passage and a few other errors also point to the need for more thorough editing in places. For example, the name of Johann Albrechtsberger, one of Beethoven’s teachers, is misspelled “Albrechtberger” in the text and the index. The caption under the illustration for Beethoven’s death mask (p. 101) refers the reader back to his life mask as “fig. 11”, but in fact the illustrations are neither numbered nor listed anywhere. A cursory entry in the bibliography for “BIS CD – 406/407” begs for more information.

Despite these flaws, this remains a fascinating and quite readable account, suitable for any library collection serving Beethoven scholars and enthusiasts, or those interested in a biographical approach to the history of medicine.

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1 The article in Nettl’s *Encyclopedia* gives a date of May 20, 1827 for Wawruch’s report but gives no other information about the original document. It is also not entirely clear who translated the document from the original German, though it may have been Waldemar Schweisheimer (misspelled by Nettl as “Schweisheimer”).