

George Gershwin – A Life and a Legacy

by W.: Phillip W. Weiss

George Gershwin was an American composer and songwriter.

He composed the iconic musical composition “A Rhapsody in Blue” that served as the musical accompaniment to the movie Manhattan directed by Woody Allen and wrote the classic opera *Porgy and Bess* that was later made into a feature film of the same name starring Sidney Poitier and Dorothy Dandridge and directed by Otto Preminger.

Gershwin was born in 1898 in Brooklyn, New York. By age fifteen Gershwin was involved in the music industry and by the early nineteen-twenties he was established as a major star on Broadway and became known nationwide. Gershwin’s orchestral work combined jazz and classical style to create a unique blend of music that captured the spirit of the city and of modern life.

Gershwin had it all: fame, fortune, talent, friends, an adoring fan base, a close and supportive relationship with his siblings, Frances, Arthur, and Ira, and was a product of a rich and vibrant New York urban culture. Yet, he died at age thirty-eight. How Gershwin's life ended is the subject of this lecture. It is a tragic story because it has to do with errors that sealed Gershwin's fate.

In 1934, three years before his death, Gershwin started complaining about smelling the odor of burning rubber. Other symptoms followed including severe and painful headaches, blackouts, seizures, photophobia, and erratic behavior which included trying to push the driver out of a moving car and smearing his

body with chocolate. Regarding his life in general, Gershwin complained that he felt unhappy which given his professional success baffled him. He also wanted to marry the movie actress Paulette Goddard who was already married to the movie star Charlie Chaplin.

Medical tests were performed, and all were negative for any malady. Doctors wanted to perform a lumbar puncture to examine the spinal fluid for evidence of any problems with the brain, but Gershwin refused the procedure as the procedure was painful. The medical community attributed Gershwin's symptoms to hysteria, the result of a hectic and stressful career.

Gershwin began psychoanalysis, at one point receiving psychoanalysis five times a week. The psychoanalyst felt that the cause of Gershwin's symptoms was organic. In the meantime, Gershwin's symptoms worsened. Eventually, he lost the ability to perform activities of daily living and was placed in a nursing home. Gershwin, who physically was robust, was only in his late thirties. All who knew Gershwin witnessed his rapid physical deterioration and nothing was offered that could ease his pain.

Finally, in July 1937 Gershwin lapsed into a coma. In a comatose state, Gershwin was rushed to a major medical center in Los Angeles, the city where Gershwin lived. The medical staff administered a lumbar puncture on the comatose George Gershwin, which showed evidence of a brain tumor. They also x-rayed Gershwin's brain using water as a contrast agent which was injected via the spinal column. While these tests confirmed the presence of a tumor, they were of little value when surgery was performed.

A neurosurgeon was in California who was willing to perform the surgery to excise the tumor. The surgery took five hours. The surgeon removed a tumor that today is considered to have been a glioblastoma which is an especially aggressive form of cancer. The glioblastoma had caused herniation of Gershwin's brain which probably accounted for Gershwin becoming comatose. Post-surgery, Gershwin never regained consciousness and a few hours later died. Gershwin was thirty-eight years.

What is especially remarkable about Gershwin's story, which was tragic, was that despite Gershwin's constellation of symptoms, all of which were pervasive, painful and debilitating, no medical doctor, as far as could be ascertained, made a specific diagnosis of a brain tumor. Instead, the cause of Gershwin's physical deterioration was attributed to psychosomatic factors which proved to be an egregious medical error.

There is no question that Gershwin's symptoms were misdiagnosed. This was not an error of omission. Nobody denied that Gershwin was ill or withheld treatment. Rather, it was an error of judgement as to the etiology of Gershwin's complaints.

Subsequently, several professional articles have been published detailing Gershwin's medical case. In fairness to the medical professionals who treated Gershwin, it should be noted that in the nineteen thirties medical doctors had no access to the range of sophisticated diagnostic tools available today. The MRI and CAT scans were not yet invented. Instead, medical doctors had to rely on radiological

equipment and laboratory tests that would be considered crude today and on their innate skill as diagnosticians. And Gershwin's behavioral symptoms, severe as they were, had the appearance of a psychiatric disorder and he was a member of an industry that routinely attributed behavioral problems to stress or social factors.

But brain cancer was not a newly discovered disease, and its symptoms were well known. According to a published article,

The medical history of Gershwin is a typical example for an occurrence of a brain tumor. Today it is unintelligible that nobody thought of a tumor, because the symptoms were typical. Although MRT and CT scans were not available in 1937 when the first epileptic seizures occurred, it would had been possible to diagnose an intracranial tumor, because the typical symptoms of tumors were known. But for a long time everybody supposed that Gershwin had a mental illness.

The misdiagnosis notwithstanding, Gershwin had a condition that even if it was detected earlier, still would have been fatal. Even today the prognosis for glioblastoma is poor. Other persons diagnosed with glioblastoma have included Senator Ted Kennedy and baseball players Tug McGraw and Gary Carter. While these men presumably were informed of their diagnosis, in George Gershwin's case the medical intervention came too late to help Gershwin regain consciousness, at least long enough to give him the satisfaction of learning the true cause of his ailments.

According to online sources George Gershwin was a Freemason. While no evidence was found, e.g., the dates when Gershwin was initiated, passed and raised, corroborating the accuracy of these sources, no other evidence has been found that contradict these sources. This seems sufficient grounds to give these sources the benefit of the doubt and presume Gershwin to have been a member of

the Craft. That being the case, let us take a moment of silence to commemorate the life of Brother George Gershwin, American composer and songwriter and Freemason, and the contribution he made to the cultural life of the United States and to medical science.



George Gershwin Mausoleum, Westchester Hills Cemetery, Hastings-on-Hudson, NY. Photograph by Phillip W. Weiss, November 26, 2024

Sources:

[Natoma Lodge No. 64 - Masonic History](#)

[Famous Masons | Round Hill Lodge | Endicott Masonic Lodge | Endicott Freemasons](#)

[Famous Masons](#)

[\(PDF\) George Gershwin and his brain tumour—the continuing story](#)

[The Doctor's World: Gershwin's Illness - The New York Times](#)

[The smell of burning rubber: The fatal illness of George Gershwin - Hektoen International](#)

[George Gershwin \(1898–1937\) – genius composer, malignant brain tumor patient.](#)

[Malignant glioma: an irritating/stimulating element in triggering geniality? - PMC](#)

[The uncinated crisis of George Gershwin - PubMed](#)

[Diagnostic errors linked to nearly 800,000 deaths or cases of permanent disability in US each year, study estimates | CNN](#)

[George Gershwin, Composer, Is Dead](#)

[George Gershwin's death and Duret haemorrhage](#)

<https://youtu.be/3RmWDbcaYV4?si=ruNpCvqiAEfdb8B2>