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Review Article

The "Grafenhof". Fate of a Sanatorium in Austria and its Connection to Thomas Bernhard

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Abstract

Sanatorium "Grafenhof" situated in a beautiful valley south of Salzburg was founded in the times of bitter poverty as one of the first "Volksheilstätten" in Austria to cure the widespread pulmonary tuberculosis in the beginning of the 20th century. As a renowned place of therapy it also hosted the famous Austrian author Thomas Bernhard (1931-1989) when he was about 17 years old, suffering from a severe tuberculosis of his lungs. Despite many grateful reports of patients, we find in his book "Die Kälte. Eine Isolation" ("The cold. An Isolation") (1981) a scathing criticism of his stay, of the patients and the doctors and their therapy. Finally, one of his contemporaries and also his brother put the events in their true light, and Rudolf Brändle noticed: "As Bernhard's fellow sufferer and intimate friend of the Grafenhofer days, I was often asked to what extent the conditions described in "Die Kälte" corresponded to the truth, whether the institution was actually the most deterrent, the patients the most horrid and the medical care the shabbiest. Well, the book wouldn't be a real Bernhard if all these exaggerations were missing".

Keywords: *Grafenhof; Sanatorium; Austria; Thomas Bernhard*

When reviewing the book "Transitional period in the therapy of pulmonary tuberculosis"[1] Dr. Rudolf Rumetshofer in the "*Journal für Pneumologie*" asked me, the author, to commemorate Austrian phthisiology in the next edition. Anticipating an uncertain second edition, a start is made with this work and one of the first Austrian lung sanatoriums is mentioned, not without remembering one of its most important patients, Thomas Bernhard. Poetic freedom should be contrasted here with a more real image.

For the doctor at a pulmonary sanatorium, the patient must not just be "a lung walking on two legs", only a cell complex whose immunity titer needs to be increased, the tubercular patient with his mostly pathologically altered nervous system, his often defective psyche, demands and needs more. A secure, purposeful regulation of his external conduct must necessarily be supplemented by an understanding, sympathetic approach to his inner life".

Chief Physician Dr. Josef Tinzl in the clinical report 1915.

[1]Journal of Pneumology; 2020; 8 (3): 21.

Figure 1: *Grafenhof once.*

The "Grafenhof" sanatorium was founded in 1911 as a people's sanatorium (start of construction September 12, 1912) and opened on December 20, 1913[2]. Their location and the weather conditions there corresponded ideally to the requirements of the scientific knowledge of the time. And in view of the still poor accommodation options for normal, non-privately insured citizens throughout Austria, this new building was of the utmost urgency. At that time, 11.4% of all deaths in the province of Salzburg were attributed to tuberculosis, and authorities, the church and social policy unanimously strived to eliminate the previous deficiency[3]. 75 beds were available for patients in private class and regular care in departments strictly separated according to gender.

However, the term "people's sanatorium" did not mean the abolition of class barriers, yes, in view of the economically tight situation, one was never at a loss for a well-off and better paying clientele.

As early as 1914, there was a significant increase in patients from the Salzburg region, neighboring countries and the entire Danube monarchy. The care of the patients secured their own farm with 80 hectares of cultivation area.

After the First World War, the initially modest diagnostic facility was supplemented by a bath, X-ray, pharmacy and laboratory facilities. Supply and disposal, water supply (local spring water), electricity, central heating and sewage treatment plant were state-of-the-art. The patient library was also generously equipped.

[2]At that time there were already over 100 people's sanatoriums in the German Reich, in Austria just two, namely Alland (Lower Austria) and Hörgaß (Styria) and no statutory invalidity insurance.

[3]The degree of contamination is also interesting using the example of a mountain community in Pongau in the 1920s: 80% of the schoolchildren were TB-positive.

Figure 2: *Single room.*

Figure 3: *Shared room.*

Figure 4: *General lying hall.*

At the beginning there was even a discussion as to whether the company had a doctor at all and whether medical care should not be entrusted to the medical department of the St. Johannspital in Salzburg. A women's section had not yet been thought of. However, the tight financial circumstances of the association finally made it possible to expand and to have our own medical care.

The first chief physician was Dr. Hermann Putz from 1913 to 1916 [2]. He died tragically from a gunshot wound. From his statement of accounts from 1914 we get important information about the usual course of treatment at that time. What is interesting is the short length of stay of about 3 months and a relatively low average weight gain of the patients of 4.87 kg. The age group most affected was those who - as the saying goes - "are in the middle of life" and whose ability to work was so important. As one heard again and again when critically examining the "success at the spa" at that time, the result was actually far worse than the statistics indicated. One rarely hears more precise information about the frequency of relapses [1-3].

Wesentlich gebessert	60	davon voll erwerbsfähig	49	
		„ zu leichter Arbeit geeignet	9	
		„ erwerbsunfähig wegen anderweitiger Gebrechen	2	
				60
Gebessert	34	davon vollkommen erwerbsfähig	7	
		„ zu leichter Arbeit geeignet	24	
		„ erwerbsunfähig	3	
				34
ungeheilt	10	alle erwerbsunfähig; davon 2 nach kurzer Zeit als ungeeignet zur Anstaltsbehandlung entlassen		
gestorben	2			
auf eigenes Verlangen nach einigen Tagen entlassen	2			
Summe:	108			

Figure 5: *Cure success December 1913 to December 1914*

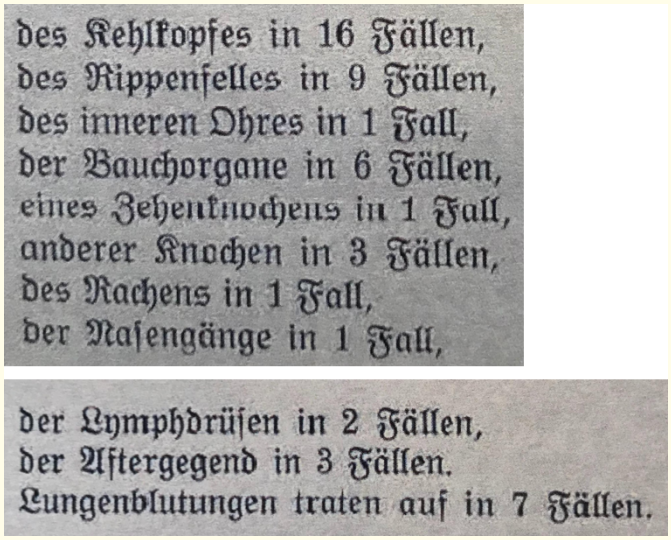
des Kehlkopfes in 16 Fällen,
des Rippenfelles in 9 Fällen,
des inneren Ohres in 1 Fall,
der Bauchorgane in 6 Fällen,
eines Zehenknochens in 1 Fall,
anderer Knochen in 3 Fällen,
des Rachens in 1 Fall,
der Nasengänge in 1 Fall,
der Lymphdrüsen in 2 Fällen,
der Aftergegend in 3 Fällen.
Lungenblutungen traten auf in 7 Fällen.

Figure 6: *Organ involvement in addition to lung disease.*

Former therapy

"The dominant treatment was consistently dietetic-physical, with the open-air rest cure as an essential component. In addition, specific treatment with various tuberculin preparations was carried out in 19 cases. Copper preparations and other newer means of chemotherapy were also used [3][4].

Mention is made of the then most modern and also for the first time effective therapy of artificial pneumothorax, which was propagated throughout Europe first by the Italians and French and almost simultaneously by L. Brauer and A. Brecke from Germany and Switzerland. Since 1907, L. Brauer has regularly held courses on learning about the pneumothorax [3] at the German Sanatorium in Davos, run by A. Brecke.

"Treatment by injecting nitrogen gas[5] into the chest to immobilize the diseased lungs has hitherto only been possible in a limited number of cases; usually the initiation of this very long-lasting treatment was prevented by being forced to take up heavy gainful work again early on".

[2]Dr. Putz Annual report does not mention the "other newer means of chemotherapy" by name. Copper therapy was replaced by gold therapy (1913 A. Feldt and 1924 H. Møllgaard). In addition to the controversial tuberculin, lipids from the mycobacteria wall (partial antigens) and non-pathogenic mycobacteria from turtles (Friedmann culture) were tested around 1913. C. Spengler from Davos treated with his Spenglersan-T, a mixture of "original tuberculin" and immune preparations from bacterial strains in homeopathic form, i.e. massively diluted (D9), and praised their effect [3].

[5]Atmospheric air was later used.

Around 1914, “Grafenhof” used an “excellent apparatus for transillumination and skiagraphic recording by means of X-rays” for diagnostic purposes. The manufacturer was the company Reiniger, Gebbert and Schall from Erlangen (ideal apparatus, tube tripod according to Lambertz with radiation protection box, universal tripod according to Dr. Römer, astral screening screen according to Dr. Rupprecht, hanging screen according to Prof. Holzknecht, Sinegran intensifying screen etc.) [2].

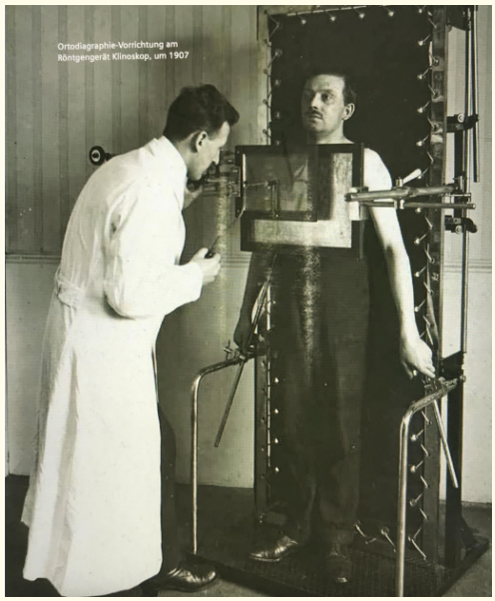

Figure 7: *Roentgenography about 1907.*

Dr. Putz also had the future of radiology in mind when he raised the question of its therapeutic use in pulmonary tuberculosis, which arose shortly after the discovery of diagnostic X-rays. In 1913, L. Küpferle and A. Bacmeister in Freiburg/B. with the radiation experiments in rabbits infected with tuberculosis and thus opened up a new therapeutic path that only benefited a few and lost its importance towards the end of the 1930s [3]: In “Grafenhof” the quartz lamp, the “artificial sun lamp” was also thought of for therapeutic purposes.

The inhalatorium, equipped with a Guttafer apparatus according to Dr. Bulling powered by an air compressor (4atm) with electric motor operation.

Use of sunlight

“Five of the patients with diseases of the larynx learned self-mirroring of the inside of the larynx with sunlight; the effect was consistently a satisfactory one when the reflections could be continued for a long time”.

1916-1921 followed as chief physician Dr. Josef Tinzl, who later moved to the Burgberg-Traunkirchen sanatorium. His successor, who was suffering from tuberculosis, Dr. Otto Kapfhammer, fate only granted a short lifetime until 1922.

During the First World War, the sanatorium was also responsible for the treatment of soldiers with lung disease.

Figure 8: *Tuberculosis hospital in World War I.*

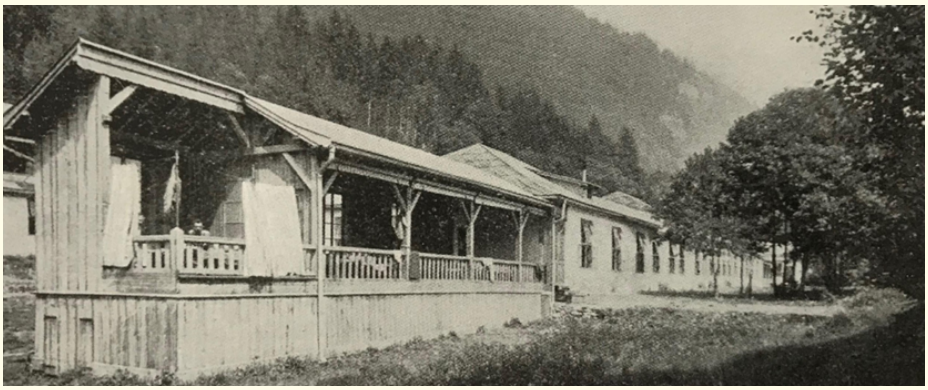

Figure 9: *Barracks and berths in World War I.*

Nursing care was initially in the hands of the Merciful Sisters of Salzburg, and from 1923 it was in the care of the Vöcklabruck School Sisters. The workload is said to have been excessive in the 1920s and 1930s[6].

[6]According to the report of the social medicine doctor and bacteriologist Georges Cornet, 63% of the Sisters of Mercy working in tuberculosis care fell victim to tuberculosis at this time!

Since 1922, the chief physician, onwhom Thomas Bernhard had not left a good hair, headed the sanatorium. His retirement began in 1951.

Figure 10: *Dr. Anton Edelmüller and team in the early 1920s*

As good as the furnishings of the house were in accordance with the time, so little was happening in the medical field, especially in the Edelmüller era at a time when the sanatoriums were specialized in the art of pneumothorax, phrenic nerve excision and in some places even with the major operations of thoracoplasty and pneumolysis competed with each other [1,3].

Despite all the exaggeration, Th. Bernhard apparently described this quite well when he described the helplessness of the doctors in the "Grafenhof" in view of his abdomen filled with air (pneumoperitoneum). He was looked after by an assistant who saw this for the first time and was introduced to the technical processes by the patient.

Only from 1952, under the aegis of the chief physician Dr. Gerhard Berger, a therapy regime adapted to modern times and the important diagnostic application of bronchoscopy came about.

The decline in tuberculosis in the 1970s also prompted the "Grafenhof" to adopt newer structures without losing sight of tuberculosis entirely, especially since the "invalids" of the ending era needed further attention. From 1975, extensive planning for the renovation while preserving the listed parts was tackled and the farm was abandoned. In 1978, the former sanatorium was renamed the "Landes-Sonderkrankenhaus St. Veit" with a capacity of 95 beds[7]. The lung station was closed in 1987.

The aim of the new concept was to get long-term residents, elderly people and rehabilitation patients "on their feet" again after knee, hip and shoulder operations. The range of physiotherapy, electrotherapy and exercise pools was expanded accordingly.

[7]51 internal beds, 24 orthopedic beds, separate pulmonary department 20 beds.

An extensive renovation phase around the turn of the millennium created a clinic that, as an exemplary rehabilitation and therapy department, was able to rise to academic honor as a teaching hospital of the Paracelsus University in Salzburg. Since 2001, the state clinic has expanded its spectrum to include a highly effective psychiatric-rehabilitative unit[8].

If it was once the scourge of mankind, tuberculosis, today we see new challenges in diagnostics, therapy and - again a new incentive for the former tuberculosis sanatorium - in the rehabilitation of these patients in the diverse manifestations of cancer. In mid-2012, ground was broken for an onco-rehab, which has been successfully contributing to the well-being of patients and the good reputation of the house since 2014 [1,2].

Figure 11: *State clinic today.*

Thomas Bernhard and "Grafenhof"

What is poetry, what is truth?

Thomas Bernhard (1931-1989) "Der Atem. Eine Entscheidung" ("The breath. A decision"). "Die Kälte. Eine Isolation" ("The cold. An Isolation"). Two Books from the Autobiographical Writings[9] [4,5,8].

We find a mostly sombre, sometimes "artistic freedom" exaggerated depiction of his experiences as a tuberculosis patient in Thomas Bernhard, who from 1949 to 1951 was treated in the state hospital St. Johanns-Spital in Salzburg and then in the Großgmain sanatorium and twice in the "Grafenhof" at St. Veit im Pongau.

[8]A total of 63% of the previous participants in the M.E.M.B.E.R. (Efficiently reintegrating people with disabilities) was able to return to work after the end of the therapy.

[9]Five autobiographical writings: "Die Ursache" ("The cause"), "Der Keller" ("The cellar"), "Der Atem" ("The breath"), "Die Kälte" ("The cold"), "Ein Kind" ("A child"). Released between 1975 and 1982.

"Only the shameless write, only the shameless are capable of grabbing and unpacking sentences and simply throwing them down, only the most shameless are authentic".

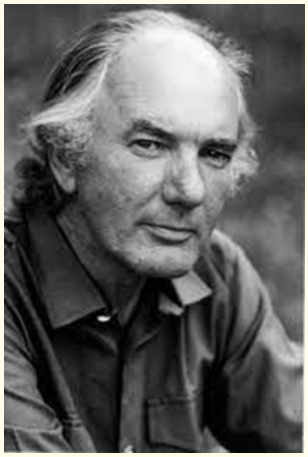

Figure 12: *Thomas Bernhard 1931-1989.*

"Breath. A decision" leads us, according to the author's description of his earlier phase of life, to the time of his illness, which began with wet pleurisy[10] - he contracted it as an 18-year-old commercial apprentice - which he believes was caused by staying too long in the cold.

At first everyone takes him for a fake, or one whom the death of the beloved grandfather and leader of life[11] - at the same time also "... school I went to, I can say, from the time I was born.... It was an elementary school, finally a university" - had thrown off course.

When looking for causes and manifestations of a consuming illness, the psychological side should not be neglected.

Puberty and mental pain, on the one hand the physical stress caused by a natural phenomenon of growing up, on the other hand mental stress in a depressive mood; This led to the depletion of the strength of this highly gifted boy, who, as a school failure [6,7] - and also a child of poor people - became an employee in the food industry and was employed far below wages, and paved the way for pulmonary tuberculosis, which was still life-threatening at the time. And it wasn't just illness and its attendant circumstances that posed a threat; the implementation of medical measures was also not lacking in complicated courses.

It started with a high fever, severe pain and increasing shortness of breath. A clouding of consciousness that occurred with circulatory collapse prompted admission to the St. Johanns-Spital, the venerable state hospital in Salzburg, where the cause was diagnosed as an extensive right-sided pleural effusion. On the spur of the moment and possibly not exactly gently, about 3 liters of yellow-grey liquid were

[10]Exudative pleurisy. Considered the first manifestation of pulmonary tuberculosis.

[11]Johannes Freumbichler (1881-1949) Austrian local poet and philosopher. Maternal grandfather of Th. B.

withdrawn there[12]: "I felt several hands holding me and I saw a five liter pickle jar next to me. We had the same pickle jars in the shop... I cannot say that the piercing of the chest had been painful, but the sight of the pickle jar next to me, into which the red rubber tube connected to the puncture needle stuck in my chest had been inserted at its other end, Exactly the same rubber hose that we used in the shop to draw off the vinegar and through which the aforementioned yellow-grey liquid was gradually and intermittently drained into the pickle jar with rhythmic pumping and sucking noises, until the pickle jar was next to it being more than half full had resulted in sudden nausea and an immediate loss of consciousness".

B.'s condition must have been so catastrophic that he was taken to the bathroom, where in the "good old days" people liked to "shove" moribunds, and then back to a "large room" that was common at the time, which B. felt was a death room. Was it really such a thing? And why was a young man shipped to a place where patients supposedly died continuously and were picked up by attendants in the prosecutor's office?

"My condition must have been more alarming to him (the doctor on night duty) than the rudeness of letting me, the eighteen-year-old, be laid in the death room occupied only by seventy-year-olds and eighty-year-olds".

It's hard to believe, because even then there was a guard station in a city hospital, or at least a bed guard. B. felt moribund, experienced what was then the final religious moment of "last rites" - today it is certainly not intended for the last or pre-final moment and is therefore referred to as anointing or strengthening the sick.

For B. it was "a perversely Catholic smear portrayal" of how the hospital chaplain carried out his duties.

This act and the dying surrounding him, which he describes imaginatively (did he really experience it?), was the reason for B. to hold on to life very intensely. A decision to breathe on and live on.

The punctures had to be made up regularly, the doctors who were actually "interested" supposedly noticed that he was in the wrong department and now made an effort to get him back on with a plethora of infusions (otherwise called "glass death accelerators") and medication to put your feet up. Although he was left in the dark about his current condition, the nature of the disease and his prospects - it was not unusual at the time to declare the patient underage - his grandfather, on the other hand, received from the primarius, whom he described as "excellent, intelligent, not only superficially educated man" described, detailed information with a favorable prognosis. Meanwhile the patient hovered between discouragement, despair, fears for the future, self-pity and only little hope, which his grandfather was occasionally able to awaken. But he was also to lose that: the prostate disease and a chronic urinary obstruction caused urinary stasis, kidney failure and finally death from uraemia, which B. found out about from the newspaper, but not from his relatives, who the doctors had ordered to remain silent.

Contrary to all expectations, the painful loss of his first "human being" created in him new courage to live, to a certain extent the legacy of the deceased, again a call to continue breathing, to live on, a "previously unknown, unbelievable drive to exist... to be alone and of oneself out to move on".

"My first existence was complete, my second had begun".

[12]If a pleural effusion is drained too quickly and completely, the soft mediastinum, which is supplied with plenty of nerves and vessels, is "thrown" onto the puncture side, so to speak. In the worst case, this can cause reflex cardiac arrest. Hence the recommendation to drain the fluid from the thorax slowly and in increments.

In view of the patient's progress in recovery and obviously also a more positive attitude, and perhaps also impressed by the death of his then nationally known grandfather, the primary offered him several times to be moved "to another friendlier room" without enticing the young man and went on his way, shaking his head. If B.'s imagination doesn't caper here again, then one can only shake one's head in surprise at this late turn[13].

And then it was time. The dismissal was imminent, but not to go home, but to a "convalescent home", the former Hotel Vötterl in Großgmain, where the emaciated and completely exhausted boy was supposed to regain his strength. Accommodation was in a 2-bed room, where he met an architecture student who had been relaxing there for 3 weeks. From the room they had an unobstructed view of the cemetery and thus also an overview of the last journey of the seriously ill, which in a sanatorium was usually kept secret from the patient. So, the information about a "convalescent home" was anything but credible, yes, the number of patients with open tuberculosis must have been considerable. Bernhard's assumption of a worsening of his tuberculosis - it had indeed the signs of "wet pleurisy" - may not have been a fake.

By extensive wandering and scientific literature he regained his strength. The medical examinations gave him a certain feeling of recovering. No wonder, also the radiological signs were favourable in the eyes of the doctor. Finally and unfortunately he had to state that an infiltrate developed on the right lower lobe of the lung. That was around Easter 1949.

The next way of the cross was imminent: admission to the "Grafenhof" sanatorium for lungs, which, however, only became possible after an interlude at home and outpatient treatment there [4].

"The cold. An isolation" describes as a continuation the life of the young man between Salzburg and St. Veit im Pongau, the illness of pulmonary tuberculosis, which was first recognized as mild, but later as clearly advanced and dangerous. Mental distress, loneliness, but also a trace of invigorating company accompany Bernhard further in his difficult phase of life. The doctors who were supposed to free him from his illness did not come off particularly well with the poet in their mechanistic way of working - somatics at a low level, the psyche does not seem to play a role [5].

"Grafenhof" was a word of horror"

First stay from July 27, 1949 to February 26, 1950 with "shadow on the right lung".

Second stay from June 13, 1950 to January 11, 1951 with "open tuberculosis".

His life had not turned out as those around him would have hoped for an intelligent boy from a middle-class but poor family whom he said he was hostile to [6,7]. He himself was plagued by massive inferiority complexes and the feeling of being useless and rejected by society as a result of his lung disease. Accordingly weepy and bursting with self-pity, his initial lines come across until - as has always been his way - he surrenders to both his "hated environment" as opposed to his illness. The victims of his obvious hatred are primarily the doctors, whom he doesn't take kindly to. Even his fellow patients, who are mostly simply stratified, find no mercy in his eyes. Only one academic who is despised by everyone, long lying and seriously ill, in the last phase of his life, does not leave Bernhard untouched. The only ones he

[13]"The doctors and the so-called medics in general … may shake their heads at everything that is noted here …" The hospital as an "anti-healing machine, even a machine that kills people". Citation Th. Bernhard.

gets along with are a gifted musician and fellow sufferer[14] and a teacher and musician who lives in the village[15]. On this occasion he also meets his later life friend, the "life person"[16].

Figure 13: *"Grafenhof" sanatorium.*

"On the one hand there were the doctors, who acknowledged my distrust with arrogance, with inactivity, with their daily medical idleness, on the other hand there were the patients, who did not recognize me as belonging to them, could not recognize me, I had not been transparent for them, perhaps only a temporary phenomenon".

He sees his grandfather and his mother, who was terminally ill during the Grafenhof period, as victims of medical failure ("the surgeon killed my grandfather, the gynecologist killed my mother").

[14]Rudolf Braendle (1922-2002). Citizen of Liechtenstein. At that time he was a music student at the Mozarteum in Salzburg. The employment laws of Switzerland prevented an already secure employment as second conductor and répétiteur in Lucerne. Occasionally receptionist in a posh hotel to earn money, hotel and bar musicians in Arosa and Lugano. Got tuberculosis of the lungs in Arosa in winter 1947/48 ("shadowing of the left apex of the lung"). In June 1948 he completed his studies at the Mozarteum. Since December 1948 he has been treated by the prominent pulmonologist P.H. in Salzburg. Admitted to the "Grafenhof" on March 28, 1949 and released on August 20, 1949. April 1950 with another tuberculosis stove on the right-hand side in the "Grafenhof". There until mid-1951. Later composer and conductor. Until 1984 worked at the Volksoper in Vienna. Wrote a biography in which he mentions Th. Bernhard in detail and presents the picture of the "Grafenhof" in a much more favorable light. Remained in contact with B. throughout his life [7].

[15]Anna Janka. Teacher and organist in St. Veit. Lived there in extremely modest circumstances.

[16]Hedwig Stavianicek, Dr. phil. (1894-1984) wealthy widow of a section chief in the Austrian Ministry of Health. Teacher, musician and "muse" of the writer.

Above all, the chief physician[17], who, like many of his generation, also has a Nazi past, is massively put down by him and the crowd of doctors ("henchmen, under orders of a perfidious man who ran the sanatorium as a penal institution") is presented as the "last", what the guild can give.

Figure 14: *Primary Dr. Edelmüller visiting the Kinderalm, 1930s.*

The primarius determined the therapy and during the rounds he talked to his colleagues "only in murmurs": "Well over sixty, squat, obese, he had a strictly military demeanor and also regarded the patients as common soldiers with whom he could deal with as he pleased..".

His first stay at the "Grafenhof", which consisted mainly of rest cures and the administration of underdosed streptomycin, ended an assistant doctor with the statement that he was cured. In the beginning, the severity of his illness was first overestimated and then underestimated, as a laboratory error made him "positive for tuberculosis". His initial fear of a "step-by-step therapy" that was common around 1950 has not (yet) been fulfilled: "No surgery of course, a drug treatment. Maybe a pneumothorax right away. Or a caustic [3]. … My condition did not require thoracoplasty, I did not have to fear to have all the ribs on my right chest chipped off and my right lung cut out. First a pneumothorax is made, I thought. When the pneumothoraxs aren't enough, the caustic comes along. After the caustic comes the thoracoplasty".

Should one believe his observation with the underdosed streptomycin therapy at a time when there is still undersupply and scientific backlog?

"I still had my shadow on the lungs, which was fought with streptomycin injections, unfortunately, because of the high costs, as has been said, in far too small a dose. Each patient received only a small amount of the treasure... More streptomycin was injected only for those who had it brought to them from Switzerland or America or who had proper protection from the doctors, naturally primarily from the director, the all-powerful primarius".

[17]Dr Anton Edelmuller; 1922 to 1951 Chief Physician (Primarius) of the sanatorium. R. Brändle names Drs. Prince and Graf as assistants. According to Brändle, the chief physician was "always friendly, but never affable". From Brändle's critical point of view, B. went too far in assessing the doctor who was about to retire.

His criticism of this procedure, which he voiced directly in front of the chief physician, was dismissed as "outrageous". Now he escalated into a hatred for the community at the sanatorium, which only the thought of his mother, who was suffering from cancer, and the comparison of his relatively favorable prospects with that of the emaciated tuberculous who was doomed to die, were able to soften. And then the music and his acquaintance with the fellow sufferer and the teacher who works as an organist in the village revived him. His musical talent found fulfillment in choral and solo singing with his sonorous baritone voice. His desire to become a singer was still very active. While Bernhard was still busy with career dreams, his "bandmaster friend" continued to fine-tune his career and was able to gain more positive things from his current existence, even an "absolute affirmation of existence". After 9 months, both were dismissed as "healed".

In both cases, this turned out to be a misdiagnosis. Hardly had Bernhard been released than the laboratory in Salzburg discovered a positive bacterial finding, the cause of which was found to be a cavity in the basement of the right lung. A new ordeal began first in the department for pulmonary patients in the Salzburg state clinic, "recognizable from afar by the foul smell that emanated from these barracks". There he was given a pneumothorax and his discharge initiated with the condition that he go back to "Grafenhof". Since the admission there was delayed, he went to a renowned lung specialist for further treatment and weekly filling of the pneumothorax: "The patient lies down on the ordination bed and air is filled into him with a thin tube between the diaphragm[18] and the lung, the diseased lung, the hole[19], is squeezed in this way so that it can heal".

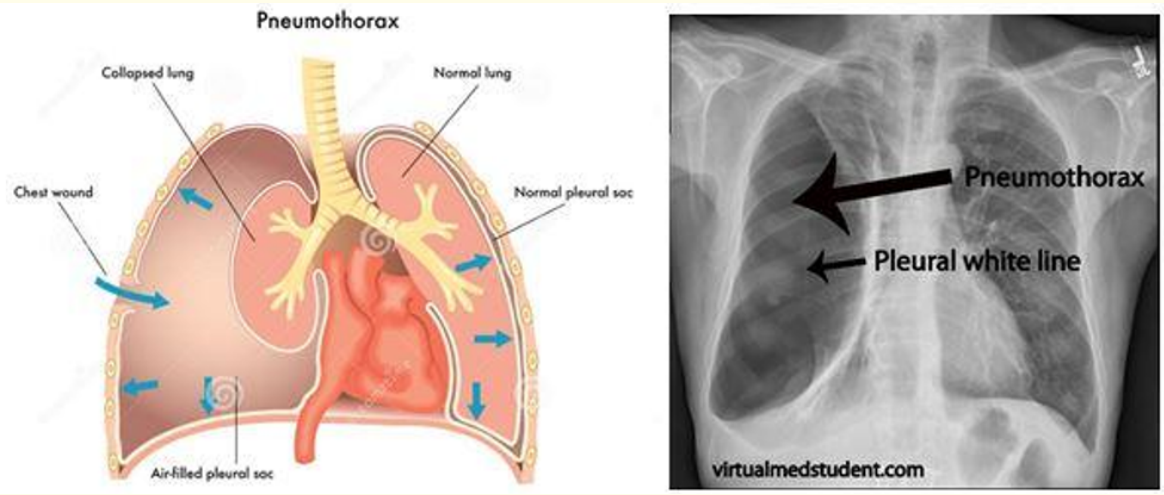

Figure 15: *Right pneumothorax.*

[18]Between the thoracic wall and the lung is correct. Here we see an anatomic error of Th. B.

[19]Under "hole" they understand a cavern in the lung, sign of a progress of tuberculosis. In the pre-chemotherapeutic era not rarely sentence of death.

One day, when the luminary was probably not concentrating, she made the mistake of overfilling the poor boy's chest cavity, triggering a considerable increase in pressure with the result of a fainting fit, which passed quickly but caused severe shortness of breath[20]. His bad condition brought him back to the lung barracks. There they came up with the then newly discovered method of pneumoperitoneum, the filling of the abdominal cavity with air, which, however, from the point of view of the Salzburg doctors, first required a paralysis of the diaphragm[21]. For this purpose, the phrenic nerve innervating the diaphragm had to be blocked. This was done using the contusion method, which expects the nerve to recover in 6 to 12 months[22]: "I already knew everything here, I only had to get to grips with the cruel specialties of lung surgery".

During the operation (under local anesthesia and - as Bernhard writes - accompanied by a "Wurstigkeitsspritze"), when the operation site is exposed in the nerve area, massive bleeding occurs, the primarius says "Jesus Maria".

The fact that it could have been venous bleeding is indicated by the numerous "scissors" observed.

"I saw gallons of blood on the floor, lots of blood-soaked gauze and cotton".

… "scissors" observed (in the eyes of the patient scissors, but considering the massive bleeding rather clamps). The source of the bleeding was possibly the vena jugularis interna, her branches and the vena subclavia (See figure 16). In addition to this they lifted the upper party of the body and lowered the legs[23].

Today's surgeons may be somewhat confused by Bernhard's observation of the "decontamination apparatus" being pushed forward. If you are still somewhat familiar with the customs of the surgical activity at that time, you will immediately think of the need for a larger surgical access than the previous one in the face of an unexpected surgical situation with previously applied local anesthesia. At that time, large-area local anesthesia was carried out with the help of high-pressure anesthesia according to Kirschner, for which an apparatus (mobile frame with oxygen pressure bottle, container for the local anesthetic, hose line for the anesthetic supply and the "pistol" with attached long needle) was available [3]. Intraoperative sterilization with an apparatus is the result of the patient's often thriving imagination.

[20]A "pneumothorax" that is inflated too quickly or the chest cavity is overfilled leads to acute compression of the lungs and displacement of the sensitive mediastinum, which is heavily laden with nerves and vessels. In addition to acute nerve irritation, the result is an acute reduction in blood flow to the lungs and triggering of the Euler-Liljestrand mechanism, which leads to an acute increase in pressure in the pulmonary circulation and massive cardiac strain. Possibly cardiac and circulatory arrest. Shortness of breath is the result of a rapidly occurring decrease in "lung capital". The greatest care and caution when puncturing and filling with air are therefore necessary.

[21]The abdomen is filled with air (about 1000 ml) in order to push up the diaphragm with the aim of compressing and immobilizing tuberculous foci and cavities in the lower part of the lungs and thus promoting healing.

[22]Phrenic nerve block as a severing or pulling out of the nerve with a permanent effect or only temporarily as a contusion or freezing or alcohol treatment. Then the diaphragm relaxes.

[23]Elevating the whole body lowers the pressure in the venous leg of the upper blood circuit and even creates a negative pressure/suction, which under certain circumstances can suck air into the bloodstream. The result is a life-threatening air embolism. The bleeding was stopped here as a result of the negative venous pressure, so that the primary caregiver could calmly get an overview of the extent of the damage to the vessels and stop the clamped-off vessels.

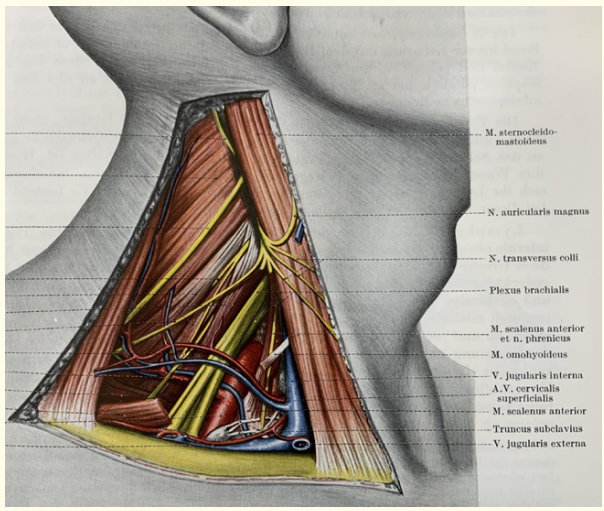

Figure 16: *Surgical area of the phrenic nerve with adjacent vessels and nerves (From Hafferl Topographical Anatomy).*

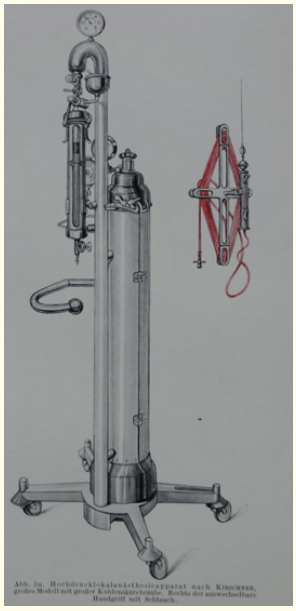

Figure 17: *Apparatus for high-pressure local anesthesia according to Kirschner.*

Then everything was fine again. According to the primarius, “nothing” happened. “He had expressly emphasized the nothing, I can still hear it today, this nothing”. The wound healed well.

The "nothing" was followed by the application of the pneumoperitoneum a week later. The senior physician explained to the patient, who was frightened with good reason, that this was a surgical method that had only recently been introduced in Austria and that he had used three times without difficulty.

"The explanation was as simple as the explanation of inflating a bicycle tire, it was also made in a very ordinary, unpathetic tone, as senior physicians talk about horrors and weirdnesses that are just everyday occurrences to them".

The abdomen was brushed on and the needle for air filling was inserted two fingers above the belly into the abdominal cavity. Why did the senior physician - as Bernhard states, "without warning" threw himself on me with his whole body weight?[24] Was it only to achieve surprise and distraction? He obviously placed the cannula with a delicate hand and the work was perfect, as the abdomen could be filled effortlessly.

But what produced the filling, and what abnormal situation had the boy found himself in?

"After filling, the inflated air pushed and forced its way into my body wherever it could, rising under my skin to my neck and under my chin..".

The air filling was renewed every fourteen days, and each time the patient was stabbed again in the abdomen, with subsequent total exhaustion of the patient. And he was shocked at himself: "about the transformation of my body, the abdominal pneu had made it totally, extremely sensitive, unsightly, when I felt myself, I only ever felt the air under the skin, I was just a single cushion of air, a rash I didn't recognize had opened up formed all over my body, which left the doctors completely unimpressed by the reddish-grey aftermath of the drugs I've had to take for so long now[25]. I had been treated with streptomycin without interruption, now with an appropriate amount".

We know from his story about the "Grafenhof" that the dose of streptomycin was saved there for cost reasons. In addition to streptomycin, which was administered intramuscularly, Bernhard also received paraaminosalicylic acid (PAS), introduced into therapy by J. Lehmann in 1946, which was administered both intravenously and orally.

"I had to swallow the so-called PAS, hundreds of white-yellow tablets weekly, which were placed in kilo doses by my bed. They caused an almost complete loss of appetite".

[24]Just think of the dangers the "stung" person was exposed to: Injury to internal blood vessels in the abdominal wall, the large abdominal network, larger abdominal veins and arteries, puncture of the intestine and its injury with gas and stool escaping. And what could then trigger the following air filling: air embolism, intestinal distension to the point of bursting and in the "lowest case" bloating of tissue parts. Given these considerations, it is no wonder that this method did not last long. From the "stabbed" to the "stabbed" was not a long way.

[25]Extensive maculopapular eczema is described as a general allergic reaction to PAS (paraaminosalicylic acid). An allergic reaction to streptomycin is known as a urticarial exanthema ("nettle rash") and as a local eczema in the sense of a contact allergy in the nursing staff who are responsible for preparing and administering the drug.

One wonders and marvels, despite his massive aversions, Bernhard went back to the Grafenhof sanatorium on June 13, 1950, where he was to remain until January 11, 1951.

His path no longer led to the 12-bed room with the "Tuberers"[26], who he didn't like so much, but to the "depraved Doctor of Laws" who had been living here for years and was now dying: "his labored and long tugs of his sore lungs, accompanied by chilling noises, drove me mad, especially at night, dominated solely by him and his lunge tugs".

The "Doctor of Law" was soon relieved of his suffering and Bernhard, who sent him a rather emotional obituary, now went back into his role as a man of suffering. It all began with a situation unknown to the doctors, which they might know from the literature but not from practical experience: dealing with a pneumoperitoneum, its care and its regular filling with air. The assistant doctor commissioned to do this admitted to his patient that he had never filled an abdominal pneu. Instead of an assisting nurse, whose help and encouragement we could so often enlist as novices, the much more experienced patient now took advice, almost to action: "Under my guidance, he prepared the apparatus, pushed everything to me, and I waited. Nothing happened. The assistant didn't dare. Now I had to take the initiative. I literally ordered him to place the needle on my abdomen and then forcefully, so I said, pierce my abdominal cavity. He must not hesitate for a moment, otherwise the pain would be terrible and the whole thing would become a bloody affair. … He should encourage himself and throw himself at me with all his body weight and pierce my abdominal wall, I said"[27].

As expected, the assistant failed in his plan, as he lacked the "athletic talents" of the Salzburg senior physician. The "dilettante" then managed to complete his "premier" in jerks and single steps - and there were no further problems despite brief bleeding and severe pain.

"After succeeding in the further fillings, the assistant was not without pride, he had added something new to his science".

Over time, he acquired the routine of an old patient and began to refrain from the advice and orders of the doctors he hated. In his opinion, he could even repurpose them to suit his purposes. This began with the withdrawal of some medication, for example the PAS, until the therapy was stopped: "I also prescribed all other medications, which I eventually reduced to a minimum, disgusted by the piles of damning chemicals..".

And then he began to revive, the terror of his own situation disappeared, he became more comfortable with his fellow patients, and the teacher and organist gained a certain amount of recognition. Ms. Musica worked wonders. The doctors were horrified and threatened to be fired. The appearance of his muse friend Brändle, afflicted by a recurrence of the disease, gave further animation, although his fate seemed anything but exemplary. As Brändle lets us know, the operation was actually made up by Bernhard: "In a complicated operation in a Viennese clinic, his chest had been punctured and his right lung had to be completely removed. Like most in Grafenhof, he now had the trademark of the so-called Tuberer on his back, the thoracoplasty scar from the shoulder down to the pelvis"[28].

[26]Corruption of the word "tuberculosis patient". Such turns are not uncommon in Austria. For example, the nice term "Pompfüneberer" for those who work at funerals or the word "Baraber" for unskilled construction workers (possibly from Italian barbaro-fremd_Fremdarbeiter).

[27]Anyone who has ever punctured any part of the human body - especially the chest or abdomen - knows how tender and gentle the procedure must be and how important the preparatory local anesthetic and soothing words are. The drastic nature of the procedure, reminiscent of a bayonet thrust, is unbelievable. Here Thomas Bernhard must have gone through the horses in his imagination.

[28]The scar comes from the incision made over the back of the chest to expose the ribs, remove them partially or totally in order to compress the chest and the lungs inside it, the so-called thoracoplasty. This procedure, which was still common up to the late 1960s, often preceded lung resection or served to reduce the size of a thoracic cavity after lung resection and abscess formation, to prevent the accumulation of inflammatory secretions [3].

A sensitive person in his suffering would have been shaken by such bad news, but not our singing friend. Now he pushed for dismissal "away from the doctors, away from Grafenhof". And then he packed his duffel bag and took off.

The well-known pulmonologist in Salzburg filled the abdominal pneu until everything became too stupid for our patient and he sweated the next appointment and the ones that followed. When he finally showed up at his therapist, he tried another filling on the body, which was scarred after eleven fillings, and probably missed the mark. Bernhard got an "embolism" and another collapse[29]: "Now I was well over nineteen and had ruined my pneumoperitoneum and from one moment to the next I was ready to go to Grafenhof again. But I refused and didn't go there anymore".

This ends the moving story, which contains a great deal of the poet's imagination and free art. Bernhard cured his tuberculosis but never recovered. He, who had shown so much aggression against himself, experienced a rare auto-aggressive disease of tuberculosis, the so-called morbus Boeck[30], with increasing pulmonary fibrosis and strain on the heart. His brother Dr. Peter Fabjan, an internist by training, his therapist and confidant, continued to describe the fate of his life [6].

Finally, let's give Rudolf Braendle the floor and put the common (very different) experience in the right light [7]: "As Bernhard's fellow sufferer and intimate friend of the Grafenhofer days, I was often asked to what extent the conditions described in "Kälte" corresponded to the truth, whether the institution was actually the most deterrent, the patients the most horrid and the medical care the shabbiest. Well, the book wouldn't be a real Bernhard if all these exaggerations were missing".

Conclusion

In this article we got to know one of the most famous sanatoria in Austria in the first half of the 20th century until about 1970 that was concerned with the cure of pulmonary tuberculosis. In time they heard "the bells ringing" and transformed the clinic into a renowned centre of rehabilitation focusing on tumour patients and psychiatric cases. One of its patients was the famous Austrian author Thomas Bernhard suffering from a severe pulmonary tuberculosis at the end of the 1940s. His personal situation, his pains, his therapy and the results are described by him in a typical "Bernhard manner" - a scathing criticism - full of exaggerations, a real thriller of medical behaviour and therapeutic methods in the dawn of chemotherapy ending a long way of desperate experiments and the existence of many sanatoria. But to be fair and to hold up the good reputation of the doctors and the clinic, Bernhard`s brother Peter and Rudolf Brändle, a good friend of Bernhard, put the events in their true light. Anyway, many readers and doctors as well, are fascinated by the style, the black humour and the exaggerations by one of the greatest literary figures Europe has ever seen.

Conflict of Interest

None.

Notice

[29]Air embolism? As a result of puncture of a blood vessel.

[30]Sarcoidosis. Streaky and nodular proliferation of connective tissue in the lungs as a result of an autoantibody reaction against the patient's own lung tissue. Autoaggression disease.

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