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## Stethoscopes and Distance

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# Stethoscopes and Distance

**Das Stethoskop wurde erst 1816 erfunden. Damit war es möglich, die in jener Zeit übliche Distanz zwischen Arzt und Patient zu überbrücken. Die Nachfolger des Stethoskops vergrößern diese Distanz jedoch wieder.**

Historian Stanley Reiser tells how a French doctor, René Laennec, tried to diagnose a heart disorder in an obese young woman in 1816. He'd tried thumping her chest, but she was too heavy. The sound told him nothing. The next logical step was to put an ear to her chest, but modesty forbade such intimacy. What to do!

Laennec had an idea. He rolled a sheaf of papers into a tube – placed one end on her chest and his ear on the other end. He was able to make out what was going on in her heart. He had just created the first stethoscope. Three years later he published a book describing his design of a wooden stethoscope and its use.

By the 1830s stethoscopes appeared with pliable rubber tubes, then binaural ones with earplugs. All the while debate raged – less over stethoscopes than the tactics of diagnosis.

Laennec's dilemma with that young patient wouldn't have been a dilemma for most doctors around him. Thumping the thorax or putting an ear to the heart wouldn't have occurred to them. Those were pretty radical forms of medical diagnosis in 1816.

Diagnoses were usually based on looking at patients and hearing their own reports of symptoms. Doctors seldom questioned what patients said about themselves, and they tried to infer too much from a patient's outward appearance. Physical contact usually stopped at counting a pulse or touching a forehead.

Laennec's ideas about thumping, feeling, and placing an ear to a patient went way back to Hippocrates. Hippocrates believed that all our senses should be used in diagnosis. An ancient Greek doctor might've diagnosed diabetes by tasting a patient's urine. That kind of intimacy didn't appeal to 18th-century sensibilities!

Now stethoscopes let doctors keep their distance and still engage actual symptoms. This simple new instrument became the stalking horse for a whole new kind of medicine – one in which we by-passed the patient's story and looked inside the patient's body for direct evidence of disease. Stethoscopes were followed by ophthalmoscopes, laryngoscopes, then X-rays, CAT-scans, and MRI. And all that has only

	fitting
disease ... fat	conflict
knocking ... upper body	
shyness	
stack	
pipe	
flexible ... stereo	
earpiece	
breast	
extrapolate	
*see list	
fascinate ... feelings	
catch	
alibi	
get around	
indication	
*all see list	

intensified debate over how much doctor / patient intimacy is appropriate.

The stethoscope once promised to bridge the gap, to give some contact with patients' symptoms back to doctors. But it also gave doctors a way to stand even further away from patients.

Any of you who've ever watched the movement of your own internal organs on a cool green computer screen feel the contradiction: that a doctor may stand that close to your illness when she is, in fact, not listening to your story, not even in the same room – when she may not even know your name. ■

Prof. Dr. John Lienhard, University of Houston

appeal to, to	ansprechen, reizen
appropriate	angebracht, passend
binaural	beidohrig
by-pass, to	umgehen
chest	Brust
contradiction	Widerspruch
disorder	Funktionsstörung
earplugs	Ohrstöpsel
engage, to	erfassen
evidence	Anzeichen, Hinweis
forehead	Stirn
infer, to	schließen, entnehmen
laryngoscope	Kehlkopfspiegel
modesty	Anstand
obese	corpulent, fettleibig
ophthalmoscope	Augenspiegel
pliable	biegsam
sensibility	Empfindsamkeit
sheaf	Bündel
stalking horse	Vorwand
thorax	Brustkorb
thump, to	klopfen, pochen
tube	Rohr, Röhre
X-ray	Röntgenbild

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