Mario Lanza, his mother, Mrs. Cocozza, and Kathryn Grayson. Credit: Photofest.
A fatal zest for living
The all too brief life of Mario Lanza

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When Mario Lanza (née Alfred “Freddie” Arnold Cocozza) died on October 7, 1959, at age thirty-eight, the world lost what was arguably the greatest voice ever bestowed on an American-born lirico spinto* tenor.1pviii The young Italian-American’s meteoric rise to stardom in the late 1940s as the idol of cinema audiences and the record-buying public worldwide was the product of a rare combination of a magnificent tenor voice, dark good looks, and charisma.

The young Cocozza’s rise to fame began at age sixteen while he was a high school student in Philadelphia. As was common with Italian-American mothers at that time, Freddie’s mother hoped he would become a doctor or a lawyer. Freddie, however, had other ideas. He informed his parents that he wanted to be a singer, and when he sang for them the first time they were so moved that they arranged for him to begin weekly lessons in solfeggio (sight reading) and Italian in what they hoped would be the first step toward an operatic career.1pp13–14

By 1941 their dream of a career in opera for Freddie (now Mario Lanza) seemed all but assured. He had been given a scholarship by the great conductor of the Boston Symphony Orchestra, Serge Koussevitsky. He had also made his operatic debut as Fenton, to rave reviews, in two performances of Nicolai’s three-act opera *The Merry Wives of Windsor* at the Summer Festival in Tanglewood, Massachusetts. In these performances, in the opinion of the *New York Times*, “Second honors went to the Fenton of the cast, Mario Lanza, 21-year-old tenor, an extremely talented, if as yet not completely routined student, whose superb natural voice has few equals among tenors of the day in quality, warmth and power.”2 Herbert Graf of *Opera News* predicted: “A real find of the season was Mario Lanza . . . He would have no difficulty one day being asked to join the Metropolitan Opera.”3

Following a two-year stint in the Army, during which he performed in *On the Beam* and *Winged Victory*, Lanza married the sister of an Army pal, settled in New York, and resumed his voice studies. His teacher, the renowned Enrico Rosati, had previously instructed the great Beniamino Gigli. After hearing Lanza sing, he is said to have exclaimed: “I have waited for you for 34 years—ever since Gigli!”4

In August 1947, Lanza’s career veered in a new direction. Upon hearing him perform in a concert at the Hollywood Bowl, MGM potentate Louis B. Mayer immediately signed the young tenor to a seven-year contract. Though Lanza would always have problems controlling his weight, his good looks and exceptional voice were, in Mayer’s opinion, ideal film credentials.

Lanza was flattered and excited by the prospect of earning substantially more money making movies than he might hope to earn from singing on the stage, yet Hollywood and

*A voice with a rich, dark coloring in the center and lower registers, and a brilliant ringing top.*
films were not his life's ambition. What he wanted most was an operatic career. So when offered a contract by MGM, he insisted on one covering only six months a year so that he could devote the remainder to developing his concert and operatic career. His suprising overnight Hollywood stardom would prevent him from ever realizing his operatic ambitions.

Contrary to MGM's prediction that it would take at least ten films for the young singer to become established, the acclaim that followed his screen debut in *That Midnight Kiss* in 1949 was instantaneous. The studio immediately rushed Lanza into a second film, *The Toast of New Orleans*, resulting in his having to cancel several operatic performances. Soon after, “Be My Love,” a recording of one of the songs from *The Toast of New Orleans*, resounded in jukeboxes throughout America, eventually reaching sales of nearly two million copies—an unprecedented feat for a classical artist.

Lanza's magnum opus, a film based on the life of his idol, Enrico Caruso, followed. Titled *The Great Caruso*, the movie was an international hit with gross earnings of $19 million in the first year after its release. In just two years, Lanza had become the most popular male singer in America.

Even as the public and most critics were applauding, the first negative reviews began to appear in the press. These came primarily from operatic circles, excoriating him for selling out to the film industry instead of pursuing his operatic career. Snobbishness, as well as Lanza's staggering success, no doubt motivated many of these attacks, as movies were considered inferior to opera by the highbrow set of that era. Most of all, however, the elitists seemed irked that a neophyte singer had dared to impersonate the immortal Caruso.

Sadly, Lanza's overnight success in films killed his operatic ambitions. His sudden rise to fame and fortune generated comparisons with Caruso, the greatest tenor of them all, which unnerved Lanza. He began to doubt his own considerable talent, fearing that if he attempted to sing in an opera house, even a minor one, his every note and movement would be scrutinized and criticized.

In 1952, following a series of disagreements over the film *The Student Prince*, he walked off the studio set and was fired by MGM. Lanza's reaction was to withdraw from everyone other than his immediate family and one or two close friends. Living as a recluse, he continued to soothe his inner torment with food and alcohol. With his film career all but over in America, he moved to Italy, the land of his parents, with his wife and four children, making another film in Rome while still privately yearning for an operatic career.

Between filming and appearing in a series of concerts in Europe, Lanza continued his alcoholic binges and crash diets, so that by early 1958 his health was in a precarious state, with thrombophlebitis, hypertension, a badly damaged liver, and an enlarged heart. Though warned of the seriousness of his condition, he was convinced he was indestructible and refused to change his lifestyle.

Lanza's many medical problems seem to have been the products of a zest for living taken to the extreme. He "overate, over-drunk, overslept, overdid things generally," Overeating, perhaps his most self-destructive activity, was for him both an enjoyment and an escape, an expression of his *joie de vivre*, and an outlet for his bubbly personality. Even as

As the months passed, Lanza became increasingly insecure. To escape his inner doubts, he began drinking heavily. This, combined with massive overeating punctuated by crash dieting, had a devastating effect on both his health and his psyche.
a boy, he easily gained weight, which he tried hard to resist by exercising in a bedroom turned into a gymnasium of sorts, with weights, pulleys, and a stationary bicycle. However, as he grew to manhood, the struggle was more often lost than won. By the age of twenty-two, the five-foot-seven-inch Lanza had ballooned to 260 pounds in what was to become his standard procedure for dealing with moments of crisis—overeating. In response to the misery of army life into which he had been drafted, for example, he ate massive quantities of food, such as two and a half chickens in one sitting.

Lanza’s struggle with morbid obesity continued throughout his life, ultimately leading, at least indirectly, to his death. During the height of his acting career, he managed his weight using crash diets, vigorous exercise, an assortment of medications, sojourns in various health clinics, and sheer willpower, to reach a svelte 169 pounds. Although 190 to 200 pounds was the weight he regarded as ideal for his voice, after medical discharge from the army for an ear infection and postnasal drip, he rarely weighed less than 220 lbs, except while working on films. When admitted to the Valle Giulia Clinic in Rome just before he died, he weighed 253.5 pounds.

Lanza’s obesity and the side effects of its treatments were both deleterious to his health. By his mid-thirties, he suffered from hypertension, liver failure, atherosclerotic coronary artery disease, and refractory thrombophlebitis of his right leg, all probably by-products of a basal metabolic index that was more often than not around 40. His weight reduction programs, which included a brief period of “twilight sleep” and injections of human chorionic gonadotropin (hCG), while probably not lethal per se, were at the very least ill-advised given his thrombophlebitis and hypertension.

The full extent of Lanza’s hypertension is uncertain because only a limited number of his systolic pressures are recorded in his biographies. In April 1958, almost a year and a half before he died, and again a year later, he had a systolic pressure of 290 mm Hg. His diastolic pressures were not published. In the 1950s, diastolic hypertension was regarded as “more important” than systolic hypertension. If Lanza’s diastolic pressures were normal or near normal, there would have been a tendency to ignore them and also to minimize the danger of his systolic hypertension. This might explain why his physicians, who would have been aware of the capacity of hypertension to damage cerebral and cardiac blood vessels, prescribed none of the standard treatments for hypertension of the day, except for aggressive weight reduction.

In the 1950s, such treatments varied according to the stage of the hypertension. In the “uncomplicated phase,” patients were “told of the lack of significance of blood pressure levels and fluctuations, and that high pressures are not necessarily precursors of vascular accidents.” At this
stage, neither salt restriction, medications, nor any other measure were recommended. Lanza’s physicians may well have regarded his hypertension as “uncomplicated” and therefore chose not to prescribe treatments reserved for “symptomatic” patients, which included sedatives such as phenobarbital (Lanza received this medication periodically, but in conjunction with weight reduction programs) and rauwolfia alkaloids such as reserpine. Chlorothiazide diuretics were not recommended in uncomplicated hypertension, because it was thought that they “rarely influence the blood pressure when used alone unless an abnormal degree of water and electrolyte depletion is produced.” Moreover, in patients with advanced myocardial damage or angina pectoris (both of which Lanza was thought to have had), antihypertensives were discouraged, because they were believed to increase the risk of vascular accidents in such patients.

Lanza drank heavily during his final decade, and a “badly damaged liver” was diagnosed by a Dr. Worcht in Hamburg in April 1958. It is also possible that his massive obesity had a role in his liver failure by producing nonalcoholic steatohepatitis, a disorder already known to physicians of the 1950s. Interestingly, at that time, the direct toxicity of alcohol on hepatocytes was not yet fully appreciated. According to a leading 1950s textbook, “It is still not certain that these pathological changes [seen in various organs in chronic alcoholics] are due to alcohol, related vitamin lack or dietary deficiency. . . . The role of alcohol in the causation of hepatic cirrhosis is not clear, for similar cirrhosis is seen in abstainers.”

In January 1958, Lanza fell while descending stairs leading into the garden at Lana Turner’s home outside London, badly bruising his rib cage. Three days later, pain in the right leg heralded the onset of thrombophlebitis. Whether Lanza’s thrombosed vein was the result of a leg injury also sustained in the fall or one more complications of his morbid obesity is unknown. The thrombophlebitis continued to plague him until he died and might well have caused his death. Shortly after its onset, Lanza entered the Valle Giulia Clinic in Rome for a brief period of total rest and a course of “injections to relieve the swelling and pain.” What exactly the injections consisted of is not known. Although prolonged rest was recommended, Lanza demurred, returning instead to a grueling singing tour involving flights and overland journeys from Rome to London to Paris to Rotterdam to Hanover, Kiel, and Hamburg, all the while managing his thrombophlebitis with pain killers and a walking stick.

In the 1950s, as in the present, thrombophlebitis was recognized as a potentially lethal condition requiring aggressive therapy. In the acute phase, both active and passive motion of the affected limb were contraindicated. Thrombectomy was encouraged, especially for “noninflammatory thrombosis” of large veins. When distal segments of superficial veins, such as the long or short saphenous or deep veins of the calf, were thrombosed, proximal ligation was often performed. For more proximal clots, ligation of the inferior vena cava was the recommended treatment. Local heat, elastic stockings, and anticoagulants were also used, both to hasten resorption of the thrombus and to prevent further propagation.
In April 1959, Lanza complained of chest pain that was diagnosed as a "minor heart attack." His systolic pressure was then 290 mm Hg. The standard treatment then for myocardial infarction called for complete physical and mental rest for three to six weeks and then limited activity for an additional two months. Immediate management included morphine sulfate (for pain), oxygen (for dyspnea), aminophylline (for additional analgesia), atropine sulfate and quinidine (for arrhythmia prophylaxis), and digitalis (for congestive failure and atrial tachyarrhythmias). Nitroglycerine was regarded as "hazardous in the acute phase of acute myocardial infarction," and therefore not recommended. Lanza's treatment consisted of a reducing diet and complete rest for two weeks. Although an electrocardiogram (EKG) taken two months earlier reportedly revealed "damage of the myocardium and pulmonary embolism when it became apparent that his patient was suffering from an enlarged heart, abnormally high blood pressure, and thrombophlebitis."

Of the myriad weight loss programs Lanza undertook to enhance his physical appearance before the camera, two were potentially life-threatening. In May 1958, while still suffering from thrombophlebitis of the right leg, Lanza was admitted to the Walchensee sanatorium in the Bavarian Alps to receive treatment for obesity and alcohol addiction. The treatment regimen was to consist of two weeks of "twilight sleep" in which the patient would be fed intravenously until permitted to awaken "refreshed both physically and mentally." Fortunately for Lanza, his physician quickly aborted the treatment and possibly averted a fatal pulmonary embolism. The treatment regimen was then 290 mm Hg. The standard treatment then for myocardial infarction called for complete physical and mental rest for three to six weeks and then limited activity for an additional two months. Immediate management included morphine sulfate (for pain), oxygen (for dyspnea), aminophylline (for additional analgesia), atropine sulfate and quinidine (for arrhythmia prophylaxis), and digitalis (for congestive failure and atrial tachyarrhythmias). Nitroglycerine was regarded as "hazardous in the acute phase of acute myocardial infarction," and therefore not recommended. Lanza's treatment consisted of a reducing diet and complete rest for two weeks. Although an electrocardiogram (EKG) taken two months earlier reportedly revealed "damage of the myocardium and pulmonary embolism when it became apparent that his patient was suffering from an enlarged heart, abnormally high blood pressure, and thrombophlebitis."

In mid-1957, Lanza turned to Dr. Albert T. W. Simeons of the Salvatore Mundi International Hospital in Rome for treatment of his obesity. Simeons's program, one recently revived by self-made millionaire Kevin Trudeau in his book, The Weight Loss Cure "They" Don't Want You to Know About, consisted of daily doses of hCG and a 500 calories/day diet of "100 g. of lean meat, a normal helping of leafy vegetables, an unsweetened rusk, and an apple or the equivalent in fruit, with salt and fluids ad lib." Simeons believed (as do current-day advocates of this regimen) that hCG "render[s] abnormal fat deposits readily available, enabling the obese to live comfortably on 500 calories a day for several weeks." Although several of Simeons's contemporaries found hCG no more effective than placebo, the hormone recently has been shown to have thyroid stimulating activity due to molecular homology with thyroid stimulating hormone, and when present in the circulation in sufficient quantity and duration, is capable of inducing the hyperthyroid state, as well as increasing endogenous testosterone production. Following its administration, the coagulation cascade is also activated with slight elevations of fibrinogen and factors II, V, VII, VIII, and IX, which might have had an ancillary role in Lanza's refractory thrombophlebitis.

Whether Lanza was injected with quantities of hCG sufficient to induce thyrotoxicosis while under Simeons's care is unknown. However, in his first nine days at the Salvatore Mundi International Hospital, he lost an astonishing thirty pounds and then another forty-four pounds in the ensuing three months, leaving him "tired and drawn" in appearance. Whether he received additional hCG injections in the course of subsequent weight loss programs is, likewise, unknown.

Lanza died suddenly the morning of October 7, 1959, when he was just thirty-eight years old. The particular physical catastrophe responsible for silencing forever a voice judged "black and warm and dead on pitch," "a voice such as is heard only once in a hundred years," will never be known. What remains of Lanza's medical record is far too meager to reveal the secret of his premature death, and an autopsy was not performed. All we know for certain is that his health was already unraveling when he entered the Valle Giulia Clinic on September 25, 1959, to rest and lose weight. The day before he died he was fit enough to sing "E lucevan le stelle" from Tosca for the clinic staff, and the next morning to converse with his wife and his agent on the telephone. Shortly after the telephone calls, he was found "reclining on the divan [in his room], motionless, extremely pale and with his head bent to one side."

Given his medical problems, Lanza likely succumbed to a myocardial infarction, a hypertensive cerebral hemorrhage, or a massive pulmonary embolus. He is reported to have had an enlarged heart as early as April 1958, an EKG showing evidence of "myocardial damage" (unconfirmed) in February 1959, and a "minor heart attack" in April 1959. Lanza's son, Damon, claimed that his father had another minor heart attack in August 1959 before succumbing to the third fatal one in October. The specific criteria used to diagnose these myocardial infarctions, unfortunately, are not known. Even so, the weight of evidence suggests that of the three likely...
causes of Lanza’s death, the most probable is a fatal myocardial infarction and/or cardiac arrhythmia due to a diet-induced electrolyte imbalance.

Nevertheless, Lanza’s untreated hypertension (with systolic pressures in the range of 290 mm Hg) placed him at extreme risk of cerebral hemorrhage. It is therefore also possible that he died of a hypertensive cerebral hemorrhage, one possibly precipitated by hCG-induced thyrotoxicosis. Likewise, his thrombophlebitis posed a constant threat of pulmonary embolism, especially during the periods of immobilization accompanying both his weight loss programs and treatment of his myocardial infarction. If Lanza did die of a pulmonary embolus, it might not have been his only episode of thromboembolization. During a hospitalization for “double pneumonia” in August 1959, physicians caring for him diagnosed a simultaneous pulmonary embolism, although the evidence for such is not known.10277

In a unique career encompassing films, recordings, and the concert stage, Mario Lanza successfully bridged the gap between popular and classical music. He was, in fact, a “crossover artist” long before the term was coined. His multiformal interpretative skills enabled him to move convincingly from Verdi and Puccini to Jerome Kern and Cole Porter in an extensive repertoire ranging from popular songs to show tunes, musical comedy and opera. No other singer before or since has matched Lanza in this regard. He was unique.

Lanza’s recordings continue to inspire some of the world’s greatest singers.10287 The three tenors José Carreras, Plácido Domingo, and Luciano Pavarotti, for example, have paid homage to him, as have the baritones Tom Kraus, Thomas Allen, and Leo Nucci, along with more recent singers such as tenors Roberto Alagna, Joseph Calleja, and Andrea Bocelli, baritone Dmitri Hvorostovsky, and sopranos Renee Fleming, Angela Gheorghiu, and Olivia Stapp. Fifty years after his death, Mario Lanza’s voice continues to enrapture listeners with “an impressively round velvety center and a brilliant top with a ringing B and B flat, and a splendid and secure C.”1922 Truly, his was a voice for the ages silenced too soon by a life of excess for which medicine had no cure.

References
5. Personal interview with Sam Weiler, April 1977.

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