

Surgical lifestyles

The singing surgeon



by Karen Stein, Associate Editor

How does a person skilled in more than one craft pick *the one* that will be his future? When faced with the decision of becoming a physician or a musician, Gregory J. Gallivan, MD, FACS, of Springfield, MA—chief of thoracic surgery at Mercy Medical Center and Wing Memorial Hospital and an assistant professor of clinical surgery at University of Massachusetts Medical Center—decided to be both.

Choosing a future

He chose medicine as his main vocation. “I would have been good, but not world-class, as a pianist,” he says, considering the alternative of a primary career in music. “As my singing voice developed, my musical abilities entered the world-class realm. In medicine, you are measured by training, experience, and outcomes,” he explains. “But in music, you can be the greatest voice that ever lived, but without the right contacts, agents, or managers, you don’t necessarily make it to the big time.” So he set out to find a way to manage two demanding careers and became known as “The Singing Surgeon.”

But he was told early in his medical career—as a student attending Tufts Medical School in Boston, MA—that if he wanted to be a surgeon, he’d have to give up any aspirations of also singing opera. This scolding began when “A professor asked all of our class, most of whom had failed a parasitology exam miserably, what our medical intentions were,” Dr. Gallivan explains. “When I told him that I planned to merge music and medicine into a dual career, I was given a stern lecture that this was impossible. He further told me that I should not even consider marrying and having a family if I were to become a good surgeon but was to dedicate my life totally to surgery.”

Of course, Dr. Gallivan did not agree and has spent his career in surgery proving that assertion to be wrong, as he has managed to maintain two fulfilling careers. It would not have been easy for Dr. Gallivan to walk away from music, had he followed the directive to give it up. Having begun his classical piano training at age seven, Dr. Gallivan eventually studied piano, organ,



Dr. Gallivan

voice, harmony, and theory at the Hartt College of Music while he was attending Tufts for his undergraduate and medical degrees.

Starring as the doctor

Major operatic roles for Dr. Gallivan, who is a dramatic baritone, include *Die Zauberflöte* (*The Magic Flute*, Mozart, 1791), *Faust* (Gounod, 1859), *Mefistofele* (Boito, 1868), *Aida* (Verdi, 1871), *La Giocanda* (Ponchielli, 1876), *I Pagliacci* (Leoncavallo, 1892), *Hansel and Gretel* (Humperdink, 1893), *Amahl and the Night Visitors* (Menotti, 1951), and *The Phantom Tollbooth* (Black, 1995).

But Dr. Gallivan has also played the role of the physician in many different operas. He has played Dr. Bartolo—in Mozart’s *Le Nozze di Figaro* (*The Marriage of Figaro*, 1786)—a stupid and funny doctor that he concedes is not a very flattering portrayal of physicians. In Strauss’ 1874 operetta *Die Fledermaus* (*The Bat*), he played Dr. Falke, an aristocratic type seeking revenge against a friend who got him into trouble (though as is the case with all operettas, the story ends on a happy note). He also played the

Opposite: Dr. Gallivan in *The Barber of Seville*.

villainous Dr. Miracle in Offenbach's *Les Contes d'Hoffman* (*Tales of Hoffman*, 1881), a character who, as Dr. Gallivan says, "has nothing but malice in his body and heart."

Dr. Gallivan says that his operatic roles as physician are not necessarily informed by his status as a practicing physician. "I have always thought of them as separate," he says, and added

jokingly, "I don't sing in the operating room and I don't cut people open on stage." Part of his attraction to opera, he says, is the ability to get into a role as *Mr. Gallivan*, and while playing the part of opera performer he would not dispense medical advice. He simply wants to entertain people by assuming on stage the character of a totally different person.

Opera singers treated in the surgical theater

The association between divas and obesity is so common that when discussing the weight-related health concerns of operatic performers, the popular saying "It ain't over 'til the fat lady sings" is often invoked. But when soprano Deborah Voigt announced in 2005 that she had undergone gastric bypass surgery for obesity, there was renewed examination of whether the singing lady need be fat at all. The debate had been sparked previously, for example, when Maria Callas lost a substantial number of pounds; many said that she subsequently lost some of her vocal talent.

But according to Dr. Gallivan, who shares a voice coach with Ms. Voigt and knows her personally, being fat, in fact, is not a necessity for singing well. Dr. Gallivan noted that the demands of a life of multiple performances and always traveling the globe are very difficult and that some people who have a compulsion to sing also have a compulsion to eat.

Though Ms. Voigt had previously made headlines for being fired from a production of *Ariadne auf Naxos*—the director thought the costume for her role, a sleek black dress, would not look right on her—her decision to undergo this procedure had preceded this unceremonious dismissal, which she described as humiliating.

After previous attempts at weight loss had achieved only short-term results or had failed, Ms. Voigt reconsidered gastric bypass. She had contemplated having the procedure when it was new but had decided against it based on its associated mortality rate. When she opted to go ahead with the procedure 20 years later, she was experiencing knee weakness and had concerns about comorbidities associated with obesity (namely, diabetes and

high blood pressure). That same year, the American College of Physicians, based on a report from the Agency for Healthcare Research and Quality, had issued guidelines recommending bariatric surgery for patients with a body mass index of 40 or greater and obesity comorbidities. At that time, 75 percent of the 150,000 obesity surgeries occurring annually were the same type of gastric bypass surgery Ms. Voigt had undergone. Through the gastric bypass, she lost 100 pounds.

To alleviate her concerns about risks of how the endotracheal tube might affect her livelihood, her physician inserted the smallest tube possible. And since the operation, she admits, the lost weight has affected the automatic engagement of the abdominal muscles, and as a result she has had to tweak her technique and put more thought into how she performs.

As a relief to any opera fans and theater principals who were concerned that she would also lose her voice talent, Ms. Voigt's postsurgical performances have earned her great acclaim. Dr. Gallivan saw Ms. Voigt's March 2007 performance in *Die Ägyptische Helena* (*Egyptian Helen*), and he says her performance was astounding. "There are voices and then there are miracles," he said of her, adding, "All she has lost is her weight."

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However, he does say that, in a way, surgeons and opera singers do share one particular trait: ego strength. “You can’t walk into an operating room and be timid,” he says, “and you can’t walk onto the operatic stage and be timid.”



Dr. Gallivan as Mephisto.

Playing favorites

Musically speaking, Dr. Gallivan identifies his best performance as when he played Giorgio Germont in Verdi’s *La Traviata* (1853). “This composition is beautifully built for a baritone with high extension. It’s a powerful but melodic legato (long, drawn-out musical lines), and it’s probably the best singing I’ve ever done.”

But in terms of fun, Dr. Gallivan mentions his role as Figaro in Rossini’s *The Barber of Seville* (*Il Barbiere di Siviglia*, 1816). “Figaro is a factotum who does everything and knows everybody. He’s not just a barber—he fixes people’s lives and love lives, and everything in town goes through him. It’s a fun and different role to play this cavalier guy.”

The role of Figaro is not just fun for Dr. Gallivan, however; the character’s well-known aria is Dr. Gallivan’s signature solo. In 2002, he participated with 17 other performers in an Austrian exposition where all contributors came dressed in lederhosen and multicolored coats with fancy buttons but with no advance knowledge of what they would be asked to sing. Dr. Gallivan, chosen by audition to perform last, was assigned the aria of Figaro. Though he says he felt like he was stepping in front of a firing squad when it was his turn, “It went tremendously well. In Europe, if you’ve done your singing well, they reward you with rhythmic applause, where the whole audience together claps in a cadence.” Dr. Gallivan was the only performer at this event to receive this type of praise.

However, Dr. Gallivan’s performances have not been without disaster. At the end of Dr. Gallivan’s aria as the toreador Escamillo in a staging of *Carmen* (Bizet, 1875), when he sang “L’amour”—and Carmen, Mercedes, and Frasquita were supposed to echo it—the woman playing Frasquita missed her cue, and the opera came to a dead halt. But Dr. Gallivan did not relate this story with complaint. “Things happen,” he says.

Perfecting the craft

Though he did not attend the Juilliard School of Music (New York, New York), Dr. Gallivan was once a pupil of Oren Brown, former Juilliard faculty member and pioneer in voice therapy, and of Anna Moffo, operatic soprano who was the star performer at the Metropolitan Opera in New York for decades. In voice lessons, Dr. Gallivan

Physicians in opera

The prevailing public opinion of physicians in 18th, 19th, and 20th century Europe can be inferred from the text and music that accompanied their portrayal in operas. Prominent characters in operatic literature of that era, physicians were sometimes depicted as incompetent and clownish, sometimes as self-serving and deceitful, eventually as healers.

In *Le Nozze di Figaro* (*The Marriage of Figaro*, Mozart, 1786), Dr. Bartolo is a vengeful character whose status as a physician is merely a detail and not essential to the plot line itself. But although the clash between Dr. Krautmann and his opponent—the pharmacist Stoessel—in *Doktor und Apotheker* (*Doctor and Pharmacist*, Ditters von Dittersdorf, 1786) is caused by a romantic relationship between their children, it progresses into a professional quarrel. Both physician and pharmacist reveal doubts about the professional competence of the other and both threaten to take legal action because of it. In this opera, Dr. Krautmann's opening aria is full of self-admiration.

As a reflection of the status of medical practice in the early 19th century, in *L'Elisir d'Amore* (*The Love Potion*, Donizetti, 1832), Dr. Dulcamara, a traveling physician, is introduced in an aria as a quack like those who often passed themselves off as physicians in that era—in his lyrics he claims to have a tonic that can cure any and every malady “immediately and unfailingly,” including rheumatic pain, cough, muscle strain, chickenpox, hysteria, fatness, and thinness. He sells a bottle of wine to a peasant who had asked for a love potion to help him win the heart of a specific woman. The peasant does gain popularity and eventually win the object of his desire after losing inhibitions from the wine, but the physician exploits this outcome to sell more bottles of wine as medication.

As medicine advanced, so too did the skill and knowledge of physician characters in opera. Surgery, for example, emerged in the operatic literature after it became added to the practice of medicine in the 19th century, and a surgeon appears in *La Forza del Destino* (*The Force of Destiny*, Verdi, 1862) to remove a bullet from the body of a main character.

Dr. Grenvil, the physician in *La Traviata* (Verdi, 1853), is depicted as sympathetic, reassuring, and

humble as he stays with a dying patient whom he supported throughout, though he knew he could not help her recover from her illness, and admits that he and science are limited in what can be done to help the patient. The newly emerging theories of heredity affecting one's health are factored into *Les Contes d'Hoffman* (*Tales of Hoffman*, Offenbach, 1881). But Dr. Miracle is portrayed as a villain, as one who causes death, because he asks a character to sing even though she has many symptoms that suggest mitral valve prolapse. The illnesses in Offenbach's family at the time he composed this opera (he had gout and his son, tuberculosis) might have informed his characterization of the physician and his ultimate deflection of blame for that character's death.

By the 20th century, physicians were shown as researchers, though not necessarily in a flattering way. In *Wozzeck* (Berg, 1925)—which debuted in Germany at a time that people were losing faith in conventional medicine and were seeking out alternatives—the title character, to earn extra money, signs on to work with a physician. In turn, this physician—who is given no name and is called, simply, The Doctor—conducts experiments on *Wozzeck*, such as testing various diet prescriptions, and uses him as an educational aid for teaching medical students (such human experimentation and misuse of science to further one's career goals, rather than to help patients heal, was an issue at that time, according to some historians). But 20th century opera also showed the functional role of the profession, such as the physicians consulted about illness and injury in *Pelléas et Mélisande* (Debussy, 1902) and *Der Rosenkavalier* (*Knight of the Rose*, Strauss, 1911).

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explains, the voice instructor teaches the singer how to sing and breathe properly to get proper resonance, whereas the voice coach will teach repertoire, diction, and language of the opera (French, German, Italian, Spanish, and Polish). And just as in medicine, continuing education is essential to opera singers. While making the point that anyone serious about singing should never stop training, Dr. Gallivan says, “Even if you’ve been singing for half a century, you can never hear yourself—you can’t hear what they are hearing. That’s why, even now, I continue to study with William Riley in New York.”

Cultural shift in music

Though the classic operas are still performed frequently, composition of new operas is rare. Dr. Gallivan attributes this sea change partly to the perception of opera as an elitist endeavor where “big fat women sing at the top of their lungs.” However, he notes that contemporary musical theater—such as *Hair*, *Rent*, *Porgy and Bess*, *Jesus Christ Superstar*, and *Phantom of the Opera*—is merely a modern expression of the same artistic foundations. “Opera was the common classical way of singing for theater before television and radio,” he explains.

The cultural shift toward rap and *American Idol* in the contemporary music scene has also played a part in the current perception of classical music. Though rap doesn’t appeal to him, he acknowledges it as a commentary on life spoken against a rhythm. But he believes most contestants on *American Idol* cannot sing. Though a classically trained singer need not sing opera, he says, an opera singer must be classically trained. “If you’re playing the role of the soprano in *Phantom*, you had better be a coloratura soprano who is classically trained,” Dr. Gallivan says. “This isn’t for someone on *American Idol*—you have to be able to *sing*.”

Balancing act

In addition to Dr. Gallivan’s hospital and university appointments, he is also a faculty member of the Voice Foundation, a group of trained singers with scientific backgrounds who combine music and medicine to address voice problems based on science. “At this point, they call me a voice and airway reconstructive surgeon, operat-

ing on voice boxes and trachea,” he says, noting that perhaps only a few surgeons perform such procedures.

And in addition to his many performances in operatic productions and his training, Dr. Gallivan was a founding member of Commonwealth Opera in Northampton and participates in concert solos, regional summer performances, and various medical meetings where he is called upon to sing.

Finding the balance between two such highly demanding lines of work was not easy. “At first there was great dismay in the medical community: ‘Who is this idiot who thinks he can sing?’” Dr. Gallivan explains. “It was frowned upon in the mid-1970s by fellow physicians who thought this was just a confounding thing for a doctor to do.” But Dr. Gallivan says he was fortunate in eventually working with two, then three, then several thoracic surgeons who recognized his seriousness about opera. They provided coverage when needed, taking his call for one to two weeks at a time as needed. (Of course, he returned the favor in kind when asked.)

But Dr. Gallivan had another great source of support: his wife Helen, a registered nurse who is also his practice manager and runs his professional and home life. “Without her support and without the support of my colleagues,” Dr. Gallivan says, “I never would have been able to do this.”

But even with all the support he has received, much of what had driven Dr. Gallivan’s determination through medical school and beyond was that professor’s stern lecture at Tufts in the 1960s. “It has been a passion of mine to tell people, ‘You don’t have to be just one thing,’” Dr. Gallivan says. “‘You must use the talents God gave you.’” □