



THE ALKAN SOCIETY

(Registered Charity number 276199)

<http://www.alkansociety.org>

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BULLETIN no. 75 April 2007

Editor's Notes

➤ **DON'T FORGET!** – Concert on **Monday 23rd April 2007** at **Trinity College of Music**, Greenwich – Pupils of Trinity College will be giving a recital featuring works by Alkan, including his rarely-performed piano duet *Fantaisie sur Don Juan*.

Featured in this issue:

- Marc-André Hamelin's forthcoming Cheltenham recitals
- Stephanie McCallum's major contribution to the study of Alkan's character
- Leslie Howard on Liszt and Busoni

The Alkan Society at the 2007 Cheltenham Music Festival

Recital of Marc-André Hamelin on 8th July

The Alkan Society is sponsoring an important concert by Marc-André Hamelin at this year's Cheltenham Music Festival. In what will be undoubtedly one of the most spectacular piano recitals of the year, Hamelin is giving two concerts on the evening of 8th July at the Pittville Pump Room which will include three of the greatest epics written for the keyboard. The first concert, at 6.00, will be a performance of the *Concord Sonata of Charles Ives*. The second, to follow at 8.00 after a supper interval, will consist of *Schumann's Fantaisie op. 17* and *Alkan's Concerto op. 39 8-10*. The concert will be followed by an on-platform discussion between Hamelin and Martyn Brabbins, musical director of the Festival.

This will be the first time in many years that Hamelin has played the *Concerto* in the UK. In the context of the other items in his recitals and of the Cheltenham Festival as a whole (in which his are the first instrumental recitals) this will be without question a major musical event. We are very proud to be associated with it.

As one of the perquisites of sponsorship we have **FOUR TICKETS for the 8.00 concert which we offer to members on a (free) draw basis.** If you wish to enter for this draw please let the Secretary know by post or e-mail **no later than 15th May.**

We are also entitled to 10% discount on tickets for the Hamelin concert. Normal ticket prices for the 8.00 concert are £25, £20 and £15; combined tickets for both the 7.00 and 8.00 concerts are £35, £30 and £24. If you wish to obtain discount price tickets please inform the Secretary, again **no later than 15th May.**

For details of the full festival programme see <http://www.cheltenhamfestivals.com> or phone 01242 227979

Alkan: Enigma or Schizophrenia?



This is an edited version, prepared by the distinguished pianist and Alkaniste **Stephanie McCallum** (pictured left), of the lecture recital given by her at the Royal College of Music, London on 23 November, 2006. Ms. McCallum studied under Alexander Sverjensky and Gordon Watson at the Sydney Conservatorium, and with Ronald Smith in the UK. Her numerous recordings of Alkan include a recently released set of the op. 39 minor key Etudes. (ABC Classics ABC4765335). She is presently a Senior Lecturer at the Sydney Conservatorium.

During the lecture Ms. McCallum also performed and introduced the following pieces by Alkan by way of illustration.

Allegretto from *Chants*, Book II Op.38 (1857)

Nocturne in F# Op.57 No.2 (1859)

Ma chère liberté, Op.60 No.1 and *Ma chère servitude*, Op.60 No.2 (1859)

Le Tambour bat aux champs, Op.50 No.2 (1859)

La Chanson de la folle au bord de la mer, Prelude Op.31 No.8 (1847)

Comme le Vent, Op.39 No.1 from *Douze Études dans les tons mineurs* (1857)

We are most grateful to Ms. McCallum for enabling us to publish in the Society's Bulletin this extremely important contribution to the study of Alkan, which we believe will be essential background for all further considerations of the composer.

I would like to examine our existing knowledge of Alkan and his music in relation to current ideas of mental illness and creativity.

Alkan's life encompasses phenomenal early musical achievements, the beginning of a piano career of similarly stellar qualities to his friends Chopin and Liszt, a total withdrawal from public life at age 24, and then, almost the entire remainder devoted to solitary composition, and biblical study along with private teaching for an income. This reclusive behaviour did not ease until, aged almost 60, he performed and programmed a series of Petits Concerts in 1873 which occurred annually for three years and again in 1877. He died, aged 74, in 1888.

His life has been regarded as a puzzle – Ronald Smith calls it an enigma. I would like to speculate that - like Schumann, Wolff, Satie and possibly even Mozart- Alkan may have suffered from a serious mental illness which affected his ability to engage successfully with the world.

There are three illnesses or disorders here which I would like to consider: Schizophrenia, Asperger Syndrome and OCD or Obsessive Compulsive Disorder.

The recent explosion of research into schizophrenia suggests a much wider range of disability levels and disease outcomes than had previously been thought. It seems that Alkan's condition lies somewhere along a spectrum of either Schizophrenia related diseases (like Schumann) or the Asperger syndrome end of the autism spectrum (like Satie) or perhaps even a combination of the two. Although it is rather pointless to offer diagnoses of the dead, it is of interest to study available documents from the point of view of Alkan's mental state and to try to understand how a person of such enormous gifts was somehow excluded, either by self or others, from marriage, employment (other than private teaching), interaction with the community and indeed, happiness and satisfaction in life, and how this created a situation where it took a century after his death for his highly original music to be much performed and publicly appreciated.

Schizophrenia

The word schizophrenia is used in common parlance to mean changeable, or dealing in opposites, but the so-called 'split personality', a controversial and extremely rare condition, has nothing to do with the clinical definition of schizophrenia which is a relatively common condition affecting about 1% of the population over a lifetime.

The current Diagnostic and Statistical Manual for Mental Illness - DSM IV¹ - outlines three elements, all of which need to be present for a diagnosis of schizophrenia to be made – symptoms, social dysfunction and sustained duration (Table 1). In Alkan's case, in the symptoms listed below at A, I want to focus on No.1 (delusions) and No.5 (negative symptoms). Within that category, Affective flattening is a reduced ability for facial and emotional expression. Avolition is not wanting to do things, and these apply to Alkan. Alogia is not talking much.

Only one symptom is required if delusions are bizarre – meaning totally unrealistic or impossible - but there is no evidence that Alkan's delusions were bizarre. Symptoms are generally described as either positive – meaning in excess of normal experience, or negative – meaning a reduction from normal experience. Hence delusions and hallucinations are positive symptoms, while social withdrawal, inability to feel pleasure etc are negative symptoms. While positive symptoms can seem more obviously serious to an observer, they are usually intermittent, while negative symptoms can be more all- pervasive and continuously debilitating.

Comparing what we know of Alkan with the DSM IV criteria, it is possible that his intermittent paranoid delusions along with his very strong history of self reported negative symptoms could be cited for A; his sudden failure at age 24 to continue his normal level of achievement, and his general social dysfunction could be cited for point B, and the duration of his problems was clearly far longer than the 6 months mentioned in point C.

For a diagnosis of schizophrenia we would need evidence of sufficiently severe delusions to amount to a psychosis for a one month period and we don't have that at the moment, but the pattern of symptoms in general is sufficient to suggest this as a possibility worthy of more thorough investigation, particularly around the period from 1838. What we do have, is a complete absence of letters from Alkan around this period, which in itself may be suggestive.

¹ *Diagnostic and Statistical Manual of Mental Disorders - Fourth Edition (DSM-IV)*, (Washington D.C.: American Psychiatric Association, 1994).

Table 1. DSM IV

<p>A. <u>Characteristic symptoms</u>: Two (or more) of the following, each present for a significant portion of time during a 1-month period (or less if successfully treated):</p> <ol style="list-style-type: none">1. delusions2. hallucinations3. disorganized speech (e.g., frequent derailment or incoherence)4. grossly disorganized or catatonic behaviour5. negative symptoms, i.e., affective flattening, alogia, or avolition <p>Note: Only one Criterion A symptom is required if delusions are bizarre or hallucinations consist of a voice keeping up a running commentary on the person's behaviour or thoughts, or two or more voices conversing with each other.</p> <p>B. <u>Social/occupational dysfunction</u>: For a significant portion of the time since the onset of the disturbance, one or more major areas of functioning such as work, interpersonal relations, or self-care are markedly below the level achieved prior to the onset (or when the onset is in childhood or adolescence, failure to achieve expected level of interpersonal, academic, or occupational achievement).</p> <p>C. <u>Duration</u>: Continuous signs of the disturbance persist for at least 6 months. This 6-month period must include at least 1 month of symptoms (or less if successfully treated) that meet Criterion A (i.e., active-phase symptoms) and may include periods of prodromal or residual symptoms. During these prodromal or residual periods, the signs of the disturbance may be manifested by only negative symptoms or two or more symptoms listed in Criterion A present in an attenuated form (e.g., odd beliefs, unusual perceptual experiences).</p>
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Also, our surmised age of illness onset at 24 is at the late end of the normal range for male schizophrenia. Even the slight amelioration of his reclusiveness at the age of 60 when he returned to the concert stage, could be seen to fit with the normal pattern of disease, as it has been suggested that symptoms can tend to lessen with age as natural levels of dopamine in the brain decline.

Schizophrenia's causes are even today not well understood. It is thought at present that they involve a combination of genetic predisposition, foetal development and birth problems with a variety of causes, and then the presence of environmental triggers such as major stress.

Asperger Syndrome

Alkan's early child prodigy status and phenomenal musical memory, combined with his later social dysfunction, is also consistent with the possibility of Asperger Syndrome, but we don't know enough about his childhood to draw firm conclusions about this .

Asperger's syndrome is a variety of high functioning autism, meaning autistic people who operate at a normal or high level intellectually. It is a developmental disorder and is usually noted during childhood. Barbara Kirby writes :

[...] the disorder can range from mild to severe. Persons with AS show marked deficiencies in social skills, have difficulties with transitions or changes and prefer sameness. They often have obsessive routines and may be preoccupied with a particular subject of interest... the person with AS perceives the world very differently. Therefore, many behaviors that seem odd or unusual are due to those neurological differences and not the result of intentional rudeness or bad behavior.²

Those who have Asperger Syndrome or 'a dash of autism'³ as expert, Uta Frith, has described it, may experience stress dealing with others as they slowly learn to negotiate these 'neurological differences'.

There is evidence that AS may also be a factor in the development of psychiatric disorders. The National Autistic Society states:

People with autism or Asperger syndrome are particularly vulnerable to mental health problems such as anxiety and depression, especially in late adolescence and early adult life. Ghaziuddin and others found that 65 per cent of their sample of patients with Asperger syndrome presented with symptoms of psychiatric disorder...because of their impairment in non-verbal expression, they may not appear to be depressed. This can mean that it is not until the illness is well developed that it is recognised, with possible consequences such as total withdrawal; increased obsessional behaviour; refusal to leave the home, go to work or college etc; [...] paranoia [...] may also occur.⁴

Without falling into internet induced hypochondria on Alkan's behalf, these descriptions are striking in relation to our current knowledge of Alkan's life and personality. In excerpts from the letters to his friend, Hiller, we see clearly that total withdrawal, obsessional behaviour (particularly as related to daily regime and food purchase and preparation), refusal to leave the home and paranoia were all well established in Alkan, to an extent which, by his own admission, impinged on a normal, healthy existence. We could speculate that Asperger Syndrome led to psychiatric complications of mild schizophrenia. Alkan himself was certain throughout his life that he was ill and this seems to have caused him to feel guilty. In his letters he often refers to his 'moral infirmities' and apologises for them.

Obsessive Compulsive Disorder

The third disorder I wanted to mention is Obsessive Compulsive Disorder (OCD). All three illnesses discussed here share some symptoms making the subtleties of differentiation difficult. Repetitive behaviours are often noted in both Asperger Syndrome and OCD. The following clarifies the relationship of OCD with schizophrenia.

Although schizophrenia and obsessive-compulsive disorder (OCD) are distinct diagnostic entities, there are substantial areas of overlap between the two disorders in clinical characteristics, affected brain areas and pharmacotherapy. Though OCD patients apparently do not have increased risk for developing

² Barbara L. Kirby. *Online Asperger Syndrome Information & Support*. O.A.S.I.S. (Online Asperger Syndrome Information And Support). 3 March, 2007 <www.aspergersyndrome.org>

³ Uta Frith, *Autism and Asperger Syndrome*. (Cambridge: Cambridge University Press, 1991)

⁴ *National Autistic Society*. 3 March, 2007 <www.nas.org.uk>

schizophrenia, schizotypal personality disorder has consistently been found in OCD patients. Compelling evidence also points to an increased rate of OCD in schizophrenia patients.⁵

Alkan often displays a preference for long passages of rhythmic or textural patterns, including sequences which set up clashing dissonances. Although these things are often found generally in music, Alkan takes it to extremes and often to excellent dramatic and strategic effect. One example is the extended passage of repeated G #s found in the Development section of the Solo Concerto from Op.39 (commencing on p. 41 of the Billaudot edition). Another is the obsessive drumbeat in *Le Tambour bat aux champs* or the repeated note F in *Allegretto* (“Fa”) from *Chants*, Book II, Op.38. It seems to me to be a type of musical OCD. A different version of it is also found in the obsessive dotted rhythms of Schumann, who is also now considered to have been schizophrenic or schizoaffective.

The onset of Psychosis?

Table 2. The onset of Alkan’s Psychosis?

March 3, 1838	last concert of flourishing performing career
Surmised illness onset or prodrome	
July, 1838	possibility of awareness of existence of pregnancy
February 8, 1839	birth of Delaborde, Alkan’s illegitimate son
March 1 and April 30, 1845	two further concerts where a review says his playing ‘lacked breadth, passion, poetry and imagination’ and was ‘the work of a man stirred by the cold; the systematic...’

Psychosis can be a symptom of several conditions and does not always lead to schizophrenia. Schizophrenia, however, usually begins with psychosis. The word describes schizophrenia’s positive symptoms.

The dramatic change in Alkan from childhood to adult personality is typical of the changes after onset of psychosis, or its prodrome, that is, the period of change leading to psychotic symptoms. Smith quotes Marmontel on Alkan as a youth “What happy, carefree evenings spent in Valentin Alkan’s company, that is, of course, before he had become the lonely recluse of his maturity. Gay, joyous and full of confidence, he shared all the enthusiasms and happy illusions of youth.”⁶

Late adolescence and entry to adulthood can be a stressful time. Alkan was in the public eye as a high achiever which would contribute to social stressors. In addition we know that at this

⁵ M. Poyurovsky and L.M.Koran. “Obsessive-Compulsive Disorder (OCD) with schizotypy vs. schizophrenia with OCD: diagnostic dilemmas and therapeutic implications” *Journal of Psychiatric Research* 39 (2005), pp. 399-408.

⁶ Ronald Smith. *Alkan: The Enigma*. (London: Kahn and Averill. 1976), p.15.

time he had an affair with a married pupil of high social rank which led to the birth of his illegitimate son, Elie Miriam Delaborde, born in Paris on February 8, 1839 when Alkan (born Nov.30, 1813) was 25. Alkan's affair must have been in progress during the period immediately after his final concert on March 3rd, 1838. As the table shows, I surmise the onset of his illness with a first psychosis occurring at some time around this period causing the sudden change in lifestyle and personality, which were confirmed as permanent after the two later attempts at a concert comeback.

Typically, moving out of home and encountering a serious sexual liaison can be precipitating factors in stress buildup for susceptible individuals and this would be heightened by an unplanned, socially inadmissible pregnancy. It could have been the crucial factor tipping Alkan over into mental illness. As mentioned there are no surviving documents or letters from this early period which might provide evidence of a first psychosis. However, the change in personality noted by colleagues suggests it as a possibility.

Negative Symptoms: Avolition, Affective Flattening, Hypochondria, Paranoid Delusions

The majority of the known surviving correspondence concerning Alkan dates from the period after Chopin's death from the late 1840s. There are letters to Chopin's partner, novelist George Sand, to music writer and critic, Fétis and then, from the late 1850s, to Ferdinand Hiller, a highly respected musician, who was an old friend who had lived in Paris from 1828 to 1835. Alkan carried on a thirty year close correspondence with Hiller who was then living in Cologne. It seems Hiller took on the role of confidant previously filled by Chopin. These letters combined with other anecdotes provide good evidence of negative symptoms, apparent hypochondria and some evidence of delusional thinking.

Following the concert Alkan gave in 1845 after his initial 7 year absence from the concert platform, a review remarks that his playing 'lacked breadth, passion, poetry and imagination' and was 'the work of a man stirred by the cold; the systematic...one who is occupied a great deal more by his own impressions than by those which he might produce on his audience.'⁷

One may draw here conclusions about affective flattening, a negative symptom of schizophrenia. The description of 'the systematic' also recalls the obsessive use of patterns which I have already mentioned.

In the period after his last concert and Chopin's death, Alkan moved house, leaving himself even more isolated. He had also just failed after a bitter struggle in 1848, to get a position at the Conservatoire with the post going to Marmontel, a much less admired musician. The story of the Conservatoire position is a saga in itself, but one has to wonder whether Alkan's inability to communicate adequately with others may have been an inescapable factor in a situation where his musicianly abilities were so revered and well known.

In the letters to Hiller there are many descriptions by Alkan of typical negative symptoms in schizophrenia and constant unspecific complaints of illness and infirmity. The following, kindly translated by Tom Gillard, are examples.

About 1862:

My turn to ask forgiveness for taking so long to reply: It's true my permanent excuse is the one you had for the shortest while, that is, too much time. As usual I'm doing nothing, not even making my bed at the moment (to come back at your little gibe), and if it wasn't for a bit of reading, I'd be living more

⁷ Ibid, p.37.

or less like a cabbage or a mushroom; a fungus, with a taste for music, though.⁸

April 1863 :

Joking aside, it's stronger than me, my dear friend, alas! But, every day, I feel myself getting more and more misanthropic and misogynistic. And yet, there are times when having nothing good or useful to do for others, not having to devote myself to somebody or something, makes me awfully sad and unhappy. Doing it with music doesn't work for me, because I can't see the purpose, the aim... But it's really out of order to talk about my moral infirmities, I'm really embarrassed and I beg your pardon a thousand times.⁹

Alkan had begun in the 1850s to translate the bible a little each day, and in 1865 he was translating the New Testament from the Syriac and still refusing all public engagements. Perhaps this is part of his self-prescribed way of life as mentioned in this letter to Hiller around 1863.

I'm really more than a bit ashamed, my dear, kind Hiller, not to have yet replied to your last one, [so] kind and absorbing; and that when you were on my mind -so to speak all the time, and after having [written] you 15 or 20 letters, and not finishing one of them. ...Then, as I was telling you, I think, I shall divide my existence into two equal parts; one will be devoted to study, to following courses, and the other, to doing my housework myself and my own cooking.¹⁰

And speaking of his cooking, Smith reports: 'No one was allowed near his food which he would prepare himself from his own purchases'. This may have had reasonable causes¹¹, but it recalls a common delusion in schizophrenia of the fear of poisoning by others, commonly brought about by smell hallucination along with paranoia. A particular example is of the mathematician, Kurt Gödel, whose fear of poisoning led him to eat only food cooked by his wife, and who literally starved to death when she went into hospital. This is a good example of the seeming lack of logic that can occur as part of mental illness even when there is very high logical and intellectual ability in other areas of the mind.

An earlier letter from about 1860 indicates Alkan's obsession with the preparation of his meals is already well established. He laments that he is unable to get out of the city to enjoy the beauties of nature 'Because I can only get to the country for the time between one meal and the next.' but also continues the refrain about his health: 'Because the worst chagrin for me, with my poor state of health, is having so few moments in the day where it's physically possible for me to think or to write, while you, my good friend, you're composing, I'm sure of it, even in the privy...'

In a letter from 1857:

'I give lessons during the day while in the evening, during those few moments of lucidity, spared me by my illness, I am correcting the proofs of

⁸ Ferdinand Hiller. *Aus Ferdinand Hillers Briefwechsel*. Vol 2. ed. Reinhold Sietz (Cologne: Arno, 1958). p. 15. Translated from the original French by Tom Gillard.

⁹ *Ibid*, p. 15-16. Translated from the original French by Tom Gillard

¹⁰ *Ibid*, p. 30. Translated from the original French by Tom Gillard.

¹¹ *Editor's note*: Another possible explanation is that Alkan's obsession with food may reflect his observance of the Jewish dietary laws, *kashrut*, which could forbid the consumption of 'unclean' food or food prepared by non-Jews.

my new sonata for piano and `cello which I am having printed myself. I would so much like to play this at Erard's but my poor health prevents it. '12

Given that this same year, 1857, was the next major landmark publication year for Alkan, including his largest and arguably his best work, *Douze Etudes dans les tons mineurs* Op.39 as well as the Chants Op.38 and other smaller works, it is hard to credit the reality and severity of Alkan's illness as he describes it. Further large amounts were published in 1859 and 1861. Hypochondria, a sort of self-obsession, occurs often with schizophrenia.

To add to the delusional behaviour over food, we have Smith's description of Alkan as "secretive, suspicious and with an almost pathological revulsion against intrusion into his private affairs."¹³ He reports him as "Unpredictable, moody and increasingly worried about his personal health". He quotes letters showing unusual thought processes and extreme social gaucheness: To Ambroise Thomas refusing an invitation: 'Even if I were to indulge myself for an hour and a quarter you would be obliged to carry me off to the infirmary.' and also a letter to George Sand:

Thank you for your kind, affectionate letter, dear Madam, but it seems that on no account must I have the pleasure of playing for you this evening because about an hour ago I decided that the music in question could not take place. ¹⁴

Other examples of eccentric behaviour include what Smith refers to as 'grotesque' fastidiousness in timekeeping. He says:

Unfortunate were those caught up in the full flight of an absorbing discussion with him as the clock struck ten for then, surely enough, Alkan would make his exit brusquely and without apology, leaving the group in bewildered embarrassment.¹⁵

Smith asserts that "Towards the end of his life (Alkan) became ever more convinced that there was a plot afoot to defraud him of his life's savings." This supports the idea of a person with paranoid delusions (a very common positive symptom of schizophrenia).

There is also a story from a surviving relative who was taken at an early age to visit Alkan, that he 'bowled paper balls under his pianos and his bed in order to check that the cleaner was not scrimping on her work.'¹⁶

Eccentricity, an enigma or something a little more serious, if prosaic?

Schizophrenia, Mental Illness and Creativity

The link between creativity and schizophrenia, and some other forms of mental illness such as depression, is well researched. The controversial work of David Horrobin suggests that 'We became human because of small genetic changes in the chemistry of the fat in our skulls'... 'These changes injected into our ancestors both the seeds of the illness of schizophrenia and the extraordinary minds which made us human.'¹⁷ His ideas back up studies in Iceland, Finland, New York and London which link the most intelligent, imaginative members of our species with mental disease, in particular schizophrenia. These show that 'families with

¹² Smith, op. cit., p. 52.

¹³ Ibid, p.14.

¹⁴ Ibid, p.50.

¹⁵ Ibid, p.68.

¹⁶ Ibid, p.71.

¹⁷ Horrobin, David. *How Schizophrenia Shaped Humanity*. (London: Bantam Press/Transworld Publishers. 2001)

schizophrenic members seem to have a greater variety of skills and abilities, and a greater likelihood of producing high achievers,' he states. We have no knowledge of family history of mental illness for Alkan, but it is interesting to note here that his illegitimate son, Delaborde, was not only a famous pianist, as well as being a painter and a close friend of Manet, but he was also extremely eccentric though in a very different and extroverted style compared to Alkan.

It is clear Alkan battled all his adult life with problems many would characterise as an eccentricity of personality, but that I feel we should reassess as indications of a mental illness which would have been continuously debilitating and very likely occasionally frightening. One can only admire even more the astonishing creative output of someone working in such a state of isolation and anxiety.

Letter to the Editor

The distinguished Lisztian Dr. Leslie Howard tells us of the true nature of Busoni's version of Liszt's 'so-called Figaro Fantasy'. Leslie Howard's performance of the original (S697) is recorded by Hyperion in 'Liszt at the Opera III' (CDA 66861/2).

Dear Sir,

Pleased as I was to receive the excellent December Bulletin, I am moved to correct a long mis-held view of the so-called *Figaro Fantasy* by Liszt, as "completed" by Busoni, which is evident in DC's review of Mr Wakefield's Cambridge recital.

The manuscript of this remarkable work which, if viewed in its original conception, may be very happily compared with the famous *Réminiscences de Don Juan*, S418, is housed in the Goethe- und Schiller-Archiv in Weimar, and I had the honour to prepare it for publication for Editio Musica Budapest's *Neue Liszt-Ausgabe* in 1996. (It is also published separately). It is true that there are two small lacunae in the text which require editorial attention, but the piece was essentially finished as far as Liszt was concerned, and he played it several times in Berlin in early 1843. Liszt performed the work under the title *Fantasie über Themen aus Mozarts "Figaro" und "Don Giovanni"*, S697. For some reason, he did not immediately offer the fantasy for publication, and the MS remained in his desk. When Busoni got hold of it in 1912, not only did he not complete it, he produced a piece that eliminated all reference to *Don Giovanni* and, consequently, some 245 bars of Liszt's work. (Liszt's MS is 597 bars long.) Busoni made various alterations in almost every bar of the music he retained, and composed a linking passage of 37 bars where he had excised Liszt's work on the minuet scene from *Don Giovanni*, and where Liszt eventually combines three themes from the *Don* he attempts the passage with three orchestras/themes/time signatures with Figaro's aria from Act 1. Busoni is, at the very least, disingenuous when he describes the work as he does. There is not a murmur in his version about what is Busoni's and what is Liszt's, and there is, of course, no reference to *Don Giovanni* at all. It is time musicians turned to Liszt's superior original conception.

Yours truly,

Leslie Howard

Alkan to Fétis (2)

We continue our series of translations of letters from Alkan to François Fétis, held in the Fryklund Collection in Stockholm. (Letter 1 appeared in ASB 74).

The second letter in the Fryklund Collection is not dated except as ‘Monday’, but clearly relates to the *12 Études pour le piano dans tous les tons majeurs, à Monsieur Fétis*, op. 35, published by Brandus in 1848. The ‘Scherzo’ referred to must be the *Scherzo focoso* op. 34, and the ‘Sonata’ the *Grande Sonate* op. 33, which were published by Brandus at the same time. Presumably this note accompanied a presentation of these scores to Fétis. Whilst my translation is doubtless somewhat stilted, the latter itself is deliberately written in an elaborately obsequious style which demonstrates that Alkan and Fétis shared a similar sense of humour. The caesura in line 6 of the letter is Alkan’s own.

My dear M. Fétis,

I have realised, rather late I agree, that perhaps I should not have decorated one of my works with your illustrious name without having obtained your agreement. Would you be so good as to employ all your indulgence in a favourable form to this end? Indeed your indulgence will perhaps be a more worthy expression than the dedication itself. However hard the incubation, I am full of sadness when I take a cold look at the product of my conception.....However I console myself in passing that my title permits me twelve new essays and that you perhaps will not forbid me to employ it on these terms.

Accept, M. Fétis, from the bottom of my heart the most sincere expression of my devoted, respectful and admiring sentiments

C. V. Alkan ainé

I am adding to the twelve studies in major keys, if you will be so kind as to permit me, a Sonata and a Scherzo

Monday

Forthcoming

Forthcoming concerts featuring Alkan include:

Monday 30th April 2007 at Wigmore Hall, London at 19.30. Chamber music recital by **pupils of the Purcell School**, to include **Alkan Marche op. 40 no 1** (for piano duet).

Friday 22nd June 2007 at St. John's Smith Square, London at 19.30: Piano recital by **Jonathan Powell** to include **Alkan Symphonie op. 39 4-7**

Sunday 25th August 2007 at the Husum music festival (Germany). Piano recital by **Piers Lane** to include **Alkan Quasi-Faust** from **Grand Sonate op. 33**.

In the next Bulletin we will include more about Stephanie McCallum (including a review of her recent recording of the minor key Études) and also notes on our Secretary Nicholas King’s remarkable organ recital at the Society’s AGM.