

Russell E. Brown

## TAKING *GHOSTS* TO THE DOCTOR

At a time when a new curse, the AIDS epidemic, has been visited upon society, there is a timeliness to literary works from the past about other sexually transmitted diseases, such as Henrik Ibsen's drama *Gengangere* (*Ghosts*, 1881). AIDS, or acquired immunodeficiency syndrome, burst upon the American scene from Africa, while syphilis probably was spread in the other direction, from the Americas to Europe soon after the discovery of the New World. Until well into the twentieth century with the development of penicillin, syphilis was a major curse on sexual activity and family life in Western society.

*Ghosts*, like the Oresteian trilogy with which it is often compared, is about the relations of the generations of a family, how the sins of fathers (and mothers) must be expiated by their children. Oswald's entrapment in the tragic procession is expressed in concrete, physiological terms: he has inherited the venereal disease syphilis from his father.

Although the disease is never specifically named in the play, allowing for symbolic interpretations as a spiritual malaise in Oswald, his family, Norwegian or middle class society, it seems clear from the Parisian medical evaluations and the symptoms displayed by Oswald during the play that Ibsen was concerned in typical Naturalist fashion with this specific social problem. Aside from a wide consensus among literary scholars, medical doctors who have "diagnosed" the play, like Bäumler and Hübner cited here, recognize the unnamed malady of Oswald to be the dreaded venereal disease.

Thus the disease of syphilis is one of the ghosts which are the legacy of Captain Alving; it was his punishment for leading a sexually liberated life in a

repressive, life-denying society like that of nineteenth-century Norway. As in the Old Testament, his son Oswald can be doomed to further atonement by "a jealous God, visiting the iniquity of the fathers upon the children unto the third and fourth generation of them that hate me." (5th Commandment). In this worldly sense, where no transcendental perspective obtains, Oswald's venereal disease is a concretization of his father's promiscuity applied to his son by God or fate without consideration of his own personal life, virtuous or sinful.

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It is true that Oswald's Parisian doctor, having somewhat perfunctorily diagnosed his incipient syphilis as hereditary, readily changes his diagnosis to infectious when given the false information that Captain Alving led an exemplary life. Since this was admittedly a lie and Oswald's father is generally conceded to have had syphilis himself, the thesis that Oswald's disease is hereditary is maintained without further challenge throughout *Ghosts*. In line with the 19th century preoccupation with heredity as a crucial factor in human personality and behavior, Ibsen portrays other examples of the transmission of parental flaws and infirmities: Dr. Rank of Ibsen's previous play *Et dukkehjem* (*A Doll's House*, 1879) is like Oswald, doomed because of his father's dissipation, while in *Vildanden* (*The Wild Duck*, 1884) Hedwig's eye disease is inherited. As Davis points out, the effect of hereditary illness was even thought to be cumulative, increasing in severity from generation to generation, following a principle of Charles Darwin.<sup>1</sup> It is also relevant here that Ibsen planned to become a doctor and spent six years as an apprentice in a pharmacy.

It has often been pointed out by physicians and scientists interested in literature that Ibsen's knowledge of syphilis and his depiction of this disease in *Ghosts* was incorrect. Ibsen believed, like most in his day, that syphilis was hereditary, and that Oswald got it from his father at conception and that they are the only characters in the play with the disease, i.e., Mrs. Alving does not have

syphilis. Ibsen also believed that the brain paralysis which strikes Oswald at the end is the final result of the syphilis which Oswald had inherited from his father. In fact, none of these assumptions of Ibsen, essential to the intended statement of the play, is correct.

Rather than echo earlier objections to Ibsen's medical errors, I propose to investigate how the play's reading must be adapted in light of modern scientific knowledge. For earlier critics usually established the "bad science" of Ibsen, while maintaining piously that this of course in no way affects the stature of the work, or even its message, which remains valid in its own historical context. This strikes me as a dubious approach: since the literature of the past is full of misconceptions, such as racism, sexism, and national chauvinism, we must identify the personal, ideological, and scientific errors and proceed to seek a reading consonant with the intellectual and cultural level of today. We should neither submit to the level of understanding exhibited by the artist of the past, blindingly ignoring the work's implications, nor consign it to the *dustbin of history*.

My analysis will be based on two major aspects of our modern understanding of syphilis: its means of transmission, and the progress of the disease in an infected individual (Oswald's fatal attack).

In *Amors vergifteter Pfeil* Ernst Bäumler, a physician, has delineated the current (as of 1976) medical consensus about syphilis and its transmission. There is no inherited syphilis: an embryo is not infected either by the semen of its father or the egg of its mother. The infection occurs after conception through the wall of the placenta via fluids in the mother's body (syphilis connata). The mother even may have been infected after conception by the father or another sexual partner, but the mother must herself have syphilis for the baby to be born with the disease. Transmission of the disease may also occur during birth (syphilis acquisita intra partum). Neither of these methods of infection is a result of heredity (even though a parent is the infector), so that the terms hereditary or congenital are no longer used to refer to syphilis contracted before birth.

Infection before (or during) birth was called syphilis insontium (innocent) to distinguish it from acquisition of the disease during sexual contacts, syphilis pravorum (of the immoral or sinful). This suggests a certain disapproval of sexual activity per se. The disease may also be acquired during life aside from sexual activities through nonsexual or extragenital contacts, as with AIDS: contacts with an open wound or with bodily fluids, so that nurses, surgeons, even dentists often contracted syphilis from patients in the past.

Let us apply this information to the situation in *Ghosts*. Firstly, it is clear that Oswald did not inherit the disease from his father, but rather he may have been (indirectly) prenatally infected by him. An additional significant fact is that Mrs. Alving must be infected with the disease, destroying the assumption of the play that only father and son have this disease, while the mother remains pure (in a medical sense). The mother's being diseased is actually a prerequisite for prenatal infection. The East German doctor A. Hübner even maintains that Oswald's father never had syphilis himself, since the only evidence presented is the prudish and self-serving testimony of his wife. In practical terms of course, we can assume the conventional Mrs. Alving in all probability had sexual relations only with her husband, a man of wide sexual experience, so that father, mother, and son all have the disease when Oswald is born.

Far from being a "ghost" of the long deceased Alving's promiscuity and sinfulness, syphilis exists in the real world in present time on the stage, in the person of Mrs. Alving. Her necessary venereal disease is ignored by, or unknown to, many critics and the author in the emphasis on transmittal from male to male in successive generations. Mrs. Alving is not seen as a diseased person, but as one who is correctly, if belatedly, seeking self-realization and autonomy, like an older Nora of *A Doll's House*. Yet the symbolism of emancipation is seriously compromised by the fact that she has had syphilis in the past, although apparently in remission for many years.<sup>2</sup> It is generally accepted that Oswald inherits the disease from his father, leading to his final transformation into a vegetable state through brain paralysis at the end of the play. But we must consider the probability

of wider syphilitic infection caused by Captain Alving among the general population and the characters in the play. He not only fathered a son with his wife; he also fathered a daughter, Regina, in a relationship with a domestic servant, Joanna. The pregnancy of Joanna occurred subsequent to his marriage and the birth of his diseased son. If he infected his wife we may assume that he also infected the domestic Joanna and hence that the daughter born out of this seduction had syphilis as well. Both children of Captain Alving have different mothers who were exposed to syphilis and are as likely to have passed this disease on to their child in the prenatal stage.<sup>3</sup> Of course the play ignores this perspective of a second syphilis infection, presenting Regina not as a diseased person, but as the epitome of health and youthful vigor.

Since the seduced and pregnant servant girl Joanna was rescued from disgrace by an arranged marriage to a former admirer, the carpenter Engstrand, he may have contracted syphilis from his wife. Her early death could be read as an indication that she died of syphilis. Of course Engstrand himself also led a dissolute life and could have contracted the disease previously, or outside the chain. But that is conjecture; what is certain is that Engstrand became the husband of a woman who had a previous relationship, resulting in pregnancy, with a man who had syphilis.

Thus the venereal disease suffered by Captain Alving and avowedly transmitted to his son alone, can be established to be an actual or potential disease for four of the five characters in the play. Alving, dead for ten years, infected his own wife and son, and through the also deceased Joanna a second family of three persons, including his biological daughter and her nominal father, Engstrand. Naturally, any of these persons may have been resistant to the disease and naturally the disease may have remained latent for many years, so that the apparent health of the three apparently healthy figures does not preclude a future fate like that of the Alving father and son. Having replaced heredity in the play with transmission through sexual contacts and embryonic infection as modern science has taught, we have uncovered a probable network of infection around the known historic syphi-

litic person, Captain Alving. The new symbolic social world is one in which almost all characters are potentially diseased, living under a horrible death sentence, capable of infecting in turn all those with whom they have intimate relations.

Concerning Regina, Templeton writes "As much Alving's true heir as her half brother, she will perpetuate the line in a succeeding generation and perhaps, like her father before her, 'blight with plagues the marriage hearse'" (p.64).

Ronald Gray considers the fact that other characters besides Oswald and his father may have syphilis as a weakness of the play, a failure on Ibsen's part to think the matter through. "The medical situation is even more unlikely, it seems, but few spectators will know whether it is unusual for syphilis to be transmitted only to one child, and not to the other child or the mother..." (p.68). Richard Hornby similarly groups the probable further infection of characters in the category of "realistic errors" (p.122).

The only character in the play who may be safely assumed *not* to have syphilis either by sexual activity or by pre-natal infection is Pastor Manders, who is unmarried and almost certainly a virgin as well. Ibsen portrays this abstinence more as a flaw than a virtue. A puritan, Paulistic denial of the flesh is accompanied by an exaggerated concern with public opinion and respect. Manders' image as a God-fearing, saintly man led him to repulse Mrs. Alving when she fled to him after a year of unhappy marriage and to avoid all future social relations with the Alving family; even now, years after the death of her husband, he refuses to spend the night in her home.

Mrs. Alving's suggestion that the pipe-smoking Oswald resembles Manders rather than Captain Alving is not meant to suggest Manders could be Oswald's biological father through an act of infidelity, but rather to be evidence of the 19th century theory of telegony, or psychic inheritance, according to Carlson.<sup>4</sup>

In this society it is only the prudish, sanctimonious Manders who as an adult cannot have contracted the venereal disease, but who in his turn produced another virulent virus, that of the degenerate bourgeois institutionalized version of Christianity. Manders can easily be blackmailed by the crafty Engstrand because of

his fear of incriminating newspaper reports, he comments on Regina's physical ripening lustfully, and he joins with the diabolic Engstrand in the transparent project of the Sailors' Home, which is to mask a house of prostitution; in almost too explicit symbolism this Sailors' Home is to succeed the proposed orphanage as a memorial to Captain Alving.

Seen in this way, the society of *Ghosts*, which apparently provides a characteristic Naturalist study of heredity with a specific focus on venereal disease, appears as a society in which the only alternatives are spreading venereal disease or total abstinence in light of a compromised, sanctimonious Christian puritanism. These options are embodied in the two architectural memorials to the bringer of the infection to the locale, Captain Alving. The options available to the living characters are the degenerated *eros* of Engstrand and Regina, the Sailors' Home, and the repressed *eros* of Pastor Manders, the orphanage, destroyed by fire during the play itself.<sup>5</sup>

The love of life ("livsgleden"), or even the decision to partake of life fully, exemplified by a new positive evaluation of Alving's life and his widow's determination to follow this ideal, is undermined not only by Oswald's final collapse but by the general infection and vulnerability of all but Pastor Manders. Especially Regina, the surviving member of the new generation, is no young idealist breaking with conventional restrictions in bourgeois and Christian society, but a probable carrier and future disseminator of venereal disease, as she follows the unholy partnership of the pastor and the carpenter. Since there are hints she could marry Manders, there is even the prospect that the final holdout from syphilis in the cast may yet become a victim, thus creating a totally diseased social universe of all characters in the play.

In any case Manders will go on dispensing his own particular spiritual poison. Captain Alving and his counterpart Pastor Manders are men who make their society sick. The physical and spiritual poison goes out from male to female, from parent to child in widening circles. The infectors are men of authority and social standing; the victims are dependent women and children, and one man from the

working-class, the carpenter Engstrand. In *Ghosts* the interlocking physical pattern of sexual relations and the infection of embryos makes venereal disease an appropriate externalization of the wider social problem of the middle-class family and the class structure, with servants and other working-class persons drawn into the disease network of a highly-placed man, while his counterpart, the preferred alternate love object of Mrs. Alving, purveys his own spiritual variant of syphilis.

We may note James Joyce's witty poem "Epilogue to Ibsen's 'Ghosts,'" in which the ghost of Captain Alving claims the weak fool Pastor Manders was actually the father of the "blighted boy" Oswald, while he himself fathered the "bouncing bitch" Regina.

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But we have not yet considered the other major finding which emerges from our contemporary knowledge of syphilis. When the disease is contracted prenatally, by infection of the embryo through the placenta, symptoms of the disease occur soon after birth, usually within four to ten weeks. If the infant survives into childhood, this prenatal syphilis leads to brain paralysis at the average age of eleven, but at the latest by age twenty. When Oswald is suddenly struck with brain paralysis during the play, his age is thirty. His childhood is recalled to have been healthy, without any signs of venereal disease. Thus Oswald cannot be a victim of prenatal syphilitic infection, but must have contracted the disease through sexual activity in adulthood, doubtless during his years as an artist in Paris.

Now the question of whether Captain Alving (or his wife) had syphilis becomes irrelevant. Oswald must have contracted the disease independently of his father through adult behavior outside the supposedly infected family. While we may still accept Mrs. Alving's assertion that her husband also had syphilis, the only certain case of syphilis in the play's milieu is that of her son Oswald, since we see his paralytic collapse on stage. The chain of infections I suggested above may still be correct but it does not include Alving's son, as shown by the late arrival of his

fatal attack, excluding a prenatal source. The male succession chain of hereditary syphilis is definitively broken. The significance of Oswald's fate now seems to be that to break away from the strait-laced life style of provincial Norwegian middle-class life leads to the horrible punishment of syphilis.

As for parental "guilt" in the son's infection, it is not his father, now dead for years, but his mother who has caused Oswald's demise. She drove him away from the safe environs of home to prevent his learning of his father's untrammelled life style, unwittingly driving him into the same world of sexual freedom and physical pleasure she eschewed in his father. And although Ibsen and even Mrs. Alving (at this point in her life) champion a decision to participate in the joys of life, the play shows men who dare to act toward this goal punished by venereal disease with fatal results.

The contradiction in the play between the two aspects of our modern knowledge of syphilis delineated above, which by turns practically eliminate both congenital and acquired syphilis, led Davis to propose that Oswald is suffering not from neurosyphilis but from a mental disease, schizophrenia, which in its final stage of G.P.I., General Paralysis of the Insane, closely resembles the climax of syphilis in the patient. He sees this as the state of Oswald at the end of the play, suggesting that Ibsen introduced medical evidence throughout to support this interpretation,<sup>6</sup> although Davis conceded in an addendum in 1969 that the term schizophrenia is now outmoded.<sup>7</sup> Thus in reassessing the realities of the play in terms of the knowledge of syphilis now available, we see first that Ibsen's belief that syphilis was hereditary from father to child without involvement of the mother informed the intended symbolism of *Ghosts*, as epitomized by the title itself: the father "haunts" the son through the disease. When we now know that the transmission of the disease before birth necessarily requires the infection of the mother as well and that other sexual partners of the diseased parents (and their partners and children) also are subject to infection, the play may be analyzed as displaying a society in which all are infected, latent or active, except for the abstentious, probably virginal character of Pastor Manders. This was the first stage of my

analysis.

However, knowledge of the clinical course of syphilis contracted before birth proves that Oswald could not have gotten the disease from his father (or mother) and there is in fact no evidence that either of them had it. Now Oswald has contracted syphilis on his own through sexual liaison(s) in a world outside the family. Rather than a guilty father, the play shows a guilty mother, who drove her son into the sphere of endangerment. Freedom and autonomy and the pursuit of happiness lead to a horrible end, perhaps in the case of the father, but certainly in the case of the son. This is the second reading.

Actually the Parisian doctor's uncertainty and his changed diagnosis point to two separate features of our modern understanding of syphilis: (1) parental transmission (guilt), simply revised as coming not through the male semen but via the mother's body through the placenta or in birth, and (2) infection by the subject's own sexual activities. The latter is demonstrated conclusively in Oswald's case by the late appearance of the disease.

The imperfect knowledge of the disease of syphilis in 1881 led to a flawed statement in Ibsen's play, although Bäumler believes Ibsen should have been able to create a story with a higher degree of probability, even at that time. Application of correct scientific knowledge to the text provides other, somewhat surprising readings, which actually afford a more realistic view of social and sexual problems before the turn of the century, thus better serving Ibsen's didactic impulse, if losing some of the inevitability of Greek tragedy, which Ibsen and other Naturalists wanted to evoke.

It took over three and a half centuries after its appearance in Europe for medical science to understand fully the nature of syphilis, its transmission, and its effects on the human body. We are now still in the first decade of the appearance of at least as deadly a sexual scourge, AIDS. Despite great advances in science and medicine, we have little more understanding of AIDS than was acquired over centuries about syphilis. Misconceptions, superstitions, and prejudices prevent our dealing with this disease and its victims in society in a rational manner. There are

even worthless treatments and medications for AIDS, like the quicksilver believed to cure syphilis before Ibsen.

And of course literary attempts, such as *Safe Sex* by Harvey Firestein, produced in New York City, appear to enlighten or warn audiences of actual or potential victims. It is to be conceded that these contemporary literary treatments are based on a clearly identified and correctly labelled disease whereas Ibsen shrinks back from the nominal identification of Oswald Alving's disease, perhaps to allow a symbolic understanding, and was not able to describe the disease in an accurate or consistent manner. The artists of today who address AIDS, themselves sometimes doomed victims of the disease, are infinitely more knowledgeable and precise.

As I have tried to show, an incomplete understanding of the medical problem depicted will create literary works which are flawed, illogical, or misleading, incidentally compromising whatever literary worth they may have. Alternately, a play with a much better understanding of the disease, *Les Avariés (Damaged Goods)*, 1905) by Eugène Brieux, may still be a far inferior, quickly forgotten work, as Gray points out.<sup>8</sup>

Ibsen has taken a great subject, the effect of evil or sickness in one generation on the next, as prefigured in the Greek tragedy. He has produced great characters in his corrupt trio, the sanctimonious Manders, the calculating Regina, her father the sly hypocrite Engstrand, who combine to replace an orphanage with a house of ill repute, while both Mrs. Alving and her son spectacularly fail to achieve their potential of emancipation from the claustrophobic family estate, or the legacy of the dead Captain Alving. The Alving family itself will be extinguished with the fall of its only son Oswald. Norway, the middle class, and Christianity are also discredited in this portrait of a disease which spreads beyond its nominal carriers, the Alving father and son, to envelop most of the characters. The physical sickness of the father in one reading parallels the spiritual sickness of the mother in another reading, either leading to the downfall of the son. In either case there are wider social implications beyond the fate of the individual family Alving.

With my analysis *Ghosts* becomes more pessimistic than Greek drama, which isolated evil in a single individual or constellation, leaving society in general without guilt, able to regenerate after the fall of the great ones. The wide-spread infection of society which I have posited, while not foreseen by Ibsen, corresponds to the general corruption he portrays in other social dramas, like *En Folkefiende* (*An Enemy of the People*, 1882), which followed *Ghosts*.

Only a work of the stature of Ibsen's *Ghosts* could be expected to withstand the subsequent application of correct scientific analysis to which I have subjected it, and still to produce interesting readings and realignments of its social world. Sophocles' *Oedipus* was able to survive Freud's use of it to describe the Oedipus Complex. The effect of the medical corrections on the text is not to make it useless or obsolete but to open new perspectives perhaps not specifically intended by the dramatist, but implicit in his text.

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## Notes

- 1.Davis, p.373.
- 2.For confirmation of my maternal infection theory, see Meyer, p.488.
- 3.For this finding it is irrelevant that Ibsen thought the disease was inherited directly from the father rather than through an infection transmitted from the mother's body; the probability of either child contracting it is the same, if we disregard the ten years which elapse between the birth of Oswald and Regina.
- 4.Carlson, p.778.
- 5.Terms used by Brian Johnston, p.179.
- 6.Davis, pp.372-376.
- 7.Ibid., p.383.
- 8.Gray, pp.82-83.