Brahms’ Lullaby Revisited*
Did the Composer Have Obstructive Sleep Apnea?

Mitchell L. Margolis, MD, FCCP

(CHEST 2000; 118:210–213)

Key words: Brahms; sleep apnea

Abbreviation: OSA = obstructive sleep apnea

If there is anyone here I have not offended, I apologize.

Johannes Brahms

Historians are divided as to whether Johannes Brahms (1833–1897), whose music is among the most beloved and masterful in history, actually made the above remark on taking his leave from a party.1,2 But there is little doubt that he could have. Brahms was possessed of a crusty personality, and even long, close friendships with Clara Schumann and the violin virtuoso Josef Joachim were frequently punctuated by bursts of rancor and thoughtlessness. Brahms’ personality was probably influenced by humiliating childhood experiences playing the piano in Hamburg bordellos to augment the meager family income, although considerable debate persists as to the exact nature of these episodes.3–5 Also, the overwhelming expectations thrust on him by no less than Robert Schumann and Hans von Bulow (the leading music critic of the day) as the successor to Bach and especially Beethoven contributed an additional huge psychic burden. Indeed, it is a measure of his genius that Brahms was able to meet and even exceed these daunting predictions. The reader is referred to Jan Swafford’s fine biography3 of the composer for a more complete understanding of Brahms’ personality and life.

From a medical standpoint, Brahms’ life seems rather straightforward. A lithe and handsome man in his young years (Fig 1), Brahms seems to have known few illnesses throughout his life; even at age 57, on the occasion of a rare flu-like sickness, he “seemed to have no idea what a fever was.”6 Finally, in 1896, he developed progressive jaundice and weight loss. This terminal illness, analyzed in depth by Neumayr,4 was probably carcinoma of the pancreas.

However, a more careful reading of the Brahms canon suggests that he may have suffered from obstructive sleep apnea (OSA), a condition unknown
to the physicians of his day. In this article, I summarize evidence in support of this hypothesis.

**Symptoms**

As Brahms never married, we have no spousal description of habitual snoring. However, with the following account by baritone George Henschel (1850–1934), we don’t need one. Henschel’s humorous and revealing testimony dates from joint concert tours in the 1880s, and is quoted verbatim with permission.

We retired to room No. 11, and it was my instant and most ardent endeavor to go to sleep before Brahms did, as I knew from past experience that otherwise his impertinently healthy habit of snoring would mean death to any hope of sleep on my part.

My delight at seeing him take up a book and read in bed was equaled only by my horror when, after a few minutes, I saw him blow out the light of his candle. A few seconds later the room was fairly ringing with the most unearthly noises issuing from his nasal and vocal organs. What should I do? I was in despair; for I wanted sleep, and moreover, had to leave for Berlin early next morning. A sudden inspiration made me remember room No. 42. I got up, and went downstairs to the lodge of the porter, whom, not without some difficulty, I succeeded in rousing from a sound sleep. Explaining cause and object, I made him open room No. 42 for me. After a good night’s rest, I returned, early in the morning, to the room in which I had left Brahms.

He was awake and, affectionately looking at me, with the familiar little twinkle in his eye and mock seriousness in his voice, said to me, well knowing what had driven me away, “Oh, Henschel, when I awoke and found your bed empty, I said to myself, There! he’s gone and hanged himself! But really, why didn’t you throw a boot at me?”

The idea of my throwing a boot at Brahms!

The composer also seems to have been an inveterate napper, particularly in his middle and late years; however, his ability to drop off to sleep “in a second” was noted in early adulthood by his friend, the composer Albert Dietrich. Ironically, the most infamous nap of Brahms’ life may have had nothing to do with sleep apnea. In 1853, he fell asleep during a performance of Liszt’s B minor sonata. The performer was none other than Liszt himself, who was properly miffed; the occasion was the initial meeting of the two men. That as keen a student of the piano as Brahms would doze during his first hearing of this virtuosic and dynamic work, rendered by perhaps the most spellbinding pianist in history, seems odd to say the least. Nevertheless, it is difficult to link this episode with OSA, since the Brahms of 1853 was a fragile-appearing 20 year old in whom the more pervasive symptoms of the disorder (and the composer’s familiar obesity) had yet to emerge.

Exacerbating Factor

In later years, portly Brahms frequently snored in the afternoon in the cafes of Vienna, and his motionless flowing beard comprised a familiar sight for gawking tourists. A subsequent nap on the occasion of Brahms’ first hearing of a promising young conductor by the name of Gustav Mahler in 1890 was interrupted by a “queer snort.” While one is reluctant to ascribe too much significance to a single such description, the episode is reminiscent of the “resuscitative snort” that frequently terminates an obstructive event in sleep apnea. By October 1896, Brahms would sometimes fall asleep at the table or theater box.

**Physical Characteristics**

Brahms was a short man, even by the standards of the day. While slender as a youth, he became progressively obese with age, until his final illness. By age 35, he was already too stout for his fur coat. By the early 1890s, he had difficulty reaching past his belly for his keys. Obesity and male gender are among the strongest risk factors for OSA, and untreated sleep-disordered breathing seems to worsen with time.

In addition, Brahms had a thick, short neck that is clearly demonstrated in photographs and sketches from the 1850s and 1860s; it then disappeared under the bushy beard of the mid-1870s (Fig 2). His neck size doubtlessly contributed to his aversion for neckties of any kind, and from age 50 onward, Brahms wore the collarless shirt of a hunter.

This preference was so pronounced as to prompt the doggerel chanted by his friends on his receipt of the Order of Leopold in 1890. In English, the meaning without the rhyme:

“Now he’s really got something to wear around his neck / A shame it’s still not a collar.”

Increased upper-body obesity, as reflected by neck circumference, is a particularly good predictor of OSA.
CLINICAL SEQUELAE

The appeal and clinical importance of the Brahms OSA hypothesis are uncertain, apart from the intrinsic interest of attempting to diagnose a substantial medical disorder in so famous a patient (and one who has been dead for 103 years).

In the late phase of pancreatic cancer, 6 weeks prior to death, Brahms developed distorted facial features, an immobile eye, and dysphasia for a few days, associated with weakness that prevented him from taking his usual walks. Stroke is an obvious diagnostic possibility, and OSA may be a risk factor for stroke. However, since no autopsy was performed, these findings alternatively could have arisen from other diseases, including brain metastases or Bell’s palsy. The latter would not explain the possible ophthalmoplegia and difficulty with ambulation, however.

A second issue is impotence, another common feature of OSA. It is in this context that Hugo Wolf’s contemptuous and liridicous dismissal of Brahms’ music as “a celebration of impotence” must be mentioned. Brahms was quite capable of lusty and vulgar remarks, and patronized similar establishments to those that provided the setting for his aforementioned youthful humiliation. However, details of these visits remain unknown, and the composer repeatedly and pointedly shied away from long-term intimacy and marriage. Thus, the role of OSA, if any, in Brahms’ sexual functioning remains obscure.

Finally, we return to the issue of Brahms’ prickly personality, as evidenced by the possibly apocryphal quote at the beginning of this article and by innumerable examples of peevish behavior throughout his life. Patients with OSA may demonstrate chronic abnormalities in mood and affect; in fact, irritability and depression are typical of the personality changes that may accompany the disorder. Thus, it is tempting to hypothesize that the composer’s intermittent bouts of depression and notorious irascibility could in part relate to chronic sleep fragmentation and/or nocturnal hypoxemia. Unfortunately, this notion will likely remain forever in the realm of speculation.

Comment

The medical diseases of the great composers continue to exert a powerful hold on the imagination of physicians. Neumayr and O’Shea have written scholarly texts on the subject, and an article in CHEST on the pulmonary illness of Frederic Chopin brought forth numerous critiques and responses. Thus, a new theory about so famous a composer as Johannes Brahms is forwarded with a good deal of trepidation. Furthermore, the clinical evidence does not precisely correspond to classic OSA in Brahms’ case; we have no record of witnessed apneas or overt nocturnal awakenings, for example.

However, the evidence that Brahms had OSA is intriguing. A detailed reading of the literature reveals near-classic descriptions of the most characteristic symptoms of the disorder: loud snoring and daytime hypersomnolence. The composer’s eventual physical attributes also correspond to those of a typical OSA patient, particularly his obesity and thick neck. Extensive lifelong alcohol consumption comprises a likely and familiar exacerbating factor.

I conclude that the hypothesis that Johannes Brahms suffered from OSA is tenable, and that OSA could help explain some important aspects of his life and personality. One wonders if the disorder contributed to lifelong alienation from friends and marriage (“fetters” according to Brahms), thereby indirectly nurturing his determined devotion to the creation of his immortal music.
ACKNOWLEDGMENT: The author thanks Allan Pack, MD, PhD; Martin Heyworth, MD; and Professor Jan Swafford for reviewing the manuscript; Gregg Lipschik, MD, for his suggestions; and Mia Fields for secretarial assistance.

REFERENCES