

# Laennec: his medical history

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**ABSTRACT** Critical study of the career of Théophile Laënnec, with particular reference to his medical history, gives cause to query the commonly accepted belief that his whole life was a constant battle against pulmonary tuberculosis. He developed respiratory symptoms almost immediately on his arrival in Paris but they were those of bronchial asthma and responded promptly and completely to a change of environment. It was only in the concluding years of his life and when he was worn out by overwork that the symptoms of tuberculosis appeared and thereafter the disease progressed rapidly to its fatal termination.

The name and fame of Théophile Laënnec shine brightly across the years and in this, his bicentenary year, tributes to his genius will be paid throughout the world. Genius he undoubtedly was, one of the greatest figures ever to adorn clinical medicine and his accomplishments are all the more remarkable when viewed against the background of indifferent health which harassed him for most of his professional career.

That he died from pulmonary tuberculosis complicated by a tuberculous enteritis is established beyond dispute but the exact point at which active tuberculosis intervened in his life is the subject of some confusion. He had a long history of respiratory problems since almost at the beginning of his residence in Paris he developed asthma which was to plague him at intervals for many years. Some of his biographers have suggested that this asthma had a tuberculous aetiology and that, therefore, his whole working life could be depicted as one constant struggle against the ravages of the tubercle bacillus but the supporting evidence for this view is, to say the least, unconvincing.

A medical dossier on Laënnec can be built up, using biographical material together with extracts from a few of his own letters, and from this evidence certain conclusions may justifiably be drawn. It appears to have been a fairly common belief that his mother died from tuberculosis<sup>1</sup> though, as her death took place two days after a difficult confinement, Webb's view that it was the result of childbirth appears more tenable.<sup>2</sup> Certainly Laënnec himself never believed that his mother's death had anything to do with tuberculosis. As a youth he has been described as of "frail build, small, pale and freckled with over-

fine ginger hair; but he had vivacity, humour and a zest for living."<sup>1</sup> Throughout his early years at Nantes he appears to have been well apart from one episode of acute illness in May 1798, marked by "a remittent bilious fever which Thayer suggests was typhoid but it may have been an early tubercle attack. The fever was high, the respiration was embarrassed, there was great prostration, and a consultation was held. A laxative was given, eight stools resulted; there was a nosebleed, stomach spasm and, for a time, pain in the side. However he made a complete recovery and was taken to the country to convalesce."<sup>2</sup> Had this violent illness been in any way associated with tuberculosis the outcome would have been less happy and it is doubtful if, in such circumstances, Laënnec would ever have made his way to Paris.

His medical education had begun at Nantes but Paris was his ultimate goal, a goal urged upon him by his uncle Guillaume who had a much keener appreciation of his latent talents than did his father. The latter, however, had to provide the funds to sustain him in the capital and was proving resistant to the idea. Much urging by his uncle failed to produce results and then, to his bitter disappointment, Laënnec learnt that his parent had agreed to finance his younger brother in Paris while he, the eldest son, was ignored. He was stunned by this news which drove him to his bed for two weeks with a variety of symptoms. Ultimately, however, the impasse was resolved and, on 20 April 1807, he set out for Paris.

He teamed up with his brother Michaud and, in order to curtail expenditure, they took unfurnished rooms in the middle of the Latin quarter buying their requirements from a second-hand dealer. Conditions of life for the young

Laënnecs were spartan; "they took most of their meals at Père Martin's, rue Saint-Jacques, a modest restaurant popular with the poorer students. The room was filled with tables and benches. Napkins and tablecloths were unknown. For a half-penny you soaked your bread in soup; twopence-halfpenny bought a portion of meat. Everyone brought their own bread."<sup>1</sup>

Laënnec threw himself into his work with enthusiasm and energy and quickly gained a reputation as an outstanding student. The confining atmosphere of the city, however, for which his upbringing had ill-prepared him started to take its toll and he began to suffer severe asthmatic attacks. Kervran describes these as being "really dyspnoea due to climatic changes and probably tubercular in origin" although why he required to drag tuberculosis into this particular diagnosis never becomes clear. The severity of the attacks "forced him while preparing for his examinations in the summer of 1803 to work in the evenings stripped to the waist before an open window in order to breathe more easily in his overheated room."<sup>1</sup> In spite of this handicap he worked to good purpose for in the competitive examinations set up in 1803 he won the prize in surgery and shared that in medicine. Spurred on by this success he worked harder than ever with no thought of holiday or any form of relaxation. The winter of 1804-5 was particularly severe and in his straitened circumstances Laënnec suffered with cold, hunger, and general misery, for the financial support promised by his father was erratic in arrival and minimal in amount; "his watch, a beautiful gold one and a family heirloom, had had to be sold some time previously. He had to keep to his lodgings because his shoes were worn through and he stayed in bed for lack of fire."<sup>3</sup>

In 1805 his asthma was troublesome, he was tired with overwork, and the inadequacy of his diet had caused him to lose some weight. By the end of the summer he had a little money, not enough to cover the expense of a journey to Brittany but sufficient to enable him to visit two cousins who lived in the country near Soissons. There he had a magnificent holiday; gun on shoulder he tramped for hours over the autumn stubble, his asthma and fatigue vanished and he returned to Paris on 28 September greatly refreshed.

Over the next seven or eight years he appeared to keep reasonably well and, having qualified in 1804, he contrived to build up a practice while still pursuing his researches in pathology. The winter of 1812-13 brought a change when the

country was gripped by the anxieties of war, fear of invasion, and the general malaise consequent on war weariness. All this had its effect on Laënnec who was plagued by digestive troubles, persistent headaches, constant colds, and asthma. He was working harder than ever, for the hospitals of Paris were crammed with war casualties, but he refused all holidays and all social pleasures. "Whenever he was able he prescribed himself the only therapy which helped him: a long walk in the country or a hunt on the outskirts of Paris."<sup>1</sup> Despite his afflictions and his excessive hours of work he survived that harsh winter, and in the late summer of 1813 he decided that he must have a Brittany holiday. The change worked a miracle and on 28 September he was writing. "It is indeed most strange that I should have such an extraordinary faculty for walking especially when I think of my frail build. Without exaggerating I can say that never have I felt more inclined to take exercise than after an eleven hour hunt and, daylight permitting, I am certain that I could have walked for many hours more without tiring. But unfortunately this gift . . . little avails a Paris doctor who has to spend his day in his consulting room or in a cab. The lack of exercise then becomes the root of a nervous complaint, which increases as the need grows greater. . . ."<sup>1</sup> The content of this letter suggests that Laënnec appreciated that at least some of his various symptoms were psychosomatic.

The benefit which he derived from his holiday carried him on over the following year, and he kept well despite excessively long hours of work. In 1815, however, the situation changed. He spent the year in Paris but the emotions of the period, the general feeling of instability, added to his own mental fatigue, brought on his asthma again, some of the attacks being extremely violent.<sup>3</sup> These troubles continued into 1816 but despite them he continued to cope with an increasingly demanding practice. Then in May of that year his great friend Bayle died and in September he took over the latter's wards at the Necker hospital. In the interest of this new work the miseries and discouragement of the beginning of the year were forgotten. He was also engaged in perfecting his stethoscope and in writing his *Traité de l'Auscultation Médiate*, tasks which drove him to the very limit of his strength when combined with his hospital work and his practice. He finished his book on 6 August 1818 and then, utterly exhausted, he was compelled to suspend his hospital service. He spent the summer and early autumn in Brittany playing the rôle which

he loved, that of a gentleman farmer, and in November, greatly improved, he returned to Paris. He appeared to remain reasonably well until June 1819 when his asthma erupted again with great severity and continued throughout the summer. He decided that enough was enough, wound up his practice, dispersed his library, and retired to his beloved Brittany and the life which suited him so well.

Eight days after arriving at his Brittany home of Kerlouarnec he considered himself recovered but was convinced that the maintenance of his physical well-being depended entirely on his activities. He wrote "When I have my gun over my shoulder I barely feel any twinges of hypochondria, gout or asthma. I can climb mountains or ditches like anyone else and in all kinds of weather. The other day I arrived here after an eight hour walk along paths in the snow without feeling tired."<sup>1</sup> Later during that holiday he wrote to his uncle Guillaume "I am quite well so long as I have a gun on my shoulder, a spade or a chisel in my hands, but office work still upsets my nerves in a most incredible manner."<sup>1</sup>

Laënnec remained in Brittany for the greater part of 1821 during which time his health was satisfactory and by November he decided to return to Paris. He resolved, however, to confine his practice in future to consultations only in the hope that this might leave him free to spend a couple of days in the country each week. His commitments, unfortunately, grew apace as his fame spread and in October 1822 he deferred a cherished plan for an early retirement to Brittany and decided to remain in Paris for as long as his health permitted.

During the next few years he was working to the limit of his strength—teaching at the bedside, lecturing, fulfilling the duties of professor of clinical medicine at the Collège de France, establishing himself at the Charité Hospital where he had taken over Corvisart's clinic, and conducting an extensive consulting practice. He was also working on a second edition of *De l'Auscultation Médiate* which he largely rewrote and in so doing converted it into a textbook of diseases of the chest rather than a mere exposition of the art of auscultation. These prodigious efforts exacted their toll and by April 1826 when the second edition went to press he was seriously worried about his health which he felt had deteriorated.

No sooner had he handed over his manuscript to the printers than he developed "an acute illness with a swinging fever, cough and sore throat, pain in the chest and the back. He had

numerous venesections inflicted on him. He made his own diagnosis—phthisis of the third degree. Meriadec and Récamier, however, found nothing on auscultation and Laënnec, like every invalid who only wishes to be mistaken, began to hope again."<sup>3</sup> He rallied from this acute phase and, for a brief period, was able to attend to some of his business affairs which included the making of a will. He also entered for the Montyon prize in physiology and sent in a list of his qualifications only to be told that his entry was too late. This proved a bitter disappointment and appeared to have immediate repercussions on his health for the fever returned accompanied by overwhelming lassitude, cough associated with purulent sputum and, ominous sign, severe diarrhoea. His cousin Mériadec examined him again and on this occasion could detect abnormal signs in the left infraclavicular area and in the supraspinous fossa. It was considered imperative that he leave Paris immediately for Brittany and on 30 May he left at dawn accompanied by his wife. Wet and stormy weather added to the strain and fatigue of the long journey which was interrupted frequently because of Laënnec's abdominal pain and diarrhoea. After several harrowing days of travelling they arrived at Kerlouarnec on the evening of 8 June, the invalid full of hope that the magic of the Breton air and the surroundings which he loved would again restore his health. But on this occasion it was not to be for he was now fighting tuberculosis, not asthma, and despite one or two very brief rallies, he continued to go downhill until his death which took place very peacefully during the afternoon of Sunday, 13 August.

The cause of Théophile Laënnec's death has been accepted by all as pulmonary tuberculosis complicated by tuberculous enteritis but most biographers have been unable to resist the temptation to link his terminal illness with the respiratory symptoms which had plagued him for the greater part of his life, even though there would appear to have been little justification for postulating any such connection. Apart from one episode of acute illness in Nantes from which he made a satisfactory recovery he remained well until he went to Paris. A short sojourn in the urban environment was sufficient to initiate attacks of asthma which one biographer has explained was really a "dyspnoea due to climatic changes" and as a hedging bet, added the retrospective opinion that the attacks were possibly tubercular in origin! Whether these were true bronchial asthma never becomes completely clear but the indirect

evidence is highly suggestive. They troubled him only in the city, vanishing with remarkable celerity once he was in the country again when he was immediately able to indulge in unlimited and strenuous physical exertion. They were clearly not manifestations of a winter bronchitis for it was in the summer of 1803 that, in order to breathe in comfort he had to sit, stripped to the waist, in front of an open window. Stress appeared to play some part in the aetiology and it is of interest to note that the attacks increased during the winter of 1812–13 and again in 1815, both being occasions when the community was wracked by the anxieties of war with, in the latter instance, the addition of general public instability. The one completely consistent feature throughout is the promptitude with which the dyspnoea disappeared once he could quit Paris and breathe country air again. Whether some unknown allergen lurked in the city or in his lodgings or whether the attacks were largely psychosomatic in origin must remain a subject for speculation.

The part played by tuberculosis in the life of Laënnec is obscured by the tendency of some to link his asthma with his tuberculosis and consequently to see his whole career as representing a lifelong struggle against the latter disease. From an early stage the adjective emaciated is employed to described his appearance with the implication that this was the result of tuberculosis. The fact that he was “of small stature, only five feet three inches tall, and built in proportion”<sup>2</sup> is ignored in reaching this unjustified conclusion. In considering his achievements which, by any standards, were prodigious, involving long hours of work and study over many years, it is impossible to accept that these were accomplished by a man who was suffering from active tuberculosis. Furthermore, when on holiday he could indulge in prolonged and strenuous exercise without apparent fatigue—a fact which in itself must do much to rule out a smouldering

tuberculosis of which lassitude is a cardinal and early symptom. In July 1819 when his asthma was particularly troublesome and when he was also afflicted by gout the possibility of tuberculosis occurred to him and he was examined by his cousin Mériadec. The latter wrote to Sir John Forbes saying that “the illness had none of the characteristics of tuberculosis, that although puerile respiration could be heard there was no evidence of disease in the chest nor was there any cough. The patient’s spirits were depressed, he suffered from dyspnoea and had frequent fainting attacks.”<sup>2</sup>

It was only during the last two years that he became seriously concerned, the period when demands upon his time and energy were at their maximum and when, in addition, he was working at full stretch to complete the second edition of *De l’Auscultation Médiate*. Sheer determination had carried him on to the completion of this task for, almost immediately, the tuberculosis which must have been grumbling quietly for at least the preceding year erupted with all the classical symptoms of phthisis bringing later in its train the complication of a tuberculous enteritis.

Had Théophile Laënnec adhered to his plan of 1819 when he wound up his practice with the intention of retiring to his Brittany estate he would probably have lived to a ripe old age, but the second edition of his book might then never have been written and the literature of clinical medicine would have been lacking one of its greatest classics.

## References

- 1 Kervran R. *Laënnec: his life and times*. Oxford: Pergamon Press, 1960: 5, 24–5, 45–6, 67, 109–10, 168–9.
- 2 Webb GB. *René Théophile Hyacinthe Laënnec*. New York: Hoeber, 1928: 12, 41, 85, 108–9.
- 3 Duclos H. *Laënnec*. Paris: Flammarion, 1932: 125, 185–6, 263.