Chopin’s Illness

To the Editor:

I read with interest the special report by Kubba and Young on the illness of Frederic Chopin. Although the authors mentioned pulmonary tuberculosis in the differential diagnosis, they did not think Chopin had it. They mentioned the lack of finger clubbing as against the diagnosis of tuberculosis but favoring the diagnosis of bronchiectasis caused by either cystic fibrosis or α₁-antitrypsin deficiency. However, according to The Merck Manual, finger clubbing is most commonly seen in patients with bronchiectasis and not commonly seen in patients with pulmonary tuberculosis.

According to Franken and Absolon, Chopin was healthy in his early years: “His well-being is confirmed and documented by his friend, Anton Orlowski, composer and violinist.” Either cystic fibrosis or α₁-antitrypsin deficiency was congenital, and Chopin would have been sickly in early years. Franken and Absolon noted that the disease that Frederic Chopin died from at the age of thirty-nine was that old scourge of humanity, tuberculosis. The diagnosis could be established during his lifetime and thus there is no question of its correctness.

Franken and Absolon further mentioned that “shortly after he met George Sand, Chopin’s tuberculosis became definitely evident. This can be documented from various sources. Chopin wrote to Anton Wodziński in May, 1837 that in the winter (February, 1837) he had again developed a ‘grippe’—flu. The ‘again’ relates to his flu he started suffering from the previous year, which fit the picture of tuberculosis.”

Franken and Absolon concluded from “Cruveilhier’s analysis that Chopin died not of his pulmonary tuberculosis per se, but of an overload of his heart caused by shrinkage of the lung. The signs of this cor pulmonale were his peripheral edema and increased shortness of breath with episodes of suffocation-like symptoms. The final complication in the terminal stage of his disease was an infection of his larynx and the intestines by tuberculosis, a logical consequence of the chronic coughing up and swallowing of tubercle bacilli containing excretions.”

As Franken and Absolon commented, tuberculosis has done away with some of our greatest personalities. Among composers, the disease in the 19th century took the lives of Niccolo Paganini, Carl Maria von Weber, and Frederic Chopin.

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REFERENCES

To the Editor:

I am grateful for Dr. Cheng’s letter and his informative comments about our article on the illnesses of Frederic Chopin. Although at the time of submission, my coauthor and I did not have access to the reference quoted in his letter, we still believe, although tuberculosis is a credible differential diagnosis in the retrospective analysis of Chopin’s illnesses, that the body of evidence is strongly against it.

The strong family history of GI and respiratory disease, the duration of Chopin’s complaints, which stretched over 20 years in the era before antibiotics, the strong GI manifestation of Chopin’s illness, the lack of firm diagnosis by several physicians (who treated Chopin) of a well-identified and common disease at that time, and the lack of convincing postmortem evidence all were referred to in our article. Furthermore, in an age when “consumptive” patients were committed to isolation homes, it seems unusual for Chopin, if he was thought to be consumptive, to have been cared for in the community. We stick by our diagnosis.

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Communications to the Editor