

The Linacre Quarterly

Volume 8 | Number 4

Article 5

October 1940

The Story of a Great Physician

Thomas J. Fitzmorris

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Fitzmorris, Thomas J. (1940) "The Story of a Great Physician," *The Linacre Quarterly*: Vol. 8: No. 4, Article 5.
Available at: <http://epublications.marquette.edu/lnq/vol8/iss4/5>

THE STORY OF A GREAT PHYSICIAN

By THOMAS J. FITZMORRIS, M.A.*

New York

The slightly-built doctor who presided over the Necker Hospital in Paris was strolling through the Gardens of the Louvre one bright afternoon, engrossed in a problem of professional etiquette. His specialization in tuberculosis had brought to a head his dissatisfaction with current methods of auscultation, the sounding of the chest for diagnostic purposes. In too many cases, the chief result of that technique was the embarrassment of the patient. So his thoughts ran as he wandered along the paths bordering the playground and stopped to watch the shouting youngsters about the see-saws. But one group was strangely still and caught his casual attention. Instead of straddling the planks, two boys had taken positions at either end and, while one held his ear intently on the wood, the other scratched and tapped out meaningless codes which were carried along the board and greeted with delight by the listener.

Suddenly the amusing scene broke through the doctor's preoccupation, and he started with excitement. Once back at the hospital, he amazed an assistant by backing him against a wall while he rolled a magazine and wound a

string about it. Then, placing the crude cylinder against the man's chest, the doctor put his ear to the other end and listened for some minutes. When he straightened up, after a tensely observed silence on the part of his curious staff, the stethoscope had taken its vital place among the common instruments of physicians.

Today every doctor uses the stethoscope, but René Laennec was thought slightly mad when he invented it in the early part of the nineteenth century. In our day, when the ethics of medicine have too often been lowered by the popular decline of modesty, it is a provocative thought that an instrument of the utmost importance was conceived for reasons of modesty. And Laennec's method of mediate auscultation justified itself overwhelmingly in the purely medical field, enabling its originator to expound the very alphabet of thoracic diseases and win from a modern non-Catholic biographer the title of "greatest of all physicians."

It is interesting, too, that René-Théophile-Hyacinthe Laennec held steadfastly to the Catholic faith when all about him were souls undermined by secularism and scientific materialism. It is appropriate that the monument which was erected to his memory by all the physicians of France should stand

* Copied from *Messenger of the Sacred Heart*, with kind permission of the editor and the author.

near the Cathedral at Quimper, in Brittany, where he was born in February, 1781. Laennec lived through an age of powerful men who turned their warped genius to destruction in revolution and war, and, in the comparative obscurity of the clinic, he matched their destructiveness with a boundless and religiously inspired love of humanity.

From the beginning, two forces struggled for Laennec's intellect. His mother died early and his father, who had compromised his legal practice by dallying with literature, determined upon engineering as his son's vocation. But history was on the side of René's uncle, already a well-known physician, who was bent on making him a doctor. Before he was fifteen, the Revolution broke in all its fury, and, during a stay at Nantes, René watched the dread tumbrils pass and heads fall on the guillotine. When a typhus epidemic seized the chaotic city, the youth helped his uncle by preparing bandages and dressings. Engineering was promptly forgotten, and in 1795 he began the study of medicine.

At eighteen, after a period of military service, he was a pupil under Corvissart, the physician to Napoleon and father of French clinical medicine. His fame as an anatomist and clinician was enhanced by his discovery, in 1804, that phthisis, which had been confused with at least twenty other diseases, was simply tuberculosis of the lungs. It was then that his

famous contemporary Halle predicted that Laennec would be the first physician of Europe before he was forty years old.

As editor of the *Journal de Médecine*, he espoused progress and detested faddism, and it was his keen, logical mind that demolished the pseudo-science of phrenology. To intelligence he added conscientious method and was an inspirational physician, spending himself on behalf of his patients. It is recorded that he spent forty nights with one patient. It is hardly to be wondered at that his own health, impaired by attacks of asthma and affected by an accidental infection by the tubercle bacillus, should suffer. His invention of the stethoscope made little change in his financial position, which was never secure and which eventually called him out of an enforced retirement to his beloved Brittany in 1821. But though shallow rivals ridiculed the new instrument, men of science have been universally grateful for it ever since. In 1846, the great physician Thomas Addison wrote:

"Were I to affirm that Laennec contributed more towards the advancement of the medical art than any other single individual, either of ancient or modern times, I should probably be advancing a proposition which in the estimation of many is neither extravagant nor unjust. His work, '*De l'Auscultation Médiate*,' will ever remain a monument of genius, industry, modesty, and truth."

Laennec was called to a profes-

sorship at the College de France in 1824, the year of his belated marriage, and raised to the Academy of Medicine and the Legion of Honor. But illness continued to stalk him, and he retired for the last time to Brittany. While he was riding to his retreat in the company of his wife on a late May afternoon, the coach was overturned and the occupants tumbled into the ditch. The enfeebled Laennec picked himself up and, assuring himself that no one was injured, turned to his wife and said:

"Well, we were at the third decade—"

They returned to the Rosary they had been reciting and the journey continued.

To his father, Laennec wrote in his last illness, "It seems to me that I desire more to appear before God in this moment than at any other." And to the end his piety enabled him to keep up a scientific curiosity in his own malady which would have been unthinkable in a man who feared

death and eternity. He often regretted that he could not use the baton-like stethoscope of his own invention on himself, and he recorded his condition in Latin notes. He died on August 13, 1826, the greatest name in tuberculosis before Koch, and a victim of that very disease.

René Laennec belongs to all men who labor for the alleviation of misery, but he is a particular symbol to Catholics, whose religion has too often been dismissed as an insurmountable bar to scientific achievement. He lived and died devoutly, and left the medical world enormously in his debt. Dr. Austin Flint sums up the point:

"Laennec's life affords a striking instance, among others, disproving the vulgar error that the pursuit of science is unfavorable to religious faith."

Indeed, had Laennec not been sensitive to the promptings of virtue, who knows how long the new world of medicine opened by the stethoscope would have lain undiscovered?

The Hour of Death

(Continued from page 90)

lution in the application of the doctrine of real and apparent death.

It is now universally admitted that the human fœtus is informed in life at the very first instant of its conception. From that moment the immortal soul is capable of receiving spiritual life through baptism. So then every fœtus expelled from a mother's womb

should be given the sacrament of baptism; absolutely, if surely alive; conditionally, "si tu vivis," if born in any stage of apparent death.

To conclude, let me repeat the humanitarian slogan: "In both the physical and spiritual sense, we must rather treat a dead person as though yet alive—than risk to treat a live person as though already dead."