Pulmonary Auscultation

Narrative Section

**HISTORICAL VIGNETTE** - The stethoscope is an iconic symbol of the medical profession, but until the beginning of the nineteenth century, clinicians placed an ear against the chest wall to perform direct auscultation. When he published his 1819 pioneering work on auscultation, French physician René Laennec introduced a new method of examination. He wrote that faced with examining “a young woman” who he could not easily examine “on account of the great degree of fatness” of the chest wall, Laennec rolled “a quire of paper into kind of a cylinder.” He placed the tube against her chest and “could thereby perceive the action of the heart in a manner much more clear and distinct” than direct auscultation. Thus began the birth of the stethoscope. Laennec went on to describe various breath sounds in his Treatise on the Disease of the Chest which represented both normal and abnormal sounds within the chest. Over the two centuries since his publication, the nomenclature of breath sounds has simplified into a few key terms. Knowing these can help all clinicians at the bedside.

**CONTEXT AND USEFULNESS** - The ability to describe breath sounds in novice clinicians provides a gateway into the diagnostic possibilities of pulmonary pathology, as well as other organ systems. The American Thoracic Society has simplified Leannec’s initial descriptions according to location, pitch, and frequency of the sound transmitted through the chest.