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Thomas Wolfe: The Enigma Of His Death

By MICHAEL L. FURCOLOW, M.D. and R. DIETZ WOLFE, M.D.*

Dr. Furcolow and Dr. Wolfe are both noted physicians. Dr. Wolfe, the nephew of Thomas Wolfe is Director of Medical Education at St. Joseph's Infirmary in Louisville, Kentucky. Dr. Furcolow, now Professor Emeritus of Community Medicine at the University of Kentucky Medical Center, Lexington, is widely recognized and has published many articles resulting from his medical studies and investigations. Primarily through his kind consent, the present article was written for Appalachian Heritage with the aid of Dr. Wolfe. It is rewarding to be reminded that doctors have not only a deep concern for the improvement of medical practice but for the creative life as well.

I first became interested in the story of Thomas Wolfe several years ago at the time I was working with Dr. Dietz Wolfe, Tom's nephew, who is director of the Medical Education at St. Joseph's Infirmary in Louisville, Kentucky. As a result of a number of conversations about Thomas Wolfe I had with him and some peculiar items in this medical history, Dr. Wolfe and I decided to inquire into the causes of his death. Dr. Wolfe gave me several of Thomas Wolfe's books, and one of the volumes he gave me was about Thomas Wolfe's life and death. He was such a tremendously vital and dynamic man. A large man, 6 feet 7 inches tall, he literally let the words come forth like a torrent, all of which described things which were close to the heart of any American. One had the feeling that one could listen or read forever of his prose, although it was almost overpowering as the description of his feeling for books "he plundered through their golden leaves as a man who first discovers a buried and inestimable treasure, and at first is dumb with joy at his discovery and can only plunge his hands in it with drunken joy, scoop handfuls up and pour it over him and let the massy gold leak out again in golden rain through his spread hands; or as a man who discovers some enchanted spring of ageless youth, of ever-living immortality, and drinks of it, and can never drink enough, and drinks and feels with every drink the huge summation of earth's glory in his own enrichment, the ageless fires of its magic youth". Who of us who has ever aspired to write can watch such fire and can help but grieve that it was quenched at only 38.

Our interests from a medical point of view focus on the cause of his death. He supposedly died of tuberculosis meningitis (tuberculosis of the brain). He died at

Johns Hopkins University following an operation by Dr. Walter Dandy who was the first neurosurgeon in America if not in the world. It might be considered presumptuous to wonder about this diagnosis by Dr. Dandy except that it did not agree with the pathogenesis of tuberculosis as we understand it. Our present concept of the disease is that meningitis is the result of dissemination of the germs through the blood stream to the brain. This dissemination occurs a short time after infection or it does not occur at all. The same process occurs with all the chronic granulomatous diseases (tuberculosis, histoplasmosis, blastomycosis or coccidioidomycosis).

In these diseases the infection disseminates or is contained fairly early in the course after infection, say a month or six weeks. Now it was well known that Thomas Wolfe came from a family with tuberculosis. His brother and another close relative had died of tuberculosis, and a diagnosis of tuberculosis had been made on Tom Wolfe during his college career. It seemed relatively certain, therefore, that he had been infected with tuberculosis at an early age and in fact was reported to have a chest lesion due to tuberculosis during his student days at Harvard. The disease apparently healed and caused him no further trouble until the time of his death at age 38. Let us support this with a quote from a member of his family: "I also mention that Asheville during Tom's early years when he lived at my Grandmother's boarding house. He could not have escaped people with T. B. People came to Asheville because they thought the 'mountain air was good for their diseased lungs'. In fact, my Grandfather Wolfe, 'W. O. Gant' of Look Homeward, Angel, when he got a few drinks under his belt, he used to rave about the 'damned lungers and mis-fits that lived at

the Boarding House'. He maintained a separate home on Woodfin Street in Asheville, and lived there until the later part of his life, when he became ill and needed nursing help. Only then did he consent to go to the Boarding House. So Tom was bound to have contacted T.B. as a youth."

Now several peculiarities about the illness and death of Tom Wolfe had intrigued me at the time that I first read of him and We eventually uncovered another book called a *Western Journey* published posthumously, which described in detail his activities during his visit to the west coast which immediately preceded his illness and death. On this, his first journey to the west coast, Tom Wolfe became intrigued with the possibilities of a journey outlined by some newspaper men in an attempt to publicize the national parks which were at that time not widely used by the public. The idea consisted of a whirlwind trip through a number of west coast national parks by two newspaper men and Tom Wolfe who would then write their impressions for the purpose of publicizing the parks. Tom Wolfe fell in with the idea and they departed on this trip from Portland, on June 20, 1938. Proceeding southward, they went through Crater Lake Park to Weed, California, the first day. All the trip was done at a rapid rate covering some 2,000 miles in a matter of 13 days. They went down through the San Joaquin Valley to Yosemite to Sequoia National Park across Mohave Desert to the Grand Canyon south rim then to the north rim then to Zion and Brice National Parks then to Yellowstone, Grand Cooley Dam, Mt. Rainier and then back to Seattle. Now the striking thing to me about this trip (outside of the arduousness of the journey) was the fact that during the course of the time in California and Arizona they passed through the endemic area of one of the most serious fungus diseases known to

man. This disease, coccidioidomycosis, occurs in an area of the Southwest characterized by a desert climate and low rainfall. The outlines of the endemic area are shown in the accompanying figure 1, which also shows the time spent by Thomas Wolfe in those areas.

Coccidioidomycosis is a fungus disease which was known from discovery in 1894 until 1937 as a serious disease, almost all of the cases of which had been fatal. In 1937 as a result of some pioneer California workers, particularly Dr. Charles Smith, it had been determined that large parts of the desert area of the Southwest were infected with this fungus and that, instead of being an infrequent and fatal infection, it was an extremely common and mild infection. Thus about the time of Tom Wolfe's journey the recognition of this disease was going through a rapid change from rare and serious to common and benign. However, it is true that certain persons who were infected with this disease had become very ill and many of them developed cavities in the lung. In a rare person for unknown reasons the disease disseminates to the meninges or coverings of the brain, resulting in meningitis which is usually fatal. Dissemination may also affect the skin and bones. The incubation period from exposure to illness in this disease is 10 to 14 days and there is no present method nor past methods in determining who will have serious disease following infection and who will have mild or inapparent disease. A similar situation prevails with all four of the human granulomatous diseases.

Now returning to the Thomas Wolfe story. Following his return on July 2 to Seattle he took a boat voyage on the inland waterway at which time he was exposed to a drunken man who had a bad cold, and, according to the history, he even took a drink from the bottle of whiskey

which the drunken man had passed to him. At any rate this was July 6, 14 days after his first exposure in the San Joaquin Valley to the south. The following day, he developed more serious illness diagnosed as "LaGrippe" and from then on the progress was rapid, with chest complications followed eventually by cerebral complications; followed by transfer to John Hopkins hospital and death at that hospital on September 15.

Our suspicions that possibly he may have been infected with coccidioidomycosis when he was in the San Joaquin Valley led us to attempt to find more about this clinical history and death. Interestingly enough, we were able to obtain copies of his medical records in a hospital in Seattle which had long since been closed. We were able to correspond with the wife of the physician who had cared for him at that time regarding his illness. Similarly we obtained histories from another hospital where he was transferred when he became more seriously ill. However, when we came to John Hopkins it was startling to discover that Thomas Wolfe's records had completely disappeared from the history room there. Searches were made, even correspondence undertaken with the son and wife of Dr. Dandy and with persons in neurosurgery who were there at the time but it was without any avail. However, we did find in The Pathology Department a report of a biopsy of tissue taken from Thomas Wolfe during the original exploratory operation. We even obtained this tissue for study. However, the tissue did not contain any characteristic evidence of coccidioidomycosis but neither did it contain and evidence of tuberculosis. We thus were not much nearer to the final diagnosis.

This is what led to the present paper

and attempt to stimulate interest in this matter and in the hope of uncovering further evidence that might bear on this most interesting point. If Thomas Wolfe died of coccidioidomycosis meningitis he certainly is one of the very earliest cases and indeed might now have been saved although the prognosis for this disease at the time of his acquiring it was very bad indeed. Thus we come to the enigma of what was the cause of the death of Thomas Wolfe.

In closing it might be worth while to quote Wolfe's own comments on hospitals because one feels certain that this is the way he felt at the time of his death and it seems discouraging or perhaps encouraging that he could see so well the problem of death in a modern medical center and the ethical problems which arise regarding taking away the image of an "honorable death" that has come down to us through the ages and making it a drugged sleep.

"The great engine of the hospital, with all its secret, sinister, and inhuman perfections, together with its clean and sterile smells which seem to blot out the smell of rotting death around one, becomes a hateful presage of man's destined end," he had written prophetically in *Of Time and The River*. "Suddenly, one got an image of his own death in such a place as this — of all that death had come to be — and the image of that death was somehow shameful. It was an image of death without man's ancient pains and old gaunt aging — an image of death drugged and stupefied out of its ancient terror and stern dignities — of a shameful death that went out softly, dully in anesthetized oblivion, with the fading smell of chemicals on man's final breath. And the image of that death was hateful".

- June 20 *Leave Portland, Washington – Crater Lake – Weed, Cal.*
 21 *Weed, Cal. – Yosemite Park*
 22 *Yosemite Park – Sequoia via San Josquin Valley – Mohave*
 23 *Mohave across Mohave Desert to Needles, Ariz. to Grand Canyon, South*
 24 *South Rim Grand Canyon to North Rim*
 25 *North Rim thru Zion to Bryce National Park*
 26 *Bryce Park to Pocatello, Idaho*
 27 *Pocatello to Yellowstone, Wyoming*
 28 *Yellowstone to Bozeman, Montana*
 29 *Bozeman to Keyes*
 30 *Keyes thru Newport to Spokane, Wash.*
- July 1 *Spokane to Grand Coulee thru Yakima, Ranier Mt. Lodge*
 2 *Ranier thru Olympia to Seattle*
 6 *Exposed to “Drunk Man” with “bad cold”*
 7 *In bed with “cold” fever, cough, pain in chest, chills*
 8 *Has “La Grippe”*
 10 *Cold worse*
 11 *Admitted to Hospital in Seattle – Temp 105°*
- Aug. 6 *Transferred to Providence Hosp. Seattle. “Consolidated lung – reactivated TB”*
- Sept. 12 *Operated upon at Johns Hopkins Hospital*
 13 *Died*

Chronology

		Day
June	7	Bad cold “in bed” fever, etc. “onset” 15
July	22	Definite exposure 0
July	6	Exposure to man with cold 14

1938 ROUTE OF THOMAS WOLFE



A WESTERN JOURNEY

“Everywhere were insignia of the boundless land”



Thomas Wolfe feeding chipmunk on rim of Crater Lake, Oregon, summer of 1938

Thomas Wolfe made many journeys, physical journeys and journeys into memory. He had been West but never—before that fatal last journey—to the West Coast. These pictures give views of the National Parks trek and that last journey of all.



Among the big trees in California (above) and at Grand Coulee, south of Grand Coulee Dam in Washington (below).





Grand Teton Mountains of Wyoming, South of Yellowstone Park



Thomas Wolfe funeral procession leaving First Presbyterian Church following services.