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Elsa Bernstein’s play, *Twilight [Dämmerung]*, written in 1893, is a scientifically accurate presentation of the progression of iritis to secondary glaucoma and the treatments involved. Though blindness has been a topos in literature for millennia with metaphoric implications, Elsa Bernstein is a pioneer in aesthetically addressing the medical aspects of vision failure at the end of the nineteenth century. Her presentation of secondary glaucoma and the surgery involved to correct or slow the development of this kind of progressive vision impairment is still relevant to ophthalmology today.

Vision problems are central to the play: Isolde, Ritter’s young daughter, suffers from glaucoma, a degenerative disease of the eye, which if untreated can lead to damage of the optic nerve and blindness. Such damage is most often caused by an elevated intraocular pressure due to an obstruction of the natural draining mechanism of the eye. While primary open angle glaucoma often does not have any symptoms and detection may be slow, angle closure glaucoma causes eye pain, halos, distorted vision, nausea or headaches. Isolde manifests some of these symptoms. The treatment protocol calls for removal of a small amount of iris (the size of a pin head) to allow for better movement of the eye fluid (aqueous humor) through the trabecular meshwork near the edge of the iris, alleviating intraocular pressure.

In the play, Isolde has been suffering from repeated occurrences of iritis, an intraocular inflammation, which was treated with atropine and cocaine, as well as numerous mercury injections—an experimental procedure used before the advent of antibiotics or steroids—though in this case without a legitimate prescription. Isolde’s symptoms include sensitivity to light and severe pain, and she complains of hardness in her left eye and pressure. Her father is worried about growths in the iris or the cornea (16). Sabine Graef, the competent young ophthalmologist and eye surgeon in the drama, diagnoses Isolde’s condition as secondary glaucoma (34), a form of the disease that can result in inflammation and tumors as a consequence of taking certain medications. Instead of atropine, she prescribes “Eserine sulf. 0.1. Dest. 10.0, one drop four times daily in the left eye” (33). Atropine is used to break and prevent posterior synechiae: fibrous bands binding the iris and the lens. In anterior synechia, the iris adheres to the cornea, which may be Isolde’s condition. Eserine is used in the treatment of glaucoma. For four years, Isolde’s vision had been deteriorating, resulting in the loss of peripheral vision and the occurrence
of synechiae: adhesions to the iris, possibly caused by iritis. Eight weeks before Sabine Graef’s diagnosis, Isolde had an acute inflammation of the eye, a recurrence of iritis, which in combination with her medications may have contributed to her progressive visual impairment.

Today, a combination of laser therapy, medications, and surgery can be used to deter the progression of glaucoma. In the play, Isolde’s father persuades Sabine Graef to perform surgery on his daughter: superior iridectomy (106), “during which an incision is made in the top part of the iris” (xli), creating a colomba, a hole (the size of a pin head) in the iris, to improve the flow of aqueous fluid to the drain of the eye (now accomplished by laser iridotomy). Although the surgery was a “masterpiece,” Isolde attempts suicide, because she fears being abandoned by her father, who has fallen in love with Sabine Graef. Blind in both eyes in the last act of the play, she binds her father to her with her dependence on him, and he accommodates all her wishes and demands, sacrificing his own life and love for the sake of his daughter.

Bernstein’s play is ambivalent in mood, anchored between hope and despair. As the play unfolds, the characters are torn between joyful elation and gloomy self-destruction. Extreme mood swings create the melodrama in this portrait of dysfunctional relationships. Though the play has been classified as a naturalistic drama because of its aestheticization of science, the psychological states of the characters constitute a subjective element and with the symbolic significance of blindness point beyond the merely physical and objective plane of realism and naturalism to internal realities, which are to become the focus of impressionism and expressionism, the new literary movements dawning on the horizon at the time Twilight was written.

As a translator, Susanne Kord is well informed regarding the medical terminology used in the play, acknowledging consultation with Jay Lustbader, director of cornea and refractive surgery at Georgetown University, and Teresa Magone, chief resident of ophthalmology at the same institution. Her introductory notes on the medical terms used in the play are extremely helpful for an understanding of the treatment of Isolde’s condition and the medical procedures used. Moreover, she provides a most comprehensive scholarly introduction which includes a detailed biography of Elsa Bernstein and the cultural milieu in which she lived, a bibliography of Elsa Bernstein’s literary works and a discussion of their reception, a discussion of her “Jewishness,” assimilation in Germany, and her survival as a VIP prisoner in Theresienstadt. Her interpretation of the play is insightful and erudite in the critical examination of its classification as naturalistic drama with its treatment of art as science.