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Review

A literary approach to tuberculosis: lessons learned from Anton Chekhov, Franz Kafka, and Katherine Mansfield

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SUMMARY

Letters by notable writers from the past century can provide valuable information on the times in which they lived. In this article, attention is drawn to the lessons learned from three famous writers who died of tuberculosis: Anton Chekhov, Franz Kafka, and Katherine Mansfield. The characteristics of the course of the disease in the pre-antibiotic era and the importance of addressing mental health in the management of tuberculosis are discussed.

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1. Introduction

It is commonly known that Anton Chekhov died from tuberculosis (TB), as did Franz Kafka and Katherine Mansfield. However, most people know nothing of the disease except for some of the symptoms, most notably haemoptysis. When anyone not working in the fields of medicine or TB science is asked about the disease, they often recall a languid and pallid woman from the mid 20th century coughing blood into a handkerchief. However, TB is not a disease of the past. Approximately nine million people become ill with TB every year, in spite of the availability of effective treatment, and 1.5 million die from it.¹ The existence of comorbidities such as HIV infection and diabetes, along with the emerging threat of strains that are resistant to multiple drugs, has complicated the fight against TB, which should be a public health priority.¹ In this context, the pre-antibiotic era can provide valuable information on the course of the disease – and letters by notable writers from the past century provide a good example of such information. In this article, attention is drawn to the lessons

learned from three such writers: Anton Chekhov, Franz Kafka, and Katherine Mansfield.

2. TB is a chronic illness

Chekhov was born in 1860, Kafka in 1883, and Mansfield in 1888. Chekhov was a Russian physician who wrote plays and stories. Kafka was a Czech Jew who studied law and worked in an insurance company, but he also dedicated much of his time to writing stories. Mansfield was a writer from New Zealand who moved to Europe, where she worked. Chekhov was bright and hard-working, and had a ready sense of humour. Kafka suffered from anxiety, insomnia, and emotional breakdowns, which had a great impact on his life. Mansfield had a turbulent life – she was an adventurer – before becoming encumbered by disease, first gonorrhoea and then TB. Both Chekhov and Kafka presented haemoptysis at the start of their illnesses, while Mansfield suffered from pleurisy.^{2–4} Many years passed between the onset of disease and their deaths: 7 years for Kafka, 12 years for Mansfield, and up to 20 years for Chekhov. Considering that no effective treatment was available at that time, except thoracic surgery, and that antibiotics only appeared much later on, it is easy to infer that TB is a chronic illness, whose course depends on host factors (such as genetic background), environmental conditions, and the subject's immunological status.

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3. Europe was sick and people had frightening haemoptysis in all sorts of public places

At that time, and according to Kafka, half of Western Europe had more or less faulty lungs.² Mansfield was living in Paris in 1922 and had many meals in filthy restaurants due to her lack of money. In a letter to her husband John Murry, she explained that she was sitting in front of a French poet who was coughing and spitting all the time, and who finally, after a glance at his handkerchief, commented: “Still blood. I need 24 handkerchiefs every day, my wife is desperated!”⁵ However, this poet was not the only one suffering.

Chekhov's first serious episode of haemoptysis, which led to the diagnosis of TB, also occurred in a restaurant – the Hermitage in Moscow – where he had gone to have dinner with his friend Alexei Suvorin. In a letter to his friend Lydia Avilova, dated March 1897, he explains: “Hardly we had sat down to the table when a vigorous flow of blood started streaming from my throat. Suvorin took me to the Slavyansky Bazaar and summoned doctors”.³ For Kafka, it did not occur in a restaurant, but the apartment he had at the Schönborn Palace in Prague. Worried for his friend and lover Milena Jesenská, who had revealed that she was coughing blood and had recently been diagnosed with TB, he describes to her in a letter his first episode of haemoptysis, which had happened in the middle of the night. Kafka, who had always thought that the physical disease was a manifestation of his mental disease, spitted so much blood that the maid, when she visited him the morning after, said to him “Her Doktor, you won't last much longer”.²

4. If you have TB, do not go to Paris

In the mid 20th century, in a Europe eager for a cultural revolution, Paris was the place to go. However, the humid and cold climate of Paris, which was well known, did not help TB patients. In September 1922, Mansfield wrote to her friend Sylvia Land, complaining: “The bad weather here these last few days has brought my cough back again”.⁵ This situation was not limited to Paris. TB patients often moved to dryer and warmer places, following doctors' orders. Even today, when talking to long-term TB patients, they often comment that their cough returns every winter season (and hospitalizations peak⁶). Furthermore, TB is often diagnosed in the spring and summer seasons. The seasonality of TB has been explored, and a decrease in Th1 responses and in vitamin D, as well as seasonal variations in habits, have been suggested among other causes.⁷ Although this a controversial issue (whether seasonal host susceptibility or seasonality in pathogen survival is involved),^{8,9} the fact remains that the published literature suggests a link.^{6,10}

5. Patients often do not trust in doctors and suffer spiritual crises

Mansfield did not have any faith in doctors or treatment. In February 1919, she wrote in her diary “Saw the doctor – a fool”, and the day after “Saw two of the doctors – an ass and an ass”.⁴ Three years later and many doctors after, she still had no hope and no belief in any kind of medical treatment: “It's all sham. It amounts to nothing”.⁵ Chekhov, who was a physician himself, wrote a letter to his friend Suvorin in 1891 confessing his decision not to undergo any treatment: “The idea of having to undergo treatment and fuss over my physical condition produces in me something akin to revulsion. I'm not going to be treated”.³ It is true that the therapeutic options available at that time and the poor outcomes obtained did not offer much hope. Moreover, some of the doctors even tried to convince patients to undergo new

treatments that sometimes turned out very badly. In 1922, a white émigré from Russia, Ivan Manoukhin, submitted the very ill Mansfield to X-ray irradiation of the spleen as treatment for 15 weeks, for which she paid £300 at the time (approximately £13 230, or €14 900 in 2016).⁵ Without any improvement in her TB and now very sick as a result of the adverse effects caused by the radiation, Mansfield turned to a mystic philosopher and director of the Institute for the Harmonious Development of Man (George Ivanovich Gurdjieff); she lived at this institute during the last months of her life, before dramatically dying of a massive haemoptysis.^{4,5}

Such a spiritual crisis, as witnessed in the case of Mansfield, is common not only in TB patients, but also in those with other severe chronic illnesses. Facing isolation, a fear of death, or lack of support, patients turn to the gods or other spiritual forces they believe in.¹¹ Distrust is common in TB, especially in non-adherent groups.¹² However, with the arrival of chemotherapy, which is effective, patients are now most often grateful for the treatment they receive, as they experience a positive effect.^{11,13,14} In the case of multidrug-resistant (MDR) and extensively drug-resistant (XDR) TB patients, the attending physicians and other health personnel are sometimes scared of becoming infected, and this might also contribute to a distrustful relationship.¹⁵

6. Mental health is important, and we should be evaluating this systematically

Because of the stigma, both Chekhov and Kafka tried to hide their TB from their families. Kafka wrote to Oskar Baum in October 1917: “By the way, my parents know nothing about the TB, so you will be careful, won't you, if you should by chance run into them”.¹⁶ Chekhov had the same request for his brother in March 1897: “I was diagnosed with pulmonary apical TB and accordingly awarded the right to describe myself as an invalid. Nobody knows anything about my illness at home, so rein in your customary malice and don't blab about it in your letters”.³ In high-incidence countries, the stigma and shame associated with TB are still important problems for affected patients.^{17,18}

Facing a severe life-threatening illness dominated everything. As Chekhov said to Lydia Avilova in 1901: “You ask if I am happy? The first thing I have to tell you is that I am ill. And I now know that I am very ill”.³ The invalid Mansfield often felt miserable and wrote about it in her diaries. In records from 1922, she noted: “The world as I know it is no joy to me and I am useless in it”, and “This isolation is death to me”.⁴ Patients become desperate. “I feel as though I'm in prison and full of rage, terrible rage”, says Chekhov to his wife in 1899.³ And Kafka to Max Brod: “Above all the fatigue increased. I lie for hours in the reclining chair in a twilight state. I am not doing well, even though the doctor maintains that the trouble in the lung has remitted by half. But I would say that is far more than twice as bad. I never had such coughing, such shortness of breath, never such weakness”.¹⁶

The great impact of TB on mental health has been described. Patients display a wide spectrum of emotions, from anxiety, shame, loneliness, worry, and despair to anger.¹⁹ Depression is often mentioned as a consequence of TB, due to the isolation, the stigma, or from being chronically ill. Furthermore, it has been reported that support from family and friends may be essential for improving mental health and self-perception, and for maintaining good social functioning.^{11,18,20,21} These articles appear to indicate that the systematic evaluation of health-related quality of life, including the impact of the disease on mental health, should be performed in all clinical studies, and that active psychological support should be provided to TB patients within the management of their disease.

7. Conclusions

Much information on TB disease from the pre-antibiotic era is available and this could be useful in gaining a better understanding of TB and improving its management. Patients need information on their disease to gain trust in their doctors and other health personnel, as well as the tools to deal with the feelings associated with it. A systematic evaluation of mental health associated with the disease and psychological support should be included as routine in the management of TB patients.

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