- ARTICLE -

Uncertainty and the Taboo in Biographical Research: On the Backlash to Britten's Syphilitic Heart

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Introduction

Uncertainty is an omnipresent factor in history. A common tendency in historical writing and its reception is the need to distil less likely outcomes from the record in order to present the most likely answer as the factual truth. While this need is understandable, it is accompanied by two dangers. First, the possibility that the less likely scenario was the one that actually occurred; and second, the impossibility of knowing categorically what actually happened due to the limitations of the surviving evidence. While it may be possible not to rule out alternative explanations concerning an open historical question, the resulting uncertainty can be an uneasy prospect, particularly in a genre of music history with a wide readership, such as the composer biography. When presented with open questions resulting from gaps in evidence, biographers usually present a series of answers in order to bridge these gaps and, in doing so, create their own version of their object of study. The readers of these biographies are then presented with a seemingly complete story, and are comforted by its lack of loose ends.

But what happens when biographers, in the course of bridging these gaps, venture into the taboo or decide on a less likely solution to a historical problem? In the former, the reader is confronted with something uncomfortable about the subject; in the latter, the reader either accepts or resists the new explanation and is, in either case, confronted with uncertainty. Those who accept, attempt to bolster the case of their chosen route; and those who resist often reject it outright. In both cases, readers seek to reduce two possible outcomes to the one they favour, in order to recover their lost certainty. The problem here is that this feeling of

confidence is false. Some questions are ultimately unanswerable, which results in a Schrödinger's Cat situation where different answers are both true and untrue to varying levels of probability.

It appears that these issues of certainty and uncertainty are exacerbated when alternative explanations broach social taboos – such as the discussion of illness, sexuality, and death, as well as the reassessment of sacralised historical figures. These cases involve the unprecedented reinterpretation of familiar pieces of evidence or the discovery of new primary sources that have not yet been consulted by other scholars in the field. When a speculative theory broaches the taboo, it can result in critical backlash as well as the public disapproval or ostracisation of the theorist. The recognition of taboo themes is obviously subjective, which results in varying sensitivity to them among different parties and readerships.

In this article, I will discuss Paul Kildea's assertion that Benjamin Britten unknowingly contracted and died from cardiovascular syphilis, which stemmed from the unearthing of new evidence through oral history and the revisiting of the composer's medical records. I will investigate how Britten's biographers broached the subject of Britten's homosexuality after his death, and how Kildea introduced a new theory wherein the composer suffered from this illness. Here, I consider what revelations Kildea sought to reveal about this illness's effect on Britten's life and work, as well as the backlash that resulted from this excursion to the taboo realms of sexuality, illness, and death.

The strongest resistance to Kildea's assertions emanated from journalists and critics employed by British newspapers. A significant number of which put up a staunch defence and sought to stamp out this theory as quickly as possible. A major reason for this scepticism stemmed from the theory involving the contraction of syphilis, a deadly sexually transmitted disease, which enters the realm of the taboo. Soon after its publication, Kildea was taken to task for not respecting Britten's privacy and for causing a scandal. It is possible, that the media backlash was triggered first and foremost by its controversial subject matter, and the resulting criticisms, which were purportedly made in the name of privacy and decency,

obscured the underlying reason for the outcry: the rejection of the very idea that Britten could have suffered from such a disease.

While it is definitely true that controlling a narrative about a historical figure is an exercise of power, the motive for this action may be more so reflexive and less so intentionally Machiavellian. The root cause of the resistance to taboo and less-likely solutions to historical gaps could be a reaction against uncertainty. The fact that they stem from a need to consolidate the most likely of these various interpretations and explanations into one canonised narrative. In this article, I will discuss the development of biographical works on Britten in regard to their changing treatment and interpretation of the taboo. Next, I will consider Kildea's syphilis theory as an alternative to the long-standing consensus on Britten's cause of death, as well as its somewhat hostile reception in the British press.

Britten, his Biographers, and the Closet

During Britten's life, most critics and musicologists refrained from publicly discussing or writing about the composer's homosexuality. In other words, it was considered taboo. Keith Allan and Kate Burridge describe the taboo as social restrictions on individual actions that result in discomfort, harm, or injury to a particular group.[1] In this case, the still living Britten would be the injured party. Philip Brett was the first musicologist to openly discuss this aspect of Britten's life as biographical evidence in the analysis of his music, which he started by presenting a paper during the national meeting of the American Musicological Society in 1976, roughly a month before the composer's death. In the afterword to a posthumous collection of his essays, Jenny Doctor explains that Brett's analyses of Britten's staged works demonstrated how sexual orientation influenced the composer's music and led to his suspicion of the military, church, and the rule of law. Brett also theorised on Britten's use of subject matter that gravitated to homoerotic

[1] Keith Allan and Kate Burridge, *Forbidden Words: Taboo and the Censoring of Language* (Cambridge: Cambridge University Press, 2006).

infatuations instead of traditional marriage, and sympathised with the outsider and the victim.[2]

Brett recalled that he alone began discussing the role that sexuality played in Britten's operas, and that this was peculiar when one considers their common emphasis on intergenerational male relationships and implied homoeroticism. Examples that readily spring to mind include the characters Peter Grimes and his apprentice in *Peter Grimes*, opus 33 (1945), Billy Budd and Captain Vere in *Billy Budd*, opus 50 (1951, revised in 1960), Quint and Miles in *The Turn of the Screw*, opus 54 (1954), and Aschenbach and Tadzio in *Death in Venice*, opus 88 (1973). He indicated that the political and legal limitations imposed on the open expression of homosexuality up to the 1960s could explain the reluctance of Britten and his contemporaneous commentators to discuss the musical impact of his sexuality even in the years following its partial legalisation in the Sexual Offences Act of 1967, which allowed homosexual acts between consenting adults in private. He asserted that it was only when Pears described the true nature of his relationship with Britten on national television in 1979 that the majority of commentators became comfortable discussing Britten's sexuality. At this time, they needed some form of permission or consent from the late composer's partner in order to reach into this aspect of his private life.[3]

In the years after Britten's death, the composer's biographers and commentators focused primarily on a chronological sequence of the well-known events of his life in order to provide biographical context for the stylistic analysis of his compositions.[4] Humphrey Carpenter diverged from this consensus and was the first to discuss Britten's personal life exhaustively, and to uncover and publish unapologetically many aspects that had been left out of the public record, which included Britten's periodic dismissal of collaborators and friends, his friendships with boys and teenagers (a few of which implied an erotic subtext), his relationship

[2] Philip Brett, *Music and Sexuality in Britten: Selected Essays*, ed. George E. Haggerty, afterword by Jenny Doctor (Berkeley: University of California Press, 2006), 232–33.
[3] Ibid., 208.
[4] Peter Evans, *The Music of Benjamin Britten* (Minneapolis: University of Minnesota Press, 1979); and Michael Kennedy, *Britten* (London: Dent, 1981).

with Pears, and the details surrounding his health and illnesses.[5] Like Brett before him, Carpenter made the case that Britten's sexuality (which included paedophilic attraction) was connected to his operatic and, possibly, his more abstract musical works. What Carpenter added were his investigative methods: the interviewing of the men who were the objects of Britten's attraction. It appears that Carpenter sought a greater understanding of the composer by exploring what had been kept in the private sphere, and that these discoveries were relevant to the interpretation of his music. Much of Carpenter's research was based on the personal recollections of the musicians, friends, medical personnel, and assistants close to Britten's life and work. Carpenter's research, particularly regarding the implication that the composer possibly acted on his attraction to underage boys, was interpreted by some as an attack on his reputation. A major reaction to this charge was the publication of *Britten's Children*, a work that sought to exonerate the composer by presenting his connection to boys in a more platonic and paternal light.[6]

Kildea's 2013 monograph on Britten[7] discusses the composer's life and work from a performing musician's perspective, and avoids the inconsistencies and problematic passages of Carpenter's 1992 volume.[8] Despite its many merits, however, the facet of Kildea's biography that received the most attention from the press, and which arguably shaped the work's reception, was his claim that the composer had died of syphilis. This theory comprised a relatively small section – roughly seven pages in a volume of 565 – yet it overshadowed reactions to the rest of the book. It appears that the most outspoken detractors identified themselves

[5] Humphrey Carpenter, *Benjamin Britten: A Biography* (London: Faber & Faber, 1992).
[6] John Bridcut, *Britten's Children* (London: Faber & Faber, 2006).
[7] Paul Kildea, *Benjamin Britten: A Life in the Twentieth Century*, 1st ed. (London: Penguin, 2013).
[8] A major point of contention was the wrongheaded premise that Britten's close relationship with his mother and the possibility that he was sexually abused by his schoolmaster were contributing factors to his homosexuality in adulthood. While Carpenter includes both evidence for and against these hypotheses, his only objection appears to be lack of conclusive evidence and not the fundamental line of reasoning behind them (Carpenter, 20–25). Before the publication of his own biography on the composer, Kildea took Carpenter to task for seemingly taking interviewees' word at face value, and for reaching salacious and far-reaching conclusions from the use of limited, uncorroborated evidence. In particular, he objected to Carpenter's uncritical stance toward his interlocutors, who included Britten's former collaborators and spurned friends. Paul Kildea, "Britten's Biographers", in *Britten's Century: Celebrating 100 Years of Benjamin Britten*, ed. Mark Bostridge (London: Bloomsbury, 2013), 10.

as Britten's defenders and sought to shield the composer's dignity and privacy from what they considered to be personal attacks. Kildea, however, attempted to reach a greater understanding of his subject's work by unearthing private details from the composer's life. He posited that syphilis was in part responsible for Britten's frequent periods of poor health, and hastened the approach of his final illness, which in turn led to his unnecessarily *early* late period.

There are two facets of this theory that can be considered taboo by Kildea's critics: 1) syphilis is a sexually transmitted disease, and 2) the theory implied the infidelity of either Britten or his life partner, Peter Pears. It is possible that Britten's self-appointed defenders – having accepted his sexuality and relationship with Pears – were now being faced with a direct consequence of that sexuality in the form of syphilis and considered the theory an attack on the composer's legacy.

During his life, Britten's homosexuality and his decades-long relationship with Pears were both open secrets; he avoided any and all affiliations with gay culture, and he never publicly announced his sexuality. If Britten both suffered from syphilis and had been aware of the true nature of his final illness, one can be very certain that he would have not made this information public. Particularly after his return to the United Kingdom during the Second World War, Britten strove for the British cultural and political establishments' approval. He eventually reached a position of high esteem in both the public and governmental spheres, with The Queen ennobling him in the final year of his life. The fact that Britten avoided making his homosexuality public indicates that he preferred to leave it in the private sphere. It is possible that he felt societal pressures not to reveal his sexuality, which could have jeopardised his hard-won successes as both a musician and a public figure. Considering that homosexuality was illegal for the majority of his life, its partial legalisation in the 1960s did not have much of an impact on Britten's stance on this matter. Moreover, there can be little doubt that Britten would have also kept a syphilitic diagnosis away from the public eye, and that he would have been horrified if he had to face public comment on either of these fronts.

Though dissenters may have considered Kildea's investigation into Britten's medical history as a callous violation of the composer's privacy, such a view could

have also served as a convenient smokescreen for forces that viewed alternative, somewhat taboo viewpoints as threats and aimed to neutralise them quickly before they could alter the accepted perception of historical figures. Is it possible that in some instances, those who condemn the discussion of certain facets of people's lives seek not to protect the dignity of historical figures, but instead to distance the dearly held images of those figures from unpleasant discussions of sexuality, illness, and death? Further, if this is the case, then is the motivation behind the reflexive nature of such defences to prevent these taboos from displacing accepted narratives and thus becoming uncomfortable truths?

Kildea's Syphilis Theory

In his monograph, Kildea argues that the composer had unknowingly contracted syphilis early in life, which developed cardiac symptoms in its tertiary stage, led to a critical misdiagnosis that doomed his heart surgery, and resulted in his final decline. He writes:

> When [Donald] Ross cut open Britten's chest and began working on the grossly enlarged heart he discovered the aorta was riddled with tertiary syphilis. This was suddenly the wrong procedure. Britten's aorta was so distended that it was going to be almost impossible to make the new valve fit the space Ross and his team were about to create. Had he been using a mechanical valve in surgery, he could have picked a better fit for the disfigured aorta.[9]

This passage – based on Kildea's interpretation of Britten's medical records and interviews with the composer's childhood friend Basil Reeve and the cardiologist Hywel Davies – was the bombshell in the biography, for no other music scholar had ever considered this to be a possibility. Kildea's account of the surgery itself went beyond the reinterpretation of the established series of events, and was an attempt to update the factual record in the light of newly unearthed evidence in order to revolutionise our understanding of Britten's medical history and the result it had on his life. The implication of this theory was that he contracted the disease from Pears

[9] Kildea, *A Life in the Twentieth Century*, 532.

when, or soon after, they consummated their relationship in Grand Rapids, Michigan in 1939,[10] and that the series of fevers that afflicted the composer shortly thereafter was primary stage syphilis. If correct, Kildea's theory explained why Britten's adult life was frequently punctuated by bouts of poor health, which affected his activities as both composer and performer, and why the end of his life – and thus his late period – was so early.

In our email correspondence, Kildea recalled how he came across this realisation at the Britten-Pears Library soon after he completed his doctorate. In 1999, Kildea, who was then working at the archive, sat in an interview with Britten's childhood friend Basil Reeve, who mentioned that Britten contracted syphilis from Pears, whom Reeve personally loathed. In 2008, during his research for the biography, Kildea revisited the interview's transcript and found that Reeve pointed to the cardiologist Hywel Davies as his source. Three years later, Kildea interviewed Davies, who was a confidant of Britten's surgeon Donald Ross and had agreed to go on the record about what he told him about Britten's condition. In other words, Ross was the first-hand witness; who told Davies, the second-hand witness; who in turn told Reeve, the third-hand witness. While researching for the book, Kildea's primary source regarding Britten's heart condition was Davies, because, by this time, Ross was suffering from dementia.[11]

Kildea was aware that his readership would be very sceptical due to drastic changes it made on the composer's medical history, and so he sought to prove his case by introducing the new evidence that he uncovered in the 2011 interview with Davies and considering the reactions of the medical personnel involved. In Kildea's account, the following five events occurred:

1) Britten was never informed of his own disease;

[10] The assertion that Britten and Pears consummated their relationship at this time is confirmed by the following passage in one of Pears's letters to Britten dated 21 November 1974: 'But you know, Love is blind – and what your dear eyes do not see is that it is you who have given me everything, right from the beginning, from yourself in Grand Rapids!' Philip Reed and Mervyn Cooke, eds., *Letters from a Life: The Selected Letters of Benjamin Britten*, vol. 6: 1966–1976 (Woodbridge: Boydell & Brewer, 2012), 60–61.

[11] Personal correspondence between Kildea and the author.

2) Ross confided in a friend and fellow cardiologist (Davies) roughly ten years after Britten's death in 1976;
3) who in turn confirmed the story with Ross's assistant surgeon sometime in the late 1980s;
4) Davies told his friend Basil Reeve, who introduced the story to Kildea in 1999; and
5) Davies told Kildea the story in a 2011 interview during his preparatory research for his biography.[12]

But, for such a theory to stand up under scrutiny, three major questions had to be resolved:

1) Is it possible that the entire medical team who took part in and witnessed the surgery agreed not to publicly report Britten's actual illness and not to speak about it?
2) Did the medical team withhold the truth about the composer's heart condition from Britten and Pears? And,
3) can Davies's roughly twenty-five-year-old memory of his conversation with Ross, even though it was a particularly significant one regarding a well-known figure, be trusted?

Kildea then sought to dispel these doubts and explain why his theory provided the most plausible explanation for Britten's medical condition.

Kildea intended to support his theory with medical literature suggested by Davies on heart conditions, in order to allow for the possibility that cardiovascular syphilis could have been the root cause behind Britten's chronic health problems.[13]

[12] Kildea, *A Life in the Twentieth Century*, 534; and Hywel Davies, "Notes from a Cardiologist: Unravelling the Mystery of Benjamin Britten's Heart", *New Statesman*, 14 June 2013, accessed 28 January 2018, https://www.newstatesman.com/sci-tech/science/2013/06/notes-cardiologist-unravelling-mystery-benjamin-britten%E2%80%99s-heart.

[13] E. A. Baarsma, B. Kazzaz, and K. I. Soei, "Secondary Syphilis of the Tonsils", *Journal of Laryngology and Otology* 99, no. 6 (June 1985): 601–03, https://doi.org/10.1017/S0022215100097322; Donald N. Ross and Barbara Hyams, *Surgery and your Heart* (Edinburgh: Beaconsfield, 1982); and M. P. Vora, "Cardiovascular Syphilis", *Medical Bulletin* 10, no. 19 (3 October 1942): 444–50.

Kildea explained that cardiovascular syphilis was very difficult to detect in its early stages, and that it was not uncommon for medical practitioners to confuse it for another ailment. He argued that due to the social stigma attached to the sexually transmitted disease at the time, men would rarely undertake tests for syphilis in the absence of clear symptoms. Then, Kildea posited that penicillin could have cured Britten while the disease was in its secondary stage; however, this treatment can actually exacerbate the patient's condition once the disease reaches the tertiary stage.[14] It is at this final stage that cardiac symptoms can emerge.[15] Kildea uncovered the following paradox in his research:

> The antibiotic will kill the spirochaete that long ago invaded and enlarged the aorta, living thereafter in symbiosis with its host. But in so doing, the aortic tissues can be rendered hopelessly loose, the valve flapping impotently. It is what is known as the therapeutic paradox, where treatment clears up a specific problem yet actually makes the problem worse. In 1968, Britten was given penicillin for endocarditis (which can occur in conjunction with syphilis, though the diagnostic tests for each are distinct) and it destroyed the strange organic glue that had kept Britten's syphilitic heart functioning for many years, thereby initiating his slow, desperate decline.[16]

Kildea theorised that the penicillin cleared up the 'glue' that allowed Britten's heart to function, thus triggering the composer's deterioration, ushered in his subsequent awareness of the approach of death, and led to the early emergence of his late style.

But how did Britten contract syphilis in the first place? Kildea suggested that Pears had earlier contracted the disease, had become an asymptomatic carrier either before the consummation of their relationship in Grand Rapids or shortly afterwards, and then transmitted the disease to the composer. About Pears's later infidelities, Kildea remarked upon Colin Matthews's and Rita Thomson's beliefs that Pears was chronically distant from Britten and had liaisons while on tour. Kildea

[14] Kildea, *A Life in the Twentieth Century*, 533–34.
[15] Jonathan Noble, *That Jealous Demon, My Wretched Health: Disease, Death and Composers* (Woodbridge: Boydell & Brewer, 2018), 100.
[16] Kildea, *A Life in the Twentieth Century*, 534.

argued that their relationship was 'primarily musical, intellectual, and historical', but that the tenor sought sexual fulfilment with other men while Britten was content to compose.[17] The possibility that Pears carried out dalliances outside of his relationship with Britten was also discussed by Carpenter.[18] As a result, Kildea's hypothesis that Britten contracted the disease from Pears was not a drastic departure from established biographical accounts of the couple. If incendiary, Kildea simply introduced a sexually transmitted disease into an already established narrative. Nonetheless, this revelation, if true, would add more taboo elements to the story of Britten's illness and death: Pears's promiscuity and infidelity. Also, it would imply that Pears could have transmitted the disease to another one of his sexual partners, but this possibility was not discussed in the biography. It should be noted that the Britten-Pears Foundation would have been aware of the theory during the publication process, and they did not consider it to be libellous or attempt to prevent the biography's release.

What new insights are gained from the realisation that cardiovascular syphilis resulted in Britten's death? According to Kildea, many of the composer's periodic bouts of ill health throughout his life could be linked to his initial contraction of syphilis. What followed were a series of primary-stage syphilitic fevers misdiagnosed as the flu and other minor conditions. In roughly a few months, Britten's condition had progressed to its secondary stage, and he was suffering again without knowing the root cause of his ailments.[19] If correct, then the contraction of syphilis, and the poor health that Britten suffered throughout his existence (which affected his ability to perform and compose) had a great impact on his life and work.

[17] Ibid., 534–36.
[18] Carpenter, 570.
[19] Paul Kildea, "Yes, the Evidence Does Show that Benjamin Britten Died from Syphilis", *Guardian*, 30 January 2013, accessed 24 January 2013, https://www.theguardian.com/commentisfree/2013/jan/30/response-stigma-britten-death-still-potent.

The Reception of Kildea's Theory

The fact that the theory appeared in a biography, as opposed to an academic journal, meant that it was more accessible to the general public and, as a result, gained the attention of the press. Due to routine publication procedures, the monograph was distributed to various news outlets roughly a month before it was released to the public. The sensational nature of the theory and its unexpected medical and cultural implications overshadowed the rest of the book in the journalistic discourse. *The Sunday Telegraph* even publicly released an excerpt that contained the theory in full.[20] Primarily, feature articles that resulted from the early release, reported that Kildea introduced a new theory on the 'true' cause behind Britten's death.[21] This focus is likely standard procedure: to find and report on the most sensational aspects of a book – which inevitably deemphasises its other aspects – before its publication in order to stimulate customer demand for the reviewer's own journal or newspaper. Furthermore, media outlets benefited from controversy and open debate because it attracted the interest of prospective readers. It is possible that the publisher's decision to lead with the syphilis theory was ultimately an error in judgement. While it was successful in drawing attention to the monograph, it also led to the ensuing brouhaha in the press due to its connections to the taboo.

In the case of Britten's syphilis, the composer's then junior cardiologist Michael Petch proved to be very hostile to Kildea's medical diagnosis and stated that while the existence of syphilis was not impossible, it would not have been consistent with all of the factors concerning Britten's condition. Also, due to his first-hand involvement in Britten's medical care, but not the surgery itself, it is possible that

[20] Paul Kildea, "Benjamin Britten: Death in Aldeburgh", *Sunday Telegraph*, 20 January 2013, 8, 9, and 11.

[21] Roya Nikkhah, "Tragic Secret Benjamin Britten Took to the Grave Revealed in New Biography", *Telegraph*, 19 January 2013, accessed 21 May 2020, https://www.telegraph.co.uk/culture/9813179/Tragic-secret-Benjamin-Britten-took-to-the-grave-revealed-in-new-biography.html; Maev Kennedy, "Syphilis Contributed to Britten's Death from Heart Failure, New Biography Says", *Guardian*, 21 January 2013, 6; Rupert Christiansen, "Did Love Cost Britten his Life?" *Daily Telegraph*, 24 January 2013, 24; and Bryan Appleyard, "Dogged by Scandal", *Sunday Times*, 27 January 2013, 34-35.

he interpreted Kildea's theory as an attack on his own professional ability as a diagnostician. In an interview with *The Guardian*, he declared that there was really no direct 'serological, bacteriological, pathological, or histological support for the theory'. Furthermore, Petch thought that the possibility that Britten's surgical team had intentionally engaged in a cover-up for the sake of propriety was preposterous, and they still would have still informed him and discretely arranged an appointment with a venereologist.[22] In addition, *The Guardian* also interviewed Beng Goh, a medical expert on cardiovascular syphilis, who analysed Britten's medical reports and found that they were inconsistent with the disease.[23] Kildea informed me that at this point, the critical response in the press prevented him from officially interviewing a second corroborating source, a medical professional with whom Ross also confided.[24] In his response, Kildea directly contradicted Petch in the view that syphilis was in fact entirely consistent with Britten's medical history, that it coexisted with the composer's other illnesses, and that it was a contributing factor to these other diseases. Moreover, Kildea posited that Britten's affliction had lived up to its reputation of the 'great imitator', that its symptoms had been misdiagnosed as other conditions throughout the composer's life, and that Davies did not officially report it due to the social stigma surrounding the sexually transmitted disease. In his article's conclusion, Kildea considered the strength and immediacy of the reaction to his findings to be an indicator of the enduring stigma of such illnesses in present society.[25]

Formal book reviews were published less than a week later. By this point, the critical response to the syphilis theory had overshadowed that of the rest of the book. Jeffery Taylor described it as the biographer's 'biggest contribution to the truth about Benjamin Britten', yet he suggested that the composer would have been

[22] Charlotte Higgins, "'Extremely Unlikely' that Syphilis Led to Britten Death: Cardiologist who Cared for Composer Doubts Theory, Biography Said Infection Was Cause of Heart Failure", *Guardian*, 23 January 2013, 9.
[23] Ibid.
[24] Personal correspondence between Kildea and the author.
[25] Kildea, "Yes, the Evidence Does Show".

horrified at these 'extremely personal intrusions' into his private life.[26] Richard Morrison was also concerned that Kildea's 'sensational speculation' would tarnish an otherwise 'enthralling centenary biography'. Moreover, he reported that Britten's doctor (likely Petch) and the Aldeburgh establishment had mounted a 'convincing counterattack' against it, just as it had reacted against allegations of paedophilia in the aftermath of Carpenter's biography.[27] Fiona Maddocks surmised that Kildea must have been embarrassed by the seemingly sudden collapse of his hypothesis under scrutiny and the disproportionate amount of attention that it received.[28]

Kildea recalled that in around March 2013, after the initial round of reviews, Colin Matthews informed him that new information about Britten's medical records was discovered in the Britten-Pears Library. Matthews indicated that while the records did not specify what Ross discovered in the surgery, they do show that something went wrong during the procedure, that Ross ordered biopsies, and that the results were lost. Kildea reasoned that Ross chose not to disclose the results while Britten was still alive. At this point, I should add that Kildea sent the records to his third source, a senior registrar and forensic medical specialist with whom Ross also confided. He then used these files to provide Kildea with a pathology of Britten's medical records that culminated in what he considered to have been the root cause of the composer's final illness: cardiovascular syphilis. The ambiguity inherent in pathology can sometimes result in instances where two experts can interpret medical reports, and even samples, differently leading to conflicting diagnoses. One can assume that such inconsistencies are exaggerated by the study of incomplete records, such as Britten's.[29] Michael and Jeffrey Saffle explain that debates in medical musicology are often perpetuated by such gaps: there is enough

[26] Jeffery Taylor, "Review: *Benjamin Britten: A Life in the Twentieth Century* by Paul Kildea", *Sunday Express*, 3 February 2013, 51.

[27] It is unclear what Morrison meant by the 'Aldeburgh establishment', since Britten's estate did not object to the book. Richard Morrison, "The Temptation to Settle Old Scores", *Times* (London), 4 February 2013, 16.

[28] Fiona Maddocks, "The Complicated Life and Times of a Musical Genius: Two Fine Biographies of Benjamin Britten in his Centenary Year Offer Complementary Personal and Musical Insights", *Observer*, 17 February 2013, 34.

[29] Personal correspondence between Kildea and the author.

information to raise different interpretations and foster continued discussion, but not enough to narrow it down to a single, definitive explanation.[30]

Kildea's editor, Stuart Proffitt, then convinced Davies to corroborate the biography by explaining in an article that Ross was not sure what had happened to Britten's heart and ordered biopsies and blood tests during the operation, and that it would have taken weeks to assess the findings in this unusual case. The test results have since been lost, but Davies was certain that Ross had analysed them and concluded that Britten's heart was syphilitic. As a result of this new evidence, Kildea adjusted his claims in the third printing of the hardback edition and in the paperback one. The primary change was the deletion of the statement that Britten's surgeon, Donald Ross, recognised signs of syphilis in Britten's aorta in the operating theatre. This assertion was replaced by a statement on the surgeon's uncertainty. Nonetheless, Kildea maintained that syphilis was still the most likely root cause of Britten's heart disease. The possibility that Ross realised the composer's hidden affliction after, not during, the surgery bolstered the likelihood of Kildea's case: it is easier to believe that one person, Ross, and not the entire surgery team, kept the discovery hidden.[31] The debate between Petch and Kildea resurfaced in the *Journal of the Royal Society of Medicine* in the following year.[32] However, despite the modifications to Kildea's theory, it is clear that both sides solidified their positions, denied that the other's evidence or arguments were convincing, and thus reached an impasse.

While the press's and Petch's responses to Kildea's biography were robust, the musicological community was more ambivalent about the whole matter. Arnold

[30] Michael Saffle and Jeffrey Saffle, "Medical Histories of Prominent Composers: Recent Research and Discoveries", *Acta Musicologica* 65, no. 2 (July—December 1993): 77–101, https://www.jstor.org/stable/932980.

[31] Paul Kildea, 2014. *Benjamin Britten: A Life in the Twentieth Century*, paperback Edition (London: Penguin, 2014), 531–36.

[32] Michael C. Petch, "The Heart of Benjamin Britten", *Journal of the Royal Society of Medicine* 107, no. 9 (September 2014): 339–41, https://doi.org/10.1177/0141076814540879; Paul Kildea, "Response to Petch Article on Benjamin Britten", *Journal of the Royal Society of Medicine* 108, no. 2 (February 2015): 47–48, https://doi.org/10.1177/0141076814558985; and Michael C. Petch, "Britten's Death: Petch's Response to Kildea", *Journal of the Royal Society of Medicine* 108, no. 2 (February 2015): 48, https://doi.org/10.1177/0141076814561591.

Whittall only devoted one paragraph of his five-page review to the syphilis claim and took the following position: 'Given that the matter may never be decisively resolved one way or the other, it might have been better for Kildea to have qualified the sentence', in which he wrote that Britten's aorta was riddled with tertiary syphilis.[33] The possibility that Britten's heart was or was not syphilitic was not enough of a change in historians' perception of the composer to shake its foundations. The pivotal change in Britten scholarship happened earlier and was associated with Philip Brett's research, which acknowledged that the composer's sexuality had a profound effect on his life and music. The next major shift resulted from the publication of Humphrey Carpenter's 1992 biography, which detailed Britten's attraction to boys and young men and led to some problematic conclusions about the composer's sexuality.[34] While Carpenter's implication that Britten initiated, or (at best) resisted a compulsion to initiate, sexual relations with a minor was more of a point of contention for both supporters and scholars of the composer, the syphilis question raised by Kildea attracted far less concern from musicologists.

The issue of specificity is important for determining the significance of Kildea's claim: i.e., what is significant about syphilis in particular? While the question of whether Britten suffered from syphilis reached into the taboo realms of illness, sexuality, and death, it was mainly sensational to newspaper critics and was scandalous to those – such as Petch – who were personally involved in the composer's medical care. To musicologists, Britten's sexuality was already an accepted part of his biographical foundation. If anything, the main battle was over Britten's attraction to underage boys and whether he ever acted on those impulses. As a result, the question of his final illness being specifically a sexually transmitted disease was not pivotal to their perception of the composer or to their identity as Britten scholars. The matter of Britten's 'early' late period, while significant to the composer and his work, does not change with a new diagnosis of his condition. In

[33] Arnold Whittall, "During Life, and After: New Britten Books", *Musical Times* 154, no. 1923 (Summer 2013): 105–10, https://www.jstor.org/stable/24615679.
[34] See note 8, sentence 1.

other words, the end result (his decline and death) remains the same despite the new explanation.

The question of specificity would certainly be relevant if Britten was aware that he had contracted syphilis. In this case, he would be confronted with a direct consequence of his past sexual activity, and this realisation would possibly have repercussions in both his personal life and in his musical output. It might have been possible for Britten to draw connections or a feeling of kinship between himself and past composers who also suffered from the disease. In his biography, Kildea even compared his final years to that of Schubert, a composer for whom Britten had a great affinity.[35] However, the biographer did not uncover any evidence that Britten was aware that syphilis was in any way related to his health problems.

Burden of Proof, Revisited

To return to the question of uncertainty raised in the introduction – why is there a need to reduce two possible outcomes to one – we should draw our attention to retired surgeon Jonathan Noble's position on the debate. Three years after Petch's response to Kildea, Noble published his anthology of composers and disease, wherein he summarised the controversy sparked by Kildea's theory and scrutinised the evidence and arguments on both sides of the dispute. The importance of causality in the determination of illness and death meant that, throughout his monograph, Noble needed to take a position on what factors led to the medical decline of historical figures. His methodology for the evaluation of evidence was based on an assessment of probabilities. Noble accounted for gaps in information and multiple possible solutions to questions regarding their causes of death in the manner of British civil law proceedings based on a balance of such probabilities. Instead of setting out to prove something beyond a reasonable doubt (which is the case in criminal justice proceedings), Noble only set out to prove what was more probable and then designating that as the truth. For example, if two possible explanations were split at 51% and 49%, then the former would be considered as

[35] Kildea, *A Life in the Twentieth Century*, 538.

true.[36] This system allows for the evaluation of cases that involve incomplete and ambiguous evidence, and chains of causality, in which some questions need to be resolved in order to consider other aspects of the larger case.

Noble carried out his own investigation on Britten's medical history through archival research at the Britten-Pears Library where he had full access to the composer's medical records, interviews with the surviving medical personnel involved in the composer's case, and consultations with cardiologists. His position was that all of the hard evidence in Britten's medical records did not support the syphilis theory, and that the position of Britten's doctors and the cardiologists and pathologists he interviewed also rejected it. The only person who supported it in the public record was Hywel Davies, who was not present at the surgery or involved in Britten's treatment, and claimed that Ross confided in him over a decade after the surgery. While Noble did not consider Kildea's two other sources who did not go public, they still received their information from Ross and were thus in the same position as Davies.[37] According to Noble, it was more likely that Britten did not contract syphilis than that he had.

It appears that Noble only consulted the 2013, and not the 2014, version of the biography. While Noble's criticisms against the idea that the surgical team purposefully hid the discovery of syphilis from Britten are not relevant to Kildea's revision and should be set aside, his other concerns that the disease would have been discovered earlier if the composer contracted it are still pertinent. Noble explained that Britten's general practitioner, Ian Tait, administered several WR tests, and reported that they would have detected syphilis if the composer contracted it at any point in his life.[38] However, these results were not preserved in Britten's case notes.

It is likely that if Noble knew Kildea's revised position, in which Ross obscured his post-surgical realisation that Britten suffered from syphilis, he would have

[36] Noble, 3.
[37] Ibid., 247–52.
[38] The WR test is an antibody test for syphilis, otherwise known as the Wassermann reaction test. Ibid., 249.

doubted it as well. Noble's final decision was that Britten's heart condition worsened as a direct result of him postponing his surgery in order to finish his opera *Death in Venice*. However, Noble's methodology, which was based on the balance of probabilities, favours the reduction of possible outcomes to the most likely result. The downside to such a method is that sometimes the least likely explanation can still be the correct one.

Conclusion

In the press, Kildea's methodology was disparaged for relying on contested evidence, and his theory was denounced for its sensationalism. The severity and the immediacy of the response was undoubtedly exacerbated by broaching the taboo concepts of sex, illness, and death. The fact that some detractors contested his interpretations of the evidence was not the exclusive cause behind the swift critical condemnation. Rather, it was – in the views of many of these detractors – that he had dared to raise these questions in the first place! This theory was denounced as an attack on Britten's legacy and an invasion of his privacy, and this was something his gatekeepers would not allow. And the perceived need for such 'gatekeeping' stands as a curiosity some four decades after Britten's death.

Moreover, it is possible that some objectors saw Kildea's reconsideration of Britten's illness and death at best as a metaphorical exhumation, an unearthing of a once preserved sacralised memory into the realm of the profane, or, at its worst, as an act of unscrupulous tabloid journalism. In our correspondence, Kildea mentioned that one of his friends expressed the following: 'It's not that people necessarily dispute your conclusion, it's just that we think it distasteful for you to put it into print'.[39] In the court of public and critical opinion, Kildea's crime was not putting forth an unlikely answer to the riddle of Britten's death, it was simply because he proposed what some considered to be a scandalous one. In the above circumstances, whether or not Kildea's assertions were correct or followed sound

[39] Personal correspondence between Kildea and the author.

academic practices was of secondary importance. The crux of the matter lies in the reaction to his intent, not to his theory's execution.

At this point, I should reiterate that proving or disproving the veracity of this theory regarding Britten's medical history is not the purpose of this article. By discussing the critical backlash that resulted, I sought to shed light on the intense need to stamp out alternative, but still possible, interpretations. The act of creating and voicing a speculative theory should not be the issue, especially if it enters the realm of the taboo. Very little scholastic work on historical figures can be done if biographers are not willing to contribute new questions and ideas to the discourse. We could consider a more pluralist environment that allows the coexistence of different and, at times, conflicting interpretations of the same pieces of evidence and allow them to organically develop, or fail, in the public sphere as opposed to prematurely striking them down at the first possible opportunity. While there are strengths and weaknesses to theories such as Kildea's and they should be scrutinised on their own merits, it is pertinent to be forthright on the motives behind such criticisms and to question why some proposals are uncomfortable on principle. Then, perhaps, discussing topics like sexuality, illness, and death will stop being so taboo. This raises a larger point regarding tolerance of historical uncertainty and the readership of biographies: perhaps music biographers and historians should be more upfront with the amount of uncertainty there is in their work, resist the urge to use Occam's Razor to cull less likely – but still plausible – outcomes; and, that we can all strive to be more comfortable with the unknowable.

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