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Case Report on the Illness of Paul Klee (1879–1940)

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Abstract

This article reports on the disease that afflicted Paul Klee, the famous artist. He died before the disease that killed him could be properly diagnosed. There was some conjecture afterwards that he may have suffered from scleroderma. The thorough and diligent research the author of this article has carried out over many years allows him to argue that Paul Klee was suffering from this autoimmune disease since 1935. With a degree of probability that borders on certainty, it seems that the artist suffered from 'diffuse systemic sclerosis', and it is from this, the most severe form of the rare autoimmune disease, that he died in 1940.

This case report summarizes many years of research exploring the life of the artist Paul Klee and the disease which afflicted him. Several aspects have been discussed more fully in my previous publication *Paul Klee and His Illness* [1].

In 1933, Paul Klee, a popular professor at the Düsseldorf College of Art (Kunstakademie), was dismissed from office by the newly empowered National Socialists. He was defamed and stigmatized as a 'degenerate artist'. In December 1933, he returned with his wife Lily to his true 'home town' Bern, where he had spent his childhood and youth. His avant-garde art, however, was not yet widely appreciated. His exhibitions were unsuccessful, and an art critic from Zürich even judged his works to be schizophrenic. Klee, through no fault of his own, found himself in an isolated position.

In the summer of 1935, the artist, who until then had been both physically and mentally robust, fell ill with severe and persistent febrile bronchitis. He also had pleurisy and double-sided pneumonia. Klee was confined to bed for a long time and grew increasingly weak. In 1936, he was diagnosed with anemia. Lily Klee mentioned in her letters that her husband's lungs and heart had been weakened and that his heart was also dilated. Any physical exertion led to shortness of breath. The skin on his face and neck thickened and became tight. He could no longer open his mouth easily and dental treatment proved difficult. His monocle would no longer stay in place. His face had a mask-like appearance (fig. 1).

The family doctor referred his patient to Professor Oscar Naegeli, a professor of dermatology and venereology at the University Dermatology Clinic in Bern. Presumably, he did diagnose scleroderma, but decided not to tell the patient in order to spare him further

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psychological stress. In 1937, gastric bleeding occurred in a stomach ulcer, and in 1938, 'swellings' in the esophagus were mentioned. Food intake became difficult and swallowing painful. From this time on, and up until his death, Paul Klee could only ingest liquid or pureed nutrition. In 1939, he showed a tendency to develop bouts of diarrhea. There seems to be an undulating pattern to the progression of the disease, which included brief phases of recovery. During a recuperative stay in southern Switzerland, Paul Klee's state of health worsened acutely, and this soon necessitated his hospitalization in the Clinica Sant' Agnese in Locarno, where he died on June 29, 1940 at the age of 60 1/2 years and after having survived with his disease for only 5 years. Myocarditis was given as the cause of death. An accurate diagnosis was, however, not communicated.

I started doing research on Paul Klee's disease in 1979. I soon had to accept that almost 40 years after the artist's death his patient history and other medical records no longer existed. But by putting specific questions to Paul and Lily Klee's only son, Felix Klee, I was able to draw some important conclusions. What is more, Felix Klee provided me with copies of the almost 100 unpublished letters that Lily Klee had written to a couple in Germany who had been family friends during the time of her husband's illness. From these, I have been able to infer the progression of the disease and compile a likely symptomatology. It was also possible to find some more clues in the postcards that the artist sent to his wife. My research endeavors now made it possible for me to be almost totally convinced about the validity of the following diagnosis: Paul Klee suffered from scleroderma and he had this disease in its most severe form – 'diffuse systemic sclerosis'.

There is, however, nothing to indicate that he suffered from Raynaud's syndrome, which often marks the onset of the disease. In her letters, Lily Klee mentioned only a small number of therapies. It is not known whether her husband ever received any treatment for high blood pressure. Up until his death, the artist continued to be able to write and produce intricate drawings and could paint without problems. He did not suffer from sclerodactyly. This was confirmed not only by Felix Klee, but also by Paul Klee's friend, the art historian Prof. Dr. phil. Max Huggler, as well as by a former student of Klee's at the Bauhaus, who had visited the painter just 1 year before his death.

What are the facts pointing to diffuse systemic sclerosis? The major points suggesting this diagnosis are:

- The nature of the actual onset of the disease, which was accompanied by severe and persistent bronchitis with complications such as pleurisy and pneumonia
- His mask-like face
- The tightening of the skin on his neck
- The stenosis of his esophagus
- His shortness of breath during exercise, presumably due to pulmonary and myocardial fibrosis
- Myocarditis
- Anemia
- The progressive worsening in the state of his general health and the fact that his death occurred just 5 years after the onset of his disease

It is not known whether he did in fact have pulmonary arterial hypertension and renal fibrosis, but they also cannot be ruled out.

The fact that his inner organs were affected relatively quickly and his death occurred just 5 years after disease onset together with the information that his hands remained unaffected argue against the diagnosis of a limited form of systemic sclerosis. The absence of co-pathologies such as Raynaud's syndrome, polyarthritis, a swelling of the fingers, painful lesions and calcium deposits in the finger pads also excludes a diagnosis of mixed connective

tissue disease or CREST syndrome. The other types of connective tissue disease, such as systemic lupus erythematosus and dermatomyositis, as well as overlap syndrome and pseudoscleroderma, can all also be excluded.

The cruel strokes of fate that he suffered and which probably contributed to the outbreak of his extremely rare autoimmune disease included:

- His dismissal as a renowned professor from the Düsseldorf College of Art by the National Socialists.
- His defamation and stigmatization as a 'degenerate artist'.
- His failure to gain recognition for the value of his avant-garde art when he returned to Switzerland. His exhibitions were not well-received and he was subjected to a great deal of negative criticism.
- The worsening of his personal economic circumstances as a result of the poor sales of his paintings.
- His inadvertently finding himself isolated in Bern.
- The protracted processing of his application for Swiss citizenship due to the circumstances prevailing at the time. Had he not died 6 days before the City Council of Bern met to decide upon his application, it would have been successful.

Paul Klee bore his illness with enormous courage. He seems to have intuitively sensed at an early stage that he was suffering from a severe disease. By his own account, he wanted to remain as creatively productive as possible. He managed to do this in an impressive manner. In 1939, in the year before his death, he created no less than 1,253 works of art, mostly drawings. During the 5 years of his disease, he managed to complete almost 2,500 works of art, which equates to approximately a quarter of his oeuvre.

The works he created during his illness do not appear to be very different from his earlier works. Upon closer examination, however, we can see his illness reflected in areas that initially seem to be impersonal, yet highly cryptic (fig. 2, 3). Among his late works many contour drawings reveal, in an almost diary-like manner, his 'dialogue with himself', as the art historian Jürgen Glaesemer put it. The artist somehow managed to incorporate his illness and his suffering in his creative output (fig. 4). He graphically and pictorially expressed not only his doubts, fears and worries, but also his hopes and confidence and even, ultimately, his resignation (fig. 5). Spiritually Paul Klee managed to stand head and shoulders above his severe physical disease.

Showing remarkable creativity, he was still capable of creating an extensive and important late work.

References

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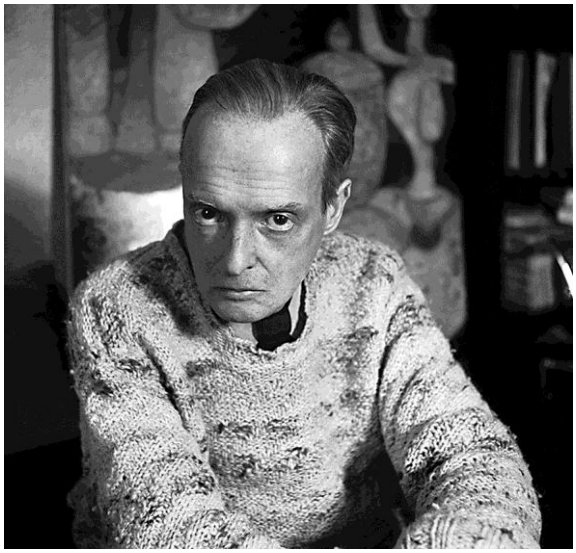

Fig. 1. Paul Klee, 1939, photograph by Walter Henggeler, Keystone, Zürich.

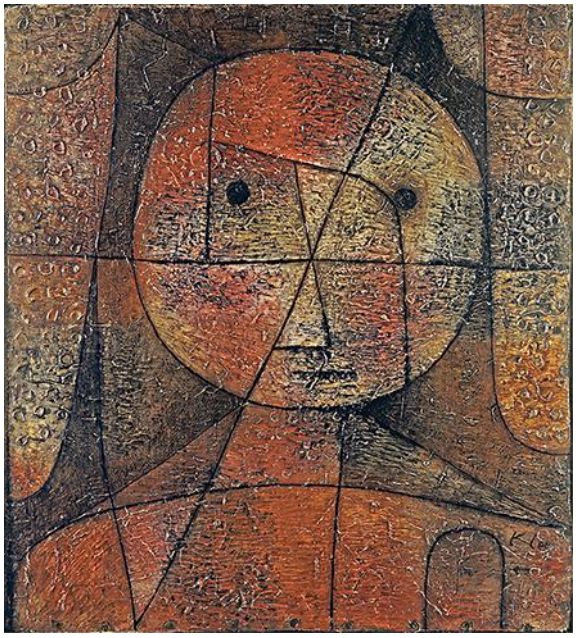

Fig. 2. Paul Klee, *Marked man*, 1935, 146, Kunstsammlung Nordrhein-Westfalen, Düsseldorf.

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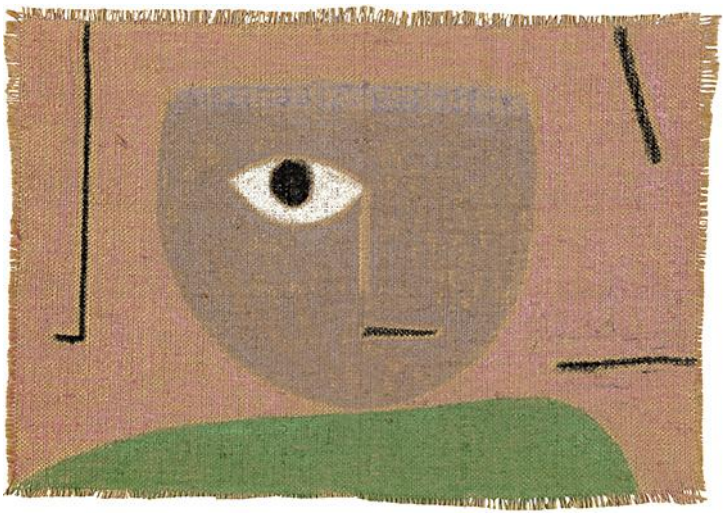

Fig. 3. Paul Klee, *The eye*, 1938, 315. Private collection, Switzerland, on extended loan to the Zentrum Paul Klee, Bern.

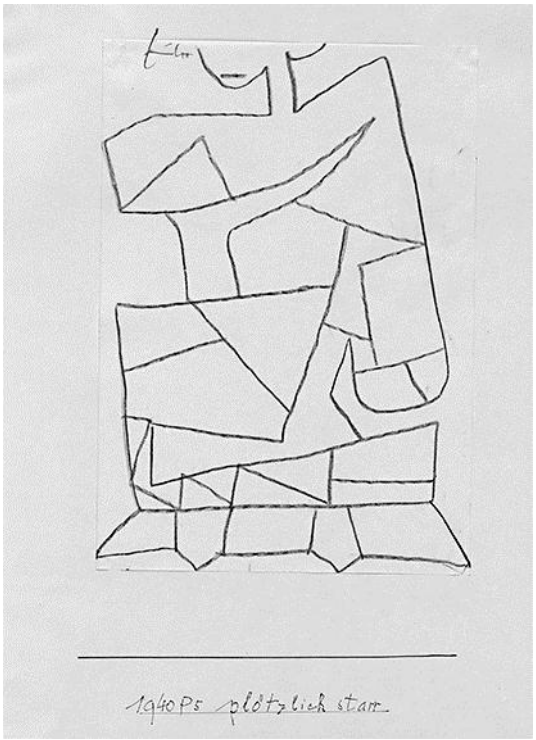

Fig. 4. Paul Klee, *Suddenly rigid*, 1940, 205, Zentrum Paul Klee, Bern.

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Fig. 5. Paul Klee, *ecce ....*, 1940, 138, Zentrum Paul Klee, Bern. Livia Klee Donation.