DERANGED DOCTORS AND PANICKED PATIENTS:
THE DOCTOR-PATIENT RELATIONSHIP IN FIN DE SIÈCLE LITERATURE

BY

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DISSERTATION

Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy in German
with a concentration in Cinema Studies
in the Graduate College of the
University of Illinois at Urbana-Champaign, 2011

Urbana, Illinois

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ABSTRACT

This project explores literary representations of the doctor-patient relationship around 1900. Research in the English context has focused on the binary construction of Dr. Jekyll-Mr. Hyde to reveal fragmented protagonists and polyphony as a strategy to mark this conflict. I draw on this research to examine medical narratives in German and Scandinavian literary texts. I focus on the following three areas: 1) the doctor-patient relationship around 1900, 2) the social tensions between doctor and patient due to economics, class, media, politics and, most importantly, gender, 3) the narrative structure of voice. Close readings with particular attention to these three areas indicate the breakdown in the doctor-patient relationship. This conflicting relationship involves the doctor’s act of writing as a way to introspectively view the self. This writing creates a subjective look at both himself and his patient. The doctor’s voice, polyphony, and metadiscourse on writing offer other perspectives to explore not only the main protagonist in modernism, but also the literary doctor-patient relationship at 1900. Each chapter concentrates on texts from the German and Scandinavian tradition: Hjalmar Söderberg’s Doktor Glas (1905), Arthur Schnitzler’s Flucht in die Finsternis (Flight into Darkness written 1917), Franz Kafka’s “Ein Landarzt (“A Country Doctor” written 1916-17), and Amalie Skram’s Professor Hieronymus and På St. Jørgen (published together as Under Observation 1895).
To Dr. Doug
ACKNOWLEDGEMENTS

I wish to thank my co-directors of research Prof. Anke Pinkert and Prof. Anna Stenport for their constant support during the writing of this dissertation project. Not only was their feedback invaluable, but also their kind words of encouragement helped to make this project intriguing from its first conception. I would like to recognize my committee members, Prof. Laurie Johnson and Prof. Carl Niekerk, for their time in reviewing this dissertation. Thank you also to the faculty of the Department of Germanic Languages and Literatures at the University of Illinois, who have guided my studies over these years, especially Prof. Andrea Golato for her advice inside and outside of the classroom. I would also like to thank my colleagues at the Catholic University of America, especially Prof. Claudia Bornholdt for her constant support. I am also grateful to Rachel Woolf and Brian Pinke for their editing expertise. And lastly to my mother, father, brother, and friends for their continuing words of encouragement no matter if it was in pursuit of the next chapter or the finish line of a half marathon.
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(1899) 48 years, unmarried, no occupation […] additionally there is no sense to be had from her, maintains that she does not know where she is, after she has been told. […]later entry] There is still no sense to be had from her; at times she does not answer questions, at times she answers no to them all, withdraws what she has said a moment ago (for instance to the question of whether she is hearing voices, which she confirms initially “without understanding what they are saying”.) […] Answers a question […] she will talk, but is frightened, unable to explain further. “Should not have been here”, but does not know where, not in prison, heaven or hell – “in a different village…” (71-2)

A medical professional at Gaustad hospital in Norway wrote these notes about a female patient in 1899. They tell a story from the doctor’s perspective about the patient, and share many traits with fictional narratives about doctor and patient interactions during the time period. In narratives produced during this period, the doctor typically wrote patient notes. In this case, the doctor’s notes focus on mental health. Turn of the century authors address not only on bodily illness and weakness, common characteristics to a modernist protagonist, but also on mental illness and instability. The patient’s decline may symbolize a larger problem within society, such as a woman’s confinement in an asylum revealing the powerlessness of women within their community. Doctors become recorders not only of patient illness, but also of society’s largest issues. By the same token, many actual doctors became literary authors: Arthur Schnitzler, Gottfried Benn, Georg Büchner, Hans Carossa, Alfred Döblin, Ernst Weiß, to name a few German writers. These authors’ journals are considered “personal narratives” – a discussion of an individual’s experiences. The passage above is an example of how narratives of the time period convey a sense of the relationship dynamics between the doctor and the patient. Here, it is marked by gender and its effect on agency. The excerpt also offers an example of the construct of the fictional doctor-patient narrative.
This quote shows a number of critical areas relating to the literary doctor and patient: doctor’s act of writing, the subjective practice in the clinics, polyphony, meta-discourse on voice, power dynamics between not only doctor and patient but also the gendered space between the two, and the ill doctor whose patient understands the situation better than the doctor. The doctor’s writing turns the patient’s case into a narrative. For example, the passage above does not use clinical discourse to describe the patient. The doctor instead relies on his personal sensory impressions, which he suggests the patient lacks. The doctor writes the patient “is frightened” suggesting there are visual cues to his diagnosis. Visual elements play a role in shaping the doctor-patient relationship. Instead of hearing something verbally, the doctor is also trained to observe visual features. The visual elements create a tension between what the doctor sees and interprets from what still remains hidden from him. Information can be concealed willfully or indirectly. For instance in the example above, the patient lacks awareness of her location, even though she has been told where she is. The doctor also notes the patient’s unwillingness to answer questions: he remarks on her refusal and defiance. In literature around 1900, there is often a misunderstanding between doctor and patient when the doctor expects the patient to understand the situation from his perspective. The doctor generally assumes his perspective is the correct one, but the patient typically has a better understanding of both his illness and himself than the doctor. The doctor and patient have a communication breakdown, which is the hallmark of the doctor-patient relationship in fictional narratives of the time period.

In addition to highlighting the communication breakdown between the doctor and patient, the passage above also demonstrates the patient hears multiple voices indicating a mental instability. The physician was typically trained to treat the body, but in literature at 1900 he must focus increasingly on the patient’s mental state. The patient’s mental confusion complicates the
doctor’s single voice as narrator, creating a complex voice structure where the doctor uses his own perspective to choose which of the patient’s “voices” are important to the discussion and which ones are not. The doctor makes the choice regarding what quotes from the patient to include, and what quotes should be ignored. The patient’s acknowledgement of multiple voices and the doctor’s reaction to them are commonly seen in the fictionalized doctor-patient relationship as well. These narratives rely on polyphonic tensions to create a sense of confusion and panic. Narratologists working on polyphony commonly begin their studies departing from Bakhtin’s work. Mikhail Bakhtin does not directly define the term “polyphony,” but he uses this term to describe Dostoevsky’s novels (36). Narratologist Wayne Booth suggests Bakhtin departs from this term to classify this type of voice as “unreliable narrator” (409).1 James Phelan sees voice as having two definitions: first, it answers the question “who is speaking?” and second, it allows for a rhetorical approach in analyzing literary style (Living 219). Drawing on these definitions, I use the term “polyphony” to refer to multiple voices within a narrative, which may come from the same character, but not from the same perspective. Doctor-patient narratives focus on voice as a topic to show how the patient’s mental state declines as the story progresses. Passages with more voice proliferation suggest scenes of dramatic conflict, which tend to correlate with the patient’s mental decline. In a medical setting, decline often manifests itself as death, or even murder. The patient’s decline plays a major role in the doctor-patient breakdown in communication.

1 Herman and Vervaeck also classify this under the term unreliability (129). This unreliability can be seen in the difference between the character and the narrator’s voices, even if the narrator and the character are the same figure. This is much like Jekyll and Hyde where the two voices are really the same figure. Herman and Vervaeck suggest readers must then choose what is ethical because they are presented with two competing perspectives in the different voices (129).
This doctor’s passage also shows the power dynamics between the doctor and the patient, especially with regard to gender and the male-female dynamic. This dynamic manifests itself particularly in the ways in which the male doctor interacts with the female patient. The passage presented above suggests this interaction does not always have to be objective and clinical, but can allow for a gender-defined subjective patient observation. The doctor begins his notes by stating the patient’s age, marital status, and occupation. Being classified as both unmarried and having no occupation suggest the patient is an unproductive member of society. This is a common characteristic in the narratives I analyze. The unproductive patient drives the doctor-patient narratives, but also reveals that literary doctors are similarly unproductive. The literary doctors of the era hid behind concepts such as duty and responsibility to allow them to practice medicine subjectively. For example, a doctor may refuse an abortion as part of his duty to protect life. Indeed, doctors can be little better than sick patients themselves, and sound much like their patients. Patients may also take on the role of doctors and begin to question their medical professionals. Here, the patient refers to a hypothetical situation about her placement in the hospital. This suggests the patient acknowledges more about herself than the doctor, a trait common in literature. The patient searches for a solution to her present situation whereas the doctor does not seem inclined to intend to treat the patient.

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2 The success or failure in the doctor-patient relationship is highly complex and rests with many factors. For instance, both power and authority shape the roles of the doctor and patient. David Roy writes “it is those who possess information, knowledge, and communicative competence who exert power over human beings” (15). This power and authority, according to Roy, continues even until death, which he reads as a “team activity, an interdisciplinary event” (17). The rise of hospitals places the patient in the doctor’s space around 1900. The patient is removed from the home setting and placed in a public space for healing or death. This question of agency and authority plays a major role in how doctor and patient relationships function in literature. One person must give way to the other in a literary conflict.
Mental Illness in Literature

The introductory passage included above helps to reveal tensions and conflicts present not only in the medical profession at the turn of the century, but also in fiction. The passage focuses on the appearance of mental health over that of a bodily illness. Literature from the era tends to focus on mental health not as an illness to be treated, but to reveal the insecurities and issues in society at the time. Mental illness creates polyphonic unreliable narration. This modernist trait reveals elements of which individuals feel threatened or frightened. Oftentimes these elements are uncontrollable and challenge moral and social norms including heterosexual relationships or abortion. It is difficult to define mental illness in literature since much of the definition rests with each author’s individual social critique. The texts included in this study typically use mental illness to show a breakdown in doctor-patient relationships in narrative features such as polyphony, or multiple voices. Polyphony exemplifies a communication breakdown. While the mental illness in these texts does not follow clinical definitions, it certainly shows melancholic and panicked protagonists, who feel some aspect of their existence is declining. These narratives also tend to include focus on personal confessions. These personal confessions tend to show another side to the protagonist as unrespectable. The protagonist, either doctor and patient, often finds repressed secrets s/he does not wish to face. These secrets drive the doctor or patient into

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3 Morals and social norms shape the doctor-patient relationship. Medicine is comprised of complex ethical issues, which do not always have a simple solution. Much of what a time period dictates as normative behavior will be included as part of the medical code. For instance, at the turn of the century homosexuality came into question as either a criminal act or an illness. One Swedish headline read “Vansinne eller brott?” or “Insanity or crime?” concerning male homosexuality (*Svenska Dagbladet* 7/7/1905 p. 7). These headlines link not only the popular discourse to social codification, but are placed within a medical framework, here one of mental illness, to support a given approach toward an ethical issue. Furthermore, Moskop suggests “it is erroneous to assume [a medical professional] also has expertise in making value judgments or moral decisions” (32-3). However, the doctor’s role in the prevention of life places him on the forefront of major ethical issues.
deeper forms of madness, highlighted by a turning inward towards the self and the literary renditioning of multiple voices within the same character. In addition, my study shows how characters often try to hide elements from the other out of the fear that their true self will be revealed. These multiple voices can also take a visual element as a way of interacting. The doctor can read the patient’s appearance and gestures as part of their interaction. Visual elements can shape the doctor-patient interaction without verbal communication. Absent objects, which the doctor cannot see, also shape his diagnosis. Other areas mediate and shape the doctor-patient interaction, such as nurses and political laws. These elements show how the doctor-patient is not just a person-to-person interaction. I read four texts focusing on the doctor-patient interaction out of the German and Scandinavian contexts to examine their relationship: Hjalmar Söderberg’s *Doktor Glas* (1905), Arthur Schnitzler’s *Flucht in die Finsternis* (*Flight into Darkness*, written 1917), Franz Kafka’s “Ein Landartz” (“A Country Doctor” written during the winter of 1916-17), and Amalie Skram’s *Professor Hieronimus* and *På St. Jørgen* (published together in English as *Under Observation* 1895). These texts often reveal a divide in the protagonist, which mirrors Dr. Jekyll and Mr. Hyde.

**Reading the Doctor-Patient Relationship through the Framework of Dr. Jekyll and Mr. Hyde**

The proximity between two conflicting characters can be seen in Robert Louis Stevenson’s 1886 work *The Strange Case of Dr. Jekyll and Mr. Hyde*. Dr. Jekyll, the upright scientist and physician, is linked to his diametrically opposed other, Mr. Hyde. Stevenson’s novel aids a reading of the doctor/patient relationship through its binary framework. This framework presents two sides: the good and the evil, to show they are linked together and cannot be
separated. While modern readers know Dr. Jekyll is Mr. Hyde, Stevenson’s original audience would not have had this information until the novel’s end. Thus while good is distinctly defined by its opposite, both good and evil are in close proximity. This demonstrates how simple elements are made more complex through physical proximity; in Jekyll and Hyde they inhabit the same physical body. Good and evil are part of the same being.

Stevenson uses narrative voice and varying perspectives throughout the tale to conceal Hyde’s identity. Hyde’s first description not only provides the physical background, but also his voice: “Mr. Hyde was pale and dwarfish; he gave an impression of deformity without any nameable malformation, he had a displeasing smile, he had borne himself to the lawyer with a sort of murderous mixture of timidity and boldness, and he spoke with a husky, whispering and somewhat broken voice” (18). Stevenson describes Hyde as sickly by the terms “pale” and “dwarfish,” but at the same time Hyde is not ill from anything nameable. This means Hyde defies categorization by medicine. This introduces critical elements hinting at the novel’s resolution, such as “murderous” and “mixture.” The alliteration points not only to the blending of timidity and boldness, but the combination of Jekyll and Hyde. Stevenson then draws attention to Hyde’s voice to foreshadow his plot; here Hyde speaks with a “broken” voice. Hyde is a fragmented character.

Voice also plays a critical role in revealing the novel’s secrets. Jekyll’s butler, Poole, speaks with the lawyer, Mr. Utterson:

"Sir," he said, looking Mr. Utterson in the eyes, "was that my master's voice?"

"It seems much changed," replied the lawyer, very pale, but giving look for look.
"Changed? Well, yes, I think so," said the butler. "Have I been twenty years in this man's house, to be deceived about his voice? No, sir … (48-9)

In looking for Mr. Hyde, the characters debate identity through voice. Jekyll and Hyde vary greatly in appearance, but the voice links them. Poole knows from his years working for Dr. Jekyll who he is. The reader has a growing sense of Jekyll and Hyde’s link. The lawyer notes Jekyll’s voice changes, indicating not everything remains the same with the upstanding gentleman of science.

The novel concludes with Dr. Jekyll’s posthumous statement. Dr. Jekyll is finally given a voice, which he lacked throughout his own narrative as the other chapters come from other characters’ perspectives. The voice returns to Jekyll after Hyde’s death. This model is later reversed in works like Flucht in die Finsternis, where the main protagonist’s aphonia marks his death. By contrast, Jekyll can speak from the grave. In his defense, Jekyll often references a duality: “man’s dual nature” and “primitive duality of man” (71). He attempts to rationalize the struggle between what he sees as innate, natural sides:

I was slowly losing hold of my original and better self, and becoming slowly incorporated with my second and worse.

Between these two, I now felt I had to choose. My two natures had memory in common, but all other faculties were most unequally shared between them. (81)

Stevenson’s language suggests a biological reason for man’s “dual nature.” Jekyll, the man of science, is aware of the dichotomy. This constructs the later doctor-patient relationship. Not only is the literary doctor after Jekyll fragmented like Dr. Jekyll, but he must also now treat patients. By these standards Dr. Jekyll is a successful scientist because he creates and captures Hyde.
Within the next decade, doctors in literature are not capable of such action. In O’Donnell’s analysis of voice in Modernism, he suggests voice is the “phantom projection” of identity (1). Voices can be “thrown, heard, overheard, distorted, ventriloquized” just as identity can be misleading or a construction (1). In his reading of Bakhtin, O’Donnell notes, “For [Bakhtin], the many voices of the novel are always contained within the totality of a single work and a capacious intentionality” (5). Dr. Jekyll and Mr. Hyde show the importance of these changes and shifts in voice throughout the novel. Voice becomes a method to conceal Hyde’s true identity to the reader.

Dr. Jekyll and Mr. Hyde help to understand what follows in the doctor-patient relationship. I refer to Jekyll and Hyde throughout this project as a means to understand the narrative complexity in novels after Stevenson’s. This novel’s dual natures, or “two cultures” as Reid refers to them, helps to simplify the landscape of doctor-patient interaction (6). Furthermore, there has been much published on Stevenson’s novel and its groundbreaking approach to science and literature. In the book’s introduction, it suggests this work “has endured as a metaphor for the modern psychological condition” (Hong x). Hong sees this work as belonging to modern society in general. The pull between the Jekyllian and Hydian sides represent the struggle between following rules and living outside of them. Literary doctors face these same constraints and social rules as part of their job. The multiple voices, as Stevenson shows early in the novel, also represent various perspectives on different social issues. Jekyll and Hyde show one character as both hero and villain. Doktor Glas is also both hero and villain because he has different voices within himself that debate two sides to an action, such as killing the pastor. In Flucht in die Finsternis, Robert has similar fantasies where he dreams of a courtroom in which he must defend himself. In his own mind, he presents two sides through multiple voices to his crime of insanity.
In addition to voice representing different social perspectives, it is also more a central feature to the doctor-patient relationship. The doctor and patient literally communicate through voice. Ultimately in the works considered in this project, the voice structure indicates the breakdown between not only patient and doctor, but also the individual with the self. Dr. Jekyll and Mr. Hyde is a framework from which to read later stories/narratives concerning voice. The learned doctor figure represents a harmful abuse of power. Stevenson writes his novel from the perspectives of other characters, which reveal Jekyll and Hyde’s binary fragmentation. The distinct binary model aids in breaking down more complex works of a later time.

**Literary Context: Implications & Main Themes**

Hjalmar Söderberg (1869-1941) was a Swedish journalist for Svenska Dagbladet and became known after his novel *Martin Bircks ungdom* (*Martin Birck’s Youth* 1901). His novel *Doktor Glas* centers on the title protagonist who is medically certified, but has become stagnated in his career and has not completed the research for his doctorate. This fatigue signifies Glas’s passive state, which is highly problematic for a doctor who needs to treat patients. Glas is unmarried and has a difficult time interacting with women. During medical school, his friends would visit prostitutes, but he was unable to go, which implies impotence and passivity. Dr. Glas is the physician for the pastor and his wife. Helga Gregorius, the pastor’s wife, comes to Glas seeking help because she might be pregnant with a lover’s child, but also later claims her husband rapes her. Glas promises to speak to Pastor Gregorius and tells him he cannot have

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4 The medical protagonist is not normally motivated by a traumatic experience, but rather from his state of mind; either a mental illness or a form of narcissism. While the protagonist does not understand the self, ironically he cannot escape from the self. He is trapped within his own body, which he does not understand. He acts as though an empty ghost. They [who is they?] wish for happiness, but this happiness always seems unobtainable to the reader. The final conclusion most often ends in passive death or suicide.
sexual intercourse with his wife due to a supposed heart condition. Not listening to the doctor, Gregorius again rapes his wife and Helga returns to Glas for help. She manipulates the doctor through her sexuality and in the doctor’s August 7\textsuperscript{th} entry, he kills the pastor twice in a “polyphonic episode”: once in thoughts and another in action. It is still unclear, however, if the pastor had a heart attack or if the doctor gave him pills to produce the episode. In the end, the doctor resigns himself to complete passivity and nothingness.

While Söderberg’s novel focuses on gender, the doctor’s perspective and his passivity, Arthur Schnitzler’s (1862-1931) \textit{Flucht in die Finsternis} is narrated from the patient’s perspective. Schnitzler is the only author-physician included in my study and he uses the patient and his voice as a way to read the outsider. Schnitzler was Jewish and resided in Vienna during a time, which saw the growth of psychoanalysis. Schnitzler and Freud knew each other and their letters still exist. Schnitzler researched aphonia, or lack of voice, in his practice and his novel \textit{Flucht in die Finsternis} shows voice as a marker of growing insanity. The novel begins with Robert regaining his life in Vienna after a brief period in a hospital for his mental health. There is some talk of him returning to his bureaucratic position, but Robert is not a productive member of society. Robert believes his insanity is worsening and fears the consequences of a letter he wrote to his brother Otto, who is also a doctor. This letter indicates Robert’s insanity and Robert believes Otto can use the letter to return him to the hospital, which he regards as a prison. Robert actively tries to hide his insanity, which can be seen through narrative voice in comparing Robert’s thoughts to Robert’s speech. In the end, Otto confronts Robert. This scene is complex as it suggests the brothers to be closely linked despite their opposite natures as patient and doctor. Robert kills Otto and later Robert is found dead of a presumed suicide. The story ends
with the voice of Dr. Leinbach who diagnoses the situation and highlights the issues of the patient in a growing mass society.

Schnitzler focuses on the patient, his voice, and inner struggle to repress his true self from society, and Kafka does much of the same with his protagonist country doctor. Kafka’s “Ein Landarzt” uses visual elements as part of the communication between the doctor and patient. The breakdown between the patient and doctor rests largely with the doctor’s inability to see things correctly. The story begins when the doctor is sent out on a nighttime visit to an ill patient. There is a snowstorm and the doctor has no horses to get him to the patient. The missing horses and the snowstorm, which obscures one’s vision, show how absent items and the inability to see play important roles in the story. Horses magically appear and the doctor leaves even though it appears the coachman will rape his maid as she tries to conceal herself in a dark house. The doctor does nothing to help her and arrives at the patient’s house. He examines the patient and pronounces him healthy. The family suggests he look again and upon a second examination he finds a large wound. The patient suggests the wound makes him special, while the doctor believes there is nothing singular about it. Here, voice first shows the patient to be healthy, which masks his actual state. The doctor speaks to the patient in his thoughts, which he never speaks out loud. The patient suggests he understands the doctor better than the doctor understands himself, which causes the doctor to run out into the night as the bells toll.

The last texts concerning the doctor-patient interaction are written by the Norwegian author Amalie Skram (1846-1905). Skram wrote Professor Hieronimus and På St. Jørgen (published in English together as Under Observation) after her stay in a hospital in Copenhagen. Professor Hieronimus begins with an overwhelmed mother, wife, and artist, who goes to see the well-known professor for treatment. She is hospitalized almost immediately and is removed from her
husband and family. The nurses take away her personal belongings, symbolic of Else’s lost rights. She and the professor constantly battle and they have a breakdown in communication. Else constantly believes she knows more than the doctor and the doctor attempts to punish her when she does not listen to authority. This is the only story in my project that includes nurses, who mediate the doctor-patient relationship. While there are times the woman patient and nurse(s) bond, there are also times where the nurses uphold Hieronimus’s rules in his absence. Else, the patient, also steps into the doctor’s role in speaking with the nurses about their poor working and economic situations. På St. Jørgen focuses more on the less than ideal position of nurses and the profession is less romanticized. In the second story, Else moves to a new hospital away from Hieronimus. In the conclusion, Else moves to yet another hospital in Copenhagen because she cannot go back to her husband and child, who never visited her in the hospital despite Hieronimus’s suggestion that they do.

My project focuses on the German and Scandinavian context to highlight what is shared in the literary representations of doctor-patient relationship in a European context around 1900. At the same time, I show critical departures in each framework, such as the role vision or gender may play, and discuss the different role narrative voice plays on the literary representation of doctors and patients. In focusing on the period between 1895-1917, I show how the character’s disintegration of narrative voice and the inclusion of polyphony relate to his fragmentation of identity. Reversely this shows the fragmentation of voice as a signal for the disintegration of identity.
Foucault’s *Madness & Civilization* and *The Birth of the Clinic*

My readings of literary doctor-patient relationship also relate to the influential work of Michel Foucault. In his *Madness and Civilization* (1961) and *The Birth of the Clinic* (1963) he traces the intellectual history of medicine. Foucault’s project explores patient treatment by focusing on issues in the time period he examines. Foucault examines mental illness and the clinic through modes of perception. He suggests perspective, spectatorship, and observation play a major role in the history of medicine. This means the doctor’s and the patient’s perspective can often conflict, which is seen in fictional narratives written at 1900. Foucault provides a method to read the doctor and patient interaction through the visual and auditory senses.\(^5\) For example, Kafka often relies on the tension between what is seen and hidden, what is heard and what is silent. Foucault suggests even this silence shapes communication.

In *Madness and Civilization*, Foucault explores the 16\(^{th}\), 17\(^{th}\) and 18\(^{th}\) centuries in French medicine and its treatment of madness. While this work is mostly rooted in the French tradition, he references the German tradition from as early as the *Narrenschiffe*, which would take the mad out to sea (8). Society first tried to rid itself of mental illness by sending those affected away from proper society. Fictional doctor-patient narratives also share this sense of shunning the mentally ill as outsiders. Later, society provided the mad with a fixed location within the community in *Narrtürmer*, or towers for the insane, such as the gates of Lübeck (9). The mentally ill now have a fixed place within the city walls, but they serve as little more than prisons. This sense of the clinic as a prison is present in the doctor-patient narratives. There is

\(^5\) Doctors must constantly use their sensory perceptions in diagnosing a patient. As Jordanova notes the “sense of sight is central to medical theory and medical practice” (122). Oftentimes, as medical historians W.F. Bynum and Roy Porter suggest, the doctor must use their senses in determining reality (2). Kafka’s narratives often blend the real with the fantasy or nightmare. The body also blends the visible exterior with the invisible interior, which can mask disease (Jordanova 128).
always a sense the patient wishes to break out, but must do so through being discharged. Skram’s Else certainly experiences the clinic as a prison environment. The literary representation also suggests a model of imprisonment within the mind: the character cannot escape themselves.

Foucault is aware of literary links to madness in his work. He references Brant’s *Narrenschiff* as well as other works in the French and English contexts (14-15). Foucault never states directly why these characters also permeate literature, but he does later present the topic of the spectacle of madness. First he states “madness fascinates man … like an inaccessible truth […] The madman] confronts the dark necessity of the world; the animal that haunts his nightmares …” (23). Although Foucault is speaking in broad terms, the inaccessible truth relates directly to the turn of the century condition found in the doctor-patient relationship. Madness implies a secret, something hidden that cannot be explained. The tension between the doctor and patient suggests there is always something, which cannot be communicated between doctor and patient even with regard to a physical ailment rather than a highly protected mental one. This can result from the wish to keep secrets concealed about the self.

Foucault references darkness and nightmares in his explanation of why madness fascinates. The protagonists in turn of the century doctor-patient narratives are haunted by a past memory in the present moment. A character carries an event from the past with them in their present, and this event is an imminent danger to the character. Certainly, Dr. Glas, Robert, and Kafka’s country doctor face these nightmares, which the mind produces. Interestingly, many of these nightmares in literature result from logic or something tangible. For example, Glas seems to react logically to his childhood and failed relationships with women. Robert also acts logically to pressures to marry and keep a professional job. Kafka’s doctor acts logically considering he feels the threat of being perceived as professionally inept and fears his housekeeper will be raped. This
suggests Kafka’s and Söderberg’s doctors have issues stemming from their years in school and in training to become a doctor. Glas in particular articulates the difficult period in school.

Foucault creates a link between madness and learning. He suggests, “learning becomes madness through the very excess of false learning” (25). Knowledge plays an important role in the fall to madness. The tension between education and the abuse of learning is central to the medical narrative.⁶ Foucault’s critique of the abuse of knowledge is not forward-looking, but rather he believes experience is lost to words left in “the dust of books” (25). This relates back to the Faustian tradition, where Faust cannot find the answers in books and ultimately makes a pact with the devil. Faust then falls into a deluded madness, which is the punishment for his immoral actions. Foucault suggests madness can be a “just punishment” when morals are considered (30).

Certainly, madness as punishment shapes how the doctor and the patient communicate. At the same time, this is also made more complex. The Faustian world of clearly violating what is good through a pact with the devil has disappeared. Madness is not the ends to the means, but rather a means to the ends. That is, madness is no longer the direct punishment for a crime committed earlier in the narrative, but rather madness is what functions as a catalyst for the ultimate decline.

In the doctor-patient relationship the decline becomes murder and death. Glas presumably kills the pastor, Robert kills his brother, Kafka’s doctor is left with little but death in the end as the bells toll for him. Skram’s narratives from 1895, the earliest works considered in this study and the only ones by a female author, are the exception. Skram focuses more on the emotional breakdown of the protagonist, although suicide is present in Professor Hieronimus. Just as madness links to immoral murder and death, death represents the opposite to life, which is the

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⁶ Novels such as Mary Shelley’s Frankenstein; or, The Modern Prometheus (1818) and Stevenson’s The Strange Case of Dr. Jekyll and Hyde (1886) show the abuse of knowledge and technology. For Stevenson and Shelly the threat from science is forward-looking due to technology’s potential uncontrollable nature.
doctor’s role to protect. Foucault also sees these binary constructs and suggests they are often reversed: “Madness is the purest, most total form of *qui pro quo*; it takes the false for the true, death for life, man for woman … It has merely to carry illusion to the point of truth” (33-4). Foucault suggests madness tends to turn paradigms upside down. In the literary doctor-patient relationship, this has a very specific function. On one hand, two sides present a clear division between right / wrong, hetero- / homosexual, man / woman. On the other hand, these categories blend. Faust’s puzzle between right and wrong is removed to reveal a breakdown between these categories. Just as right and wrong blend together for Faust, so can the categories of sick and healthy. This is why both the patient and the doctor can be sick. This is why Dr. Glas can be both a savior and murderer. Dr. Jekyll and Mr. Hyde are not two separate categories, which madness can interchange. Dr. Jekyll and Mr. Hyde are the same being in the first place.

The doctor-patient relationship in literature at 1900 deals with madness and marks madness through a complex structure of narrative voice. In examining the doctor and patient relationship, it is critical to understand how the doctors and patients communicate. The doctor and patient convey meaning not only through words, but also through symbols, such as the wound in Kafka, and gestures or Professor Hieronymus’s act of taking Else’s belongings. Patients and doctors observe symbols and gestures through their visual sense. In *The Birth of the Clinic*, Foucault focuses more on the senses in a clinical environment and how the senses shape perception. In his preface, Foucault outlines his project about “space, about language, and about death; it is about the act of seeing, the gaze” (ix). This indicates not only the importance voice plays in the doctor-patient relationship through Foucault’s use of the term “language,” but also the act of seeing in his stress on the gaze. As in *Madness*, he suggests there are invisible elements, which remain hidden on the level of language (xi). Drawing on this, I suggest there are non-verbal elements,
which are invisible, that shape the doctor-patient interaction. In my chapter of Kafka’s “Ein Landarzt” I focus on the invisible and visible elements and show how they shape the doctor-patient interaction. In Kafka, the doctor sees things, which act as part of the conversation even though nothing is said. For instance, no character introduces the wound, but it is through the visual presentation of the wound that the doctor reacts. He speaks to the boy, but often in his own mind rather than out loud. Foucault suggests doctors describe “what for centuries had remained below the threshold of the visible and the expressible” (xii). Kafka’s doctor cannot express his feelings of pity for the boy, but somehow the boy seems to know his thoughts. Normally this model is reversed when doctors diagnose illness beyond what is visible or expressible. Turn of the century doctors manage diagnoses through instruments, such as the X-ray, microscope, or the stethoscope, but they also reveal meaning through spoken language, using methods of psychology and psychoanalysis. This is why voice is not only important for what characters are saying, but also for what remains silent. Foucault suggests observation is a silent act (61). The doctor’s act of observation is a critical component to the doctor-patient relationship. The doctor turns this observation towards the self in turn of the century literature. This results in a potentially self-aware doctor, but the doctor typically fails at this task. For Kafka’s doctor, the patient will better understand the doctor than the doctor can see himself. The doctor and patient share a unique relationship in what is communicated and in what is unsaid.

Foucault criticizes his own contemporaries who suggest the doctor-patient relationship (le couple médecin-malade) is a “unique dialogue” in medical humanism (xv). He does not see it as a uniqueness, but notes the doctor and patient are “two living individuals … ‘trapped’ in a common, but non-reciprocal situation” (xv). In fin de siècle literature, I contest the validity of the term “living” because these characters represent decline. These characters are levande död,
living dead, as Ulf Olsson’s book title suggests. These protagonists are passive and the narratives show their decline into death and madness. The doctor cannot heal and the patient cannot be healed. This plays a role in the doctor and patient breakdown due to the fact that the living dead can no longer speak. The patients go to the doctor because they are already dying. This decline is marked in literature through a loss of voice and instability. Voice in these texts often employs polyphonic narration. The polyphonic narration reveals characters such as Dr. Glas who lack a stable identity.

**The Doctor-Patient Relationship around 1900**

The description of the doctor-patient relationship varies from author to author and from text to text, but there are some typical characteristics. The relationship depends on the communication between the doctor and patient, but due to the fragmented and polyphonic voices, the relationship breaks down. The reason for the fragmentation and breakdown varies between the stories, however. In stories like Kafka’s “Ein Landarzt,” the doctor’s loss of self drives his panic. Kafka also relies more heavily on visual elements as part of the dialogue unlike the other narratives considered in this project. Just as these doctors are fragmented, so too are the patients. The stories suggest the patient is healthier than his doctor. While the Scandinavian context includes female patients, the German context typically focuses on the male patient. Söderberg’s *Doktor Glas* includes a manipulative female patient and Skram’s *Professor Hieronymus* and *På St. Jørgen* focus on women’s conditions as nurses and patients in a hospital setting.

The typical protagonist is a decadent hypochondriac. In these texts, the male voice is often feminized. In mapping hysterical voices, which Kahane attributes to female voices, the voice can
have a “tonal instability” noting sexual difference (viii-ix). She notes by 1880 concepts of both male and female hysteria existed, but in a symbolic sense it reverts back to Freud’s studies of women (x). While the German-language texts revolve around hysterical male protagonists. Due to this link to hysteria the men are rooted in/connected to female voices (Dahlke 66). In fact, this feminization contributes to their downfall. In another sense, male patients are sick because they take on commonly female traits. Kahane suggests these texts “often present a disorder of voice that goes beyond ordinary modern nervousness. Certainly they manifest an anxiety about “feminine” vulnerability and self-fragmentation that would be exacerbated by the Great War and its mass deconstruction of the illusion of male heroism” (xv). Kahane expands the discussion on the protagonist’s vulnerability and imbalance to one of voice. She points to the male hero as a constructed and failed concept. Protagonists at the turn of the century can no longer be heroes because heroes cannot exist. Thus the protagonist is left to his failed ruins of a career and life.

The literary representation of the doctor-patient relationship reveals a highly complex layered morality. Doctors in literature are often called upon to make immensely difficult moral decisions, which are highly debated within society. The doctor represents part of these larger debates on a smaller scale. The choices the doctor is forced to make are oftentimes problems to which larger society seeks a solution. Narratives like Tolstoy’s The Death of Ivan Ilych (1886) juxtapose the questions of what makes life important with what makes a just and moral experience. This can also be manifested in the moment of diagnosis, when an individual’s life greatly changes in a moment. The trajectory of this life will be forever changed by the result of medical analysis. Charon suggests doctors are conflicted in these moments by their own morality and the need to console the patient (24). Death can also be caused by numerous factors some of which are more immediate than others. This is how the narrated and narrative time in these stories are so
intricately woven into the diagnosis and illness. Stories such as *Flucht in die Finsternis* show the slow process of madness leading the protagonist to apparently commit suicide. For this reason, the medical elements, such as the brief moment of diagnosis, greatly affect narrative elements, including the slow process towards death. Death is also a critical component of the doctor and patient relationship. Literature grants the space for humans to ponder the concept of death in the modern context. Death is a difficult subject to discuss – even for medical professionals who must face it daily. Literature provides a forum for discussion of these topics, which are explored through a character’s experience in the story.

Narratives are based on general characteristics in order for readers to relate to characters. Individual readers can either identify with characters or choose to reject character actions based on their own set of morals. Oftentimes, readers recognize these morals by questioning them. The body is linked to the narrative as these narratives form an “account of the body” (Charon 73). The body plays a central role in obscuring illness when secrets form a major component to the telling. The modern novel is linked to the act of confessing, which always involves a hidden secret. The novel, which can be told in journal form to highlight the secret nature of the confession within the growing mass society, shows the protagonist revealing secrets. For Robert in *Flucht in die Finsternis*, the secret is his growing illness. For others, such as Kafka’s country doctor, the secret is his incompetence. For Dr. Glas, the secret of his potential homosexuality might be so overpowering that he represses it from himself. The intersection of medicine and literature reveals how both the doctor and patient have secrets they are seeking to confess. There is no longer an innocent victim or bystander. Every character has something to hide.

The author and the author’s experience with the medical community define so much of the doctor and patient relationship. The authors in this project are not only writers, but also
journalists, insurance clerks, translators, and doctors. Each provides a different explanation as to the breakdown between the doctor and patient: gender differences, symbols and gestures as part of non-verbal communication, polyphony, willful misunderstanding of the other, repressed secrets, and power dynamics. The protagonists in the authors’ stories are alienated and panicked facing repressed self-secrets, which is also the case in medical literature. Scandinavian literature presents panicked medical characters before they emerge in the German-speaking context. The German speaking countries were not as centralized as the Scandinavian countries and the impact of the wounded during World War I makes medical literature more visually graphic in German literature. In my project, both German-speaking authors, Schnitzler and Kafka, are from further east (Vienna and Prague), are Jewish, and have jobs related to the medical field (doctor and insurance clerk). The Scandinavian authors, Skram and Söderberg, do not have careers in the medical field. The author’s engagement with the medical community shapes how he or she perceives of the doctor-patient relationship.

**Modernism and the Literary Doctor-Patient Relationship**

The literary doctor-patient relationship both corresponds and departs from previous definitions of Modernism. They share alienated protagonists who struggle with language in their downfall, but in the medical setting this has other implications. Both society and the medical system will be critiqued by the mentally unstable protagonist’s subjective perspective. Bradbury and McFarlane demonstrate the complexity in defining the term Modernism as it can change from context to context both in region and time. Central to their definition are the concepts of “devolution” (20) and the “problematics of language” (21). The literary doctor-patient relationship certainly represents this decline common to modernist texts. The pessimistic endings
leave the final ethical questions for the readers to answer. For example, the reader must decide if Dr. Glas acted ethically in supposedly murdering Pastor Gregorius. The texts follow declining protagonists, but in the medical context this also ties bodily health to mental health. Oftentimes, the body’s physical state symbolizes the mental decline as well.

Problems also arise in the protagonist’s forms of language and expression. The inability to express oneself through language is a problem shared by many protagonists in the doctor-patient narratives. But unlike other modernist texts, the problems of language do not only reveal the protagonist’s alienated state from the rest of society, but the inability to communicate may mean the doctor cannot properly examine his patient. The patient’s health and life suffer because of the medical professional’s incapacity. The texts explored in this project also reveal how unsaid and unseen ideas affect and shape the literary doctor-patient relationship. The protagonist’s alienation causes problems for others.

While the literary doctor-patient relationship shares many characteristics, such as alienated protagonists who deal with the problems of language, the question must also be raised about how Kafka, Schnitzler, Skram, and Söderberg fit the literary movement. Jahn states both Kafka and Schnitzler form “Modernist roots” for “psychological realism” or “literary impressionism” (94). He suggests these authors are forerunners in texts “not interested in realistic representations of external phenomena but in presenting the world as it appeared to characters subject to beliefs, moods, and emotions” (94-5). In the literary doctor-patient relationship at 1900, this model only partially corresponds. While all the authors explored in this project focus on their protagonist’s “beliefs, moods, and emotions,” to use Jahn’s phrase, some texts also wish to show the patient’s condition as a real state. The story may follow the protagonist’s subjective thoughts, but doing so allows the audience a glimpse into the world of the mentally unstable. The perspective is
certainly shifted through this character’s thoughts, but at the same time it shows the reality of what this patient faces. In following a mentally unstable patient, the audience sees issues in their treatment of the mentally ill and in how society is organized in terms of class, gender, and economic status. The characteristics of Modernism are certainly present in Kafka, Schnitzler, Skram, and Söderberg, but at the same time their doctor-patient interactions show a different form of reality. This new or altered reality demonstrates fissures within the social code.

**Research Focus**

Each author presents a different perspective to the doctor-patient relationship: Söderberg, as a journalist, is concerned with social issues such as gender surrounding a crime connected to a doctor. Kafka, as a patient who is also employed by the growing insurance industry, conveys the panic in the breakdown in communication. Schnitzler as a doctor writes from the patient’s perspective to suggest the loss of patient’s rights in both the doctor-patient relationship, but also in the mass media. Skram focuses her critique on the situation of women and children. This presents the communication gap between the male doctor, her husband, and the female patient. This project seeks to engage with medicine and literature on three levels: 1) it sketches the doctor-patient relationship around 1900, 2) it explores the social tensions relating to the doctor-patient communication breakdown due to economics, social class,\(^7\) gender, race, the media, and

\(^7\) A patient’s illness is often linked to social class or morality at the turn of the century. Certain time periods deem people “healthy” or “sick” based on socially coded activities or outward appearance. For this reason, turn of the century began an interest in hygienics as a means of preserving health. Doctors and researchers began using statistics to chart potential threats to health, but the categorization stemmed from society’s own way of looking at the world: as either man or woman, Christian or Jewish, rich or poor, pious or criminal. Criminologist such as Cesare Lombroso linked physical traits to criminals, most notably in his work *The Female Offender* (1895). Coded as such, the body became a way to reveal a person’s inner personality – which may not even be known to the person. In this way, the way society views a person also
politics and it explores the narrative structure of voice. The doctor-patient relationship functions as a way to put turn of the century society under the microscope, to borrow from an invention of the same time period.

My research focuses on different elements of the doctor-patient relationship depending on that author’s focus. Across these narratives, the lack of communication remains the facet shared by all texts. Authors explain the reason for this lack differently. The communication breakdown between doctor and patient can sometimes be attributed to gender, which reveals perceived threats to male dominance, manipulative femme fatale figures, male homosexuality, and also gendered medical issues such as abortion. At the same time, medicine and literature reveals a critique of marriage and a woman’s role in a marriage. In the Scandinavian tradition, the critique is typically post-marriage, while in German language literature, it tends to be expressed before

determines how the person views himself. If coded as criminal, then the person has the potential to view himself this way. Further dangerous are the implications from hygienics. As turn of the century people became increasingly concerned with health and biology, groups deemed “unhealthy” stood in political and mortal danger.

In his book *Death in Hamburg*, Richard Evans explores the 1892 cholera outbreak in Hamburg to link health and economic class. Hamburg was controlled by senators from very rich, established families living in the areas with the best sanitation. Evans’s work does an excellent job of tracing the day to day life of a poor citizen of Hamburg in terms of his poor diet consisting of mostly potatoes, the close living quarters a family shared, and outlining how most of the family’s income went towards food – even then meat could only be purchased on Sundays (66). Evans notes the lack of proper nutrition was “bound to include weakened resistance to infection and disease” (68). To make matters worse, rent began to skyrocket in the period between 1885–1890 making it harder for these citizens to buy food (71). When the outbreak occurred, the senators chose to believe more poor died because of their lesser moral value, and in their line of thought, God had chosen the rich to be spared because they were of better moral character. Robert Koch, a leading scientist in bacteriology, discovered the link between cholera and bacteria and suggested the problems in Hamburg were due to poor sanitation in the economically challenged districts. The senators chose not to agree with this model because they felt the new sanitation system to be too expensive. In this way, the intersection of medicine and illness within society is very political. These policies, as outlined by Evans, are linked to religion, economics, education, and living standards for even the poorest in the city. The turn of the century reaction to illness was justified through moral fiber rather than through medicine and research. Koch went on to become a leader in his field and held celebrity status for his work. His name even appears in Swedish newspapers after 1900 to highlight the scope of his popularity.
the male can even be married. There is an impotence, which will not allow him into marriage thus ending his line.

Still other reasons for the collapsed relationship come from the mass media. Newspaper articles shape the very personal doctor-patient relationship. Public perception is a powerful tool in labeling illness and shaping the response towards disease. Robert in *Flucht in die Finsternis* is aware a diagnosis means a death sentence in society. Doctors are also shaped by the world around them and the two narratives told from the doctor’s perspective, “Ein Landarzt” and *Doktor Glas*, indicate how much society’s perception of doctors shapes their diagnoses of others. Oftentimes, this is hidden in the term “duty,” which the doctor uses to absolve the guilt of not making a more humanistic decision or of not attempting to see the story from the patient’s perspective.

Narrative voice is perhaps most central to the communication between doctor and patient. In earlier periods, the narrator was the trusted voice, but in Modernism this shifts. Even the early Skram texts include moments where the narrator cannot be completely trusted as Elaine Showalter also suggests when she states Else lacks self-knowledge (xii). My project seeks to explain the role narrative voice plays in the literary representation of the doctor-patient relationship. Polyphony suggests the seemingly trustworthy doctor has revealed himself to be Mr. Hyde. These later works of Söderberg, Schnitzler, Kafka, and Skram differ from Stevenson’s narrative. Stevenson’s Hyde results from Dr. Jekyll’s experiments. It is due to his scientific knowledge that this beast runs the streets of London. Dr. Glas, Kafka’s doctor, Professor Hieronymus, Robert’s doctor brother Otto and Dr. Leinbach would be incapable of conducting research on themselves. This would require a degree of introspection they are simply not able or
not willing to undergo. These protagonists fear repressed ideas and fantasies, much like Mr. Hyde.

**Chapter Outline and Contribution**

The following chapter explores Hjalmar Söderberg’s *Doktor Glas* (1905). In this chapter, I examine the gendered space in the literary doctor-patient relationship through the doctor’s perspective. Dr. Glas is a licensed medical professional, but like Flaubert’s Dr. Bovary, has not taken the next exams to become a higher-level doctor. Glas is torn in a Jekyll and Hyde world, without solid answers to the problem of sexuality and women’s rights. Glas’s sexual orientation suggests both traits of the hetero and homosexual. Just like the Jekyll and Hyde discourse, the two opposite sides are shown to blend together. Glas distances himself from complex moral issues and subjects uncomfortable to him, such as abortion and sex. Söderberg and Glas never introduce answers to these complex problems of religion, medicine and ethics, but by presenting the issues through polyphonic narration it allows readers to contemplate their own beliefs.

In chapter 3, I move from examining narrative voice in *Doktor Glas* to examine the doctor-patient relationship from the patient’s perspective through the protagonist’s growing insanity and ultimate lack of voice. In 1917, the physician and author, Arthur Schnitzler was concerned with lack of voice, or aphonia, in his medical practice. I link the complex structure of voice in Schnitzler’s text to the emerging mass society’s mediums, including legal and media discourses. As a doctor, Schnitzler researched voice in his practice. I suggest the feature of narrative voice illustrates the breakdown in communication between Robert, his doctor brother Otto. In the end, Robert is completely denied a narrative voice through the voices of the other characters. The final word is attributed to Dr. Leinbach’s journal, which represents the common practice of
doctor’s notes determining how a patient’s life and medical history is understood. Schnitzler also suggests the legal perception of the mentally ill is politically determined and shaped by the modern media.

In chapter 4, I depart from the patient’s and society’s perspective to read the doctor-patient relationship through the text’s emphasis on self-observation in Franz Kafka’s “Ein Landarzt” (1916-17). I read the emphasis placed on visual symbols and gestures. Both the doctor and the patient are self-aware. In his self-awareness, the patient suggests he has a better understanding of his illness than the medically trained doctor. “Ein Landarzt” differs from the other texts included in this project for its stress on visual elements. The doctor tries to use symbols and gestures as part of the doctor-patient interaction through observation. Kafka’s work adds another element to voice in communication by using visual descriptions as part of modes of (mis)understanding. A doctor is commonly known for his skills in observing patients to make a diagnosis. Kafka’s doctor, however, turns this observation inward, but he cannot correctly perceive the self. The patient understands why illness has made him unique while the doctor maintains there is nothing unique in the patient’s illness. Observation thus accounts for the breakdown in communication in that the patient is aware of more and the doctor refuses to accept another model.

In chapter 5, I read Amalie Skram’s works Professor Hieronymus and På St. Jørgen (1895) published together in English under the title Under Observation to investigate the doctor-patient relationship and the nurses, who function as intermediaries. Amalie Skram was born in Norway and was married at a very young age to a much older sea captain. She was able to travel the world, but this marriage ultimately ended in divorce. Skram entered Gaustad Hospital in Norway to seek treatment after the divorce. She later married Danish author Erik Skram, but they were divorced after his infidelity. Skram drew on her experiences in a hospital in Copenhagen to write
Professor Hieronimus and På St. Jørgen. She continued to write to support herself and her children, but died at the age of 58, ten years after Professor Hieronimus and På St. Jørgen were published.

In Professor Hieronimus and På St. Jørgen the doctor-patient relationship is complicated through the nurse intermediaries, who sometimes uphold the male doctor’s policies and sometimes work to support the female patients. Else is not allowed to see her husband or son and must abide by all of Hieronimus’s rules. In På St. Jørgen the female patients and nurses do not create a benevolent sisterhood. The nurses’ presence makes Skram’s works singular to my project exploring doctor-patient relationships. The doctor, Professor Hieronimus, attempts to shape the relationship between the women in his absence, but over time the women bond over their lowered station with the asylum. I explore medical notes from the asylum Skram spent time in after her first divorce. Drawing on narratologist Petter Aaslestad’s work in reading actual medical notes, I show how the breakdown in the doctor-patient relationship results from a political context, which determines what aspects of the patient should be found important and how that shapes the doctor-patient interaction stressing the initial visit.

Examining narrative voice and the doctor-patient relationship, I suggest a new approach to the doctor-patient relationship in literature. Scholars have tended to focus on the historical medical context in Stockholm for Doktor Glas, Schnitzler’s own journals, symbols in “Ein Landarzt,” and the gender difference in Professor Hieronimus.\footnote{See Viljans frihet och mordets fretelse (N. Sjöstrand, Sahlin, L. Sjöstrand, Holmbäck)} By looking at these narratives of the doctor-patient relationship in a comparative project, I am able to sketch significant parallels and departures between these projects. I move away from a psychoanalytic approach to Freud, which has dominated the discussions on “Ein Landarzt.” I use symbols, such as the wound, as a means
to read what is not said between the patient and doctor. I provide *Dr. Jekyll and Hyde* as a model to understand the function and structure of narrative voice in literature around 1900. Inversely, I contribute to the scholarship on this novel suggesting its narrative innovation for the doctor-patient relationship in literature.

This project both draws on and departs from the existing scholarship in a few key ways. First, it contributes to the growing interdisciplinary area of medicine and literature to specialize in the German and Scandinavian contexts. The Modern Language Association’s recent publication on teaching medicine and literature only includes Kafka’s “Ein Landarzt” in translation. I offer an interpretation of these stories in their original language, which is critical to an approach examining narrative voice. Scholars working in medical fiction often work in translation as medicine covers so many different areas and contexts shared world-wide by the medical community (Flaubert, Tolstoy, Kafka, Mann). Therefore, it is important that scholars of these languages actively join the dialogue. Skram, Schnitzler, and Söderberg are also available in English translation and it is critical for scholars who speak these languages to publish in English on these works due to the global interest in medicine and literature.

My project also responds to Hillary Hope Herzog’s call for more scholarship focused on Schnitzler’s medical career and his literary texts. She suggests Schnitzler’s occupation and research play an important role in his literary works. Schnitzler researched voice in his medical practice and, drawing on this call, I explore narrative voice in *Flucht in die Finsternis*. The loss of voice in *Flucht in die Finsternis* marks Robert’s complete collapse and suggested suicide. My project differs from Charon, Montgomery, and Aaslestad in that I move away from their readings of the actual doctor-patient relationship to return to narratives. Charon, Montgomery, and Aaslestad focus on medical texts involving the doctor-patient relationship. My project draws on
readings of the doctor-patient relationship in a clinical setting and applies them to the literary narrative. Finally, I suggest the fictional doctor-patient relationship can be seen as problematic in its privileging of the sick patient’s perspective as more valid than the doctor’s. This privileging shows the unhealthy, sick patient as having the correct perspective. Sass suggests the schizophrenic lives in the “borderland of human existence,” meaning the mentally unstable dwell both physically and mentally at the outer edge of society (15). Truth then rests in these outside areas, which is no longer within mainstream society. The doctor-patient relationship in literature around 1900 has common characteristics, such as the reversal of the healthy with the sick, but also traits, which vary from narrative to narrative.

Every story included in this project results in this relationship’s collapse due to madness or death. In Söderberg’s Doktor Glas, this results in the polyphonic debate in the doctor’s own mind on the topics of homosexuality, abortion, and women’s rights. Schnitzler’s Flucht in die Finsternis highlights Roberts growing insanity and paranoia as he becomes more insane. Robert’s fantasies take up more and more of his thoughts and, like Dr. Glas, he holds entire conversations within himself. Robert imagines himself in a courtroom with the voices of a judge and lawyer demonstrating an important link to the legal code. Finally, Schnitzler brings in outside voices through mass media with the newspaper. Even the doctor’s or the patient’s personal journal, the place of confession, is not secure and is later published. The doctor-patient relationship reveals the conflicted protagonist, for which modernism is known, but takes this relationship a step further to reveal the moral questions in medicine. Issues, such as privacy, law, gender, class, and economics, factor directly into the relationship between the doctor and his patient.
CHAPTER 2

GENDER, VOICE, AND THE FRAGMENTED DOCTOR: SÖDERBERG’S DOKTOR GLAS

Jag sitter vid mitt öppna fönster nu och skriver detta – för vem? För ingen vän och
för ingen väninna, knappt för mig själv ens, ty jag läser icke i dag vad jag skrev i
går och kommer icke att läsa detta i morgon. Jag skriver för att röra min hand,
min tanke rör sig av sig själv; skriver för att döda en sömnlös timme.” (10-11)
Now I’m sitting at my open window writing this – for whom? Not for a friend or
a woman, scarcely even for myself, since I don’t read today what I wrote
yesterday and won’t read this tomorrow. I’m writing to keep my hand moving -
my thoughts move of their own accord. I’m writing to kill a sleepless hour. (3)

In his first entry, Dr. Glas meta-reflectively explores the act of writing. Furthermore, turn of
the century doctors often kept a journal, which makes Glas’s writing a common historical
occurrence. In many literary traditions, doctors and medically trained professionals become
writers and authors.¹⁰ Söderberg¹¹ is exempt from this list, which makes Dokor Glas an
interesting exploration of a medical outsider taking on the role of a medical professional. In
Söderberg’s 1905 novel, the doctor is little better than a patient himself. Glas observes the
environment around him, in line with his occupation as a doctor, but Glas never really heals his

¹⁰ For example, both Ibsen and Strindberg received medical training.
¹¹ The author, Hjalmar Söderberg (1869-1941), worked as a journalist for Svenska Dagbladet
starting in 1897.¹¹ The newspaper reported on Söderberg’s work in 1905 indicating he published
a translation of Anatole’s Histoire comique on September 7, 1905, that he finished his “long
awaited novel” Doktor Glas on September 20,¹¹ and Levertin’s review of the work in two
articles on December 8 and 9 (7, 8,7-8, 6). Söderberg dealt with problems in his contemporary
society as a journalist for Svenska Dagbladet. He was very active in the events surrounding Emil
Zola and the Dreyfus Affair and even includes the case in his works Den allvarsamma leken (The
Serious Game) and Doktor Glas. Söderberg and the Swedes had a booming newspaper industry
due to their direct, cheap access to paper for printing and a high literacy rate.
patients. He is passive and, even in this window scene cited above, the passage does not suggest Glas looks out the window. His own thoughts and fantasies trap Glas, which is highlighted by atypical punctuation forms and frequent shifts in narrative voice. Glas is not only fragmented in voice, but also along the lines of gender. Mieke Bal defines an unreliable narrator as using voices to refer “to other characters and voices, which [may] then disclose … fictions invented by the self” (Narrative Theory 253). This means that even though the narrator might be speaking in the text, the voice could be that of another agent. The narrator could speak another character’s ideas or traditional ideas.

This passage shows Glas’s isolation without real connections to other people. He rhetorically uses a question mark to indicate that even he does not know how to answer problems he faces. Glas often ignores major problems throughout the novel and hides behind concepts, such as a doctor’s duty. He hides from issues, including those related to his past. Temporally, he rejects the past by not reading what he wrote yesterday. He also indicates his lack of future in noting he will not read his notes tomorrow. The novel concludes with this resignation to passivity and dismissal of the future. Glas is unaware and his patients force him to begin a process of awareness, in which he does not want to participate. As a doctor, Glas should be associated with healing, but even in this first entry, Glas is associated with not only death, but also the act of murder. Glas’s role as both healer-doctor and murder are ambiguous. This ambiguity in gender,\textsuperscript{12} profession, and narrative voice indicates some of the growing problems of modernity such as content and style.

\textsuperscript{12} While the doctor-patient relationship assumes the male doctor has the power over the female patient, the female patient also holds the power to manipulate the doctor, as Helga Gregorius does. This ability to manipulate calls into question the doctor’s duty to his patient. Glas represents the hysterical through his panicked actions, a condition commonly associated with women, although historian Mark Micale suggests this was as much a male malady as a female at
Doktor Glas narrates his story through journal entries. He speaks with the pastor’s wife, Helga Gregorius, who tells the doctor her husband rapes her. Both the pastor and his wife are Glas’s patients, and to help Helga Glas tells the pastor he should refrain from sex due to a supposed heart condition. Helga comes back to the doctor and says this advice has not altered her husband’s behavior. Dr. Glas hates the pastor not only out of jealousy for Helga, but because the pastor is a religious man. The doctor does not hold religion in high esteem. In an entry dated August 7, Dr. Glas dreams he murders the pastor. In the same entry, the pastor later dies of a heart attack. The novel suggests the possibility this death was caused by pills Glas gave the pastor, but it is left open to interpretation this could also be a natural death. Glas regards the death as his doing and resists to a passive life by the novel’s end.

This chapter contributes to scholarship on Doktor Glas since there is relatively little published on this novel. I seek to start a discussion of this work in terms of narrative theory and the implications of turn of the century medicine. Secondly, there are few primary texts in the German tradition examining gender roles in its relationship to the doctor-patient narrative beyond a male-male doctor-patient relationship. This discourse in the German literary tradition often avoids both women and children as patients, which could be explained by the rise of medical stories post-1914. World War I was a male dominated space, which saw fewer women and children patients. Finally, this chapter explores the perspective of the male hysterical. Literary scholars have read casual encounters with the medical community in literature from the perspective of the woman, such as Thesz does in her reading of Effi Briest (19-34). By mixing a

the turn of the century (Mind 75). There are documented cases of doctors feeling more like women than men (Cohen 363).
journal form with the notion of gender, it shows the space between doctor and patient is made more complex by the man-woman difference.

**Narrative Voice Reveals Character Fragmentation in the Medical Context:**

**Dr. Jekyll and Mr. Hyde**

Turn of the century literature both in content and style represents a new type of experimentation in voice. Robert Louis Stevenson’s 1886 work *The Strange Case of Dr. Jekyll and Mr. Hyde* presents the reader with the crisis of science and narrative perspective. Dr. Jekyll and Mr. Hyde are two characters embodied in one man. As David Wiggins suggests, “Dr. Jekyll and Mr. Hyde were the *same man* but not the *same person or personality*” (29). Stevenson uses multiple perspectives in his work to build suspense. It is not clear until the end of the novella that Jekyll and Hyde are the same person. This work caused a public scandal at the time of publication (Heilmann & Llewellyn 399). Much of this scandal comes from the seemingly good character also embodying the evil. The foil shows morality juxtaposed with amorality (Toumey 415). Typically, these lines have been clearly drawn between right and wrong, but with Jekyll and Hyde the space begins to blend in the medical narrative. Different chapters are told from different perspectives including by Dr. Jekyll’s solicitor and another fellow doctor. The last chapter is Dr. Jekyll’s posthumous letter explaining how he created Hyde through his own experiments. While Stevenson’s use of multiple voices creates mystery by not revealing the whole truth at once, in the end moral lines are clearly drawn between good and evil. Jekyll realizes what he has created and is horrified Hyde has killed another human being, so Jekyll takes his own life as punishment and to stop further crimes against society. Söderberg’s work, by contrast, expands on this scientific fear, the protagonist’s splitting and use of multiple voices
through ambiguity. There are now no clear lines in Söderberg’s novel between the good and evil sides of the doctor figure. Multiple voices are embodied within Glas, without the death of any specific Hyde-figure. Reid’s discussion of Dr. Jekyll and Mr. Hyde’s ‘two cultures’ aids in reading *Doktor Glas* (6).

Gender roles, which also function as a binary like Jekyll and Hyde, play a major part in discussions of criminality and medicine. In London, the same city where the fictional Mr. Hyde runs free, the whitechapel murders of Jack the Ripper suggest the vulnerability of women. In the case of his victim Elizabeth Stride, the newspapers focused on her brain rather than on the criminal who killed her (Smith *Victorian* 89). While early Swedish articles focus on Jack’s suspected background looking at religion, profession, clothing, and nationality as possible traits, later newspaper articles turn their focus on the women victims. It was suggested Jack the Ripper could be a medical student because he removed both a kidney and her uterus (90). *Svenska Dagbladet* did not remove this grotesque detail: “Njuren hade uttagits föro omkring tre veckor sedan” / “The kidneys had been taken out about three weeks ago” (*SvD* 10/23/1888, translation mine). *Svenska Dagbladet* and *Dagens Nyheter* also present a sensational picture of the Swedish victim and most of their information is misleading or plain fiction. *Dagens Nyheter* presents her as a woman who has been hospitalized in the past due the charity of the Scandinavian Benevolence Society and prints the local gossip that she is a drinker (10/8/1888). But much of the reporting paints Stride as a good Swedish girl who was forced into prostitution by poverty in London. This is misleading, however as it suggests Stride was pure as long as she was in Sweden, but as Lauritz suggests Stride had a record before she left for England. She was unmarried and pregnant in Sweden (the child was later stillborn), she was hospitalized for
könsjukdom, or venereal disease, and later even entered the police record for prostitution on October 17, 1865 (128).

At the same time Dagens Nyheter turns Stride into a spectacle:


The body was still warm, with exception of the hands. A blood stream flowed from the legs. The knees lay closer to the wall than the head, the left arm was bent at the stide, and the right lay over the chest. The hat lay a distance from the dead. One hand was bloody, and around the neck, which had a deep wound, she had a scarf tied. Death was obviously caused by blood loss. (translation mine)

This level of detail of Stride’s body places her body in line with the criminal narrative. This detail further violates her body even after the crime of murder had taken place. The construction of DN articles function to scare its readers, suggesting this happened to one of your countrymen, it could happen to you if you leave Sweden, too. While Svd publishes sensational journalism, in this case DN exposes her personal body by placing it in front of readers. This makes the murder a very gendered act as not only Jack targets a female reproductive organ, but the newspapers in Sweden place the female victim’s body on display. In fact, at the time of the murders, it was
suggested this was a positive crime in that it could stop the spread of syphilis (Smith 84). This suggests these women were responsible for their own deaths.

With the rise of crime novels like *Jekyll and Hyde* and the real murders of Jack the Ripper, turn of the century society became focused on the concept of the healer and killer. Glas is more complex than just a Jekyll-Hyde dichotomy, which is seen by exploring the novel’s use of narrative voice. While Söderberg scholars have located two voices in Glas (Geddes 8, Hutt 138), using more modern narrative theory suggests more. There are often two voices or sides telling Glas what to do or think, but there is also a “jag” or “I” voice that mediates between the two. Proverbs and medical trade journals mentioned in the novella bring in the thoughts of society as one narrative voice. The voice in proverbs and trade journals should not be read as distant to Glas because he speaks and writes this entry himself and he uses society to mask his own opinion. He hides behind society, or as he calls it his “duty” as a doctor, to speak for him, so he does not have to dirty his hands with modern social problems.

**Scandal in Stockholm: Söderberg Scholarship on Doktor Glas and a Move to Voice**

The current scholarship on *Doktor Glas* has tended to focus on the moral implications of Glas’s act of murder. As late as 1971, the book was read as a “justification for murder” (Geddes 26-7). Some scholars use a biographical approach to the novella, looking at Söderberg’s life in Stockholm, the setting of both *Doktor Glas* and *Martin Bircks ungdom* (*Martin Birck’s Youth*), as well as his occupation as a journalist for *Svenska Dagbladet*. Geddes points out there is “very little useful literature specifically on *Doktor Glas*” (57). Other Söderberg scholars look at the

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13 Lifton argues historically Nazi doctors “take on” a Hyde persona. This is an interesting case of fiction creating a discourse to speak about the reality it strives to thematize. At the same time, this creates a dangerous situation where blame is placed on a fictionalized “Hyde” scapegoat.
novel in terms of a specific trait, such as religion, decadence, psychology, or politics in terms of Söderberg’s entire oeuvre (Lagerstedt, Ciaravolo, Olofsson, Balzamo). Sjöstrand’s work on the state of psychology and medicine around 1905 is one of a few to privilege Doktor Glas only. The purpose of his book, however, does not engage with narrative topics about the novel, but presents an historical approach to the time period around 1905 and comments by Dr. Poul Björres, a contemporary of Söderberg. Scholars have largely overlooked Doktor Glas for its own merits and narrative techniques. Cassirer’s work on Söderberg’s Historietter is one of the few texts exploring style in Söderberg’s works, although he does not extend this treatment to Söderberg’s four novels.

While scholars have noted binary voices in Glas, there are more voices to consider than the wild “Hyde” side and the professional “Jekyll” side. The polyphonic structure of the novel increases the complexity in gender relations between doctor and patient. The multiple voices and perspectives break the doctor-patient relationship further. Söderberg makes these voices a topic in Glas’s journal and calls the reader’s attention to the conflicting voices. The following passage makes it clear how, at first glance, it is easy to suggest only two voices. Glas acknowledges the voices within himself:


I hear conflicting voices. I must interrogate them; I must find out why one says I do and the other I don’t.

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14 One notable exception to this is a dissertation written by Inger Margareta Hutt in 1983 that looks at the narrative function of time in Söderberg’s novels. Her research on Doktor Glas is some of the best narrative work done on the novel even though it is unpublished.
You first, the one who says I do. Why? Answer! (53)

On a narrative level, Glas points out there is more than one voice in his own journal. This split in voices leads to ambiguity in the reader’s understanding of Glas or Söderberg’s commentary on turn of the century life. In the passage, Glas notes there are “stridiga röster” in a plural form and the reader is, at first, left to infer this plurality is represented in the two voices of “want” and “don’t want.” Geddes and Hutt note this binary division (Geddes 8, Hutt 138). but narratively, there are more voices in the text than previously suggested. Leaving aside some of the more complex passages, which I will discuss later in this chapter, the passage above also notes a “jag” voice mediating the voices of “want” and “don’t want.” The “jag” even invites the “want” voice to have a conversation with him.15 These conflicting voices of wanting to do something and refraining from this action often involve Glas’s role with his female patient. Glas knows that wanting to do certain actions will breach his role as a doctor with his female patient.

**Glas’s Occupation and Sense of Duty Remove his Guilt**

Instead of looking to himself to provide answers, Glas uses medical science and research as a way of avoiding the moral issue at hand. He does not have an agenda because he actively avoids having to decide these difficult issues for himself. Glas also does not acknowledge the physical sciences as made up of scientists, or people. He hides behind social constructions to avoid people. This, of course, comes in strong contrast to the role the doctor is supposed to play. Doctors should possess a wish to help people, rather than to avoid them. Glas notes he works in

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15 While Freud’s theory of the id, ego and superego functions as a model for reading this passage, this does not hold throughout the text due to the complex roles of the doctor and society.
the medical profession, which should be focused on helping people and creating honors for the doctor:

“Vilket yrke! Hur kom det sig att jag bland alla näringsgrenar valde den, som passade mig minst? En läkare måste vara ett av de två: människovän eller ärelysten. – Det är sant, på den tiden trodde jag mig vara bägge delarna” (12)

What a profession! How did it come to pass that of all possible ways of earning a living, I chose the one that suits me the least? A doctor must either care deeply about people or be ambitious. – Well, true, in those days, I thought both characteristics applied. (3)

This passage highlights patient fear about the medical profession around the turn of the century. This can be seen in the speculation over Jack the Ripper’s real identity: many thought he could have been a doctor or a minister. This speculation shows the growing distrust of doctors and religion, something Söderberg draws from to create the tension between Glas and the reader’s reaction to his crime in killing the pastor. This works to reinforce the binary structure seen in Glas’s ambiguous character such as the capacity to be both healer and killer. He sees the paradigm of medical doctor as philanthropy, helping others, or for ambition, for egotistical grounds. This also corresponds to two of the many voices within Glas: he sees his profession as helping others or helping himself for vanity.

Glas provides his history of medical training as a way of explaining his current state of exhaustion. The novella presents Glas’s childhood as relatively normal until he reaches adulthood. He was a good and eager student as a child, but after he became licensed to practice medicine,

där stannade jag […] jag var trött (27)
But then I stopped… but I was tired. (11)

Glas’s time in medical school links his polyphony and his inability to act. As Ulf Olsson suggests by his title *Levande död*, or living dead, there is a space where these characters exist in a ghost-like state. Glas is an empty shell, which is seen in his act of writing. The words simply appear on the page as he moves his hand, more specifically to kill a sleepless hour. Glas links this inability to his adult state. He states his childhood ambition was gone when he became a doctor, but


no adult ambition took its place. I think it was because by then I had started to think. I hadn’t had time before. (11)

This passage points to a major link between the medical profession and Glas’s way of viewing the world. After becoming able to legally practice medicine, Glas’s personality changes and is marked by tiredness. He no longer has the ambition of his childhood and does not continue with his studies. Glas links this tiredness to gender by suggesting a man’s ambition never came to him. He describes this moment as the genesis of his “thinking.” Glas uses the concept of “thinking” to describe the moment the conflicting voices began to speak. These voices, marking the point of ambiguity in morality and narrative voice, are directly related to the profession of medical doctor. The profession invites its own agenda by a single term, “duty,” which both doctor and pastor use to justify their actions and avoid dealing with complicated issues.

Glas writes of his duty as a doctor:

Och plikten, vilken förträfflig skärm att krypa bakom för att slippa göra det, som bör göras. (14)
And duty – what a splendid smoke screen to hide behind to avoid doing what ought to be done. (4)

Söderberg’s version links the passive construction to Glas’s passivity as a person, which is critical in understanding the role duty plays. Duty is not just something Dr. Glas uses to replace his own voice in difficult situations. This story is related after the pastor has raped his wife (41, Eng: 39). However, narratively this scene is quite complicated due to its multiple layers: Pastor Gregorius speaks through his wife’s retelling of the tale, which Dr. Glas is now retelling in his journal. It states on the entry for July 2nd:

Det var hennes plikt att göra det, och plikten gick före hälsan. Gud skulle hjälpa dem, Gud skulle göra henne frisk i alla fall. (42)

It was her duty, and duty came before health. God would help them – God would make her healthy regardless. (18)

Glas then writes his own reaction to this:

Jag satt stum av häpnad. (42)

I was speechless with shock. (18)

Glas, as many doctors are, is called to be a moral policeman for Helga. Even the following line that Glas remains “stum” or “mute” out of amazement does not indicate these are not his thoughts at the time, but rather he is physically unable to speak out loud.16 More importantly, the line “Det var hennes plikt att göra det” (“It was her duty to do so”) again narratively inserts other voices. This complexity of voice also leads to a crisis in ideology because it is not clear what voice is advocating what. Clearly, Helga Gregorius has been victimized by today’s standards,

16 This is also supported by Glas’s later statement: “Satt hon verkligen och lyssnade till mina hemliga tankar?” (43). “Could she really be sitting there, listening to my [secret] thoughts?” (41). Note: The English translation neglects the word “secret”
but by “hiding” behind the guise of “duty” the pastor, like Glas, is able to enact devious plans that do not correlate with his profession as a pastor. At the same time, Helga tells this story, which may or may not be true, to gain Glas’s sympathy to manipulate him. Glas, in the business of saving people, kills a man, who as a pastor, is in the business of saving souls rather than harming them.

**Glas Hides Behind Duty with his Female Patients**

Glas’s journal provides little information on his doctor-patient consultations, like one would expect in the journal of another fictitious doctor from the turn of the century, Sherlock Holmes’s Dr. Watson. One of the rare exceptions involves a woman that comes to Glas with a morally complex situation. These types of morally ambiguous situations are often linked to Glas’s use of duty as a form of escape. After the woman asks him for help, he responds:

"Jag svarade naturligtvis med den vanliga utanläxan som jag alltid läser upp i liknande fall: min plikt som läkare, och aktningen för människoliv, också det spädaste. (12)

"Of course I answered with the usual prepared speech I always recite on occasions like this: my duty as a doctor, my regard for human life, even the frailest. (3)

In this example, duty is made a gendered issue. Glas, embodying both the traits of men and women, cannot decide how to handle the situation, so he simply allows himself a way out by using other narrative voices to deflect guilt. By suggesting his “duty as a doctor,” Glas loses of his own voice and allows another to speak for him. This absolves Glas of any guilt he might feel in performing the abortion or in refusing to help the woman. The woman, continues to plea after Glas turns her down through the voice of society:
-Rädda mig bad hon, rädda mig. Jag svarade med plikten etc., men det var tydligen något som hon icke förstod. Jag förklarade för henne att lagen icke förstod sig på skämt i sådana fall” (13).
“Save me!” she pleaded, “save me!” I responded with duty, etc., but this was apparently beyond her understanding. I explained to her that the law was no joking matter in cases like this. (4)
It seems odd that in a journal the writer would indicate “jag svarade” or “I responded.” Glas also uses an etcetera after duty, which omits what was actually said to the woman or an issue Glas is not willing to divulge further in his journal. It is no wonder with the omissions and the polyphony, that the woman did not understand Glas’s compulsion to duty as a doctor.
In terms of gender issues, medicine and women had an even more unique function through the process of childbirth and pregnancy. Turn of the century literature is concerned with decline, illness and death. Women are carriers of illness and disease through sexually transmitted illnesses, prostitution and even their children seem to be by-products of disease. “Depictions of women as depraved, diseased, and devouring, remarkable for their overt misogyny, crop up ubiquitously in the art and literature of the period” (Micale Men 165). Glas does not treat pregnancy as a natural or positive process, but rather like a punishment, a burden the woman must bear – literally. The unborn child is treated more like a disease in the discourse. A pregnant woman also goes against the notion of the pure and chaste savior woman who was put on a pedestal. Smith describes this as the “chaste female identity” where women had to transcend biology to assert a moral superiority (Smith Victorian 22). A pregnant woman is clearly not chaste and Glas seems to be highly aware of this change in a woman’s savior status for men by her pregnancy.
Gender also commonly divided how medicine approached the patient. Statistics are commonly recorded by looking at these categories in terms of both men and women. For instance, *Svenska Dagbladet* reports between the years 1881-1890, 3,899 men committed suicide, but only 1,121 women. These statistics also show this disparity in the following years until 1902, although both numbers are higher than before. The rates of suicide are higher for married persons, while the typical man is between the ages of 50-55 and the typical woman is between 20-25. Women are also more likely to use poison (*SvD* 9/20/1905 p. 7). These numbers suggest medicine was interested in the categories of men and women and their numbers indicate women were again the moral compasses of society.\(^\text{17}\) Clearly Dr. Glas recognizes how difficult this situation is, but it is made even more complex by the polyphonic nature of the doctor’s thoughts and his inability to share a successful relationship with another adult. Gawande notes it is highly improper for a doctor to initiate “discussion of one’s own sexual experiences or fantasies” with the patient (78). Glas is deeply tormented by his own fantasies, which he talks about to no one, but his other voices.

Since Glas has a difficult time talking to himself, it is no surprise he cannot speak with women. He often has problems understanding women as well and indicates he is “icke kvinnoläkare” or “not a gynecologist” very early in the text (12). Glas establishes his problems with women and goes as far to suggest women are something dirty to him. He states even as a student:

> Jag ville inte sälja min förstfödslotsätt för en grynvälling, ville inte smutsa min vita mössa. (28)

\(^{17}\) Even in a book published as recently as 2007, medical doctor Atul Gawande writes how difficult the male and female patient interaction is: “Physical examination is deeply intimate, and the way a doctor deals with the naked body – particularly when the doctor is male and the patient female – inevitably raises questions of propriety and trust” (74).
I didn’t want to sully my student honors, sell my birthright for a pittance. (12)

Glas suggests women were something dirty to him even while he was still a student. He has issues with gender even before becoming a licensed doctor. Glas distances himself from women because he feels it makes him impure. His white hat suggests female chastity. Both suggestions of purity and impurity affect Glas’s character and position within society. It is not surprising the woman who came to him for an abortion cannot understand Glas. Glas has no desire to understand her.

**The Feminized Doctor Lacks Self-Awareness: Repressions and Fantasies**

Doane and Hodges read Hyde as a “feminized, transformational figure” (63). They also characterize him a “an hysteric. He is the one who speaks the feminine from within the masculine, who wrestles, “against the approaches of the hysteria”” (66). This is remnicent of how voice functions in the August 7th entry. In this entry, Glas wrestles with different sides of himself. Glas represents not only the upright Jekyll, but the transformational Hyde. Even in Stevenson’s work both Jekyll and Hyde have different styles of handwriting, making their writing part of their personality (71). At one point in the novel, Jekyll writes in the hand of Hyde (71). The act of writing is more than a means of the telling, but rather part of their transformational potential.

At the beginning of his journal, Glas introduces his feelings and, in a candid moment, writes of his place within society. Glas mentions his occupation in relation to his problem with women. Here, he presents himself as two beings: a doctor who “at times” helps others and someone who is also unable to help himself. This is comparable to Glas’s Jekyll and Hyde states bringing the subject back to the level of narrative voice:
Jag känner det som om i denna stund igen i världen vore ensam mer än jag. Jag, medicine licentiaten Tyko Gabriel Glas, som stundom hjälper andra men aldrig har kunnat hjälpa mig själv, och som vid fyllda trettio år aldrig har varit när en kvinna. (11)

At this moment I feel that no one in the world could be more alone than I. I, doctor Tyko Gabriel Glas, who sometimes help others but have never been able to help myself, and who at thirty-three years of age have never been near a woman. (3)

Glas shows a separation between the Glas who is writing and the character he is presenting. This again fragments the character of Dr. Glas into two sides. In order for Glas to help his rational/doctor side, he would need to come to the aid of his darker version – the version capable of murder. Glas then links this incapability of his rational side to help his irrational one to women. He notes he has never been able to help himself just like he has “aldrig,” or never, been near a woman. In this manner, his capacity as a doctor, namely to help people, and the inability to help himself is linked to his inability with women. Thus, through Glas’s own voice, it is clear how his occupation influences all areas of his life. He labels events into categories of “ability” and “inability,” with little room for grey areas in between. Glas believes his inability with women is due, in a large part, to his character.

Glas postulates why women do not like him. He believes if a woman completely understood his character, she would shun him. The ambiguous nature of the text does not make it clear why the woman would shun him. While there is no love interest in Dr. Jekyll and Mr. Hyde, Mr. Hyde’s overall disapproval suggests the same. This could imply a possible rapist image of Glas or perhaps something potentially dangerous or threatening. Although Stevenson never had his
Mr. Hyde rape a woman, later stage and film adaptations did (Toumey 430). This suggests that there is a sexual threat that comes with the unleashing of the Hydian state. Stevenson also uses the name “Hyde” to suggest there is something hiding in Jekyll, which he lets loose. Glas also has this hidden side, which he reveals is something he keeps from women:

Men om hon kände mig, om hon till exempel av en slump skulle råka få läsa vad jag skriver på dessa lappar om kvällarna, ja, då tänker jag att hon med en skygg men riktig instinkt skulle dra sig undan från de vägar där jag går fram. (99)

But if she knew me – if, for instance, by chance she should happen to read what I write on these pieces of paper in the evening – then I think her instinct would caution her to shy away from me. (47)

Glas links the act of writing to unacceptable thoughts. Now that Glas has these unacceptable thoughts on paper, the woman would have a chance to read what his real character is like. He grants the woman possibly interested in him a positive trait by assigning her a “riktig instinkt.” This grants the woman, Eva Mertens, the virtue of good judgment. In this passage, it is Glas who transforms into something dangerous. Before, Glas did not want to dirty his white, or pure, student cap on a woman, but now he sees himself as the monster. This is an example of how the novella captures Glas’s double-sided nature. Glas can be both innocent and perpetrator at the same time. Glas does not attempt to see Eva Mertens’s side, but later he does try to understand Helga Gregorius’s situation despite his attempts to hide himself behind duty.

Glas embodies a complete misogynist at some points in the novella. At other moments, however, Glas becomes feminized. Through this feminization Glas has moments where he identifies with Helga Gregorius.
Glas attempts to hide behind his professional duty by reading a medical journal. He wishes to listen to the voice of society in the journal rather than listen to his own voice. He tries to suppress the voice, which would question Helga’s situation. The use of “på galen kant,” or to throw off kilter, is a common expression in Swedish, which invokes the voice of society and not Glas’s own. Following the expression, there is another shift in voice when Glas poses the rhetorical question of fault. Glas is not able to provide a solution to the woman’s plight, although as a doctor he should be able to provide help in this area. When Glas poses this rhetorical question, the reader becomes aware of Söderberg’s stress on the moral responsibility for a human to help out another human regardless of what society commonly dictates about sexual practices in a marriage. Glas debates this issue with himself through the voice of society in relation to his own dreams. He suggests Helga Gregorius married Pastor Gregorius in a dream
and now she is awake; this parallels the way in which Glas dreams.\textsuperscript{18} The concepts of dream and reality also mirror the Dr. Jekyll and Mr. Hyde sides of Glas; dreams are fantasies he should not dream to think of and reality marks his logical, doctor side.

Glas sees his own dreams and fantasies as dirty. This is why he believes women have a right to shun him. While scholars have read Glas as hetersexual, the work leaves Glas’s sexual orientation open. Swedish turn of the century society was conflicted on how to handle the concept of homosexuality. As indicated by a newspaper article on July 5, 1905, they were uncertain to label male homosexuality as either “Vansinne eller brott?,” or “Mental illness or crime?,” as the title states. At first, the article is not clear as to what this situation constitutes: the article suggests there is a group attacking Europe’s largest cities and staying in the finest hotels. Midway through the article the writer suggests “sjukliga abnormiteter … beror på en naturens nyck” or “sick abnormalities depend on a natural whim” (7, translation mine). It also cautions this can take platonic forms, but this can quickly change with more risky company. The article directly states the manner in which this is dealt with depends on the categorization of either illness or crime: but both would lead to a public institution: either the asylum or jail. The article thus shows an interesting awareness of the power lying in the categorization of homosexuality. But the danger in this article rests with male homosexuality. There is never a mention of lesbianism. In this way, the turn of the century issue surrounding homosexuality is linked to men, not women.

The article goes on to suggest if homosexuality is an illness, the patient should be sent to a doctor. But what if the homosexual is already a doctor? Glas can be read as both hetersexual and

\textsuperscript{18} Strindberg also critiques marriage and marriage remains something Robert in Schnitzler’s \textit{Flucht in die Finsternis} cannot achieve.
homosexual, which is linked to Glas’s multiple voices. This paradox is shown in Glas’s dreams. Both dreams and fantasies also narratively show a splintering in Glas’s voices:

Det finns också drömmar som äro bubblor från djupet. Och när jag rätt tänker efter: - många gånger har en dröm lärt mig något om mig själv. Många gånger har drömmen avslöjat för mig önskningar, som jag icke ville önska, begär, som jag icke ville veta av vid dagsljus (106)

There are also dreams that are bubbles from the deep. And when I think it over, many times a dream has taught me something about myself. Many times a dream revealed wishes I didn’t want to acknowledge, desires I wanted to deny in the daylight. (51)

Through the act of wishing and dreaming, there is another voice within Dr. Glas. One voice recognizes the other. He does not talk to it like other sections of the journal with a question and response, but here he recognizes this other voice through wishes or desires that he does not want to have. These voice structures are atypical of a journal and where Söderberg’s artistic form mixes with Glas’s journal. This is where art departs from historical forms of writing. For this reason, this scene is critical to understanding the novel’s critique of turn of the century doctors. Glas’s dream voice is not under the control of his Jekyllian side. The Jekyllian side wishes to control everything and when it cannot maintain control, it must hide or escape behind another voice, such as duty. This is confirmed when Glas adds,

Men de tälde sällan ljuset, och merendels stötte jag dem tillbaka ner i de skumma djup dit de hörde. (106)

But they could seldom stand the light, and usually I forced them back into the dim recesses where they belonged. (51)
Glas tries to hide this voice by sending these wishes that he does not wish to have back into the foul depths. The tendency to hide voice is reminiscent of Hyde’s hiding in Jekyll. He does not want these wishes to come to light so he must send them away instead of dealing with the topics involved in them. Much like the meaning of Stevenson’s Hyde is a play on the word “hide,” Glas must hide his real self because he believes this side to be unacceptable to society. Much of this repression deals with his sexuality and gender.

Glas tries to repress his fantasies involving women because he finds them dirty. He codes his inability to have sex with women a virtue because he does not taint himself with desires from his Hydian side. During his years in school, he thought of himself as better than his schoolmates because he never enacted the fantasies that his schoolmates would.

Och om jag också emellanåt vakade en natt igenom i heta fantasier, föreföll det mig dock alltid otänkbart att jag skulle kunna finna tillfredsställelse hos de kvinnor som mina kamrater besökte, kvinnor, som de ibland hade pekat ut för mig på gatorna och som föreföll mig mothjudande. (28)

And though I did occasionally lie awake at night with hot fantasies, it was still unthinkable to me that I would be able to find satisfaction with the women my friends visited, women they sometimes pointed out to me on the street, who seemed repulsive. (11-2)

Glas’s thoughts are ambiguous here because it is unclear what Glas’s sexual orientation is. Glas does not state that the hot fantasies (“heta fantasier” 28) involve women and this could be a reason why Glas works to suppress his homosexual fantasies. Glas’s possible same-sex orientation codes him as “the other” in turn of the century society. Cohen suggests,
these late-Victorian men engendered new possibilities for articulating – if not embodying – sexual and emotional relations outside the naturalized opposition of sex by imaging new narrative modes that encompassed non-unitary forms of male subjectivity. (356)

So characters like Hyde, and other voices inside Glas, open up a space for the evolution of a redefinition of masculinity. Typically, characters like Hyde are the monster in the work. Scholars have read homosexuality in terms of the horror genre and suggest the monster in the closet is homosexuality (Benshoff 2). Glas’s possible homosexuality and feminization make him a demon in light of the horror genre.

While Glas can be read as homosexual, he also has heterosexual fantasies. In the following passage it is unclear if Glas intends on raping Helga, like her husband does, or if this image places Glas as her savior coming to rescue her from the pastor. In either case, Glas does fantasize about a tangible image, which he writes about in his journal:

Men fru Gregorius stod naken i en vrå långt borta i halvmörkret och försökte skyla sig med ett litet svart flor. (104)

But Mrs. Gregorius was standing naked far away in a corner in the semi-darkness, trying to cover herself with a small black veil. (50)

Glas has a hetero-sexual fantasy involving the pastor’s wife. During this fantasy Glas never actually enacts any sexual behavior, but wishes to observe the fantasy. Glas is unable to perform sexually with a woman even in his fantasies and dreams. The fantasy is so distanced from Glas, that it is marked by a new narrative voice. Glas interacts with the voice of his fantasies and has conversations with this fantasy side of himself most notably in the entry on the day he kills

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19 This is a parallel to Kafka’s own impotence.
the pastor. The voice of fantasy highlights the splintered character of masculinity around the turn of the century.

Glas’s dreams are also associated with other voices. Proverbs bring in another voice through commonly stated expressions. Glas uses proverbs to avoid using his own voice. Proverbs suggest the voice of an outside agent, not the individual’s own thoughts. Glas quotes what he considers a common proverb from the turn of the century in Swedish:

“Drömmar fara som strömmar”…Jag känner dig, gamla ordspråkvisdom” (105)

“Dreams flow like streams…” I remember the old saying. (51)

Here, Glas uses quotation marks around the proverb, which suggests this is an outside voice. Glas personifies this voice, by directly talking to it. He addresses the proverb as “dig” or “you” and thus makes the proverb a character in his journal. Glas even successfully avoids commenting on the proverb by using an ellipsis. Glas attempts to rid himself of all desire, which is a trait turn of the century society ascribed to women. According to Shorter, women patients around 1900 were subjected to medical procedures to inhibit unacceptable sexual desires (Shorter, *From Paralysis* 84-5). Society taught women to rid themselves of desire and, under this pressure, some women came to their doctors asking for medical procedures and surgery to cure their psychosomatic symptoms (86). When the woman could not overcome desire, she was sent to the doctor to be treated for mental or physical illnesses. But in *Doktor Glas*, Glas is the doctor and a man. This complicates matters because he wishes to rid himself of desire, but can only turn to himself to “cure” this. Glas labels these desires as unacceptable, even in childhood. He compares them to his innermost constant will and transient wishes, which also represent different voices, which compete within Glas:
Jag var mycket ärelysten som barn. Jag vande mig tidigt vid självbehärskning, vid att göra skillnad mellan det som var min innersta och konstanta vilja, och det som var viljan för stunden, ögonblickets lust; att lyssna till den ena rösten och att ringakta den andra. (27)

I was very ambitious as a child. I learned to control myself early, to distinguish between my innermost, constant will and a momentary impulse, a fleeting desire, to listen to the one voice and disregard the other. (11)

When Glas decides to listen to his constant will, he feminizes himself through narrative voice. By listening to one of his inner voices and despising “the other,” he aligns himself with the passivity, read as a feminine trait at 1900. Glas’ actions resemble women because turn of the century society encouraged women to rid themselves of desire and remain pure. Men, on the other hand, were to be aggressive and sexually active. Both these voices that are coded male and female, are voices that speak within Glas. The voices talk to Glas and he answers them. After these voices talk to him, however, Glas always remains passive and never acts. This also codes him as feminine.

Glas possesses feminine traits, even though he voyeuristically sees Helga Gregorius in a fantasy. But the concept of fantasizing is not always coded as masculine behavior. Glas writes that dreams and desires can be linked to young girls:

Men under hela den tiden låg mitt driftliv i en halvslummer, levande nog att väcka obestämda drömmar och begär, som hos en ung flicka. (27-8)

But all this time my instinctive drives were half asleep, aroused enough to awaken vague dreams and desires, like those of a young girl. (11)
In his journal, Glas’s own reflections on dreaming and desire are linked to a young girl’s. Glas associates dreaming and desiring with gender and age. Although Glas is over thirty and a male character, his dreaming and desiring represent his opposite role in society. Glas is middle aged, with the life expectancy rate at 55 in Sweden in 1905, not “young” as his dreams imply (Silverman 65). Glas’s appearance and his perception of himself differ, which allows Glas to be both young and old, male and female at the same time.

Glas’s Inability to Interact with Male Patients: The Patient’s Murder

Glas only writes of one male patient in his journal: Pastor Gregorius. Glas introduces the pastor in his journal in the following way:

[J]ag är ju hans läkare nu liksom många andras, och han kommer till mig ibland med sina krämpor – Se god aften, herr pastor, hur står det till. – Inte bra, inte riktigt bra, hjärtat är dåligt, bultar ojämnt, stannar ibland om nätterna, tycker jag. – Det gläder mig, tänkte jag, du kan gärna dö, din gamla rackare, så slipper jag se dig mera. (8)

[H]e’s one of my many patients, and sometimes he comes to me with his aches and pains.

“Well, good evening, Pastor, how are you?”

“Not well, not well at all. My heart’s bad – irregular heartbeat. Sometimes at night it almost seems to stop.”

Pleased to hear it, I thought. Go ahead and die, you old scoundrel, and I’ll be rid of the sight of you. (1-2)
Glas introduces his will for the pastor to die early on in his journal. Glas never writes of wanting to help the pastor with his heart condition, rather he always clearly wishes for the pastor’s death. This passages uses a complex voice structures. Glas begins with his own voice, seen clearly in the “jag är” construction. After Glas introduces the fact the pastor comes to him with his pains there is a dash marking a shift in narrative voice. At first glance, it appears Glas is recalling his conversation with the pastor, but upon a closer investigation, it is not clear if this voice speaking is really just a fantasy in his head. There are no quotation marks, which would be a stronger indication of Glas directly quoting from a previous conversation. After this real or imagined voice of Glas speaks to the pastor, there is another dash marking the real or imagined speech of the pastor. The real or imagined voice of the pastor introduces his critical weak heart. After the voice of the pastor stops, there is another dash marking Glas’s thoughts. The recording of thoughts in Glas’s own journal is quite odd because Glas marks this point as “tänkte jag” or “I thought.” It is more than striking that Glas’s and the pastor’s conversational voices use the same punctuation as Glas’s thoughts. Thus, on a narrative level, there is a great ambiguity of voice. This ambiguity is the same ambiguity seen in Glas’s male/female, healer/killer dichotomies. The narrative voices in the novella resemble the complicated gender issues of turn of the century society, but topicalizes complex moral situations the reader must weigh.

Gender roles at the turn of the century were rapidly changing. With women gaining more independence through inheritance laws and education, the dominance of masculinity was challenged. This conflict is inherent in Doktor Glas. Glas kills a male character. The two main male characters in Doktor Glas are Glas and the pastor. Although the two men seem complete opposites, as one is a man of science and the other faith, but they actually share many traits in common. First, the public treated both roles of doctor and pastor with declining trust. Secondly,
both men use the same term to hide themselves from problems in their society: duty. It should be noted, however, that when the pastor uses the term “duty” in the novella, Glas recounts the pastor’s words in his journal. Glas’s filter of the pastor’s speech could differ from what the pastor really said or meant.

Glas presents the pastor as his opposite early on in his journal, much like the character difference between Jekyll and Hyde. Bakhtin notes that these contrasting characters allow for a debate between their two world-views (Dostoevsky 28). Glas has a mistrust of pastors and religion. Glas notes this growing distrust when he writes,

Men jag tror, att om jag kunde döda den där prästen genom att trycka på en knapp i väggen så skulle jag göra det. (10)

But I think if I could kill that pastor by pushing a button on the wall, I’d do it. (2)

Glas writes in highly hypothetical language here using “tror” or “believe” and the if-construction to show how heinous this crime would be in his society. He knows killing is morally wrong, especially a man of the church, but yet his distrust and dislike of religion, coupled with the pastor’s beautiful wife, cause him to want the pastor dead. I suggest this death wish symbolizes the changing influence of religion at the turn of the century from its former role in creating laws.

Glas is concerned with morals and society in his journal, but not on a medical level. He categories the morals of his time when he suggests:

Aldrig har jag haft en så stark känsla av att moralen är en karusell, som går runt. (50)

Never have I felt with greater force that morality is a spinning merry-go-round. (22)
Glas makes this comment during the July 2nd entry after he learns Pastor Gregorius raped his wife. Helga, or Glas’s retelling of Helga’s words, gets into a discussion of the role of religion within society. Glas’s and society’s morals are as ambiguous as the character of Glas himself. The merry-go-round metaphor makes morality a carnival ride, which suggests no stable answers and a repeating cycle. The reader is then challenged to explore the moral implications in their own experience. Söderberg reveals the problems in the gendered space of medicine so the audience can reflect on its implications.

Glas attempts to work out these complicated moral issues in rationalizing the pastor’s death. Glas learns Helga could be pregnant with her lover’s baby. Glas writes of this moral dilemma in his August 7th entry, which is the climax of the novella. On this date, the pastor’s death is narrated twice: first, he dreams of the pastor’s death and later apparently kills him. When considering the death of the pastor, Glas fragments his voice. He questions:

Och då: om detta sker – när detta sker – vad så…? Då måste prästen bort.

Alldeles bort. (107)

And then: if this happens – when this happens – what then? Then the pastor must go. Completely. (52)

He first makes Helga’s pregnancy a hypothetical construction with “om” or “if,” but after a dash, this hypothetical changes to certainty with “när” or “when.” The switch from a hypothetical to a certain situation marks an immediate and dramatic shift in Glas’s voice. Again, the uncertain voice questions the certain voice after a second dash about what measures should be taken given the now certain circumstances. The certain voice responds the pastor “must go” and then confirms the immediacy of this in the sentence fragment “Alldeles bort” or “Completely.” The two voices enact a dramatic scene more along the lines of a dramatic play than journal form.
This dramatic scene marks the first steps toward the apparent murder of the pastor and of masculinity. This scene also is reminiscent of Stevenson’s Jekyll and Hyde as Franz notes Stevenson saw “several scenes of his Dr. Jekyll and Mr. Hyde in a dream” (120).

Glas, in this important August 7th entry, both dreams of the pastor’s death and apparently enacts it. He first debates the moral implications of the pastor’s murder with many voices in his own mind. This becomes a push and pull struggle to rationalize his murder. This double narration of the pastor’s death also points to two narrative perspectives for the same event. When the same or similar stories are told within the same narrative, the event should be compared for differences in narrative voice. Glas, who is both male and female, healer and killer, represents a fragmented character of turn of the century society. It should be no surprise, then, with all these binaries that the pastor’s death, the critical moment in the work, should be narrated twice. First, Glas dreams of the event:

Ljus!

…Jag reste mig i bädden och tände ljuset på nattduksbordet. Jag kallsvettades, håret klubbade vid pannan… Vad var det jag hade drömt?

Återigen detsamma. Att jag dödade prästen. Att han måste dö, emedan han lukttade lik, och att det var min plikt som läkare att göra det… (104)

Light!

…I sat up in bed and lit the lamp on the night table. I was drenched in sweat, my hair stuck to my forehead… What had I dreamt?

Once again the same thing. That I killed the pastor. That he had to die because he already stank like a corpse; and it was my duty as a doctor to do it… (50)
There are many voices in this passage. First, the exclamation “Ljus!” announces the scene and should be regarded as a voice separate from the “Jag.” Glas has just woken up from a dream and struggles to remember what his Hydian side, the voice of new forms of masculinity, was expressing. Glas’s dream voice separates him from his logical, doctor side and is confirmed when he asks “Vad var det jag hade drömt?” or “What was it that I had been dreaming?” because it functions as a conversation with the self. Glas asks his dream side to talk with his rational side. In this manner, Glas engages with a discussion of the problems of a gendered society, by what he feels he cannot act upon. Glas’s voice switches in the next paragraph to that of his dream side; these are incomplete, fragmented sentences:

Återigen detsamma. Att jag dödade prästen. Att han måste dö. (104)

Once again the same thing. That I killed the pastor. That he had to die. (50)

Glas presents his fantasy voice as fragmented speech. Fragmented speech links the fantasy/dreaming side of Glas to insanity. Glas’s dreams are habitual as seen in Glas’s use of the term “Återigen” or “Always and always.” Glas describes this murder in the past tense, which is then qualified with “han måste dö.” In English, “han måste dö” is translated in the past tense “he had to die,” but the use of “måste” in Swedish could be translated as “he had to die” or the present tense “he has to/must die.” Glas’s ambiguity makes it unclear if this is a completed action in a dream or a call to commit the crime in reality. This ambiguity also makes it unclear which voice is speaking because it is unclear if his Hydian side wants this death or if the Jekyllian Glas is confirming this action. This is why the multiple voices in the text are critical in breaking down the characterization of Dr. Glas. Glas’s sides of himself constantly work against one another until the death of the pastor. Just stating “he must die” provides no logic into why
the pastor must die and presents the reader with a troubling ideology because the crime is not packaged along straight-forward or logic-based reasons.

In following voice structures in the novel, Glas borders on madness. Fragmented speech is a trait shared with schizophrenia. As Sass suggests, schizophrenia was the mental disorder, which received the most attention around the turn of the century (13). The use of multiple voices, or polyphony, is completely uncharacteristic of a journal. When Söderberg deviates from typical journal structure, he allows the polyphonic Glas to debate a new man:

-Nej, tyst, det är nog, var tyst…!
-Kan en man låta den som han älskar skändas och smutas och trampas inför sina ögon?
-Var tyst! Hon älskar en annan. Det här är hans sak, inte min.
-Du vet att du älskar henne. Alltså är det din sak.
-Var tyst! …Jag är läkare. Och du vill att jag skall smyga döden på en gammal man som kommer till mig för att söka min hjälp!

(113-114)

“No, quiet, that’s enough, be quiet!”

“Can a man allow the woman he loves to be violated, sullied, and trampled before his very eyes?”

“Be quiet! She loves another. That’s his affair, not mine.”

“You know you love her, so it is your affair.”
“Be quiet! I’m a doctor. How often haven’t you spoken that phrase: ‘my duty as a doctor’! Here, now if your duty – I think it’s quite clear. Your duty as a doctor is to help the one who can and should be helped by cutting away the rotten flesh that infects the healthy tissue…” (54-5)

Here, Glas’s voices of fantasy and reason, of want and don’t want, talk to each other. Glas’s doctor / duty voice asks the fantasy side to be quiet. This quieting is much like the silencing done by hiding behind the screen of a doctor’s duty. Glas’s duty side does not want to deal with unpleasant or uncomfortable situations, especially ones that result in a moral judgment on gender. Then Glas’s fantasy voice uses a rhetorical question with morality at the root: should the pastor treat Helga Gregorius, who the fantasy side realizes is Glas’s infatuation, poorly? Helga’s voice certainly could be read into this passage, but it also serves Glas’s desire to rationalize his enemy’s death. Glas’s duty voice cannot deal with this and begs once more for silence. He tries to insert some logic that she loves another and this should be his problem. Glas’s fantasy voice then points out his love for her and claims, through emotion, that it is his problem. This juxtaposes logic with emotion. The doctor should typically be logic-focused and rely less on emotions. For the third time, Glas’s duty voice begs for silence followed by an ellipsis and the screen of duty, but this time it is phrased as “Jag är läkare” or “I am a doctor.” Glas uses this sentence to say because he is a doctor this situation is not his to deal with. Glas’s duty voice also points out the pastor is a patient in addition to his wife. Lastly, Glas’s fantasy voice calls out this screen of a doctor’s duty. This voice blatantly states it is exactly this duty, which compels Glas to help Helga. It implies Pastor Gregorius is “det ruttna köttet” or “the rotten flesh” that spoils the healthy Helga.

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20 In Flucht in die Finsternis, Robert also builds towards such a murderous event.
Conclusion

Dr. Glas embodies conflicting voices showing different orientations. These perspectives show both male and female patient interaction and the doctor’s self interaction. While the work is composed in journal form, the August 7th entry stands out for this extreme and experimental use of voice. The typical journal does not involve multiple voices of fantasy and duty, debating the murder of a pastor, however morally flawed either men are. The August 7th entry not only has the two voices of Jekyll and Hyde, but also the “jag” that briefly mediated the two, the personification of morality as a character and the voice of society interjected through what is seemingly Glas’s perspective. This is also what makes this work so complex in terms of exploring the morality of murder. In earlier works, Stevenson separates Hyde from Jekyll, but Söderberg does not have this stark separation. Glas lacks Jekyll’s physical transformation, which would absolve him of the crime. But at the same time, both the polyphonic Glas and Hyde allow for a new space to begin a discussion on the role of masculinity in modern society. Glas’s introverted state makes any concept outside of his own reality shocking and leads to an instable makeup (Sahlin 106-7).

Glas’s first person “jag” narrates his perspective, but because of the many voices inside and outside of him the novella is controversial surrounding the notion of gender. Glas’s own thoughts alarm him as they creep in. His thoughts present shockingly new perspectives to his introverted, isolated state. Glas’s narrative voice views him introspectively, which is why Söderberg calls attention to the first time something happens or the frequency of the event. Söderberg makes Glas the filter through which the story is related to the reader. Glas’s thinking is juxtaposed with his fantasies, which should be removed from all patient interaction. At the same time, it creates a
fictionalized space for the doctor to meet his patient in a way he cannot do in reality. When thought and fantasy are brought together in dramatic form, the murder is committed.

The blurred lines of “I,” society, dream, fantasy, and reality are as ambiguous as Glas’s character. The entry for August 7th is a critical portion of the work; this is the date where Glas dreams, debates and plans out how he would kill the pastor through Helga’s manipulation of him. As each voice speaks for Glas, Glas becomes absent in the story of his own life. His lack of voice represents his narrative death. Glas is present in work because he is the protagonist, but as he loses his own voice he becomes absent. This is how Glas can be read as living dead.

In presenting many complex voices, the ideology of the text is varied and ambiguous. Since the journal does not promote one specific or clear ideology or agenda, it should not come as a surprise that Glas never clearly states his opinion on anything. This is what leaves readers so troubled by the gendered moral situations such as murder, abortion and homosexual tendencies presented in the work. It is not clear why the pastor must die, it is not clear if euthanasia is acceptable, it is not justified if abortion is ethical; what Söderberg presents is a complex work tackling complex issues.

With Glas both absent and living dead, no better than a ghost, by the end of the story, Glas closes his journal on a note of emptiness. Glas writes of the snow:

Den skall vara välkommen. Låt den komma. Låt den falla. (181)

It will be welcome. Let it come. Let it fall. (90)

Like in the rest of the journal entries, Glas portrays himself as passive. Passivity ends the journal on a feminine note as masculinity has been murdered. The passive “låt” signals an acceptance of

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21 The death statistics for the week of August 6-12, 1905 show five deaths from organic heart failure – one of the highest for the week (SvD 8/23/1905 p. 3).
his fate and a resignation to inactivity.

Söderberg shows the crisis of modernity and masculinity through his experimental narrative form, while exposing real problems of gender. Glas, through multiple voices and an ambiguous state no longer exists by the end of his own journal. Glas’s polyphony demonstrates his healer/killer, doctor/murderer, hero/victim, heterosexual/homosexual, alive/dead and man/woman sides. The lack of Glas’s own voice is made more complex by looking beyond Glas’s Jekyll/Hyde states. His “jag” voice, the concept of duty and the voice of society, are means by which he hides from the real turn of the century problems such as abortion and rape. In addition to these voices, the August 7th entry narrates the pastor’s death twice: once through dream and once through the cacophony of voices. Söderberg and Glas never present answers to these complex problems of religion, medicine and ethics, but by presenting the issues through a complex narrative voice structure allow the reader to contemplate their own beliefs.

While Glas has the potential to hide from himself in his work, the patient also can hide from work in mental illness. In Schnitzler’s Flucht in die Finsternis, mental patient Robert avoids his governmental job, by his flight into madness. Instead of the murder of a patient, the tables are now turned to reveal the murder of the doctor. Even though Glas represents a doctor and Robert a patient, the two men share much in common through the use of multiple voice forms, anxiety about masculine roles, the ambiguous state of both victim and perpetrator and the death of bourgeois success.
CHAPTER 3
THE PATIENT’S LOSS OF VOICE IN THE DOCTOR-PATIENT RELATIONSHIP:
SCHNITZLER’S FLUCHT IN DIE FINSTERNIS

»Affäre Rolf?« Robert stand das Herz still. Was hatte das zu bedeuten: Affäre
Rolf? Hatte das einen Bezug auf ihn? War er in irgendeine Sache verwickelt, ohne
es zu ahnen? Paula? Sie sind gestern beide abgereist. Mutter und Tochter. Es war
vollkommen ausgeschlossen, daß er Paula umgebracht hatte. Fassung, Ruhe! Was
war das wieder?! Er hatte doch nie jemanden umgebracht. Das stand ja fest, er
wußte es – nie. »Was ist das für eine Affäre?« fragte er ruhig. (53)

“The Rolf affair?” Robert’s heart stood still. What could that mean, “the Rolf
affair”? Was that a reference to him? Was he involved in some sort of scandal
without suspecting it? Was Paula? They had both left yesterday, mother and
daughter. He couldn’t have killed Paula – it was completely impossible. Get hold
of yourself! Quiet! What was that again? He had never killed anyone! That was
certain, he knew it – never! “What kind of affair?” he asked calmly. (45)

In this scene, the mentally unstable protagonist of Schnitzler’s Flucht in die Finsternis (Flight
into Darkness written 1917), Robert, panics when he hears his fiancée’s last name involved in a
scandal. As Robert’s confusion grows, he is concerned he perhaps killed Paula, but dismisses the
notion. Voice functions in a complex manner here, which indicates Robert’s increasing self-
censorship in the passage above. While Robert suggests he is panicked by the news internally, in
speaking with the doctor, he asks questions calmly as to hide the panic from the medical
professional. Such modes of hiding his true internal state lead to his murderous act. Robert’s
internalized speech results in a number of questions in the passage above, which suggest his panicked internal state. Terms like “Fassung” and “Ruhe” mark Robert’s attempts to calm his inner state. At the same time, Robert does not wish to project this image to the outside world, especially to the character Dr. Leinbach, who is both Robert’s friend and doctor. Robert is concerned with his appearance to others, especially those trained in medicine. The novella rests on concepts of agency and power in determining Robert’s future. Robert’s letter to his brother the doctor, Otto, asks Otto to make his death quick and painless if he were insane. The letter functions as the threat propelling the narrative. As the narrative develops the contents of the letter mean less than the power it has over Robert.

Robert’s loss of agency causes him to attack what he finds threatening. This novel suggests crime to be linked to Robert’s mental state. The term “ruhig” describing his spoken question indicates how Robert misrepresents his inner state. Robert believes his madness must be concealed. The concealment functions much like Stevenson’s Dr. Jekyll and Mr. Hyde as Robert sees two sides of himself. Leinbach discussed these two sides in reference to Robert’s vision. Leinbach tells Robert: “eine Seite ist bekanntlich immer schwächer als die andere. Die sogenannte Symmetrie der beiden Körperhälften ist überhaupt eine Fabel, das weißt du doch” (21) / “Everyone knows that one side is always weaker than the other. The alleged symmetry of the two halves of the body is just a myth, you know that” (18). This passage shows not only Robert’s internal thoughts directed at himself, but also the contradicting spoken voice looking for confirmation of his innocence. While Jekyll knows Hyde’s crimes, Robert seems to deny his capacity to commit murder. Here, Schnitzler implies Robert could be capable of murder, which is confirmed at the end of the novella. Just as Schnitzler uses a complex voice structure to show Robert’s evil potential, Stevenson also foreshadowed Jekyll and Hyde’s unity through voice.
Otto is Robert’s antithesis. Otto is a doctor, married, has children, and is therefore successful. Robert, by contrast, is ill, unable to remarry, and unable to keep his governmental job. At the same time, however, Robert and Otto share a close connection through kinship and this proximity is marked in the text through the representation of the mirror scene, in which Robert and Otto are compared.

The mirror visually represents the bond between the brothers. Doctors are typically regarded as observers and Schnitzler also emphasizes concepts of seeing and of the eye. Otto tells Robert that Robert’s eye-twitch is not caused by a bodily illness, but rather Robert’s mind unconsciously causes the twitch because he worries about the twitch. Otto tells Robert: “Und durch deine wiederholten Versuche, die Bewegungsfähigkeit deines Lids zu prüfen, hast du dir jetzt dieses Zucken angewöhnt. Denk nicht mehr dran, so wird es von selber aufhören” (61) / “Because of your repeated efforts to test the mobility of your eyelid, you’ve gotten in the habit of twitching. Don’t think about it anymore – then it will go away of its own accord” (52). This passage is important for two reasons: first, it may suggest Otto could be under a delusion about his brother’s true mental state and secondly, it also suggests the resolution of the novella. To Otto, the mere act of thinking about something causes its existence. In this example, it is the eye-twitch. By the end, Robert’s thoughts concerning a threatening death bring about not only his, but also Otto’s death.

This project examines doctor-patient relationships, but Robert is never hospitalized nor does he visit a doctor’s office. I define Robert as a patient through Schnitzler’s terminology used throughout the novella. Clearly, Robert is an individual who is suffering and needs treatment. At the beginning, Robert comes back from a six-month spa in Italy (10, 7), which he refers to later as “Krankenurlaub” (78, 65), where doctors commonly sent patients for a period of rest and
recuperation. Robert took a leave of absence from his governmental office for these health reasons. The story references many terms related to mental health, such as: krank, krankhaft, Geisteskrankheit, Nervenkrankung, Wahnsinn, and Verfolgungswahn. These terms suggest Robert’s ill state and his role in relation to doctors.

At the same time, however, Robert works to avoid the commonality of being a patient. He asks Dr. Leinbach to meet him in a café, which represents Robert’s desire to be separated from common ill patients in a medical setting (79, 67). In this chapter, I explore voice in the doctor-patient relationship to show the doctor’s power in diagnosing the patient. The patient feels he loses his voice in the doctor-patient power dynamic. This loss of voice is also indicated in political laws and regulations in the panicked hallucination scene in court where Robert must defend his sanity to the judge. Schnitzler’s use of free indirect speech shows Robert’s thoughts, but during the final scene the reader does not have access to Robert’s inner reflections. This distancing voice effect indicates Robert’s declining mental state and how he perceives his own agency in relation to doctors.

Robert attempts to keep his agency and authority by not entering the doctor’s space, even though he requires the doctor’s council. While Robert has concerns about his mental state, he fears hospitalization and mental illness. In free indirect speech Robert thinks: “Indes kann ich im Irrenhaus längst wirklich verrückt geworden sein” (90) / “By that time I might long have gone really crazy in an insane asylum” (76). Robert thinks this near the end of the novella right before his suggested plan to run away with Paula. These references in terminology and Robert’s mental
state through narrative form indicate his state as unstable, if not ill, although he works not to be officially labeled as “patient” as one would find in a clinical setting.  

Schnitzler as Doctor-Author and His Research on Aphonia as a Literary Device

Schnitzler began his work as a doctor in 1879, studying under many of the same professors as Sigmund Freud (Herzog 229). While working as a physician, he published in medical journals on topics he raises in his later literary career, Flucht in die Finsternis. While this work was not published until 1931, the year of Schnitzler’s death, Weiss suggests it was completed in 1917 (381). Schnitzler worked on the science of aphonia, or lack of voice in his medical practice (Herzog 230). Lack of voice in the narrative shows lack of agency. As early as 1889, he published an article entitled “Über funktionelle Aphonie und deren Behandlung durch Hypnose und Suggestion” in the medical journal Poliklinik (234). While Schnitzler dealt with the lack of voice scientifically through medicine as early as the 1880s, he uses this concept in his literary writings later. Since Flucht in die Finsternis was completed after Schnitzler’s medical career was over, the form and style of the novella build from Schnitzler’s career in medicine. The final

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22 Schnitzler’s text shows important similarities and differences with regard to other works included in this project. In contrast to Doktor Glas, Schnitzler’s narrative is now patient-centered, although written by an actual medical physician. But similar to Doktor Glas, Flucht in die Finsternis relies on polyphony to convey Robert’s panic. Robert engages in fantasies like Glas, but Robert must defend himself against his doctors. The doctor-patient relationship becomes an uneven power struggle. The doctor controls the patient through treatment and diagnosis; this is also suggested in Skram’s Professor Hieronymus. Unlike Kafka’s patient in “Ein Landarzt,” Robert does not provide insight into the doctor’s faults, but the text suggests patients function in ways similar to accused criminals. Robert feels he must protect himself against attacks labeling him as mentally ill. The diagnosis functions like a judicial sentencing removing Robert’s agency. In one scene in the story, Robert dreams he is in a courtroom and must guard his sanity. This imaginary scene shows how the mentally unstable character functions as a criminal. Robert is guilty for being mentally unstable, but this also hints at his capacity to commit a crime.

23 The English translation of Schnitzler article is entitled “On functional Aphonia and its Treatment by Hypnosis and Suggestion.”
scenes of the novella show Robert’s complete loss of voice. Even though Robert takes action to kill Otto, Robert loses his agency because he suggests the letter to Otto has taken away his options.

In *Flucht in die Finsternis*, the story begins after Robert spent time in a remote setting. Robert’s *Krankenurlaub* breaks with conventions. Louis Sass suggests this rejection of traditional values as Modernist (29). Drawing I Sass, I suggest these traditional values mean more specifically a healthy married individual, with a family, and an upright career. Robert is not capable of maintaining these traditional values and in doing so must break out of this paradigm. Modernism allows the protagonist a means to explore language in a new way as a means to break with older constructions. Sass suggests modernism is a “desire to escape conventional languages” (29). Throughout the story, Robert’s fragmented voice and narration show his mental instability concerning the letter he wrote to Otto. Robert’s increasing paranoia manifests itself in a letter he wrote to Otto indicating his mental state. The contents of the letter state that if Robert shows any signs of mental illness that Otto should make Robert’s death quick and painless (15, 12). The text suggests Otto saw the letter as the work of a hypochondriac and Robert insists Otto carry this out for reasons of brotherly love. Later, Robert thinks of the letter as having power over his life (73, 61). Although the letter suggests Otto should kill his brother if he were to turn mentally ill, the letter is more about its threatening power than its suggestion of euthanasia. One reason why Robert wrote the letter is because he notes another man who went insane and tries to avoid his fate. In the end, Robert’s fiancée leaves due possible hints of Robert’s instability. Robert suggests to her they run away together, but she never appears at the train station. Instead, Otto finds Robert and Robert shoots him. Robert is also later found dead, presumably he committed suicide.
With Robert’s suicide and Otto’s murder, Schnitzler topicalizes the mind and its imbalance. Scholar Hillary Hope Herzog, who has worked on Schnitzler and medicine, characterizes *Flucht in die Finsternis* as culminating Schnitzler’s study of “the fragility of the human psyche, which he began early in his career” (236). She takes a different approach than the scholarship before her. Herzog focuses her research on Schnitzler’s works after the 1988 publication of Schnitzler’s personal journals. She points out Schnitzler’s “relationship to medicine has been relatively neglected in Schnitzler scholarship” and scholars have viewed his occupations as a doctor and writer as “successive careers” (227).

Herzog reads *Flucht in die Finsternis* as “depict[ing] the tensions between the fragile individual and the external forces whose value and authority [Robert] has internalized, but whose demands he cannot meet” (236-7). She focuses on Robert’s self-reflexivity as part of an internal-external system as suggested in the earlier publication by Tarnowski-Seidel. Herzog suggests

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24 Other scholars, such as Politzer and Weiss, explore the roles of psychology and psychoses in Schnitzler’s works. Weiss, unlike Politzer, does include *Flucht in die Finsternis* in his discussion and focuses his reading of the novella to medical symptoms in the text, which could lead to a diagnosis of psychosis (381). Other scholars like Andrew Wisely, focus on Schnitzler’s works in a moral / humanist sense using Sigmund Freud and stress Schnitzler’s early works. Theodor Alexander points out in his research Schnitzler reviewed Charcot’s work via Sigmund Freud’s translation focusing on the scientific linked to the supernatural (164). Schnitzler was interested in “dreams and visions, prophesies, and telepathy” even in his early work (164). *Flucht in die Finsternis* is not discussed in Alexander’s research, but points to a void where insanity, a scientific state, is the cause of visions and prophesies. In this manner, the supernatural elements Alexander categorizes are made realistic and part of the scientific.

25 Before the publication of Schnitzler’s journals, Heide Tarnowski-Seidel was granted access to them and published *Arthur Schnitzler: Flucht in die Finsternis, Eine produktionsästhetische Untersuchung* to explore Schnitzler’s life and writings. She suggests Schnitzler used his journals as an experimental form of writing by describing a dream he had “wobei zwischen Innen und Außen nicht mehr unterschieden wird” (22) / “which between inner and outer could no longer be decided” (translation mine). She also points to Schnitzler’s own “Ich-Losigkeit” in his entries in the later half of the 1890s (23). Although Tarnowski-Seidel does not directly relate the concepts of “Ich-Losigkeit” to “Selbstbeobachtung,” she includes self-reflection as critical to Schnitzler (26). Drawing on her suggestion of the importance of these two areas to Schnitzler, I suggest the loss of self is directly related to self-reflexivity. At first glance, this seems like a paradox, but
Schnitzler’s focus on Dr. Leinbach shows the “complexity of this individual case” (239). She asserts the complexity can never be understood fully because of Robert’s mental state and the fragmented narration. Drawing on Herzog’s interpretation, I focus on the systematic nature of Leinbach’s final comments. The quote “Eine Flucht ins System aus der friedlosen Vielfältigkeit der Einzelfälle” (115) / “A flight into systemization away from the unsettling complexity of individual cases” (98) shows how Robert’s situation can be lost as medicine becomes more systematized when doctors cannot handle the complexities of the individual case.

Schnitzler uses first, third and even the rarely used second person to present conflicting and unstable information. Most of the story is told from Robert’s perspective, although it rarely uses the first person. Readers cannot discern truth and piece together character information by fragments. Even for the literary researcher, this can be a daunting task. It is often necessary to diagram characters with different traits in order to keep the characters apart from one another. The text’s narration proves unreliable. The novella moves in and out of free indirect speech, where the thoughts of the main protagonist are conveyed. As the introductory quote shows, Schnitzler juxtaposes multiple discourses to access Robert’s own thoughts. These discourses include dreams with direct quoted speech, indirect speech, the German word “man,” proverbs, Dr. Leinbach’s journal, legal terminology, newspapers, letters, telegrams, and even, at times, music. By mixing these discourses, voices and perspectives, it is difficult to ascertain the speaker’s source of enunciation. This multi-destabilizing narrative technique mirrors Robert’s own movement into insanity.

because the character is so concerned with how others perceive him, he self-reflexively views himself through others. Robert defines himself by how others perceive him, all of which he internalizes, but ultimately cause him to lose his own personal identity.
Narrative Voice and the Jekyll-Hyde Structure

Narrative voice in *Flucht in die Finsternis* is complex, but Robert perceives of concepts in binary terms. Robert may suggest items can be labeled by two opposites, such as good or evil, but these binaries are an oversimplification. During a critical scene Robert remembers a letter, a tangible document that would prove his sanity. Here, the narrator suggests now Otto must decide which of the two binaries Robert represents. This is imagined as a comparison between him and his brother:

Was zwischen ihnen sich entsponnen, rätselvoll und tief, vielleicht in früher Kindheit schon, dieses Ineinanderspiel von Verstehen und Mißverstehen, von brüderlicher Zärtlichkeit und Fremdheit, von Liebe und Haß – es mußte endlich zum Austrag kommen. (85)

Whatever had happened between them, enigmatic and deep, perhaps even in early childhood, this interplay of understanding and misunderstanding, of brotherly love and alienation, of love and hate – all that had finally to be expressed. (71-2)

Just like the Jekyll and Hyde structure, Schnitzler uses the two opposite brothers as a means to link them. While Otto and Robert appear to be opposites - upright citizen and unproductive patient - they are connected through their brotherhood. Schnitzler also links them with the term “Ineinanderspiel.” The term, “Ineinanderspiel,” functions like Robert’s binary way of perceiving society. Schnitzler indicates how the binaries in the story should be read: understanding / misunderstanding, brotherly love / alienation, love / hate. He problematizes understanding and misunderstanding, the true driving forces behind the work. “Ineinanderspiel” or “interplay,” also serves as a fitting concept in understanding how voice functions in the text when voices mix and
blend together. To Robert, the world is healthy or sick, clear or confused, alive or dead
(Schnitzler 85). These binaries break down the simulated doctor-patient relationship when
Robert becomes a criminal with no room between right and wrong. This represents the Jekyll and
Hyde structure, where upright Jekyll places all his negative qualities in Hyde rather than
accepting the interrelation between good and evil.

Schnitzler’s occupation links him to medicine and Stevenson also shared a strong interest in
science, technology, and medicine. The passage above also suggests it could be Robert’s brother
Otto, the doctor, who is insane as a result of the “Ineinanderspiel” between Otto and Robert.
This question results from Robert’s perspective. Since the novella is told from Robert’s
perspective, it suggests Otto holds the power to choose his own or Robert’s mental state. Robert
grants Otto agency over his life through the letter. The ambiguity between sane and insane
enriches and complicates a reading of Flucht in die Finsternis.

Otto and Robert represent two sides of a complex concept like Stevenson uses in Dr. Jekyll
and Mr. Hyde. Robert and Otto should be seen as more than just brothers, but also as two sides
of turn of the century society. Robert represents the Hydian side of his doctor brother, Otto.
While Otto embodies correct and normative behavior within society, Robert is made deviant.
Robert wishes to be seen differently than others and his paranoia sets him apart from the other
characters. For this reason, Robert chooses this deviance to a certain degree. In Dr. Jekyll and
Mr. Hyde, Stevenson uses Hyde to collect all Jekyll’s negative and socially deviant traits into
one being. Hyde comes about through the seemingly “good” of Dr. Jekyll’s medical
experiments. It is not clear to the reader until the end of the novella that Hyde is indeed “hiding”
inside Jekyll. At the end of the story, Jekyll kills himself to murder Hyde. In Flucht in die
Finsternis, however, this is reversed. It is the Hyde character Robert who kills the “good” Jekyll
character Otto. Borrowing from the Jekyll/Hyde discourse, it is important to see Otto and Robert as two sides of this struggle in turn of the century society. This suggestion is supported both by textual references of the mirror and through narrative voice.

At first glance, Robert’s role as patient and Otto’s as doctor seem to conflict with one another. While Otto is not directly Robert’s doctor, Robert’s mental state and Otto’s occupation bring them together. Jekyll and Hyde are the same person, which links them. This mirroring of two sides of the self is also seen in the role of doctor and patient. While these roles seem contrasting at first, Robert challenges which person actually plays what role. The doctor is considered the patient and the patient can be read as the doctor through narrative voice. This brings the two roles into the same confused entity; the doctor and patient merge together. In the voice of indirect free speech indicating Robert’s perspective, the mentally unstable Robert suggests this interconnection early:


But didn’t doctors make mistakes too? Couldn’t they themselves become insane and in consequence mistake a sane, healthy person for an insane one? And wasn’t each one in either case delivered helplessly into the other’s hands – the [sick] to

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26 This is like Glas and Pastor Gregorius suggesting opposites of medicine and science.
the [healthy] and the [healthy] to the [sick]? At this point Robert forcibly pulled himself back. (13)

This passage begins with free indirect speech, which simulates a space between the first and third persons. The question of the doctor’s mental state equates the doctor as no better than his patient mentally from Robert’s perspective. Even worse, the doctor could be insane while the patient is healthy. The voice used in this line of questioning determines how it should be interpreted. This cannot be considered the first person for Robert because the first person pronoun “Ich” or the possessive “mein” are not used. The lack of first person narration can also trick the reader into inferring doctors as ill, but it suggests from Robert’s mentally unstable perspective that doctors are ill. Rather, through the rhetorical device of free indirect speech, the reader is left to wonder where the question comes from and leaves the issue for the reader to ponder throughout the rest of the text. The text questions if Robert or Otto is the insane character. The use of question marks, the dash, and the sudden return to the third person with “Robert” in the last sentence makes this even more ambiguous.

**The Doctor as Patient and Patient as Doctor**

While Dr. Leinbach’s voice is the only remaining one by the end of the novella after Robert’s and Otto’s deaths, the doctor and patient status of the brothers remains central to the story’s plot. As Robert slips deeper into madness, Robert suggests it is the doctor who is sick, not the patient, because the patient can never make himself understood to the doctor. Robert talks to Otto about the letter, but even after Otto returns the letter, Robert still feels it as a threat as he assumes Otto has had a copy notarized. At the same time, Otto can be read as creating a delusion when he suggests Robert’s eye twitches are caused by thinking about them. Otto fails to recognize the
extent of Robert’s paranoia. Leinbach also tells Robert Otto suffers from depression (81, 68).

Otto’s wife, too, has noticed changes in her husband’s appearance over the last couple of days and Robert stretches this even further to suggest,

als hätte in der letzten Zeit Ottos Gang und Haltung einen eigentümlich
veränderten Charakter angenommen. Sollte er kränker sein als ich, dachte Robert?
– Er – der Kranke – er allein? (73)

As he remembered it now, it even seemed to him that Otto’s manner and behavior toward him had strangely altered recently. Could he be more disturbed than I am? thought Robert. Otto the sick one? … Otto alone? (62)²⁷

A phrase, such as, “dachte Robert” / “thought Robert,” marks a switch that has occurred in voice from the 3rd person to first person without quotation marks. Then, breaking with traditional structures of the novella, Schnitzler uses a series of dashes around fragmented words: “– Er – der Kranke – er allein?” (73) or “– He – the sick one – he alone?” In the beginning of the novella, Schnitzler structures the concept of the doctor as patient into a fully developed question, but by the end only fragments of the question remain. Using the dash marks also creates a continuum between the words “er,” “der Kranke” and “er allein.”²⁸ The mixing of voices becomes ambiguous who the “er” can be read as: Robert or Otto. The English translation of the novel hypercorrects this to suggest “Otto the sick one?” but the German is less direct and does not use the name “Otto” and simply uses the masculine pronoun “er” or “he.” Schnitzler uses multiple

²⁷ Note the English and German use very different punctuation forms as the English translation attempts to “correct” some of the confusion of Schnitzler’s original work.
²⁸ This use of the dash will come up later as a way of equaling two concepts together.
voices to link Robert and Otto like Jekyll and Hyde. This linkage occurs through punctuation and ambiguous language.

Punctuation and fragments create the confusion of voices highlighting Robert’s mounting panic. After Paula Rolf, Robert’s love interest, abruptly leaves town, Robert panics because he is unsure of the reason. For Robert, this panic is intensified because he will be placed in a mental institution, or as he believes, killed by Otto, if he shows any signs of mental illness.

Thus, Robert’s main concern is not to be perceived as ill, but still retain the part of the illness that makes him different from everyone else. The passage where Robert speaks to Dr. Leinbach about Paula’s departure quoted at the chapter’s introduction highlights his desire to be seen as healthy.

Looking more closely at this passage on a narrative level, upon hearing “Affäre Rolf,” Robert panics, which shifts again into free indirect speech. The use of multiple questions causes a sense of confusion both on the part of Robert and the reader who is trying to follow along. Even the suggestion that Robert could have killed Paula adds a sense of Robert’s unreliability and potential power to harm someone. Robert’s articulation is marked by direct speech in quotation marks and it suggests he asked this “ruhig” or “calmly.” The reader knows what was going on in

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29 As Bakhtin suggests, hysteria only results in novels where the protagonist cares what others think of him (Dostoevsky 54).

“The Rolf affair?” Robert’s heart stood still. What could that mean, “the Rolf affair”? Was that a reference to him? Was he involved in some sort of scandal without suspecting it? Was Paula? They had both left yesterday, mother and daughter. He couldn’t have killed Paula – it was completely impossible. Get hold of yourself! Quiet! What was that again? He had never killed anyone! That was certain, he knew it – never! “What kind of affair?” he asked calmly. (45)
Robert’s mind with the sudden round of questions and hints at his destructive nature. The calmly asked question is now a show for Dr. Leinbach. Robert knows he must keep his insanity in check by uttering questions in a calmer state than his internal narration suggests. The signs of madness result in Robert’s death because of his letter to Otto.

Finally, Leinbach reveals Robert has not seen the newspaper yet. Paula’s father has been involved in shady business deals concerning deposits and embezzlement. Robert believes the voice of the newspaper, which quiets all the questions he had before. Even though Robert does not read the article himself and has his account from Leinbach, the mere suggestion it was in print calms Robert into belief. There is, however, some conflicting information in the conversation between Leinbach and Robert, which suggests his perception as false. Robert reveals Paula and her mother had been in Semmering the day before and Leinbach responds: “So – die waren hier? In der Zeitung stand allerdings, sie seien von Wien abwesend . . . ja . . .” (53) / “So… they were here? It did say in the paper that they weren’t in Vienna… Yes… (45). The dash, the question mark, the ellipses and the “ja” all function to undermine what Robert said about Paula being in Vienna yesterday. Leinbach uses direct quoted speech, which gives the sense the reader can trust his disbelief and it is not presented through Robert’s thoughts or free indirect speech. The telegram and the juxtaposed newspaper article present new voices, which add to the many voices in the text. It is difficult to discern trustworthy information, but written forms seem to suggest a more factual source. Paula Rolf and her family’s concerns seem of little importance to the news other than to sell papers due to the scandal of her family’s economic misfortune. Although the novella does not question the article’s inclusion in print, it seems to suggest the newspaper has printed more gossip than facts as it reveals the details of the family’s departure. The court and civil service were not among the most progressive areas around 1900
(Hacohen 179). Both nationalism and religion made this difficult with their stress on tradition (179).

The Publication of Personal Information: Invading the Patient’s Private Life

Robert also has his own information published, which suggests an even more personal nature. When Robert seemingly commits suicide after killing Otto, his own writings are taken to court and later published. Robert’s notes are found, but never given to the readers of Flucht in die Finsternis:

Die Aufzeichnungen, die man in seiner Reisetasche fand, wurden dem Gericht übergeben und auszugsweise veröffentlicht. Der Fall in all seiner Düsterkeit lag so klar wie möglich: Verfolgungswahn, wer konnte daran zweifeln? Doktor Leinbach aber hatte seine eigenen Gedanken darüber, und er zögerte nicht, sie seinem mit Sorgfalt geführten Tagebuch anzuvertrauen. (114)

The notes that were found in his suitcase were handed over to the courts and extracts were published. The case, in all its melancholy, was as clear as it could be: paranoia. Who could doubt it? Dr. Leinbach of course has his own ideas about it, which he didn’t hesitate to confide to his carefully kept diary. (97-8)

In this manner, the novella uses Robert’s personal writing, which he completes as a private diary, but is instead published for the public. The protagonist is no longer an individual at the turn of the century. Like Paula Rolf’s exposure, so too must Robert’s own personal writing be printed. It should be noted the German “Verfolgungswahn” means “persecution mania” placing the term in a psychological / medical framework. The English “paranoia” generically labels this. The
doctor diagnoses Robert by his mental condition. Moreover, Schnitzler notes Robert’s writings are not published in full, but in extracts. This suggests the readers do not get the full story, but rather a sensationalized version highlighting what the newspapers find most interesting. By editing Robert’s work, only fragments remain. This is not unlike Robert’s own voice by the end of the novella. Schnitzler uses more and more dashes because Robert speaks in stunted and single words. After Robert’s death his only voice is in the words he wrote. This demonstrates how Robert’s identity fades through narration.31

Robert does not know his own fate though because he lacks a diagnosis. The doctor maintains his agency over the situation. The later courtroom scene suggests a parallel where the doctor’s diagnosis becomes the judge’s verdict. This suggests a strong tie between health and the state. Now the doctor and the judge become one entity. At one point Doktor Leinbach is referred to as “[der] unbestechlichste Richter” or “the most incorruptible judge” (78;66). However, if this was the only reference to the doctor as part of the legal system, this would make for a weak argument in Flucht in die Finsternis, but Robert also dreams of a courtroom scene earlier in the work. In this dream, which can be read as a by-product of Robert’s growing insanity, Robert represents the defendant who must differentiate between his illness and his criminality. With the changing definition of sickness, the question of the patient as a criminal is raised. Works like Schnitzler’s

31 Robert’s notes are then compared to Doktor Leinbach’s “mit Sorgfalt geführten Tagebuch” or “carefully kept diary” (114; 97-8). The doctor’s work is careful and logical, whereas Robert’s journal must show him going deeper and deeper into madness. The narrative voice assures the readers Dr. Leinbach has an opinion on Robert’s case and diagnosis. Leinbach does not share these with Robert directly, but rather in writing. The doctor does not trust Robert to aid in his own diagnosis. Leinbach tries to keep this unknown suggesting a hidden element to the story. Criminal/Horror narratives often function on what the audience can see and what is hidden from view.31 Gunning suggests Fritz Lang’s criminal films “undermine a sense of moral and mental equilibrium and a calm rational sense of the self” (90). This is also true in Schnitzler’s narrative, where Robert’s mental state suggests this imbalance in sense and morals.
begin to suggest that while the ill may commit crimes against the laws written by society, the motives for the actions are different. In one such scene, Robert begins to question if he killed Alberta: “...ob er nicht wirklich, von wühlernder Eifersucht übermannt, zu einem Schlage gegen sie ausgeholt – ob er sie nicht gar erwürgt und nachher unter verwittertem Laub versteckt und eingescharrt hatte?” (30) / “Had he, overwhelmed by a jealous fury, struck her down? Had he perhaps gone so far as to strangle her and bury her beneath the faded leaves, hiding her body?” (24). In this passage Robert’s mental state shows he is unsure if he has committed a crime. The free indirect speech and the use of questions not only demonstrate Robert’s unstable mental condition, the narration also points to mental illness’s link to criminality.

The Link Between Insanity and Criminality

Robert is sensitive to the connection between insanity and criminality and often, due to the insanity, believes he has killed his wife, Brigitte, or even Alberta, his fiancée. In this scene, Robert dreams or enacts a roleplay where he must speak in front of a jury. It begins from the narrator’s perspective, “Gleich darauf sah er sich vor Gericht stehen als Angeklagten” (48) / “Immediately afterward he saw himself standing before a judge as an accused criminal” (40). This scene starts with the narrator voice in the third person “Er” or “he” form blending into free indirect speech. The voice clearly indicates “er [sah] sich” meaning the audience is given access to Robert’s inner thoughts and perspective. Then without any type of punctuation such as quotation marks or even a dash, the text immediately switches perspectives. The sentence “Es ist

32 Robert Louis Stevenson made this link between insanity and criminality in his Mr. Hyde figure. When the figure of irrationality is let loose on the streets of London, he commits crimes, namely murder. Doctor’s misdeeds and crimes committed by the mentally ill bring about the intersection of illness and crime.
33 It is interesting that he normally believes he has murdered women. This is reminiscent of the Whitechapel murders of Jack the Ripper because the killer clearly targeted women.
nur ein Wahn von mir” (48) / “It’s only a delusion of mine” (40) marks the unannounced change to the first person. The sentence invoking “Wahn” or “delusion” indicates the change from third to first person has much in common with Robert’s increasing insanity because this shift in narrative voice links to the content of “Wahn” in the sentence. This statement is also directed at “meine Herren Geschworenen” or “my gentlemen of the jury.” By addressing the jury, Robert is seen as not mentally sound because this role-play of the courtroom has not been introduced, but rather it is simply enacted.

Schnitzler confuses the reader by not first describing the setting, which highlights Robert’s insanity. The jury and courtroom setting have not been announced at this point. Robert’s plea to the jury, another voice or presence in the text, seems to be a call to the readers to understand things from his perspective as if the reader has now assumed the jury role. Schnitzler invites the readers to be the jury now because this is a fantasy courtroom, not even a real instance within the text’s narrative. Robert importantly announces in the first person that he is sick, but that does not make him a criminal. This is one of Schnitzler’s main critiques in the work; criminality and illness should not be equated.34

The *Ineinanderspiel* of voices in the fantasy courtroom marks the heights of insanity shown in this moment. Because this courtroom scene is a delusion of Robert, there is also another unidentified voice noted as “eine hohe Stimme” (48)/ “a shrill voice” (40). The lack of assigning

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34 Criminologists such as Cesare Lombroso linked physical traits to criminals, most notably in his work *The Female Offender* (1895). Coded as such, the body became a way to reveal a person’s inner personality – which may not even be known to the person. In this way, the way society views a person also determines how the person views himself. If coded as criminal, then the person has the potential to view himself this way. Further dangerous are the implications from hygienics. As people became increasingly concerned with health and biology at the turn of the century, groups deemed “unhealthy” were in political and mortal danger.
this voice a title gives the voice an abstract nature.35 Without a title, the reader is left to assign the voice a role. From the content, it seems the voice would be that of a prosecutor or questioning judge. The voice threatens Robert and Robert thinks he must defend himself to this voice.36 Because the shrill voice comes from Robert’s own dream courtroom sequence, the threatening voice actually comes from within Robert, which makes a reading of this voice more complex. Fragmented speech is linked to schizophrenia. Sass suggests schizophrenia received the most attention at the turn of the century (13). The voice, while another presence in the text, is one of the multiple voices related to Robert. Robert loses a sense of self as he splits into voices and characters. In this light, Robert can be read as a fragmented self with many voices. It becomes hard to find a line where one can suggest the voice is one of Robert’s own fragmented voices or an outside voice. The ambiguity between where one voice ends and another begins contributes to confusion and the representation of Robert’s insanity.

After the shrill voice speaks, there is a dash marking a pause of shock rather than a shift in voice. Robert tries to protect himself and suggests the American must have killed Alberta because he did not. Robert’s insistence he did not kill her actually raises questions that maybe he actually did kill her. Perhaps the letter from her is not real as well. Schnitzler uses the lack of solid information in the story to create reader confusion. The voice then aptly suggests, “Sie verwickeln sich in Widersprüche, Angeklagter” (48) / “You are entangling yourself in contradictions, defendant!” (40). The contradictions occur not only in content, but also in form. The many voices contradict one another to create a blending of voices within Robert.

35 The voice seems very Kafkaesque due to its abstraction.
36 This is similar to the dream sequence in Doktor Glas where there is a voice accusing him of his love for Helga and Glas must defend himself. But in the case of Doktor Glas both voices are his own.
Robert’s confusion reoccurs throughout the novella. The confusion builds until Otto’s murder. After Otto’s death, the only remaining voices are the narrator and Dr. Leinbach’s journal. Otto has the last spoken quote and then the narrator tells the audience “Robert aber [...] zweifelte nun nicht mehr” (113) / “Robert now no longer doubted” (97). With Otto’s murder, Robert’s confusion ends. His doubt has disappeared. Robert’s episode was motivated out of fear that Otto would kill him for his growing insanity. Ironically, it seems that the threat of death actually causes Robert’s madness. This same type of causality comes in Otto’s diagnosis of Robert’s eye twitch. Otto suggests Robert’s thinking about the twitch causes the actual twitch. Robert’s paranoia Otto will lead to his death can be read as causing his death. Scenes like Robert’s fantasy courtroom come to an end and the narrator takes over the telling. This ultimately shows it is the threat of Otto and the threat of death, which motivates Robert into committing the crime of murder. The letter threatens Robert, which begins Robert’s insecurities concerning Otto’s agency over him. This is made more complex in the doctor-patient relationship because the two brothers share a close bond.

The Close Bond Between Robert and Otto

The threat Robert feels from Otto also shows the strong bond between brothers. In fact, the communication between Otto and Robert helps construct the narrative. Schnitzler uses the term “zwischen” or “between” to describe the brother’s relationship, which shows an incredible bond between brother and brother. Stevenson’s model of Jekyll and Hyde serves as a means to read both the patient and doctor. It is unclear, however, if Otto is a physician or psychologist. Schnitzler writes hypothetically about “Berufspflichten und andere Lebensumstände … zwischen den Brüdern” (5) / “professional duties and other circumstances … between the brothers” (3)
which reveals this bond. This section suggests both brothers have *Berufspflichten* keeping them from each other. But, in the end, the two brothers are so bonded that they always must return to each other. This can be read on a more complex level, suggesting due to the demands and duties there are two sides of the same being that are unable to interact with each other, such as with Jekyll and Hyde.

Ulf Olsson suggests “dubbelgångaren blir verklig” / “the doppelgänger becomes reality” in turn of the century works (*Galen* 17). In the case of Robert, his brother represents his other half or ghostly counterpart. On a psychological level, the representation of the other, allows its opposite to exist. As Stevenson suggests in *Jekyll and Hyde*, the evil Hyde is a part of the good doctor. In *Flucht in die Finsternis*, both sides of Robert and Otto suggest this close connection. At one point in the novella, Robert recognizes a face he has seen in the mirror as the same as his brother’s who had starred at him. This, naturally, marks a growing insanity where Robert begins to confuse people, but Schnitzler also draws the two brothers together with such language:

> Diese Ähnlichkeit war so außerordentlich, so zwingend, daß ihn der Gedanke durchzuckte, ob es nicht wirklich das Bild seines Bruders und nicht sein eigenes gewesen war, das ihm damals warnend oder drohend aus dem Spiegel entgegenblickt hatte. (89)

> The resemblance was so extraordinary, so compelling, that the thought struck him like lightning: [if it] had [not] actually been his brother’s image, and not his own, that had stared back at him [with warning or threat] from the mirror[.] (75)

The similarity, which Schnitzler marks as “so außerordentlich” or “so extraordinary,” brings Robert and Otto together in Doppelgänger form. This realization horrifies Robert because in
himself, he recognizes a part of what he feels is his enemy. Robert’s threat, therefore, actually also resides within himself because he sees his brother’s face as his own. In this passage, the emphasis is placed on discourses of seeing. The term “entgegenblicken” not only stresses the visual means, but also this act of seeing is two ways. The seeing back from the mirror startles Robert, who is constantly paranoid about being observed. Not only does the visual bring the brothers close together, but this is also important to establish because their voices blend together later in the novella.

At the end of the novella, it is Robert who commits the crime of murder. Leinbach suggests in his notes that illness is not criminal, although the murder is a criminal act. He writes his poor friend had an idée fixe he would die and therefore caused it to be (114). Leinbach reads the act with pity seen in his use of the phrase “my poor friend” twice in his passage. Otto’s presence removes some of the guilt readers would place with Robert for committing the act of murder. By identifying victim with perpetrator, the novella presents a problematic critique of crime in society. The victim / perpetrator dichotomy returns the discourse to agency. The perpetrator exerts power over the victim and Robert’s murderous act attempts to reclaim his agency from Otto. Ultimately Robert then makes himself the victim, although through his own decision. This critique suggests Robert’s act of murder should be seen with pity because he did not have a stable mental state. Published personal information makes Robert an object of pity. The text does not directly state a solution to the problems with individual’s rights or how to prevent murder by the mentally insane. The novella does, however, push towards sympathy for Robert by having a Doppelgänger in Otto. This is problematic to blend good with evil such as in Jekyll and Hyde since it suggests danger.
The Doppelgänger Otto represents bourgeois success (Herzog 237) and normative turn of the century behavior by his professional job and his family. Robert, on the other hand, would be deemed a failure by society since he lacks a stable career, relationship, and mental state. Schnitzler links Robert to immoral activities earlier with the threat he feels from the letter in Otto’s possession. In free indirect speech the narrator reports: “Es blieb nichts anderes übrig, als dem Bruder [den Brief] abzuschmeicheln, abzufordern, abzudrohen” (84-5) / “There was nothing to do but get [the letter] away from his brother – by bribery, command, or threat” (71). By bribes, command or threat, Robert wants to get the letter away from Otto. The letter states if Otto sees signs of madness in Robert, Otto is to make Robert’s death quick and painless. Society codes these three acts of bribery, command, or threat as criminal. It would be easy to read Robert’s wish to have the letter as fair because of the strong threat Robert feels from the letter and Otto, but because this story is told through the mind of a growingly insane individual, the reader needs to use caution when examining Robert’s act. The prefix “ab” with these three German verbs, suggests the act of removing something. The threat is both the letter and Otto. Because Robert’s actions are motivated out of fear, they are clearly not a stable evaluation of society.

Robert, the protagonist, is the criminal in the story given his murder and suicide at the end. The readers have followed Robert’s perspective throughout the novella, which differs from Stevenson’s Jekyll and Hyde by telling the story from Hyde’s perspective. The murder at the end should not be so shocking given Robert’s role in society, the threat he feels, and his own thoughts linking him to criminal activities and the courtroom. In this way, the novella foreshadows the events to come and the acts of which Robert is capable. After 1900, more and more novels took on the perspective of the villain or the other of society such as Brecht’s
Dreigroschenoper (Three Penny Opera 1928) or Weiß’s Georg Letham Arzt und Mörder (Georg Letham Doctor and Murderer 1931). In medical narratives, this takes on a special meaning. Authors gave readers a look into the mind of a criminal by identifying with the criminal. These types of stories try to answer why an individual could commit such horrible crimes against other individuals. There is also a danger in stories told from this perspective if readers do not realize they are identifying with criminal characters. Crime fiction has made use of first person narration of the murderer to conceal the villain from the audience. This creates a shocking dramatic effect when the character they trusted has committed an inhumane crime.

The Robert, who questions if he has committed criminal actions, often hides behind narrative voice to cover his mental instability such as the scene where Robert’s thoughts are panicked, but he speaks calmly to Leinbach. Voice has many complex layers in the novella. I suggest these “layers of commentary,” as Herzog phrases it, bring together a Doppelgänger structure of Otto with Robert. This is supported by the novella’s suggestion Robert and Otto are the same face in the mirror mentioned before (89, 75). Even the use of courtroom language derives from Robert’s own mind, but it also shows how laws affect Robert’s future as the law holds him guilty before he can speak for himself. The law sentences him before a real trial. This juxtaposition of outside society influencing Robert’s own personal thoughts creates a great ambiguity in deciding whose voice is speaking and what is true. The ambiguity between outside voices and those of Robert’s hints at and shows Robert’s instability.

Herzog suggests Flucht in die Finsternis utilizes a “multiple perspective strategy, presenting layers of commentary alongside Robert’s own experience of his breakdown” (238). She further suggests bourgeois constraints eclipse Otto.
Voice as a Marker of Collapse in the Novel’s Resolution

As a doctor and brother, it seems Otto should understand more of “illness” to know it is a situation beyond “fighting” madness. This is, however, not a question of resisting, but rather existing. Louis Sass suggests in his reading of schizophrenia that society viewed patients as defective or a failure (18). This defectiveness means Robert’s illness categorizes him beyond a medical condition, but also demonstrates his classification in society as failed. Robert’s failure means a patient’s condition can determine his social position as well. These attitudes of defects and failure of the patient would not be helpful in patient treatment (19). Robert’s failure reveals not only the patient construction in society, but also relates Robert to his brother, Otto. In madness both Otto and Robert finally cease to exist because both their voices vanish by the end of the story. Robert is a failure in his contemporary context for being mentally unstable. In the final interaction between brothers, both Robert and Otto have a structured conversation with the use of quotation marks:

»Wo ist Paula?« fragte Robert heiser.

»Paula kommt morgen. Vorläufig mußt du dich mit ihren Grüßen begnügen.«

Er hatte immerfort ein starres Lächeln um die Lippen.

»Was willst du hier? Warum kommst du?« Er setzte sich im Bett auf, fühlte das Glühen und Drohen seiner eigenen Blicke.

»Warum ich komme? Nun –«, und ein unterdrücktes Aufschlucken war in Ottos Stimme – »nun zum Teufel, ich komme, weil es mir so beliebt! Was ist dir denn nur eingefallen, Robert? Was hast du dir denn wieder in den Kopf gesetzt?«

38 Herzog suggests Otto resents Robert’s lack of resistance in fighting madness (238).
39 The back and forth is a set of questions and answers that resemble the build up of voices in Doktor Glas’s mind before he kills the pastor.

Where’s Paula?” asked Robert, hoarsely.

“Paula is coming tomorrow. For the present you’ll have to content yourself with her greetings.” All the while he had a frozen smile around his lips.

“What do you want here? Why are you here?” Robert sat up in the bed and was aware of the fierceness and threat in his look.

“Why did I come? Well...,” and there was a suppressed sob in Otto’s voice, “well, damn it, I came because I wanted to. What are you thinking of, Robert? What have you got in your head now?”

“Why are you here? What do you want with me? Take... take your hands out of your fur coat!” (96)

In this passage, the narrator notes Robert’s voice speaks “heiser” or “hoarsely.” Horse voices are commonly associated with a disappearing voice. The quality of Robert’s voice is critical in understanding what happens to his existence in the novella. Then there is a traditional paragraph break and new quotation marks to suggest Otto’s reply. The narrator then comments on Otto’s facial expression, which indicates an inappropriate smile to the situation. Robert responds quickly with two questions in quotation marks. The intense quality of »Was willst du hier? Warum kommst du?« or “What do you want here? Why are you here?” suggests an acute panic.

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40 In cinema studies, Michel Chion suggests voice montage is always a “forbidden montage” (147). There is always some part of the voice, which the audience will not hear or understand because there is so much to process at any given moment. In literature, having many conflicting voices presented at one time can have the same effect on readers. While Chion suggests there will be something lacking to the audience, Bakhtin believes polyphony gives readers a “sideways glance” to gain another perspective (Dostoevsky 32).
on Robert’s part. He views Otto’s presence as a threat, but he “fühlte das Glühen und Drohen seiner eigenen Blicke” or “[felt] the fierceness and threat in his [own] look”. This statement seems odd given the fact Otto is the threat, but the original text makes it clear, Robert feels the threat of his own looks in the plural form. By using “Blicke” or “looks” in the plural, it makes sense to read Otto and Robert as the same threat. In this manner, it is more logical Robert is threatened by a self that includes the image and characterization of Otto.

In the next paragraph, there is pause noted in the original designated with a dash and in the English with an ellipsis. This pause is left within the quotation marks and can be read just as important as speech. Otto pauses because of “ein unterdrücktes Aufschluchzen” or “sob” in his voice and self. This is the second time the narrator has pointed to voice as a topic in the final sections of the novella. Voice should be read as critical to understanding the conversation. Like Robert’s hoarse voice indicated he is losing his voice, Otto’s suppressed action in his voice highlights a hesitation in his speaking abilities. Otto’s inability to speak mirrors Robert’s own difficulty in speaking. In this manner, because their speaking inabilities are similar, their characters are mirror images of each other in vision, but also in voice.

The narrator notes Otto bites his lips before continuing, which again suggests a hesitation in speaking. Now, the panic switches from Robert to Otto suggesting the real threat is not Otto, but Robert.

“Evidently, you… you seem to be still dreaming. Come to your senses! It’s me, Robert! It’s not possible that… you can’t believe in all seriousness that… you couldn’t really… think…” (96)

Here, it is Otto who becomes paranoid, which Robert has increasingly used throughout the novella. This turns the tables from the first letter Robert writes, which gives the power of his life over to Otto. At the end of the novella, Robert attempts to retain or gain agency by murdering Otto. Robert’s paranoia grows and the threat over his life seems larger – both his paranoia and the threat play into his decent into madness. The use of sentence fragments, questions, conversational speech and contractions suggest Otto’s panic. The sentence fragments “Robert – dein Bruder” and “Dein Bruder – Robert” can be read on many levels. This fragment does not make a lot of sense at first except to stress the concept Otto is Robert’s brother, but the use of the dash instead of a comma makes the fragment ambiguous. A comma would clearly indicate Otto was addressing Robert, but the dash could suggest an equaling of their personalities. The use of “Dein Bruder – Robert” also places the characters on the same level.

A narrator now speaks with an authoritative voice about Robert and Otto’s murder and suicide. This new and stable narrator directly speaks of Robert’s state with “er wußte” or “he knew” (114; 97). This type of certainty allows the reader to trust this narrator. The narrator explains Otto’s murder in this factual manner:

Aber im Augenblick, da er erkannte, was im Werk war, nach dem Lauf der Waffe greifen, zurückweichen und rufen wollte, war ihm die Kugel mitten ins Herz gedrungen, und er sank lautlos auf den Boden hin. (113)

41 Note: The English hypercorrects the dash with a comma, which again removes the ambiguous nature of the original.
But the instant he realized it and tried to seize the barrel of the weapon, to step out of the way and call out, the bullet pierced his heart, and he sank to the floor without a sound. (97)

The narrator relates what Otto realizes before his death. This is not done in free indirect speech, but authoritatively through a voice external from Robert suggesting a stronger narrative presence. The narrator notes Otto wants to call out, but is clearly unable and the self is already lost. This indicates Otto has lost his voice by the time of his pending death. This is echoed in the fact he sank “lautlos” or “without a sound” to the ground after being shot. The narrator must now relate the story because Otto is unable to speak for himself through the process of his murder. For Robert, this process is similar:

Nicht weniger als sieben volle Wegstunden von dem Ort entfernt, aus dem er geflohen war, an einem steinigen Abhang, der zu der fast vereisten Ache hinabführte, den Kopf nach abwärts gewandt, mit zerschundenen Händen, getrocknetes Blut an Scheitel und Stirn, entdeckte man drei Tage später seinen entseelten Leib. (114)

Not less than seven hours from the village he had fled, on a stony overhang that led down to the nearly frozen Ache, with his head hanging down, with bruised hand and dried blood on his forehead and scalp, Robert’s lifeless body was found three days later. (97)

Schnitzler does not provide the reader with Robert’s thoughts during this intense moment after killing his brother. It seems that if there were a time to use free indirect speech, now would be
an exciting time for the reader to take a look into Robert’s thoughts. But since the death of Otto, all these voices are absent from the text. Otto’s murder is the moment Robert loses his voice. When the Jekyll-like Otto dies so does Hyde-like Robert. Robert has no paranoia after the murder, but rather is more certain. The narrator treats Robert’s death with disinterest. It is unclear how exactly he dies, but one found his “entseelten Leib,” which indicates his body without soul or a self. The fact the murder/suicide is treated with such a concern for voice and sound emphasizes the role of voice within the text and the loss of self.

Lastly, the final paragraph of the novella uses multiple perspectives that ultimately act as a way of challenging the reader to reflect on the role of society in determining madness. It is made clear Robert has a journal and it is published, but after his death, the reader is not provided with any information from Robert’s own voice. Robert is now dead and his voice has disappeared. The reader then learns the court has jurisdiction over the journal, which connects to the importance of the courtroom in the final reading of the novella. Then there is a sudden shift in voice from the facts the narrator presents: “Verfolgungswahn, wer konnte daran zweifeln?” or “paranoia. Who could doubt it?” (114; 98). This type of question in the novella was normally indicative of free indirect speech. After Robert’s death, it becomes a question for the reader to ponder. The narrator then suggests Dr. Leinbach has his own ideas, which he himself keeps in a journal:

»Mein armer Freund«, schrieb er, »hat an der fixen Idee gelitten, so heißt es ja wohl, daß er durch seinen Bruder sterben müsse; […] Aber die Ahnung war in ihm gewesen, das läßt sich nicht abstreiten. Und was sind Ahnungen? Doch nur Gedankenfolgen innerhalb des Unbewußten. Die Logik im Metaphysischen, könnte man vielleicht sagen. Wir aber reden von Zwangsvorstellungen! Ob wir
dazu berechtigt sind, ob dieses Wort – wie so manche andere – nicht eigentlich eine Ausflucht bedeutet – eine Flucht ins System aus der friedlosen Vielfältigkeit der Einzelfälle –, das ist eine andere Frage. Und ein Fall, wie der meines armen Freundes – – «(114-5)

“My poor friend,” he wrote, “suffered from the idée fixe, as it’s called, that he was destined to die at his brother’s hand […] But he had a premonition of it – that can’t be disputed. And what are premonitions? Nothing but trains of thought in the unconscious, using the logic of the metaphysical, one might say. But we speak of obsessions! Whether we have the right to call them that, or whether this term, like so many others, is not really an evasion – a flight into systemization away from the unsettling complexity of individual cases – that is another question. And a case like that of my poor friend….” (98)

Leinbach’s journal is treated conversationally because of its placement in quotation marks. But the use of phrases like “so heißt es ja wohl” or “as it’s called” indicates what the doctor is saying is common terminology in society. It suggests society as a whole understands the concept of an idée fixe. Leinbach’s passage also switches from first person to first person plural indicating he is including an audience larger than himself. It is unclear who would be reading a doctor’s journal, but the use of the first person plural indicates to the readers of Flucht in die Finsternis that Dr. Leinbach is including them. Now, voice shifts to the readers with “Wir aber reden von Zwangsvorstellungen!” or “But we speak of obsessions!” The “wir” first person plural brings the final thoughts of the novella to not only the doctors, but I also suggest the “wir” includes the reader to allow them to judge the final situation of the protagonist-patient.
Conclusion

The narrative complexity of the doctor-patient relationship shows an *Ineinanderspiel* even though Robert sees the world in binary oppositions: sick and healthy, right and wrong. The binaries in this text interconnect to both undermine each other and work together. While it seems Robert is ill, by the resolution, Robert makes a valid contribution he has no one to turn to for support in turn of the century Austria. No one will advocate on his behalf and he alone must defend himself. This defense points to Robert’s self-claimed clarity, although he is the ill character. This novella draws on medical discourses after the turn of the century on mental pathology. Robert questions if it is the doctor who is insane and if the patient has more insight into his own illness than the doctor. Much like Kafka’s “Ein Landarzt,” the patient questions the doctor’s authority. The novella suggests the patient will lose his voice in the brothers’ relationship, which I have shown functions similarly to the doctor-patient relationship. The patient cannot make himself understood to the doctor and the doctor makes no effort to understand the patient. The patient reacts to losing even more of his autonomous voice and commits a crime. Robert never has a stable voice from the text’s beginning seen in Robert’s first thought questioning forgetfulness about locking the door the evening prior (5; 3). The story progresses from Robert’s forgetfulness about a door lock to his panicked thoughts he killed someone. In addition to the breakdown in communication between Otto and Robert, the newspaper takes away the patient’s voice by printing personal information in a public forum. Schnitzler critiques the personal information made public and suggests this information should remain among Robert, Otto, and Leinbach. He does this through Leinbach’s final commentary at the story’s conclusion.
Schnitzler researched the loss of voice in his own practice. Voice plays an important role in *Flucht in die Finsternis* through loss of narrative voice and voice structures, such as free indirect speech. In the end, all these voices blend together. The blending results from Schnitzler’s focus on loss of voice. The story moves between the characters’ voices in direct speech, personal journals, internal thoughts, free indirect speech, and fantasy scenes dreamed by the protagonist with many voices in his head. This creates a tension between dream and fantasy, which affects the doctor-patient relationship as it ties the doctor and patient to discourses of illness and criminality. Stevenson shows the link between illness, crime, and fantasy in *Jekyll and Hyde*. Hyde enacts Jekyll’s repressed fantasies. The major difference is Stevenson’s Hyde results from Jekyll’s experiments whereas Robert has a mental illness.

Observation and strategies of seeing bring Robert and Otto close together. The image in the mirror shows how closely tied the brothers are. Furthermore, Robert’s eye malady indicates problems with his manner of viewing the world. His perspective is unstable and the twitch is a physical indication of his corrupted perspective. The eye twitch also reveals foreshadowing on Robert’s demise. Otto also indicates how Robert brings about his death through his reading of the eye twitch. Otto suggests thinking about an action obsessively brings it into physical being. For this reason, the mere thought of an eye twitch causes the eye to physically twitch. Robert’s obsession with his death at Otto’s hands ultimately brings about his murderous actions. The agency is complicated through Robert’s actions. Robert kills Otto to keep agency over Otto, but in the end, Robert is found dead as well. Though he attempts to reclaim his agency, he ultimately makes the choice to bring about his own decline.

Robert suggests his brother Otto is depressed and turns to Dr. Leinbach to confirm this. Leinbach suggests all doctors between forty to fifty are depressed or they are hacks (81, 68).
Robert’s perspective suggests even the doctor has problems, which may make the doctor more like a patient himself. Otto’s wife notes the change in her husband’s appearance and acknowledges so to Robert (73, 62). Robert’s attempts to suggest Otto as ill seem to also form a type of agency through diagnosis. If Robert can see an illness in Otto, it gives him a type of power over him. At the same time, Robert’s attempts at self-diagnosis demonstrate an attempt to keep agency over himself through the power in diagnosis. Diagnosis also suggests illness as a class issue through the allowance to be determined ill through the clinical label. While Robert wishes to keep his autonomy, he also wishes to use his illness to separate himself from others as a unique characteristic.

Schnitzler’s narrative reveals the implications for turn of the century medicine. Schnitzler’s narrative begins with Robert’s return from an Italian trip for his health. Robert is not just a threat to himself, but also harms others. This act and the imaginary scene of the courtroom link medicine to governmental regulations and laws. Doctor’s reports shaped the doctor-patient relationship and how the doctors perceive the patient. Schnitzler’s text is part of a larger shift within modernity that indicates the patient takes on a more knowing role than the doctor. The patient suggests he becomes the voice of reason compared to the doctor’s voice. This transformation challenges the doctor’s authoritative role. The story’s pessimistic ending does not provide much hope for mentally unstable patients and their condition in modern society. Robert is trapped and considered abnormal. His thoughts seem to become increasingly paranoid when compared with telegrams, newspapers and letters. These documents also serve as evidence to convict him. Robert chooses suicide and becomes his own executioner. He leaves behind his journal, which is his own personal information published in the public newspaper.
In the next chapter, I explore Kafka’s “Ein Landarzt” and show how visual elements affect the doctor-patient relationship. While Schnitzler focuses more on the function of the disintegration of voice through dialogue and thoughts, Kafka uses descriptions and images. These visual elements create a breakdown in the doctor-patient relationship since the doctor never communicates with his patient and the patient has a better understanding of his illness than the doctor. Kafka will use a physical wound to leave the illness up to the reader’s interpretation as a metaphor beyond the physical body.
CHAPTER 4

VOICE THROUGH THE VISUAL DOCTOR-PATIENT RELATIONSHIP:
KAFKA’S “EIN LANDARZT”

….und nun finde ich: ja, der Junge ist krank. In seiner rechten Seite, in der
Hüftengegend hat sich eine handtellergroße Wunde aufgetan. Rosa, in vielen
Schattierungen, dunkel in der Tiefe, hellwerdend zu den Rändern, zartkörnig, mit
ungleichmäßig sich aufsammelndem Blut, offen wie ein Bergwerk obertags. So
aus der Entfernung. (14)

…and now I discover: Yes, the boy is sick. On his right side, by his hip, a wound
as big as the palm of my hand has opened up: various shades of rose-red, deeper
red further in, paler at the edges, finely grained but with uneven clotting, and open
like a surface mine to the daylight – so it looks from a distance. (119)

The doctor’s discovery of the patient’s wound stresses the visual elements in the story.
This visual also has a special function in the doctor-patient narrative after 1900. The country
doctor first believes his young patient is healthy and the patient’s family is overly cautious. The
doctor observes the boy’s condition as part of the doctor-patient relationship. The doctor’s
language is very direct although it comes from a distance: describing where the wound is located,
the size of the wound, the color variation depending on depth. At the same time, through the
physical description Kafka balances an emotional, subjective response to the wound’s disgusting
nature. The doctor moves from being objective to subjective with the discovery of the wound.
Kafka uses visual elements and gestures not only to show unverbalized ideas, but also to point to
absent features. Even symbols present in the text work to hide more important ones. Just as Mr.
Hyde’s name implies, the hiding element is critical in the medical doctor-patient narrative. In
Kafka, the discovery of the hidden object becomes the moment for subjectivity when he does not view the wound in a professional manner. The doctor’s reaction is more about him rather than his patient. The doctor continues to view the wound closer, but on a more repulsive level:

Würmer, an Stärke und Länge meinem kleinen Finger gleich, rosig aus eigenem und außerdem blutbespritzt, winden sich, im Innern der Wunde festgehalten, mit weißen Köpfchen, mit vielen Beinchen ans Licht. Armer Junge, dir ist nicht zu helfen. Ich habe deine große Wunde aufgefunen; an dieser Blume in deiner Seite gehst du zugrunde. (14)

Worms, as long and thick as my finger, rose-red too and blood spattered, caught in the depth of the wound, wriggle toward the light with their small white heads and hundreds of tiny legs. Poor boy, you are beyond all help. I have unearthed your great wound; this bloom on your side is destroying you. (119)

The worms add another visual element, which shapes the doctor and patient relationship. This further inspection causes the doctor to give up on his patient, by stating “Armer Junge, dir ist nicht zu helfen” (14) / “Poor boy, you are beyond all help” (119). The country doctor does not utter this directly to the boy even though he addresses the boy in his thoughts. This shows the complex nature of the doctor-patient relationship in Kafka. The doctor addresses the boy in his thoughts, which are never formally stated to the boy. Though it might not seem obvious, there are gestures to Dr. Jekyll and Mr. Hyde in the wound’s description. Stevenson describes Mr. Hyde with repulsive detail to shock his audience and create distance between Dr. Jekyll and Mr. Hyde’s personalities. The wound’s description creates the same distancing between the doctor and patient.
In this chapter, I examine how the visual act of observation affects the doctor and patient relationship. While the other chapters in this project focus on narrative voice and fragmentation leading to the breakdown in the doctor-patient relationship, this chapter departs to show how visual elements enter into the dialogue between doctor and patient. While the breakdown in communication can come from what is said between doctor and patient and their misunderstandings, Kafka shows how the breakdown also rests in the visual register. I draw on the visual discourse from early horror/criminal narratives and the criminal’s suspenseful escape from the authorities. In Kafka, the visual manifests itself in the wound – literally infested with worms. Observation functions as one of the doctor’s main tasks. I will explore the doctor-patient relationship in Kafka in three ways: how the doctor observes the patient, how the doctor observes himself, and finally, how the patient observes the doctor. I suggest that not only is there a breakdown between doctor and patient, but also in the doctor’s relationship with himself. Modernist narratives include introverted protagonists, who observe their place within the community. Doctors follow in this tradition. The doctor cannot diagnose himself, but the patient understands the doctor better. When the patient suggests this verbally, the doctor is sent into a panic leading to his final and ultimate breakdown.

Kafka wrote “Ein Landarzt” during the winter of 1916-17 near the end of World War I. *Doktor Glas, Professor Hieronimus,* and *På St. Jørgen* were written twelve and twenty-one years before Kafka’s story respectively. World War I naturally changes the landscape of a medical narrative. Kafka’s depiction of the wound does not make it sound like a bodily illness, but rather the result of an accident. In the context of 1917, this sounds like a wound much like those inflicted by war. I will first show how the doctor-patient relationship functions in Kafka and how the visual register relates to narrative voice and the Jekyll / Hyde dichotomy. Narrative voice and
the dichotomy show the breakdown between the patient and doctor. Next, I draw on Gilman’s work on Kafka’s Jewish body and turn of the century medicine and the narrative work of Hiebel and Lösener to read the doctor-patient relationship in “Ein Landarzt.” Gilman shows the doctor-patient relationship as driven through ethnicity. Hiebel and Lösener demonstrate competing views on how narrowly to read this story. The discussion suggests focusing on Kafka’s symbols is too reductionist. Drawing on Gunning’s work on film and visual elements in building horror and suspense, I show how the unspoken gestures and symbols indicate and shape the breakdown in communication between the doctor and patient.

**Hidden Elements and the Visual in Kafka’s Doctor-Patient Relationship Create a Collapse**

The doctor-patient relationship in Kafka is one of the most complex considered in this project because so much of the narrative depends on the visual elements. While Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* relies on voice, Hyde’s physical description suggests more about his character: “Mr. Hyde was pale and dwarfish; he gave an impression of deformity without any nameable malformation, he had a displeasing smile” (18). The observation comes from the narrator, not with the doctor-figure in Stevenson. Stevenson’s work is innovative in its mixture of good with evil, but the descriptive narrative features rests with earlier models. In fact, Stevenson draws on the typical narrative to shock his audience that Jekyll and Hyde are the same person. It is understood from the “displeasing smile” Hyde is not a good character. By contrast, Kafka’s characters are not determined as good or evil by a feature as simple as a “displeasing smile.” Kafka’s visual descriptions do more than just set the characteristics for a given figure. Kafka’s descriptions also function as part of the communication between doctor and patient or lead to the communication breakdown. The wound, for instance, represents the moment of
complete breakdown when the doctor gives up on the patient. When the doctor first discovers the wound he states the boy is not to be helped because of the wound’s disgusting nature.

The doctor and patient have a singular relationship in Kafka. The relationship follows the turn of the century pattern that ultimately ends in a breakdown, but Kafka also functions very differently. Not only does Kafka rely on visual elements as part of the communication, but the fragmentation also plays a different role. While narratives like *Doktor Glas* and *Flucht in die Finsternis* result in increasing character and narrative fragmentation Kafka’s characters are fragmented from the beginning. In fact, the country doctor’s panic already emerges at the start of the narrative: “Ich war in großer Verlegenheit: eine dringende Reise stand mir bevor; ein Schwerkranker wartete auf mich…” (10). Terms like “Verlegenheit,” “dringend,” and “Schwerkranker” illustrate the doctor’s state of mind and the intensity he feels. Both patient Robert and Dr. Glas decline into increasing panic, whereas the country doctor starts in that moment. This has to do with the different genres used for these texts. Both *Doktor Glas* and *Flucht in die Finsternis* are novellas, where as Kafka’s “Ein Landarzt” is a short story, which require Kafka to move to the moment of conflict more quickly.

“Ein Landarzt”: The Story and Background

“Ein Landarzt” begins with a country doctor who must be on his way to visit a patient. Many obstacles stand in the doctor’s way including transportation problems due to a blizzard and no horses. Out of nowhere a coach arrives, but the coachman threatens the doctor’s maid Rosa. She tries to conceal herself in a dark house, but the story implies a potential rape. The doctor sets off leaving Rosa in this dangerous situation and arrives quickly at the patient’s home. The doctor is more concerned with the environment and how people perceive him rather than focused on the
patient. He does a quick glance at the patient and suggests the boy is fine. Upon a second examination, he discovers a large wound. The patient suggests he understands his wound, while the doctor cannot comprehend himself. The doctor flees out into the night as bells toll.

Kafka scholars have largely explored “Ein Landarzt” for narrative voice and I draw on this to include notions of the visual and of observation as part of the communication between doctor and patient. Hiebel’s and Lösener’s interpretations of the country doctor’s maid, Rosa, indicate the degree to which the narrative should be read on a Freudian level. Kafka went through a period of fascination with Freud, but by the time he wrote “Ein Landarzt” he claimed to have lost interest in Freud.\footnote{Hiebel juxtaposes Rosa the maid with the rosa wound. Lösener criticizes this reading on two levels as too narrow. He shows how the patient, Rosa the maid, and the first person narrator are all injured (138-9). He questions Hiebel’s two layers by asking why not having a three or four level divide in semantic ordering (131). Lösener shows a reading of “Ein Landarzt” is too constricted by a Freudian interpretation that limits the characters to binaries (139;142). Lösener goes on to suggest even reducing the story into categories of “bewusst” and “unbewusst” is too limiting for analysis (140). Lösener suggests the story has many levels beyond binaries. This also why the medical narrative has expanded beyond the Jekyll and Hyde binary model. In the same manner, the doctor-patient relationship is highly complex between what is said, what is visual, and what remained unsaid or hidden.} Reading “Ein Landarzt” on a Freudian level reduces the story to symbols and does not take in a larger account of the narrative as a whole.

**Vision and Observation as the Vehicle for Miscommunication**

As Lösener demonstrates through his reading of Hiebel, “Ein Landarzt” can be read on many complex levels. I draw on this to include the visual elements involved in the doctor-patient relationship. The subject of observation varies throughout the story ranging from animals, people, to elements of the five senses. In this manner, the object of observation can be read as both concrete and as metaphysical. Kafka builds on the unstable and unavailable/hidden
elements to create the horrible shock the doctor later feels. The visual element is critical in reading Kafka’s works. For this reason, the concept of observation plays a major role. Kafka was well aware of the visual culture in his lifetime and was an even more “passionate filmgoer” than reader (Gilman Kafka 11). In film the narrative merges with visual imagery. Kafka uses visual elements to shape the doctor-patient relationship. These visuals help to narrate the story. Ledkovsky suggests “Kafka develops pictorial translations” of critical questions on the issues of a physician’s duty to the patient, the role of medical science with nature and, lastly, man’s isolation (159). She links the images in the text to key issues in turn of the century medicine.

Observation is both visual and auditory for Kafka. Although Kafka may present a physical object or sound in the story, this ironically often reveals something missing or lacking. Observation concerns both what the doctor watches and what he ignores. The doctor commonly covers up or ignores a gap highlighting his own way of seeing the world. The doctor’s perspective is different than the patient’s. Observations range from feelings to tangible objects. The story never takes a medical, scientific approach to examination, but rather remains subjective to that individual’s experience. For instance, the opening scene first reveals the doctor’s state, “in großer Verlegenheit” (10), which the English chooses to translate as “distraught” (115), but also suggests an embarrassment on the doctor’s part. The doctor’s state is disclosed before any concrete facts about the character’s location are revealed [?]. The text’s first image shows a distraught individual rather than focusing on location or the protagonist’s physical characteristics. The first physical features mentioned are a man’s “offenes blauäugiges Gesicht” (10) / “open, blue-eyed face” (115). These blue eyes belong to the coachman who threatens to rape the doctor’s maid. The eyes dominate this character’s face due to the stress placed here. Kafka presents no further description of the man. The man’s depiction becomes
more concrete through interpretation filling in for the lack of detailed physical description. The coachman’s eyes also suggest the doctor notes another observes him. Since the narrative is told through the doctor’s perspective, when the doctor notes the eyes of others he realizes he is being observed. Kafka marks the visual modes and the act of observing as topics in this story highlighting their importance.

With emphasis placed on strategies of seeing, it should be no surprise “Ein Landarzt” uses the images of eyes four times throughout the work: the coachman’s, the patient’s and the doctor’s twice. Eyes are also associated with the senses. Kafka draws on smells, sounds, and sight in the story to create something felt, but not objectively described. Kafka leaves the final image up to the individual reader based on feelings by giving his readers only an idea of what is going on through descriptions like the doctor’s emotional state over physical characteristics.

Kafka creates a tension between physical, tangible objects and perceived senses in order to conceal information from the reader. This expands the doctor and patient relationship because traditionally doctors observe through the physical and concrete. But in “Ein Landarzt” the doctor also has a sense for perceived objects or threats, which are less tangible. Joan Birch explains this is “a metaphysical world grounded in referential language” showing the close relationship between “language and imagery” (14). The reader, due to the lack of information, is left in a puzzling labyrinth with incomplete data. Birch notes this lack of information also as a lack of “conscious awareness of what is actually happening” to Kafka’s heroes (15). This lack of awareness causes the protagonist to “make a concerted effort to comprehend their immediate circumstances in terms of the world they have known before” (15). This effort, I suggest drawing on Birch, must come through the doctor’s observation as a means of understanding his own current situation. Through observation the character tries to understand his environment
and the situation he faces. To observe another character is to observe a rival threatening the protagonist’s freedom. Manson sees this lack of information as a lack of understanding. He suggests the lack of understanding between the doctor and the villagers is linked to their “discordant definitions of a doctor’s duty” (310). Thus the lacking information causes the break between patient and doctor when they fail to understand each other.

The narrative’s tangible objects obstruct the view or the complete clarity of information. The lacking information is often as important as what is present in Kafka. The protagonist’s lack of sight and information causes his downfall. In the opening scene, there is “starkes Schneegestöber [das] füllte den weiten Raum zwischen mir und [dem Schwerkranker]” (10) / “a thick blizzard [that] filled the distance that separated [me and the gravely ill patient]” (115). The image of a large blizzard is very concrete, but at the same time the snow conceals other objects from view and physically marks the physical and symbolic space between doctor and patient. Kafka works with tangible images to prevent his readers from understanding everything clearly. Especially at the beginning of the story, the reader cannot know everything since, similar to the mystery or criminal narrative, clues must be revealed one by one through images before the final outcome takes place.43

43 Scholars have noted the role observation plays in the text in passing in both an aware and unaware fashion. An example is Birch’s phrase “at first sight” to mean a first interpretation, but this phrase holds more implications than suggested in the article. Birch uses the common phrase to mean a first observation of something that will not hold or remain the same later. The word “sight” also suggests a visual nature, but the doctor does not see, but rather senses non-tangible objects. Other scholars also use the language of observation in a mundane way to suggest their own points as an “observation” (Tobias 120) or “Beobachtung” (Sng 221). The parallels between the character’s observations and the researchers’ should not be ignored as both play a role in interpretation. Other scholars begin to look at the role observation plays by noting elements such as “an intimate view of the artist’s dichotomous self” (Fickert Fatal 382), the doctor’s “voyeuristic impulse” (Golomb-Bregman 81), a comparison of the doctor to “the observer at the circus in “Auf der Galerie’” (Fickert First 20). In observing, the doctor perceives
The Doctor’s Observation of Others: From Objective to Subjective

It becomes necessary to explore observation from two different perspectives before examining how the doctor perceives the self. Next, I will investigate how the doctor observes others before I will later show how others perceive the doctor. The patient does not escape observation, even in death.\textsuperscript{44} This close watching of the patient also links the medical discourse to the criminal. The criminal-horror genre functions similarly to Kafka’s narrative. These films are typically dark and involve a “monster” threatening a population. This monster can be anything from the supernatural vampire to a criminal. Films such as Fritz Lang’s $M$ use the concept of observation to create tension as the police detective traps the criminal (Gunning 2).\textsuperscript{45} A similar tension can be found in Kafka’s “Ein Landarzt” with the doctor’s two critical observations of the patient: one unsuccessful and another revealing a large wound. The search for the wound creates an unexpected surprise when the first observation suggested the patient was completely healthy.

The doctor observes the landscape to set up the story visually, which later also shapes the doctor-patient relationship. The doctor’s first observations make up a visual montage like films use to introduce its main protagonist. He first mentions “unsere Landstraßen” then his fur coat, then his instrument bag, all while standing in the yard and the finally the missing horse. The images of the country roads, fur coat, instrument bag, courtyard and absent horse set the stage for the doctor’s narrative. Clearly, the doctor seems ready to travel by being placed outside in his

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\begin{itemize}
  \item \textsuperscript{44} 19\textsuperscript{th} century physicians practiced autopsies (Micale Men 29).
  \item \textsuperscript{45} The Subtitle for the 1960 release of $M$ was “Dein Mörder sieht Dich an” indicating the importance observing and seeing plays in the film. Gunning traces the criminal’s identity to the chalk M image on his jacket. Gunning explores the hand, which marks the criminal as “a transfer between the marker and the marked” (2). This instance of transfer in marking is much like the doctor-patient examination and diagnosis.
\end{itemize}
jacket with his instruments for work, but the final image, the image of the horse, is missing from reality. Kafka writes this as “aber das Pferd fehlte, das Pferd” (10) / “but the horse was missing – [the] horse” (115). The sentence structure first reveals a horse, which is quickly revealed to be missing, but Kafka repeats the word horse as if to bring back its presence or importance in the story. The doctor’s observation of the missing horse sets the stage for the story’s other missing elements and the doctor’s incomplete information. The doctor notes this situation is “aussichtslos”\(^{46}\) to find a replacement horse since his is unavailable. The emphasis placed on visual language also highlights how the doctor perceives the situation as helpless. As if to support or convince himself of his own point the situation is “aussichtslos” he comments “ich wußte es” (10) / “I knew it” (115). The doctor’s first observations reveal much about his character; these observations show he is, as he later describes himself, “hilfbereit” (13) / “ready to help” (118), but the observations also show how quickly the doctor’s willingness to help dissipates once obstacles stand in his way.

Kafka has revealed his doctor to willfully misunderstand his own situation, which later shapes his relationship with the patient. Now the doctor sets off to see the patient, but sees many obstacles in his way in getting there. He then notes the coachman with his blue-eyed face. The coachman talks to him and the doctor thinks, instead of saying verbally, “Ich wußte nichts zu sagen und beugte mich nur, um zu sehen, was es noch in dem Stalle gab” (10) / “I could think of nothing to say and merely bent down to see what else was in the sty” (116). This is the second reference to what the doctor does or does not know and this knowing, moreover, is linked to what he can see. As typical with Kafka, he never describes the physical space of the sty after

\(^{46}\) Translated in English as “hopeless” but more literally it can be read as “without a view.”
mentioning the doctor wished to view it. It is simply the *act of seeing* into space, which is of importance.

Kafka suggests indirect notions to his reader through the act of observation. As it has been established, Kafka does not spend much time on describing scenes in detail, but rather that the character saw something. It would be difficult for the reader to paint a picture from Kafka’s words, instead we must rely on the feelings the text displays. But more than these feelings, what characters see can have a hidden meaning that is not visible right away. The groom grabs the maid and places his face next to hers, which causes her to become angry and turn red (11;116). In this scene, the groom draws himself forcefully towards the maid indicating that he is watching her more closely than she can handle. This brings observation to a sexually threatening level. The violent act of his face beating against hers suggests the maid’s powerless state stemming from the groom’s violent act of observation towards her. This is then juxtaposed with what the doctor first observes through sound and the sight: “ich höre die Türkette klimmen … ich sehe, wie sie überdies im Flur und weiterjagend durch die Zimmer alle Lichter verlöscht, um sich unauffindbar zu machen” (11) / “I hear the door chain rattle into place … I watch as she extinguishes the lights in the hall and in each room as she runs through, trying to hide her whereabouts” (116). The doctor’s first observation of the scene is not described visually, but rather through sound. This builds suspense, such as in horror films where the perceived threat can be heard before it appears visually. Early criminal/horror filmmaker Fritz Lang used visual elements as a game of hide-and-seek. Gunning references this action in his reading of Lang’s *The Diamond Ship* (91). The narrative and the visual blend together “to explore a contemporary environment” (91). Lang saw the “ultimate vocation of the cinema [to provide] a record of contemporary times” (90). This is similar to Weimar film, where Murnau and Lang crosscut to
build “up a complex image” (Pérez 131). Kafka uses both visual elements described narratively to the same effect in his narrative utilizing both narrative and visual symbols to create suspense. Kafka’s story rests on presence and absence as well as subjectivity and objectivity. An object such as the wound is first absent and the doctor regards the lack objectively. But when the wound is revealed, the doctor responds subjectively.

In “Ein Landarzt,” the rattling of the door chair and the heard lock on the door seem to set up a false sense of security that the maid is safe in the house. Next, Rosa works to make herself invisible by turning out all the lights in the house. Rosa, the threatened female character, must become invisible to be protected. Ledkovsky suggests the patient is when the nightmare is “actualized” when the doctor leaves to visit him,” but I propose Rosa’s nightmare clearly begins before the doctor departs for the patient (161). Scholars have not read Rosa’s act of invisibility in terms of gender. Critics, including Hiebel, link Rosa the maid to the “rosa” wound of the patient, but do not read her act of visual absence (Form 166-7).

In Stevenson’s narrative, the hide and seek game of Hyde and Jekyll is a main feature in the narrative. In Jekyll and Hyde, it is also critical to know what is seen and what remains invisible. The two figures merge into one being at the story’s resolution. In regards to “Ein Landarzt,” Sussman writes that “identities merge” in the story and the “doctor’s two roles as aggressor and victim” are intertwined (127). In the reading of Rosa’s invisibility and abandonment, this could place more responsibility on the doctor in a reading where the doctor does not rescue Rosa, or even worse, shares traits with the groom attacker. The doctor makes excuses for the groom’s behavior toward Rosa by stating the groom is “ein Fremder” (11) / “a stranger” (116). But while the doctor distances himself from the groom, he also calls him close by suggesting in the subjunctive “[a]ls wisse er von meinen Gedanken” (11) / “[a]s if he has read my thoughts” (116).
This tension between the distance in the term “Fremder” and the ability to share thoughts, is much like the later relationship between doctor and patient as Sussman sees the doctor in both the roles of victim and perpetrator.

The transition from Rosa to the patient is made in only a few lines and without concrete observations. Again, Kafka is relying on the senses to point to the supernatural voyage. Kafka draws attention to observation. Thus far, I have focused my attention on the visual aspects of observation, but Kafka also references hearing and sound in similar ways. This discourse is also non-verbal. The non-verbal differs from the visual in its stress on the unknown and also suggests a potential threat, which will later come into view. Like speech and verbal communication, non-verbal gestures and sounds shape the doctor-patient relationship. The doctor hears the house being attacked by the groom as he then arrives at the patient’s yard:


I hear my front door splinter and burst as the groom attacks it, and then my eyes and ears are swamped with a blending rush of the senses. But even this lasts only for a moment, for, as if my patient’s courtyard opens just outside my gate, I am already there. (117)

First, the doctor hears something supernatural instead of physical. The door’s bursting and splintering have a supernatural feeling. This is confirmed when the doctor feels a rush of all his senses. This blending calls to mind the original image of the snowstorm; just as the doctor could
not see because of the storm, now the doctor cannot perceive things correctly with his senses because of the blending rush happening all at once. The doctor feels all the senses, but cannot understand them so the perception results in nothing. In this manner, the doctor feels both everything and nothing at the same time.47 The doctor is trained in observing and listening to diagnose the patient, but at the same time the doctor never listens the patient as a human being.

The Doctor Observes the Patient: The Unprofessional Doctor

The conflict between doctor and patient stems from other observations by the doctor. After meeting the patient’s family, the doctor notes “zuerst aber will ich den Kranken sehen” (12) / “but first I must examine the patient” (117). The doctor describes the patient to be “Mager, ohne Fieber, nicht kalt, nicht warm, mit leeren Augen, ohne Hemd” (12) / “Gaunt but with no fever, neither warm nor cold, with vacant eyes and no shirt” (117). These characteristics do not first point to the patient as being sick. The lack of fever suggests the patient is physically fine. The patient’s lack of shirt and thin nature suggest more of an illness, but these could also just be traits of poverty having nothing to do with a physical ailment. Thus, the doctor is more concerned with superficial exterior traits linked to social class than examining the patient for disease. The doctor also notes rather strangely the patient has “leer[e] Augen” which is reminiscent of the doctor’s introduction with the word “aussichtslos” (10).48 Both the patient and the doctor are

47 This is the same notion Flaubert wanted to capture in his work: a story about nothing (Sokel 23; Bradbury and McFarlane 25). Bradbury and McFarlane quote Nietzsche suggesting “No artist tolerates reality” (25).
48 Compare this to Dr. Arthur Conan Doyle’s Sherlock Holmes. In the chapter entitled “The Science of Deduction” in the introductory story “A Study in Scarlet” Dr. Watson observes Holmes: “On these occasions I have noticed such a dreamy, vacant expression in his eyes, that I might have suspected him of being addicted to the use of some narcotic, had not the temperance and cleanliness of his whole life forbidden such a notion” (13). (emphasis mine) Like Kafka’s doctor, Dr. Watson incorrectly dismisses an observation. Kafka’s doctor dismisses the groom as

118
associated with characteristics related to their inability to see things correctly. It should be noted, however, the doctor does the telling and these eyes are his description. This also suggests the doctor does not attempt to see the patient as a human being, but rather dismisses him as empty. The doctor often mistakenly analyzes situations like the groom, and the patient by first examination.

During the first examination he thinks: “Es bestätigt sich, was ich weiß: der Junge ist gesund, ein wenig schlecht durchblutet, von der sorgenden Mutter mit Kaffee durchtränkt, aber gesund und am besten mit einem Stoß aus dem Bett zu treiben” (12-13) / “I confirm what I already know: The boy is healthy. He has rather poor circulation and has been saturated with coffee by his anxious mother, but he’s healthy and would be best driven from bed with a firm shove” (118). After the first examination, which seems to amount to only a cursory glance, the doctor believes it is what he thought all along; the boy is fine. He feels the boy had too much coffee as a result of the mother’s overly anxious feelings and the only cure the boy needs is a push out of bed. This is a gross underestimation of the situation.

However, after this first glance at the patient, the doctor turns his thoughts towards himself and his profession. Doctors around the Jahrhundertwende commonly kept a journal and actively monitored their own work through autobiographies (Smith 7). In fact, the German term Selbstbiographie pre-dates the English “autobiography” by a decade (Micale Men 108). By speaking of his occupation, the doctor reveals his place in society:

Ich bin vom Bezirk angestellt und tue meine Pflicht bis zum Rand, bis dorthin es fast zu viel wird. Schlecht bezahlt, bin ich doch freigebig und hilfsbereit gegenüber den Armen. (13)

a foreigner the same way Watson dismisses Holmes’s drug use. Subsequent stories confirm Holmes’s drug use.
I am employed by the district and do my duty to the utmost, and perhaps beyond [where it almost becomes too much]. Though miserably paid, I’m both generous and ready to help the poor. (118)

Observation as a concept can be considered both active and passive depending on the perspective. As a verb “to observe” makes the subject an active agent. Yet while the individual observes, he remains passive in a medical discourse. As a doctor observes his patient, he is not actively engaging with the patient or actively providing care in terms of treatment leading to a cure. The doctor is not administering medicine to cure the patient or performing surgery for the same means. He simply watches and observes. The doctor doing the act of observing also must observe the rules of society. Aaron Manson sees Kafka’s works as governed by the concept of rules (300-1). Kafka reveals these rules of society in the concept of duty. What the doctor is duty bound to observe, is dictated by the conventions society has imposed.

The doctor observes his duty to reveal what society deems correct behavior for a district doctor. “Duty simply means submission to someone else’s rules” (Manson 304). This behavior shows the doctor must work hard despite long hours and meager pay. In this manner, the doctor’s occupation links to discourses of government and money. The doctor is a state employee as evidenced by his employment by the district, which shows he sees himself as working for the government and not his patient. Furthermore, the doctor then links his duty to his poor income, which undermines his statement that he is willing to help the poor. While the doctor does state he is not paid well, he creates a division with his second clause to show there is a line between him and the poor. Kafka reveals how the rules of society should be observed by observing what the doctor defines as his duty. This tension between the rules of society and the desires of the doctor interfere with the doctor’s profession (Manson 301). Furthermore, duty requires both
competence and self-control (301). The doctor must observe these rules put in place by society to be qualified for his job. However, Kafka’s protagonists always battle submission to another’s rules.

Turn of the century medical historian Mark Micale suggests autobiographies are “all part of a project of masculine self-representation” (109). However, personal writing such as journals have been commonly linked to feminine forms of writing in the literary tradition such as letters. Interestingly, even as the doctor observes the patient, this technique moves inwards towards evaluating the self. Micale notes histories on male hysteria are,

a discourse of the self… To follow through on such a project requires an act of sustained, analytical self-reflexivity – a “turning of the male gaze inward” – and that endeavor is not only politically dangerous but psychologically fraught. To be self-aware is itself “unmasculine.” … Fear, vanity, and the drive for power are the underlying sentiments … (281)

Kafka’s doctor displays the same “turning of the male gaze inward” as Micale phrases it after his first observation of the patient.

The doctor clarifies his own role by observing himself. He does not see himself just in terms of a doctor-patient relationship, but he also speaks about his role within society. He says after he believes the patient to be healthy, “Ich bin kein Weltverbesserer und lasse ihn liegen.” (13) / “But I’m not here to change the world, so I let him lie” (118). Interestingly, it is the doctor who brings in the notion of his work in relation to the entire world and then to the district level. The doctor is not concerned or mentions a direct relationship to the patient, but begins to defend himself by stating he is not one to better the world.
The doctor suggests in a declarative statement “Rezepte schreiben ist leicht, aber im übrigen sich mit den Leuten verständigen ist schwer” (13) / “It’s easy to write prescriptions, but it’s tougher to really get through to people” (118). These statements reiterate a point made by an actual German doctor of this period, Dr. S. Ruppricht who writes people need to beware of doctors and pharmacists who will proscribe anything to patients and it is up to them to know the difference “zwischen einem wahren Arzte und einem unwissenden Receptschreiber [sic]” (iii, v). The simple act of writing, which Kafka stresses by placing the phrase “Rezepte schreiben” as the first element in the sentence, also writes off the patient and his concerns. Lange-Kirchheim writes, “Kafkas Landarzt schreibt immerhin noch Rezepte [und er ist] hilfloser Helfer, mehr Patient denn Arzt, aber er ist vor allem eins: ein Schreiber” (246).

The notion of writing prescriptions again turns the observation back to the patient for the second time. The doctor first suspects the patient is indeed sick as he first observes the patient’s sister’s face rather than the patient himself. This opens the sequence for the second observation of the patient. The doctor notes there is “eine handtellergroße Wunde” / “a wound as big as the palm of my hand” on the patient’s right side (14; 119). Kafka describes the wound in great detail as mentioned at the start of the chapter.49

The disgusting nature of the red layered wound and the worms with legs in it, is not something the audience expects in great detail because up to this point Kafka has not used descriptive

49 Rosa, in vielen Schattierungen, dunkel in der Tiefe, hellwerdend zu den Rändern, zartkörnig, mit ungleichmäßig sich aufsammelndem Blut, offen wie ein Bergwerk obertags. … Würmer, an Stärke und Länge meinem kleinen Finger gleich, rosig aus eigenem und außerdem blutbespritzt, winden sich, im Innern der Wunde festgehalten, mit weißen Köpfchen, mit vielen Beinchen ans Licht. (14)

[V]arious shades of rose-red, deeper red further in, paler at the edges, finely grained but with uneven clotting, and open like a surface mine to the daylight … Worms, as long and thick as my finger, rose-red too and blood spattered, caught in the depth of the wound, wriggle toward the light with their small white heads and hundreds of tiny legs. (119)
physical images. This presents a shocking image, which gets more and more repulsive, as the reader goes on. The description of the wound is not medical in nature, but visually orientated much like the function/use of … in a horror story.\textsuperscript{50} This type of language was used to illustrate the Cholera outbreak in Hamburg 25 years before Kafka’s story. One volunteer nurse commented on a deceased patient:

A powerfully built man belonging to the seafaring profession had died, and his corpse had to be taken into the corridor. His skin tinged with blue, his face distorted by pain, his eyes opened wide, he lay on his bed, which in his last moments he had massively befouled. To touch the corpse seemed impossible to me, the penetrating stench that rose from the last evacuation of his bowels into the bed almost robbed me of my senses… (Hays 325-6)

The intensity of her account calls to mind Kafka’s account written a quarter of a century later due to the violence of the images. What is clear in both the nurse’s and Kafka’s account is that the doctors are not concerned with the patient per se, but rather with how the display of illness and death affects them as doctors. They observe inwardly what they see externally. Observation does not serve the function of curing the patient, but rather sends those supposedly treating them into a type of trauma. This is how the observation of the patient turns inward towards the self. Micale suggests self-observation works in the disciplines of “literature, philosophy, and religion” but not in science (\textit{Men} 257). However, during Kafka’s lifetime doctors’ accounts clearly examine the self and their profession. Kafka’s doctor addresses the issues of the violent images

\textsuperscript{50} This is much along Gunning’s reading of Lang’s \textit{Spiders}. Here, Gunning describes the film’s setting much along the lines Kafka does in “Ein Landarzt” (91-2). Gunning describes the scene because the visual images tell part of the story, which is not told through dialogue. It is impossible for Gunning to directly quote from the film to make his argument, because so much of it rests on visual elements.
and his job by telling the patient “Armer Junge, dir ist nicht zu helfen” (14) / “Poor boy, you are beyond all help” (119). Seeing the size and nature of the wound, the doctor again dismisses the boy’s situation as helpless.

The wound is related to the body. Many scholars see the wound as not connected to the body, but rather as representative of something else; a symbolic function rather than a physical symptom. Tobias calls the wound an “emblem” and calls this “not accessible to sight” (127). Kafka uses this interplay between visible and invisible from the first lines in the story; this confirms Tobias’s suggestion the wound holds something beyond the visual wound. This notion is juxtaposed, however, with the graphic description of the wound. Kafka rarely provides such visual descriptions in his story relying more deliberately on words that convey a sense or feeling rather than the perception of a physical appearance. In this scene, however, Kafka provides graphic details. The question is: why would Kafka present the readers with such detail here? Clearly, the wound is something of great importance to receive such treatment. Also, by the comparable nurse’s account these types of details reflect what medical professionals were seeing due to outbreaks such as cholera. Scholars use Kafka’s details to read symbols such as the worms and the term “rosa” used to describe the wound to equate the wound back to the doctor’s maid, Rosa. I suggest “Ein Landarzt” depicts a wound that gives the patient some form of clarity, much like The Death of Ivan Ilych (Tolstoy 1886) or Der Zauberberg (Mann 1924). Even though the wound belongs to the patient, it is unclear if the doctor or the patient is ill. As Manson suggests, “we can no longer distinguish between [doctor and patient]” (305). This returns to the inseparable Jekyll and Hyde: the same being at the end. In Kafka, this suggests the patient and the doctor share this same closeness.

51 Susan Sontag has criticized clarity through illness in her work Illness as Metaphor.
Birch notes what the doctor observes conflict on the conscious and subconscious levels. She suggests:

It is important to keep in mind that the doctor’s conscious assessments of what is happening around him are frequently at odds with his subconscious participation in them and with his subconscious evaluation of them, an evaluation which entails his continued participation. (16)

Birch argues there is a tension between what the doctor physically observes and what is actually at stake. An example of Birch’s reading is the doctor’s failure to see the wound upon first examination or the doctor’s dismissal of the groom as foreign rather than the real threat he is to Rosa. So far I have explored how the doctor sees others and how this results in a turn inward towards examining the self. But the situation is also reversed as others observe the doctor. Next, I will turn my attention to how the doctor’s misreads patients and himself. It will be the patient who has a better understanding of the doctor than the doctor. This is much like the Jekyll and Hyde dichotomy, which reveals the doctor-patient relationship around 1900. It is Jekyll’s misunderstanding of Hyde’s threat, which causes the collapse. By the time Jekyll understands they “hiding” threat, Jekyll must destroy both himself and the monster, Hyde.

Doctors are much like their patients in the manner of a connected Jekyll and Hyde. After the doctor does his second examination of the patient, others observe the doctor. Even the patient observes him reversing their roles. The role reversal turns the perspective towards the patient. Kafka’s doctor lacks a center. His emptiness will not allow him to return home by the end. The patient wishes to punish the doctor for his inability in curing him by stating: “Statt zu helfen, engst du mir mein Sterbebett ein. Am liebsten kratzte ich dir die Augen aus” (15) / “Instead of helping me, you’re crowding my deathbed. What I’d love best is to scratch your eyes out” (120).
The patient wants to remove the doctor’s means of observation by the violent act of scratching the doctor’s eyes. This brings the story back to level of sight and observation in that punishment must come through a visual method.

Just as punishment rests in the doctor-patient dynamic, Zachary Sng notes “Kafkas Landarzt bemerkt allmählich die seltsame Affinität zwischen sich und dem Patienten, mit dem er dann Sterbebett wie Sterbewunsch teilt” and this affinity rests with the individual because it does not come from outside of the self (227). Sng’s reading thus suggests the notion of the patient stems from the doctor and it is not about the interplay between doctor and patient, although he does call their situations “vergleichbar” (227). The doctor is trained to see the world a specific way, but this skill set is then turned inward on the self. So it is not that the patient has made the doctor sick, but the doctor has made himself a patient by observing himself the way he would observe a patient.

**The Patient Observes Himself: Understanding His Uniqueness**

In the end, it is the patient who is the most self-aware in analyzing his own place. The patient’s own self-observation allows him to see what the doctor does not. The patient, not the doctor, knows the larger significance of his wound. He says, “Mit einer schönen Wunde kam ich auf die Welt; das war meine ganze Ausstattung” (15) / “I came into the world with a gorgeous wound, that was my sole endowment” (120). The doctor dismisses the wound as unoriginal from his experience in observing others.

Kafka’s visual stress on the body and the act of observing parallels how doctors in Kafka’s time observed both their patients and themselves. These “real life codes,” as Sokel calls them, shows the distrust patients had towards the medical community. Dr. Ruppricht’s account of the
“unwissende[r] Rechtschreiber” demonstrates the presence of incapable medical officials. This mirrors Kafka’s patient’s need to observe the doctor’s work. Kafka’s patient must decide how capable this doctor is. When the doctor dismisses the wound and the boy’s plight through a failed observation, it becomes necessary for the patient to observe him. Through the act of observation the doctor’s true nature is revealed to show the “very emptiness of [the] self” (Smith 39). These are the final and true “leer[e] Augen” in the work, which is revealed to the final observer – Kafka’s reader. These eyes are reminiscent of Hoffmann’s Der Sandmann (1817), where the eyes reveal Olympia’s inhuman state. Eyes are markers of perception. The empty eyes have a special meaning in the doctor-patient relationship because the doctor cannot diagnose his patient without full capacities of seeing.

“Ein Landarzt” not only represents the voice of the doctor through Kafka’s telling, but also invites a third level of observation outside of the story itself. The reader has the last chance to observe what happens in the story and as such grants final decision to the cryptic symbols throughout the story. Narrative theorist James Phelan suggests “multilayered communications that authors of narrative offer their audiences … invite or even require their audiences to engage with them cognitively, psychically, emotionally, and ethically” (Living 5). Phelan’s four areas of engagement represent the areas where the reader must decide, based on the text and their own life experience, what is acceptable behavior and what is wrong. According to Pohland, the final reading of “Ein Landarzt” criticizes a doctor who is more concerned with his own condition than his patient. The bells at the end signal “the profession’s call for scientism and political and economic efficiency” (239). Through an examination of observation, it is clear the doctor does indeed turn his observation inward, which can be related to actual doctors in the profession and through doctor’s habits of journal writing. Pohland argues this self-observation comes at the
expense of the patient. I suggest, from the start, the doctor is closely linked to his patient and it is the wounded patient’s observation that has true clarity. Therefore the problem is not that the doctor is introspective, but rather that he does a poor job with this task. In this way, Kafka reverses the roles of patient and doctor to show how the sick boy seems to have gained clarity through his wound. The doctor views the wound in an unprofessional manner, which is more subjective than objective. Due to his reaction to the wound, the doctor does not interact with the patient in a clinical manner.

The wound also reveals the doctor’s shortcomings such as the mother’s concern the doctor is a “quack” (Pohland 238), the real issue is the lack of knowledge. This was clearly a concern during Kafka’s time especially in a rural setting, which is also the case in Madame Bovary. “Ein Landarzt” differs from other medical narratives of the period in that its medical situations are not dependent on socially debated issues such as abortion. Other novels of the period attempt to cover up these issues by avoiding sentencing or withholding a final judgment. This final act is left up to the readers. As Phelan suggests, the “audience’s observer role is what makes the judgment role possible” (Experiencing 7). The nature of the narrative relies on the tension between observation and judgment (7). Therefore, it is little wonder that medical narratives examine notions of observation. Narratives rely on observation as a means to tell the tale. Observation also plays a critical role in patient diagnosis. Medical literature combines the role observation plays in the telling and in what a doctor normally does. As the doctor diagnoses the patient, the reader now diagnoses the doctor and the role of medicine.

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52 One example is Conan Doyle’s “Study in Scarlet” where the murderer turns out to be seeking revenge for the death of two people killed by Utah bigamists. Before the revenge murderer can be put to trial, he dies of an illness. His death withholds final moral judgment.
The doctor and patient relationship in Kafka is problematic since the doctor ignores the patient. The doctor and patient have a breakdown in communication. This breakdown occurs as the doctor relies on visual clues instead of conversation with the patient. Kafka’s works in general also do not follow a direct course from beginning to end. Phelan notes the importance of presence and absence in terms of a figure’s characterization, which can be “an art of indirection” (Living 7). The puzzling nature of Kafka’s texts dictates “an art of indirection.” Like the narrative, the doctor must report, interpret and evaluate to use Phelan’s terms (Experiencing 12). Kafka’s doctor clearly can report and he attempts to interpret, but this step normally is wrong so the final evaluation is incorrect. The doctor does not act ethically by leaving Rosa or by ignoring his patient. Ethics play a large role in medicine since the doctor’s choices shape life and death interactions. The role of doctors now shapes personal decisions on delicate topics. Patients often hide aspects they find to be not socially acceptable, but the doctor-patient relationship brings these secrets to light. Hyde cannot escape Dr. Jekyll.

Conclusion: Visual Presence Marks Subjectivity

This chapter has explored the doctor-patient relationship through narrative visual elements, which cause the final breakdown between doctor and patient. Narrative voice suggests the Jekyll and Hyde dichotomy that reveals the tension between the tangible and intangible elements in the story. Kafka uses physical objects, which can be held and touched, and juxtaposes them with eerie supernatural elements which must be perceived and felt and defy more complete description through words. Kafka displays his doctor in eerie situations, which cannot be described fully, showing the breakdown in language. The doctor-patient relationship occurs with the narrative breakdown.
Later, the doctor and patient’s narrative voices blend together, just like Jekyll and Hyde, showing how the supernatural elements blend with the natural. The eyes link observation and perception, which are the doctor’s main skills in diagnosis. This creates new strategies of seeing because what the doctor senses also plays a significant role even though it is beyond his physical sight. While the patient and doctor merge together, they are also strikingly different. The doctor’s perception varies from the patient’s. The doctor notes how difficult it is for him to make himself understood and the narrative indicates the doctor thinks more than he speaks. He also addresses other characters in his thoughts, which he never verbally expresses to them. The “Armer Junge” quote clearly suggests the doctor does not tell the patient everything he thinks. The doctor contemplates why it is so difficult to be understood, but since he cannot verbally communicate due to the metaphorical distance referenced in the first lines of the story. But while the doctor and patient cannot communicate, Kafka’s story also suggests the blending between doctor and patient, much like Jekyll and Hyde. The story’s resolution suggests the doctor to be sick and the patient to have better observational skills. This is typical in the novels explored in this project. The voice shifts in the narrative showing the doctor as empty highlights the doctor’s self-absorption. The doctor is more concerned with himself than his patient.

Kafka uses visual elements to tell the story because the characters do not communicate. Kafka relies on descriptions of the scene to move the story forward without conversation between the doctor and the patient. This works well in a medical narrative because the doctor observes as part of the profession. Kafka’s doctor, however, willfully overlooks and ignores important elements. Kafka creates tension between visible and invisible for suspense. The horses are absent, the wound is not immediately found, Rosa’s hiding in the house, and the snowstorm all highlight
elements that work to conceal rather than reveal. The doctor’s willful act of ignoring the visual demonstrates his lack of understanding.

The patient, by contrast, sees his wound and also perceives of the doctor’s faults. While the doctor is unable to do his job because he fails at observation through willful ignorance, the patient shows the doctor as sick and incapable. The patient confronts the doctor with his anger and expresses his desire to scratch out the doctor’s eyes. This punishment aptly fits the doctor’s incompetence and ignorance. The visual elements and the act of observation shape the doctor and patient relationship towards its final breakdown in Kafka. The description reveals an area verbal communication does not show. It points to moments in the text, where a missing element says perhaps more than its presence. Just like the wound must be uncovered, so too, do the hidden elements in “Ein Landarzt.” In the doctor-patient context, this suggests hidden information and objects determine how the doctor and patient interact.

The doctor-patient relationship in Kafka shows a role reversal where the patient punishes the doctor. The patient threatens to do this by removing the doctor’s vision, which is a trait the doctor needs to diagnose patients. This shows how the doctor never understands his patient and how the doctor will never understand himself. Kafka’s narratives often use the loss or misunderstanding of the self as the driving force behind the story’s conflict. This really means society shuns the doctor more than the ill patient. It is a worse crime to be the unseeing doctor than the ill patient.

Just as Kafka’s doctor does not accurately see his patient, Norwegian author Amalie Skram’s doctor willfully misunderstands his patient. In her stories Professor Hieronimus and På St. Jørgen (Under Observation) she shows how the doctor’s observation is also gendered. The
male doctor not only observes his female patient, but this dynamic is further complicated through the hierarchy of female nurses established in a medical setting.
CHAPTER 5
NURSES, PATIENTS, AND A PROFESSOR:
WOMEN RELATIONSHIPS: SKRAM’S PROFESSOR HIERONIMUS AND PÅ ST. JØRGEN

Zola has done nothing so admirable as the description of the death from carbolic acid poisoning in Professor Hieronimus. We have the convulsive heaving of the chest, the rattling in the throat, the leaden-coloured visage, the gaping mouth with the bluish-white froth dribbling from it, all complete. (1469)

In this anonymous review published in the *British Medical Journal* in 1899, its author reveals the dead body’s shockingly graphic depiction in Amalie Skram’s *Professor Hieronimus* (1895). This description exposes not only medicine’s links to its literary portrayal, but also the medical professional journal’s reaction to the daily images from the clinic. This shows doctors were not only writers, but also readers of literature concerning their profession. At the turn of the century doctors’ patient files become much thicker indicating doctors write more (Aaslestad 47). This is the period in which Skram writes her asylum texts, *Professor Hieronimus* and *På St. Jørgen* (published together as *Under Observation* 1985). The reaction in the 1899 review suggests literary doctor-patient representations before Skram did not depict death as realistically. In comparing Skram to Zola, the reviewer places *Professor Hieronimus* in a turn of the century framework suggesting high praise for its realism. Skram’s asylum novels describe the medical clinic and its daily routine. Skram depicts the hospital’s routine events through voice and repetition. The routine reveals the clinic’s goals for patients to remain compliant. This compliancy follows Dr. Jekyll’s upright behavior. What does not follow societal norms fits Mr. Hyde. When the patient expresses emotions, which are not socially accepted such as sadness or anger, doctors treat them as abnormal. This negative treatment points to a conflict in the doctor-
patient relationship where the patient must always remain subordinate and obey the doctor’s rules. Gender and the nursing staff complicate this doctor-patient dynamic further since the nurses uphold the doctor’s rules in his absence, but also speak to the doctor on the patient’s behalf. The use of narrative voice reveals moments when the nurses speak for the doctor or when the nurses speak through the patient’s voice. Concurrently, the female patient also takes on the doctor’s role in speaking to the economically and emotionally troubled nurses. This role reversal turns the medical staff into the patient and the patient into the doctor.

I explore two areas in my study of *Professor Hieronimus* and *På St. Jørgen*. First, I present the nurses’ role in the medical asylum as intermediaries in the conflict between doctor and patient. Next, I suggest the narrative repetition reveals the daily routine for the hospital. Nurses uphold the daily routine and have three functions in the texts: they present a woman-to-woman interaction, they uphold the doctor’s regulations in his absence, and they create a pattern of daily repetition in the hospital. Scholars have largely overlooked the role of the nurses. Skram’s scholarship has a prevalent biographical approach, from which I depart. I show how the narrative repetition and the daily routine of the hospital prescribe proper patient behavior. Scholars have typically focused on passages in *Professor Hieronimus* where this routine is changed or challenged. This change shows a moment of conflict breaking the status quo. I suggest representations of the daily routine reveal the doctor’s preference for patients who obey the doctor’s rules. These suggestions apply not only to the patients, but also to the nursing staff in *Professor Hieronimus* and *På St. Jørgen*. The doctor expects the nurses to follow his orders and execute his demands. Nurses speak to the patient through the doctor’s voice by quoting the hospital’s regulations and policies to the patient. The nurses’ intermediary nature between the patient and doctor breaks the Jekyll and Hyde structure. Jekyll and Hyde do have a lawyer friend
and a butler who know of their existence, but they do little to interact between Jekyll and Hyde. At the same time, voice shows us nurses take on the role of patients as they confess their problems to a patient taking on the doctor’s role. This inverted doctor-patient relationship again suggests similarity to Dr. Jekyll’s transformation into another state. I draw on Petter Aaslestad’s analysis of actual medical notes from a Norwegian hospital around 1900 as a means to explore the voice and observational practices. Aaslestad does not read literary texts in his project, but rather he explores different narrative voices in actual patient files to show how the patient has little control in her situation. I show how Skram’s works display the same characteristics of governmental reporting and counterargument.

The nurses, who uphold the daily routine, add to the already complex doctor-patient relationship functioning as agents of the masculine doctors. Both nurses and patients have a subordinate role to the doctor. Doctors in narratives around 1900 rely on fragmented, polyphonic voices, which show a Dr. Jekyll and Mr. Hyde structure. Skram focuses on the patient’s perception of the fragmented doctor figure. Skram’s two narratives have a very different resolution than the others in this project. While Söderberg, Schnitzler, and Kafka end with either dead or passive protagonists, Skram’s patient transfers hospitals and leaves Professor Hieronimus behind. Skram’s exceptional nurses become sympathetic characters when Skram shows them to work long hours for little pay in poor treatment by men. The relationship between nurse and patient is not a universal sisterhood, although the two may converse more freely with one another, but rather the nurses also implement the hospital’s rules and regulations. For this reason, the nurse-patient relationship should not be seen as completely benevolent. I show how the nursing staff in the two stories differ as *Professor Hieronimus* has nurses who claim to be
satisfied and can speak more like a patient whereas in *På St. Jørgen* the nurses are less content with their situation.

**Professor Hieronimus and *På St. Jørgen*: Scholarship’s Tendency to Privilege Skram’s Biography**

Skram wrote Professor Hieronimus after being admitted to a hospital in Copenhagen when her marriage to Erik Skram ended. For this reason, scholars tend to read Skram’s biography into her stories. *Professor Hieronimus* begins in Else Kant’s home with her son and husband. Else is a painter, but due to her mental state and home life she has been unable to paint. She is admitted to the hospital under the care of Professor Hieronimus, who is a famous and well-respected doctor. After her arrival, Else has no contact with her husband or son. Professor Hieronimus tells her husband it would be unwise to see her and he makes no attempts to overrule the doctor’s advice. All of Else’s belongings are taken from her and she must stay in a room with the door open. She sees these actions as an invasion of her rights and speaks with the nurses about them. The nurses constantly mediate the conflicting relationship between doctor and patient.

Sometimes the nurses make confessions about their own situations. By the conclusion of *Professor Hieronimus*, Else transfers to another hospital away from Hieronimus. The second story *På St. Jørgen* focuses more on the nurse-patient relationship and reveals the nurses as less self-sacrificing and as facing more problems themselves. At the end of this story, Else cannot return to her husband’s home and leaves again for another hospital.

I see four major categories to secondary literature on Skram: biographies on Skram, research on her letters with her husband Erik Skram, work on her early novels, and projects looking at her entire oeuvre highlighting both her life and her works. There has been little published on what
scholars refer to as Skram’s asylum texts. Notable exceptions are Langås’s work on the body as a place of rebellion in Professor Hieronimus (2003), Edberg-Caldwell’s comparison of Professor Hieronimus to Charlotte Perkins Gilman’s “The Yellow Wall-Paper” (1997), and Rønning’s exploration of female insanity to male rationality in both institutional novels (1984). As can be seen from these dates of publication, it is hard to map trends in publication on Professor Hieronimus and På St. Jørgen because of the time between valuable, contributing research.

Hanson and Messick suggest that in general, however, “Skram scholarship has enjoyed a renaissance in Norway since the 1970s when the women’s movement focused attention on feminist authors” (354). This chapter seeks to address the need for more scholarship on these under-researched works especially since the translation of her work into multiple European languages, including English and German, in the 1990s.

Scholarship on Skram’s asylum texts tends to focus on Professor Hieronimus because of the parallels to Skram’s biography and its dramatic scenes between Hieronimus and Else. Irene Engelstad, one of the most cited names when it comes to Skram’s biography, explores the author’s life and those in her life including Hieronimus’s model, Knud Pontoppidan. In fact, Engelstad’s Amalie Skram om seg selv (1981) suggests “Professor Hieronimus (les: overlege Pontoppidan)” (Engelstad selv 156) / “Professor Hieronimus (read: medical director

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53 Langås explored the body in the first story, Professor Hieronimus. She suggests Professor Hieronimus “concentrates on the intense relationship between Else Kant and Hieronimus and, thus, is a novel depicting strong conflict [whereas…] Paa St. Jørgen focuses less on the doctors’ authoritarian regime than on the fellowship among the female patients” (55).

54 The bulk of Skram secondary literature in general focuses on her life or her earlier marriage novels, such as Constance Ring (1885). Much of what can be found on either Professor Hieronimus or På St. Jørgen comes from books, rather than short articles, focusing on Skram’s entire canon.
I differ from this approach to remove Skram’s life from her works.

Actual Norwegian Doctors’ Notes Reveal the Jekyll and Hyde Structure of Skram’s Doctor-Patient Relationship

Scholars have focused on Professor Hieronimus due to the conflict between Else and the professor. These conflicting moments reveal a scene, which breaks the daily routine of the hospital. The conflicting moments show how both the patient and the doctor manipulate each other to gain what he or she wants. Professor Hieronimus, the medical professional, acts subjectively and does not use an empirical method in interacting with his patient. Both doctor and patient fail to communicate. In the following scene, Hieronimus makes suggestions to Else and describes problems to her rather than asking her questions to elicit responses:

– Skrekkelig! Her er tvert imot meget hyggelig. – Hieronimus’ tone var belærende. – De skal bare synes her er hyggelig. De har vært dårlig i det siste – ikke sant?
– Jo, svarte Else. – Men her kan jeg ikke bli bedre.

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While Engelstad presents a view of Skram’s life around the time she wrote Professor Hieronimus, she also sets up a common approach to reading the work: using Skram’s biography to read her works. As recent as 2010, Hilde Bondevik writes that her article takes “Amalie Skram and her life experience [to] constitute a framework for the article” (181). This problematic approach does not account for the differences between Skram’s life and her art. Strindberg scholars have shown the issues in using Strindberg’s biography to read his works. Bjerkelund also follows this approach by directly stating: “Hun [Skram] gjorde det [erfaring] i to bøker som hun sendte ut allerede i det følgende år, Professor Hieronimus i februar, og Paa St. Jørgen i november 1895” (191) / “She [Skram] brought [this experience] to two books, which she published immediately the following year, Professor Hieronimus in February, and At St. Jørgen in November 1895” (translation mine).
Det har nok ikke vært så godt mellom Dem og Deres mann. Har De ikke noe å klage over, noe å bebreide ham?

Nei, hvisket Else og ble overveldet av gråt. (41)

“Terrible! On the contrary, it’s very pleasant here.” Hieronimus’s tone was didactic. “You just have to think it’s pleasant and then it will be. You’ve been feeling poorly recently, isn’t that so?”

“Yes,” Else answered. “But I’ll never get better here.”

“Things haven’t been going well between you and your husband, I suppose. Do you have any complaints, any reproaches against him?”

“No,” Else whispered, overcome with tears. (43)

The interaction between Else and Hieronimus shows how they speak to each other, but really do not communicate. Hieronimus does not listen to Else’s real complaints, but rather suggests what he believes are her problems, such as the situation with her husband.

Petter Aaslestad describes this type of interaction in his work *The Patient as Text*. He explores the notes from Gaustad\(^{56}\) as a way of reading doctor-patient interaction as a form of

\(^{56}\) Amalie Skram was a patient at Gaustad hospital after the end of her first marriage. During Skram’s time there would have been beds for 300 patients (Astrup et al. 12). In order to have an understanding of what a hospital would be treating at this time I will present a brief sketch of the statistics. A quick look at the statistics between 1886-95 show that during Skram’s stay, there would have been 7.2 deaths per year from tuberculosis, 3.4 deaths from pneumonia, 2.2 deaths from syphilis, and 5.5 deaths from mental illness, with an overall total of about 28.6 deaths during this period (Austad & Ødegård 189). The most common diagnosis between 1886 and 1891 was melancholia (33.1) followed by mania (29.3), but by contrast only 2.2 cases per year of hysteria (190). By 1900, Norway had 11 asylums with a total of 1,615 beds, by the end of World War I the number almost doubles to 21 asylums with 3,768 beds (80). At the time of its founding, the most popular prescriptions were morphine and opium as a way to treat melancholia (Astrup et al 13). Also critical to the hospital’s founding is that it is linked to the university in Christiania as a *universitetssykehus*, or university hospital (19). This means that Gaustad not only
narrative in actual files. Doctors, or the medical professional doing the reporting, often focus on the behavior of the patient placing the patient on a directional path of upward for improvement or downward for worse behavior (49). This is critically important in understanding how Else’s behavior in the first twenty-four hours determines her status with Professor Hieronimus. The professor also determines his patient’s health by how willingly the patient follows his orders; all this shows the importance behavior has in patient diagnosis and treatment. For Else, not following the rules of the patriarchal hospital means her behavior is unacceptable to Hieronimus. Likewise, Mr. Hyde’s unacceptable behavior casts him as abnormal.

Hieronimus’s perception of himself as a doctor shapes his patient interactions and relationships with women in a clinical setting. The doctor must also be aware of how the patient perceives herself, which shows in the case notes when the recorder attempts to sketch the patient’s thoughts (51-2). The director of Gaustad from 1854-82, Skram’s own doctor, O. Sandberg suggested this approach to patient care:

Saalenge Sygdommen er paa sin Høide, er enhver Modforestilling, ethvert haandgribeligt Bevis spildt; men undertiden – og dette er et godt Tegn – begynder den Syge lidt eller lidt eller lidt at høre paa Modeforestilling og at ytre ligesom Tvivl om Sandheden af Vrangforestillingerne, saa at direkte Bearbeidelse af disse kan forsøkes; det er dog kun et Par Gange lykkedes mig ved direkte Modforestillinger at udrette Noget [...]. (qtd. in Aaslestad *Pasienten* 62)

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has a function to treat patients, but also in training new doctors – something potentially dangerous when one considers Professor Hieronimus’s title. Not only would he have power over his patients, but also his theories on treatment would be perpetuated through his teaching.

57 This is also seen when Dr. Glas attempts to read Helga Gregorius or the pastor’s thoughts and records them as dialogue in his journal.
As long as the Illness is at its peak, any Counterargument, every tangible Proof, will be wasted; but gradually – and this is a good sign – the Patient will start little by little to listen to Counterarguments and express a tentative Doubt as to the truth of their Delusions, allowing attempts to [work on them]; however, only on a couple of Occasions have I succeeded in achieving anything by direct Counterargument […]. (qtd. in Aaslestad Patient 52)

Sandberg’s perspective towards patient care sounds much like Hieronimus’s approach. Sandberg suggests the patient must listen, which he applies to the doctor’s advice through his term *Modeforestilling or Counterargument*. Hieronimus uses the counterargument structure noted by Aaslestad in actual patient files. In my opening example, Hieronimus presents Else with a counterargument by stating “tvert” or “on the contrary.” Like Sandberg suggests, Hieronimus takes a *belærende* or didactic tone. Repetition is common throughout both stories to set up the day-to-day operations of the hospital, but it also demonstrates how unyielding both Hieronimus and Else are. Stevenson also employs repetition of concepts in Jekyll and Hyde, such as a focus on voice. Hieronimus uses the term *hyggelig*, or pleasant, twice. First, with the term “synes” translated as “to think” but also carries the connotation of appearances or seemingly pleasant. But Else has a counterargument to this expressed by the “Jo.” She is certain that under this method she will never recover.

Hieronimus then suggests the possible root of her problem as he sees it. But as Sandberg suggests his patients rarely follow his counterargument, Else rejects this notion with her “Nei” and a very emotional response by crying. The behavior of crying is just as much a rejection of Hieronimus’s methods as the word ‘no.’ As Rønning suggests, emotions come in contrast with the rationality of medicine. Hieronimus tries to solve Else’s problems in a rational way as
Sandberg’s own term counterargument implies. The very nature of an argument suggests two logical points of view. Else’s act of crying contradicts this method of male medical logic.

Else then speculates on the reasoning, in a very logical way, on why Hieronimus acts the way he does. In analyzing Hieronimus, Else fits into the same pattern Sandberg created. She sees Hieronimus’s behavior and then reads his actions through logic:

Nei, men han ville kanskje sette henne på prøve – se hvor tålmodig hun kunne være.

Å nei snakk, det var jo dog ikke en oppdragelsesanstalt hun var kommet inn på.

Men hvis nu Hieronimus tok sin oppgave sådan? Hvis han gikk omkring med en brennende trang til å hjelpe og reformere, skaffe til veie resultater som skulle hensette menneskene i beundring og vare for ham selv en spore og et bevis for at han fortjente det navn han hadde? Hans vesen og utseende var så påfallende pedagogisk – og teologisk? – Nei, men han var da ikke så ung at han handlet ut fra drømmer og teorier. Livet måtte vel ha belært også ham om at det eneste det gjelder om å vite, der er at man ingenting vet.

But perhaps he wanted to test her – to try her patience.

Oh nonsense, she hadn’t come to a reform school, after all.

But perhaps Hieronimus saw that as his mission. What if he went through life with a burning desire to help and reform, to produce results that would amaze people and be a spur to him, a confirmation that he deserved the reputation he had earned. His manner and appearance were so peculiarly didactic – even ministerial.
Yet surely life must have taught him, too, that the only thing worth knowing is that one knows nothing. (45)

In this passage, the patient does more than observe; Else also attempts to analyze in free indirect discourse shifting the focus to voice. While Sandberg suggests it is the role of the medical professional to present the patient with a counterargument, Else seems to rationalize Hieronimus’s role. Else suggests this in a manner, which adds commentary to Sandberg’s notion of helping the patient when she suggests the reason why Hieronimus works with patients. Else wonders if Hieronimus is involved in patient-care out of selfish grounds to make a name for himself in the field. Else’s question remains a crucial critique of medical culture, which allows doctors to form some type of celebrity status. Even turn of the century newspapers printed many articles on famous doctors and researchers. At the same time, Mr. Hyde’s actions and crimes are in the headlines of London newspapers. Even during the Jack the Ripper scandal, the criminal was compared to Stevenson’s narrative in newspapers. Else’s criticism is an accurate one in light of Hieronimus’s professor role. As a professor with high status he is used to having students and resident physicians listen to his ideas. Else, representing a low level in the hospital’s hierarchy, would present a huge threat to Hieronimus because a person of such low medical status challenges his ideas.

Else also notes Hieronimus’s “vesen og utseende” translated as “manner and appearance.” These two concepts are critical in understanding how observations were conducted

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58 This is echoed in *Doktor Glas* when Glas suggests doctors want to help people or they are avid for honors. He suggests he is neither: “Vilket yrke! Hur kom det sig att jag bland alla näringsgrenar valde den, som passade mig minst? En läkare måste vara ett av de två: människovän eller ärelysten. – Det är sant, på den tiden trodde jag mig vara bägge delarna” (12) / What a profession! How did it come to pass that of all possible ways of earning a living, I chose the one that suits me the least? A doctor must either care deeply about people or be ambitious. – Well, true, in those days, I thought both characteristics applied. (3)

59 Much like modern TV medical professionals such as Dr. Phil or Dr. Oz.
at this time. For instance, at Gaustad, the laws under King Oscar II indicated what information should be kept in a patient file. This law stressed monitoring the patient’s behaviors. In this manner, the legal code controlled how the medical system dictated the doctor-patient relationship. The information required was the following: “the patient’s name, age, occupation, possible hereditary factors, diagnosis and the presumed cause of illness” as well as a “description of the Patient’s Physical and Mental condition and any subsequent changes that may occur, must be recorded in this protocol” (Aaslestad Patient 47-48). In light of the legal code, Else’s stress on Hieronimus’s “vesen og utseende” is critically important. Else follows the same guidelines the doctors would take in observing her. In this manner, the English translation’s title of *Under Observation* can be reversed to suggest Else observes while Hieronimus is being observed.

Else exhibits noncompliant behavior in not following all of Hieronimus’s rules. If Else observes the doctor, the doctor is placed on the patient’s level. This is one reason why the medical notes have a strong distance between doctor and patient. Aaslestad suggests the reason why the patient’s first person narration or voice is lacking in their actual patient files is because the doctor fears identifying with the patient on this deeper level (*Patient* 64). Applying this to the literary text, Hieronimus’s actions seem out of place or over-exaggerated and disproportionate to Else’s actions. But if the reader considers Else’s role in counter-observation, to borrow from Sandberg’s counterargument term, the professor acts in a proportionate manner. It does seem to complicate matters that if Skram writes to critique the medical institutional systems, Else uses the same tools to expose Hieronimus. As Audre Lorde famously suggests, the “master's tools will never dismantle the master's house” (27). For Hyde to die so must Dr. Jekyll. Else uses the same set of tools medical doctors and the law suggests is the correct way to help cure patients. In the same way, Else wants to dismantle the hospital’s Hieronimus’s model suggests patients
should remain in bed and not work towards solving problems. This passive state in the hospital bed shows the hospital’s preference for compliant and quiet patients over treatment.

There is a critical difference, however, between how Else observes Hieronimus even if they are both concerned with behavior as the driving forces of their arguments against each other: the way Else uses the more subtle relationships in the novel to gain information and support on a personal level. Hieronimus avoids personal information about his private life such as his marital status or his own problems. By contrast, the nurses often speak of these issues. Hieronimus’s refusal to talk about his personal life suggests he is hiding information much like Dr. Jekyll in his alter-ego, Mr. Hyde. The divide between doctors and patients in fiction seems to reflect actual historical practices. Aaslestad reviews actual patient files and notes there are visible and invisible sides to the hospital:

There are clear dividing lines in the hospital hierarchy between the director and the doctors on the visible side, and everyone else on the invisible side. The writers from the wards are also included in this silent majority. They are invisible and silent about their own writing as they write in stark contrast to the writers of the present day, who do not shy away from appropriating the text for themselves, and consequently away from the patient, who should, of course, be at the centre.

(Patient 58)

Aaslestad’s terms “visible” and “invisible” indicate there are people and relationships in the hospital that are not seen as the most important to the medical writer and recorder. These relationships are often overlooked because they are not seen as the most critical. Moving from Aaslestad’s work on actual patient files, literary scholars have also followed this visible path by focusing heavily on Else’s relationship with Hieronimus because of high conflict (Langås 55).
Drawing on Aaslestad’s discussion of invisible-visible parts to the hospital, I suggest there are more subtle relationships, which also deserve scrutiny and present a space where Else’s observations come in contrast to Hieronimus’s. Next, I will explore the invisible, subtle space between patient and nurse in *Professor Hieronimus* to show how the nurses uphold the daily routine.

**Patient-Nurse Relationship in *Professor Hieronimus*: The Invisible Daily Routine**

Else’s relationship with the nursing staff is rare within medical literature of the period. This relationship makes Skram’s work unique in two ways: first, it is space of women interaction, as Helga must manipulate Glas directly without any female intervention. Other women could better understand Else’s situation.\(^6^0\) Secondly, Else’s relationship with the nurses is invisible to both the doctors and to literary scholars. The nurses serve two, sometimes opposing, functions in the nurse-patient relationship. Nurses uphold the doctor’s law and rules, and therefore, also uphold the patriarchal hospital structures. But at the same time, the nurses relate to the women patients in a way the doctors cannot on a personal level, meaning they understand each other on a humanistic level, and intercede on behalf of the patients to the doctor.

Nurses can function similarly to a double agent mediating between the doctor and patient’s perspectives. Examples of the nurses upholding the absent doctor’s rules can be brief and seemingly insignificant:

- Kan De ikke lukke døren, frk. Stenberg?
- Det er imot reglementet. (29)

“Can’t you close the door, Nurse Stenberg?”

\(^{60}\) The woman-woman interaction is lacking from *Doktor Glas*. 
“That’s against the rules.” (29)

Else is unsatisfied with her arrangements in the hospital and wants to shut the door for privacy and to block out, both physically and mentally, the rest of the hospital. The door represents more than just a battle point between the hospital’s rules and the patient, however. It symbolizes the larger issues at play here: Else has lost her right to privacy and both her mental and physical spaces are, in her estimation, being violated.

Further interesting is how the two women converse with each other. Else refers to the nurse with a title, in the Norwegian “frøk,” or frøken, and in the English translation as “nurse.” Frøken, however, does not directly mean nurse, but rather is the title for an unmarried woman, but also for a teacher or waitress. Nurse Stenberg certainly fulfills all these roles as she guides Else through her time with Hieronimus. Given that scholars have noted the weight Skram places on her characters’ names, it seems certain these terms would have had special meaning to Stenberg’s characterization. Both frøken and nurse display formality, however, but frøken places Stenberg outside of a medical discourse, whereas nurse would define her more by occupation.

In this example, Else directly pleads with Stenberg to allow her a closed door, which is noted by her direct address to the nurse. Stenberg does not reply in the same manner, but in a declarative sentence stating it is against the rules. It should be noted Else is not directly addressed here, nor does Stenberg even use the second person “you” form. It is just a direct indication of the rules. Narrative theory suggests even though Stenberg is the speaking character, the voice is not her own because she is citing the rules made by the hospital or Hieronimus. This means though Stenberg is speaking she is speaking the words of the institution. In this example, Stenberg voices the hospital’s rules and in doing so upholds the voice of the male medical
hierarchy. Else pleads with her on the level of a human being by using a direct form of address, but Stenberg replies through a distanced discourse of male medicine.

**Repetition Reveals Daily Hospital Life**

Skram does not isolate events like these as the novels use a lot of repetition. Aaslestad suggests frequency plays an important role in medical discourse, especially when the focus is placed on behavior. He reads a patient’s one-time act as “stand[ing] out in even stronger relief against this static universe” (58). Literary scholars are interested in Else’s dramatic conflicts as moments of difference such as the one Aaslestad presents where the patient physically kicks the doctor (54; 58). This moment of conflict stands out because it is a one-time occurrence, but the moments of repetition reveal the very structures and foundations of turn of the century medical code. It is in the transgressive moments that this model is challenged.

When Else first comes to the hospital many words, questions, and concepts repeat. As Else clings to the personal and private, she symbolically reveals that her belongings are not just objects, but rather moments of threatened personal liberty.

-Men det er så mange ting jeg skal bruke. – Min urnøkkel – har de også tatt mitt ur?

-Her er det forbudt å ha noe som helst.

-Skal døren stå åpen om natten også?

-Både natt og dag. Det er reglementet, svarte frk. Stenberg og gikk ut. (30)

“But there are so many things I’ll need. My watch key. Have you taken my watch, too?”
“It’s against the rules to have anything like that in here.”

“Will my door be open at night, too?”

“Day and night. Those are the rules,” answered Nurse Stenberg, and went out.

(30)

First Else suggests she will need many things, which demonstrates how much she feels has been taken away from her. Interestingly, she points to her watch, a symbol for time. This object seems to foreshadow the time she will spend at the hospital. Else directly addresses Stenberg, as in the previous example, by using the formal second person. In the same manner, Stenberg responds through the hospital’s voice indicating the hospital’s policy created by Hieronimus. Even though Hieronimus is absent, his voice is present through hospital policy he created and has enforced by the nurses. After pointing to the instrument of time, Else returns to the door, which caused her so much alarm five pages prior. As the watch suggested time before, Else is now concerned about the door in its relation to time. Her concern is the door will also be open at night. Stenberg again speaks the hospital’s voice by using the term “reglementet” or “rules” in each situation with the door. This repetition indicates to the reader when something should be considered normal for the hospital and when Else’s behavior transgresses these boundaries.

The conversation about the watch and door, as well as a cough medicine bottle, indicate the strict rules in the hospital – rules all created by Hieronimus and carried out by his women staff. But while the nurses are aware of his rules and carry them out in Hieronimus’s proxy voice, the nurses also represent a space outside of Hieronimus’s control. Else has a hair ribbon she would like to keep to tie her hair back. A nurse named Thorgren is not eager to let her keep it, and points to Stenberg to have the final decision because she is the one in charge. Stenberg suggests:

-Det er imot reglementet. Men nu kan vi vente til reservelegen kommer. (31)
It’s against the rules. But you can ask the resident physician when he comes. (31)

Stenberg again repeats the term “reglementet” or “rules” in yet another example, but something also dramatically changes, albeit in a subtle way, in Stenberg’s response: not only does she use the first person plural “vi” or “we” in Norwegian, but she also gives Else an appeal to a higher power instead of an outright no. The English translation chooses to translate this as “you,” but this does a disservice to this narrative moment. By using the term “vi,” Stenberg has grouped herself in with the patient, placing them on the same side. While this is not a strong endorsement of a womanly sisterhood between woman nurse and patient, it is a very critical first step.

Especially in the first novel Professor Hieronimus, the nurses and Else do not form a womanly bond, but they do have the capacity to understand more than Hieronimus. This is why it would be inaccurate to describe the woman relationships as completely positive or as the solution to Hieronimus. But they deal in the day-to-day operations of the hospital and come to understand the patients more personally.

Over the next pages, Stenberg and Else develop an interesting relationship. Stenberg relates the rules as part of her teacher function. When the noise begins to bother Else, Stenberg tells her:

-Nei, fru Kant. På denne avdeling er det aldri stille. – Der hører De selv. (32)

“No, Mrs. Kant. It’s never quiet in this ward. You can hear for yourself.” (33)

This time Stenberg now refers to Else as “Mrs. Kant” and in the formal you form. This marks a complete change in address from before when Stenberg only spoke Hieronimus’s rules. The difference seems to come from the male resident physician’s visit that has come between Else’s last plea for the hair ribbon and her current distress over the noise. After the male physician’s visit, both Stenberg and Thorgren treat Else differently and with more compassion. It is as if the
nurses have been confronted with the male medical hierarchy themselves and now realize how isolated Else is. In fact, the reader is given more description in the refusals of other nurses:

Men det var forgjeves. Frk. Suenson forsikret bedrøvet at hun ikke hadde lov til det. (37)

But it was in vain. Nurse Suenson assured her sadly that she wasn’t permitted to do it. (36-7)

This reply suggests the nurse begrudgingly follows the hospital’s rules. This is a defining moment in the story as Suenson realizes there is something unjust about the rules, but follows them anyway to uphold the medical hierarchy. In this subtlety, the reader begins to get a sense the nurses have a different opinion than the men in power, but do nothing to challenge this system. The one term “bedrøvet,” or grieved or saddened, points to the incapacity or unwillingness of the nurses to overturn the current medical structures, despite what they witness on a day to day basis. Furthermore, it shows emotion within the hospital structure.

While the nurses might not have the power to overturn the system from within, the reader does get to see things from their perspective. The patient, Else, also learns about the nurses’ situation, which allows Skram to present her audience with women’s situations and positions within society, especially around the medical community. Suenson describes her shifts:

- Ja, jeg er så meny [trett]. Nu har jeg våket i 7 netter, så har jeg 7 tilbake. Det er 14 dager av gangen.

Else ble overfalt av en lammende matthet ... (38)

“Yes, I really am [tired]. I’ve been on duty for seven nights and I have seven more to go. The shift is fourteen days.”

Else was overtaken by a paralyzing fatigue … (40)
Here, Else’s conversation with Suenson allows the readers to have a glimpse into the female nurse’s work schedule around the turn of the century. Even in the historical books on these hospitals there is no information about the nurses’ work schedules (Astrup, Austad & Ydegard). The stress in these books focuses on the hospital as an institution, often to celebrate a numerical milestone for the institute. Just like literary scholarship focuses on Hieronymus, historians have focused on the roles major doctors and directors have played to the intuition. Scholars have published little looking at the role women, more specifically nurses, played in this hospital environment. In Skram’s works, by contrast, Suenson notes how tired she is, the very condition, which seems to be the cause of Else’s mental breakdown earlier in the novel. This relationship is strengthened by Else’s response: paralyzing fatigue. Else cannot even comprehend the idea of a fortnight work schedule. Clearly, the suggestion made here shows women taking on an incredible amount of work, which places them back in the male medical structures after the patriarchal society placed them there with its expectations for women. Society demands women work this burdening schedule, but it is this very paradigm, which places them in the institution due to fatigue.

**Role Reversals: The Patient Becomes the Doctor and the Nurse Becomes the Patient**

Else is not only a patient in the hospital, but she also takes on the doctor’s role with the nurses. Else comes to learn more about the nurses than just their exhausting work schedule. She opens up a conversation with the same nurse, Suenson, much like a doctor would start a psychoanalysis session:
- Fortell meg litt om Dem, sa Else og la seg med hånden under kinnet om på siden for bedre å kunne se frøken Suensons fine og lyse ansikt. – Er De glad for å være sykepleierske? (59)

“Tell me a little about yourself,” Else said, lying on her side, her cheek propped on her hand so she could have a better view of Nurse Suenson’s bright, delicate face. “Do you like being a nurse?” (65)

Although Else is the patient at the hospital, she takes on the doctor’s role in her interaction with Suenson. Else’s request for information goes beyond a factual knowledge of the hours a nurse works or the duties they must perform. Else asks Suenson for her own perception of two things: first, of herself and secondly, and more specifically about her job. It is clear from Skram’s description Else places herself in a position to not only listen to Suenson’s answer, but to make a visual record as Else moves so she can better see Suenson as indicated in the narration. Else can see Suson’s face, which suggests Else’s request for information will also include Suenson’s behavioral response to the question. This is important in relation to Aaslestad’s suggestion the doctor places high importance on the patient’s behavior. In a certain way, Suenson’s response functions like psychology or a form of therapy:

-Ja så glad, så glad. Nu har jeg vært det i 5 år, og ikke en time har jeg fortrutt det.

Det eneste som gjør meg ondt, er tanken på min søste gamle far. – Du har et trist liv, min pike, sier han alltid, og så tungt og stryker meg over håret. (59)

“Yes, I like it very much – very much. I’ve been a nurse for five years and I’ve never regretted it for a single hour. The only thing that makes me sad is the
thought of my sweet old father. ‘You have a hard life, my girl,’ he always says; then he heaves a deep sigh and strokes my hair.” (65)

Suenson begins by using repetition that is so common in the novels. Suenson’s need to repeat “så glad” almost undermines her meaning or at least calls it into question. She indicates she had been employed by the hospital for 5 years indicating she is not new to the hospital’s customs and organization. The construction that follows is extremely interesting in terms of how Suenson perceives her strenuous work. She herself never indicates it is too much for her here, but rather uses the voice of her father to suggest this. The only thing which literally “does her pain” is she thinks that her father thinks she has a hard life. When written out, the reader immediately sees how far removed Suenson is from her own situation. Suenson also indicates this phrase is uttered “always” meaning it must happen with some frequency. In his work on actual patient files Aaslestad suggests there are moments of high frequency. If an occurrence happens often, it works to reinforce the day-to-day hospital’s structure and the patient’s typical behavior. Moving from Aaslestad’s work on actual files, I move to the literary to suggest Else is able to establish the day-to-day typical life of a nurse.

Else elicits more information about Suenson’s reaction to insane patients, almost in a way where Else can compare her own first experience in entering the hospital:

- Jeg synes dog det må være fryktelig å bakses med disse rasende mennesker. Er De ikke redd? Eller var De det ikke i begynnelsen?

- Nei. Å jo, jeg var vel nok av og til litt forskreket i begynnelsen. Men man venner seg til det. Så har man jo også undertiden glede av det, som nu med bestemor. Hun er så søt og takknemlig. Og den gamle der inne, hun som kaster • sengehestene i gulvet. Et par ganger har det hendt at hun har slått armene om min
hals når heg har stått bøyd for å stelle henne, og da hun hvisket: ”Takk, Alma, hvor du er søt.” Hun tar meg alltid for den Alma som hun fantaserer om. Og der er dog meget av sådan en syk og utpint gammel stakkar, frøken Suenson smilte rørt og lykkelig. (59-60)

“Still it must be terrible to wrestle with these mad people. Aren’t you frightened? Or weren’t you at first?”

“Well, yes, there were times when I was a little frightened at first. But you get used to it. And you get some pleasure now and then – take Granny, for instance. She’s so sweet and grateful. And the old lady in there who throw the bedrails on the floor – a couple of times when I’ve been leaning down to do something for her, she’s put her arms around my neck and whispered, “Thank you, Alma. You’re so sweet.’ She always takes me for Alma, the one she raves about. From such a sick, worn-out creature that’s a great deal,” smiled Nurse Suenson, touched and happy. (65)

Else obtains information from Suenson, although it may not be what is implied from Else’s line of questioning. Suenson’s answer sounds much like that of a perfect patient. Suenson suggests life at the hospital can get better after the first encounter. Almost passively Suenson dismisses the hospital’s norm for the brief moments of joy she gets as a nurse. Upon close reading, it is clear the hospital’s state is chaotic; Suenson notes one must become accustomed to it. Suenson accepts the hospital’s state, which is suggested by the phrase “undertiden glede” denoting her actually period of joy is fleeting.
These moments Suenson points to suggest her joy comes in her relationships with female patients. She gives the example of Granny to whom she attributes the behavioral traits of “søt og takknemlig” or “sweet and graceful.” Granny expresses gratitude for Suenson’s work, which no one other than her father has recognized in the male organization of the hospital. Likewise, Granny labels Suenson “søt,” or sweet, for her care of Granny. Granny gives her a first name, and in the absence of Suenson’s real name, uses a name from her hallucinations or fantasies called Alma. Alma has many meaning in different traditions: Hebrew: maiden, Germanic: effort, Latin: nourishing, and Spanish: soul. Each definition fits Suenson’s role to Granny on a more meaningful level. Granny’s act of gratitude is more than just recognition of Suenson’s work, but the first name accepts her on a more personal level between nurse and patient. In turn, Suenson recognizes Granny’s statement as something special given Granny’s sick and worn-out state. This quote indicates Suenson is able to place herself in Granny’s position, most likely because Suenson is tired herself, and recognizes the weight of Granny’s acknowledgement. Though medicine might label Granny as insane, she is still able to share a personal relationship with the nurse – and the nurse with Granny. Both Granny and the nurse take on the role of patient. They actually have much in common with regard to their characterization and speech. Much of turn of the century medical literature uses this inverted doctor-patient structure to question the state of medicine. It functions as irony when the doctor is proven insane, which his patient should be. When nurses become patients, it lacks this shocking value. As Huysen and Bathrick suggest, gender is an area, such as race or nationality, which invites a person to been seen subjectively (7). The doctor regards both the nurse and the female patient in the same subjective category.
Gender Shapes the Nurse-Patient Relationship: Their Bond Against the Doctor

Gender interactions also exist in the hospital’s space. While scholars have explored Else’s relationship to Professor Hieronymus, little has been suggested on his relationship to the female nurses. This presents an interesting space to examine Hieronymus’s relationship to Else either holds across the female gender or only specifically to Else as a patient, who threatens him. In this scene, Hieronymus blames Nurse Stenberg for the noise level in the ward, and in return, Stenberg places the blame on the maids. Hieronymus tells Stenberg:

- Jeg kan skam ikke, hr. professor.
-De skal. (51)

“You are the only one I’m concerned with. You must make the maids obey. That is your concern.”

“That’s beyond me, Professor.”

“You must… (56)

Hieronymus speaks to Stenberg in the manner he wants his hospital run. He suggests a strictness for the nurse’s relationship with the maids in the same manner he handles his staff. Hieronymus thus dictates the way in which the female nurses handle the female maids. The original uses the term “pikene” for maid, which is a gendered word related to “pike” meaning girl. Thus the male doctor tries to not only dictate the rules between his relationship with his female staff, but also in the relationships between female and female in his absence. Stenberg tells him this is beyond her ability in the word “kan,” but Hieronymus reverses the modal verb to suggest this is something that she shall do. The original text indicates more than the English translation Stenberg’s actions
will be a certain way. The term “skal” can be translated as either obligation with “must” or future tense with “will” or “shall.” In any case, Hieronimus seeks to control relationships beyond his own direct ones, which he shares with others. This prescribes how female relationships will function.

This passage also suggests Hieronimus’s wish to look powerful in front of Else. While Hieronimus has traits of both men and women, his relationship with Else is ambiguous. Like Dr. Glas’s relationship with Helga Gregorius, it is unclear if Hieronimus desires Else in a sexual way or if he wants total power and control. This scene can be read as an attempt to show his power over the nurses so Else realizes his high rank within the hospital’s organization. Through the act of demeaning the nurse in front of a patient, Hieronimus undermines the nurse’s authority and makes himself look more powerful, and perhaps more attractive to Else. In this way, Hieronimus uses female relationships, or the way in which he dictates them to be, to control his status with the patient. This shows the complex nature of the gendered medical relationship. Both Hieronimus and Else use gender to manipulate each other. At the same time, society and the legal code dictate the rules governing the relationship in the first place. Else has little chance of seeing a woman doctor because this was the status quo at the time. For the same reason, there are no male nurses in the story, only male doctors subordinate to Hieronimus that still outrank the nursing staff.

While Hieronimus fails to gain Else’s sympathy or attention, Else does begin to bond with the subordinate women nurses. In Hieronimus’s absence, Else creates a bond with the nurses and begins to analyze their relationship in a different manner than typical medical records indicate. Norwegian medical records place emphasis on patient behavior. They also stress the doctor as a
removed agent. In Else’s thoughts, she incorporates herself in her relationship to the nurses. This creates a more personal bond with the staff:

Hvor hun var søt og snill, frøken Stenberg. Else, som hadde tenkt at hun gikk omkring på dette pinens sted uten følelse for ofrenes elendighet, og nu hadde hun nettopp da Else hadde voldt henne ubehageligheter, vist kjærlighet og deltagelse. Aldri skulle Else glemme henne det! (53)

How sweet and kind Nurse Stenberg was! Else had thought that she walked through this place of suffering without any feeling for the victims’ misery, yet just now when Else had made trouble for her, she had been kind and sympathetic. Else would never forget that! (58)

Here, Else bonds with Stenberg through Hieronimus’s mistreatment. While Hieronimus believes he is setting up order by fragmenting female relationships, he actually helps to bond the women together over his maltreatment of them. Else admits she felt Stenberg had no sympathy towards the patients, but Stenberg’s act of solidarity against Hieronimus effects Else. So while Else does note Stenberg’s behavior, she takes this a step further than the medical records: she directly states how Stenberg’s behavior affects her. Else is able to realize the nurse-patient or female-female interaction is not one way in that one observes the other passively. While Else observes Stenberg’s actions and labels her character as sweet and kind, Else turns this towards the self. Else then creates a lasting bond with Stenberg when she claims to never forget Stenberg’s act of support. Both Else and Stenberg bond in Stenberg’s support of Else against Hieronimus. This suggests the nurse-patient relationship is complex as both nurse and patient fall under Hieronimus’s authority. Hieronimus dictates the rules of the hospital, but it is because of these
very rules—and Else’s turn towards the self— the subordinate female figures of nurse and patient bond.

This nurse-patient relationship extends beyond Stenberg and Else, of course. In the paragraphing following the last passage, Else continues to sing the praises of the female nursing staff. This suggests the nurse-patient relationship, while depending on interpersonal experiences, also shares something more general in the nature of a female-female interaction:

Forresten de andre også. Den buttede Thorgren med de røde glade kinner. Hele dagen var hun av og til kommet hen til henne og hadde talt muntert og vennlig, og på alle måter søkt å vise sitt gode sinnelag, for ikke å tale om Madonna-Hansen, hvis store øyne lyste av godhet og den nderligste medlidenhet. Og så frøken Suenson, nattevakten, som ved sin blotte tilsynskomst virket lindrende på Elses kvaler. Gudskjelov for sykepleierskene. Tenk om de hadde vært som Hieronimus! Hun hadde for øvrig fornemmelsen av at de instinktmessig ikke ville røpe den gode forståelse det var mellom dem og henne. Så snart Hieronimus kom tilbake, ble de stive og strenge å se til. Det var i det hele tatt som om atmosfæren frøs til is straks han bare viste seg. (53)

And the others, too, for that matter. Plump Thorgren with her smiling rosy cheeks. She had been in and out all day, speaking cheerfully and kindly, demonstrating her good will in every way. Not to mention Madonna-Hansen, whose large eyes glowed with goodness and heart-felt compassion. And of course Nurse Suenson, the night nurse, whose mere appearance soothed Else’s agony. Thank God for the nurses! What if they had behaved like Hieronimus? She had the impression,
though, that they instinctively did not want to reveal the good relationship that existed between them. Whenever Hieronimus came in their faces became rigid and severe. It was as if the atmosphere instantly turned to ice when he appeared.

(58)

First, Else directly names the other nurses: Thorgren, Madonna-Hansen, and Suenson, which demonstrates Else sees them on an individual basis rather than just a single category as nurse. This is critical because Hieronimus’s logic suggests all patients fit into one category: patient. His rules apply to everyone with little regard for differences in behavior or diagnosis. This is why the label of insane is so damaging; once a person is turned into a patient, this is the defining term for her. Else is no longer Else the individual, but rather Hieronimus places her into the category of patient. The novel suggests Else’s loss of individuality and privacy as one of its central critiques. Else, by contrast, sees each of the nurses as individuals with specific characteristics, which in turn, affects her. It should be noted, however, that much of what Else sees as good traits stem from physical appearance.

The second part of this passage returns to Hieronimus. This shows how powerful his presence is that even though Else has these relationships with the nurses on an individual level, her thoughts immediately turn to Hieronimus’s thoughts on the subject. Else has the impression the nurses do not want to show their strong relationship with Else in front of Hieronimus. This would mean Hieronimus does not endorse their friendship and would wish for more separation between nurse and patient. It is because of this very structure, Hieronimus has the traits of a tyrannical dictator. He attempts to fragment his subordinates as a means to keep power over the hospital. Else notes the change in the nurses’ appearances when Hieronimus enter; the

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61 The original makes this clearer: the “between them” means between the nurses and Else.
atmosphere is icy. This suggests the nurse and patient relationship’s rules are determined by the male doctor in control and may alter with his appearance. However, in moments of his absence, the female-female bond grows through learning about each other on an individual level. This is confirmed in the conversation between Nurse Schrader in På St. Jørgen where Else learns the two share similar opinions and taste in books (92: 293) The doctor, by contrast, is not able to share this type of relationship with the patient because he wishes to remove the self from observing. This removal shows the doctors unwillingness to invest with his patients on a personal level. Here, the clinical setting remains detached.

**Nurse-Patient Relationship in På St. Jørgen: The Nurses’ More Subjugated Role**

I have shown how the nurse-patient relationship functions in Professor Hieronimus as a space between Hieronimus and Else. This situation changes more in the second asylum story På St. Jørgen. In fact, one scholar suggests this work has more to do with the nurse-patient relationship than in the Hieronimus drama and this is one reason why scholars have avoided På St. Jørgen (Langås 55). In this work, the nurses present an alternative perspective from Suenson. Here, the nurse-patient bond is markedly different because these nurses are less positive about their profession than in the previous work. The new nurse is called the Norn, named after the three goddesses in Norse mythology representing past, present, and future. In this conversation, Else again begins a conversation with the nurse, which I will present in its entirety to see repetition and the fluency of the conversation:

"Har De vært nattevakt lenge?"

"I 7 år."

"Og det har De kunnet holde ut?"
"Dårlig," hvisket nornen.

"De er også så blek."


Det er sikkert."

"Men er De da festet her for livstid?"

"Nei. Men de vil nødig av med meg. På et sådant sted skal det jo værte et pålitelig menneske, og en som har krefter til det."

"Så sover De vel hele dagen?"

"Nei. Jeg blir aldri ferdig før henimot klokkene 2. Jeg har også med badingen av de syke å gjøre."

"Så håper jeg da at De minst har 100 kroner måneden i lønn?"

Der kom som en skygge av et smil på nornens ansikt. "Hm," sa hun bare.

"Hjelper det fremdeles?"

Else nikket. (62-3).

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"Have you been a night nurse for a long time?"

"For seven years."

"And you’ve been able to stand it?"

"Barely,” the Norn whispered.

"You’re so pale."

"Yellow. Yellow as a lemon. And thin. I’ve really gone downhill these seven years. There’s no doubt."

"But are you bound here for life?"
“No. But they’re reluctant to let me go. A place like this requires a dependable person, you know, and someone who’s strong enough.”

“I suppose you sleep all day long?”

“No. I’m never through until almost two o’clock. I also help bathe the sick patients.”

“Well, then I hope you make a least a hundred kroner a month.”

A shadow of a smile appeared on the Norn’s face. “Hmm,” was all she said. “Is this helping?”

Else nodded. (259)

In this example, the Norn presents a counter-account to Suenson’s on what it means to be a nurse. As Bakhtin has suggested, opposites exist in literature to debate two sides of an argument (28, 32). This is the same fragmentation seen in medical works like Dr. Jekyll and Mr. Hyde. Here, the Norn does not suggest nursing is about the brief moments of happiness like Suenson. This time at the new institution, the nurse confesses that while she, too, has worked for many years as a nurse, she is barely able to stand the job. Nurse Suenson’s condition was certainly just as difficult, but she can only speak this difficulty through her father’s voice while working for Hieronimus. In this new environment, the Norn whispers as if the information is secretive. While the Norn cannot voice her plight loudly, she does find her own voice – more than Suenson’s capabilities.

In this second passage, Else examines the nurse like a patient pointing to nurse Norn’s paleness. Else reads the Norn’s appearance as part of her condition in her diagnosis. Skram then turns the focus of this discussion to reveal the nurse’s working conditions and life circumstances around the turn of the century. While doctor and patient records may record aspects of medical
importance, it does little to explain the staff’s personal lives. Nurses, as is suggested in this narration, would keep their posts for a long time because of the difficult requirements for this type of position.

As a night nurse, Else suggests the Norn must be able to sleep through the day, but the Norn assures her that her work will take until 2 o’clock in the afternoon because she must tend to patient issues, namely bathing. Else suggests by her next question the nurse must be compensated well, here a hundred kroner a month, to make up for this type of demanding workload. Else sees the nurses’ compensation in terms of money, rather than for other non-material aspects. This is not only an economic critique that women earn very little for hard work, but also that the compensation should come in the form of money. The Norn does not respond to this in words, but rather with a sound, “hm,” suggesting this is not the case. This interaction goes deeper into the situation of the female nurses at these institutions. Skram’s narration provides a narrative lacking from actual medical records. In exploring Skram’s texts, the nursing staff and their experience come to light.

The closing remarks reverse Else’s doctor role back to patient. The Norn asks her if her life story helps Else in any way. Else nods in agreement. In a certain manner, this suggests the nurse-patient relationship as a form of sisterly support group or talk therapy. While the male doctor places his focus on the female patient’s condition and removes himself as an objective observer, the nurse shares her own personal trials with Else. This woman-to-woman relationship among subordinates in the hospital system offers Else help in a way masculine medicine cannot. For male doctor to admit this level of problems would have cost him his credibility as a man of science.
The women-subordinate interactions topicalize the place of women in society, especially their role with men. During transport to St. Jørgens, Else speaks with the female guard. The woman suggests to Else on the ride:

”Vi fureenimre slites opp av strev og barnefødsler, og mennene – de vil jo alltid ha noe å forlyste seg med. Når de så kommer hjem til en trett og mutt og gnaven gammel kone.” (10-1)

“We women are worn down by drudgery and childbirth, and the men … they always want something to keep themselves amused. They come home to a tired, sulky, cross old woman.” 199

The bond between the caretaker and the patient allows for a discussion on a woman’s place in society. Its pessimistic view of marriage shows women are trapped by their biological condition of childbirth and the man will always be looking for an extramarital affair as the larger discussion here suggests. Else comments on a poor woman she sees as her carriage stops whose husband takes all the refreshments while she gets none. She suggests this woman will collapse from hunger and her husband does nothing. The caretaker’s response “Men sådan er det nu engang her i verden” (16) / “But that’s the way the world is, after all” (204-5) suggests a resignation to the current state of gender relations. This passively shows there is no way to overcome this situation and women must accept the subordinate role. The caretaker is the speaker of this quote. Else does not say this, but rather an outside source. Clearly, Skram constructs this dialogue in a way that the reader must reflect on this unfairness and injustice in the same manner of Else. Else’s situation reveals the overall subjugated role of women, not only in the hospital, but also within the general public.
Conclusion

This chapter explored the subtle relationship between women subordinates in the medical system: nurses and patients. While medical notes from the period rob the patient of a voice, they also do not provide information on the lives of women working at the hospital. Skram’s *Professor Hieronimus* and *På St. Jørgen* are important for its context between women in a medical setting and patient perspective, but Skram’s works also reveal the nurses’ experiences in this environment. This information is lacking in historical overviews of major institutions, which privilege directors and doctors. My contribution to the field of medicine and literature is to open up the area exploring the role of the nurse. Many texts focus on the intense conflict between doctor and patient, but ignore the day-to-day functions of the hospital. Skram, by contrast, employs the repetition technique often in these stories to illustrate not only a narrative technique, but also to show the monotony of daily life within the hospital. The nurses have the most direct contact with patients, but they are the most often overlooked by the authors of these narratives and by historical scholars.

I also suggest literary scholars place more emphasis on the daily routines and life in the hospital. While it is certainly interesting to look at the deviant narrative moments with high conflicts, the daily schedule and conversations reveal more about how medicine was practiced around 1900 and how these followed society’s rules. Anything deemed suspect by society in general was perceived as a large problem within the hospital’s walls. The goal was to have both patients and staff in a compliant state. For this reason, both the women nurses and patients share in a subjugated role with regard to masculine doctors controlling the hospital’s organization. It becomes the nurses’ duty to uphold these rules in the doctor’s absence. Nurses are thus not completely benevolent figures and should not been seen as Else’s salvation or cure. But Else is
able to talk more openly with the women nurses because they share a subordinate role and can bond over this issue, which I have shown in textual examples. The hierarchy created by male medicine governs the nurse-patient relationship. Hieronimus actively tries to fragment bonds between females, but they bond over their subordinate place in the male medical hierarchy. 

Professor Hieronimus suggests nurses’ work is difficult, but results in moments of brief joy offered by female relationships. På St. Jørgen takes this a step further to show a more pessimistic outlook for the nurses. Even though the female nurses and patient create a support system in På St. Jørgen, their future looks isolating. The complaints reveal their gender conflicts as part of modern society in general – even beyond the walls of the hospital.
CHAPTER 6
CONCLUSIONS

This project explores the literary representation of the doctor-patient relationship in its European context. Stevenson’s *The Strange Case of Dr. Jekyll and Mr. Hyde* marks a defining moment in the examining medicine in literature. Critical features at the fin de siècle, such as narrative voice and the alienated, panicked protagonist, take on a special meaning in the doctor-patient narrative. While the German speaking countries dominated the linked medical hospital-university model, German language medical literature develops later than other national literatures. In Scandinavia, Söderberg and Skram write about deranged medical doctor-professors much like Stevenson’s Jekyll and Hyde years before the German context develops this further. Medical historians can better suggest why this stagnation exists than the literary scholar. The German speaking lands certainly did not have the centralization and close contact as the Scandinavian countries and there was political upheaval as Norway received its independence from Denmark in 1905. Swedish newspapers even cautioned its readers not to travel to the popular vacation spas in Norway because of risk of possible danger. It suggested to its readers to remain in Swedish spas, which were becoming better and better (*SvD* 1905).

The German stories “Ein Landarzt” and *Flucht in die Finsternis* were both undertaken in 1917, near the end of World War I. This coincidence should not be overlooked in understanding the German context’s approach to the doctor-patient relationship. While Vienna was a center for the growing field of psychology and psychoanalysis, it took German-language authors time to react to these movements before they wrote about them in depth. Kafka wrote “Ein Landarzt” after he said he was tired of Freud. Schnitzler, too, seems to be writing after he becomes disillusioned with the medical community and the government’s response to certain patients.
Thus, it seems Söderberg and Skram react more to the situation medicine places patients in, whereas Kafka and Schnitzler literature react more to medical structures, even though all these works highlight the fundamental breakdown in the doctor and patient relationship.

These texts focus on the breakdown between the doctor and patient, but each text explains this breakdown differently. The novel *Doktor Glas* follows the flawed doctor protagonist to show the doctor’s inability to understand not only his patients, but also himself. Söderberg demonstrates the doctor’s fragmentation through narrative voice features. Doktor Glas has entire conversations with different sides of himself, which represented the areas Söderberg wishes to highlight socially such as homosexuality, abortion, or the rights of women. Oftentimes, Glas hides behind the term “plikt” or “duty” to absolve him of guilt in accepting or rejecting a patient’s plea. Both the pastor’s and the doctor’s roles in society seem to have a similar function, where the patient or parishioner confesses a sin to the doctor or pastor to be cured or absolved. The German works are not concerned in religion’s role in medicine or relations between the two fields.

Söderberg is not interested in providing solutions to society’s problems in this novel. Söderberg’s project involves presenting social issues, although some clearly indicate society’s current policies are not progressive enough. Söderberg certainly suggests women have very little control in the construction of marriage and presents the probable story of Helga’s rape by her pastor husband; a double critique of not only the role of women, but also of clergy corruption.⁶² These stories seem to strike a nerve with readers as they frighten the public with the possibility this could happen in their own community, but yet it also entertains. Certainly these tales of doctors who kill and patients and patients who kill their doctors, add a surprising element.

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⁶² Even today’s headlines are filled with stories of sexually corrupt ministers and morally corrupt doctors.
Doctors are normally trusted figures whose occupation involves saving patients rather than killing them intentionally. By 1926, Agatha Christie merges these two narrative forms of mystery thriller and medical novel to reveal Dr. James Sheppard in the story *The Murder of Roger Ackroyd*. Sheppard is the narrator, a doctor, and the blackmauling murderer. Christie conceals the murder to make him appear to be the most reliable person: thus both the narrator and a doctor.

Söderberg also uses these tensions as the pastor and the doctor as reliable characters to highlight their gross corruption. Skram focuses on the doctor’s corruption, but this differs from Doktor Glas’s moral corruption. Certainly Professor Hieronimus is an evil figure, but the novel suggests Hieronimus is corrupt because he is vain; medicine is his vehicle to celebrity. As a doctor, Hieronimus is respected and he also uses his gender in the same fashion to place himself above the women nurses and patients. Söderberg also makes this suggestion in *Doktor Glas* that a doctor takes on the occupation either to help others or to make a name for himself. Hieronimus clearly has little interest in helping patients. He is also willingly ignorant to how his rules effect his patients. Skram clearly critiques Hieronimus’s inability to see the patient’s circumstances. Like the other novels, Else and Hieronimus have an intense breakdown in communication resulting in dramatic conflicts. Söderberg’s Doktor Glas would avoid conflict and quickly hide behind duty rather than battle with a patient the way Hieronimus does. To Skram, the injustice starts in the marital relationship, where Else loses all her creative abilities in painting. Instead of gaining the rest she needs at the asylum, she undergoes an even more intense subjugation as a woman patient. In this manner, the asylum is a microcosm for the larger society. Skram is able to show the position of women in society ironically by removing them from society and placing Else in an asylum.
Skram’s novels also share an important characteristic with Kafka’s short story “Ein Landarzt”: these narratives involve the patient trading places with the doctor and taking on the other’s role. Kafka and Skram use the doctor-patient role reversal to different means as each novel explains the breakdown in communication differently. Kafka’s role reversal is meant to attack the doctor in the harshest form possible to Kafka: this is meant to show the doctor does not understand his patient, but also the doctor also does not understand himself. In Kafka, the struggle for self-understanding and acceptance always plays a central role. When the doctor becomes irrelevant he is driven away in shame. The role reversal in Skram is conducted differently. Else becomes the psychologist using the doctor’s own tools in trying to topple the doctor’s structures. She asks him questions about how the doctor thinks in an attempt to gain control. This has more to do with Else’s situation in the asylum and gaining her freedom than in Kafka. Kafka’s doctor, by contrast, is not in his own setting, but rather in the patient’s home, which places the doctor in foreign territory. By contrast, Else must remain in the doctor’s realm in the asylum. While these medical narratives share traits such as the doctor-patient role reversal, the breakdown in doctor-patient communication, and fragmented narrative voice, each uses the technique for different means.

Similar to other narratives by Kafka, “Ein Landarzt” shows an internally conflicted and alienated protagonist. This story plays on the tensions not only between what is verbally said and unsaid, but also on what can be seen and what remains hidden. The divide between doctor and patient exists due what the doctor comprehends. The patient suggests he can understand more because of his illness. The patient’s physical wound – a visual bodily element – is first concealed from the doctor despite its rather large size. Kafka also begins to differentiate between the health of the body and of the mind. Both Schnitzler and Kafka take on a more psychological
perspective than even the mentally fragmented Doktor Glas. Kafka’s and Schnitzler’s stories, written in 1917, are more concerned with declining health than either Skram and Söderberg. While it is clear Else suffers from an exhaustion and Doktor Glas has a fragmented voice, it is not clear if they are mentally unstable by a modern clinical definition or simply facing moments of crisis causing justified fear. In Schnitzler Robert is becoming more and more mentally unstable, not just a moment of crisis, but rather a downward spiral. Kafka’s doctor also follows this path to madness; as both Flucht in die Finsternis and “Ein Landarzt” end with the flight into darkness.

These doctor-patient narratives often result in death. They are, however, slightly different in the German and Scandinavian traditions. Skram’s stories Professor Hieronymus and På St. Jørgen both end with Else leaving the asylum for another place. The end of Professor Hieronymus has Else leave for St. Jørgen and the end of På St. Jørgen has her moved to a hospital more in the city as a way to reintegrate Else into society also since she can no longer return to her husband’s home. The point here is that Else seems to be progressing to better and better locations – at least out of Hieronymus’s grasp – although she still remains within the hospital system. This is not a happy ending with Else’s full reintegration into society, but she does leave Hieronymus.

In a similar manner, Doktor Glas does not end happily, but his decline is markedly different than the German context. Glas’s moment of high conflict seems to remain with the August 7th entry. After the pastor is murdered both mentally in the dream and potentially physically through a heart attack, Glas enters a state of total passivity. Just like a Shakespearian drama, Doktor Glas has rising action, a climax, but also falling action. The German context seems to shy away from such falling action in its medical narratives such as Flucht in die Finsternis and “Ein Landarzt.”
With Söderberg, the reader watches Glas’s decline after the deed takes place. This is also why the novel is so controversial. Glas’s resignation to nothingness, a state of non-being, goes against the medical code.

The German texts seem to use the moment of conflict or the climax of the story as the final scene. The ending thus leaves the reader with no chance of escape through falling action. The reader is left with the protagonist’s final last moments; perhaps this is why these narratives are so challenging to the reader to interpret. I have suggested one way of looking at these German narratives is to show they are missing the falling action after the climax. Other scholars might suggest it is not the falling action, which is missing, but rather the rising action. Under this model, the story would simply begin with its climax: Robert is already insane and let out on the streets of Vienna and Kafka’s doctor is sent into the night on his errand. I suggest these points cannot be considered the climax, as they do not demonstrate the stories’ highest moment of conflict. While the reader has not followed these characters from a young age in the tradition of a Bildungsroman like Goethe’s Wilhelm Meisters Lehrjahre (1795), this information is not necessary to understand the high drama and communication breakdown between patient and doctor. The high moment of conflict is when Kafka’s patient suggests he has a better understanding than his doctor and his illness makes him special. This information causes the doctor to flee. In Flucht in die Finsternis this conflict is when Robert kills his brother Otto and then himself. This is how the German-speaking texts resolve the conflict; it suggests things can never be made right and the protagonists will never be seen again. This is much different from the Scandinavian texts where Else and Doktor Glas still exist; if even in total passivity.

The doctor-patient relationship in literature suggests a bleak ending like much of Modernism. Skram offers her audience the hope that one day things will be made right and at least if Glas is
passive he is not killing other patients. For Kafka’s doctor and Robert, there is nothing left at all. The two different endings are critical in understanding the story’s intent. It seems the Scandinavian texts are the most concerned with social changes and reforms and it is the only forum for issues concerning women and children. The German texts seem much more focused on male patients and doctors when medicine makes up the central narrative. The later date of the German stories also places them at the end of World War I, so the focus on the male patient could be related to the male wounded soldier. In fact, Kafka’s description of the patient’s wound as large as the palm of the hand reminds the reader of war wounds. A wound of this size with an infection and worm infestation would have to be caused by a large injury, such as resulting from war. Kafka did not fight in the war due to his weak constitution, but he certainly would have been familiar with the types of casualties in his career. Schnitzler, too, has a strong political and governmental tie to his narrative. The Scandinavian texts are less concerned with medicine and governmental laws. While Doktor Glas certainly suggests women should have more rights, it in no way ever directly suggests these changes to be made with the government.

It is then natural that the medical narrative grows into a metaphor for war itself. Thomas Mann’s Der Zauberberg (1924) uses the sanatorium at Davos as a way of reading the build up to World War I. The international characters and the human body, as well as the doctor-patient relationship, become a way of reading macro politics on the micro medical level. Kafka’s close friend Ernst Weiβ wrote Georg Latham: Arzt und Mörder (1931),64 where the title character

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63 There are, of course, exceptions in novels where medicine is not the central focus, such as Fontane’s Effi Briest where the doctor-patient relationship plays a secondary role, but nevertheless shows how gendered this relationship can be and its problematic nature. 64 Interestingly, this book has been translated for the first time into English in 2010. Reviewers of this book suggest the “jittery concerns of Ernst Weiss’s Georg Latham: Physician and Murderer seem as molded to our present moment as interest-based advertising. Yet this masterpiece of Austrian literature was first published under the cloud of another global crisis, in 1931”
abuses his role as a doctor researcher to the point he loses respect for human life. He begins much where Dr. Glas leaves off: with a total disconnect from patient emotions and from himself. Letham murders his wife, the person to whom he should be closest, but whom he hates even when they married. This corrupt doctor figure suggests the dangers in so-called research experiments during World War II in concentration camps. Even in the post-World War II context, the cinematic figure of Dr. Strangelove in Stanley Kubrick’s film (1964) uses a exiled German doctor figure as the mastermind behind the earth’s recovery in an apocalyptic world.

The medical narratives from the turn of the century until the end of World War I set the stage for medicine and literature in the 20th century. The interdisciplinary field of medicine and literature continues to grow as does the scholarship in this area. In 2000, the MLA published a resource on teaching medicine and literature in the classroom, entitled Teaching Literature and Medicine. The only author in my research to receive consideration in this volume is Franz Kafka, often a favorite in English translation. The publication of this monograph suggests the growing importance and recognition of the intersection of medicine and literature as a means to explore society. This work also suggests the need for those working in the medical field to have an outlet, which literature can provide, to discuss the more affective aspects of medicine. Typically medicine is seen as facts and statistics in the 20th century, where doctors make decisions based on success rates given a certain number of factors. This system is a result of the insurance industry, which looked to hedge its profits by predicting outcomes and liability. Both writing and reading provide medical professionals a forum to discuss these more emotional aspects to the field, which can be ignored in day-to-day practice.

Just as the instruction of medicine and literature in the classroom is growing, so too is the field itself. The major contemporary scholars in this field are Kathryn Montgomery [Hunter] and Rita Charon, whose works are known to medical professionals and literary scholars alike. Montgomery’s project involves exploring the landscape of the doctor-patient interaction. Montgomery’s work *How Doctors Think: Clinical Judgement and the Practice of Medicine* was reprinted as late as 2006, but as Aaslestad notes, this work highlights the “importance of storytelling” (5). He is critical of her model because it requires the doctor to be seen as the reader of the patient, but this is not always so transparent (Aaslestad 29). Charon is herself a physician and published *Narrative Medicine: Honoring the Stories of Illness* as a way to compare real medical situations with the narrative.

Petter Aaslestad draws on both Charon and Montgomery in his work *The Patient as Text: The Role of the Narrator in Psychiatric Notes, 1890-1990*, which first appeared in an updated English translation in 2009, but was first published in 1997 in Norwegian. Aaslestad reads historical medical notes using narratology. In this way, Aaslestad uncovers patients’ voice loss in the doctor-patient interaction. This is a very ambitious project to cover 100 years of notes in a book under 200 pages, but Aaslestad raises important issues in his exploration that should be of importance to future research. For instance, he uses the Norwegian law on patient admittance to understand how the required information shapes doctors’ view of their patients (48). Occupation was one such area, which proved difficult to fill out in the case of women where “wife” was often listed. Aaslestad is aware of Amalie Skram and references her a few times in his work. He critiques the idea patients were to be kept busy and productive. He suggests this can also be taken as negative and also he writes about Hieronimus’s demands for discipline (56; 16). Aaslestad draws on his reference to Skram to make her a patient come alive for his original
Norwegian audience. By mentioning Skram, he is able to give a patient a more fully developed story as many of his readers are familiar with Skram. Aaslestad critiques how patients are “divided […] according to categories of illness” (17). This seems to suggest something in patient nature, which will always resist classification making every case different from the next.

Montgomery, Charon, and narrative literary scholars, such as Aaslestad, who apply this to real models continue to enrich the field of medicine and literature. Medicine and literature shapes and is defined by many different discourses such as the legal, gender, political, societal, religious, scientific, the criminal, and the economic. Bradbury and McFarlane present a guide to Modernism focusing on the intellectual and social climate in Europe between 1890 and 1930. They both acknowledge literary movements are retrofitted to each time period by literary scholars and are thus imperfect (19). But yet each movement marks a “cataclysmic upheaval of culture” which is certainly represented in medical literature during this period (19). Stevenson’s 1886 *Jekyll and Hyde* ushers in a new mode of the doctor-patient novel told from multiple characters’ perspectives. Certainly Stevenson’s perspective switch keeps Mr. Hyde’s identity concealed. Stevenson’s novel lacks polyphony in the sense of the later *Doktor Glas*, however. In Söderberg’s work the protagonist seems to have all these voices and perspectives within himself. Narratively, Skram’s earlier novels also do not represent the later narrative voice(s) of Söderberg, Kafka, or Schnitzler. Barthes sees Modernism a “pluralization of world-views,” which is certainly present in these medical narratives (20-1). Sometimes in medical texts this exists to highlight an important debate such as the role of women or it can also exist to show how fragmented the protagonist truly is. This manifests itself in the form of language. To Flaubert, the author of Madame Bovary, “the whole of literature … became the problematics of language (21). In the literary representation of the doctor-patient relationship this problematic nature of
language involves the inability to express oneself, which is oftentimes the catalyst for the breakdown in the doctor-patient relationship.

Bradbury and McFarlane suggest Modernism involves making what is abstract more real (25). Certainly the genre of mental illness becomes an abstract version of reality. Characters like Robert in *Flucht in die Finsternis* cannot take an objective approach to reality because they are not capable of ascertaining it in the first place. For this reason, medicine and literature relies on the abstract as one of its worldviews. These texts of Kafka, Skram, and Schnitzler seem to suggest the sick patient has a valid perspective. This is more problematic in Schnitzler’s *Flucht in die Finsternis* because Robert is clearly the most unstable character in comparison to others.

Moreover, the protagonist is introverted and is filled with self-doubt (26). This introversion has a dangerous consequence when the protagonist is a doctor. This means the doctor is hiding behind something, such as the institution of duty, and not working to understand the patient. This is why a character like Doktor Glas is not very different from the protagonist of Hamsun’s *Hunger*. Marx, Freud and Darwin explored science through micro-organisms. Their theories dominated medical science (27). Bradbury and McFarlane argue Modernism is “the literature of technology” (27). I argue in a medical context this is both true and untrue. Certainly the climate of medicine and the rapid changes in microbiology through the microscope, and other advances such as X-rays changed the medical field, but the medical narratives I have encountered do not use these instruments as part of their fictional worlds. Glas’s journal is more important than his stethoscope to Söderberg. Perhaps these technological instruments helped shape the climate of
medicine in how the doctor-patient relationship was conducted, but these narratives express neither fear nor appreciate for these new medical advancements such as vaccines.

While the narratives explored in this project may not involve medical laboratories, they are experimental labs for language. Zola published *Le Roman expérimental* in the “scientific or laboratory sense” (30). Authors seemed to be taking cues from the medical community in thinking of language as an experiment and borrowing vocabulary and medical terms for their own use such as Nietzsche employs (30). I suggest there is something in the term Modernism that is always closely related to a medical discourse even though medicine is not always at the center of the story. New worldviews stemming from the medical community became so pervasive that they entered the modernist conscious through what Bradbury and McFarlane term the “modern situation” (21).

Bradbury and McFarlane also suggest the convenient concept of a Germanic Modernism covering Germany, Austria, and Scandinavia (36). They suggest viewing these areas as homogenous would be wrong. Berlin was much different than Vienna and Scandinavia (37). My research on the doctor-patient relationship confirms the same suggestion. While the two certainly share narrative styles with introverted panicked protagonists, they also represent the doctor and patient relationship differently. One of the major questions this project has sought to answer is how the doctor-patient relationship functions in the German-language and also in the Scandinavian literary context. Interestingly both literatures are concerned with corrupt doctors and patients with little rights. This situation leads to the breakdown in doctor-patient

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65 This is also a major difference between the medical narrative at the turn of the century and today – today’s narratives are concerned with what type of test will be ordered and what it will uncover much like opening the contents to a secret safe. Even Schnitzler is unconcerned with this. It is really not until the later Mann and Weiβ texts that technological instruments begin to play a role in how the body and character are perceived.
communication. The cause of the breakdown, however, is explained quite differently partly because of the space difference between Stockholm, Christiania (Oslo), and Copenhagen with Vienna and Prague, but also to the time difference between pre-World War I and the final year of the War.

Overall, there are some major areas of difference between the German and Scandinavian texts. As I have mentioned, the resolution of the stories are handled differently. The German texts are more pessimistic whereas the Scandinavian texts, while not ending happily, certainly give hope for the future in that the protagonist is not under Hieronimus’s care and Glas will no longer assumedly be treating patients. Robert and Kafka’s doctor will never be able to recover. This seems symptomatic of a 1917 society rather than a pre-War period. It can be suggested that these Scandinavian works published before the war still have a sense for society to change, whereas the German-language 1917 texts do not share this optimism. Germany was on the losing side of World War I and this pessimism is certainly found in these texts. While neither “Ein Landarzt” nor Flucht in die Finsternis deal directly with war or even reference the presence of an ongoing conflict, the mood definitely is present. In my research, I have not discovered a scholar suggesting the importance of 1917 in understanding the state of medicine around Schnitzler or Kafka. This does not surprise me, as neither text directly deals with war in content. But at the same time when one begins to look at the trajectory of medicine and literature, World War I has a special meaning in the German context.

But while there are major differences in the German and Scandinavian texts, there are also critical similarities. The term Modernism was debated between 1880-1900s in both Scandinavia and Germany (Bradbury & McFarlane 37). Germany and Scandinavia already shared a close relationship due to multiple cultural connections. Even though Freud was translated into Swedish
quite late, Swedish doctors used psychoanalysis on their patients (Sahlin 102). Because many of the doctors were educated on the continent, doctor training crossed national borders from France to Germany to Vienna. But just as every text explains the breakdown in the doctor-patient relationship differently, so, too, do the national literatures. But the German and Scandinavian contexts focus on the interaction between two individuals. This is about the breakdown in communication between two people. Later medical literature is interested in more wide-spread medicine such as the institution of plagues or epidemics. I see the interest in larger scale medicine as a result of 20th century World Wars. The focus on major groups of people rather than individual cases, seems to suggest a shift in medical literature from the earlier period between 1885-1917.

The German and Scandinavian texts focus on a main protagonist and his foil. Like Dr. Jekyll and Mr. Hyde, sometimes the main character can be his own foil. Doktor Glas borrows from this tradition, although Helga Gregorius functions as the catalyst. In each of these stories there is a counter character, who can experience a role reversal from his opposite – much like the character meeting his mirror opposite. Robert has Otto, Kafka’s doctor has the patient, Else has Hieronimus, and Glas has Pastor Gregorius. In each of the stories, the character feels threatened by the other. S/he feels so trapped and paralyzed partly because they come to a moment of self-realization. By viewing the other, the protagonist discovers a better sense of self, which is even more frightening than the original threat. The protagonist dislikes and is frightened to learn about him- or herself and the always helpless situation they are in. It can be society places the character in this position and exposes his emptiness within the protagonist. This is why Hamsun’s Sult (Hunger 1890) functions as such a seminal work of Modernism; the protagonist’s hunger, a
physical ailment, represents something he is physically lacking. He uses his hunger to perhaps mask other emotional emptiness.

Later medical literature focuses on larger groups of people, such as in Albert Camus’s *La Peste* (1947). While his story centers on major characters during a time of outbreak and quarantine in Africa, the story is really about everyone trapped in the city from the journalist to the medical professional. Medicine is no longer about the one on one interaction that is seen at the turn of the century. Medicine and literature is increasingly linked to massive outbreaks, science fiction, and horror stories. In each of these cases, the threat is normally no longer reserved to one individual, but rather to a group of people. The monster, who is loose, functions much like a quickly spreading illness, who can threaten an entire community’s existence and moral values.

Another medium known for its partiality for fictional doctor-patient relationships is TV and cinema. In my future research, I would like to expand on turn of the century medical literature to explore the doctor figure in early cinema. Fritz Lang established the link between doctors and criminality early for cinema. His *Dr. Mabuse* series, starting in 1922, certainly suggests the dangers of an educated figure wreaking havoc on society. This series evolves even past Lang’s lifetime as subsequent films are made, which provide a good model to explore how the doctor figure changes into the 1960s. Another early film, *Das Cabinet des Dr. Caligari* (Robert Wiene 1920), also shows how horror films and the doctor come together this time in the form of somnambulism. Doctors also can shape the post-World War II landscape as the critically important *Die Mörder sind unter uns* (Wolfgang Staudte 1946) follows the protagonist Dr. Hans

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66 Interestingly, the only other genre I see interested in doctor figures is the romance novel, but I do not see this as part of the literary trajectory stemming from the turn of the century.  
67 Even modern stories like *Twilight* owe part of their history to these early doctor-patient novels.
Mertens, who is a troubled physician like the past tradition, but this time the doctor will battle his own demons to expose society’s criminals rather than being the criminal himself. After World War II, the figure of the doctor is much different than before the war. Horror films of the 1920s do not share the working through of the past that Papa’s Kino did during the 1950s. Papa’s Kino was the generation of filmmakers whose parents lived through WWII. These filmmakers differentiated their films from their parent’s generation.

Other further research includes exploring how authors who work in the medical field use medicine in their works. In the 20th century there are many German-language medical professionals who wrote novels or for the theater: Ernst Weiß, Gottfried Benn, Alfred Döblin, Bertolt Brecht, Friedrich Wolf, Robert Musil, Heinar Kipphardt, Ernst Augustin, Rainald Goetz, Melitta Breznik, and Mathias Schröder. Not all these authors thematize medicine, but the observations and the manner in which doctors write are normally linked to the profession. It would be an asset to the field of literature and medicine to also narratively study how medical doctors write in terms of how characters are introduced, the narrative perspective and especially its links to description and writing. Just as the political landscape of Germany was divided until 1989, it would be interesting for future research to examine how doctors and metaphors of illness appear in the literature of East and West Germany.

This project contributes to the study of literature and medicine by introducing a continuous tradition of the doctor-patient relationship. This relationship also changes with time and place. For instance, medicine and literature should not be seen as one cohesive project, but rather as linked through medical topics. At the turn of the century the focus is on the breakdown between the doctor and patient on an interpersonal basis. As later historical events shape not only the European landscape, but the world, this doctor-patient relationship changes to a much larger
scale. Around 1900 there was increased emphasis placed on the mind as part of the body and its literature is representative of this change. It does not however, show in terms of technological medical advancements. These stories are not showcases for modern technology in medicine, but more about removing outdated forms, norms, and morals in medicine. Medicine is always at the forefront of ethical debates as it deals with both life and death. The literary doctor-patient relationship at 1900 represents a period where alienated, introverted protagonists begin to truly understand themselves much to their own worst fear. It is not the monster in the closet who is feared most, but rather the hidden skeletons kept in one’s own closet. Diseases show the concerns and burdens of a society. The litmus test for any community is in how they treat their poor and sick. Those who shun the sick for the healthy fail to understand the implications of their own actions.

While I have not come across any historical data of doctors in Sweden who purposely killed a patient, I certainly see a link between health and the divisions within society. The statistics reported to Svenska Dagbladet organize death and illnesses by age, gender, and the by diagnosis. These statistics were organized by weekly rates. Indeed the deaths with the lowest rates, were often the ones most highly covered by the press, such as accidents and suicides. Often these stories were highly sensationalized like an urban legend. In fact, the details in the stories often reveal the real fears such as one example where the robbers were nicely dressed. This type of detail seems odd, but the insinuation here is poorly dressed individuals are capable of such a crime because of their poverty (Svenska Dagbladet 12.18.1890). To have nicely dressed criminals goes against expectations as if those who are well clothed naturally come from better moral fiber. A connection between medicine and literature reveals tensions such as these, which one must uncover and peel back the layers to understand how society thought. In piecing
together the historical context with literature one better understands how the entire society is structured. For this reason, medicine is a microcosm of its larger society.

In this dissertation, I have shown how the intersection of medicine and literature reveals social tensions. In examining the doctor-patient relationship, I have demonstrated the interconnection between the doctor-patient relationship and gender relations, marriage, the social status of women, homosexuality, politics, the legal system, the role of a growing press to both change society for the better or to harm it, medicine as a business, and the social status of doctors.

John Toews suggests “It is in the story of masculine identity formation that reflective self-understanding can become a generalized cultural critique” (*Mind of Modernism* 325). Drawing from this notion in a broader sense, the cultural critique is embedded in the medical discourse because it is gendered. The process of self-understanding, the horror in these stories, often shows how the protagonist does not fit within societies norms. The world in which Else, Doktor Glas, Kafka’s doctor, and Robert live, does not accommodate the needs and lifestyles of each individual. And yet, each of these characters does not fit into society for largely different reasons. Each chapter has focused on major issues causing the doctor-patient breakdown and the cultural context on how this character does not fit in with the rest of society. The effeminate Doktor Glas does not cure his patients and floats between suggestions of hetero- and homosexuality. He hides behind duty to absolve him from tackling complex issues like abortion, but yet sees fit to commit murder of the pastor. Doctors do not understand Robert’s perspective in *Flucht in die Finsternis*. Schnitzler suggests the legal system and the press do not completely understand Robert. Robert loses his narrative voice the same way he loses his voice with his doctor, his brother, and society. For Kafka, the greatest problem is the doctors awareness he is a
fraud, which the patient uncovers. It is the patient who understands both his own condition and the doctor better. It is the doctor who is supposedly trained in observation as part of his job.

Finally, Skram presents the story of a doctor-patient relationship coded by gender. While scholars have focused on gender interaction, they have largely ignored the role women nurses play. The nurses show the position of women in an everyday hospital setting. Skram shows how Else’s situation is not only an issue of gender, but also of the legal and economic. The asylum is a miniature representation of the larger society.

This project has added not only to the scholarship on medicine and literature, but also to scholarship on the individual authors: Schnitzler, Kafka, Skram and Söderberg. It is my hope to bring these names to the attention of my colleagues working in the field of literature and medicine as only Kafka’s short story has gained recognition outside of the German or Scandinavian contexts. English translations are available for every story included in this project, although I have tried to alert my reader to possible issues in translation. While _Doktor Glas_ is well known to a Scandinavian audience, there has been relatively little published on the work. This project seeks to address this lack and to call for other scholars to begin to read this work through other discourses as well. Skram’s works have been explored largely for the biographical content and in a feminist manner since the 1970s. My work adds to this as it reads the story outside of a biographical framing and moves beyond exploring the Hieronymus / Else conflict to look at the largely ignored nurses. My work on Schnitzler follows Hillary Hope Herzog’s call for more research considering Schnitzler’s position as a doctor focused on researching voice. For this reason, my project looks at Robert’s lack of voice narratively and metaphorically. Lastly, Kafka’s “Ein Landarzt” has had much published on it, but I offer a new reading focusing on the role of doctor, patient, and visual elements both to reveal as well as conceal. While scholars have
focused on Freudian interpretations of the narratives and others focused on narrative features, I look at how the doctor and patient interaction, through voice and vision, shapes the narrative as well as its relationship to the genre of medicine and literature. To my knowledge, no other scholar has placed “Ein Landarzt” in such a trajectory.

My project has raised more questions, which I would like to consider for further research. For instance, these protagonists seem to be silent around others, but yet extremely talkative with themselves. What does this mean in a medical context? Why do these authors turn to medical narratives to express the modern situation? How does criminality function in relation to the medical narrative? Are the same types of crimes committed? Ultimately these types of questions result in issues of identity. Ironically both self-realization and loss of self are the worst crimes possible in fin de siècle society. These narratives show an increasing realization mental disturbance should be classified as illness, that the body can be fragmented, the doctor takes on the role of God and, in the end, society is dehumanized by inhumane doctors.


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