

AS HE LAY DYING: MAX BLECHER'S MEDICAL BODY

Max Blecher, a Jewish Romanian writer whose short life and literary career bloomed in marginal, hostile environments such as the provincial town of Roman and the bone tuberculosis sanatoria of Berck-sur-Mer, in France, Leysin, in Switzerland, or Techirghiol, in Romania, is a paradigmatic writer of the medical body. His experience with illness infused his imagination with the lucid awareness that all material surfaces, including his own biological presence, hide and disguise another dimension, the immediate unreal. His three novels, *Adventures in Immediate Irreality* (1936), *Scarred Hearts* and *The Lightened Burrow* (published posthumously, in 1971) render the obsessive mapping of this foreign, unfamiliar, barely visible reverse side of the hostile real. Illness is a powerful agent that makes the unreal perceptible by awakening biological consciousness, correlating the precarity of bodily existence with a high intellectual tension and therefore translating suffering into literature. Diagnosed with spinal tuberculosis at the age of 19, complex medical intervention was Blecher's only hope for recovery.

I intend to argue that a consistent part of Blecher's writings articulate a distinctive dimension in which medical procedures, along with medical language and the medicalization of the body itself sustain particular affective strategies of great importance in the young writer's life. I will explore Max Blecher's correspondence and his last two novels, *Scarred Hearts* and *The Lightened Burrow* in order to reveal how medical knowledge and intervention informed his literature and thought. Blecher's poetics of the cavern, closed spaces, claustrophobic captivity in a broken, unfunctional body lies on a solid structure of affective dialects, the most prominent surfacing in his correspondence with his friends. Both in his fictions and in his private writings, the writer keeps a close eye on the workings of his estranged, painful body. His entire oeuvre could be read as an account of the secret biological and metaphysical movements of his body, understood as an infinitely complicated mechanism that made his presence in the world possible. However, the tragic daily excitement of still being alive is most visible in his letters to his close friends Geo and Elly Bogza. Much like his literature, although not as obviously, Blecher's letters harbor true affection and friendship, alleviating the bitter disappointment of unsuccessful medical treatment. Fictional and personal, all of Blecher's writings follow the same hidden pathways leading into the unreal, as it grows extravagantly on the territory of an astounding revelation – sickness alienates one from one's body, favoring a unique, acute perception of the myriad pains and processes that, in turns, support and undermine life.

Blecher's writings at the crossroads of literature and medicine

The rising interest in the common ground, interpretive methods and metaphors literature and medicine share is reflected in the prominence gained by new research fields and disciplines such as medical humanities, disability studies or the more general domain of literature and medicine itself. Numerous dedicated journals have emerged in recent decades and a growing amount of scholarship has revealed the many connections between literary art and medical science. In the inaugural issue of *Literature and Medicine*, Edmund Daniel Pellegrino, professor of medicine and bioethics, wrote a seminal essay in which he argued in favor of the affinities that bridge the gap between the two apparently incompatible fields. His most expressive and meaningful statement is that both domains “are ways of looking at man and both are, at heart, moral enterprises. Both must start by seeing life bare, without averting their gaze. Yet, neither can rest in mere looking. To be authentic they must look feelingly— with compassion”¹. Pellegrino also argues that the two modes of exploration and knowledge are bound by their fundamental inquisitive nature, standing on a “unremitting paradox”²: “the need simultaneously to stand back from, and yet to share in, the struggle of human life. They must see clearly but they must also be involved in the outcome of the struggle”³. Ultimately, both rely on a narrative essence – diagnosis and clinical investigation mainly involve storytelling, as the physician must uncover “a patient’s odyssey in the dismal realms of disease, distress, disability and death”⁴.

The present investigation could have, as a starting point, Pellegrino’s observation that the symmetries and shared interests of science and art favor “subtle encounters of persons and matters medical with persons and matters literary”⁵. Blecher, the medical student preparing for a career focused on exploring bodies and interpreting other people’s symptoms and afflictions, veered towards a literary career that uniquely shaped his work in the form of a confession emphasizing his tragic medical experience with his own body – one that presents the estrangement of the familiar while at the same time familiarizing the reader with the strange. Blecher’s main fictional focus is on the body, therefore it becomes means and instrument in an interior journey that follows a double path – that of the body as metaphor, as the material surface of inner life and that of the literal body, painfully diseased, wasting itself away, captive in a medical, anatomical fate that cannot be transcended.

Bone tuberculosis, or Pott’s Disease, is a rare form of the disease that has

¹ Edmund D. Pellegrino, “To Look Feelingly – The Affinities of Medicine and Literature”, *Literature and Medicine*, Volume 1, 1982, p. 19.

² *Ibidem*.

³ *Ibidem*.

⁴ *Ibidem*, p. 20.

⁵ *Ibidem*, p. 23.

permeated and influenced a great part of nineteenth century European literature. As a romantic affliction, consumption generated an entire system of cultural and literary representations, metaphors, specific languages and characters. Scholars investigating the cultural imprint of tuberculosis revealed its impact at the level of individual identity, arguing that the disease shapes a “consumptive identity”⁶, while David T. Mitchell and Sharon L. Snyder consider that the conscious identification of writers and living affected individuals with others in the same situation or with certain fictional characters generates a kind of “disability consciousness”⁷ that reunites them in an imaginary community allowing them to share a common ground. Susan Sontag, in her seminal *Illness as Metaphor* expressed her surprise at the fact that tuberculosis was, in most part of Romantic literature, a glorified subject that bore little resemblance to the reality of the condition⁸. In a recent exploration of 19th century tuberculosis literature, Alex Tankard has a pertinent explanation for the Romantic myth of consumption: “it seems that consumptives were usually depicted in a sympathetic light in both fiction and non-fiction texts as their disease had positive associations with spirituality, sensitivity, and virtue”⁹. Max Blecher, a writer of pure modernist sensitivity, profoundly despised the sanctification of the sick. In a 1935 letter to his friend, Geo Bogza, he expressed his refusal to expose “the filth” of suffering:

All of last week it was impossible for me to write to you (I have been unwell, but I've set my mind to not writing to anyone details concerning my illness as I find it repulsive to describe and flaunt the filth as a ‘martyr's window’)¹⁰.

In 1928, a few months after he started a new life, as a medical student in France (as many biographical clues indicate, it is uncertain whether he was a student in Paris or Rouen¹¹), during a long-due medical consultation, Blecher is diagnosed with bone tuberculosis. A brief survey of the pathology of this disease

⁶ Alex Tankard, *Tuberculosis and Disabled Identity in Nineteenth Century Literature. Invalid Lives*, New York, Palgrave Macmillan, 2018.

⁷ David T. Mitchell, Sharon L. Snyder, “Representation and its Discontents: The Uneasy Home of Disability in Literature and Film”, in Gary L. Albrecht, Katherine D. Seelman and Michael Bury (eds.), *Handbook of Disability Studies*, Thousand Oaks, Sage Publications, 2001, p. 208.

⁸ Susan Sontag, *Illness as Metaphor*, London, Allen Lane – Penguin Books, 1979, p. 30.

⁹ Alex Tankard, *Tuberculosis*, p. 5

¹⁰ M. Blecher, *Opere. Întâmplări în irealitatea imediată. Inimi cicatrizate. Vizuina luminată. Proză scurtă. Aforisme. Poezii. Traduceri. Publicistică, Scrisori. Arhivă. Documentar. Mărturii. Iconografii [Works. Adventures in Immediate Irreality. Scarred Hearts. The Lightened Burrow, Short prose. Aphorisms. Poetry. Translations. Newspaper writings, Letters. Archive. Documentary. Confessions. Iconography]*. Ediție critică, studiu introductiv, note, comentarii, variante și cronologie de Doris Mironescu, București, Academia Română, Fundația Română Pentru Știință și Artă, Muzeul Național al Literaturii Române, 2017, p. 694. When not specified otherwise, the English translations from Romanian are mine.

¹¹ See Dora Wechsler Blecher, “M. Blecher era un om delicat și superstițios” [“M. Blecher was a delicate and superstitious man”], in M. Blecher, *Opere*, p. 963.

uncovers a plethora of ailments that greatly affect the patient's body and mind. Michel Martini, one of the most prominent orthopaedic surgeons specialized in the treatment of Pott's disease, editor of the seminal *Tuberculosis of the Bones and Joints*, outlined a brief history of the disease¹², pointing out from the very beginning that before 1882, when Robert Koch discovered that tuberculosis was caused by a microorganism he named plainly "Bacillus tuberculosis", there was little, if any, scientific knowledge regarding the disease. Indeed, in 1779, Percival Pott wrote a pioneering study that described the illness and some surgical approaches to ameliorating its symptoms; the elaborate title summarizes Pott's view on all the major clinical aspects concerning it: *Remarks on that kind of palsy of the lower limbs: which is frequently found to accompany a curvature of the spine, and is supposed to be caused by it; together with its method of cure: to which are added, observations on the necessity and propriety of amputation, in certain cases, and under certain circumstances*¹³. However, Pott was unaware of the actual bacterial origin of tuberculosis, and, even after Koch's discovery, bone tuberculosis could not be approached surgically, as the risk of spreading the disease after targeted surgery or biopsy was too high. For 60 years, the recommended course of treatment was "rest and sunshine"¹⁴.

With the advent of antibiotics, new, radically more efficient treatments became widely available. In 1944, Selman Waksman discovered streptomycin, along with more than 20 other natural inhibitory substances that had bactericidal properties, and this new class of antibiotics were used along with surgery in order to provide a more efficient approach to bone tuberculosis. During the 1950s and the 1960s, surgery and chemotherapy became the standard treatment, and the patient's prognosis improved greatly. The course of the disease is, up to a point, clear cut and predictable: the infectious process begins in the lungs, where the primary lesion spreads through the blood system, reaching bones or connective tissue lining joints and tendons.

The course of Blecher's disease was uncertain. Although he was formally diagnosed at 19, he might have had symptoms since early adolescence. The writer's biographer, Doris Mironescu, notices that the protagonist of *Scarred Hearts* mentions to his Parisian doctor who diagnosed him that "the previous year, when he had spent a month at Techirghiol in order to cure his supposed rheumatism (this being the diagnosis every previous doctor had given for his back pain) he had become obsessed with the idea that he would be living in a

¹² Michel Martini (ed.), *Tuberculosis of the Bones and Joints*, Berlin, Springer Verlag, 1988, p. 3.

¹³ Percival Pott, *Remarks on that kind of palsy of the lower limbs: which is frequently found to accompany a curvature of the spine, and is supposed to be caused by it; together with its method of cure: to which are added, observations on the necessity and propriety of amputation, in certain cases, and under certain circumstances*, J. Johnson, No. 72, St. Paul's Church-Yard. MDCCLXXIX, 1779.

¹⁴ Michel Martini, *Tuberculosis*, p. 3.

sanatorium very soon”¹⁵. In an interview with Radu G. Țeposu¹⁶, the writer’s sister, Dora Wechsler Blecher, offers some relevant insight into the unusual developments surrounding Blecher’s sickness. As he had passed the baccalaureate, he and his friend Edy Haimovici decided leave for Paris in order to study medicine. He was already having severe back pain following a football accident in school, when he was hit by a fellow player with a boot in the lumbar region. The pain persisted even after Max (or, more precisely, Maniu, as his sister called him) had passed the entrance exam at the faculty of medicine in Paris. Dora’s firm opinion is that her brother had been misdiagnosed: “The diagnosis was wrong. It was a badly treated microbial infection, not tuberculosis, as doctors had said”¹⁷.

The interview offers interesting details concerning Blecher’s early interest in anatomy, which probably fueled his later academic interest in medicine and, collaterally, the medical component of his literary pursuits. While a patient in Berk, Blecher wrote his father asking him to check his book cupboard at home and search for a human vertebra, then bury it in the cemetery. Dora sees this moment as proof of Blecher’s “superstitious” character. Indeed, the Berk experience was doubtlessly cardinal in Blecher’s biography, permeating his entire oeuvre and transforming his physical disability in a means of exploring otherwise inaccessible levels and corners of consciousness and imagination. The vertebra he had left behind in Roman could be seen as an allegory of his fractured existence – an essential building block of the spinal column, the vertebra is anatomically fundamental to verticality, as distinguishing trait of the human condition; Blecher was far away from home, with tremendous pain in his back, receiving invasive treatment, while an irreplaceable part of him had been left behind, perhaps lost. That missing element, irretrievable and forever gone, essentialized by a single vertebra, could be his upright presence in the world, his health, his youth, his ability to be with others and feel among equals. Blecher was stuck in horizontal position for years, until he died: at first, doctors were hoping that a cast and lying on his back would help his bones to heal, then lying down became the norm. He wrote his entire oeuvre on a light wooden box placed on his elevated knees.

Medically, the mystery of Blecher’s diagnosis deepens once the clinical picture of bone tuberculosis, described by Martini, becomes clearer. The old primary lesion in the lungs, the starting point of bone tuberculosis, may have formed in childhood, remaining silent for many years, with its tubercle bacilli inactive until adulthood. In few cases, Martini notes, the illness could be the result of a newly acquired exogenous infection. This could validate Dora Wechsler Blecher’s opinion that her brother’s health misfortunes started from an accident. Moreover,

¹⁵ Max Blecher, *Scarred Hearts*. Translated by Henry Howard with an introduction by Paul Bailey, London, Old Street Publishing, 2008, p. 9.

¹⁶ Dora Wechsler Blecher, “M. Blecher”, p. 961.

¹⁷ *Ibidem*, p. 964.

Dora touches upon the rarely discussed issue of her brother's drawings (reproduced in the Blecher edition quoted in this paper). It appears that their parents refused to show Max's drawings to his siblings, as they were a faithful representation of his inner turmoil. Dora hadn't seen them until 1946, and they left an indelible mark on her:

They were pen drawings, in black and red ink, a lot of black and a lot of red, with lines expressing powerful explosions. They were, doubtlessly, metaphors of his own suffering, transfigurations of the disease that was wearing him away. The drawings showed mystical figures, horrible monsters, diabolical creatures with sticking tongues and bulging eyes, aggressive dragons. Upon seeing them, one would feel horror and pain¹⁸.

Blecher's drawings are, indeed, disturbing, expressing a raging despair that could only be triggered by a concrete form of pain. It is, after all, one of Blecher's trademarks to depict the sick as screaming flesh and bone. In a less obvious manner, but with the same effect, that is the manner the writer chooses to begin the story of *Scarred Hearts* – with an episode exploring the naked, vulnerable anatomy of a body whose tragic destiny was about to be sealed with a cruel diagnosis. This episode is a faithful illustration of one of Blecher's most pertinent metaphors regarding the medicalization of the body – identical to the title of his only volume of poetry, published in 1934 – the “transparent body”. The body of the patient offers itself to the doctor's perspective, to an act of scientific exploration made possible by several epistemological changes that have taken place in Western Europe since the Enlightenment.

In *The Birth of the Clinic*, a study of modern medicine and medical practice, a philosophical and historical research concerning the relationship between medical knowledge and discourse and various power structures, Michel Foucault proposes the concept of the “medical gaze”¹⁹ – a complex interplay of discourse and observation that makes modern medical investigation possible. Assuming that 18th century rational discourse had a vast epistemological impact, Foucault examines the ways in which medical discourse used its essential tools, observation and discourse in order to reveal the inner workings of the body and its malfunctioning, signaled by illness and pain. Foucault's concept of “regard”, closer to the meaning of “perception” than its English variant, widely used, “gaze”, easily lends itself to literary critical analysis, and I intend to fully exploit it for the purposes of this paper. Blecher's fiction is fundamentally a reflexive act, one that turns the gaze

¹⁸ *Ibidem*, p. 965.

¹⁹ Michel Foucault, *The Birth of the Clinic*. Translated by A.M. Sheridan, London, Routledge, 2004, p. 9; Foucault observes “the strange character of the medical gaze; it is caught up in an endless reciprocity. It is directed upon that which is visible in the disease – but on the basis of the patient, who hides this visible element even as he shows it; consequently, in order to know, he must recognize, while already being in possession of the knowledge that will lend support to his recognition”.

inwards, with the narrator doubling his role as objective authority questioning what and where it hurts, mapping the inner territories of inflammation and decay. Literature, as discourse of the self, involves medicine as powerful argument translating the unseen metamorphosis triggered by illness. Concerning Foucault's study of the medical gaze, Deleuze wrote:

Each historical medical formulation modulated a first light and constituted a space of visibility for illness, making symptoms gleam, [restoring] depth to the eye and volume to the pain (illness here being an 'autopsy' of the living)²⁰.

Notions such as seeing, observing, exposing are directly correlated in Blecher's works with the hidden, "unreal", abnormal, "sickly" spaces of the inner body, overflowing their transforming, defamiliarizing powers onto the outside world. Blecher's eerie, marginal geographies are the result of such processes. Literature and fiction construct the "lightened burrow" and the "transparent body", both central metaphors of the writer's medical imagination; with medicine as its auxiliary, fiction makes visible and comprehensible the invisibility of concealed anatomy.

Disease narratives are numerous in literary history, but modern sensitivities have had a great impact on the way physical ailments become stories. As a modernist writer himself, Blecher inscribed his fictions in a long line of impactful writings that have molded a new awareness regarding the body/mind divide. Blecher's *Scarred Hearts* was warmly received by critics when it was first published, but it was also (unfortunately) compared²¹ to Thomas Mann's *Magic Mountain* by one of the most important Romanian literary historians, George Călinescu. In his decisive 1941 *History of Romanian Literature from Its Origins to the Present*, Călinescu dismisses Blecher's novel as a mere tuberculosis novel written in the shadow of Mann's masterpiece, and it took numerous contemporary re-readings and a film adaptation²² to restore the novel's reputation as an original work, part of Blecher's tri-fold biographical project that begins with *Adventures...* and ends with *The Lightened Burrow*.

More recently, a new dimension of the literary/medical connection has commanded critical attention and clinical relevance recently – narrative medicine.

²⁰ Gilles Deleuze, *Foucault*. Translated by Sean Hand, Minnesota, University of Minnesota Press, 1988, p. 58.

²¹ Călinescu wrote: "*Scarred Hearts* seems to be an imitation of Thomas Mann's *Der Zauberberg*. Instead of a mountain sanatorium for lung tuberculosis patients we have before us a sea sanatorium of bone tuberculosis ones" – *Istoria literaturii române de la origini până în prezent* [*History of Romanian Literature from Its Origins to the Present*]. Ediție îngrijită de Al. Piru, Craiova, Vlad & Vlad Publishing, 1993, p. 966.

²² Radu Jude's film *Scarred Hearts*, 2016. Besides its obvious artistic qualities, Jude's film problematizes Blecher's political body in light of the writer's Jewishness in the context of Romania's turbulent history of the 1930s, when the extreme right fascist organization The Iron Guard gained influence and public support.

In Rita Charon's definition, the notion refers to "medicine practiced with these narrative skills of recognizing, absorbing, interpreting, and being moved by the stories of illness"²³. With the aid of narrative medicine, healthcare "can become more effective than it has been in treating disease by recognizing and respecting those afflicted with it and in nourishing those who care for the sick"²⁴. The therapeutic qualities of literature could finally be recognized and included in targeted protocols.

Confessions on a deathbed

Blecher's correspondence with Geo Bogza began in 1934, when the two young writers hadn't met in person yet. It comprises 126 letters, all of them published at this moment²⁵. They are solid proof of the bond they shared until the end of Blecher's life, four years later. This part of Blecher's writings could be read as a diary of his physical ailments, covering three main themes – the cult of friendship, paramount in Blecher's personal ethics, his writing and creative difficulties and his physical suffering, constantly counter-balancing his efforts to be culturally present and active. It is also a revelator of the affective bond that supported Blecher through his medical misfortunes. In the summer of 1934, Blecher and Bogza were neighbors in Braşov for a few months, then, after Blecher returned to Roman, Bogza would visit him relatively often. Their correspondence is relevant to the present investigation from two perspectives: it exposes, with candid authenticity, the depth and loyalty of a unique friendship between kindred spirits, and it brings forth aspects of Blecher's real, unfictionalized experience with bone tuberculosis. "You have no idea how much energy and comfort your words give me, they are like a transfusion of good, living blood"²⁶, he would write to his friend in July 1935. Exorcising his illness through friendly exchanges, Blecher felt invigorated, reborn. Wrapped in the affective vocabulary of a fortunate intellectual and human connection, his medical adversities can be explored from a new perspective. In the dim light of his private life, Blecher would forge dramatic descriptions of his daily struggles with his severe condition. Secondly, this body of letters offers a glimpse into his efforts to maintain a minimal scientific interest in medical literature and practice, as some letters and a published article from 1934 seem to indicate.

There is a safe familiarity emerging in small islands in the majority of

²³ Rita Charon, *Narrative Medicine. Honoring the Stories of Illness*, Oxford, Oxford University Press, 2006, p. 4.

²⁴ *Ibidem*.

²⁵ Mironescu mentions that the 2017 critical edition of Blecher's works includes an inedited letter, part of a private collection, sent to Bogza by Max Blecher from Techirghiol where he was in treatment in 1934.

²⁶ M. Blecher, *Opere*, p. 725.

Blecher's letters to his friends. The writer's affective language²⁷ is less transparent in his fictional writings, but, quite obviously, flourishes in a private context. Lonely, bored and lacking intellectual stimulation in a marginal small town in the region of Moldova, Blecher does not hesitate to express his longing for the company of Bogza and his wife directly. In a letter from October 1934, he wrote: "I have received all the postcards and I thank you so much for them as I consider them protoplasmic threads that prolong your presence. I shall write you a lot, countless"²⁸. He had recently moved at his sister's, where he had a room of his own. His medical condition seemed pervasive, contaminating all spaces with markers of disability and disease:

Where do I live? For the moment at my sister's where I have a wonderful room with clear walls, parquet, a good stove that heats so well, a large window, separate entrance, direct door to an enormous terrace, a porcelain lavabo with running water, well, a room that is hygienically and aesthetically similar to those of the greatest Swiss sanatorium, all that is missing is the altitude...²⁹.

Later that month, he would continue, effusively: "Thank you again for all the kind signs of friendship. They fall on a ground that burns like hot charcoal, and they touch me in my deepest and most hidden sensitivity"³⁰. He confessed his isolation and loneliness, ending each and every letter with a warm invitation to Roman, where he lived in seclusion: "Roman is a filthy city with people who are moldy on the outside and, especially, ESPECIALLY, on the inside. I keep myself isolated in my room, I get no visitors – not relatives, nor acquaintances"³¹. He deplored the "atmosphere of provincial uselessness and undefined melancholy"³². As his efforts to write his first novel, tentatively called *Exercises in Immediate Irrationality*, intensified, his health seemed to decline progressively. In a letter dated January 2nd, 1935, Blecher described his situation in clear pathological terms:

I have not celebrated New Year's Eve, that night an abscess broke and I felt greatly liberated as until then it felt swollen and it hurt terribly; now I feel a lot better and I can sleep well during the night – it is a great blessing³³.

He did to hesitate to share digestive intimacies – "I have what could be the start of

²⁷ Melissa Gregg and Gregory J. Seigworth offer a comprehensive survey of contemporary theories of affect in private and public contexts in "An Inventory of Shimmers", in Melissa Gregg and Gregory J. Seigworth (eds.), *The Affect Theory Reader*, Durham – London, Duke University Press, pp. 1-25.

²⁸ M. Blecher, *Opere*, p. 672.

²⁹ *Ibidem*, p. 673.

³⁰ *Ibid.*, pp. 676-677.

³¹ *Ibidem*, p. 676.

³² *Ibidem*, p. 683.

³³ *Ibidem*, p. 692.

a dysentery episode, I have a cold in my stomach from some ice-cream”³⁴.

It is important, at this point, to touch upon the issue of Blecher’s persistence in his medical education. Traces of it are present in his cultural collaborations and even in his correspondence. At one point, in the second part of a letter to Bogza addressed to his wife, Elly, Blecher offers to interpret Bogza’s Xray: “...I forgot to ask Geo to bring along, when he comes to see me, the Xray he had had, so that I could take a look; I am no doctor, but I’ve seen dozens of Xrays so far and I can «read» them easily”³⁵. Indeed, Blecher was no doctor, but his experience as a patient almost compensated for it. Moreover, Blecher seemed to have become familiar with many health issues concerning the back, as he was quick to contradict the doctor who had examined Bogza:

I believe that the doctor who said that there was something suspicious either is not a specialist or he greatly exaggerated, because usually one can see the suspicious things immediately, hence my conclusion that there is nothing wrong with Geo’s back. Perhaps just a bit of scoliosis due to his height but that happens to all tall people, almost without exception³⁶.

His own rather intimate indisposition becomes the subject of an abrupt introduction, in a letter from September 1935. His horizontal lying in bed proved, quite often, the source of multiple other complications:

I am tortured terribly by some hemorrhoids I got because of my lying position; I must permanently have warm water compresses on my bottom; I can’t even urinate, as I get very painful contractions. Oh well, filth³⁷.

Unbearable pain could only be alleviated with powerful drugs. Blecher resorted to opiates when he could no longer endure the intensity of his discomfort. While he was being helped by Bogza with the publication of his first book (he paid for the publication, therefore regularly sent him various amounts of money), he wrote to his friend of his desperate treatment, as all week he “had suffered terribly, I had a pain the leg, last night I finally took a strong opium drug and I feel better now”³⁸.

As I have stated earlier, Blecher’s correspondence contains hints at the fact that he continued to make efforts to read medical literature long after he had to abandon his medical studies. When Geo Bogza sent Blecher some envelopes, he noticed that “they were wrapped in *Deutsche Medizinische Wochenschrift*, where I was about to resume reading some articles I began in Braşov”³⁹. Earlier that year, Blecher sent a scientifically themed article to the *Viaţa Românească* magazine, *Teoria cromozomică în biologie* [*Chromosome Theory in Biology*], proving his

³⁴ *Ibidem*, p. 710.

³⁵ *Ibidem*, p. 719.

³⁶ *Ibidem*, p. 720.

³⁷ *Ibidem*, p. 733.

³⁸ *Ibidem*, p. 735.

³⁹ *Ibidem*, p. 677.

interest in the innovative area of heredity research. It was published on March 31, 1934.

It can be argued, therefore, that, in many ways, Blecher's career had maintained its medical essence. The writer could not complete his formal medical education and he did not succeed in becoming a doctor. Instead, he became a patient, and the raw matter of his physical suffering was turned into a brutal yet visionary fiction of the self.

Wounds that won't heal

Blecher wrote *Scarred Hearts* in 1936, shortly after his debut novel, *Adventures in Immediate Irreality* had been published. He intended it as part of a trilogy, covering his experience in the three sanatoria that he had been to in the past few years – Berck-sur-Mer, Leysin, Techirghiol. His project remained unfinished, but both of the novels Blecher managed to write, *Scarred Hearts* and *The Lightened Burrow* are autobiographical fictions of his sanatoria experience. It is important to mention that Blecher's initial title for his novel was *Țesut cicatrizat*⁴⁰ (*Scar Tissue*), bearing a deeper connection to the profoundly alienating medical experience of the French sanatoria, where he received treatment for Pott's disease mainly by having most of his upper body cast in plaster, or, more precisely, "entombed in plaster"⁴¹. The patient would also lie down on a trolley, abandoning his verticality in exchange for a pale hope of healing.

Scarred Hearts is both medical and affective; along with *The Lightened Burrow*, it is unrivalled in Romanian literature in its clarity of vision as literature of sickness and medical intervention. Emanuel, Blecher's Romanian protagonist, a Chemistry student in Paris, is examined by a Parisian doctor: the Xray shows a destroyed vertebra and direct palpation reveals a cold abscess. Shortly after that, Emanuel becomes a patient at Berck, where his medical odyssey would soon turn sexual and sentimental. His love affair with Solange, although dissolved by boredom and routine, highlights Blecher's intention to explore the modernist tension between illness or even the proximity of death and an all-consuming sexual rage.

Upon hearing his diagnosis, Emanuel fears his fragile, unstable body, would crumble under its own weight:

...wouldn't his spine shatter on his way to the pension, wouldn't he collapse on the street, wouldn't his head tumble from his shoulders and go rolling along the pavement

⁴⁰ Doris Mironescu outlines the remarkable differences between the initial variant, *Scar Tissue*, and the final one, *Scarred Hearts*, in "Studiu introductiv" ["Introductory Study"], in M. Blecher, *Opere*, p. XXVIII.

⁴¹ Paul Bailey, "Introduction", in Max Blecher, *Scarred Hearts*. Translated by Henry Howard, with an introduction by Paul Bailey, London, Old St. Publishing, 2008, p. V.

like a bowling ball? Within the last few minutes, he had begun to feel how very tenuously he was held together. [...] Wouldn't a single splintered vertebra be enough, possibly, to transform his whole body into dust? While he was walking down the street the diseased bone might come away, and Emanuel would crumble on the spot, with nothing left of him but a heap of smoking ash⁴².

Frightened and insecure, Emanuel can only rely on the specialist's word for reassurance: "the doctor calmed him with scientific and medical arguments"⁴³ and recommended treatment in a special facility, a sanatorium in Berck-sur-Mer. Berck was an enclave of the disabled, as the maritime small city was structured around the bone tuberculosis sanatorium. Most of the year it was inhabited almost exclusively by current and former patients, therefore it could be argued that the social divide between the healthy and the sick is not necessarily visible. This exclusivity enhances the bleak tones that articulate the atmosphere of the place, as all inhabitants seem to have suffered, at one moment or another in their life, of the unfortunate affliction that crushed their verticality and condemned them to long periods of horizontal rest, tightly immobilized in a cast. Blecher describes this strange, isolated society from the perspective of an all-knowing insider, whose awareness of the unsoundable depths of despair and humiliation brought about by disease gives weight and credibility to his writing, turning it into a penetrating narrative, a fictional document revolving around an essential, personal truth. Literature is a faithful means of describing life with impairment, potentially the only manner in which the writer could ultimately render a highly subjective and medically extreme experience.

Medical space is cold and alienating in Blecher's prose, resembling a foucauldian heterotopia⁴⁴. In his defining principles that articulate the structure and meaning of heterotopias, two are of interest here: the sanatorium could be considered a heterotopia of crisis⁴⁵, a place where the severely sick and the dying are isolated until they either get better or expire, and a heterocronia⁴⁶ as well, as it interrupts traditional passage of time, isolating patients in a suspended interval, with rules of its own. The novel favors a double perspective, clearly visible in the structure of *Scarred Hearts*; Emanuel receives the most difficult part of his

⁴² Max Blecher, *Scarred Hearts*, pp. 11-12.

⁴³ *Ibidem*, p. 12.

⁴⁴ Mironescu makes this observation in his "Introductory Study", p. XX; Foucault defines heterotopias in opposition with utopias, hence they do not refer to spaces that cannot exist, but rather as spaces that "have the curious property of being connected to all the other emplacements, but in such a way that they suspend, neutralize, or reverse the set of relations that are designated, reflected, or represented [riflechis] by them. Those spaces which are linked with all the others, and yet at variance somehow with all the other emplacements...." (Michel Foucault, "Different Spaces", in James Faubion (ed.), *Essential Works of Foucault. 1954-1984. Aesthetics, Method and Epistemology*, New York, New Press, 1998, pp. 175-180).

⁴⁵ Michel Foucault, "Different Spaces", p. 180.

⁴⁶ *Ibidem*, p. 182.

treatment during his first days as a patient at Berck, then he observes, interacts and develops relationships with his fellow sufferers. His first love affair, with Solange, reunites a sick man with a woman whose health had been restored.

Blecher suggests that the overpowering smell of medicinal substances is a powerful agent of the unreal, infusing the atmosphere with a strangeness reminding of the "cursed spaces"⁴⁷ of his *Adventures in Immediate Irreality*: "an antiseptic, clinical smell of iodoform permeated the bedroom; it gave the room a new reality, medical and extremely severe"⁴⁸. Medical intervention is alienating and strange, creating the illusion of an unfamiliar, cold reality. Concrete medical procedures, done firmly and precisely, in an impersonal, professional cold manner, involve minimal rapport. In the small universe of the sick, medicine distances and separates, it is pain and suffering that bind. Gradually, Emanuel starts feeling like "no more than a mass of meat and bones, sustained only by the rigidity of a profile"⁴⁹. When an attendant comes to see Emanuel, while he is maneuvered by him, he thinks: "He's dressing me exactly like he would a corpse"⁵⁰. Later, after being put in a cast, he feels that "the shell held him hermetically sealed, immobile, overpowered, crushed as if by a boulder. 'Farewell, Emanuel!' he tells himself. 'You've turned into a dead man'"⁵¹.

This metamorphosis takes place when Emanuel, without anticipating the magnitude of the impact the procedure would have on his life, accepts his fate almost gladly and is placed in a cast. This second, less aggressive, but equally alienating procedure is described on a tone that resembles a silent scream:

In places the plaster was heavy with water. Next to the ribs a neutral space emerged where his breathing could break free from time to time before quickly gluing itself again to the coldness. The electric light intensified his surroundings and increased his anguish at each and every object. Darkness was easier to bear⁵².

The body becomes heavy, burdened by an alien, suffocating shell, painfully felt at every breath. This aggression seems to trigger multiple other aggressions from everywhere around – the alien body, encased in an alien frame, awakens the essential hostility of the material world, while at the same time becoming part of it. This state of consciousness heightens his awareness in relation to others, and his social and erotic sensitivity shapes new relations and communication codes. Still, there is a palpable solidarity of the ill and suffering – Emanuel befriends a few patients with whom he shares moments of closeness and serenity, despite the tragic

⁴⁷ Max Blecher, *Adventures in Immediate Irreality*. Translated by Michael Henry Heim, New York, New Directions, 2015, p. 5.

⁴⁸ *Ibidem*, p. 13.

⁴⁹ *Ibidem*.

⁵⁰ *Ibidem*, p. 63.

⁵¹ *Ibidem*, p. 72.

⁵² *Ibidem*.

fate that awaited some of them. Ernest, Zed, Tonio and Quintoce all affected by illness in various degrees, were his comrades, his accomplices and it is with their help that Emanuel survives the experience and returns to his old life. Blecher's perspective radically opposes spiritualization, as he did not believe in the purifying power of pain. The fever ignited by the infectious process translated into a constant torment of carnal desire, triggered by a permanent vicinity with death. The demise of the priapic Quintoce, who gave his last breath absurdly laughing, although he was probably in great pain, was a fitting final spectacle to his predominantly grotesque life. Emanuel describes the moment in warm tones, despite his variable attitude towards his fellow sufferer:

Quintoce died two days before Christmas, in a bout of uproarious laughter. The illness mocked him till the end. His death-throes were marked by bursts of hilarity in the way other peoples' are usually filled with howls and moans. But how else could Quintoce die, who went hurling his legs around like a clown his entire life, other than in a fit of convulsive and grotesque laughter?⁵³

The Berck experience intensified Emanuel's inner life, as if the punctured, inspected, washed, disinfected medical body helped blur the border between the real and the unreal, closing the imaginary arch of his first novel:

What was happening? Was it actually him, Emanuel, that body lying on the trolley, in the middle of a dining-room where all the guests are lying down at tables decorated with flower arrangements? What did it all mean? Was he living? Dreaming? In what world precisely, in what reality was all this taking place?⁵⁴

These questions echo the interrogations of Blecher's adolescent protagonist of *Adventures in Immediate Irreality*, where the "cursed places" that would give him extraordinary "crises", extracting him out of the banality of his provincial town and projecting him straight into the marvelous, strange territories of the unreal, are bizarrely connected by a doctor to a concrete pathological state:

The doctor I consulted about my crises pronounced a strange word: "paludism". I was amazed that my secret and intimate afflictions could have a name, and a name so bizarre to boot. The doctor prescribed quinine – another cause for amazement. I could not comprehend how an illness, *it*, could be cured with quinine taken by a person, *me*⁵⁵.

The Lightened Burrow, Blecher's last novel, published more than three decades after his death, was finished shortly before his demise, in May 1938. Subtitled *A Sanatorium Journal*, the novel reunites the oneiric, visionary style of *Adventures...* with a brutal awareness of physical pain and death. It could be argued that, in this extreme final effort, the writer ultimately found his particular,

⁵³ *Ibidem*, p. 125.

⁵⁴ *Ibidem*, p. 38.

⁵⁵ Max Blecher, *Adventures in Immediate Irreality*, p. 13.

inimitable voice, one that reveals his infernal journey through the uncanny worlds of bodily degradation and suffering. The novel recounts, as a first person fictional narrative, Blecher's experiences as a patient in the sanatoria where he sought treatment: Berck-sur-Mer, Leysin and Techirghiol, distinctly underlining the changing landscape as the story progressed. The proximity of death is remarkable and overwhelming, with long, exhausting accounts of patients taking their last breath in the next room, dark fantasies with the protagonist voluptuously craving his own death, and a permanent longing for the "anaesthetic sleep"⁵⁶ that briefly suspends all aches, screaming and convulsions. The novel is a vast fictional encyclopedia of medical procedures described by a lucid consciousness that finds perverse pleasure in analyzing the torturous interventions meant to alleviate one's sufferings instead of sadistically increasing them. The patient finds comfort in contemplating his body from the inside, hidden from all external aggression in the "lightened burrow" of his anatomical interior. The comforting darkness of his organic self is the final refuge of a fatigued consciousness, the ultimate cavern that protects and preserves the fragile balance between body and mind. Blecher orchestrates majestic poetical tones, coagulating an elegy that conflates the sterile adventures of the material body with the surreal hallucinations of a captive mind.

Blecher's medical body surfaces as the supreme instance of *The Lightened Burrow*. Life is marginally lived in between interventions, and when he is not the subject of various procedures, the protagonist suffers vicariously, while witnessing the pains of his sanatorium friends. A very young boy would endure excruciating pain as pure aether would be poured onto his testicles, other patients would suffocate coughing in the vicinity of the protagonist's room, while his own experience with post-surgical treatment would prove unbearable. As I have mentioned before, Blecher firmly rejects the false glory of physical suffering, considering it "abject, meaningless", undeserving of being considered a "noble and admirable source of artistic inspiration"⁵⁷. The narrator describes the torturous experience of postoperative bandaging:

It was towards the end of summer and, in order that the wound wouldn't become infected during those still extremely hot days, they left it completely open, meaning they did not sew it at the margins, so that it was open to the bottom of the muscles, like a splendid piece of red bleeding butchery meat.⁵⁸

The only way to escape torment would be a self-imposed detachment from the material physiology of pain. Blecher's narrative voice describes what probably was the writer's strategy to mentally survive the years spent in ceaseless pain:

...while pain attacks a certain nerve, irritating it, all other organic functions continue

⁵⁶ Max Blecher, *Vizuina luminată* [*The Lightened Burrow*], in M. Blecher, *Opere*, p. 455.

⁵⁷ *Ibidem*, p. 392.

⁵⁸ *Ibidem*, p. 394.

their activity, including the brain. [...] I have noticed that this is the essence of the torment of suffering, and the conclusion was simple – in order to get rid of pain one must not try to “rid” oneself of it, but on the contrary, “focus” on it carefully. As attentive and as close as possible. Until observing it in its finest fibers⁵⁹.

Multiple aggravations lead to a comical response – while still in Berck, “I had gathered, in a few days, all possible complications. And this very fact would become, by excess, extremely comical”⁶⁰. Visitors would walk on tiptoes in order not to disturb sensitive wounds, a swelling full of pus would need to be punctured and a forced extension was imperious, in order to correct the position of an ankylosed knee:

It is incredible how painful the slackening of a long-ankylosed joint can be, constantly kept motionless, without the slightest movement, with muscles atrophied to an extreme. I was, therefore, in this situation, with cramps, alcohol in my thigh and an extension hanging off my leg⁶¹.

The heterotopia of the sanatorium is reinforced through all active senses:

When I returned to the sanatorium I would find in whispers its old pains and its moldy, chloroform smelling life, enclosed in bleak corridors and numbered rooms, where dramas would waste away and fade, as if on small stages without spectators, with a pulled curtain⁶².

The confined spaces of the sanatorium labyrinth are mirrored in the overarching metaphor of the novel, the intimate cavern of the body’s lightened burrow, where, in pure intimacy with himself, Blecher’s alter-ego contemplates the flowing of his own blood, a carnal torrent of biological zest.

The Lightened Burrow could be read as Blecher’s prefiguration of death, as it proposes one of the writer’s most powerful creeds regarding biological existence: “All that surrounds human life is destined to worms and filth exactly like the body and people end up in stench with the entire cortege of fine objects in their lives”⁶³. The novel ends with the allegoric image of the sanatorium lying down like a dead animal, rotting away, disintegrating as it is eaten by beetles and worms. Agony has ended and death returns organic matter to the foreign and hostile material world.

Blecher’s medical body, a core element of his poetics, could be assumed as the defining concept of his oeuvre, reuniting biography and fiction in order to reveal the authenticity of his personal truth, as a lover of medicine, a patient and an explorer of the unreal.

⁵⁹ *Ibidem*, p. 396.

⁶⁰ *Ibidem*, p. 399.

⁶¹ *Ibidem*.

⁶² *Ibidem*, p. 403.

⁶³ *Ibidem*, p. 460.

WORKS CITED

- BLECHER, M., *Opere. Întâmplări în irealitatea imediată. Inimi cicatrizate. Vizuina luminată. Proză scurtă. Aforisme. Poezii. Traduceri. Publicistică, Scrisori. Arhivă. Documentar. Mărturii. Iconografie* [Works. Adventures in Immediate Irreality. Scarred Hearts. The Lightened Burrow, Short Prose. Aphorisms. Poetry. Translations. Newspaper Writings, Letters. Archive. Documentary. Confessions. Iconography]. Ediție critică, studiu introductiv, note, comentarii, variante și cronologie de Doris Mironescu, București, Academia Română, Fundația Română Pentru Știință și Artă, Muzeul Național al Literaturii Române, 2017.
- BLECHER, Max, *Adventures in Immediate Irreality*. Translated by Michael Henry Heim, with a preface by Andrei Codrescu, New York, New Directions, 2015
- BLECHER, Max, *Scarred Hearts*. Translated by Henry Howard with an introduction by Paul Bailey, London, Old St. Publishing, 2008.
- CĂLINESCU, George, *Istoria literaturii române de la origini până în prezent* [History of Romanian Literature from Its Origins to the Present]. Ediție îngrijită de Al. Piru, Craiova, Vlad & Vlad Publishing, 1993.
- CHARON, Rita, *Narrative Medicine. Honoring the Stories of Illness*, Oxford, Oxford University Press, 2006.
- DELEUZE, Gilles, *Foucault*. Translated by Sean Hand, Minnesota, University of Minnesota Press, 1988.
- FAUBION, James. D., *Essential Works of Foucault. 1954–1984. Aesthetics, Method and Epistemology*, New York, New Press, 1998.
- FOUCAULT, Michel, *The Birth of the Clinic*. Translated by A.M. Sheridan, London, Routledge, 2004.
- GREGG, Melissa, SEIGWORTH, Gregory J. (eds.), *The Affect Theory Reader*, Durham – London, Duke University Press, 2010.
- MARTINI, Michel, *Tuberculosis of the Bones and Joints*, Berlin, Springer Verlag, 1988.
- MITCHELL, David T., SNYDER, Sharon L., “Representation and its Discontents: The Uneasy Home of Disability in Literature and Film”, in Gary L. Albrecht, Katherine D. Seelman and Michael Bury (eds.), *Handbook of Disability Studies*, Thousand Oaks, Sage Publications, 2001, pp. 195-218.
- PELLEGRINO, Edmund D., “To Look Feelingly – The Affinities of Medicine and Literature”, *Literature and Medicine*, Volume 1, 1982, pp. 19-23.
- POTT, Percival, *Remarks on that kind of palsy of the lower limbs: which is frequently found to accompany a curvature of the spine, and is supposed to be caused by it; together with its method of cure: to which are added, observations on the necessity and propriety of amputation, in certain cases, and under certain circumstances*, J. Johnson, No. 72, St. Paul's Church-Yard, MDCCLXXIX, 1779.
- SONTAG, Susan, *Illness as Metaphor*, London, Allen Lane – Penguin Books, 1979.
- TANKARD, Alex, *Tuberculosis and Disabled Identity in Nineteenth Century Literature: Invalid Lives*, New York, Palgrave Macmillan, 2018.

AS HE LAY DYING: MAX BLECHER'S MEDICAL BODY

(Abstract)

Max Blecher's decade-long illness permeates his literary oeuvre much like an incontestable biographical truth. Documented in his correspondence with some prominent Romanian intellectual friends, the writer's life as a patient of tuberculosis sanatoria and his prolonged agony could be

assumed as the dominant background of his works. I intend to argue that Blecher's exploration of the body as the object of medical investigation projects a particular regime of affective expression. Blecher's fiction of the body favors a double approach to the issue of identity and self, as revealed throughout his work: the intimacy of suffering is a potent coagulant that favors the illusion of a coherent of identity, mediated by the body, while medical intervention reveals its objectification and foreignness. My analytical endeavor intends to identify the connections between affective discourse, in the context of Blecher's real relationships (as proved by his correspondence) and his fictional ones (as outlined mainly in his two novels *Scarred Hearts* and *The Lightened Burrow*, concerning the body, illness and medical intervention). I would also highlight the periphery as an amplifier of isolation and suffering, revealed through his native city of Roman, where he spent his last years, and the sanatorium, where he sought treatment, and which is also the topos of his last two novels. Sickness and medical aid are minimally present in Max Blecher's debut novel, *Adventures in Immediate Irreality*, as the experiences of the protagonist are mainly metaphysical and erotic. Deepening the perspective, his other two novels, *Scarred Hearts* and *The Lightened Burrow* are brutal confessions of the pain and physical deterioration caused by disease. Blecher's protagonists, obvious auctorial alter-egos, are entrapped (literally and metaphorically) in shell-like bodies, enduring exhausting, unbearable pain and desperately seeking sexual relief. In language and in narrative, medicine reveals its potential as an agent of hope, emotion, despair and, at times, of the promise of death. Fueled by the conscience of imminent demise, laced with harsh existentialism and forged by the powerful, surreally calibrated awareness of his biological vulnerability, Blecher's dreamlike, visionary prose is a defining instance of a reunion between fiction and biographical affective contexts expressing medical trauma and bodily breakdown.

Keywords: literature and medicine, disability literature, tuberculosis, medical narrative, sanatorium, illness.

PE PATUL DE MOARTE: CORPUL MEDICAL LA MAX BLECHER

(Rezumat)

Boala de care Max Blecher a suferit mai bine de un deceniu se impregnează în opera sa literară asemeni unui adevăr biografic incontestabil. Descrisă în corespondența cu câțiva prieteni intelectuali români, viața de pacient a scriitorului în sanatoriile pentru tuberculoși, precum și lunga sa agonie, pot fi considerate fundalul dominant al operei sale. Intenționez să argumentez că explorarea corpului ca obiect al investigației medicale de către Blecher proiectează un regim aparte al expresivității afective. Ficțiunile corporalității favorizează o dublă abordare a problematicei sinelui și identității, așa cum aceasta transpare în toate scrierile autorului: intimitatea suferinței e un puternic coagulant ce favorizează iluzia unei identități coerente, intermediare de prezența corporală, în timp ce intervenția medicală revelează obiectificarea corpului și înstrăinarea lui. Analiza mea urmărește prezența discursului afectiv – înțeles prin spectrele relațiilor pe care scriitorul le conturează real (în corespondență) și ficțional (în principal în romanele *Inimi cicatrizate* și *Vizuina luminată*) – în scrieri vizând corpul, boala și intervenția medicală. Consider, de asemenea, important contextul periferiei, ca amplificator al izolării și suferinței, redat prin decorul orașului natal al autorului, Roman, unde acesta și-a scris opera de ficțiune și corespondența, dar și prin cel al sanatoriului, unde scriitorul a urmat numeroase tratamente și unde se desfășoară acțiunea ultimelor sale două romane. Boala și intervenția medicală sunt prezente minimal în romanul de debut al lui Blecher, *Întâmplări în irealitatea imediată*, deoarece experiențele protagonistului sunt în mare măsură metafizice și erotice. Adâncind perspectiva, *Inimi cicatrizate* și *Vizuina luminată* conțin confesiuni brutale ale suferinței și deteriorării fizice implicate de boală. Protagonștii lui Blecher, alter-ego-uri evidente, sunt captivi (literal și

metaforic) în corpuri-carcasă, îndurând dureri atroce și căutând cu disperare eliberarea sexuală. În limbaj și în narațiune, medicina își dovedește potențialul de agent al speranței, al emoției, al disperării și, uneori, al promisiunii morții. Alimentată de conștiința iminenței morții, conținând elemente ale unui existențialism brutal, modelată de o puternică, suprarealist calibrată conștiință a propriei existențe biologice, proza onirică și vizionară a lui Blecher e un exemplu definitoriu de reuniune între ficțiune și contexte biografice afective exprimând trauma medicală și dezintegrarea corporală.

Cuvinte-cheie: literatură și medicină, literatura dizabilității, tuberculoză, narațiune medicală, sanatoriu, boală.