



George Gershwin's too-short life ended on a blue note

Health Sep 26, 2018 3:20 PM EDT

Wednesday marks the 120th birthday of George Gershwin, the celebrated composer of “Rhapsody in Blue,” the opera “Porgy and Bess,” a long list of musical comedies, including the Pulitzer Prize-winning political satire, “Of Thee I Sing,” and hundreds of songs that continue to be sparkling examples of the Great American Songbook. During his short lifetime, Gershwin’s jazz-inspired melodies transcended the stages of vaudeville and Broadway to the concert halls of New York, Europe and beyond. As the New York Times opined in his 1937 obituary, Gershwin “was a child of the Twenties....he was to music what F. Scott Fitzgerald was to prose.”

The cause of his untimely death was most likely glioblastoma, the same type of brain cancer that killed **Senators Edward M. Kennedy in 2009 and John McCain** this September. Glioblastoma is one of the most common forms of brain cancer and its victims survive 15 to 18 months after their initial diagnosis and surgery.

In 1937, however, there were relatively few imaging technologies available to detect brain tumors early enough, let alone effective chemotherapeutic or radiation treatments to halt the tumor’s aggressive spread.

Gershwin’s medical history during much of this ordeal was vague and frustrating. Beginning in 1936, he complained of headaches, stomach pain, irritability, worries over losing his hair, and outright depression. One cause of his sadness, incidentally, was an unrequited love affair with the film star (and wife of Charlie Chaplin) Paulette Goddard.

Gershwin was said to have complained to one friend, “I am 38 years old, wealthy and famous, but I’m still deeply unhappy. How come?” His doctors were unable to find anything physically wrong with him and declared that George’s ennui was “in his head.”

On Feb. 11, 1937, however, Gershwin lost consciousness for a period of 10 to 20 seconds while performing with the Los Angeles Symphony Orchestra. He was the solo pianist and the program featured his brilliant “Concerto in F.” While playing his part he experienced what neurologists now refer to as an absence seizure and missed playing several bars, as he sat erect at the grand piano. After the performance, he reported experiencing an olfactory hallucination — a doctor’s term for smelling something that is not there. In George’s case, it was the smell of burning rubber.

He experienced a second and equally brief loss of consciousness in April of 1937, accompanied by the smell of burning rubber and debilitating headaches. This constellation of symptoms was again misdiagnosed as psychosomatic and was felt to be caused by the stresses of overwork on his serious composing, performing, and the writing of film scores for the Hollywood “dream factory.” The spells continued to occur at unpredictable times, usually lasted about half a minute, and were all accompanied by the smell of burning rubber, dizziness, and worsening headaches. After consulting a psychiatrist in June of that year, Gershwin was finally referred to an internist to see if there was an organic cause for these problems.

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Multiple visits to an internist failed to uncover physical abnormalities, even though the headaches worsened. Despite being admitted to the Cedars of Lebanon Hospital for a battery of tests on June 23, 1937, there still was no clear answer explaining his problems. On the list of possible diagnoses was some type of brain tumor but Gershwin refused a spinal tap, which might have revealed tumor cells in the cerebrospinal fluid, because he did not want to endure the pain of the procedure. He was discharged with a diagnosis of “hysteria.”

A male nurse was hired to care for Gershwin at his home in Beverly Hills, but he only grew more ill, with constant and severe headaches, a loss of balance and coordination of his hands (something that would be easily recognized by a skilled pianist), and protracted episodes of irrational behavior. For example, he once tried to push his chauffeur out of a moving car and, in another instance, smeared chocolates all over his body.

He had to take time off from his composing chores for a film called "The Goldwyn Follies" (not surprisingly produced by Hollywood legend Samuel Goldwyn). He also complained of intolerable pain along the sides of his head at a dinner with composer Irving Berlin and, again, at luncheon with a gaggle of movie stars that included Goddard.

On the early evening of July 9, 1937, Ira Gershwin, George's brother and lyricist, came to visit him and discovered that George had been sleeping until 5:00 p.m. that day. When Ira tried to help George to the bathroom, he found his brother so feeble that he needed the help of the nurse in returning him to bed. George collapsed and lost consciousness. At the emergency room, doctors examined a comatose Gershwin, who was paralyzed on his left side and had swelling of the optic nerve (or papilledema, a sign of serious brain swelling).

Famed neurosurgeon Walter Dandy of the Johns Hopkins Hospital was summoned from a cruise on Chesapeake Bay with the governor of Maryland, Harry Nice, to help with the procedure. After a long-distance telephone consultation with Dandy, the physicians at Cedars of Lebanon performed a ventriculogram, a painful procedure where air is introduced into the spinal column via lumbar puncture, followed by x-raying the skull using the air as a contrast to assess the size of the brain's ventricles and space-occupying abnormalities, such as a tumor. The study revealed a large brain tumor in George's right temporal lobe.

At 3:00 on the morning of July 10, he was rushed into the operating room. When Dandy arrived in Newark, New Jersey, he was turned back by a telegram that said the operation was already underway. Despite four hours of valiant efforts by the neurosurgeons to debulk the huge tumor, Gershwin never regained consciousness. He died a few hours later, at 10:30 am. He was only 38 years of age.

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His final diagnosis was a malignant glioma. More recently, however, a few arm-chair diagnosticians have argued that the tumor was a pilocytic astrocytoma or even a benign tumor that was caught too late and far too big. Such cellular arguments are really all for naught. As Dandy concluded, given the aggressive growth of his malignancy, the late diagnosis, and the lack of any useful treatments beyond removing large parts of his brain meant that they would have only prolonged Gershwin's misery by a few months: "For a man as brilliant as he with a recurring tumor," Dandy said, "life would have been terrible; it would have been a slow death."

Our collective grief over Gershwin's tragically short life may be tempered by the rich melodic legacy he left behind. His operatic, symphonic and popular works continue to enrich the lives of the millions who listen to them. As but one lovely example of the lilting power of his songs, try to listen to his 1926 ballad, "Someone to Watch Over Me," without humming it over and over again during the course of your day.

By – **Dr. Howard Markel**

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