



Letters to the Editor

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Søren Kierkegaard's disease (received 17 December 2013)

The December 2013 issue of this journal included an article on 'Søren Kierkegaard (1813–55): a bicentennial pathography review' by J. Schioldann and I. Søgaaard [*History of Psychiatry* 24(4): 387–398]. In a postscript, they state that we have suggested that Søren Kierkegaard died from a tuberculous spondylitis (Staubrand and Weismann, 2013), a theory which they just reject. But we have not concluded that Kierkegaard died directly of tuberculous spondylitis; we have argued that he died of Pott's disease with paraplegia, a special form of tuberculosis with a characteristic course. It was described by the English surgeon Percivall Pott (1779: 5–84). He speculated that a degenerate disease of the spine – it was later found out to be tuberculous – caused a late destruction of nerves supplying legs, bladder and rectal functions. The patients, he stated, had a curved spine or a hump, a condition which was later found to be caused by tuberculous spondylitis. Several years later the patients may develop various forms of paresis, including of the lower limbs and the urinary bladder together with languishing anorexia (Lauritzen, Klamer and Johannessen, 2009). These events could explain why Kierkegaard, who had had a hump since his youth, suddenly deteriorated and within seven weeks died in hospital. Pott's disease with paraplegia was not known to the doctors who treated him, but they did suspect an unknown form of tuberculosis, their final diagnosis being 'Paralysis – (tubercul?)' (Staubrand and Weismann, 2013). Schioldann and Søgaaard do not believe in the role of Pott's paraplegia in Kierkegaard's case, as proposed in our paper. Herein we describe Pott's monography together with Kierkegaard's symptoms, based on his medical case-book and relevant literature. Pott's paraplegia is a probable, although hypothetical explanation, which we find more realistic than other speculative suggestions still appearing.

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- Pott P (1779) *Remarks on that kind of palsy of the lower limbs, which is frequently found to accompany a curvature of the spine, and is supposed to be caused by it*. London: J Johnson.
- Staubrand J and Weismann K (2013) Søren Kierkegaards sygdom og død – Havde han Potts paraplegi? [Søren Kierkegaards illness and death. Did he suffer from Pott's paraplegia?] *Bibliotek for Læger* 205(3):314–326.

Response by authors (received 19 December 2013)

We have read with great interest Weismann's and Staubrand's letter in which they express the opinion that Søren Kierkegaard's primary cause of death was not tuberculous spondylitis, but Pott's

paraplegia. These diagnoses are most often considered to be synonymous, though. Pott's paraplegia is also manifested in the form of spinal medullary compression with ensuing paralysis of the legs and impairment of the sphincter musculature, this being the initial illness manifestations in Kierkegaard. In such a condition, the neurologically experienced clinician would expect a concurrent corresponding lack of sensibility. However, in our opinion, evidence of this is not borne out by his medical case file. To this opinion, we wish to add that Weismann and Staubrand appear to have overlooked or perhaps not given sufficient weight to fact that Kierkegaard's subsequent symptom profile took an ascending course that is difficult to dismiss: spread to the abdominal and upper dorsal muscles, development of weakness of the arms (paresis) and facial nerve paresis, and eventually bulbar paralysis to which he finally succumbed.

We have been left somewhat intrigued, if not bemused, by Weismann's and Staubrand's arguing that they find their 'probable, although hypothetical explanation' to be 'more realistic' than 'other speculative suggestions still appearing'.

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