

# Mozart in the Neurological Department – Who Has the Tic?

*Thomas Kammer*

Department of Psychiatry, University of Ulm, Germany  
thomas.kammer@uni-ulm.de

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## **Abstract**

In Wolfgang Amadeus Mozart's medical history quite an impressive list of possible diseases has been collected. In the 1980s the diagnosis of Tourette's syndrome was added to the list. Evidence of vocal tics was derived from the scatological expressions found in the letters of Mozart. In addition there are a few contemporary reports on striking motor behavior suggesting the existence of motor tics. However, in a critical light the arguments for the diagnosis are quite weak. Most problematic is the concept that involuntary vocal utterances are transferred to the written form. One would expect to find similar written manifestations of vocal tics in the work of authors suffering from Tourette's syndrome. This is neither the case in the work of Samuel Johnson (1709 – 1784) nor in that of André Malraux (1901 – 1976). In conclusion, Tourette's syndrome is an inventive but implausible diagnosis in the medical history of Mozart.

Wolfgang Amadeus Mozart's 250th birthday brought us a surge of essays on almost every aspect of his short life. Given the fact that he is without doubt one of the greatest composers in human history this is not very surprising. His development from wunderkind to more or less reputed artist seems to be prototypical for the career of a genius. Many authors attempted to deduce the constituting factors of geniality from his biography but as Hildesheimer [1977] pointed out most of them failed. Mozart died at the early age of 35 which seems tragic considering what he might have written had he lived longer. The fact that Mozart worked on the famous Requiem in his last days seems even more mysterious. And the legend that his antagonist Antonio Salieri poisoned him contributed further to the Mozart mystery.

Unsurprisingly historians of medicine consistently wondered about Mozart's medical history. The focus of the scholarly discussions has not only been on the multitude of Mozart's illnesses during his lifetime but also on his final illness and death. The list of possible diseases leading to Mozart's death is quite impressive. It demonstrates the dilemma of any retrospective medical history. Historical medical reports are rarely thorough enough in their description of symptoms. Furthermore, the medicine of the past often misinterpreted side effects of treatments due to toxic doses of drugs or phlebotomy inducing severe anemia as a symptom. Many differences in hygiene and general nutrition have to be taken into account in historical medical cases. Finally, the range and the peculiarity of chronic diseases differ from century to century. In this essay I shall not touch on Mozart's early death but will focus on one aspect in his range of neurological disorders: Tourette's syndrome (TS).

### **Tourette's Syndrome**

The neurologist Georges Gilles de la Tourette (1857--1904) was a coworker of Jean-Martin Charcot at Salpêtrière in Paris (fig. 1). Based on nine cases he described a 'maladie de tics' characterized by the combination of involuntary stereotyped movements and utterances -- motor and vocal tics [Gilles de la

Tourette, 1885]. TS usually manifests itself in early childhood and sometimes disappears with adulthood [for a review, see Jankovic, 2001; Leckman, 2002]. In more severe cases the tics persist throughout life. The severity of tics typically waxes and wanes, both throughout the day and during periods of weeks or months. According to actual criteria the diagnosis of TS requires multiple motor tics and at least one vocal tic persisting for at least 1 year. Tics are classified as simple or complex. Simple motor tics are brief rapid movements typically involving only one muscle group, e.g. face or shoulder. Complex motor tics can come as a coordinated sequence of movements that serves no purpose even though it seems to be purposeful. Simple vocal tics manifest as grunting, yelping or throat clearing. Complex vocal tics include syllables and phrases, as well as palilalia (the repetition of one's own words), echolalia (the repetition of other people's words) and coprolalia (utterance of obscene words). Although coprolalia is one of the best-known symptoms in TS it occurs in only about 10% of TS patients. TS cases with mild symptoms usually have a good prognosis. Important coexisting diagnoses often associated with TS are hyperkinetic disorders such as attention deficit hyperactivity disorder and other developmental problems in childhood as well as mood disorders and obsessive-compulsive disorders in adulthood.



*Fig. 1.*  
Georges Albert Édouard Brutus Gilles de la  
Tourette (1857--1904), French neurologist

The pathogenesis of TS is not yet clear. Genetic influences and damaging factors during gestation and birth have been suggested. A postinfectious autoimmune mechanism following rheumatic fever, like Sydenham's chorea, sharing target regions in the brain such as the basal ganglia and related cortical and thalamic sites might also contribute to the manifestation of TS.

The prevalence of TS in children aged 13 - 14 is estimated between 31 and 157 cases per 10,000 [Hornsey et al., 2001]. Considering this high prevalence the diagnosis of TS was surprisingly seldom in the past. Even after its first scientific description TS was rarely reported during the next 90 years. Tics were mainly explained in the framework of psychoanalysis and therefore were no longer considered as a separate disease. Most psychiatrists believed that patients with tics also suffered from unresolved psychological disturbances or psychosexual conflicts. Therefore, psychotherapeutic intervention based on psychoanalysis was the preferred method of treatment. This view only changed after first reports on successful TS treatment with haloperidol emerged [Caprini and Melotti, 1962; Shapiro and Shapiro, 1968]. Sacks' popular descriptions of TS cases [Sacks, 1985, 1995] led to increased public awareness. Nowadays support is available at many places to help patients and their families deal with the diverse medical and social aspects of the disease.

### **Mozart's Case**

Today's readers feel challenged by quite a few passages of Mozart's letters as well as parts of his music. How could such an extraordinary artist express himself so vulgarly? How could a canon (K 231) be titled *Leck mich im Arsch* (lick my arse)? Out of shame musicology initially hushed up this aspect. This explains why text and title of the mentioned canon were changed when first published by Breitkopf: *Lasst uns froh sein* (let's be happy). Apart from the canons Mozart's impressive vulgarity shows most in his letters to his cousin Maria Anna Tekla Mozart, nicknamed Bäsle (fig. 2). Mozart wrote them between 1777 and 1781 (aged 21–25). They reveal an enthusiastic and light-hearted

relationship or, possibly, a love affair. In his second letter Mozart wrote [translations by Spaethling, 2000]:

Mannheim, November 5, 1777

Deares cozz buzz!

I have received reprieved your highly esteemed writing biting, and I have noted doted thy my uncle garfuncl, my aunt slant, and you too, are all well mell. We, too thank god, are in good fettle kettle... You write further, indeed you let it all out, you expose yourself, you let yourself be heard, you give me notice, you declare yourself, you indicate to me, you bring me the news, you announce onto me, you state in broad daylight, you demand, you desire, you wish, you want, you like, you command that I, too, should could send you my Portrait. Eh bien, I shall mail fail it for sure. Oui, by the love of my skin, I shit on your nose, so it runs down your chin...

Mozart's widow Konstanze got the letters back after his death but did not publish them. In the very first edition of Mozart's letters the obscene parts had still been eliminated. Therefore, Mozart's admirers had to come to terms with the new insights into the genius's personality after the first unabridged edition was published. The vulgar expressions were not restricted to the Bäsle letters. They could also be found in several letters to his father, his mother, his sister as well as in letters to close friends.

Mozart to his father:

Augsburg, October 17, 1777

... A certain Pater Emilian, a conceited ass and simpleminded clerical wag, was there, full of sweetness. He wanted to flirt with Bäsle, but she instead had her fun with him... He sang a Canons... I was third in line to sing. But I sang a whole different text: 'P.E., o oh you prick, why don't you kiss my ass.' I sang it sotto voce to my Bäsle. We were laughing for half an hour.

A possible explanation for the well-documented vulgar utterances of Mozart could be the diagnosis of TS. This had been suggested for the first time at the World Congress of Psychiatry in Vienna in 1983 [Fog and Regeur, 1983]. Since then several scientists tried to diagnose the syndrome posthumously [Gunne, 1991; Simkin, 1992; Schaub, 1994; Fog, 1995]. They were promptly and harshly been criticized by others [Davies, 1993; Heyworth, 1993; Karhausen, 1993]. It is worthwhile to study the pros and cons in detail.

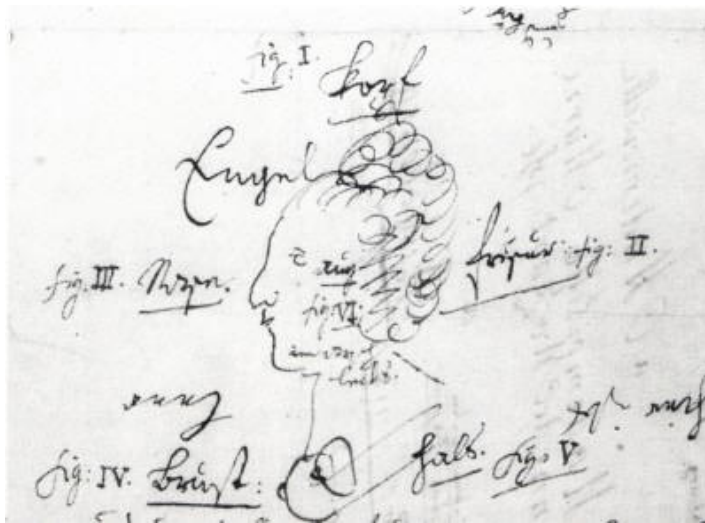


Fig. 2.  
Mozart's drawing of his cousin Maria Anna Tekla Mozart, nicknamed Bäsle, on his letter of May 10, 1779. Mozart dated the letter wrongly in order to get a rhyme: 'Salsbourg den 10ten May 1709ni, blass mir hint' aini. – gut ists, wohl bekomms' (blow into my rear, nothing could be finer, bon appétit)

Simkin [1992] contributed a detailed analysis of all letters of Mozart with a statistical analysis of evidence of coprolalia, mostly scatological expressions and sexual insinuation. Simkin also counted the occurrences of palilalia, echolalia and comparable word plays. He found evidence of this in 63 out of 371 letters (17%) and interpreted it as a vocal tic in written form. Sorting the letters chronologically he identified several periods in the life of Mozart with an accumulation of coprolalia. These periods seem to correlate with putative phases of a particularly heavy emotional load in Mozart's life. Simkin took the passages of the letters as well as their striking periodicity as a proof for the existence of vocal tics and as a part of the diagnosis of TS. The motor tics required for a correct diagnosis of TS were derived from several statements of contemporaries. Mozart's restlessness was reported several times as finger playing, feet tapping, running around or even rollicking about. Sophie Haibel, Mozart's sister-in-law, mentioned:

At a table he would often twist up a corner of a napkin and rub his upper lip with it, without appearing to know what he was doing, and he often made extraordinary grimaces with his mouth... Also, his hands and feet were always in motion, he was always playing with something, e.g. his hat, pockets, watch-fob, tables, chairs, as if they were a clavier.

Karoline Pichler, who took piano lessons with Mozart, mentioned in her memoirs:

[After an improvisation on a melodie of Figaro] ...he suddenly tired of it, jumped up, and, in the mad mood which so often came over him, he began to leap over tables and chairs, miaow like a cat, and turn somersaults like an unruly boy.

According to Simkin these and four other anecdotal citations fulfill the criteria of motor tics. Furthermore, the report of Pichler, mentioning the 'miaow', is the only one that might be taken as evidence of a vocal tic.

## Discussion

The claim that Mozart suffered from TS was immediately and harshly criticized. Two main objections have been made: First, it is not proven whether written documents can account for the existence of a vocal tic. Second, the evidence of motor tics in Mozart's life is doubtful.

The scatological parts of Mozart's letters could be part of the conversation style typical for the region at that time. Indeed, southern Bavaria and the Salzburg region are known for quite a crude language style. From contemporary sources we can also conclude that roughness in spoken language was not even restricted to a certain region [Aterman, 1994]. The language of Luther in the 16th century is a nice example, and even Goethe allows his Götz von Berlichingen to reply to the Bishop of Bamberg: 'He can lick my ass!'. Furthermore, it could be argued that Mozart deliberately used rough language to demonstrate his disrespect of the nobility.

Although the conversation style was different in the 18th century the scatological parts in Mozart's letters have been considered to be a sign of a very special relationship between Mozart and his parents as well as his sister.

Ortheil [1982] suggests that the Bäsle letters should be read in their chronological relation to the letters Mozart wrote to his father. At the age of 21, Mozart was for the first time travelling without his father, seeking an independent position in Munich, Mannheim and Paris. He did not have the expected success and from Salzburg Mozart's father tried to help his son go to the right places. In his frequent correspondence the father felt that his son had started to emancipate himself from his rigid regime and he diligently

admonished his son. In his letters Wolfgang tried to follow his father's suggestions without losing his new liberty. According to Ortheil the Bäsle letters are an outlet for this complex father-son constellation. The whole pressure caused by the father's exhortations in combination with the disappointing development of his career was transferred by Mozart into the radical messages to Bäsle.

Mozart's letters demonstrate undoubtedly an unusual delight to play on words. Mieder [2003] presents a detailed analysis of Mozart's use and alteration of proverbs. He demonstrates Mozart's inventive use of language to express such different things as his love for Konstanze or his disreputable dismissal from the Salzburg Court. He often took the role of the tomfool annotating facts with clownish phrases. From this point of view the examples of echolalia and palilalia have to be interpreted differently. Reading the letters aloud even makes the musicality of the phrases obvious.

The written documents that seem strange at first glance can be taken as an inventive and imaginative verbalism against the backdrop of the specific language culture of the time.



*Fig. 3.*  
Dr. Samuel Johnson (1709--1784),  
English writer and lexicographer,  
suffering from TS



Can written documents be a proof of vocal tics of the author? In the history of literature, two prominent authors are known to have suffered from TS: Samuel Johnson (1709--1784, fig. 3) and André Malraux (1901--1976). Both wrote a voluminous opus with a large spectrum of different genres. But in none of their writings are there signs of involuntary passages. In contrast, Johnson stands for his witticism which is frequently quoted. In 1933 André Malraux received the Prix Goncourt, the most prestigious prize in French literature, for his novel *La condition humaine*. The claim that involuntary utterances influence the content of written documents seems quite questionable from this point of view.

What about the reports suggesting that Mozart suffered from motor tics? In my view they are the most important part of the diagnosis. However, even these documents leave some questions unanswered. Why is there no mentioning of tics in Mozart's childhood? Although adult onset of TS has been described [Marneros, 1983; Chouinard and Ford, 2000] first manifestation in childhood is much more common. Leopold Mozart probably would have mentioned some of his son's motor tics or other motor problems had there been any. Also the reports of Mozart's motor tics seem insignificant in comparison with the documented evidence of tics of Samuel Johnson.

## Conclusion

Although the idea seems to be compelling the evidence is too small to claim that Mozart suffered from TS. A definite statement about the retrospective diagnosis is impossible due to the lack of sufficient sources. The concept has its own charm, in particular if one follows the distinction of Sacks [1992] between the stereotypical form and the phantasmagorical form of TS. He emphasizes the possibility of a patient mastering his TS and directing it into an orderly flow with extraordinary creative features. Yet it is important not to confuse a disorder with an extraordinary creativity. The long debate on a link between creativity and mental illness has not been resolved yet [e.g. Waddell, 1998]. However, the equation has a very romantic touch, but it fails to explain ingenuity. There is no

need to listen to the marvellous music of Mozart with a switched on 'syndrome filter' in mind.

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