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Desanka Maksimović's Engaged Medical Novel *The Open Window* (1954): Tuberculosis as a Social(ist) Issue

I

An (un)recognized genre

The ongoing global health crisis obviously raises new questions about contagious diseases in relation to the deepening of the already existing global social crisis, as well as global forms of class inequality. This all-pervading crisis is an unwanted but optimal framework for a new reading of Desanka Maksimović's novel *The Open Window* (1954), which is dedicated to the subject of tuberculosis and its treatment. This is the first of Maksimović's three novels, which – just like her general fiction writing (for adults) – is significantly less read and valued than her highly appreciated and popular poetry. Considered

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an important element of Maksimović's socially engaged fiction, *The Open Window* is also regarded as a part of the *der Arztroman* or medical novel genre (which later included medical dramas on TV).

Having been neglected in scholarly works for decades, even declared – together with her overall prose writing – as “less important literary facts to which there is no great reason to return” (Тутњевећ, 2013, p. 11), Maksimović's novel has recently received particular attention from one researcher. At the beginning of her study on the narrative and characters of *The Open Window*, Sanja Macura challenges the general view of the lesser value of Maksimović's prose writing by stressing the fact that this novel opens up to “multi-aspect analysis” (Маџура, 2013, p. 131). The aspect she has chosen is based on Shlomit Rimon-Kenan's narratology theory. Despite the well-traced and conceptualized analysis which led to her understanding of the novel's values, Macura disregards them in the conclusion. Instead, she identifies the novel's numerous weaknesses (overly complex plot, discontinuity, occasional naivety, and implausibility), and, finally, verifies the opinion of critics who argue:

The aesthetic value of this segment of Desanka Makismović's artistic work is far behind the value of her poetry. Simply, the voluminous form of a novel is not 'proper terrain' for her writing gift. At moments, the overlapping of the numerous micro-narratives and secondary plots results in breaking up the main threads which connect the work, and this impression is not mitigated by their later artificial 'soldering'. The multitude of relationships between characters, who all somehow 'have to be' connected either by kinship ties, friendship relations or hospital connections, additionally overloads the text and makes it difficult to read. (Маџура, 2013, pp. 141–142)¹

From the perspective of my methodology and my immediate reactions to reading *The Open Window*, all Macura's concepts are adequately chosen. However, my conclusion, which is based on these concepts, contradicts Macura's findings. The extensive plot and epic digressiveness of the novel as well as the multitude of micro-narratives are all familiar to the audience. The reader instantly recognizes the narrative technique of voluminous nineteenth-century novels, which also means that the reader gladly accepts the introduction of new characters as carriers of new narrative lines and trusts, all of which the omniscient narrator will connect at some point of the novel – which is never “late”. For the medical novel genre (and popular genres on the whole), narratively connecting all the characters is actually a very good choice artistically: it is a part of the so-called genre's pact. In other

¹ If not stated otherwise, all translations from Serbian to English are mine.

words, *The Open Window* was misunderstood by literary historians. In opposition to this misreading, a “relaxed” reading of the novel, tracking the (micro)narrative(s) and richness of the characterizations, turns it into pure enjoyment; the reader is guided by the narrating instance from the very beginning, regardless of recognizing whether or not this kind of fiction originates from serial novels (no matter the genre) or *der Arztroman* (whether in serial or book form). At the time of publishing, serial novels were slowly disappearing and it was only later that the genre returned to its old glory, although in a new media form. Today’s (potential) readers are more prepared to recognize the genre, since *The Open Window* is an obvious forerunner of the medical dramas being watched today.

The first *Arztroman* or medical novels were almost always published serially in German (family or other) magazines of the nineteenth century. Their mission was to enlighten the public through entertainment, and to communicate enormous faith in scientific progress. At the same time – as always in serial novels – authors used the given periodical’s space for current public debate so that characters, besides their psychological typology, were important exponents of the (conflicted) ideas of the epoch (Ravicini, 2005). As Wilpert summarizes, *Der Arztroman* has a long tradition in the German-speaking world and is considered an early forms of trivial novels. Although the main characters in these novels are doctors, and health and disease are the main subjects, the genre also necessarily includes love stories between doctor(s) and patient(s), mostly set in sanatoriums or medical institutions. As a rule, the narrative includes a tender, beautiful female patient suffering from a ‘noble’ illness, and a good-looking, characterful, and understanding doctor. *Der Arztroman* merged “the idealized falsification of reality with primitive mythization of medical science” (Wilpert, 2001, p. 49). *Der Arztroman* usually describes a spectacularly conquered health problem or expresses a happy ending in some other way (Ravicini, 2005, p. 2300).

Eventually, the genre became widely consumed in many languages in the new media format of television. Generally, these novels were adapted for TV (e.g., *Mash: A Novel about Three Army Doctors*, 1968, is the basis for the TV series *M*A*S*H**, CBS, 1972–1983), or just as the inspiration for various TV series produced very successfully from the 1970s onwards, regardless of whether they emanated from a previous literary work (to name just the most famous: the Czech series *Nemocnice na kraji města*, ČST, 1977–1981, and the German series based on this Czech model *Die Schwarzwaldklinik*, ZDF, 1985–1989; or *Emergency Room*, NBC, 1994–2009, etc.), until today’s mass production of ‘multi-season’ medical TV-series.

In her medical novel, Maksimović accurately 'follows' the described genre pattern and also broadens its chronotope. The story takes place in two settings: a tuberculosis sanatorium in the mountains in the north of the Kingdom of Yugoslavia (today's Slovenia), and also in its capital, Belgrade (in the Faculty of Medicine, where the novel's characters deal with tuberculosis in (in)direct ways). As there are obvious parallels with Thomas Mann's novel *The Magic Mountain* (1924), this aspect of *The Open Window* is not treated as a separate subject but is discussed as a part of the genre issue considered in this paper. In other words, *The Magic Mountain* is highbrow literature based on a middlebrow – or even lowbrow – genre, namely the medical novel, as in fact quite often happens in European literature (see Wolf, 2013). This could also be said of Emil Zola's novel *Doctor Pascal* (1893) and Boris Pasternak's *Doctor Zhivago* (1957).² Comparison with Boris Pasternak's *Doctor Zhivago*, which was written at the same time as *The Open Window*, induces a more adequate interpretation of *The Open Window*: what Macura saw as weaknesses (too many characters and micro-narratives, overly complex plot, too many interconnections between characters) are the same narrative devices Pasternak used in his famous work.

II

Contagious disease: The (im)possibility of its treatment and representation

Even though she may not have been familiar with the long *Arztroman* tradition described in this paper, Desanka Maksimović could have unconsciously shaped her knowledge on tuberculosis according to its genre rules, which were strongly motivated by contemporary health problems and social issues

² Examples of der *Arztroman* novels, as listed by Wilpert, are Carossa's *Doctor Gion* (*Der Arzt Gion*), Lewis' *Arrowsmith*, Pasternak's *Doctor Zhivago* (Wilpert, 2001, p. 49). Ravicini has also made lists that separate popular novels (for instance, Helene Christaller's *Gottfried Erdmann und Seine Frau*, Josef Reinhart's *Dr. Doktor us dr Sunnegass*, Marie-Louise Fischer's, *Doktor Klaus Berg oder Frauenstation*) and "gehobene Literatur um Ärzte und Krankheit" (*Der Zauberberg* and *Die Betrogene* by Thomas Mann, Camus' *The Plague*, Storm's *Ein Bekenntnis*) (Ravicini, 2005, p. 2300). Of course, there is no absolute semantic equation between the German notion and term *der Arztroman* and the English medical novel. Albert Camus' *The Plague* (1947) is, for instance, a kind of medical novel but not of *der Arztroman*.

in Yugoslavia. However, she was certainly familiar with medical narratives in European literature. The idea for the novel could have been born during the interwar period, which is a realistic timeframe for the setting of the novel's plot; however, it is equally possible that a new wave of the tuberculosis epidemic in the mid-1940s compelled Maksimović to take action in the way she knew best, i.e., to write about the problem in a literary form. In 1948, at the beginning of the internationally and state-organized struggle against this disease, Doctor Smilja Joksić Kostić, who was also a professor, wrote in her popular science booklet:

A tuberculosis problem in our country is one of the most important issues in the protection of public health. Before the war in our country, a very large number of children and adults (significantly higher than in other countries) became ill and died of tuberculosis. Today, that number is far greater in our state as well as in the whole world. The severe consequences of the war and torturous occupation made tuberculosis flare up to the greatest extent. According to one statistic, in our country in the year 1945 approximately 50,000 people died of tuberculosis and about 500,000 became ill. (Kostić-Joksić, 1948, p. 7)

It is important to emphasize that Smilja Joksić Kostić was a pioneer in BSG vaccination in Yugoslavia in the pre-war era: "She wholeheartedly, sincerely and selflessly advocated for the eradication of tuberculosis with the BSG vaccine, for which she was respected and known in the international professional framework" (Pantelić & Bondžić, 2020, p. 353). During the 1930s, Maksimović wrote short stories with medical motifs and themes, which was a significant feature or stream in women's literature of that period.

Having in mind the overall narrative corpus of the modernist epoch, J. Milinković argues that "the thematization of disease in interwar women's literature was conditioned by at least two circumstances: by *der Zeitgeist* and the real diseases of women writers" (Милинковић, 2015, p. 178). Relying on Susan Sontag's concept of the relationship between illness (above all, tuberculosis in the nineteenth and cancer in the twentieth century) and literary psychological characterization, which led Sontag to define *illness as metaphor*, Milinković analyzed the meaning of illness and the position of the modernist subject in the fiction of Serbian female writers, including Desanka Maksimović. Milinković also reminds us of Magdalena Koch's conclusion that in Milica Janković's writing, for example, "there is not a crumb of romanticized idealization, mythologization, or metaphORIZATION of illness" (Koch, as cited in Милинковић, 2015, p. 178), and that her writing even demystifies the illness.

Sontag's conceptual frameworking of Koch's and Milinković's research is key to reading Maksimović's 'disease fiction' and *The Open Window*.

As opposed to their male writer colleagues – who used illness for the idealization of the melancholic subject, the metaphorization of illness, and the construction of its metaphysics – female authors of the epoch managed to embrace a more realistic and metaphoric form of representation, consciously choosing the prevalence of (neo)realism. In her influential study, Sontag concludes that the metaphorization of illness in literature – together with other similar discourses – causes damage to diseased ones, because in the end it does not lead to healing. In her argumentation, Sontag adopted the perspective of the patient and suggested the omission of metaphors. That was exactly the position Maksimović took in her prose from the 1930s onwards, a position that was especially evident in her engaged novel. In *The Open Window*, Maksimović steps forward and openly pleads for the value and legitimation of propagandist art in times of urgent crisis, such as the epidemic outspread of tuberculosis in Yugoslavia.

At one point of the novel's plot development, Maksimović sets up a scene where a debate is held between the director of the sanatorium, Doctor Stevanović, and a patient who is a writer by profession. In this scene, Maksimović, in a dialogue between two of the characters, actually writes her manifesto on engaged literature, which is actually her intention for this novel in the reader's hand. As the characters argue about the possibility of writing an engaged novel on tuberculosis healing, readers learn that with *The Open Window* Maksimović intends the exact same literary result as the main character of the novel demands from another character, one of his literarily gifted patients, the "famous writer Tešić": "You should never be afraid of the subject. I will come to you every day to support you, to provide you with scientific material. Just remember the Russian *thesis novels*. What is more exciting than that!" (Максимовић, 1954, p. 206). Doctor Stevanović gives more guidelines to Tešić, among others: "to write a *popular work* in which the center would be *life and work at the sanatorium*... work *full of faith* and *scientifically based*" (Максимовић, 1954, p. 206, *emphasis S. B.*). What this minor character in the narrative refuses to write is in fact, as I have said, the book that is in the reader's hands: a popular realistic novel about problems connected to tuberculosis treatment and life and work at the sanatorium.

By definition, in a thesis novel "one testifies and proves the relevance of particular doctrines, beliefs, worldviews, and ethical or political principles" (Koljević, 1992, p. 718). There are various traditional forms of this subgenre: the edu-

cational novel, *Bildungsroman*, the pedagogical novel, the key novel, the utopian novel, and the historical novel. Classical examples of thesis novels in Yugoslav literature are, according to S. Koljević, found in the works of engaged writers such as Krleža, D. Ćosić, and O. Davičo, among others. "The limitations of some thesis novels usually stem from the schematics of the main vision and representations of characters and situations, but at the same time the thesis novel very clearly expresses ideas of its own time thanks to these traits" (Koljević, 1992, p. 718).

In that sense, *The Open Window* depicts and promotes *the movement of social medicine*, which is explicitly labelled by the narrator. In the case of tuberculosis, social medicine involves prevention, hygienic education and general measures, as well as healthy living conditions for all. Social medicine, historically speaking, was the final result of many long-lasting global emancipatory processes, especially those "which captured science and philosophy in the late nineteenth and the early twentieth century". In the aftermath of WWI, social medicine was officially recognized on an international level as the only adequate public health policy, precisely thanks to contagious diseases:

Concerned about its own destiny, the developed world is beginning to take an intense interest in the causes, ways of spreading, treating, and, most importantly, the prevention of infectious diseases. Motivated by the idea of preventing not only the spread but above all the outbreak of deadly infections, in 1919, the same year it gathered to adopt the Covenant of the League of Nations, the international community decided to establish a League of Nations Health Organization to create real opportunities for cooperation in public health. (Petrović Todosijević, 2008, p. 133)

In *The Open Window*, the opposing model advocating an individualistic approach to medicine based on the treatment of consequences serves as a contested idea which should be rejected in the further development of medicine and societies (although, at some point in the novel, Maksimović nuances and problematizes this black-or-white understanding of approaches to tuberculosis treatment). The picture of a tense relationship between the two models is depicted at the very beginning of the novel, on its first page, where a prominent pulmonologist has only one professional wish, to operate on already ill lungs, and he is shown 'reading' with disapproval a newspaper title: *How shall we repress tuberculosis in our population?* It will become apparent that this journalistic survey was initiated by one of the main characters, doctor Stevanović.

Maksimović, in fact, develops a narrative model which Erica Wright finds in medical narratives of the Victorian novel; a model which originates, she argues, from ancient and early medical writings.

Galen's demarcation between hygiene and therapeutics, as well as the format of his medical advice, persisted with surprisingly little alteration – given the changes in medical knowledge – well into the nineteenth century. The concern that medical writers express about their readers' inability to recognize health did not originate in the nineteenth century, and it certainly did not end there; but the availability of written material on the subject, the developments in medicine, and the vastness of the reading public converged during the nineteenth century to make it a period of intense debate about health, particularly in terms of the two categories of medicine – hygiene and therapeutics – that Galen identified. (Wright, 2016, p. 8)

Wright has challenged former interpretations of Victorian novels which saw disease as the center of their plot, and the *crisis-recovery* model as a central or even the only narrative pattern in them. In terms of Galen's learning, this means that therapeutics is the central narrative in most medical novels. In contrast, Wright finds, for example, that Jane Austin's *Sense and Sensibility* and Charlotte Brontë's *Jane Eyre*:

...may feature therapeutics as integral to the advancement of their heroines' plots and seem almost wholly organized around the crisis (or multiple crisis) they must endure, but these plots are governed equally, if not so obviously, by a hygienic narrative model. (Wright, 2016, p. 10)

Read in this manner, it could be argued that *The Open Window* makes both narrative models equally obvious in plot governance. Even more, Maksimović convincingly depicts the ideological struggle between existing contagious capitalism and projected healthy socialism by using the 'struggle' of two narrative models as one of the main macro-narrative devices. At some point in the novel, it is indicated that the sanatorium could be seen as a possible laboratory for socialism. One of the important female characters, Neda, explains to doctor Stevanović that "When we, the doctors, find ourselves in a place like this, in a social system such as this, we can make a corner where human relations would be what they will someday be among all" (Максимовић, 1954, p. 67). The way in which Maksimović arranges the relationships between her characters is also important: Neda is represented as a supporting character, but an influential one. She is a communist by belief, a young doctor helping at the sanatorium, a recent patient, and at the same time, the girl the 'main' doctor is in love with.

Disagreements over the prevention and treatment of tuberculosis, therefore, are consistently presented throughout the novel as a consequence of differences in worldviews, two opposing ideological positions: conservative and leftist.

They are shown and manifested through a series of particular ideas: about medical prevention, desirability of private or state-governed medical practice, questions of art (realistic or allegorical, self-sufficient or engaged), and even the existence of an afterlife (anthroposophy and atheism).

From the very beginning, Maksimović stresses the real and concrete political processes existing in the Kingdom of Yugoslavia in the period between the two world wars, focusing on the place held in both the state and society by left-wing policies and the Communist Party. Since the Communist Party of Yugoslavia was officially forbidden in 1920, all communist activism and propaganda was illegal and punishable. Communists were systematically persecuted and imprisoned throughout the decade. However, despite this, the progressive youth revived the illegal workings of the Communist Party. In the first sentence of the novel, “the last students’ demonstrations” (Максимовић, 1954, p. 5) are mentioned as they have been reported in a daily newspaper. The first student protests in the Kingdom of Yugoslavia started in 1930 as anti-dictatorship protests (the King’s Dictatorship began in January 1929). These turned out to be leftist and communist in their ideological grounding and organizational sense, only to become anti-fascist riots in the mid-thirties, with the first student casualties occurring in 1935 and 1936. This period, clearly marked as the period the plot is set in, gets an even more precise temporal determination at the end of the second third of the novel: fictional events are condensed in the year 1930 (Максимовић, 1954, p. 107). At the same time, Maksimović does not let the political aspect overpower the fictional order at any moment.

Thus, I argue that, in this novel, Maksimović was above all following the rules of the medical novel genre (consciously or unconsciously), and that at the same time, she fulfilled the demands of the (self-declared) thesis novel. I also argue that Maksimović succeeded in reflecting the historical position of young communists and their ideas in the novel’s portrayal of the world and even narration itself: they are illegal but omnipresent; they have power but they are underpowered too; they sometimes influence their professors and parents but are being imprisoned and suffer because of it (getting tuberculosis); their thoughts and deeds influence the storyline and other characters’ motivation, but they sometimes reside in the background of the narrative – corresponding to their underground activity.

In terms of the novel’s plot and chronotope, I would argue that its realistic aspect is emphasized but that it does not endanger its fictional aspect, i.e., the popular and even trivial requirements of the *der Arztroman* genre. Before

moving the story to a sanatorium on the 'magic mountain', Maksimović develops the 'Belgrade' plot around characters such as university professors, their students, and upper and lower middle-class acquaintances of all conceivable professions and ages of life. The novel is carefully composed in a way that every new chapter introduces new characters, develops their storylines, and reveals their beliefs about tuberculosis (and societal problems), which are then connected with the previously introduced characters, who are then confronted with their health ideas, binding some of them – especially "later" when the story is set at the sanatorium – into love stories.

Beside university professors, their friends, wives and mistresses, (mostly progressive) young students, journalists and artists, the novel stands out for its narrative development and the psychological persuasiveness of the storyline of the Belgrade family of grandmother Đerić. This storyline in the novel depicts the prejudice and stereotypes that surrounded this contagious disease as well as the arrogance that existed about the problem. The grandmother causes her granddaughter serious harm with her insistence that tuberculosis is an incurable illness that it is impossible for the 'upper' classes to get, and by rejecting all calls to go to a public dispensary. Maksimović describes the counter-productive consequences of the selfish attitude of a petty bourgeois who are well-situated within a capitalist hierarchy. They can call for a private practice physician whenever they need to and are therefore not interested in the public health service or its improvement. Applying this logic within their own families can lead to the health of their own children and grandchildren being put at risk (which is exactly what happens with the progression of the granddaughter's tuberculosis). Furthermore, the grandmother represents a subtype within this social group which is present in other groups too: those who deny being contagious when they become so.

Maksimović marks prejudice and stereotyping as a huge problem, but only at the very beginning of the novel, and only in a few sentences. For the well-informed and careful reader in the 1950s, it was possible to discern the recent public discourses where these prejudice could be found and to recognize Maksimović's polemically directed writing. For example, at the beginning of *The Open Window*, the character Doctor Simić, who ascribes to the conservative tuberculosis treatment model (openly against social medicine and good living conditions for all), debates the issue with another doctor: "When we become old like Jews, tuberculosis will not bother us anymore, [...] it's wonderful how resistant they are" (Максимовић, 1954, p. 7). Here, Maksimović directly satirizes the 'scientific' claims of Doctor Borivoje Đorđević, director of The Central Anti-tuberculosis Dispensary, made in a pub-

lic lecture in Belgrade in 1951: "Some races, Jews for example, who in the earliest historical times came into contact with tuberculosis germs in which, throughout the centuries, the natural selection of organisms occurred. They became more resistant to diseases; such persons make up the majority of today's generation of this race" (Недељковић et al., 1952, p. 54).

Characters in the book that offer an alternative perspective to this include the Ivanović family, who belong to the lower middle class. Almost all of them are well educated, progressive, and delicate. They work in the arts and sciences or they are activists, and they have all been inevitably touched by the tuberculosis tragedy in one way or another. In terms of narrative development, they make connections with characters from their surroundings and their class, but also with distant characters. For example, Olga Ivanović is a young talented Belgrade painter, the daughter of the modest professor Ivanović and his even more modest wife, and the sister of imprisoned revolutionary Stevan and successful doctor Pavle. She marries doctor Zajc, who works at the sanatorium with her brother Pavle, after her tuberculosis treatment there.

While enjoying all of these different and interconnected micro-narratives, the reader is also drawn into the 'tuberculosis debate' and is thus being prepared for the central story, which is centered on Doctor Stevanović. This hero is equally convincingly built as a distinctive psychological character and as an advocate for certain ideas. Doctor Stevanović represents doctors of the epoch who dedicated their professional life to tuberculosis treatment, committed to the idea of its prevention and to the social medicine movement. Nevertheless, he is also portrayed as having a fanatical personality. Thus, through his storyline readers are informed about the movement and its specific ideas, about the medical details of contagious bodies (primarily the lungs), treatments, and surgeries; the reader also witnesses the rise and fall of a tragic hero who took responsibility for the whole community.³

The second part of the novel highlights the great success of Stevanović's tuberculosis treatment methods at the sanatorium. Thus, his only wish is to build and run a number of new sanatoriums within the state. The statistics from his sanatorium clearly prove that this kind of treatment, together with prevention,

³ In a moment of enthusiasm, the doctor imagines his role in the Ministry of public health: "Thanks to his one word, they will put in the budget hefty sums of money for people's health; more than for the army. Everyone will talk about the famous doctor who took on that hard job in order to save the country from downfall" (Максимовић, 1954, p. 238).

gives results. The doctor is absolutely devoted to his patients, knows their bodies as well as their feelings and thoughts, works long hours, thinks of treatments day and night, and demands the same sacrifice from other doctors.⁴ For readers in the early 1950s, when the book was published, this does not seem to be a pure idealization of a character because this kind of hero existed at that time. Furthermore, in the 1930s, the Kingdom of Yugoslavia was officially the most contagious state in Europe when it came to tuberculosis. This fact is quoted by Doctor Stevanović in one of the novel's dialogues. The novel narratively depicts the epidemic spread of tuberculosis in the first Yugoslavia: almost every character is or was contagious, every character in the book knows someone who is infected, cured, or who has just died of tuberculosis – doctor Stevanović lost his younger sister, and was himself contagious and operated on (and cured).

However, Maksimović relativizes her own idealizing characterization of Doctor Stevanović by letting fanaticism possess the doctor's personality.⁵ He does not want to acknowledge reality, and in reality (as he discovers when he becomes chief of the Ministry of public health) it turns out that it is impossible to implement his prevention ideas. What affects him even more is that developments in tuberculosis research have meanwhile proved that, among other things, better life conditions do not prevent the development of tuberculosis as much as it was thought, and natural immunity, for example, is not sufficient protection for such a disease after all.

Despite this, for a while Stevanović's character manages to maintain common sense. Maksimović uses this "period" of the story to explore nuanced medical and social debates about the ongoing tuberculosis issues of the time and medical science in general. One dialogue that illustrates this takes place between the Minister of public health and Stevanović, in his role as Chief Minister. In conversation with the doctors, the Minister realizes and wittily concludes: "science is as changeable as politics". Stevanović argues that "as far as tuberculosis is concerned" this is especially the case in recent times. Opinions have changed in such a way that "what was considered sanative is now usable only with great caution and in particular cases". Maksimović has the Minister pose

⁴ "If someone did not share his ideas or was greedy and dreamed of taking over a private practice after an internship at the sanatorium, the doctor considered him in every way, even inadvertently, an incapable person" (Максимовић, 1954, p. 84).

⁵ "Stevanović was increasingly overwhelmed by a sense of superiority. He saw himself as a beacon in medicine, a man whose duty was to endure everything, just to get the doctors entrusted to him on the right path" (Максимовић, 1954, p. 81).

the question that reflects the wishes of everybody interested in the tuberculosis issue: "will an anti-tuberculosis drug will be found?" (Максимовић, 1954, p. 216). This question reflects the enormity of the (public) delusion, at least in Stevanović's eyes. Thus, with compassion, because the Minister's daughter had also died from TBC a long time ago, he confidently argues:

Dear Minister, such a remedy does not exist at all, and it should not be sought. And even if it were possible to encompass all possible inexhaustible forms under which it occurs, and if they could be overcome by a special drug, all that would be in vain until it is possible to prevent, if you understand, new diseases in advance and arrange social life and the life of individuals in a way that new sources no longer appear or at least decrease. Simply put, tuberculosis is treated more as a disease of society rather than of the individual. (Максимовић, 1954, p. 216)

In this way, the doctor explains the (im)possibilities and limitations of drugs and any potential vaccine in curing and preventing such a contagious disease as tuberculosis.

The turning point in Stevanović's story comes after this, when Maksimović describes a scene where Doctor Ivanović, Stevanović's ideological follower and first assistant at the sanatorium, comes to visit his professor. There are two of Stevanović's books on the table: Stevanović's first book, in which he strongly advocates for social medicine, expecting it to finally and absolutely solve the problem of tuberculosis, and the manuscript of a new book – "which has to admit wrong assumptions and return to individual medicine much of its former reputation" (Максимовић, 1954, p. 283). Doctor Ivanović foresees the mental breakdown that will happen to Stevanović, caused by his being conflicted internally and consequently being depressed. Eventually, but still in the middle of the novel, Stevanović commits suicide. Although in traditional narratives a major event and motif usually takes place at the end of the novel, Maksimović places it in the middle in order to avoid the novel turning into a tragic drama and to ensure a relatively happy ending, according to the rules of the genre. The narrative continues to follow the lives of other characters, and Doctor Ivanović's role becomes more central to the narrative. In fact, he fulfils Doctor Stevanović's ambitions as it is indicated that he will take over and run an ordinary dispensary somewhere in the province, with the aim to work with people in need and to educate them until his retirement. This was exactly the professional ideal that Doctor Stevanović had in mind for his followers. Doctor Ivanović, presented as a modest character, is of course happily in love with a delicate female student, his former patient at the sanatorium and

also a future physician. The macro-narrative of the story is structured in such an original way in order to overcome the traditional *crisis-recovery narrative*: the healthy supporting character takes over the story after the main character – who carries the health-narrative throughout most of the novel – becomes ill exactly because of his quest for health.

By composing the storyline in this way, I argue that Maksimović employs and improves the techniques Erica Wright noticed in some Victorian novels, especially *Jane Eyre*: she develops and intersects both therapeutic and hygienic stories, “illness” and “health” narratives, eventually giving priority to the latter. *The Open Window* represents, therefore, a complex literary form of a *reading for health*, as Wright defines it.

III

Open the window!

As already stated, Desanka Maksimović placed the issue of tuberculosis and its epidemic spread throughout the Kingdom of Yugoslavia in the context of the contemporary debate between conservative and emancipatory social movements. In fact, these issues were debated by her contemporaries and fellow citizens too. At the time of writing *The Open Window*, UNICEF's official *Tuberculosis control programme* was being carried out in FPR Yugoslavia, which lasted from 1948 until 1958. However, in Belgrade, the program did not go according to plan because of “the hostile attitude of many doctors against vaccination”. They traditionally turned to curative (therapeutic) rather than preventive medicine, which was based on the idea of carrying out mass actions in order to prevent any further spread of the disease (Petrović Todosijević, 2008, p. 166). Doctors themselves spread “claims that ‘numerous children died because of the BSG vaccination, that one could get meningitis, that those vaccinated will be sent to Russia’ or that they will become sterile” (Petrović Todosijević, 2008, p. 166). This was a huge problem for the new (socialist) state authorities, who – in this case – originated from the broad ranks of communists and the left wing, and to whom Maksimović referred in the novel.

Because she set her story in an earlier period, Maksimović did not mention the BSG vaccination, but – as sanatoriums and healthy living conditions were in the pre-war period – the BSG became symbolic of the social(ist) medicine

approach to tuberculosis in the post-war period. In order to illustrate the new tuberculosis debate, it could be argued, in short, that two medical popular books represented two opposite attitudes in the post-war years. It is obvious that Maksimović's attitudes were similar to the optimistic prevention attitudes in Smilja Kostić Joksić's pro-BSG book (1948), and that she was, to an extent, critical towards the attitudes reflected in *Tuberculosis in humans* (Недељковић et al., 1952). The latter thematizes the mostly curative methods available and only mentions the BSG vaccine at the end. Maksimović transposed the attitudes of the author of the latter book almost directly into her novel, but in a satirical way, as explained above. In other words, with this novel, Maksimović was advising conservative doctors of the early 1950s to open the window of their scientific minds. Nonetheless, by 'killing' the novel's hero, as explained, she also warned optimistic BSG-prevention pioneers that the results might not be as perfect as they expected. What followed in the real world of human beings and medicine gave Maksimović this right: tuberculosis is almost an eradicated disease and it is not considered a global health problem anymore, but people still die of it, with the official global number of 1.4 million deaths as recently as 2019.

Therefore, it seems that Walter Erhart was also right when he proposed the writing of a medical history of literature in 2004 (Pethes & Richter, 2008, p. 4). The methodological principle for this kind of history is that it is not enough to discuss the context of literature on its own. Moreover, researchers need to connect two separate histories with one another – that of medicine and that of literature – in order to explore their 'coexistent and co-evolutionary' development. "In doing so, Erhart aims primarily at a history of knowledge, practices and institutions, but at the same time also takes "the textuality and semiotics of the common knowledge bases" into account (Pethes & Richter, 2008, p. 4).

Pethes and Richter go further and, in a collection of papers entitled *Medical Writing: Differentiation and Transfer between Medicine and Literature*, outline 'simultaneous perspectives on the medical history of literature, as well as a literary history of medicine' (Pethes & Richter, 2008, p. 4). Pethes and Richter have emphasized that historically there were specific forms of texts which presented and mediated *medical knowledge*, and that these texts developed typical *genre* structures, depending on their function: thus texts can be *scientific* (*fachwissenschaftlich*), *popular* or *fictional* (Pethes & Richter, 2008, p. 7). The genre of the medical novel is a discursive 'room' where two

perspectives and two histories meet. Maksimović's novel *The Open Window* has an unavoidable place in this discursive room; what is still more interesting is that it successfully hybridizes all the three mentioned genre structures. Thus, *The Open Window* calls for researchers to engage in more inter- and multidisciplinary readings. For Serbian literary historians, this means that it is time to open a window for a wider view on this literary field.

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Zaangażowana powieść medyczna Desanki Maksimović *Otwarte okno* (1954). Gruźlica jako problem socjal(istycz)ny

Otwarte okno (1954) to powieść cenionej przez krytykę poetki Desanki Maksimović, która wpisuje się w nurt pisanych przez nią przed wojną zaangażowanych społecznie opowiadań. Powieść wyznacza nie tylko nowy kierunek zaangażowania autorki w obrębie jej własnej twórczości, lecz także w literaturze jugosłowiańskiej w ogóle. Wstępna hipoteza artykułu jest taka, że Maksimović – wybierając *gatunek powieści z tezą* i (świadomie lub nie) kształtując *gatunek der Arztroman* czy też *powieści medycznej* – wpisuje się w tradycję gatunków popularnych, które łączą naukę z rozrywką. Celem artykułu jest: a) zdefiniowanie danych gatunków i umiejscowienie *Otwartego okna* w ramach wymienionych tradycji; b) zdefiniowanie i przeanalizowanie obrazu gruźlicy w powieści; c) wyjaśnienie, w jaki sposób autorka wpisała temat tej zakaźnej choroby i jej epidemii w Królestwie Jugosławii w ramy debaty między konserwatywnymi i emancypacyjnymi ruchami społecznymi.

Słowa kluczowe: gruźlica, kryzys, ruch społeczny, zaangażowanie społeczne, gatunek powieści medycznej, choroba, Desanka Maksimović, *Otwarte okno*

Desanka Maksimović's engaged medical novel *The open window* (1954): Tuberculosis as a social(ist) issue

The Open Window (1954) is a novel written by the critically acclaimed and renowned poet Desanka Maksimović and continues in the same vein as her pre-war socially engaged short stories. It shows a possible new form of engagement not only in the author's own work but also in Yugoslav literature in general. The initial hypothesis of this paper is that Maksimović – by intentionally choosing the genre of the *thesis novel*, and by shaping (consciously or unconsciously) the genre of *der Arztroman* or *the medical novel* – takes part in a tradition of popular genres which hybridizes enlightenment with entertainment. The aims of this paper are a) to define the given genres and place *The Open Window* within the traditions mentioned

above; b) to define and analyze the novel's representation of tuberculosis; c) to explain how the author placed the subject of this contagious disease and its epidemic spread throughout the Kingdom of Yugoslavia into the frame of the debate between conservative and emancipatory social movements.

Keywords: tuberculosis, crisis, social movement, social engagement, genre of medical novel, disease, Desanka Maksimović, *The Open Window*

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