

Summary

*... the analysis of the case-book furthermore
demonstrates the important fact
that Kierkegaard was
not mentally ill*

If we briefly summarize the analysis of the contents of the case-book, we can ascertain that Kierkegaard was ill for about eight weeks before he died.

During this period he developed a gradual loss of nerve function in the lower part of the body which finally was completely paralysed.

After about five weeks' illness Kierkegaard's general state of health was impaired, and in the time which followed it was even more impaired.

Throughout the illness he was fully conscious except for the last days, when he was in a comatose state.

Kierkegaard coughed and expectorated during the whole of the period of illness.

The symptoms of the illness and its rapidly progressing development would seem strongly to indicate that Kierkegaard contracted a seriously damaging spinal disease in the small of his back.

It was in fact this conclusion that the chief physician Trier arrived at when after Kierkegaard's death he wrote *paralysis* on the front page of the case-book.

'Paralysis' means a total loss of motor or sensory function of the nerves owing to a termination of neurogenic stimulation, and in Kierkegaard's case it therefore as mentioned meant that both his legs were totally paralysed.

The question now arising is what the reason was for the impairment of Kierkegaard's spinal cord.

If a post-mortem had been performed on Kierkegaard, we would know what caused his death, but as mentioned this did not happen.

And if the medical profession in 1855 had been acquainted with the bacteriological or chemical method of analysing cerebrospinal fluid, we would also have known the cause of Kierkegaard's death.

If we first of all consider which illnesses it is relevant to include but which must be rejected on realistic grounds, then there is little to indicate that he had lung cancer which spread to his spine.

He did not have syphilis either.

Neurosyphilis is a late manifestation of syphilis, and it is in evidence if the spinal cord's membranes and nerve roots are attacked.

This diagnosis is contradicted by the fact that neurosyphilis would have affected Kierkegaard's arms and brain, which as mentioned were not affected by the illness.

Little would seem to indicate either that Kierkegaard had an *abscessus pulmonis* spreading to the spinal cord, since a spreading of this illness would be more likely to affect the brain.

Kierkegaard's brain was not affected, he neither had headaches, suffered from dizziness nor had lapses of consciousness.

The main issue is that the initial symptom of the illness was a sudden weakening in the legs.

If we now consider what the reason for Kierkegaard's illness and death could have been, it is most realistic to start with tuberculosis.

The chief physician Trier would agree with this, since he wrote 'tubercul.?' as the supposed reason for the interrupted stimulation of the lower part of Kierkegaard's body.

Tuberculosis is an infectious disease caused by bacteria which can attack almost all human organs.

Kierkegaard's continuous coughing and expectoration of blood is weighty evidence that he was suffering from pulmonary tuberculosis.

The fact that Kierkegaard did not have fever according to the case-book entry of 4th October does not significantly contradict this diagnosis.

The reason for Kierkegaard's illness must therefore realistically be assumed to have been pulmonary tuberculosis which spread to the spinal canal.

In other words, it was a case of *spondylitis tuberculosa*: a tuberculous inflammation in a lumbar vertebra, a collapse of this and thereby a compression of the spinal cord.

The initial symptoms of the illness are problems with the legs and back as well as painfulness.

Later the resulting condition is precisely paralysis of the legs and problems with urination.

All observations which fit the picture of Kierkegaard's illness.

In 1971 the chief physician Ole Helmig analysed Kierkegaard's case-book and also concluded that he must have had a tuberculous inflammation in a vertebra.

Trier, Helmig and the present author therefore agree that Kierkegaard had a *spondylitis tuberculosa*.

However Helmig mistakenly connects Kierkegaard's crooked (slightly hump-like) back with the tuberculosis, since it is known that a hump or bending of the back often (because of the collapse of a vertebra) belongs to the initial symptoms of the illness.