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## Schumann's hand injury

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The Schumann literature contains many and varied accounts of a hand injury sustained in the early 1830s. Some are very detailed and assured. But the evidence is exiguous and contradictory. The traditional explanation that a mechanical device for finger-strengthening permanently disabled a finger of Schumann's right hand is at variance with his own testimony in 1830-9, and with the recollection of his widow in 1889. Its sole source seems to be a book published in 1853 by Friedrich Wieck, which offers a passing comment on "the "finger-tormentor" thought out by a famous pupil of mine, which he invented against my wishes and used behind my back to the righteous outrage of his third and fourth fingers". The assumption has been that this same device caused lifelong injury. But Wieck does not say so. Nor does he name Schumann in this context, though he does elsewhere in the book. In any event Wieck is not usually rated the most reliable of witnesses about his son-in-law. Schumann the inventor of mechanical devices is also an unfamiliar figure. There were plenty of finger-strengtheners on the market at the time. According to Bötticher, Schumann ordered one in 1837, which would seem a strangely masochistic request from someone who had spent seven years as its crippled victim. Further, Clara Schumann's only clear recollection of the injury was that it was *not* caused by any such device: and can we believe that she would not have been told about it, or that having been told she would ever have forgotten? Moreover, she was quite sure that the residual damage was to the *index* finger-which would not in normal circumstances have needed strengthening.

Schumann himself first refers to the trouble as an affliction of the *hand*, and only later as affecting a *finger*. He described it in such words as *Schwäche* or *Lähmung*, which connote loss of motor function from (say) rheumatism, rather than injury. He never mentions any sprain or pain; for the first two years there is little indication of even a temporary disablement. On the contrary; the specialist's advice was "to play the piano as little as possible". Schumann continued to compose and transcribe virtuoso piano works, and to write long letters and articles and diary entries, all (so far as we know) with the right hand.

But in 1839 he told an admirer of his music that he had lost the full use of that hand: ". . . some fingers (no doubt because of too much writing and playing in earlier years) have become quite weak, so that I can hardly use them". If that were really the cause, there should be many other recorded instances of such a disability; but Schumann's is unique. Perhaps he was too embarrassed to mention the use of a device. But one wonders what device short of a thumbscrew could possibly have had so prolonged and crippling an effect; and how such an effect could possibly have been chronic before it was acute, and harmed the hand before it hurt a finger. The textual evidence surely suggests that the hand trouble was gradual and its cause unknown.

It began in 1830 or 1831, according to Schumann and his earliest biographers. His first overt reference in published documents has generally been assumed to be the following, in a letter to his mother written from his Leipzig lodgings in June 1832: "Eduard [his brother, d1839] will tell you about the strange misfortune that has befallen me". He gives no details save that this misfortune was to be the occasion of a journey to Dresden "next Monday" on medical advice. Wieck, who at this time was still Schumann's closest friend and mentor, was going with him. But there are two letters to Wieck less than a fortnight earlier which make no mention of any mishap or journey. Schumann's diary at the end of May delightfully describes his dexterity in free-flowing improvisations at the keyboard. His words to his mother do not at all suggest existing damage due to a known cause. They seem rather to describe a recent and perplexing manifestation one which had baffled his doctor to the point of recommending further treatment, or a second opinion, in a town 60 miles away.

The names of the Leipzig doctor and of the Dresden consultant remain unknown. But Schumann must have needed yet more advice, for within two months he reports to his mother the verdict of Professor Kuhl (so spelt in the published letters, but no doubt Karl August Kühl, 1774-1840, Professor in Leipzig from 1824) that recuperation would take at least six months. Kühl prescribed animal baths (*Thierbäder*) together with immersing the hand (sic) in warm brandy-lees by day and keeping the arm (sic) in a herbal bandage (*Kräuterverband*) at night. Prognosis and therapy seem alike significant.

"Thierbäder" meant contact with animal warmth and substance. A contemporary Berlin encyclopaedic dictionary of medical practice describes one simple method still in use nowadays (i.e. 1830) as putting the affected part into the thoracic or abdominal cavity of a freshly-slaughtered animal and keeping it there as long as the natural warmth lasted. Schumann speculated (no doubt half humorously) that something of the nature of cattle might pass into his own. He added however that he found the treatment invigorating (*stärkend*). These ideas echo the 1830 encyclopaedia, which speaks of exposure to the

"Halitus animalis", and says that its effect is uncommonly invigorating (*ungemein stärkend*). Perhaps we may infer what seems in any event likely, that Professor Kuhl was well versed in current therapeutic techniques and theories, and was prescribing for a specific disorder.

What disorder? The encyclopaedia gives, as the main conditions for which *Thierbäder* were recommended, impaired function (*Lähmungen*) of the extremities, whether caused by localized weakness, gouty metastases, or chronic metal poisonings. These possibilities can perhaps be further narrowed by the added prescription of a *Kräuterverband*. This is no doubt a form of what the same encyclopaedia calls a *Kräuterkissen* or herbal pad, which could be prepared in a variety of shapes and sizes to accommodate the affected part. If Schumann had to put his arm in one, then it was presumably designed to treat the arm as well as the hand. It was recommended for various forms of gout or rheumatism.

Arguably, therefore, Professor Kuhl (whose qualifications were in surgery and anatomy) had diagnosed the complaint as some form of intractable rheumatic weakness or impairment of the hand and arm. This is in some measure confirmed by the fact that in the following winter (1832-3) Schumann received electrical treatment of an unspecified nature from Dr Otto of Schneeberg. But there is no real evidence for blaming the condition on a mechanical device, or on over-exertion of any kind; still less for attributing it to gout. The other suggested cause, chronic metal poisoning, would sound the least plausible of all-were it not that mercury and its compounds were at the time the universal specific against syphilis; and expert testimony from Schumann's day to our own has repeatedly implied or concluded that his inveterate illness, his madness and death, were all in fact caused by acquired syphilis.

The hand symptoms of chronic metal poisoning are well-documented, though nowadays rare. Lead compounds for example can cause a paralysis which usually begins in the extensor muscles of the fingers, at first in the right hand of right-handed persons, and is accompanied by wasting of the posterior muscles of the forearm. Such a weakness could well explain why Schumann should have had recourse to a finger-strengthener; and one can readily see how cause and effect might then have become confused. Mercury compounds have effects similar to those of lead, including not only headache and depression but also illegible handwriting, due to palsy or intention tremor on trying to use the hand. This tremor is in fact the most obvious symptom of mercury poisoning; and it was also the first hand symptom that Schumann ever mentioned in recorded correspondence. "My hand trembles as I write", he told his mother in May 1831.

He had been consulting his (unnamed) Leipzig doctor in the belief that this was a symptom of cholera. It was not; but no doubt it was a symptom of something. If it was related to the further signs of paralysis of the hand later in that same year (which seems a reasonable enough supposition) then that would be typical of the mercury syndrome. Prolonged ingestion of mercury could also affect the arm muscles; Schumann's arm seems to have needed separate treatment. "Extended fingers" is another symptom of mercury poisoning; and this may explain the otherwise bewildering observation by Schumann's first biographer, Wasiliewski, that the affected finger "moved upward although a downward movement was intended". Could this have been the "strange misfortune" of June 1832?

However this may be, Schumann could certainly say in a letter to a friend of April 1833 that a finger of his right hand was *lahm* and *gebroschen*, still for no ascertainable reason, and still without effective remedy. In June of that year he consulted a homoeopathic practitioner, Dr Hartmann. Franz Hartmann (1796-1853) had been practising in Leipzig since 1826 as a leading disciple of Samuel Hahnemann, who in about 1796 had founded homoeopathy there (i.e. the treatment of disease by the administration of small doses of drugs which would produce in a healthy person symptoms like those of the disease treated). Schumann was prescribed a tiny little pinch of powder (*ein klein klein Pulverchen*), together with strict diet-no wine or coffee, and not much beer. Most conditions seem to have called for some such regimen. But Dr Hartmann later, wrote, in a book of his on special therapy, that the less the syphilitic patient ate, the better; wine was to be avoided and coffee forbidden, though a little beer might be allowed.

There are extant records of the homoeopathic clinic in Leipzig for the nine months ended September 1833. They were contributed by Dr Hartmann among others, and published by Ludwig Schumann (d1847), a Leipzig bookseller who was a keen supporter of homoeopathy and a contributor to the clinic's funds. It was no doubt he who recommended this method of treatment to his namesake; the two were apparently acquainted and possibly related.

The clinical records show that during the period about 100 in-patients and 1000 out-patients were treated for well over 100 different diseases and conditions. The case-histories of the in-patients, and of the successfully treated out-patients, are described in some detail (name, age, town, occupation, previous medical history, symptoms, treatment, outcome). Schumann's particulars are not among them; so his case would have been classified, if anywhere, among those of the clinic's unsuccessfully treated out-patients. But even those cases are briefly analysed, by disease or condition. Only one of them (and only one of the 1100 total) is listed as an affliction of a finger. This does not have to be Schumann's right index; but at least it appears as a new case during the April-June quarter in which Schumann was first Dr Hartmann's patient. The word used is *Fingergeschwür*, a general term for a sore or an ulcer. The patient concerned; whoever it may have been, was not seen or treated again for that ailment, whatever it was. But in the third quarter of 1833, at a time when Schumann was being attended by Dr Hartmann for a

feverish condition, there are a number of cases of *grippe* or ague, *Wechselfieber*, which was common in Leipzig at the time.

As it happens, this sequence of lesion and fever presents the clinical picture of early syphilis. A primary lesion on a finger would be well within the bounds of possibility; so would the involvement of the bones and joints of the hands and fingers in the secondary stage. Any such manifestations would doubtless have been slow to heal, and the healing process itself might well inhibit finger movement. But such signs would have been acute, recognizable and embarrassing; whereas what Schumann describes, and what his treatment implies, was chronic and perplexing but could be discussed without constraint.

The hypothesis which fits these facts is again that the hand symptoms were caused not by Schumann's disease but by its treatment. This might also explain why Dr Hartmann told Schumann that the hand condition was one which "no allopath could cure". The tiny doses prescribed by homoeopathy could hardly be harmful in themselves, even if the *klein klein Pulverchen* were a mercury compound. Further, even those small doses might in time be discontinued. For Dr Hartmann believed, as we learn from his writings, that syphilis could be regarded as cured if the secondary manifestations had cleared up satisfactorily and the patient remained in good general health; and we know also that Schumann by July 1833 was showing more confidence in his new physician and in the general theory of homoeopathy. In March 1834 Schumann told his mother that the finger did not interfere with his improvising, his zest for which had returned. Although some of the damage already sustained proved irreversible (another pointer to mercury poisoning) it was not mentioned again in any published writing for four years, and after March 1839 such references cease altogether.

The beginning of the story is better documented; and here the records of Dr Hartmann's clinic may again be relevant. A patient with a previous history of syphilis complained of tinnitus (a ringing or singing noise in the ears) though no causal connection is suggested or apparently suspected. One is reminded of Smetana, whose syphilitic tinnitus is said to have begun 15 weeks after infection; 10-16 weeks is said to be the norm. It may be possible therefore to infer the date of Schumann's first infection from his first recorded signs of tinnitus. These began as early as February 1829, when a diary entry mentions ceaseless music during the night and no getting to sleep, "ewige Musik während der Nacht und kein Einschlaf". At first this seems innocuous enough. But much the same language recurs in an April 1838 diary entry which strongly suggests an actual aural hallucination, disturbing Schumann at his work by a ceaseless ringing noise and the sound of music in his head: "Dann stört mich das ewige Klingen und Musizieren inwendig im Arbeiten". Again in August of that year there was insomnia with the most terrible thoughts and ceaseless singing tormenting music: "Kein Auge zugetan unter dem schrecklichsten Sinnen und ewig singender quälender Musik". There is other evidence of aural hallucination in the late 1830s; and it was to become gradually worse. If Schumann had such an attack a decade earlier it could, by analogy with Smetana, be attributed to an inflammatory condition of the inner ear following a primary infection in late 1828 or early 1829. In the intervening period one would expect signs of feverish malaise; and a letter from Schumann's mother indicates that he had been ill at about that time. There is also a hiatus in the published correspondence. Mercury treatment initiated then might well have resulted in hand tremor symptoms by 1830.

In 1828 Schumann had left school in Zwickau for the university in Leipzig, a town which had long been (according to Goethe, 60 years earlier) a notorious source of syphilitic infection. Hugo Wolf was infected in Vienna at the same age and in similar circumstances. He too showed symptoms of ear trouble and later of insanity; like Schumann, he later attempted suicide by drowning. The parallels with Smetana are even more striking. One wonders for example whether Schumann's well-attested vagueness in his later years, his quiet speech, his incompetence as a conductor, might not have been due in part to encroaching deafness; and his taciturnity to a laryngeal involvement of the kind from which Smetana suffered. In other respects too their clinical patterns could hardly be more congruent: each had continuous general malaise, tinnitus, vertigo, insomnia, headache, depression, premonitions of insanity, numbness, cramp, difficulty in writing, speech disturbance (first slight, then grave), memory failure, a stroke, pains in bones and joints, florid psychosis, general paralysis of the insane, and deterioration to death, with similar post-mortem signs.

Only an expert medical historian can speak with assurance on these diagnostic questions and their biographical corollaries. But at least there is evidence for a diagnosis of syphilis (whereas there is none at all for the still prevalent myth of Schumann's schizophrenia); and the lay chronicler can indicate certain other factual data as possibly relevant.

For example: it was, of all people, Friedrich Wieck, acting in loco *parentis*, who went with Schumann on his journey to Dresden in 1832. The aetiology of syphilis was still obscure, and (as we have seen) its terrible sequelae of paralysis and death were not well understood even by specialists. Clearly Schumann himself would have believed his condition cured, no doubt on medical advice. But Wieck had a much-loved prodigy daughter, and a wary and jealous nature. Even the least suspicion of what was wrong with Schumann would help to explain Wieck's embittered and frantic opposition to a marriage with Clara, when that was proposed four years after the Dresden journey. As is well known, the marriage did not take place until Clara had come of age and Wieck was powerless to prevent it. He remained implacably hostile until not one but two healthy children had been born to the Schumanns. He then sought reconciliation, in a letter which contains the striking phrase: "You are now the father of a family - what

need for a long explanation?" But in due course the need for an explanation recurred. Schumann's 1852 diaries record ominous symptoms, in words which a later hand has sought to render illegible. In 1853 there were observable clinical signs of incipient incurable organic disease of the brain.

If Wieck had had any suspicions, they could only have deepened thereafter. He survived two of Schumann's children and lived to see three others gravely or incurably ill. In particular it fell to his lot once again to take a fatherless young man to Dresden. This time it was his grandson Ludwig Schumann, who was suffering from a disease of the spine and would spend the rest of his life in an asylum for the incurably insane. Musical history has judged Wieck harshly; and perhaps unfairly. What of his daughter Clara? There has been much speculation about why she and Brahms, who were so devoted to each other for so long, did not marry when they were free to do so. We know that Brahms wondered why his revered master was not only demented but visibly dying of deteriorative disease. It is on record that he went from a visit to Schumann at the Edenich asylum to seek second opinions elsewhere. At Kenneburg he was told that there was no hope in such cases. So he went on to Winnetal, where also he heard nothing for his comfort. It was in that asylum that Lenau had spent two of his last years. He is said to have suffered from syphilis.

His poetry might have been expected to appeal to Brahms; their themes and styles are much akin. But Brahms never set a line of it; and we know that the very thought of Lenau became repugnant to him. So, sometimes, did the thought of women. His traumatic involvement with the Schumanns must have deepened, but may also have arrested, his emotional and artistic development.

If Schumann had syphilis, then Schumann's was not the only music, nor the only happiness, nor the only reputation, nor the only physical and mental health, to be thereby affected; while many aspects of his own life and art will thereby be placed in a new light-one which surely compels enhanced admiration for such achievements against such odds.

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