

## **‘[...] die Wunde, deren Sinnbild nur die Lungenwunde ist’. Franz Kafka’s respiratory poetics**

The following essay takes Franz Kafka’s infection with tuberculosis in 1917 as an impetus to address the deep engagement with the social and environmental factors governing the experience of respiratory health in his fictional and non-fictional works. In particular, the essay is concerned with correcting a frequent reduction of Kafka’s depictions of respiratory disease to either a ‘mythologising’ or ‘mimetic’ mode of representation: by rejecting reductive approaches which afford the biomedical paradigm of illness primacy over its social and symbolic dimensions, this essay offers an intervention in Medical Humanities-approaches to modernist literature, in general, and Franz Kafka in particular. Thus, although Kafka develops a more ‘speculative’ respiratory poetics after 1917, according to which writing is encoded as a pneumatic process in its own right, this is firmly anchored in long-standing depictions of the social, economic, and environmental contexts of breathlessness and respiratory health across the range of his writings, from his earliest existent texts right up to his final stories and correspondence.

Franz Kafka’s fictional and non-fictional texts reveal a keen awareness of individuals’ experiences of wellness and illness.<sup>1</sup> From the breakthrough story ‘Das Urteil’, in which the protagonist Georg Bendemann is disturbed and empowered in equal measure by his father’s frail and destitute appearance, to Gregor Samsa’s transformed body in ‘Die Verwandlung’, Josef K.’s frequent bouts of breathless dizziness in *Der Proceß*, to the narcoleptic and wheezing officials and local community in *Das Schloß*, respiratory illness is a central component of this strand of Kafka’s literary legacy.<sup>2</sup> Likewise, Kafka’s professional work as an insurance lawyer with the Worker’s Accident Insurance Institute (AUVA) in Prague documents the impact of modern industrial processes on workers’ health, recording horrific

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<sup>1</sup> Unless stated otherwise, all references Kafka’s writing in the following to are to Franz Kafka, *Schriften, Tagebücher, Briefe*, ed. by Jürgen Born et. al (Frankfurt am Main: Fischer, 1982–) and will be abbreviated as follows: D – *Drucke zu Lebzeiten*, ed. by Wolf Kittler et al (1994); V – *Der Verschollene*, ed. by Jost Schillemeit (1983); P – *Der Proceß*, ed. by Malcolm Pasley (1993); S – *Das Schloß*, ed. by Malcolm Pasley (1982); NS 1 – *Nachgelassene Schriften und Fragmente I*, ed. by Malcolm Pasley (1993); NS 2 – *Nachgelassene Schriften und Fragmente II* (1992); T – *Tagebücher*, ed. by Hans-Gerd Koch et. al (1990); Br 2 – *Briefe 1913–1914*, ed. by Hans-Gerd Koch (2001); Br 3 – *Briefe: April 1914–1917*, ed. by Hans-Gerd Koch (2005).

<sup>2</sup> See for example Rotraut Hackemeier, *Das Leben, das mich stört. Eine Dokumentation zu Kafkas letzten Lebensjahren 1917–1924* (Vienna, Berlin: Medusa-Verlag, 1984); Sander Gilman, *Franz Kafka. The Jewish Patient* (New York, London: Routledge, 1995); Johannes Groß, *Kafkas Krankheiten* (Marburg: Verlag LiteraturWissenschaft, 2012).

incidences of employees being injured, maimed, and killed by factory machinery,<sup>3</sup> but he was also involved in establishing a rehabilitation hospital for soldiers in the Sanatorium Frankenstein in Rumburk following the outbreak of World War One in 1914, including those suffering from tuberculosis. Kafka even served as a “test patient” there in 1915, and would, of course, become an actual patient of multiple convalescing facilities and sanatoria after contracting tuberculosis himself in 1917, first in Matliary, then Spindlermühle, Ortmann in Lower Austria, the University Hospital in Vienna, and finally Kierling in Klosterneuburg, outside Vienna, where he died in June 1924.

While the unusual range of Kafka’s engagement with health and illness makes his writings such a rich object of study for Medical Humanities scholars, his personal experience of respiratory disease brings issues of breathing and chronic breathlessness most sharply into focus. Kafka’s family and friends were surprised and concerned, however, that he viewed his first bout of tubercular haemoptysis in August 1917 as a psychologically and physically liberatory moment; indeed he noted repeatedly that his anxiety, headaches, and inability to sleep seemingly disappeared instantaneously after his ‘Blutsturz’. In a letter to Felice Bauer, he depicts his illness as the somatic manifestation of a deeper lying psychological conflict between the desire to establish a quotidian bourgeois existence in marriage and his commitment to literature and writing: ‘Ich halte nämlich diese Krankheit im geheimen gar nicht für eine Tuberkulose, oder wenigstens zunächst nicht für eine Tuberkulose, sondern für meinen allgemeinen Bankrott’.<sup>4</sup> In his correspondence with Max Brod, he broadens this self-mythologization to implicate his previous literary work as a premonition of his illness, claiming for example that the patient’s bloody wound in ‘Ein Landarzt’ was a symbolic pre-  
vision of his tuberculosis and as ‘emblematic’ or ‘symbolic’ of his general anxiety and indecisiveness with respect to work, writing, love, and family life: ‘Allerdings ist hier noch die Wunde, deren Sinnbild nur die Lungenwunde ist.’<sup>5</sup>

Like his friends in 1917, recent scholarship has expressed puzzlement at the fact that Kafka seemed to view his pulmonary illness as a side-effect of his anxiety and depression and has remarked on a lack of ‘realism’ in his literary engagement with tuberculosis, broadly ignoring formalized clinical models of the disease in favour of more symbolic representations in stories like ‘Ein Landarzt’, the fragment which Max Brod called ‘Der Bau’, or ‘Ein

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<sup>3</sup> The *Amtliche Schriften*-volume in the *Kritische Ausgabe* edited by Klaus Hermsdorf and Benno Wagner (2004), reproduces many of these reports; see also Stanley Corngold, Benno Wagner (eds.): *Franz Kafka: The Ghosts in the Machine* (Evanston IL: Northwestern University Press, 2011).

<sup>4</sup> Letter to Felice Bauer, 30 September 1917, Br. 3, 333.

<sup>5</sup> Letter to Max Brod, 5 September 1917, Br 3, 314.

Hungerkünstler'.<sup>6</sup> In distinguishing between his 'mythologizing' and 'realist' representations of respiratory illness in general, and tuberculosis in particular, Kafka's critics have – either implicitly or explicitly – afforded clinical frameworks for interpreting health conditions primacy over the personal experiences of these conditions. This is particularly true of how Kafka's comments on his experience of tuberculosis are deemed to offer a false primacy to his underlying nervousness over the 'factual' somatic reality of disease. Such distinctions between 'actual' and 'figurative' respiratory disease are based on a naïve understanding of Medical Humanities scholarship focused on *thematic* depictions of illness in literary works rather than acknowledging the complex discursive arrangements through which the clinical model generates this knowledge – including its relationship with literary, political, economic, and military sources, it seems.<sup>7</sup> Indeed, given that Kafka is reproducing existing literary and mythical associations and images of breath, breathing, and illness which shaped and coloured the modern clinical episteme of breathlessness here – including long-standing ideas of breath being synonymous with the vital or animating force of life itself (whether as Greek *pneuma* or Hebrew *ruah*),<sup>8</sup> literary stylizations of tuberculosis as consumption/wasting disease,<sup>9</sup> and even of breathing with blood<sup>10</sup> –, such distinctions are problematic.

The following essay takes as its starting point this lack of methodological consensus to trace the deep engagement with the social and environmental factors governing the experiences and representations of respiratory health and illness in Kafka's fictional and non-fictional writings. While the story of Kafka's own illness is important, I will also show how respiratory health is a recurring feature in his published and unpublished literary work from almost the very beginning to his final literary projects. Beginning with mimetic representations of breathlessness and its social, economic, and environmental contexts in his fictional and non-fictional writing, I will turn finally to an ideal of writing that Kafka develops following his diagnosis with tuberculosis in 1917 in which writing itself becomes encoded as a respiratory, pneumatic process and medium in its own right.

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<sup>6</sup> See e.g. Rainer Stach, *Franz Kafka. Jahre der Erkenntnis* (Frankfurt am Main: Fischer, 2008), 187; and Groß, *Kafkas Krankheiten*, 15f..

<sup>7</sup> See Walter Erhart, 'Medizin – Sozialgeschichte – Literatur', *Internationales Archiv für Sozialgeschichte der Literatur* 29/1 (2004), 118-128; *Medizinische Schreibweisen. Ausdifferenzierung und Transfer zwischen Medizin und Literatur (1600–1900)*, ed. by Nicholas Pethes and Sandra Richter (New York/Berlin: De Gruyter, 2008).

<sup>8</sup> See Silvio Benso, 'The Breathing of Air. Pre-Socratic Echoes in Levinas', in: *Atmospheres of Breathing*, edited by Lenart Skof, and Petri Berndtson (New York: State University of New York Press, 2018), 83-98.

<sup>9</sup> See Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (Basingstoke: Palgrave Macmillan, 2006); Ulrike Moser, *Schwindsucht. Eine andere deutsche Gesellschaftsgeschichte* (Berlin: Matthes & Seitz, 2018, especially 46-49).

<sup>10</sup> Heine, *Poetics of Breathing*, 316f.; on Eastern philosophies see Jana S. Rošker, 'The Concept of Qi in Chinese Philosophy: A Vital Force of Cosmic and Human Breath', in: *Atmospheres of Breathing*, edited by Lenart Skof, and Petri Berndtson (New York: State University of New York Press, 2018), 127-140.

## 1. 'Was sollen unsere Lungen tun [...]?' Kafka and the culture of breath

As Jane Macnaughton and Havi Carel point out, breathing and its pathological opposite, breathlessness, 'is literally at the centre of our bodies; it is essential to life'.<sup>11</sup> Physiologically, breath describes the processes by which animals with lungs inhale and release air: the diaphragm contracts and drops, creating a vacuum in the chest, allowing the lungs to expand and draw in air, in the process of which oxygen passes through membranes in the lung's alveoli to bond with haemoglobin, which, in turn, releases carbon dioxide, which is exhaled. This typically takes place unconsciously and continuously, and generally we remain unaware of these processes, unless physical exertion or exercise causes our breath to become laboured or when something goes wrong, for example in the case of respiratory infections, progressive lung conditions, or cardiac disease. In such cases we experience breath and breathlessness consciously, and 'breath becomes the focus of attention until it returns to normal'. Uncomfortable as such experiences can be in the case of physical exertion, they are incomparable with such cases in which breathlessness is pathological and hence more extreme, anxiety-inducing, ultimately debilitating, and potentially life limiting: 'Imagine sprinting up several flights of stairs and getting out of breath. Now imagine feeling like that *all the time*. When you cannot catch your breath, terror, panic and a sense of suffocation overcome you', and a 'constant sense of threat and bodily betrayal' pervades our sense of embodied selfhood.<sup>12</sup>

Such chronic experiences of breathlessness often go unarticulated or are rendered invisible, for different reasons. Reduced lung function and oxygen deprivation makes speech difficult while fear of the effects of physical exertion can mean that those suffering from chronic breathing conditions may reduce their activities radically to the domestic sphere. This goes hand-in-hand with an epistemological blindness, as clinical attention is typically paid to identifying causes for the laboured breath, meaning tests are conducted which reduce the experience of breathlessness to measurements and scales: breathing 'performance' and oxygen saturation are measured, physiological and somatic origins to the problems are sought, etc. But this clinical approach prioritizes a specific, mechanistic understanding of the breathing process over other personal, cultural, spiritual, philosophical, and even literary

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<sup>11</sup> Jane Macnaughton, Havi Carel: Breathing and Breathlessness in Clinic and Culture: Using Critical Medical Humanities to Bridge and Epistemic Gap. In: Sarah Atkinson et. al (eds.): *The Edinburgh Companion to the Critical Medical Humanities*. Edinburgh: UP, 2016, 294-309, here 295.

<sup>12</sup> Tina Williams, Havi Carel: "Breathlessness: From Bodily Symptom to Existential Experience". In: Kevin Aho (ed.): *Existential Medicine. Essays on Health and Medicine*. London: Rowman & Littlefield, 2018, 145-161, here 147.

elements governing the patient's experience of breathlessness, meaning many of the private and personal narratives of breathlessness recede from view.<sup>13</sup>

By contrast with this strictly clinical view, breathing and breathlessness have played an important, if not always recognised, role in twentieth and twenty-first-century thought and literature,<sup>14</sup> most recently as a result of the global COVID-19 pandemic, which brought to the fore many of the social, economic, environmental, and medical issues which have long accompanied industrial and globalized modernity.<sup>15</sup> Thus, thinkers as diverse as William James, Martin Heidegger, Jacques Derrida, Luce Irigaray, and Peter Sloterdijk have engaged at length with breath and breathing, and indeed their respective self-positioning with respect to millennia-old spiritual, philosophical and medical contexts of breath underlines the centrality of breathing to our sense of selfhood and being in the world.<sup>16</sup> Breathing and respiratory disease likewise have served both as themes and aesthetic models in literature and the arts more broadly, in the Romantic cult of the 'consumptive' poet (John Keats being the most obvious case), in nineteenth-century depictions of respiratory ailments like asthma and tuberculosis (Charles Dickens's *Dombey and Son*, Charlotte Brontë's *Jane Eyre*) arising from industrialization and urbanization, in the prominence of tuberculosis around 1900 (Thomas Mann's *Magic Mountain* being the most prominent example), and in postwar-writers like Paul Celan (who coined the phrase 'breath-turn' as a foundational moment of his poetry) or Samuel Beckett (whose 1969 play *Breath* lasts 35 seconds and consists of a cry, a single inhalation and exhalation while a light comes up and down, and a final cry), to name only some prominent examples. Far from merely fictionalizing or representing the 'clinical' reality of chronic breathlessness, these literary and philosophical reference points 'demonstrate the complex significance and symbolic power of breath and breathlessness across time, illustrating both cultural shifts and continuities' which have themselves shaped the changing

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<sup>13</sup> Jane Macnaughton: "Making Breath Visible: Reflections on Relations between Bodies, Breath and World in the Critical Medical Humanities". In: *Body & Society* 26:2 (2020), 30-54, here 35f..

<sup>14</sup> For surveys of these developments see Gregg Mitman, *Breathing Space: How Allergies Shape our Lives and Landscapes* (New Haven, CT: Yale University Press, 2008); *Atmospheres of Breathing*, edited by Lenart Skof, and Petri Berndtson (New York: State University of New York Press, 2018); David Fuller, Corinne Saunders, Jane Macnaughton (eds.), *The Life of Breath in Literature, Culture and Medicine. Classical to Contemporary*. (London: Palgrave, 2021); Stefanie Heine, *Poetics of Breathing : Modern Literature's Syncope* (New York: SUNY Press, 2021).

<sup>15</sup> *Critical Inquiry's* series 'Posts from the Pandemic', published online during the initial first wave of the COVID-19 pandemic in Spring/Summer 2020, documents this debate, see: <https://critiq.wordpress.com/category/2020-pandemic/> (last accessed 28.08.2025).

<sup>16</sup> William James, 'Does consciousness exist?', in: William James, *Essays in Radical Empiricism*, ed. by Ralph Barton Perry (New York: Longmans, Green & Co, 1912), 1-39, esp. 35-38; Jacques Derrida, *Of Grammatology*, trans. Gayatri Chakravorty Spivak (Baltimore: Johns Hopkins University Press, 1977), pp 16-20; Luce Irigaray, *The Forgetting of Air in Martin Heidegger* (1983), trans. by Mary Beth Mader (London: Athlone Press, 1999); Peter Sloterdijk, *Terror from the Air*, trans. by Amy Patton and Steve Corcoran (Los Angeles, CA: Semiotext(e), 2009).

clinical accounts of, and approaches to, respiratory disease, thereby contributing to the generation of respiratory knowledge themselves.<sup>17</sup>

This process of becoming-conscious of breath and breathing in the modern period is not simply a question of pathology, clinical practice, or cultural critique, rather these various thinkers, writers, and critics are all evidence in support of Luce Irigaray's claim that (Western) modernity has entered the 'Age of Breath', that is to say, a period in which the embodied nature of thinking and understanding can no longer be ignored. Based on a polemic reading of Heidegger's 'grounded' account of being and thinking as ignoring the centrality of air (*pneuma*), Irigaray advocates for an awareness of breathing as a means of bridging the gap between body and consciousness, ultimately with an aim of decentring established male and female stereotypes.<sup>18</sup> Peter Sloterdijk's and Achille Mbembe's attention to breathing and breathlessness – while grounded in a broader political and social critique of industrialized and global modernity – is more directly related to the questions of wellness and illness posed by Kafka's engagement with respiratory disease, however. Thus, Sloterdijk's *Terror from the Air* takes Germany's use of poison gas in 1915 as a fundamental reorientation not only of warfare but of social organisation, turning the atmosphere, the environment, and the ability to breath into a matter of political and military control,<sup>19</sup> not least in the production of precisely those damaged soldiers requiring convalescent treatment administered by Kafka in his professional role with the AUVA. Building on his earlier critique of the necropolitical logic of colonialism and globalization,<sup>20</sup> Mbembe's response to the COVID-19 pandemic focused in similar ways on how what we might call 'atmospheric hygiene' differs vastly in the Global North and South, bringing into view the profoundly unequal financial and biopolitical nature of how respiratory disease is distributed in our contemporary experiences of the Anthropocene.<sup>21</sup> Likewise, Carel has shown that the prevalence of respiratory diseases like tuberculosis, COPD, and lung cancer is closely indexed to socio-economic and environmental factors such as low-wage manufacturing and air pollution.<sup>22</sup> Respiratory illness can impact anyone's life,

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<sup>17</sup> David Fuller, Corinne Saunders, Jane Macnaughton, "The Life of Breath: Contexts and Approaches". In: David Fuller, Corinne Saunders, Jane Macnaughton (eds.), *The Life of Breath in Literature, Culture and Medicine. Classical to Contemporary* (London: Palgrave, 2021), 1-33, here 17.

<sup>18</sup> Luce Irigaray, *The Forgetting of Air in Martin Heidegger* (London: Athlone Press, 1999), 5-8.

<sup>19</sup> Peter Sloterdijk, *Terror from the Air*, trans. by Amy Patton and Steve Corcoran (Los Angeles, CA: Semiotext(e), 2009), 9 and 14-19.

<sup>20</sup> Achille Mbembe, 'Necropolitics', translated by Libby Meintjes. In: *Public Culture* 15:1 (2003), 11-40.

<sup>21</sup> Achille Mbembe, 'The Universal Right to Breathe', translated by Carolyn Shread. In: *Critical Inquiry* 47:2 (2021), S58-S62.

<sup>22</sup> Havi Carel, 'Invisible Suffering. The Experience of Breathlessness', in: *Atmospheres of Breathing*, edited by Lenart Skof, and Petri Berndtson (New York: State University of New York Press, 2018), 233-245, here 235-236.

but its impact is most keenly felt by those who are embroiled in particularly precarious walks of life.

Kafka was thoroughly aware of these socioeconomic and environmental factors with respect to the prevalence of respiratory disease around 1900 in a professional context, of course, and as previously noted, he played a not insignificant role in the response of the AUVA to matters of occupational respiratory health in both industrial and military contexts from the outbreak of World War One until his retirement in 1922. Indeed, his initial response to becoming infected with tuberculosis himself also points towards an understanding of tuberculosis as a side-effect of modern life. Quoting his doctor's claim in a letter to his sister Ottla that, 'Alle Großstädter sind tuberkulös',<sup>23</sup> Kafka notes that his health is unlikely to have been improved by living in 'kalte, dumpfe, schlecht riechende' housing in Prague Castle's Golden Lane and in the Schönborn Palace on the Malá Strana (ibid.), as privileged as his own living conditions were in comparison with the vast majority wartime Prague's inhabitants. Indeed, his decision to relocate to Ottla's farm in the village of Zürau/Siřem speaks to his long-standing commitment to naturopathic solutions to what he observed to be the ills of modern urban life, and although his family and friends would have preferred to see him relocate to a sanatorium, seeking out the 'gute Luft' of Zürau (as his friend Felix Weltsch describes it),<sup>24</sup> underlines his sense of tuberculosis as an 'atmospheric' disease in Sloterdijk's sense.

Admittedly, Kafka's awareness of the environmental biopolitics of respiratory disease seemed less fully formed several years previously when he allowed himself to be strong-armed by his family into becoming a co-owner of the Prager Asbestwerke Hermann & Co. in late-1911. Kafka viewed this an imposition on the precious little time available to him for his literary writing and with work on the first version of *Der Verschollene* (the manuscript for which he destroyed before starting again in September 1912) stalling, his accounts of the factory are despairing in tone: "Die Qual, die mir die Fabrik macht. Warum habe ich es hingehen lassen als man mich verpflichtete, daß ich nachmittags dort arbeiten werde. Nun zwingt mich niemand mit Gewalt, aber der Vater durch Vorwürfe, Karl durch Schweigen und mein Schuldbewußtsein." (T, 327) The psychology of Kafka's antipathy towards the factory is of less interest here than the effects this antipathy has on how he experiences the working conditions there, however. In his most fulsome description of the daily industrial routines, he reveals a profound blindness towards the atmospheric hygiene of his employees:

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<sup>23</sup> Letter to Ottla Kafka, 29 August 1917, Br 3, 308.

<sup>24</sup> Letter from Felix Weltsch, 5 October 1917, Br 3, 757.

Gestern in der Fabrik. Die Mädchen in ihren an und für sich unerträglich schmutzigen und gelösten Kleidern, mit den wie beim Erwachen zerworfenen Frisuren, mit dem vom unaufhörlichen Lärm der Transmissionen und von der einzelnen zwar automatischen aber unberechenbar stockenden Maschine festgehaltenen Gesichtsausdruck sind nicht Menschen, man grüßt sie nicht, man entschuldigt sich nicht, wenn man sie stößt, ruft man sie zu einer kleinen Arbeit, so führen sie sie aus, kehren aber gleich zur Maschine zurück, mit einer Kopfbewegung zeigt man ihnen wo sie eingreifen sollen, sie stehn in Unterröcken da, der kleinsten Macht sind sie überliefert und haben nicht einmal genug ruhigen Verstand, um diese Macht mit Blicken und Verbeugungen anzuerkennen und sich geneigt zu machen. Ist es aber sechs Uhr und rufen sie das einander zu, binden sie die Tücher vom Hals und von den Haaren los, stauben sie sich ab mit einer Bürste, die den Saal umwandert und von Ungeduldigen herangerufen wird, ziehn sie die Röcke über die Köpfe und bekommen sie die Hände rein so gut es geht, so sind sie schließlich doch Frauen, können trotz Blässe und schlechten Zähnen lächeln, schütteln den erstarrten Körper, man kann sie nicht mehr stoßen, anschauen oder übersehn, man drückt sich an die schmierigen Kisten um ihnen den Weg freizumachen, behält den Hut in der Hand, wenn sie guten Abend sagen und weiß nicht, wie man es hinnehmen soll, wenn eine unseren Winterrock bereithält, daß wir ihn anzieh. (T, 373-4)

Isak Winkel Holm has analysed this passage at length as an example of Kafka's 'stereoscopic' poetics,<sup>25</sup> noting that the greatest portion of the text is given over to describing the sociability amongst the employees themselves as well as the different forms of politeness afforded by them towards Kafka as their employer, on the one hand, and in their private capacity as women, on the other. In the first half of the passage, the women are programmatically dehumanized ('sind nicht Menschen'), featuring mostly as grammatical objects in the sentences, before metamorphosing into fully agential humans caring for themselves and being recognised by Kafka, who moves aside and doffs his hat politely. This stereoscopic approach, I suggest, also maintains an uneasy balance between acknowledging and suppressing the respiratory dangers of asbestos.

For the sake of clarity: I am not interested in establishing what Kafka should or could have known about the *specific* carcinogenic dangers of asbestos in 1911-1912. In fact, pneumoconiosis was first discussed in relation to asbestos in German in 1914, but first

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<sup>25</sup> Isak Holm Winkel, *Kafka's Stereoscopes: The Political Function of a Literary Style* (New York: Bloomsbury, 2019), 39-39, see esp. 41-43 on this passage.

studies of factories in England, France, and Italy had already recorded problems associated with asbestos dust, making it likely that Kafka would have been aware of these issues professionally, and certainly before the factory closed finally in 1917.<sup>26</sup> Kafka's interest in this scene not only illustrates a split between the identity of the women as employees – in which capacity they appear almost like automata, functioning without 'ruhigen Verstand' (T, 374) – and the women as private people – in which capacity they gain autonomous, sociable identities. It also illustrates a split in Kafka himself as the employer – in which he views the women as automata, thereby suppressing the very corporeality which will be impacted by the effects of asbestos – and as the private individual – in which capacity he registers their bodily form in minute detail. On closer inspection, Kafka's account does at least indicate what he has been ignoring on the surface level: the dust that the women brush off themselves and the handkerchiefs with which they attempt to protect their mouths and lungs show that he is aware that working with asbestos impacts on their health, thus undermining the programmatic professional blindness for such factors in the first half of the passage. Thus, while dehumanizing the women *as workers* enables him to suppress these observations, the passage nevertheless recognises the occupational dangers to them as people before returning to the choreography of movements and gestures that generate the specific social situation of the factory itself.

This 'stereoscopic' blindness is notable because long before contracting tuberculosis, it is remarkable how Kafka's earliest writings already include references to air, breathing, and breathlessness as markers of the environmental effects of modernity, providing us with a varied and wide-ranging set of meanings and images of respiration prior to his own subsequent experiences of illness. At the end of the fantasy scenario 'Belustigungen oder Beweis desse, daß es unmöglich ist zu leben' in the first version of 'Beschreibung eines Kampfes', for example, in which he briefly escapes his metropolitan insecurity and isolation, the narrator cries: "“Was sollen unsere Lungen tun [...], atmen sie rasch, ersticken sie an sich, an innern Giften; atmen sie langsam ersticken sie an nicht atembarer Luft, an den empörten Dingen. Wenn sie aber ihr Tempo suchen wollen, gehn sie schon am Suchen zugrunde”" (NS 1, 111). In *Der Verschollene* respiratory insufficiency is coupled with the use of illness as a marker of socioeconomic inequalities, for example when Therese tells the story of having

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<sup>26</sup> Lucy Deane, 'Report on the Health of Workers in Asbestos and Other Dusty Trades', in *HM Chief Inspector of Factories and Workshops: Annual Report for 1898* (1899), 171–2; Étienne Auribault, 'Sur l'hygiène et la securite des ouvriers dans la filature et tissage d'amiante', *Bulletin de l'inspection du travail* (1906), 120–32; L. Scarpa, 'Industria dell'amiante e tubercolosi', in *XVIIe Congresso della Società italiana di Medicina interna*, ed. L. Lucatello (1908), 358–9; T. Fahr, 'Kristallbildung in der Lunge', *30 Deutsche Medizinische Wochenschrift* (1914), 548–9.

grown up fatherless and homeless in the 'Massenquartiere' of New York's East Side. (V, 196f.) Relieved to have finally found temporary work, her mother struggles to breathe in the icy wind and snow and 'ihre einzige Sehnsucht war, irgendwo in die Wärme zu kommen und sich auszuruhen'. (V, 197) Therese tells Karl about her mother's shocking death with a worrying matter-of-factness: '[sie] hatte schon am Morgen zum Schrecken der Passanten auf der Gasse viel Blut gehustet' (ibid.), a clear sign that her mother is one of the millions of tubercular city-dwellers noted later by Kafka's personal physician in 1917, but nevertheless she must go to work on a building site where she tumbles to her death from the towering scaffolding.

Tuberculosis is only the most extreme form of respiratory danger circulating in America's industrialized cityscapes, however; environmental pollution and smog is evident from Karl's earliest experiences of New York:

Was aber in der Heimatstadt Karls wohl der höchste Aussichtspunkt gewesen wäre, gestattete hier nicht viel mehr als den Überblick über eine Straße, die zwischen zwei Reihen förmlich abgehackter Häuser gerade und darum wie fliehend in die Ferne sich verlief, wo aus vielem Dunst die Formen einer Kathedrale ungeheuer sich erhoben. Und morgen wie abend und in den Träumen der Nacht vollzog sich auf dieser Straße ein immer drängender Verkehr, der von oben gesehen sich als eine aus immer neuen Anfängen ineinandergestreute Mischung von verzerrten menschlichen Figuren und von Dächern der Fuhrwerke aller Art darstellte, von der aus sich noch eine neue vervielfältigte wildere Mischung von Lärm, Staub und Gerüchen erhob, und alles dieses wurde erfaßt und durchdrungen von einem mächtigen Licht, das immer wieder von der Menge der Gegenstände zerstreut, fortgetragen und wieder eifrig herbeigebracht wurde und das dem betörten Auge so körperlich erschien, als werde über dieser Straße eine alles bedeckende Glasscheibe jeden Augenblick immer wieder mit aller Kraft zerschlagen. (V, 55)

Viewed from behind the relative safety of a window in his uncle's high-rise home, the noises, smells, and sights of New York appear more as a point of visual interest here: the smoggy 'Dunst' created by the exhaust fumes and urban industry create an optical effect which renders buildings, cars, and people barely visible – an opaque sheet of glass emerging as an illusion as the light refracts and disperses in the fumes and air-borne waste. Therese's childhood story later evidences the real medical dangers harboured within these environmental effects for those who do not enjoy the protection granted by the uncle's

prosperity, however. Indeed, Karl experiences these effects very differently and first-hand on his way to Ramses after being expelled by his uncle. Eating on the side of the street with Robinson and Delamarche, Karl observes that, '[a]n Nebentischen Arbeiter in kalkbespritzten Blusen [saßen] und alle tranken die gleiche Flüssigkeit', while 'Automobile, die in Mengen vorüberfahren, Schwaden von Staub über die Tische hin [warfen].' (V, 147) Given the stereoscopic blindness for the effects of working in the asbestos factory noted above, it is telling that when Kafka returned to write his American novel (following a hiatus of several months exacerbated by his duties as an unwilling industrialist), he chose to focus so prominently on dust, smog, and the resulting impact on respiratory hygiene in his depictions of the 'allermmodernste' urban reality of America in *Der Verschollene*.<sup>27</sup>

The domestic world of 'Die Verwandlung', on the other hand, appears to be almost hermetically sealed off from the exigencies of the urban, industrialised, commercialized modernity of *Der Verschollene*, but this aesthetic *cordon sanitaire* is penetrated by telling reminders and effects from beyond the four walls of the Samsa family's apartment. Thus, Gregor's mother '[litt] an Asthma' and 'eine Wanderung durch die Wohnung [verursachte] schon Anstrengung' such that she 'jeden zweiten Tag in Atembeschwerden auf dem Sopha beim offenen Fenster verbrachte'. (D, 154f.) Similarly, Gregor's already overweight and exhausted father's poor health deteriorates after an initial honeymoon period where he seems to have regained a lost vitality, sleeping constantly between shifts and needing to be assisted by his wife and daughter when moving around the apartment: 'Und auf die beiden Frauen gestützt, erhob er sich, umständlich, als sei er für sich selbst die größte Last, ließ sich von den Frauen bis zur Türe führen, winkte ihnen dort ab und ging nun selbständig weiter'. (D, 174) Gregor experiences shortness of breath at important junctures and admits during one of the climactic battles with his father that he can't outrun his father because of his dyspnoea: 'Atemnot begann sich schon bemerkbar zu machen, wie er ja auch in seiner früheren Zeit keine ganz vertrauenswürdige Lunge besessen hatte'. (D, 170) Previously, Gregor registers his own transformation with a hollow cough, and having discovered that his attempts to speak are barely audible and rendered strange by, 'ein nicht zu unterdrückendes, schmerzliches Piepsen' (D, 119), he 'hustete [...] ein wenig ab', only to discover that the noise 'anders als menschlicher Husten klang' (D, 132). While it might not be its actual cause, Gregor's transformation is certainly accompanied by ailing respiratory health.

Beyond this thematic representation of illnesses and symptomologies, 'Die Verwandlung' extends its purview to explorations of the socioeconomic and environmental

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<sup>27</sup> Letter to Kurt Wolff, 25 May 1913, Br 2, 196.

factors pertaining to respiratory illnesses, something of which he had grown profoundly aware since starting his employment with the AUVA in 1908. It is telling, for example, that one of Gregor's first thoughts is that his employer will most likely 'mit dem Krankenkassenarzt kommen' (D, 118), highlighting the network of observation and public hygiene developed to monitor the individual's economic productivity in modern industrialized capitalism. As a lawyer engaged in the field of occupational health, Kafka was deeply implicated in such economic, biopolitical networks himself.<sup>28</sup> Indeed, when Gregor's identity as a family member and human is rejected by his sister at the end of the story – pointedly referring to him as 'es' rather than 'er' – this is couched in economic terms: 'Wenn man schon so schwer arbeiten muß, wie wir alle, kann man nicht noch zu Hause diese ewige Quälerei ertragen. [...] So aber verfolgt uns dieses Tier, vertreibt die Zimmerherren, will offenbar die ganze Wohnung einnehmen und uns auf der Gasse übernachten lassen.' (D, 190f.) Gregor's sense of bodily estrangement in an earlier episode is perhaps already a tacit acceptance of a changed social status with respect to his health. Gregor's state – barely mobile, breathless, and incapable of articulating anything other than a wheezing squeak and animalistic coughing noise – is contrasted with a photo from his military days, 'die Hand am Degen, sorglos lächelnd, Respekt für seine Haltung und Uniform [verlangend]', a marker of his decreasing social "usefulness" and his increasing social isolation (D, 135). His subsequent treatment by the family points towards the biopolitical expectation that individuals should take an active part in the economic productivity of the nation, and failure to do so results in a radical dehumanization. This adds a metaphorical component to Kafka's engagement with illness, transcending thematic reference only. It is true that 'Die Verwandlung' cannot be reduced to any simplistic metaphorical reading,<sup>29</sup> but one can't help wondering whether Gregor's insectoid body and the status as 'vermin' afforded to him by the family might not operate as a symbolic representation of someone whose ill health makes them a social pariah.<sup>30</sup> The fact that Gregor's dehumanization at the hands of the family coincides with his mother's own chronic asthma attack – 'in Atembeschwerden mit heftig arbeitenden Lungen', she 'fing in die vorgehaltene Hand mit einem irrsinnigen Ausdruck der Augen dumpf zu husten an' (D, 187 and 189, respectively) – merely adds to the impression that he is being

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<sup>28</sup> See Markus Jansen, *Das Wissen vom Menschen. Kafka und die Biopolitik* (Würzburg: Königshausen & Neumann, 2012), 39-47 and 88-95.

<sup>29</sup> On the difficulties of treating Gregor Samsa as a metaphor see Stanley Corngold, *Franz Kafka. The Necessity of Form* (Ithaca and London: Cornell University Press, 1988), 47– 89.

<sup>30</sup> Fredrik Svenaeus, 'The Phenomenology of Chronic Pain: Embodiment and Alienation.' In: *Continental Philosophy Review* 48 (2015), 107-122, here 112-115.

treated as a sacrificial scapegoat here, a figure onto whom the anxieties, fears, and disgust of his family can be abjected.

References to respiratory health continue to feature across Kafka's subsequent oeuvre. In *Der Proceß* Josef K. suffers from repeated bouts of breathless dizziness, such as when he visits the painter Titorelli ('Im dritten Stockwerk mußte er seinen Schritt mäßigen, er war ganz außer Atem [...]. Auch war die Luft sehr drückend'; P, 189) and his lawyer Huld is bedridden and repeatedly overcome by fits of coughing, such as during their first meeting when discussing Leni's sexual pushiness: "“War sie wieder zudringlich?” “Zudringlich?” fragte K. “Ja,” sagte der Advokat, er lachte dabei, bekam einen Hustenanfall und begann nachdem dieser vergangen war, wieder zu lachen.' (P, 249) The hunter Gracchus in the eponymous fragments from 1917 is depicted as lying 'bewegungslos, scheinbar atemlos, mit geschlossenen Augen da, trotzdem deutete nur die Umgebung an, daß es vielleicht ein Toter war.' (NS 1, 307) The coal-merchant's wife in 'Der Kübelreiter' warns her husband not to forget his 'schweren Husten' and accusing him of sacrificing his lungs ('opferst deine Lungen') for the narrator's business (D, 305). Finally, the circus performer in 'Auf der Galerie' is first imagined to be a 'hinfällige, lungensüchtige Kunstreiterin' (D, 263).

These examples all predate Kafka's first-hand experience of tuberculosis. They are instructive nevertheless as to his understanding of, and modes of representing, respiratory illness and states of breathlessness more broadly. For one thing, we can observe a commitment to the mimetic representation of somatic respiratory symptoms – whether that be Therese's mother coughing up blood, Samsa's mother's asthmatic gasping for breath, or the Bucket-Rider's coughing. Alongside this thematic referencing of real symptomologies, from the slums of New York's East Side in *Der Verschollene* to the run-down suburbs of *Der Proceß*, Kafka anchors his engagement with respiratory illness in explorations of the socioeconomic and environmental factors underlying such conditions. As we shall see shortly, a further poetological dimension is added to these broadly sociohistorical concerns after Kafka contracts tuberculosis himself.

## **2. 'Nun sah er oben das Schloß deutlich umrissen in der klaren Luft': from representating respiration to respiratory writing**

Kafka's knowledge of respiratory disease changed fundamentally as soon as his investment in the disease mutated from a professional to a personal one – it was one thing to sit on the AUVVA-committee overseeing the treatment of workers and soldiers with tuberculosis, but quite another thing to be coughing up blood and suffering from laboured breathing himself.

Indeed, the observation that Kafka ‘failed’ to produce any literary works that represented his illness in any direct, realistic sense notwithstanding,<sup>31</sup> his diaries and correspondence from the period between 1917 until his death in 1924 do indeed register the physiological impact of breathlessness earnestly and repeatedly. Early letters to friends and family from Zürau play down the impact of the disease but also report meticulously on his current temperature, weight (gains), and shortness of breath after exertion and exercising (‘Kurzen Atem habe ich das ist wahr, aber beim Liegen und Sitzen spür ich es nicht, und beim Gehn oder bei irgendeiner Arbeit trägt es sich leicht, ich atme eben zweimal so schnell als früher, eine wesentliche Beschwerde ist das nicht’).<sup>32</sup> Despite his reports to Ottla of ongoing breathing difficulties (‘Der Atem ist etwas schlechter, aber wahrscheinlich deshalb weil ich hier schneller gehe’),<sup>33</sup> Kafka’s condition remained broadly stable even after he returned to Prague to work, until he contracted the Spanish Influenza in October 1918. While he survived pneumonia and a fever of 42 degrees Celsius, his weakened constitution thereafter meant that a return to full-time employment was barely possible, and beginning in the Winter of 1919/1920, Kafka’s life alternated between work and stays in various sanatoria and health resorts, including Merano, Matliary, Spindlermühle, Planá nad Lužnicí, Ortmann, and Vienna.

It is true that Kafka’s literary productivity in the aftermath of contracting tuberculosis and his near-death through influenza was reduced to a bare minimum, consisting of preparations to publish the *Landarzt*-collection and (at most) a handful of notes and texts. The main ‘writing’ project of this period was the so called ‘Zürau Aphorisms’, a collection of cryptic and shapeshifting observations, intertextual references, commentaries, and theological-ontological ruminations on sexuality, knowledge, sociability, and spirituality, which in places take on poetological dimensions in the guise of the highly personalized “mythologizing” strategies noted by critics and biographers discussed above. A complex product of older and newer readings, memories, and personal conflicts, these texts are original and intellectually playful to the point of inscrutability. Repeatedly edited, arranged, numbered, corrected again, and re-arranged, this writing and compilation process continued long after he had left Zürau. Indeed, Kafka crossed out twenty-three aphorisms (exactly when is not clear) and then added further texts which he copied from a different (later) notebook in late-1920. Rainer Stach refers to the notes accordingly as an ‘Arche’ of Kafka’s biographical,

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<sup>31</sup> Sander Gilman, *Franz Kafka. The Jewish Patient* (New York, London: Routledge, 1995), 116-118; Peter-André Alt, *Franz Kafka. Der ewige Sohn* (Munich: C.H. Beck, 2005), 453f.; Stach, *Kafka. Die Jahre der Erkenntnis*, 207-9.

<sup>32</sup> Letter to Max Brod, 7 or 8 October 1917; Br 3, 341f.

<sup>33</sup> Letter to Ottla Kafka, 5 May 1918; Br 3, 42.

philosophical, psychological, but also aesthetic and literary thinking in the period immediately prior to his final novel-writing project *Das Schloß*.<sup>34</sup>

Already a master of the short, reflective prose form since the *Betrachtung*, this Zürau collection moves beyond even the most rudimentary form of realist, narrative representation to develop a dense amalgamation of self-analysis as well as metaphysical and theological speculations on topics like evil, truth, belief, aesthetics, and the nature of being itself. Clearly theological notes like, ‘Die Vertreibung aus dem Paradies war in einem Sinne ein Glück, denn wären wir nicht vertrieben worden, hätte das Paradies zerstört werden müssen’ (NS 2, 72), sit alongside statements like, ‘[d]ie Tatsache, dass es nur eine geistige Welt gibt, nimmt uns die Hoffnung und gibt uns Gewissheit’ (NS 2, 61), inflecting idealist metaphysical philosophemes with theological notions of sinfulness, including the consciousness of one’s own sexuality: ‘Eines der wirksamsten Verführungsmittel des Bösen ist die Aufforderung zum Kampf. Er ist wie der Kampf mit Frauen, der im Bett endet.’ (NS 2, 155) As this last note suggests, Kafka is also attempting to process his relationship with Felice Bauer here, which he had always viewed as part of a three-way struggle between the call of work, the call of marriage, and the all-important call of writing, the pathological effects of which he saw in 1917 as having become manifest in his tubercular lungs. Indeed, the Zürau aphorisms also engage in poetological reflections, as evidenced by notes like:

Die Sprache kann für alles ausserhalb der sinnlichen Welt nur andeutungsweise, aber niemals auch nur annähernd vergleichsweise gebraucht werden, da sie entsprechend der sinnlichen Welt nur vom Besitz und seinen Beziehungen handelt. (NS 2, 126)

The dual process developed here of identifying the call of writing as a pursuit of greater insight, while determining the metaphysical, ontological, and epistemic conditions condemning this earnest quest to failure, is at the heart of what Gerhard Neumann once described as the signature feature of Kafka’s prose, in general, and the Zürau notes in particular: the ‘gleitendes Paradox’.<sup>35</sup>

The typical structure of this shifting paradox is to posit a statement of insight, before a phrase like ‘of course, but ...’ introduces a negation of this first observation, shifting the terms of analysis and understanding radically, suggesting a synthesis might be possible but actually undercutting the very ground on which the imagery used to construct the statements

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<sup>34</sup> See the chapter ‘Die Arche Zürau’ in: Stach, *Kafka. Die Jahre der Erkenntnis*, 223-244.

<sup>35</sup> Gerhard Neumann, ‘Umkehrung und Ablenkung. Franz Kafkas “Gleitendes Paradox”’. In: Gerhard Neumann, *Kafka-Lektüren* (Berlin: De Gruyter, 2013), 355-401.

relies.<sup>36</sup> A powerful example of this is aphorism 32: ‘Die Krähen behaupten, eine einzige Krähe könnte den Himmel zerstören. Das ist zweifellos, beweist aber nichts gegen den Himmel, denn Himmel bedeutet eben: Unmöglichkeit von Krähen.’ (NS 2, 120) The crows’ quest to destroy the prevailing dialectical opposition here is ultimately undone by their blindness to the actual, higher nature of this opposition. When viewed against the background of Kafka’s long-standing use of the crow as a semi-private self-allusion based on the Czech word for crow – *kavka* – being a homonym of his own name, we can also understand this note as a sceptical reflection on Kafka’s own literary pursuits, thereby linking his pursuit of literature with his pursuit of onto-theological certainty. Indeed, it is telling that one of the first notes Kafka records in his diary after arriving in Zürau refers programmatically to his past and future literary production as a pursuit for higher insight, claiming that ‘Zeitweilige Befriedigung kann ich von Arbeiten wie “Landarzt” noch haben’, ‘Glück aber nur, falls ich die Welt ins Reine, Wahre, Unveränderliche heben kann.’ (T, 838) It is on this basis of statements like these that the Zürau aphorisms – and their related paratexts in letters, diaries, and notebooks between 1917 and 1921 – have been read as poetological ruminations, not least by Neumann himself, but also by critics like Richard T. Gray.<sup>37</sup> More recently, Rainer Stach’s edition and commentary of the aphorisms, alongside the detailed reconstruction of the period in Zürau in his three-part biography, enables us to view these notes and sketches more concretely against the background of Kafka’s actual experiences with tuberculosis noted above. Indeed, often the poetologically inflected statements appear intricately linked with the urge to make sense of his shocking new illness by relating this to his biographical development and sense of selfhood more generally. Rarely does the amalgamation of onto-theological ruminations on sexuality, sin, and search for a new sense of direction or belonging and Kafka’s reflections on his illness and writing become as clear as in the aphorisms 17 and 35, where corporeality and respiration play a prominent role, illustrating Kafka’s strategy of viewing his illness in wider metaphorical and metaphysical terms.

Aphorism 35 develops an image of life and being which is anchored in long-standing ideas of breath as synonymous with the vital or animating force of life itself (whether as Greek *pneuma* or Hebrew *ruah*)<sup>38</sup>: ‘Es gibt kein Haben, nur ein Sein, nur ein nach letztem

<sup>36</sup> Neumann, *Gleitendes Paradox*, 367-8.

<sup>37</sup> Neumann, *Gleitendes Paradox*; Richard T. Gray, *Constructive Deconstruction: Kafka’s Aphorisms. Literary Tradition and Literary Transformation* (Tübingen: Niemeyer, 1987).

<sup>38</sup> See Silvio Benso, ‘The Breathing of Air. Pre-Socratic Echoes in Levinas’, in: *Atmospheres of Breathing*, edited by Lenart Skof, and Petri Berndtson (New York: State University of New York Press, 2018), 83-98; Heine, *Poetics of Breathing*, 7-10 and 12-15; Patrick Gray, ‘What Is “the Breath of Our Nostrils”? *Ruach* and *Neshamah* in John Donne’s 1622 Gunpowder Day Sermon’, in: David Fuller et al (eds.), *The Life of Breath in Literature, Culture and Medicine. Classical to Contemporary*. (London: Palgrave, 2021), 195-213.

Atem, nach Ersticken verlangendes Sein' (NS 2, 120). Possession ('Haben') is part of the sensual world previously introduced in the collection by Kafka as something fleeting and inessential; its opposite is Being ('Sein'), an apparently indestructible core of man, which becomes manifest by transcending the sensual, earthbound realm in pursuit of a higher, purer world. As the deathly image of somebody gasping for breath suggests in the course of this transition suggests, life force here is grounded in ancient concepts of pneumatics and Gnosticism, familiar to Kafka from Jewish mysticism. Prior to this, Kafka had described this type of pursuit – or quest – in equally respiratory terms in Aphorism 17: 'An diesem Ort war ich noch niemals: anders geht der Atem, blendender als die Sonne strahlt neben ihr ein Stern.' (NS 2, 117) As Rainer Stach has shown,<sup>39</sup> the reference to the stars and sun in Aphorism 17 is based on Kafka's reading of Kierkegaard and stands for a point of maximally different perspective and state of being to that he currently occupied. Given that he now tended to view his life and actions through the lens of his tuberculosis, the idea that this different state might be experienced primarily through a different form of respiration is entirely coherent with his strategy of non-mimetic representation of tuberculosis beginning in 1917.

Kafka revisits these pneumatic ideas in a 1922 diary entry shortly before travelling to Spindelmühle where he ruminates further on the question of life and identity as a quest to be pursued or a task to be achieved:

So schwer war die Aufgabe niemandes, soviel ich weiß. Man könnte sagen: es ist keine Aufgabe, nicht einmal eine unmögliche, es ist nicht einmal die Unmöglichkeit selbst, es ist nichts, es ist nicht einmal soviel Kind, wie die Hoffnung einer Unfruchtbaren. Es ist aber doch die Luft, in der ich atme, solange ich atmen soll. (T, 884)

Sandwiched between references to sexual desires (T, 882), his inability to maintain a relationship with women (T, 883), and establish a family and progeny (T, 884), Kafka's 'Aufgabe' here is a cryptic hint at his plan to begin writing again, a plan that ultimately mutates into *Das Schloß*, which he begins writing several days later after a mistake in his hotel in Spindelmühle that merged Kafka's life and literature in a curious fashion: he was registered with them as 'Josef K.', the protagonist of his previous novel *Der Prozess* (T, 893). This is writing project conceived in respiratory terms – a writing that makes life possible, that provides the air needed to breath.

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<sup>39</sup> See Rainer Stach (ed.), *The Aphorisms of Franz Kafka*, translated by Shelley Frisch (Princeton NJ: Princeton University Press, 2022), 33.

Kafka's aims with this new project are far from clear; indeed if anything, writing seems to take on a curative dimension in its own right – the act of writing is important. Yet having come to view his psychological and physical ailments through the lens of religious, metaphysical, and ontological allegories in Zürau and thereafter – and vice versa – it is unsurprising to see this task described in similarly respiratory terms. Where the '[m]erkwürdiger, geheimnisvoller, vielleicht gefährlicher, vielleicht erlösender Trost des Schreibens' in Spindelmühle offers hope of moving beyond the dialectical arrangements of 'Tat – Beobachtung, Tat – Beobachtung', a 'Totschlägerreihe' that Kafka had already tried to bring into slippage ('gleiten' in Neumann's terms) in Zürau (T, 892), this is a curative dimension that appears inseparable from similar respiratory images. Merging real illness and poetological arrangement, Kafka begins with a statement of his actual physical state ('Die abbröckelnden Kräfte während der Schlittenfahrt'; *ibid.*), moves on to develop a freer, quasi-fictional text about an 'ich' who has emigrated from Canaan and is searching for a new homeland from a seemingly autobiographical observation of being '[e]in wenig bewußtlos müde vom Rodeln', steps back to note an apparent medical episode walking in the snow ('Angriffe auf dem Weg im Schnee am Abend'; T, 893f.), invokes air metaphorically to describe his writing as a 'Hauptnahrung von andern Wurzeln in anderer Luft', only to return to the painful awareness of his respiratory incapacities ('Warten auf die Lungenentzündung'; T, 896f.). These references culminate in a sketch that hovers between biography and fiction, and points the way towards the figure of K. in *Das Schloß*, who presents himself to the villagers as a messianic leader who will deliver them into the world of the Castle:

Es ist klarer als irgendetwas sonst, daß ich, von rechts und links von übermächtigen Feinden angegriffen, weder nach rechts noch links ausweichen kann, nur vorwärts hungriges Tier führt der Weg zur eßbaren Nahrung, atembaren Luft, freiem Leben, sei es auch hinter dem Leben. Du führst die Massen, großer langer *Feldherr*, führe die Verzweifelten durch die unter dem Schnee für niemanden sonst auffindbaren Paßstraßen des Gebirges. (T, 903f.)

The images of breathable air, snow, and an aim to transcend the drudgery of the daily quotidian here merge in what – almost five years after his first haemoptysis and his relocation to Zürau – has become a familiar respiratory model of writing for Kafka, a writing figured as a mode of survival, also – but not only – in the face of respiratory ailment.

My point here is not to suggest that the only way to interpret *Das Schloß* is as an autobiographical reckoning with Kafka's life and illness. I wish, rather, to argue that far from

ignoring the realities of his illness in the pursuit of a mythologizing or symbolic representation of his tuberculosis, reducing the ‘actual’ illness to a side-effect of his general anxieties about life, writing, marriage, and sexuality, Kafka links both realms intricately and inseparably in his reflective and fictional prose after 1917. In distinguishing between ‘mythologizing’ and ‘realist’ representations, Kafka’s critics have – either implicitly or explicitly – afforded clinical frameworks for interpreting health conditions primacy over a patients’ experiences of these conditions.<sup>40</sup> Indeed, it has often been commented on with respect to breathlessness how mental disorders are difficult to differentiate from physical disorders,<sup>41</sup> and also how people with depression and anxiety frequently experience physical distress in the form of increased heart-rates, shortness of breath, and panic attacks accompanied by an inability to breath.<sup>42</sup> If anxiety is both a *cause* and *symptom* of breathlessness, and if Kafka’s previous experiences of nervousness go hand in hand with breathlessness, then his blurring of the borders between his general nervous ‘Bankrott’<sup>43</sup> and the concrete tuberculosis in his fictional and non-fictional writings around 1917/1918 is readily understandable. As Williams and Carel note: ‘Past events of acute breathlessness inform the present and arouse anxiety about the future. It is difficult for patients and clinicians to initially distinguish between the breathlessness caused by panic anxiety and the underlying respiratory illness.’<sup>44</sup> If anxiety is both a *cause* and *symptom* of breathlessness, and if Kafka’s previous experiences of nervousness go hand in hand with such breathlessness, then his blurring of the borders between his general nervous ‘bankruptcy’ and the concrete ‘tuberculosis’ in his fictional and non-fictional writings after 1917 is readily understandable.

*Das Schloß* follows this dual approach: on the one hand, the theo-ontological deliberations in Zürau, Matliary, and Spindelmühle are explicitly present in the conceptualization of the novel and its questing protagonist K., while its plot and action, on the other hand, are punctuated by frequent references to ailing respiratory health. The task of K., the protagonist of *The Castle*, is to gain admission to the castle itself, a quest that is punctuated by episodes of breathlessness in a landscape recalling that of Kafka’s erstwhile mountain retreats, while the description of K.’s sexual union with Frieda is described in

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<sup>40</sup> See e.g. Groß, *Kafkas Krankheiten*, 15f..

<sup>41</sup> Matthew Ratcliffe, *Experiences of Depression: A Study in Phenomenology* (Oxford: Oxford University Press, 2015), 75-78 and 87-94.

<sup>42</sup> Matthew Ratcliffe et al, ‘A bad case of the flu? The comparative phenomenology of depression and somatic illness.’ In: *Journal of Consciousness Studies* 20:7-8 (2013), 198-218.

<sup>43</sup> Letter to Felice Bauer, 30 September 1917, Br. 3, 333.

<sup>44</sup> Williams and Carel, ‘Breathlessness’, 150.

remarkably similar terms to Kafka's programmatic merging of biography, respiration, and literature in the Zürau aphorisms:

Dort vergiengen Stunden, Stunden gemeinsamen Atems, gemeinsamen Herzschlags, Stunden, in denen K. immerfort das Gefühl hatte, er verirre sich oder er sei soweit in der Fremde, wie vor ihm noch kein Mensch, eine Fremde, in der selbst die Luft keinen Bestandteil der Heimatluft habe, in der man vor Fremdheit ersticken müsse und in deren unsinnigen Verlockungen man doch nichts tun könne als weiter gehn, weiter sich verirren. (S, 68f.)

Apart from these personal and poetological considerations, *The Castle* also contains multiple references to dyspnoea which we might deem to be broadly "realistic". These include the coachman Gerstäcker with his emaciated, sickly body ('der Mann, nicht alt aber schwach, gebückt, hinkend, mit magerem rotem verschnupftem Gesicht [...] war sichtlich krank' and 'bekam einen Hustenanfall, der ihn so schüttelte, daß er die Beine in den Schnee stemmen und mit den Händen den Schlittenrand halten mußte'; S, 29) and K.'s landlady Gardena, whom he meets lying in bed barely able to speak ("Endlich kommen Sie", sagte die Wirtin schwach. Sie lag auf dem Rücken ausgestreckt, der Atem machte ihr offenbar Beschwerden, sie hatte das Federbett zurückgeworfen'; S, 122). It is notable that K. himself succumbs to the same 'dumpfe[] Luft', which also drains the castle bureaucrats of their energy (S, 459), and falls asleep shortly before the end of the manuscript (S, 449f.).

K. is not the most prominent example of somebody suffering from the poor atmospheric hygiene of the Castle world, however, this is undoubtedly the schoolboy Hans's mother, whom K. encounters in the first chapter of the novel. Walking into the steamy, oppressive interior of Lasemann's house, K. sees a woman lying 'im Lehnstuhl [...] wie leblos, nicht einmal auf das Kind an ihrer Brust blickte sie hinab, sondern unbestimmt in die Höhe', her 'Krankheit und Müdigkeit macht [sic!] auch Bauern fein' (S, 23). In conversation with Hans, K. later learns, '[ü]brigens sei es gar keine eigentliche Krankheit, woran sie leide' but that, 'manchmal deute sie sie auch an, es sei wahrscheinlich die Luft hier, die sie nicht vertrage' (S, 230). While the actual pathology is unclear, her physical decline is suggestive of consumption, and her condition means that she can hardly leave the house: according to Hans she was so 'schonungsbedürftig' after being interrogated by K. at the start of the novel that 'sie nachher einige Tage im Bett gelegen [sei]' (S, 229). K.'s unfettered ambitions to gain entry to the castle mean he has little sympathy with her suffering, however; he attempts to turn her respiratory difficulties to his advantage by offering to assist her with his supposed

‘medizinische Kenntnisse’ from back home: ‘und was noch mehr wert sei, Erfahrung in der Krankenbehandlung. Manches was Ärzten nicht gelungen sei, sei ihm geglückt. Zuhause habe man ihn wegen seiner Heilwirkung immer das bittere Kraut genannt.’ (ibid.) Still hoping to gain access to the castle by dubious means, K. presents himself as a medical saviour to help him on his way, but he acknowledges the impropriety of his efforts when he admits to feeling ashamed of treating somebody who is ill in this way: ‘auch war darin etwas Beschämendes, auf dem Umweg über das unschuldige Kind Familiengeheimnisse ausforschen zu wollen’ (S, 227). Unlike the insurance lawyer Dr Franz Kafka, but like the stereoscopic perspective of the Asbestos factory owner of 1912, Kafka’s fictional protagonist K. has little interest in alleviating the suffering of the Castle world’s infirm inhabitants.

Set against the background of symbolic connotations of breathlessness developed by Kafka in his non-fictional writings in the period, *The Castle* does indeed invite interpretations as a figurative representation of Kafka’s own medical condition. As suggested here, however, it would be wrong to dismiss the novel’s concern for the realities of respiratory illness entirely, however. Rather, *Das Schloß* maintains a balance between mimetic and figurative incidences of respiration which Kafka had developed since his earliest fictional texts.

### **3. ‘Ich glaube, ich habe zur rechten Zeit mit der Untersuchung des tierischen Piepsens angefangen’. Kafka’s ending (or beginning).**

Kafka’s ability to work on *Das Schloß* was interrupted by having to return to Prague to take up his job again at the AUVA in late-Winter 1921/22. There is little information on his health in this period other than isolated references to feverish conditions and spending entire days resting in bed. By late-April 1922 it was clear to all concerned that he would not be able to return to work and while he navigated his way from one period of sick-leave to the next – relocating to the village of Planá nad Lužnicí to live with Ottla and her family in June, where he continued work on *Das Schloß* – he accepted temporary retirement from the AUVA at the start of July. This coincided with a burst of extraordinary literary productivity as Kafka worked on the *Ein Hungerkünstler*, *Forschungen eines Hundes*, and the *Bau*-fragment, to name only some of the most iconic texts from this period. *Das Schloß*, however, remained incomplete and the final pages of the manuscript reveal a writer caught in a desperate struggle: the storyline unravels, the deletions and corrections grow in frequency and length, and variants of scenes compete. Kafka writes to Max Brod on September 11 1922 that he had not made progress on the novel in over two weeks and would have to leave ‘die

Schloßgeschichte offenbar für immer'.<sup>45</sup> The 'geheimnisvoller [...] vielleicht erlösender Trost des Schreibens' (T, 892) – the transcendent respiratory poetics articulated in *Spindelmühle* – had become more poison than cure, a 'Verkehr mit Gespenstern' (as he writes to Milena Jesenská),<sup>46</sup> rather than the 'atembare[] Luft, freie[] Leben' he had claimed to be discovering in *Spindelmühle* (T, 903).

As Stach notes,<sup>47</sup> Kafka's failure to finish *Das Schloß* did not result in the same lamenting tone as with *Der Verschollene* and *Der Prozeß*, rather he revisited the respiratory model of life-writing developed in February, albeit now in opposite terms. Writing, he now says, is 'ein süßer wunderbarer Lohn', but a 'Lohn für Teufelsdienst'; it is a 'Hinabgehen zu den dunklen Mächten' and 'Entfesselung von Natur aus gebundener Geister, fragwürdige Umarmungen und was alles noch unten vor sich gehen man, von dem man oben nichts mehr weiß.' It is also an opportunity to put one's self temporarily in a radically post-mortal state: 'Was der naive Mensch sich manchmal wünscht: "Ich wollte sterben und sehn, wie man mich beweint", das verwirklicht ein solcher Schriftsteller fortwährend, er stirbt (oder er lebt nicht) und beweint sich fortwährend.'<sup>48</sup> Writing here is a practice that calls the borders between life and death into question, an uncanny form of communication, now registered as a spectralizing vision of a golem:

Was ich gespielt habe, wird wirklich geschehn. Ich habe mich durch das Schreiben nicht losgekauft. [...] Der Schriftsteller in mir wird natürlich sofort sterben, denn eine solche Figur hat keinen Boden, hat keinen Bestand, ist nicht einmal aus Staub; ist nur im tollsten irdischen Leben ein wenig möglich, ist nur eine Konstruktion der Genußsucht. Dies ist der Schriftsteller. Ich selbst aber kann nicht weiterleben, da ich ja nicht gelebt habe, ich bin Lehm geblieben, den Funken habe ich nicht zum Feuer gemacht, sondern nur zur Illuminierung meines Leichnams benützt. (ibid.)

The idea that writing might have the power to animate otherwise inanimate matter would have been familiar to Kafka from the legend of Prague's Rabbi Löw (also known as the Maharal) who was said to have given life to his golem with a magical inscription on a piece of paper. We know that Kafka read Meyer Isser Pinès's *L'Histoire de la littérature Judéo-Allemande* in 1912 which included a summary of Yiddish writer I. L. Peretz's version "Der

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<sup>45</sup> Max Brod/Franz Kafka, *Eine Freundschaft. Briefwechsel*, ed. by Malcolm Pasley (Frankfurt am Main: Fischer, 1989), 415.

<sup>46</sup> Franz Kafka, *Briefe an Milena*, ed. by Jürgen Born and Michael Müller (Frankfurt am Main: Fischer, 1983), 302.

<sup>47</sup> Stach, *Jahre der Erkenntnis*, 469-71.

<sup>48</sup> Brod/Kafka, *Eine Freundschaft*, 377f.

Goylem” from 1894; he also recommends Peretz’s *Volkstümliche Erzählungen* to Felice Bauer in 1916;<sup>49</sup> and according to Jürgen Born, Kafka owned a copy of Wolf Pascheles’ compendium of Jewish tales, the *Sippurim*, which included the most widespread version of the story, Leopold Weisel’s *Der Golem* from 1847.<sup>50</sup> In invoking this tradition, Kafka is also invoking the Hebrew, biblical tradition of equating the breath of men and women with the pneumatic energizing capacities of God’s *ruah*,<sup>51</sup> and with the biblical scriptures as its written medium established by the version of the story told about Rabbi Löw.<sup>52</sup> In Kafka’s case, the act of writing has achieved only a dubious form of animation, however, and for multiple reasons.

Firstly, his author-persona is immaterial, barely existent, not even amounting to dust. Secondly, the cost of a life dedicated to writing in this way has been the petrification of the rest of his existence: reflecting on his failure to complete his multiple novel projects and the fragmentary status of so many of his other texts, Kafka sees himself as having only used the glimmer of inspiration to illuminate his corpse rather than to actually breathe life into his author-persona. Thirdly, there is the real dimension of Kafka’s own life: his still-born literary life has maintained a perpetual inanimate ‘clayeyness’ of his worldly being, and not even his attempts at rendering this lifelessness visible in literature has provided ample substitution for the self-imposed deprivation of life itself. Peter-André Alt has argued that Kafka is invoking Plato’s critique of writing as *pharmakon* to reject his earlier respiratory, pneumatic model of writing here, rehearsing the Platonic view of ‘Schrift’ is ‘toter Buchstabe’ in opposition to the soul (*pneuma*): ‘Sie benimmt dem Leben den Atem’.<sup>53</sup> A more careful reading suggests that the issue is less categorical: Kafka hypothesizes, ‘[v]ielleicht gibt es auch anderes Schreiben’ but he claims, ‘ich *kenne* nur dieses’, meaning that there may be less precarious models. Likewise, it is not the pneumatic model of writing itself that is the problem, more a recognition on Kafka’s part that he has been unable to fulfil this self-imposed ideal: ‘*Ich* habe mich durch das Schreiben nicht losgekauft.’ Far from discovering that the “breathable air” of life-writing, which Kafka referred to in 1922, is fundamentally impossible, he reflects on how

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<sup>49</sup> Br 3, 241.

<sup>50</sup> Jürgen Born, *Kafkas Bibliothek. Ein beschreibendes Verzeichnis* (Frankfurt am Main: Fischer, 1990), 85.

<sup>51</sup> See Silvio Benso, ‘The Breathing of Air. Pre-Socratic Echoes in Levinas’, in: *Atmospheres of Breathing*, edited by Lenart Skof, and Petri Berndtson (New York: State University of New York Press, 2018), 83-98; Heine, *Poetics of Breathing*, 7-10 and 12-15; Patrick Gray, ‘What Is “the Breath of Our Nostrils”? *Ruach* and *Neshamah* in John Donne’s 1622 Gunpowder Day Sermon’, in: David Fuller et al (eds.), *The Life of Breath in Literature, Culture and Medicine. Classical to Contemporary*. (London: Palgrave, 2021), 195-213.

<sup>52</sup> See Henri Atlan, *The Sparks of Randomness. Vol. 1. Spermatic Knowledge*. Translated by Lenn J. Schramm. (Stanford: Stanford UP, 2011), *passim*.

<sup>53</sup> Alt, *Franz Kafka*, 626.

his writing has produced a state of literary hypoxia and even anoxia – fictional worlds suffering from a chronic lack of oxygen, a terminal state of breathlessness.

It is important to recognise that Kafka's assessment of his career as a writer here is not some abstract aesthetic deliberation on the questionable ontological status of fiction and the written word, it is much rather anchored in his increasing fear of dying from tuberculosis. To suggest that Kafka had 'die Ruhe, [...] im Grundsätzlichen über seine literarische Tätigkeit nachzudenken',<sup>54</sup> when this letter articulates a genuine mortal fear ('schreckliche Angst zu sterben'<sup>55</sup>) is surprising. Indeed, from 1920 onwards, references to the physiological effects of his illness had grown in frequency, also – but not only – in relation to his literary productivity, as in the letter to Brod discussed above. Thus, he writes from Matliary to say, 'niemals noch hatte ich solchen Husten, niemals solche Atemnot, niemals eine solche Schwäche',<sup>56</sup> and before setting off to Spindlermühle he writes to his friend Robert Klopstock to describe his feeling of suffocation because of his reduced lung capacity ('Man erstickt im allgemeinen nicht, weil es an Luft, sondern weil es an Lungenkraft mangelt'<sup>57</sup>). While retirement allowed him to turn his interests solely to his own health and to literary projects like *Das Schloß*, 'Ein Hungerkünstler' and 'Erstes Leid', the proofs for which he was correcting on his deathbed in Kierling almost two years later, this is only a brief period of respite from the physical realities of his illness. In commenting on the epistemological uncertainties of his writing Kafka is not speaking in general or metaphorical terms then; he is afraid of dying of tuberculosis, and while he may have merged the actual and metaphorical illness in discussing his literary creations and fictional characters to experience what death might be like since 1917 (like the narrator in 'Der Kübelreiter', the boy from 'Ein Landarzt', K. in *Das Schloß*, the Hunger Artist in the eponymous story, or the creature in the *Bau-*fragments), he is constantly reminded by his body that this is not the way things work. As his larynx became infected in late-1923/early-1924, references in his notes and correspondence to shortness of breath, burning sensation in his throat, and difficulty speaking grow in urgency.

The letters in this period also reveal a keen eye for the increasing levels of social isolation, financial worries, and physical pain experienced by people with chronic ill health in. His letters from Berlin, where only occasional visitors made the trip to see him in the

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<sup>54</sup> Alt, *Franz Kafka*, 624.

<sup>55</sup> Brod/Kafka, *Eine Freundschaft*, 377.

<sup>56</sup> *Ibid*, 320

<sup>57</sup> Letter to Robert Klopstock, December 1921/January 1922, in: Franz Kafka, *Briefe 1902-1924* ed. by Max Brod (Frankfurt am Main: Fischer, 1975), 368.

suburb of Steglitz, contain constant references to financial hardship, writing to Klopstock about the price of the no-longer avoidable medical care: ‘Nun kommt die Davos-Überraschung, wie schwer das alles ist und was für entsetzliche Summen ich für mich aus andern werde pressen müssen.’<sup>58</sup> At the Wiener Wald Sanatorium in Ortmann in April 1924, his social isolation becomes clear: ‘nur das Medizinische, alles andere ist zu umständlich [...]. Mit dem übrigen Haus komme ich gar nicht in Verkehr, liege im Bett, kann ja auch nur flüstern (wie schnell das ging, etwa am dritten Tag in Prag begann es andeutungsweise zum erstenmal’.<sup>59</sup> The private correspondence from these final years illustrates powerfully how an individual’s abilities and lived experiences are altered permanently through chronic breathlessness.

The published and unpublished writings following his abandonment of *Das Schloß* likewise continue to feature references to experiences of dyspnoea and respiratory distress, but they also sow the seeds for the biographical, symbolic interpretations of his later fiction developed by critics like Sander Gilman noted above. Robert Klopstock reports, for example, how Kafka linked the frequent use of figures with laboured breath and wheezing or piping noises in his final stories with his own such difficulties when progressing from therapeutic to palliative care from late-1923 onwards: ‘In diesen Tagen schrieb er die Geschichte “Josefine oder Das Volk der Mäuse”, und als er eines Abends das letzte Blatt der Geschichte fertiggestellt hatte, sagte er mir: “Ich glaube, ich habe zur rechten Zeit mit der Untersuchung des tierischen Piepens begonnen. Ich habe soeben eine Geschichte darüber fertiggestellt”’.<sup>60</sup> Similar arguments may be made about the late incomplete story which Max Brod called *Der Bau*, which suggest that the eery noises tormenting its animal-narrator – ‘dünn in regelmäßigen Pausen, einmal wie Zischen, einmal eher wie Pfeifen’ (NS 2, 607) – are in fact the sounds of its own laboured breathing, now experienced as something strange, foreign, and disturbing. For the late Kafka, the literary life of breath gives way to a prose of breathlessness.

This essay has aimed to show how the writings of Franz Kafka record a long-lasting preoccupation with respiratory wellness and illness across almost all phases of his literary activity. While his knowledge of respiratory disease patently underwent a fundamental change following his own diagnosis with tuberculosis in 1917, Kafka’s professional work in occupational health and risk assessment, his observations on the processes at the asbestos

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<sup>58</sup> Letter to Robert Klopstock, Beginning of March 1924, *Briefe 1902-1924*, 479.

<sup>59</sup> Letter to Robert Klopstock, 7 April 1924; *Briefe 1902-1924*, 479f.

<sup>60</sup> In his ‘Anmerkungen’ Max Brod quotes here from Robert Klopstock’s report on Kafka’s final days, see: *Briefe 1902-1924*, 521.

factory of which he was an owner, and his fictional writings all provide evidence of a much more intensive and longstanding concern with respiratory health. In setting out in such detail the thematic references to, and representations of, breath, breathing, and breathlessness in Kafka's fiction and ego-documents, I have sought to ground the broader methodological reflexions of this essay on the relationship between medical history and literary texts in Medical Humanities scholarship, generally, and Medical Humanities approaches to Kafka's writing, in particular, in more traditional framework of mimetic representations of somatic respiratory symptoms and the socioeconomic factors that cause and aggravate them.

In this respect we can also take issue with those approaches to Kafka which identify a 'deficiency' of some kind in Kafka's supposed lack of direct representation of tuberculosis and pulmonary disease after 1917 and which note a more abstract, 'mythologizing' approach to his health which tends to conflate his 'actual' disease with his concerns about his inability to write, his general state of nervousness, or his unwillingness to enter into marriage with Felice Bauer, to name only three examples. Instead, I have argued, such a distinction affords the clinical framework primacy over the subjective experience of illness and leads to an overly simplified view in which personal, social, cultural, theological, and aesthetic imaginaries and significations play a secondary role at best in the generation of medical knowledge. Thus, in distinguishing between Kafka's 'mythologizing' and 'realist' representations of tuberculosis and nervousness, for example, critics have failed to note the ways in which anxiety and depression in Kafka is often codified through physical distress in the form of shortness of breath, and panic attacks accompanied by an inability to breath. Thus, if anxiety is both a *cause* and *symptom* of breathlessness in Kafka, then his blurring of the borders between nervousness and tuberculosis, between anxiety over his literary production and his respiratory health from 1917 onwards, this becomes more easily understandable. Finally, in turning to Kafka's later writings like the 'Zürich Aphorisms', *Das Schloß*, or the *Hungerkünstler*-collection we can see how the figurative and literal, the poetological and mimetic dimensions of breathlessness combine. In developing a pneumatic, respiratory model of writing in 1917, Kafka creates an ideal of literary creativity in which writing is both a cure for his mental and physical health, on the one hand, and a living, breathing alternative ontology, on the other hand. This would prove to be an almost impossible writerly ideal, and what was first envisioned as a living, breathing second life mutates into an anoxic, breathless and lifeless mass of fragments and stillborn texts. This is

still a respiratory poetics, but one tending towards dyspnoea rather than respiratory saturation.<sup>61</sup>

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<sup>61</sup> This essay is based on research I conducted in preparation for the 2024 commemorative exhibition *Kafka: Making of an Icon*, which was displayed in the Bodleian Library, Oxford, and the Morgan Library, New York from May 2024-April 2025. It builds on, and expands radically, my reflections on the section of the exhibition dedicated to Kafka's illness and death which I curated, to be published in *The Minnesota Review* in summer 2026.