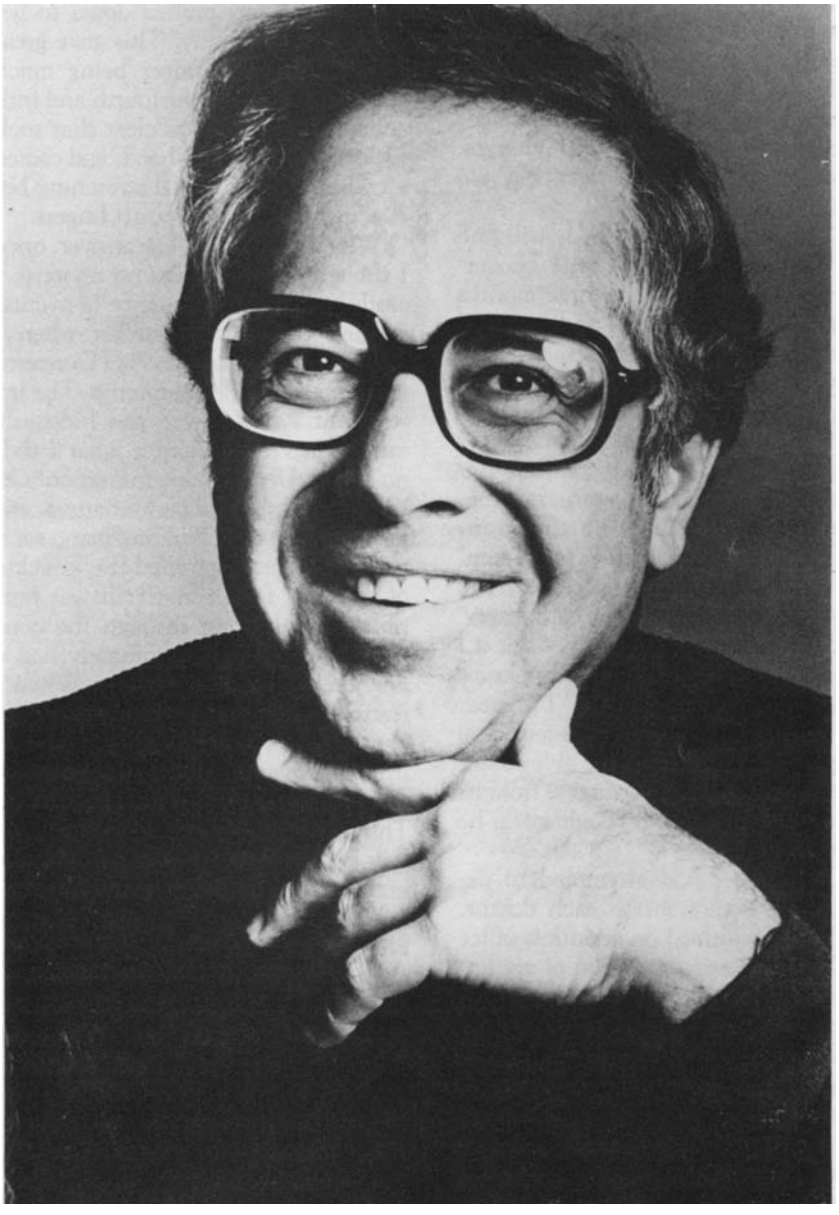
# Doctor, Can You Lend an Ear?

*Gary Graffman*



Now that I think back, I must have known something was wrong for a long time—years, perhaps—before I articulated the thought, even to myself. It was easier, somehow, to blame the infrequent but slowly increasing lack of control of my right hand's fourth and fifth fingers on advancing age than to acknowledge the development of a medical problem. To begin with, I had no pain. No numbness, either; nor any such symptom that one could possibly explain to a doctor. For all normal purposes—opening jars, tying shoelaces, manipulating chopsticks, and even at the piano 99.99% of the time, my hand operated as always. It was only in certain extended positions—playing a series of octaves, for example—that my trouble surfaced. I was able to play the first octave normally, but striking each subsequent one caused my fourth finger to draw in more and more, dragging the fifth along with it as the hand contracted, and, of course, hitting wrong notes. This behavior was in no way affected by fatigue, warming up, or "good" or "bad" days. Either I could play a certain pattern, or I could not. Every time it was exactly the same. An octave span of eight notes on the keyboard is about seven inches. A child can deal with that. But I, at fifty, was no longer capable of doing so.

Even after the situation had deteriorated to the point where, in the fall of 1979, I had to cancel concerts, I declined to seek medical help. "Nobody will understand!" I insisted. Doctors didn't keep pianos in their offices, and there was no way I could demonstrate my symptoms adequately without a keyboard. And besides, what doctor worth his diploma would be interested in passing the time of day with a patient who was not sick? Physically, anyway. Anticipating the "It's-all-in-your head" response, I steadfastly refused to be examined.

My wife, who pays the bills, eventually persuaded me that something had to be done. Grudgingly, I went through the medical motions. I opened my mouth and said, "Aaaaah." My blood pressure was checked, my urine analyzed, my inner ears probed, my chest thumped, and, finally, my brain

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scanned. ("Brain's fine!" the technician cheerfully informed me. "Nothing there!") But my hand? "It's neurological," I was told, and electrical needles invaded nerves and muscles for signs of blockages, tangles, injuries, disease. No abnormalities? Sorry, can't help you. On to the next doctor.

"Sooner or later somebody will find out what's wrong," my wife encouraged. She was right. In three months I saw eighteen doctors and received almost as many diagnoses. Miraculously, I was found to be suffering from the specialty disease of each specialist I visited. Finally, a famed Parkinson's authority decided that my curling fingers exhibited the very earliest symptoms of this debilitating affliction. "Amazing!" he clucked, and summoned an associate to observe. "I've never seen a case in such an early stage." I couldn't believe I was *sick*. "But if I didn't play the piano, I wouldn't know there was anything wrong!" I argued. He replied, "You're lucky. Because you *do* play the piano, we'll be able to follow the progress of this disease from its very beginning." And I could swear he licked his lips.

Of course I had attempted to describe my symptoms to each doctor, and had performed on countless office tabletops an approximation of my fingers' strange behavior in octave position. Nor was I shy about theorizing what might have caused this state of affairs. My story was long but, I thought, reasonable.

Until my problem appeared, I'd never given the slightest thought as to *how* I played the piano. It was like brushing teeth or walking. Or even which fingers I used: If a colleague asked how I fingered a section of a certain piece of music, I'd have to play it to see what my fingers had been doing. So it was only after I was forced to acknowledge that I could no longer traverse the bravura passages of my daily repertoire that I consciously realized I'd been doing something weird—and for a long time, too.

The normal way of playing octaves is with the thumb and fifth, or thumb and fourth, or sometimes thumb and—for extra power—both fifth and fourth, fingers. Now, consciously studying my indepedently moving hand for the first time, I saw that it played octave passages with thumb and three. And, moreover, I did that with the fourth and fifth fingers pushed down to get them out of the way. This gave great power (the third finger being much stronger than even the fourth and fifth combined), but it was clear that such fingering distorted my hand, and caused a constant and unusual stretching between my third and fourth fingers.

Why did I do this? The answer, once I thought about it, was no mystery. I easily recalled the sequence of events, starting twelve years earlier when I played the Tchaikovsky First Concerto with the Berlin Philharmonic. The instrument I had to use was hideously unresponsive. No matter what I did, no sound. Unbelievable frustration! On the last of three dull performances, enraged, I gave the offending piano such a thwack that I sprained the knuckle of my right fourth finger. It was horribly painful. I got through the concerto, though, and fortunately had a few weeks free to recuperate. When I started to play again, my fourth finger hardly hurt. Nevertheless, I pampered it. Whenever I needed powerful octaves, I substituted the third finger. This worked very well—so well, in fact, that soon the conductor Eugene Ormandy complained (only half jokingly), "Hey! You're drowning out my Philadelphia Orchestra!" Who could resist such power? Tomorrow, the world.

For almost twelve years, then, I'd reveled in subduing the world's loudest orchestras with a flick of my magic third finger. Perhaps I'd gradually damaged something by continually stretching my hand in this unnatural way. And now the Devil's bill had finally arrived.

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To a man, the doctors in whom I confided were unimpressed with my scenario. The medical rebuttal simply reversed chicken and egg. They said I must have begun to substitute the third finger because physiological (and/or psychological) problems of unknown etiology had caused my fourth and fifth to zonk out. The twelve-year-old injury had nothing to do with it. Why was I wasting everyone's time? Shut up and take a pill.

Hard as it is to believe nowadays (only six years later), when the idea of performers' ailments is so widely accepted, nobody could believe that my disability might have been caused by my piano playing.

Only when my cries for help reached Massachusetts General Hospital in Boston in the spring of 1980 did reason prevail. To begin with, the neurologist to whom I'd been sent, Fred Hochberg (an oncologist who specializes in treating cancers of the nervous system), did not attempt to associate my symptoms with his diseases. Instead, he brought me to a hand doctor—the first one I'd seen. And Robert Leffert did discover some muscular abnormalities connected with my injured finger. (Later, the neurophysiologist Bhagwan Shahani showed me how those finger muscles worked—or didn't work—and why.) But most important, they listened to what I had to say. They treated me like a rational human adult (which, by that time, perhaps I was not). They were also the first to recognize how urgent it was for me—even though neither my life nor my general health appeared, to them, to be threatened—to seek a cure for my affliction.

I'm fortunate, and eternally thankful, that I'm not suffering from any of the diseases my symptoms portended. Nonetheless, Bob and Fred and Bhagwan treated me as seriously as if my life depended on them. During the fol-

lowing years I made regular trips to Boston for examinations and various kinds of therapy, which I continued to practice at home in New York. The idea was to try to retrain muscles and motor control patterns that had gone awry during the years I'd favored my delicate fourth finger.

Under the tutelage of therapist Dr. Margaret Schenkman, I became intimately acquainted with parts of my hand I'd never known existed. Atrophied intrinsics, responding to Margaret's cajoling, returned to normal bulk and strength, and I became an undisputed virtuoso at controlling the overactivity of my *flexor digitorum profundis*. But despite the improvement, the general prognosis for complete reversal of my symptoms was not—in my opinion, at least—particularly favorable. As we all agreed, a professional instrumentalist must operate at over 100% efficiency. Anything less, for performing purposes, is useless. By 1984 I'd become convinced that whatever results I might yet achieve, they could in no way reflect the efforts already expended, and I more or less abandoned ship. Still, new ideas continued to bat back and forth between Boston and New York, and the doctors' interest never waned.

All this activity was monitored from the start with great curiosity (and not a little skepticism) by my colleague and close friend Leon Fleisher. Leon's right hand had begun to trouble him in a somewhat similar manner almost fifteen years before mine, and during the early years of his distress, he, too, had gone through the medical mill, emerging swathed like a mummy in conflicting diagnoses. Parkinson's? Kid stuff! Researchers from the National Institute of Health, ascertaining that Leon was a young (at the time) Jewish male, proposed torsion dystonia. Leon swore he'd never speak to another doctor again.

But Leon was in much worse condition than I. His hand had become, over the years, numb, painful, involuntarily clawed, and ultimately almost useless. By the spring of 1980 he couldn't sign his name or use a knife to cut his food. In spite of his resolve, Leon became intrigued by my reports of the Boston doctors, and eventually he agreed to audition them.

By the time Leon was examined at Massachusetts General Hospital, he was quite clearly suffering from carpal tunnel syndrome. Probably nobody will ever know whether a subclinical form of this ailment caused his original problem (until the very end, tests had been "inconclusive"), or if (chicken/egg/chicken-like) his hand problem had caused the syndrome's development. Or if (unlikely) the two were unrelated. At that point, however, his hand was no good for anything. Whether carpal tunnel surgery would help him regain his ability to play the piano was academic. An operation was required, and in January 1981, Bob Leffert performed it.

Dr. Bhagwan T. Shahani checks progress of biofeedback retraining of Gary Graffman's right fourth finger, Massachusetts General Hospital, June 1982.

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Word got out. (In those days, instrumentalists' hand problems—somewhat like social diseases—were unmentionable. Understandably so: If a performer is still performing, or hopes to get back on the road soon, he'd be crazy to advertise his disabilities. Nobody wants a wounded pianist. There is an oversupply of healthy ones. Admitting difficulties is like jumping, bleeding, into piranha-filled waters.) Leon had never made a secret of what had happened to him. (How could he? He'd been America's busiest pianist when his hand conked out.) But he didn't talk about it much, or publicly, partly because of his natural reticence and partly, I imagine, because after fifteen years of hearing that the problem was more likely in his head than in his hand, he was just fed up.

I, contrary to all advice, trumpeted my cries for help like a wild elephant being sucked into a pit of quicksand. Why not? Concerts are booked years in advance. When it became clear that my problem was, at best, of lengthy duration and I was forced to cancel what had been virtually my entire life, it seemed pointless to keep the reason for doing so a mystery. So I talked about it, *ad nauseam*, and to the world at large.

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A surprising thing happened. Quietly—actually, furtively!—instrumentalists of all kinds, from flutists to double-bass players, began to approach me. They wrote or phoned or, after I'd begun to play the few pieces of one-handed music commissioned by the Austrian pianist Paul Wittgenstein (who, far less lucky than I, had lost his right arm to shrapnel in World War I), came to my dressing room after my left-handed performances. They whispered to me tales of their peculiar afflictions of arm, hand, or finger. They came to compare notes; to ask advice; to warn against hasty surgical intervention; or, in many cases, to demonstrate how they'd managed to overcome severe disabilities and resume their careers. They recommended osteopaths, chiropractors, acupuncturists, shiatsu masseurs, nutritionists, homeopathists, faith healers, yoga practitioners, Alexander and Feldenkreis technique disciples, physical therapists, myotherapists, and piano teachers known as "piano therapists," who emphasized the most efficient use of the body at the instrument. Very few members of this growing army of the secretly disabled (or the just-as-secretly rehabilitated) had good—or even quotable—words to say about practitioners of conventional medicine. Aside from those performers whose dysfunctions were universal and readily diagnosable—such as tendon slippage, "trigger" finger, arthritis or other obvious orthopedic or neurologic difficulties—the informed advice was, "Stay away from doctors! They don't know what we're talking about, and most of them don't care."

A good deal of that changed in June 1981, when a lengthy and accurate article, scarily headlined, "WHEN A PIANIST'S FINGERS FAIL TO OBEY," appeared in the Sunday *New York Times*. This interview, written by the dance critic (and, therefore, occupational-injury-conscious) Jennifer Dunning, described my problem in detail, discussed Leon's as well, and also included general information about pianists' hand disabilities from Robert Schumann on. To the best of my knowledge, it was the first "in depth" article on the subject to appear in a general publication. The article mentioned the doctors at Massachusetts General Hospital who were so involved with helping me and Leon.

"On Monday, my first phone call from a pianist who'd read the story came at 8 a.m. sharp," Dr. Leffert reported. "This wouldn't have been so odd, except the fellow was calling from the West Coast—where it's three hours earlier!" The dam had burst, and soon Boston was inundated with indisposed instrumentalists of every description (even a sitar player) seeking "conventional" medical help. During the following year, Drs. Hochberg, Leffert, and Shahani and their associates examined over 300 musicians, most of whose medical problems were attributable, at least in part, to the mechanics of playing—or, in certain cases, simply holding—their instrument. By the summer of 1982, when the term Music Medicine was coined, musicians with physical difficulties had begun to discover that their "unique" miseries were, in fact, widely shared.

Today, there are a number of medical facilities in various parts of the country where Music Medicine (as distinct from Sports Medicine or general physical rehabilitation) is practiced. For all I know, some of these centers may have been functioning six years ago, when I first, reluctantly, feeling so frustrated and isolated, sought help. But if any such clinics were active at that time, neither I nor the physicians I consulted knew about their existence. My complaint, "Nobody will understand!" proved to be the understatement of 1979.

It's unlikely that the same thing could happen to any performer in 1986. I, for example, would surely have become conscious of my worsening hand problem (or, knowing that help was available, allowed myself to acknowledge it) far earlier than I actually did. Early enough to reverse the symptoms or at least to stop their progress? Such speculation is not the point. Suffice it to say that, thanks to the extraordinary and continuing publicity granted this subject, performers nowadays have become infinitely more aware of the pitfalls that await in the pursuit of their daily routine.

I trust that this new awareness applies to the medical profession as well. Recent articles in professional journals and comprehensive medical conferences have done more than hint at the possible problems a performing musician patient may develop. Of course I understand that it's essential, when symptoms demand, to test the patient for all suspected diseases. By all means, thump the chest and scan the brain. But please, dear doctor, in your quest to uncover every possible lurking bacterium, virus, or psychosomatic allergy, don't overlook the simple fact that the constant whomping of a resistant piano key by a tender fourth finger, or the holding of an awkwardly heavy bassoon by a delicately-balanced thumb, or the twisting of an overworked neck to accommodate the ill-placed chin rest of a viola, or even the height of the seat of a cellist's chair may also cause bizarre and remarkable symptoms. Try, please, whenever feasible, to relate the punishment to its appropriate crime.

Perhaps all musical instruments should be required to carry a Surgeon-General's Warning. Until that day, I'm delighted that we performers can welcome the new publication for which this article has been written—a journal created expressly to inform and educate its readers about the existence of (and, I fervently hope, the eventual prevention of) the **Medical Problems of Performing Artists**.