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 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 Orlovsky, composer and violinist.” Either cystic fibrosis or α1-antitrypsin deficiency was congenital, and Chopin would have been sicky 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 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 Nicolò Paganini, Carl Maria von Weber, and Frederic Chopin.

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 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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To the Editor:

Your thoughtful response to my letter regarding attending-level supervision of code 99s was interesting. Like you (from the opinions you have expressed in CHEST), I am frustrated by many of the regulating bodies (ie, HCFA, ACGME) that have reduced house staff autonomy in many settings. It clearly is to the detriment of training in many circumstances. However, if we are going to have a system that requires attending review and documentation of even the most straightforward of outpatient and inpatient assessments, then consistency would dictate a greater level of supervision of more important and complex patient care scenarios.

In my short tenure as a residency program director, I have seen resident skills at handling code situations deteriorate as we have moved them increasingly into outpatient settings at the expense of inpatient experience. The training that many of us had (trial by fire, if you will) no longer exists in many programs. Thus, the quality of code 99 efforts may be suffering. Further, as we have become more aggressive with advanced directives, we have further limited this experience and at the same time increased the proportion that “really count.”

At our institution, we have begun having our ICU staff attend codes. We do not run them, but rather watch as the responding house officer does, and offer “backseat” advice as appropriate; this does not delay the institution of any lifesaving efforts, but has allowed us to provide house staff real-time feedback regarding their skills and, not infrequently, offer them the support to do procedures and interventions beyond their usual comfort zone. We do not offer this supervision at night. Recently, a regional hospital was cited by the department of health because they did not have attending-level physicians available for code 99s. So, this is an issue that may be moving to the forefront.

The fact that many attendings no longer maintain their code 99 skills is not a convincing argument for not providing residents with an appropriate, supervised, educational experience. The fact that there is little published data regarding this issue would seem to underscore the need to get this debate into print so as to, hopefully, inspire someone to do the study.

CHEST has indeed been very gracious in publishing many of my submissions. Most of the short communications that I have sent to CHEST have been written to provide a teaching point that did not necessarily merit a full manuscript, but which I felt would be of interest to teachers of chest medicine. I have rarely written simply to express an opinion. The code 99 letter was an exception, which I hope will also serve as a “heads up” to program directors and critical care educators, since my sense is that this is another area where we will soon be under more scrutiny.