

Vitamin D Deficiency Contributed to Mozart's Death

To the Editor—Dawson's recent extensive bibliographic review¹ of the cause of death of Wolfgang Amadeus Mozart found that there were a number of hypotheses including poisoning, infection, cardiovascular disease, and renal disease and its complications. It is difficult to pin down the exact cause, and likely a number of factors contributed to his early death.

Overlooked in any of the papers hypothesizing about his death was a discussion of the likely role of very low serum 25-hydroxyvitamin D [25(OH)D] level in contributing to his untimely death. Low serum 25(OH)D level is an important risk factor for several types of infection, including pneumonia and sepsis, cardiovascular disease, and renal disease.²⁻⁴

Mozart did much of his composing at night, so would have slept during much of the day. At the latitude of Vienna, 48° N, it is impossible to make vitamin D from solar ultraviolet-B irradiance for about 6 months of the year. Mozart died on December 5, 1791, two to three months into the vitamin D winter. He suffered many infectious diseases, listed as including catarrh, fever and polyarthritides, sore throat, bad cold, vomiting from 1762 to 1783, between mid-October and mid-May (ref 2 in Dawson¹). Since the half-life of 25(OH)D in the human body is 4 to 6 weeks, his serum 25(OH)D levels would have been very low. In addition, many of the other diseases that were common causes of death of that period in Vienna, including tuberculosis, cancer, diabetes mellitus, heart failure, cerebrovascular events, pneumonia, and other infectious diseases,⁵ have low serum 25(OH)D level as an important risk factor.²⁻⁴

While understanding the causes of Mozart's death cannot bring him back, it does have an important lesson for those living at higher latitudes in Europe and elsewhere regarding

the importance of vitamin D. Emerging science indicates that the serum 25(OH)D level for optimal health is 75 to 100 nmol/L or slightly higher. Mainly attributable to reduced sunlight-induced vitamin D synthesis in the skin, the population mean value for those living at mid-to-high latitudes is between 40 and 65 nmol/L.³ To increase serum 25(OH)D levels to over 100 nmol/L could take 2500 to 5000 IU of vitamin D per day. Since there is considerable variation in the increase of serum 25(OH)D with vitamin D dose, it may be advisable to have serum 25(OH)D levels measured before starting to supplement and, after doing so, to re-measure after a couple of months.

WILLIAM B. GRANT, PHD
Sunlight, Nutrition, and Health Research Center (SUNARC)
San Francisco, CA 94164-1603, USA
wbgrant@infionline.net

STEFAN PILZ, MD
Department of Internal Medicine
Div of Endocrinology and Metabolism
Medical University of Graz
8036 Graz, Austria
stefan.pilz@chello.at

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WBG receives or has received funding from the UV Foundation (McLean, VA), the Sunlight Research Forum (Veldhoven), Bio-Tech-Pharmaceutical (Fayetteville, AR), the Vitamin D Council (San Luis Obispo, CA), and the Danish Sunbed Federation.

<https://doi.org/10.21091/mppa.2011.2019>