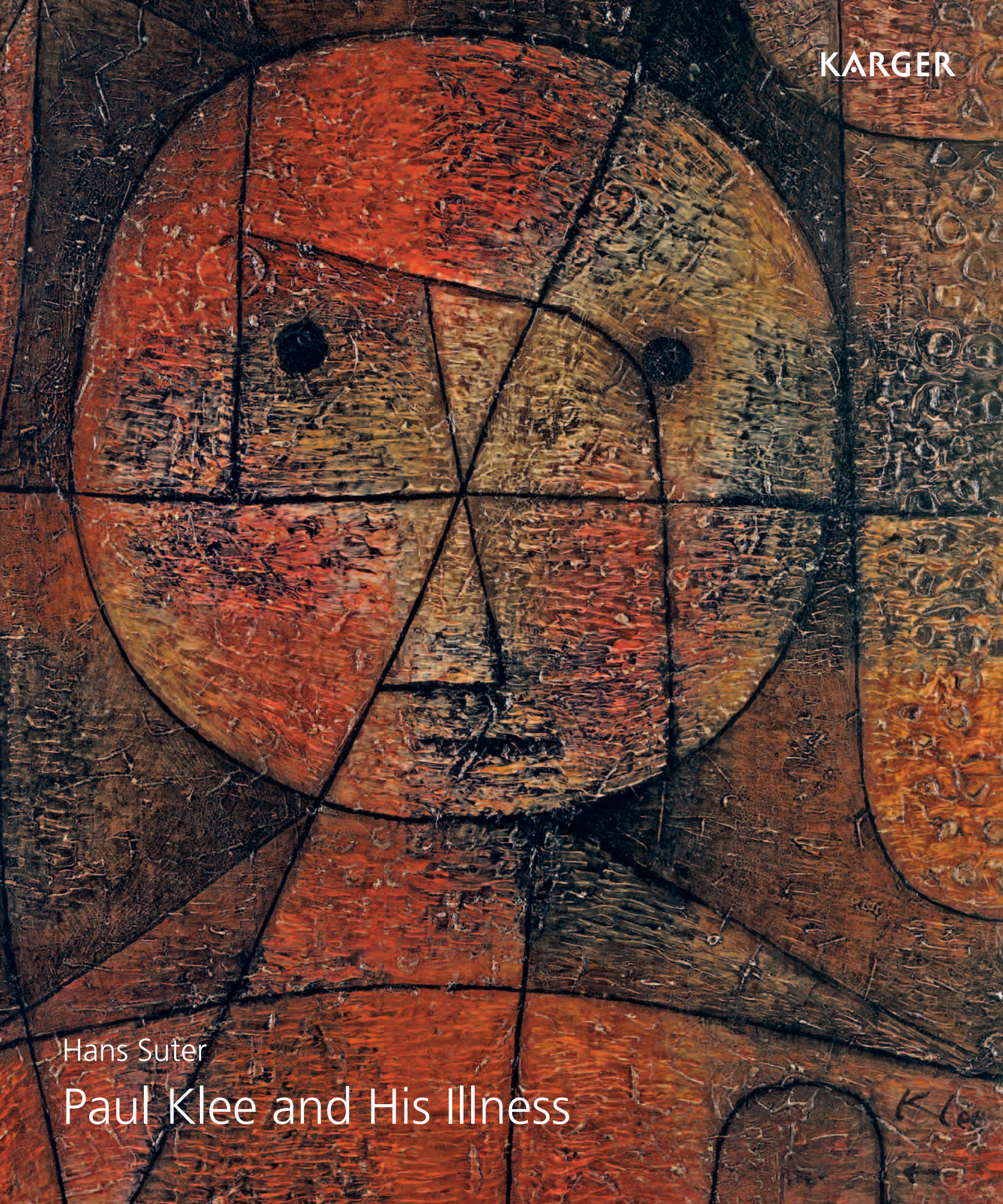

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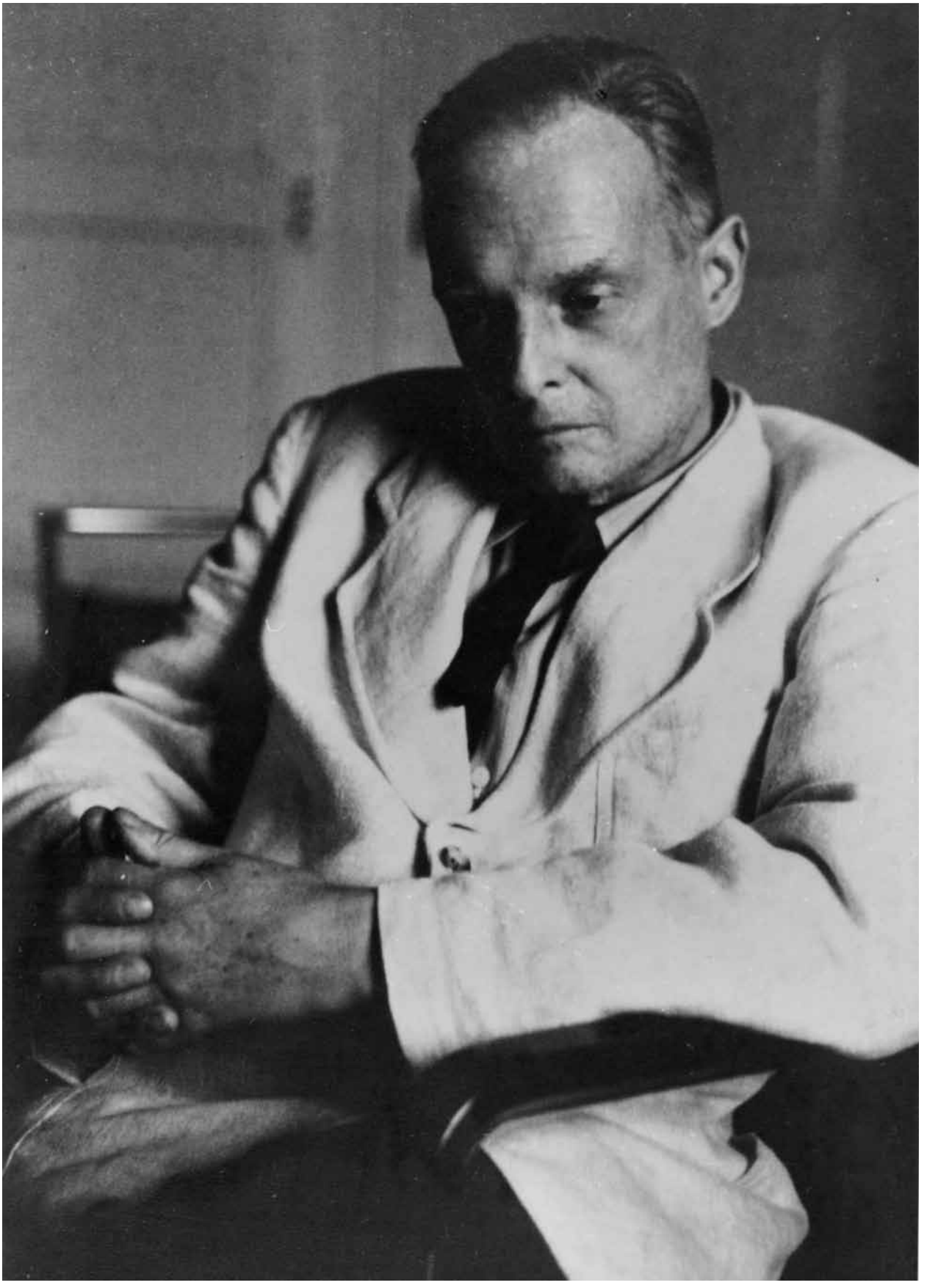
Paul Klee and His Illness



Hans Suter

Paul Klee and His Illness

Bowed but Not Broken by Suffering and Adversity

Translated from the German
by Gill McKay and Neil McKay

186 figures, 77 in color, and 2 tables, 2010

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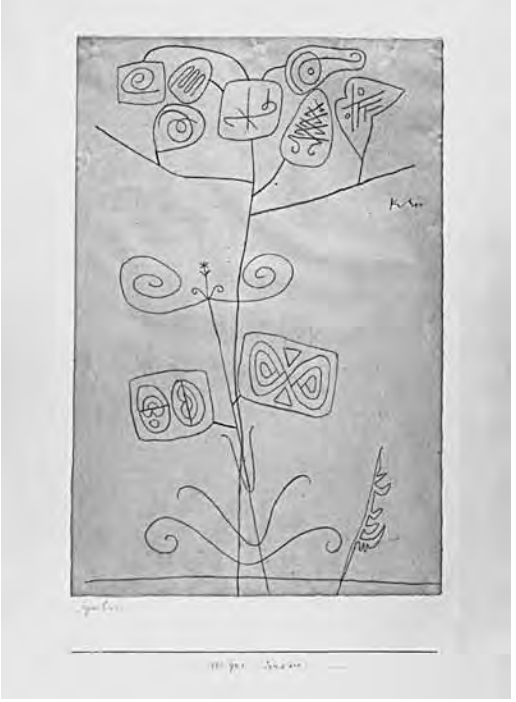

Fig. 1. Symbiosis, 1934, 131

For my wife Marlis Suter-Trächsel
and our daughters Maja Wassmer-Suter
and Christa Zaugg-Suter

In loving memory of our son and brother
Gerhard Suter (1963–1986)

And for my teacher and friend
Professor Dr. med. Alfred Krebs

Preface

As the grandson of Paul Klee, faced with writing a preface to such a meticulously researched and written book and commenting on the tragedy contained in its pages, I find myself delving into a story that is really only relevant to me from a historical perspective. Sadly, I never had the chance to know my grandfather personally, but I have been able to draw on a whole latticework of personal memories. These memories are not directly linked to Paul Klee's illness, but they are a product of my parents' recollections and reflections on what they experienced. They were forced to stand by helplessly, watching and sharing in the artist's inevitable decline towards death. As a child growing up, I was not really able to fully understand my parents' stories and conversations about 'Buzzi'. But I gained a realization of the mystery of death and the artist's awareness of his own mortality, and this made an impression on me and preoccupied me during my formative years. For example, I was impressed by his determination to continue to achieve as much as his remaining time on earth would allow. Paul Klee still had so much more to say, and he knew it.

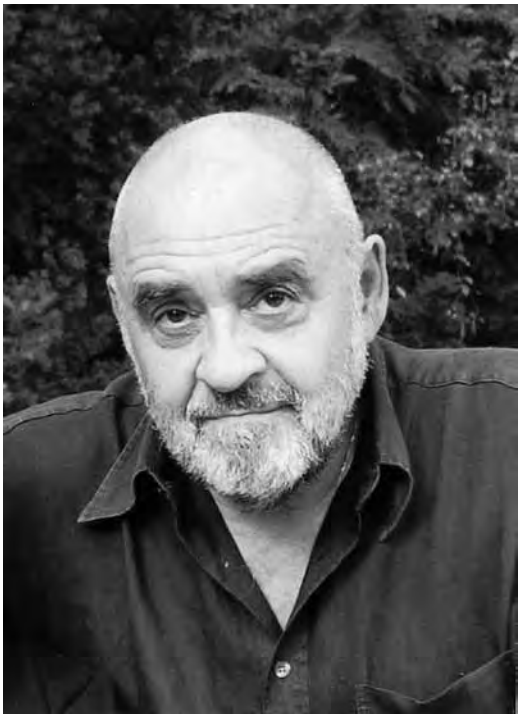

Fig. 2. Aljoscha Klee

His later work, which was not only influenced by his illness, but which was done in defiance of that illness, is surely one of the most brilliant demonstrations of how suffering and sadness can be overcome through art and imagery, and in which, despite everything, irony can still shine through. I welcome this book as an important and sensitive contribution towards the appreciation of Klee's later work.

Aljoscha Klee

Foreword

Fig. 3. Dr. Hans Christoph von Tavel, PhD

This publication occupies a special place amongst the many scholarly works on Paul Klee, as it fills a big gap in the studies done so far on an artist who is considered so important in the artistic and intellectual history of the 20th century. The subject of his illness has been brought up regularly in discussions of his later work, but for the most part without any specialist medical knowledge. Conversely, medical studies on the final years of the artist, who died in 1940 aged 60, often suffer from a lack of accurate research into the fateful progress of his illness and from a lack of knowledge about Klee's artistic work. The latter has only recently been catalogued in its entirety.

Hans Suter, who worked in Thun and its surrounding area as a specialist in dermatology and venereology, has been a collector and patron of the visual arts for decades. He began his research into the nature and development of Klee's illness more than 30 years ago. The lack of a medical history and the fact that the artist's death happened several decades earlier meant it was necessary to undertake extensive research. This was made particularly onerous by the fact that most of Klee's doctors, friends and collectors, as well as those who witnessed his illness, had by then also died. The artistic and human isolation that Klee suffered in Bern even before the outbreak of his illness – he was forced to leave Germany in 1933 – complicated matters even more. The author meets these challenges with profound medical knowledge, a comprehensive study of relevant literature and origi-

nal source material, careful historical research and interviews with Klee's son Felix, other surviving contemporaries, and descendants of Klee's circle.

Doctors and local historians will be fascinated by this book's new insights into everyday medical practices in the university city of Bern in the 1930s, while art historians and art lovers will be absorbed by the newly discovered links and may make further links between the artist's work and his illness.

Hans Christoph von Tavel

Fig. 4. This star teaches bending, 1940, 344

Introduction

'This star teaches bending' is the telling title of a work on paper which Paul Klee completed in the year of his death. This brilliant artist lived the last few years of his life in Bern, but they were years which were overshadowed by a dark star. In 1935 Klee suffered a variety of setbacks and became seriously ill. Although he never recovered from this illness, he always maintained his love of life, facing his suffering with a trenchant 'so what?' But by 1940 he had to accept that there was no hope of a cure or any improvement in his health. The star had taught him to bend to the blows of fate.

Paul Klee died in 1940 at the age of 60. He died of a mysterious disease which at the time remained undiagnosed: the symptoms included changes to the skin and problems with the internal organs. It was only 10 years after the artist's death that the illness was actually given a name in writings about Klee. The art dealer Daniel-Henry Kahnweiler wrote in a publication: 'His health was undermined for years by a terrible disease – a kind of skin sclerosis, which in the end was to carry him (Paul Klee) off'.[1] Four years later, the Klee biographer Will Grohmann wrote in his 1954 monograph: '[…] it turned out to be a malignant disease (scleroderma), a drying-out of the mucous membranes which was little known in medical circles. After five years it spread to his heart and led to his death'[2]. We still have no idea where Kahnweiler and Grohmann got this information. It is strange that the diagnosis appears in neither the correspondence between the two married couples, Paul and Lily Klee and Will and Gertrud Grohmann,[3] nor in Lily Klee's memoirs[4] which were written from 1942. The illness is also not identified in the notes published by Felix Klee, Paul and Lily's only son, on his parents.[5] Today it is no longer possible to ascer-

1 Kahnweiler 1950, p. 23. I thank Walther Fuchs, MA, for the reference.

2 Grohmann 1965 (4th ed.), p. 84.

3 Will Grohmann Archive at the Stuttgart State Gallery: 103 letters, 35 postcards and 1 telegram from Lily and Paul Klee to Will and Gertrud Grohmann, for the period July 4, 1929 to September 13,1946.

4 Klee [from 1942] (p. 258).

5 Notably Klee 1948 and Klee 1960/1.

Fig. 5. Lily Klee-Stumpf, 1906

Fig. 6. Paul and Lily Klee with Bimbo the cat, Bern, 1935

tain where the diagnosis of 'scleroderma' for Paul Klee's illness originated,[6] and more recently the diagnosis has been called into question in medical circles.[7]

In 1979, Professor Alfred Krebs, who at that time was Professor of Dermatology and Venereology at the University of Bern Skin Clinic, instigated research into Paul Klee's illness. We talked to the artist's son[8] (see above) and the descendants of the now deceased doctors in Bern who treated Paul Klee or who were close to him: General Practitioner, Dr. Gerhard Schorer[9] and his locum, Dr. Max Schatzmann,[10] his boyhood friend, associate professor Dr. Fritz Lotmar,[11] and his consultant, Professor Oscar Naegeli.[12] We also spoke to Sister Virginia Bachmann, head of the Clinica Sant' Agnese in Locarno-Muralto,[13] where the artist died on June 29, 1940. As patients' records are only kept for 10 years, there was little hope that, nearly 40 years on, any trace of his medical history would remain, and unfortunately this was the case. So I had further lengthy conversations with Felix Klee[14], Max Huggler[15] and other people who knew the artist personally[16] or who could possibly contribute something with regard to his illness.[17] Professor Krebs got in touch with the management of the Tarasp sanatorium in Unterengadin,[18] where Klee went for treatment in 1936. He also checked the archives at the Bern Dermatology Clinic, where the painter consulted with Professor Oscar Naegeli in the same year.[19] We made enquiries at the Institute for Diagnostic Radiology at Bern University to find out whether Paul Klee had undergone any tests or X-rays. However, as expected, there was no evidence of any medical records, X-ray pictures or analyses.[20] I contacted both the administration and a former chief physician at the 'Centre Valaisan de Pneumologie' in Montana, as well as the local government of Montana and the canton administration in Sion to find out whether there was a patient file on Paul Klee for the year 1936 – he was recuperating at the 'Pension Cécil' in Montana at that time. I was informed that this pension was separate from the lung sanatorium, and it was not possible to track down any medical records for Paul Klee.[21] Ms. Diana Bodmer, the daughter of Dr. Hermann Bodmer, who was the last doctor to treat the artist in Locarno, was also unable to bring us any further forward.[22]

6 Felix Klee told the author on September 20, 1983 that he did not know who had hazarded this diagnosis after the death of his father, and his mother also had no idea. The author's research to date has also failed to throw any light on this matter.

7 Cf. Castenholz/ML 2000, pp. 144–148.

8–20 See Appendices: Research into Paul Klee's Illness (p. 264 f).

21–22 See Appendices: Research into Paul Klee's Illness (p. 265).

The only piece of laboratory evidence that we have is the result of a urine test carried out at the Clinica Sant' Agnese in Locarno-Muralto during Klee's final days. This was sent to Professor Alfred Krebs by Sister Virginia Bachmann in 1979.[23]

I have been fascinated by Paul Klee and his art since my adolescence, and this spurred me on to continue my research. Would I ever get a clear picture of the artist's illness? I was keen to find out whether there was any evidence to support or contradict the assumptions about his illness, so I studied notes and letters from the painter himself, from family members, friends and acquaintances, and also documents from the Paul Klee's Estate. Felix Klee gave me copies of the extensive correspondence between his parents (particularly Lily Klee) and Will and Gertrud Grohmann, much of which was previously unpublished.[24] These documents helped me to piece together an idea of the course of the illness and some of the symptoms, and Felix Klee filled me in on other important facts during our conversations.[25] I was also helped in my research by the Bern-based Klee specialists and art historians Michael Baumgartner, Stefan Frey, Jürgen Glaesemer, Josef Helfenstein, Christine Hopfengart, Max Huggler, Osamu Okuda and Hans Christoph von Tavel, the nephew of Dr. Gerhard Schorer, who all provided me with invaluable information. The administrator of the Paul Klee's Estate, Stefan Frey, was always ready to help with my research, and kindly put at my disposal an extensive, unpublished set of excerpts from letters.[26] His exhaustive work on the documents gave me a solid foundation for my work.

I also studied the extensive literature on Paul Klee,[27] particularly his diaries from 1898 to 1918 and other writings by the artist and his son Felix Klee. Other helpful literature included: Will Grohmann's seminal monograph, along with that of Carola Giedion-Welcker, Max Huggler's perceptive work, Jürgen Glaesemer's excellent texts and the collection catalogues he put together for the Paul Klee Foundation in Bern, as well as this foundation's catalogue of works, Stefan Frey's detailed chronological biography of Paul Klee, 1933–1941 (Frey 1990), 'Erinnerungen an Paul Klee' (Memories of Paul Klee), by Ludwig Grote (Grote 1959), and a perusal of many exhibition

Fig. 7. Dr. h.c. Felix Klee, 1940

[23] See Appendices: Research into Paul Klee's Illness (p. 265).

[24] See note 3 (p. 11) for details of the correspondence.

[25] Conversations with Felix Klee, Bern, with Prof. Alfred Krebs and the author, Bern, November 9, 1979 and July 23, 1981, also with the author alone, Bern, September 20, 1983.

[26] Cf. Frey Zitate (quotations), pp. 1–35.

[27] See bibliography, pp. 254–258.

Fig. 8. Dr. Will Grohmann, PhD, and Gertrud Grohmann, 1935

Fig. 9. Dr. Max Huggler, PhD, 1944

catalogues and press reviews. Also invaluable was the groundbreaking book 'Krankheit als Krise und Chance' (Illness as Crisis and Opportunity) by Professor Edgar Heim (Heim/ML 1980). I am also grateful for the specialist advice given to me by Professor Peter M. Villiger in his fields of rheumatology, allergology and immunology.

To date, Paul Klee's illness has been largely ignored by the medical profession, hence my desire to fill the gap in our knowledge. In all the literature on Paul Klee, there is still no extant specialist assessment by a dermatologist.

In 1978, the President of the 'Società Ticinese di Belle Arti', Sergio Grandini, asked the then chief physician of the medical department of the Clinica Sant' Agnese in Locarno-Muralto, Dr. Enrico Uehlinger, to investigate the illness and death of Paul Klee in this clinic. Unfortunately nothing came of this, as Dr. Uehlinger surmised that records were possibly handed over by the clinic to a Japanese researcher.[28] However, Osamu Okuda, art historian at the Paul Klee Foundation, Museum of Fine Arts, Bern (now research associate at the Zentrum Paul Klee, Bern), told me that this was not the case, and that the Japanese in question was called Sadao Wada.[29] He said Wada was at the Clinica Sant' Agnese in 1974 and had in fact made his own investigations, but these also turned out to be fruitless. He published his findings in 1975 in a Japanese art journal under the title 'The Last Moments of Paul Klee'.[30] It mainly contained photographs of the house where the Klees lived in Bern, Klee's tomb in the Schosshalden cemetery in Bern, the Viktoria Sanatorium in Locarno-Orselina and the Clinica Sant' Agnese in Locarno-Muralto. Wada also photographed the room where the artist died and the view from this room.

[28] Cf. letter from Dr. Enrico Uehlinger, Locarno-Minusio, to Sergio Grandini, Lugano, April 6, 1978 (ZPKB/SFK).

[29] Osamu Okuda told the author on November 1, 1998: Sadao Wada was a Japanese employee of the Berlin branch of the Bank of Japan, and was an admirer of Paul Klee and his work.

[30] Wada 1975. I thank Osamu Okuda for this information. See also Wada, Sadao, Paul Klee and his Travels, Tokyo 1979.

In my work I have the following basic objectives:

- To collect as far as possible all the information which still exists on Paul Klee's illness
- To reappraise the hypothetic diagnosis of 'scleroderma'. Could it in fact have been another disease?
- To consider whether his illness had an influence on his psyche and his creative work
- To look at Paul Klee's later works in the light of his personality, social environment, his illness and his imminent demise

In Chapter 2 I have tried to write about the medical facts in a way which is understandable to the layman, and I hope that when reading Chapters 3–6, my readers will be infected by some of the fascination that I feel for the great man and his work.

Fig. 10. Dr. Jürgen Glaesemer, PhD, 1987

Fig. 11. Marked man, 1935, 146

Notes on Interpreting the Works of Art

Paul Klee had a very vivid imagination, and his art works and their titles in turn ignite the imagination of his viewers, adults and children alike. Upon finishing a piece of work, Klee would give it a pithy title. In the title he liked to give a pointer to help interpret his work, and at the same time he was very creative in his use of language. It is quite a feat of imagination that in around 9,800 works he very rarely repeated a title.

However, the titles still leave room for individual interpretation of the paintings and drawings. Klee was quite clear about this, saying to his viewers: 'At the end of the day […], the signatures [by which he meant the picture titles] give a sense of my direction. But it's up to you whether you decide to go my way, whether you take your own route – or whether you just stand still and decide not to come along at all. Don't mistake the signature for an intention'[31]. In this respect, Will Grohmann was of the opinion that 'He [Klee] tended to distance himself from his work, and talked about it as if it belonged to someone else. He was rarely satisfied; sometimes he would hint that there was a mistake and would challenge us to find it with an impish grin. But he would also tell us when he was feeling proud of certain works for one reason or another. When visitors came, he liked to take the opportunity to look at his latest output, which he otherwise didn't take the time to do, and he inwardly expected his visitors to offer some objective criticism, or at least give a sign that they understood what he was trying to do. But he bemoaned the fact that most of them 'didn't add anything', they just viewed his work with silent enjoyment. He was keen to find out the effect of his works-in-progress, the feelings and ideas they aroused; he needed this as a kind of checkup, but he was not at all unhappy if the viewer's train of thought went in a totally different direction to his own. He knew this was a possibility and said 'I'm surprised, but I find your interpretation just as good as and perhaps even better than mine'[32].

Because of these comments quoted above, I have allowed myself to attempt some personal interpretation of his works. I do not in any way claim that my interpretations have any general validity, and must stress that I am not an art historian.

[31] Geist, Hans-Friedrich, in: Grote 1959, p. 87.

[32] Grohmann 1965, p. 64 f.

I wrote down my ideas spontaneously after in-depth viewing of his works. At times I may have projected too much into a picture, and I beg the reader for forgiveness if my imagination sometimes runs away with me.

Ultimately, the 'soul' of every work of art remains the artist's own secret. Klee came up with an apt metaphor in this respect: 'Art is a parable of Creation. The bond with optical reality is very elastic. The world of form is master of itself, but in itself is not art at the highest level. At the highest level there is a mystery which presides over ambiguity – and the light of intellect flickers and dies.'[33]

In this book, the illustrations showing Paul Klee's works are mostly arranged in chronological order, so that we seem to be watching scenes from a film about the last seven years of the artist's life.

Fig. 12. Ecce ...., 1940, 138

[33] Quoted from Klee 1960/1, p. 251, and Klee 1960/2, p. 101.

2. Paul Klee's Illness

First Symptoms – Persistent Bronchitis, Pneumonia, Pleurisy and Permanent Fatigue

Paul Klee's illness first reared its head in the summer of 1935. The artist had never before suffered ill-health 'apart from a few childhood illnesses'[72], but at the end of August he caught 'a bad cold'[73]. Lily Klee reported that he had suffered badly from persistent and deep-rooted bronchial catarrh.[74] Paul Klee felt constantly tired.[75] But he didn't seek medical help until later, when he noticed that his body temperature was slightly elevated in the evenings. On October 21, 1935,[76] thanks to the intervention of his school friend, the Bern neurologist Dr. Fritz Lotmar, he visited the internist Dr. Gerhard Schorer.[77] The latter observed that 'the heart was not functioning properly',[78] and ordered complete physical rest.[79] But Klee's condition continued to deteriorate, and from October 25 he was confined to his bed.[80] From November 15 to 17 he had a high fever (over 39°C); Dr. Schorer suspected lung complications[81] – probably pneumonia and pleurisy. There were no antibiotics, so Paul Klee had to rally his powers of resistance and try to beat the illness on his own. But he was in a very weak state.[82] It was also not yet possible to take an X-ray of his lungs and heart.[83]

72 Letter from Lily Klee to Daniel-Henry Kahnweiler, Bern, November 30, 1935 (location unknown): 'My husband was never ill, apart from in his early childhood, and this is why the disease affected him so badly. He was unlike other people who often have something wrong with them, and who as a result build immunity against such attacks.' And letter from Lily Klee to Gertrud Grote, Bern, January 12, 1936 (ZPKB): 'My husband had never been seriously ill, so when the illness came, it felled him like a tree.'

73 Letter from Lily Klee to Gertrud Grohmann, Bern, October 11, 1935 (AWG).

74 Cf. letter from Lily Klee to Will Grohmann, Bern, October 23, 1935 (AWG).

75 Cf. letter from Lily Klee to Dr. Gerhard Schorer, Bern, March 8, 1936 (photocopy ZPKB/SFK).

76 Klee 1935/1936 (p. 258), p. 1: '21. X. evening 37.6 (at the doctor's)'.

77 Cf. letter from Lily Klee to Will Grohmann, Bern, October 23, 1935 (AWG), and cf. letter from Lily Klee to Gertrud Grohmann, Bern, November 23, 1935 (AWG).

78 Letter from Lily Klee to Will Grohmann, Bern, October 23, 1935 (AWG).

79 Cf. ibid.

80 Klee 1935/1936 (p. 258), p. 2: '26. X. in bed', cf. letter from Lily Klee to Nina Kandinsky, Bern, November 3, 1935 (BK/CGPP), cf. letter from Lily Klee to Rudolf Probst, Bern, November 10, 1935 (PBD), and cf. letter from Lily Klee to Daniel-Henry Kahnweiler, Bern, November 22, 1935 (location unknown).

81 Cf. Klee 1935/1936 (p. 258), p. 4, cf. letter from Lily Klee to Gertrud Grohmann, Bern, November 23, 1935 (AWG), and cf. letter from Lily Klee to Rudolf Probst, Bern, November 26, 1935 (PBD).

82 Cf. letter from Lily Klee to Daniel-Henry Kahnweiler, Bern, January 4, 1936 (location unknown).

83 Cf. letters from Lily Klee to Will Grohmann, Bern, December 2, 1935, and December 29, 1935 (AWG), and cf. letter from Lily Klee to Gertrud Grohmann, Bern, March 29, 1936 (AWG).

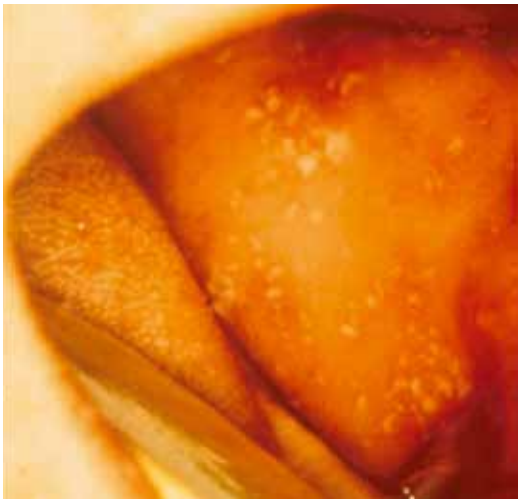

Fig. 30. Measles: 'Koplik's spots', small white spots on the inside of the mouth. I thank Prof. Christoph Aebi for the photo.

Fig. 31. Measles: rash with red spots over the whole body, including the face. I thank Prof. Christoph Aebi for the photo.

Measles?

Coinciding with the high fever in mid-November 1935, Paul Klee apparently came out in a short-lived rash all over his body. The German artist Otto Nebel (who also lived in Bern) writes in a letter to Lily Klee on November 20, 1935: 'Thank goodness the doctor is such an excellent diagnostician. It is very odd that he should catch the measles – and even stranger that we can't work out how he got infected.'[84] It is not clear from the letter how Nebel came by this information. The skin rash was not described in any more detail. It's curious that Lily Klee doesn't mention the 'measles' until three months later in a letter to Nina Kandinsky, the wife of Wassily Kandinsky: 'I don't know whether I told you that he [Paul Klee] has had the measles really badly. In older age, measles is a very serious complaint and can lead to severe complications – this is what has happened to my husband. He has been ill for four months (!).'[85] In March 1936 she tells Emmy Scheyer the same thing.[86] In April 1936 it was possible to have an X-ray examination, and eight days later she writes to Will Grohmann: '[…] it was chronic double pneumonia caused by the measles (!). The doctor made this diagnosis earlier.'[87] We can assume that Lily is referring to the diagnosis of 'chronic double pneumonia' and not to the measles. She tells Nina Kandinsky: 'He has had prolonged chronic double pneumonia (caused by the measles).'[88] However, in 1936 Paul Klee started to experience other changes to his skin, so Dr. Schorer referred him to Professor Naegeli, a specialist in dermatology. Immediately after this consultation, Lily told Will Grohmann: 'The doctors now think it wasn't the measles!! So what was it?'[89] Felix Klee could not tell us anything concrete about his father's 'measles', as he was working as an opera director in Germany at the time.[90] In an interview with Sabine Rewald he could only add: 'We always thought it [the illness] was a result of the measles, but the dermatologists disputed this.'[91]

So did Paul Klee actually have measles in the middle of November 1935, or was there some other reason for his skin rash?

Measles has characteristic symptoms which are normally easy to diagnose: initially these include sore throat, catarrh, runny nose, conjunctivitis, light sensitivity, tiny white spots on the

[84] Letter from Otto Nebel to Lily Klee, Bern, November 20, 1935 (ZPKB/SFK).

[85] Letter from Lily Klee to Nina Kandinsky, Bern, February 13, 1936 (BK/CGPP).

[86] Cf. letter from Lily Klee to Emmy Scheyer, Bern, March 8, 1936 (NSMP).

[87] Letter from Lily Klee to Will Grohmann, Bern, April 9, 1936 (AWG).

[88] Letter from Lily Klee to Nina Kandinsky, Bern, April 14, 1936 (AWG).

[89] Letter from Lily Klee to Will Grohmann, Bern, October 29, 1936 (AWG).

[90] Personal communication, Felix Klee to the author, Bern, September 20, 1983.

[91] Klee 1989, p. 47.

inside of the mouth ('Koplik's spots', fig. 30), mild fever which after three to five days suddenly develops into a high fever up to 40°C, and the characteristic measles rash, where the entire body and face are covered in red spots (fig. 31). After three or four days the fever subsides and the rash disappears. In the recovery phase which follows, the skin starts to peel very finely, except on the hands and feet (fig. 32).[92] Lily Klee asked a friend, Ju (Juliane) Aichinger-Grosch, to stay with them to help nurse Klee through his illness. She spent several months with the Klees from the end of November 1935 and made the following comment: 'Klee's whole body was peeling like in a bad case of scarlet fever.'[93] This is an interesting observation, as in cases of scarlet fever, large pieces of skin tend to peel off the trunk and particularly the palms of the hands and soles of the feet six days to six weeks after other symptoms have subsided.[94] Lily Klee doesn't mention anything about peeling from the hands and feet. Besides, scarlet fever can easily be distinguished from measles: in scarlet fever the fever is generally very high, with tonsillitis, inflamed pharynx and 'strawberry tongue', and the rash consists of very fine, tiny, red spots which do not run together as in measles.[95] We have to qualify the remark that Ju Aichinger-Grosch made in 1959; it seems highly unlikely that Klee was suffering from scarlet fever in 1935.

In terms of differential diagnosis, a drug-induced exanthema should be considered, i.e. a rash covering a large area caused by an adverse reaction to a drug which has been ingested or injected. These eruptions often look like measles, scarlet fever or rubella (fig. 33). They can also cause fever and subsequent skin peeling. Professor Alfred Krebs, an internationally renowned specialist in drug-induced exanthema, thinks this is the most likely cause of Paul Klee's rash in November 1935.[96] It is interesting to note that one year later, in November 1936, Paul Klee had a feverish reaction to injections. His wife wrote about this to Hermann and Margrit Rupf: 'It has now been definitely confirmed that the fever was a result of the injections. […] The fever lasted 3 days until Sunday morning, and it was a really high fever.'[97] It is also interesting to note that a few weeks before his death, the artist was afflicted by a rash similar to the one he had in 1935. Lily told

Fig. 32. Fine flaking of the rash as it starts to fade, associated both with measles and drug-induced exanthema

Fig. 33. Rash caused by drug-induced exanthema (as a result of oversensitivity to a drug)

92 Cf. Pschyrembel/ML 1998, p. 987 f.

93 Aichinger-Grosch 1959, p. 52 f.

94 Cf. Pschyrembel/ML 1998, p. 1412.

95 Cf. ibid., p. 1411 f.

96 Verbal communication, Prof. Alfred Krebs, specialist in skin diseases, venereology and internal medicine, Bern, to the author, Bern, June 1, 2003, after thorough study of all relevant data.

97 Letter from Lily Klee to Hermann and Margrit Rupf, Bern, November 25, 1936 (HMRS).

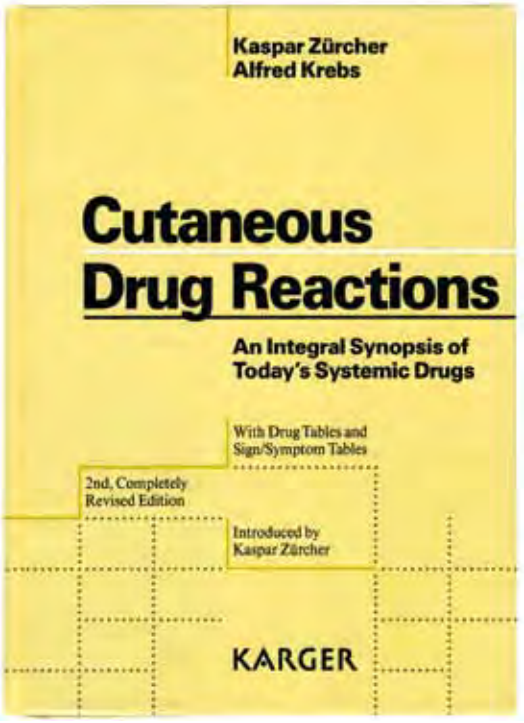

Fig. 34. Handbook by Dr. Kaspar Zürcher and Prof. Alfred Krebs on skin reactions to internal drugs (English edition 1992)

Will Grohmann in July 1940: 'The skin rash appeared again, a little less severe but basically the same as the one he had 5 years ago, right at the start of this terrible illness.'[98] Was it another drug-induced exanthema? Was it perhaps caused by the same drug as in 1935, or at least by another chemically related drug with similar allergenic properties?

We can perhaps throw some light on this by studying three entries in Paul Klee's temperature chart which Lily Klee kept from October 1935 until April 1936. On November 5, 1935, Lily noted his morning temperature as 'morning 36.7' and next to it 'doctor' (fig. 35) – probably a visit by Dr. Schorer during the morning – and his evening temperature as 'eve. 37.5', adding next to it 'Theominal' (fig. 35).[99] She noted another doctor's visit on November 8 and the remark 'new medication' (fig. 35).[100] She recorded the next doctor's visit on November 12, along with a prescription for the evening: '2 x powder and Theominal'.[101] The 'powder' probably refers to the 'new medication' mentioned on November 8. Another doctor's visit is noted in the temperature chart on November 14, 1935.[102]

The drug 'Theominal' is no longer available. It was produced by Bayer and consisted of a mixture of theobromine and luminal in a ratio of 10:1. It was used in the treatment of cardiovascular disease. The theobromine is no longer in common use; however luminal (a barbiturate, active ingredient phenobarbital) is still used as a sedative/hypnotic and in the treatment of febrile seizures and epilepsy.[103] It is now known that bromines (which also occur in sedatives/hypnotics and cough medicine) sometimes cause adverse reactions in the form of acne, papules, ulcers and rashes with tiny spots of blood.[104] Barbiturates can also cause drug-induced exanthema, particularly maculopapular rashes and urticaria.[105] So it is quite possible that the luminal contained in the Theominal triggered an allergic reaction in Paul Klee in the form of a measles-like rash. An allergic reaction could also have been caused by the unknown 'new medication' in powder form which Klee took for the first time on November 8, 1935. Apparently, the rash first appeared ten days after the first dose of Theominal and seven days after first

98 Letter from Lily Klee to Will Grohmann, Bern, July 7, 1940 (AWG), quoted in Frey 1990, p. 124.

99 Klee 1935/1936 (p. 258), p. 3.

100 Ibid.

101 Ibid., p. 4.

102 Ibid.

103 See Appendices: Composition of and Medical Indicators for the Drug 'Theominal' (p. 267).

104 Cf. Zürcher and Krebs/ML 1992, p. 268 f.

105 Cf. Zürcher and Krebs/ML 1992, p. 164 f.

taking the 'powder'. This is a typical incubation period for allergies.

It is still not clear whether Dr. Schorer actually saw Klee's rash. Lily's notes in the temperature chart indicate that Paul Klee visited Dr. Schorer on October 21 and 25, 1935 ('at the doctor's') and that Dr. Schorer visited his patient on October 29 and on November 1, 5, 8, 12 and 14 ('doctor').[106] Other possible visits are not recorded. We can pinpoint the rash as occurring during his high fever between November 15 and 17. Dr. Schorer would surely have noticed the typical measles symptoms during the three-to-five day preliminary phase of the rash (see pages 40 and 41) when he made his visit on November 12. He was, after all, a very experienced and distinguished physician. So it seems highly likely that he in fact never saw the short-lived rash, but only saw his patient after it had disappeared. And, as previously mentioned, the high fever could have been linked to the pneumonia and pleurisy.

There is little evidence to suggest that measles is an accurate diagnosis. The artist Otto Nebel mentions in a letter that Paul Klee had measles, but without specifying further (see note 84), and Lily does not mention it in her letters until three months later – also without any medical verification. What is more, Lily wrote almost a year later that the doctors had discounted measles.

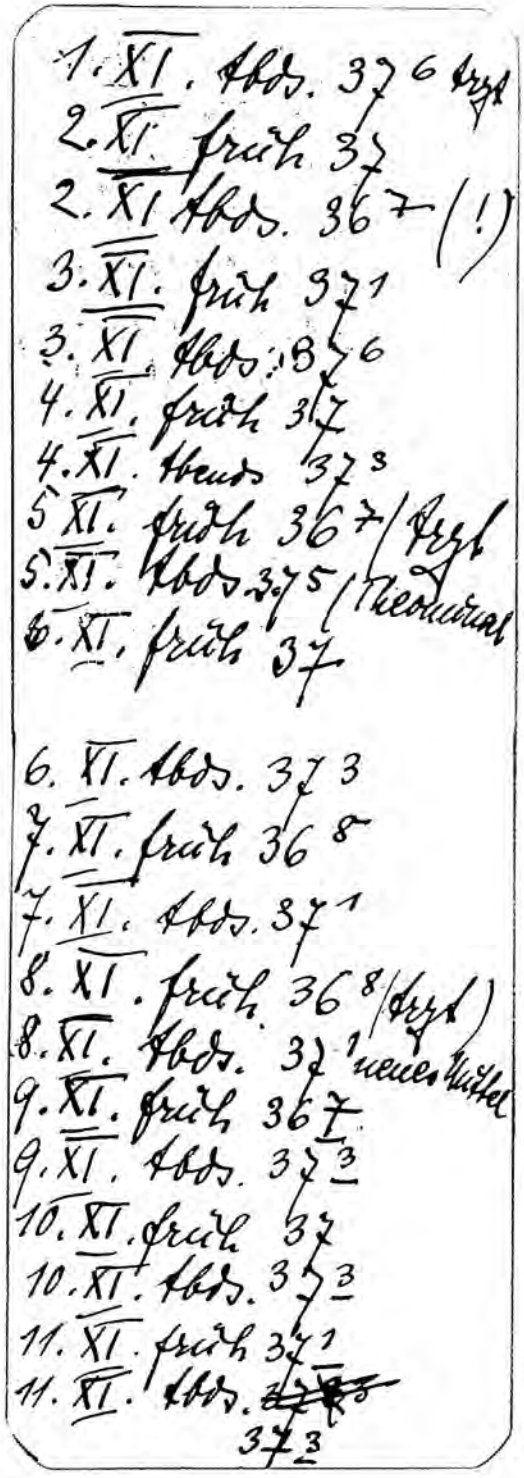

Fig. 35. Paul Klee's temperature chart from November 1–11, 1935, recorded by Lily Klee

[106] Klee 1935/1936 (p. 258), p. 1–4.

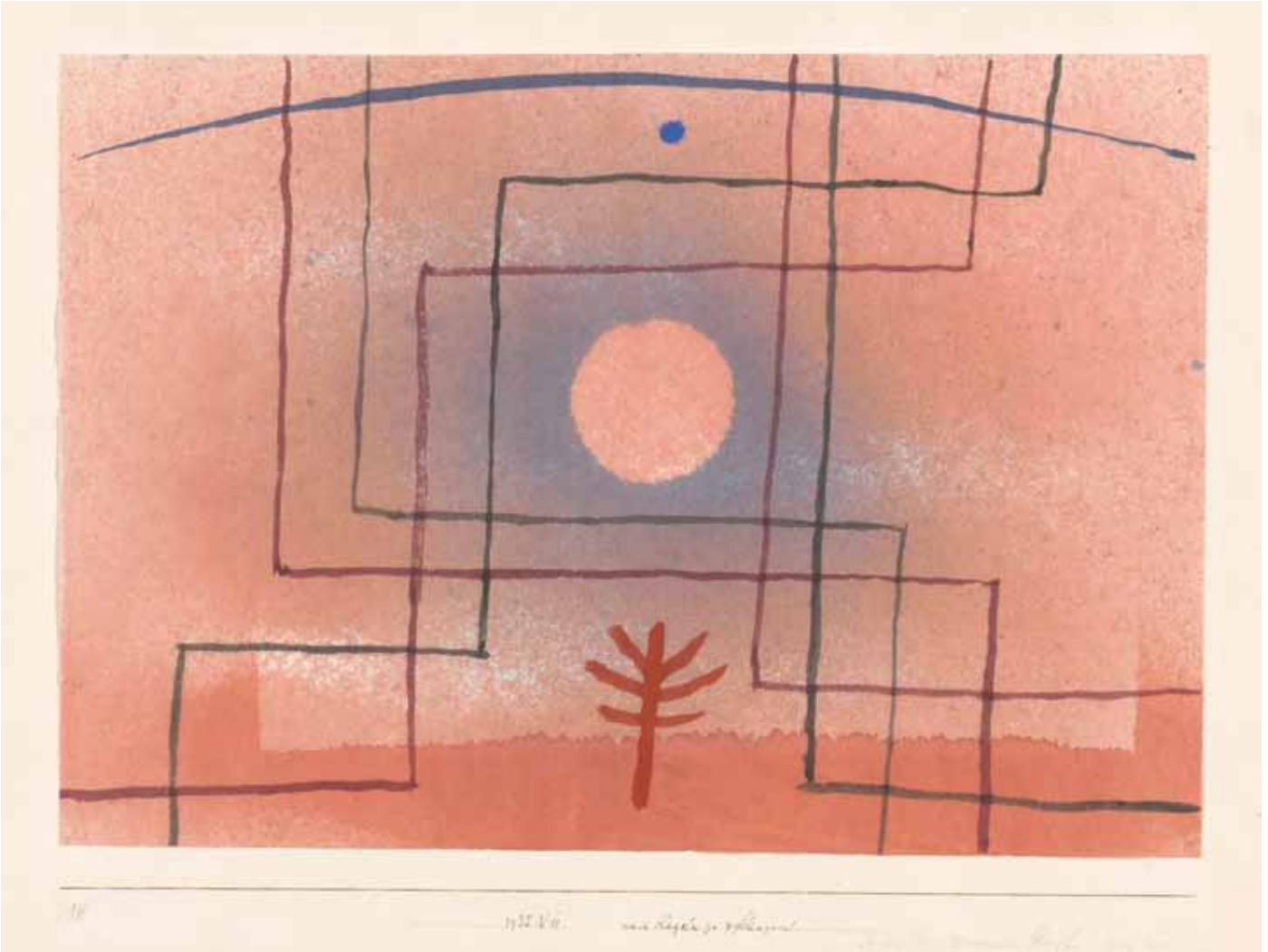

Fig. 36. Plant according to rules, 1935, 91

This watercolor was a Christmas present from Paul Klee to the ailing art patron, Margrit Rupf, in 1935. At the same time, it provides us with the first written evidence from the artist that he was also unwell. He added to the dedication 'in the hope we'll both soon be feeling better'. In the middle foreground a newly set plant is growing from the earth. It does not yet bear flowers or fruit. Above it, the sun is shining through a blue haze. The plant and the sun are contained within a regular, geometric structure. A plant needs just the right conditions to grow, flower and mature, and when planting, certain rules have to be followed: it is necessary 'to plant according to rules'.

Klee
1941 6 X 20
woher? wo? wohin?

5. Klee's Late Work as a Reflection of His Personality, Social Environment, Illness and Proximity to Death

Isolation and Solitary Internalization

Paul Klee's late works are clearly distinguishable from those of his earlier period. In subject and composition they are quite new. Jürgen Glaesemer writes in this respect: 'The emigration marked a tragic reversal in his [Klee's] personal and artistic fortunes. One feels in his later works that his life has been totally overtaken by the threats of "physical reality". He faced the chaos of the external sphere, the onset of his terminal illness with its attendant chronic suffering, his fears and the shadow of death with a total lack of self-pity. This is what gives his later works their particularly poignant intensity.'[564]

Fig. 151. Whence? where? whither?, 1940, 60

Surprisingly, his involuntary isolation bore ripe and luscious fruit. Glaesemer later states: 'His work was created in isolation from his external surroundings as an expression of his state of solitary internalization, which even those closest to Klee could barely penetrate.'[565] Josef Helfenstein adds: 'During his Bern years, Klee was forced by circumstance but also by private determination to make a radical retreat into his personal cosmos. He not only suffered geographic, intellectual and artistic isolation, but he was also set apart by his illness and by his ascetic lifestyle with its narrow focus on work. The fact that, even in 1940, his relationship towards his own work was once again transformed, is perhaps not only linked to the shadow of death which was clearly hanging over him,

[564] Glaesemer 1976, p. 306.

[565] Glaesemer 1979, p. 12.

but also to the historical fact that modern artists in Europe were forced into isolation during that period.'[566] Jürgen Glaesemer also believes the political storm clouds which were gathering over Europe at that time had an effect on the artist's work: 'Along with his illness, the pressures of the contemporary historical situation had a decisive effect on the development and expression of his later works.'[567]

'Death Is Nothing Bad'

Even in his youth, the artist regarded death – and the possibility of an afterlife – with equanimity.[568] As a 21-year-old student in Munich he mused on death: 'Then I reflect on death, which completes those things that are left unfinished in life. A longing for death not as oblivion but as the pursuit of perfection.'[569] Awareness of the finiteness of (earthly) life leads the young Klee to discover that, for him, 'the pursuit of perfection' constitutes the meaning of life. He wants to use and develop to the utmost every ounce of his creative abilities. This desire for perfection may be a clue to understanding why Klee was able to race to finish his life's work despite his later severe illness and foreseeably shortened lifespan. Looked at this way, his involuntary isolation and his intuition early on that he was suffering from a terminal illness were perhaps a prerequisite for him to be able to reach the ambitious goals he set for his life.

In 1914 the artist wrote in his diary: 'I am forearmed, I am not here, I am in the depths, far away … I am glowing among the dead.'[570] Here he anticipates two of his very last works: 'Dying down', 1940, 19 and 'Death and fire', 1940, 332 (fig. 152, page 191).

In 1918 Klee described his position in his famous words: 'In the here and now I cannot be understood, for I live as well with the dead as with the unborn. Somewhat nearer the heart of creation than normal – and yet not nearly close enough.'[571] These words were carved on his gravestone in 1941 / 1942.[572]

[566] Helfenstein 1990, p. 68.

[567] Glaesemer 1979, p. 16.

[568] See notes 468 and 470.

[569] Klee Diaries, no. 143.

[570] Ibid., no. 931.

[571] From Paul Klee's diary in: Zahn 1920, p. 5. Contrary to the caption in Zahn 1920, this 'diary' entry does not appear in the diary. Klee probably wrote the words especially for Leopold Zahn (as told by Stefan Frey to the author, Bern, July 14, 2006).

[572] Cf. Frey 1990, p. 128.

In 1930 the artist once again spoke about death: 'Death is nothing bad; I long ago reconciled myself to it. How do we know what is more important, our present life or what comes after? […] I won't mind dying if I have done a few more good paintings.'[573] In 1930 Paul Klee was at his peak – he had achieved a great deal and was respected as a man, teacher and artist. He was already close to fulfilling the goals he had set for his life. Death was not to be feared. He would just like first to round off his work with 'a few more good paintings'. Nothing stood in his way; he was (still) in good health and at the height of his powers.

But then fate took a cruel and unexpected twist, striking like a lightning bolt from a cloudless sky. At first Klee felt artistically paralyzed by his illness, but then he once again gathered his energies, for he still wanted to produce 'a few more good paintings'. In 1938, two years before his death, and after three years of wearisome illness, Klee ponders his fate in the following words (as previously quoted): 'If only the enigma of death were not so ambiguous! No less so is the enigma of life, for one has to wonder what beauty and splendor can be found in the torments of recent times.'[574] Suddenly death, with all its mysteries, was knocking at his door. And the artist now also had to face the enigma of life, as his previously untroubled existence turned into one of pain and affliction. Paul Klee thought back to the goals he had set for his life when he was young, and characteristically continued to strive unerringly for perfection. He writes to Will Grohmann: 'One's enjoyment of life is a little hampered these days, but perhaps it is possible to reconstruct it to some degree through one's work? It seems so to me, and I think one can derive a certain amount of happiness from it. When work is going well, one feels a kind of happiness. New paths – a simile for creation.'[575]

The art historian Wieland Schmied thinks the themes of dying and death are interwoven in Klee's art: 'His [Klee's] pictures are parallels to nature; the painter creates them through a process of organic growth. Growth is a crucial word for understanding Paul Klee's work. Klee shows us the stages, the phases of a constantly evolving transformation, the metamorphosis of forms, the changing aspect of shapes.

[573] Quoted in Petitpierre 1957, p. 65. Grohmann 1965, p. 358, dated the quote to the year 1930. See also note 468.

[574] Paul Klee, extract from letter, August 17, 1938, quoted in Klee 1960/1, p. 163.

[575] Letter from Paul Klee to Will Grohmann, November 1939, quoted in Gutbrod 1968, pp. 81 and 84.

Outwardly, there is no dynamic movement, but movement is the essence of his paintings. Movement signifies growth, transition and ultimately also decay – what we could term the cycle of existence. Death always appeared in his pictures, as death is everywhere in life. Now death steps forward and calls a halt. Klee feels this long before his own demise. He reflects the fact of death in a way which had never been seen before in the visual arts. This is what gives these seemingly small and modest works their greatness and meaning.'[576]

In the same way that change is part of life, Klee's art was in a state of constant flux. I believe this element of change is an essential criterion for all great art. Standing still is the same as going backwards; real progress comes from looking ahead, developing new concepts and bringing them to fruition. I would repeat Klee's words: 'new paths – a simile for creation.' An innovative and autonomous artist will always be involved in a slow but steady process of transformation.

Marcel Franciscono also sees death as an integral part of Klee's art: 'Death is the overriding theme of Klee's work during his last months, but for the most part he expresses it in different forms: its presence is mainly felt through the reactions and behavior of the human figures depicted. In 1940 Klee produced two series of drawings on the theme of death, "Eidola" and "Detailed passion". […] the pictures in the "Detailed passion" cycle do not deny the existence of death and the fear it instills; but by depicting death as a constant and familiar part of life, Klee takes away some of its terror.'[577]

It is worth noting that Vincent van Gogh, who had much in common with Paul Klee in the way he dealt with his suffering, also had a similarly positive attitude towards death. Herbert Frank quotes the painter from Arles as follows: 'His credo was: "The difference between good luck and bad luck! Both are valuable, death – which is basically evanescence – and life. I hold firm to this belief, despite my bewildering and disturbing illness". In this way he makes death a part of life, and does not conceive of it as an end.'[578] Van

[576] Schmied 1986, p. 53.

[577] Franciscono 1990, p. 21 f.

[578] Frank 1999, p. 113 f, letter T 607.

Gogh spoke about his painting 'Wheat Field with Reaper' from June 1889: '[…] that he sees in the "reaper" a symbol of death and the crop he is cutting represents humankind. But there is nothing sad about this death, it is happening in broad daylight, in beautiful golden sunshine.'[579]

[579] Frank 1999, p. 112, letter T 604.

A man is leaving this world. He raises his right arm to wave goodbye. In his palm he proudly presents us with a golden ball set against a fiery red background. The face is ashen. The mouth, nose and eyes are made up of highly significant letters: 'Tod' (death). The head is drawn in the same way as the death's head in the painting 'Insula dulcamara' from 1938 (fig. 139, page 171). The man's body will burn in Hell, but not the golden ball, which is boldly delineated in black. We can take this to be the artist's life's work, his legacy to us all. On the right, a thin, shadowy figure approaches the fire with hesitant steps. The organic body will leave this world and with it the pale, familiar face with its large black eyes full of composure, resignation and hope. Paul Klee has resigned himself to the inevitable. He salutes us for the last time, full of expectation, conscious of the valuable legacy contained in the golden ball, which he holds proudly aloft. In the left and lower parts of the picture a soft sky blue, a cerulean blue, spreads gently out from the slowly-dissolving body. Despite its sad message the picture is somehow comforting.

Fig. 152. Death and fire, 1940, 332

Fig. 153. Cemetery, 1939, 693

The cemetery is identified by seven crosses, two dark sepia-colored cypress trees and a black coffin awaiting burial. An arrow points upwards. Jürgen Glaesemer considers these elements to be 'symbols of [Klee's] own death'.[580] The art historian points out that if you turn the painting through 90° to the right, the corpse appears: pale-faced, with wide open blue eyes and a creamy-white burial gown (fig. 154).

[580] Glaesemer 1976, S. 341.

Work Full of Spirituality

Paul Klee worked in silence, in isolation, alone with his thoughts and dreams in his little studio in Bern. By nature he was quiet and thoughtful, and he possessed a vivid imagination. He loved to withdraw into himself and his work, letting himself roam in the world of his imagination, but at the same time always keeping one foot on the ground. He understood how important this dreaming was for his work. Karl Jaspers says something similar: 'Allowing the mind to move freely in the realms of fantasy brings forth the impulses which prevent work from being interminable, unimportant and empty. It seems to me that a person should take the time each day to dream, otherwise he blocks out the light of that star which can guide him in his work and his life.'[581]

Fig. 154. Cemetery, 1939, 693 [turned through 90° to the right]

For Klee, drawing and painting were his personal form of meditation. It seems to me that this ability to sink into deep thought while working provided an excellent opportunity to get anxiety and distress out of his system. Paul Klee was a drawing, painting philosopher. His metaphysical ideas were in the main very similar to those of Immanuel Kant. Karl Jaspers comments: 'In contrast to the stalled positions of the ontologists [those who deal with the nature of being] and other philosophers, Kant achieves a state where he can look at the world more freely. He asserts that the world of experiences stretches ahead into infinity. The world is neither closed nor closable. Kant opens up this experientiality, but believes these experiences must then be used in order to gain real awareness.'[582] Jasper continues: 'For as long as man can raise himself above his existence, the process of philosophizing will drive metaphysics onward. Beings communicate with each other in the world and metaphysics sheds a light which can help them gain transcendence. Then at this point it depends on the individual. He can either decide to deceive himself or he can act as a rational thinker and find deep certainty within himself.'[583]

Without a doubt, Klee found this 'deep certainty within himself', perhaps particularly because of the way he was unexpectedly forced into isolation. As a result he was largely thrown back onto his own resources. He overcame the diffi-

[581] Quoted in Gottschalk 1966, p. 57.

[582] Jaspers 1957, p. 244.

[583] Jaspers 1973, p. 32 f.

culties in his life caused by circumstance and illness and through his meditations he entered a spiritual realm, where he was weightless and could 'float', where he could 'spread his wings as an earthly angel' and touch transcendence. He concentrated all his efforts on his creativity and in his art he created for himself visions which, despite his physical frailty, must have filled him with strength, energy, stamina, joy and happiness.

Paul Klee's late work is filled with spirituality. The artist often lived in an 'intermediate world',[584] a world between this life and the hereafter, between existence in this life and existence in the before and after. Here he concurs with Novalis, who states in fragment 59: 'If there should be a higher sphere, then it is that which lies between being and not-being, the hovering between the two – the nameless; and here we have the concept of life.'[585] Klee loves to be at the limits, where the cosmic laws can be perceived. But he has no desire to try to fathom these mysteries. 'Should we know everything? I don't think so!'[586], he noted in pencil in the corner of one of his compositions[587], which remained unfinished in 1940 when he traveled to Locarno. He just freely abandons himself to the cosmic laws.

Many of Klee's pictures exude this sense of abandon and inspire his viewers to experience a similar feeling. Those viewers who give themselves up to peace and tranquility are afforded a very special feeling of happiness. For example, I clearly remember visiting an exhibition at the Kunsthaus Zurich in 1967/68, where the collection held by Sir Edward and Lady Nika Hulton of London was being shown.[588] I spent a long time looking at the painting 'Spiral flowers', 1926, 82, with its wonderful spiraling flowers before a kind of closed window at the end of a flight of steps with raised 'theater curtains'. Suddenly in my imagination the window opened and behind was revealed a paradise, a flower garden blazing with color. This is an image which stays with me to this day. After visiting an uplifting exhibition, we find our experience of nature is more intense and more beautiful than before.

[584] Cf. for example Haftmann 1961, p. 166, cf. Rotzler, Willy, Engelbilder bei Paul Klee, in: du 1986, p. 52, and 'Im Zwischenreich', Klee 1957/2.

[585] Quoted in Huggler 1969, p. 240 f.

[586] Quoted in Glaesemer 1979, p. 50.

[587] Frey/Helfenstein 1991, no. 1940, N 7. There is no note of when the composition was begun (Stefan Frey).

[588] Exhibition from December 3, 1967 to January 7, 1968 (including 48 of Paul Klee's works).