

HISTORICAL NOTE

Maurice Ravel's dementia: the silence of a genius

A demência de Maurice Ravel: o silêncio de um gênio

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ABSTRACT

Maurice Ravel is one of the most important French musicians. In the last years of his life, Ravel was victim of a dementia of uncertain etiology that caused aphasia, apraxia, agraphia and amusia. The artistic brain of the author of eternal musical compositions was progressively silenced due to his neurodegenerative disease. On the 90th anniversary of *Boléro*, this historical note revisits Ravel's case and discusses the relationship of his dementia to his artistic production. It illustrates the intimacy that can exist between art, music, creativity, and neurology.

Keywords: Dementia; art; music; neurology.

RESUMO

Maurice Ravel é um dos músicos franceses mais importantes. Nos últimos anos de vida, Ravel foi vítima de uma demência de etiologia incerta que causou afasia, apraxia, agrafia e amusia. O cérebro artístico do autor de eternas composições musicais foi progressivamente silenciado devido à sua doença neurodegenerativa. No 90^o aniversário de *Bolero*, esta nota histórica revive o caso de Ravel e discute a relação de sua demência em sua produção artística. Ele ilustra a intimidade que pode existir entre arte, música e criatividade com a neurologia.

Palavras-chave: Demência; arte; música; neurologia.

Maurice Ravel (1872–1937) (Figure) is one of the most important French impressionist-classical musicians. His compositions are part of the eternal French artistic legacy, such as the *Boléro*, a musical masterpiece that celebrates 90 years since its conception and still thrills the world. In the last years of life, Ravel was victim of a neurodegenerative disease that imprisoned his genius in a demented brain.

ideomotor apraxia. Alajouanine first presented Ravel's case at a congress of Neurology in 1938^{1,2,3}.

RAVEL'S DISEASE

The first symptoms became evident for the first time in 1927, when friends reported Ravel had difficulties writing and speaking. According to Mme. Jourdain-Morhange, "at the beginning of his illness, Ravel flew into a passion when he could not find the word he sought". On a European concert tour, Marguerite Long, who was accompanying Ravel, observed that "the maestro lost his bags, his watch, both my and his train tickets; he hid his letters and even mine in his pockets"^{1,2}. Besides the amnesia impairment, the French neurologist Théophile Alajouanine described in Ravel a diffuse impairment of oral and written language associated with an

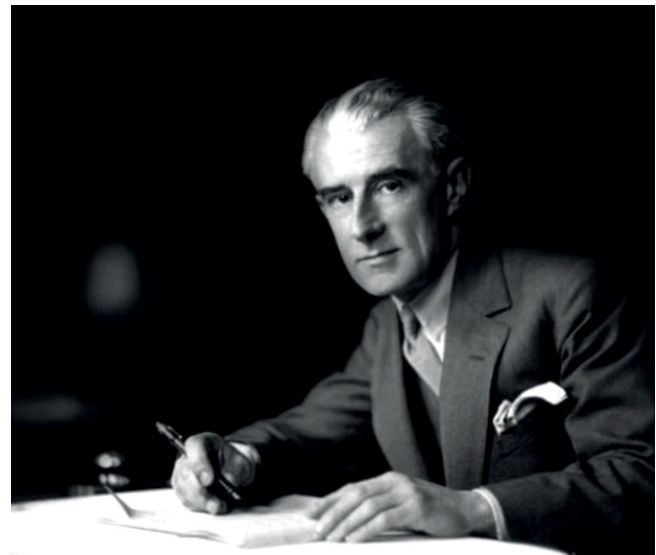


Figure. Maurice Ravel (1872–1937), the composer of the famous *Boléro*.

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In 1932, Ravel was victim of a car accident in Paris and, shortly after, his health clearly deteriorated. Difficulties in writing increased and he was no longer capable of writing his own music. In 1933, he confided to one of his friends: “I will never write my Jeanne d’Arc; this opera is here, in my head, I hear it, but I will never write it. It’s over, I can no longer write my music”^{2,3}. While on holiday at Saint Jean de Luz, Ravel wanted to show Marie Gaudin how to skim a pebble on the sea but instead he struck her on the face. Due to apraxia, Ravel lost the ability to swim, having to be brought in from the sea by his friends. In the words of the French writer Colette, “*he did not try anymore to speak, and yet, sitting between us, he gave the impression of someone who is at risk of disintegrating*”^{2,3,4}. In November 1933, he made his last public appearance, performing the *Boléro*.

RAVEL’S DIAGNOSIS

What was the nature of the brain disease that cause Ravel’s decline? The exact cause remains speculative as an autopsy was not performed. However, there is consensus on the diagnosis of dementia^{3,4,5}. The Brazilian neuropathologist, Walter Edgar Maffei, was an eyewitness to Ravel’s deterioration and, during his whole life in Brazil, Maffei confirmed that Ravel had become a demented person. The slow evolution of the condition also suggests a progressive degenerative disease. Interestingly, Ravel’s father also presented with a cognitive deterioration in his last years of life, which may raise the question whether Ravel’s neurological disease had a hereditary component^{1,2}. Among the diagnostic possibilities, Alzheimer’s disease is the most common cause of progressive cerebral degeneration and, therefore, it is the most frequent diagnosis of Ravel’s disease as well⁵. Nevertheless, the age of onset was earlier than usually seen in Alzheimer’s disease, and Ravel did not experience memory or visuospatial troubles. Primary progressive aphasia could be a diagnostic hypothesis although Alajouanine had not characterized Ravel’s aphasia as severe. Corticobasal degeneration has already been considered as well, due to Ravel’s dysexecutive syndrome, apraxia and aphasia⁶. Nevertheless, asymmetric extrapyramidal symptoms have never been reported to sustain this diagnosis. Recently described, primary age-related tauopathy is another possibility for Ravel’s dementia that cannot be ruled out⁷.

RAVEL’S NEUROSURGERY

In 1937, his condition drastically deteriorated so that, in hope of finding a cause for Ravel’s problem, doctors recommended neurosurgery. Professor Clovis Vincent, one of the most eminent neurosurgeons in Europe, reluctantly agreed

to perform a right-sided craniotomy^{8,9}. However, during the procedure Prof. Vincent did not find any evidence of atrophy, tumor or hematoma that could explain Ravel’s condition^{8,9}. After the surgery, Ravel lapsed into coma and died nine days later, in December, 1937.

THE IMPACT OF DEMENTIA ON MUSIC

Some musicologists believe that Ravel’s last works, especially the *Boléro*, are a symptom of his amusia and reflect the underlying neurological disease. The relentless repetitions of the theme in *Boléro* have been pointed out as signs of the disease. According to Ravel’s own words, *Boléro* was “sixteen minutes of music without music”. Specialists consider *Boléro* to be a pure form of musical obsession: the monotonal and repetitive pattern of the composition could represent a form of frontal perseveration^{1,3,10,11}.

Some authors have developed the theory that Ravel’s illness would have affected primarily the right hemisphere. Amaducci et al.¹⁰ state that Ravel’s last musical compositions demonstrate right hemisphere functional characteristics and suggest a shift of the two sides of the brain in favor of the right as result of the disease. In the *Piano Concerto for the Left Hand*, the orchestration uses a great amount of timbre and has a particular irregular pulsating style. A plausible explanation for this observation is that, to avoid the difficulty of elaborating on a complex structured theme, Ravel adopted the alternative use of different timbres, which suggests the music originated predominantly in the right hemisphere, as rhythm is associated mainly with the left hemisphere^{10,11,12}. Furthermore, Ravel’s artistic productions were deeply linked to his childhood memories as one can observe in *Ma Mère, l’Enfant et les Sortilèges* and in *Ballade de la Reine morte d’aimer*². It is reasonable to imagine that a dementia could have interfered with his creative process somehow. In July 1937, Ravel admitted the impact of the disease on his creativity: “I still have so much music in my head, I’ve said nothing, I still have so much to say”. Maurice’s genius surrendered to his neurological disease and his musical artistic brain was silenced^{10,12}.

Ravel’s premature disablement represented an immeasurable loss to art and music. However, Maurice Ravel’s case is of great interest for the exploration of the Neurology of a demented brain. It illustrates the intimacy that can exist between art, music, creativity, and Neurology.

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