

# THE DINNER

by Herman Koch

## Questions for Discussion

1. At the beginning of the novel, Paul quotes from Tolstoy's *Anna Karenina* and considers the nature of happiness. What do you think he means when he says that 'unhappiness can't stand silence'?
2. We learn that Serge and Babette adopted a child, Beau, from Burkina Faso. What do you think was their motivation?
3. Paul's violent disposition first emerges when he fantasizes about killing fellow Dutch holidaymakers in France. What is it that makes Paul so angry?
4. When Paul first confronts Michel in his bedroom, he remembers a moment from when his son was eight years old. How does this memory influence Paul's subsequent actions?
5. How and to what extent do you think Michel is affected by his father's anger?

6. Serge is willing to give up his entire political career because of the crime that his son has committed. Does he have an underlying motive for this sacrifice? Why does his wife so vehemently oppose his decision?
7. The author has set the novel over a meal in a classy restaurant. What do you think he is illustrating by this choice?
8. How does the novel explore moral ambiguities regarding the nature of evil, loyalty, love and honesty?
9. Do you think people are born violent and bad, or are they more likely to be shaped by early life, family and circumstance?
10. If you were in Paul and Claire's position, what would you do?

# HERMAN KOCH'S FAVOURITE NOVELS

## DEAR LIFE

Alice Munro

Sometimes I read a few pages of an Alice Munro short story in the morning, just to get started. The effect her sentences have on me is like drinking a strong double espresso at 8 am. After two or three paragraphs I want to start writing myself, but after a fourth paragraph I can't stop reading – I have to read the story to the end. Another working day down the drain. Her style seems almost too natural, but it isn't. It reads naturally, which is a completely different thing.

## MY STRUGGLE

Karl Ove Knausgaard

A so-called Natural Born Writer, Knausgaard writes about the death of his alcoholic father. This book is one-hundred-percent autobiographical, and it is extremely difficult to put down. Knausgaard is cleaning the house of his recently deceased father, and this cleaning is detailed over many pages

without getting boring for a single moment. You realize he is performing a ritual. He is also trying to get rid of his demons at the same time, scrubbing, mopping, and flushing them down the toilet. This is only Book One of a cycle that spans six volumes (about 3,000 pages in total, written in less than three years). After reading Book One you will feel terrible, but only because you will have to wait for Book Two to be translated.

## **THE MARRIAGE PLOT**

### **Jeffrey Eugenides**

One of my favourite writers. Each of his three books published so far has made me wonder if I should write (or at least publish) less myself; just write one brilliant book every nine years, with no in-betweens, no half-brilliant books that you discard later as 'nice tries'. At the start, Eugenides's first book was his best (of course), but then it was his second, and now it is his third. Will he ever make a mistake? So that we can say, 'I don't know, with his fourth book, he lost it somewhere. I still prefer *The Marriage Plot...*'? I don't think this will happen. It is just the nine-year wait that bothers me.

## **GONE GIRL**

**Gillian Flynn**

I am not too fond of those thrillers where some drug-addicted, alcoholic investigator is trying to solve a murder. In the end it is always the suspect you least suspected – this is the new formula for thriller writing. But *Gone Girl* is something completely different. It is a literary novel with real suspense. With immoral characters that you can never fully dislike; characters with a lot of darkness (and madness) in them, with bad habits that almost seem like our own.

## **MATTERHORN**

**Karl Marlantes**

I was a teenager during the Vietnam War, so the images on television and in magazines (some of them full colour, some in black and white) have always stayed with me. But this is a novel written by someone who was there, really there, serving in the field, not watching from afar. I suffered with lieutenant (later captain) Mellas's platoon as if I were there too, waiting for the invisible enemy lying in ambush. I took part in anti-war protests at the time but, while reading this book, I was simply hoping (even praying) that the marines would all survive and come home safely.

## **TENTH OF DECEMBER**

### **George Saunders**

I always cheer when a short-story collection becomes a bestseller – and it looks as if this is happening right now with this brilliant book. I admire a writer who can find so many different voices for his stories; a writer who is not afraid of the almost surreal, who is certainly not afraid of a story that is barely two pages long – but one which I have reread already half a dozen times. Personally, short stories are always more inspiring than 500-page novels, because the original idea is not spread out and diluted. After two pages (or after six or twenty), you can lay the idea to rest in your mind – and immediately be inspired by the next.

## **THE BEGINNER'S GOODBYE**

### **Anne Tyler**

Anne Tyler has already written many classics and I have enjoyed every single one of them. You can feel the deep sympathy that the writer has for her characters, although not all of her characters are particularly sympathetic. They are always far from perfect, and in this novel, you become aware of a character's flaws almost entirely because of the narrator's refusal to acknowledge them – or better said, refusal to acknowledge them right away. I lost my copy of this novel on a flight so I had to buy it again the very next day, and then I gave that copy away to one of my best friends – a friend who now shares my unconditional love for this wonderful writer.

The exclusive first chapter of  
***Summer House with  
Swimming Pool***

The next novel by

**HERMAN KOCH**

Uncorrected Material



Atlantic Books  
London

Published summer 2014





# 1

I am a general practitioner. My office hours are from eight-thirty in the morning to one in the afternoon. I take my time. Twenty minutes for each patient. Those twenty minutes are my unique selling point. Where else these days, people say, do you find a family doctor who gives you twenty minutes? And then they tell their friends. He doesn't take on too many patients, they say. He makes time for each individual case. I have a waiting list. When a patient dies or moves away, all I have to do is pick up the phone and I have five more eager to take his place.

Patients can't tell the difference between time and attention. They think I give them more attention than other doctors, but all I give them is more time. By the end of the first minute I've seen all I need to know. The remaining nineteen minutes I fill with attention. Or, I should say, with the illusion of attention. I ask all the standard questions. How is your son/daughter getting on? Are you sleeping better these days? Are you sure you're not eating too much/too little? I hold the stethoscope to their chest, then to their back. Take a deep breath, I say. Exhale slowly. I don't really listen. At least I try not to. On the inside, all human bodies sound the same. First of all, of course, there's the heartbeat. The heart is mechanical. It just pumps. The heart is the engine room – it keeps the ship going, but it doesn't keep it on course. Then

there are the sounds of the intestines. And of the vital organs. An overburdened liver sounds different from a healthy one. An overburdened liver groans. It groans and begs. It begs for a day off. Just one day to deal with the very worst of the garbage. The way things are now, it's always racing around trying to catch up with itself. The overburdened liver is like the kitchen in a twenty-four-hour restaurant. The dishes pile up. The dishwashers are working flat out, but the dirty crockery and crusty pans pile up and up. The overburdened liver hopes for that one day off, but it never comes. Every afternoon at four-thirty, five o'clock (sometimes earlier), the hope is dashed again. If the liver's lucky, at first it's only beer. Most of the work with beer is done by the kidneys. But you always have those for whom beer alone isn't enough. They order something on the side – a shot of gin, vodka or whiskey. Something they can throw back. The overburdened liver braces itself, but, at last, it ruptures. It becomes solid, like an overinflated tyre. All it takes then is one little bump in the road for it to blow.

I listen with my stethoscope. I press against the hard spot, just beneath the skin. Does this hurt? If I press any harder, it will burst open right there in my office. Can't have that. It makes an incredible mess. The blood rolls out in one huge wave. No general practitioner is wanting someone to die in his office. At the patient's home, that's a different matter. In his own home, in the middle of the night, in his own bed. With a ruptured liver, they usually don't even make it to the phone. The ambulance would get there too late anyway.

My patients file into my practice at twenty-minute intervals. The office is on the ground floor. They come in on crutches and in wheelchairs; some of them are too fat, others are short of breath. They are, in any case, no longer able to climb stairs. A flight of stairs would kill them for sure. Others only think it would – that their death knell would sound on the very first step. Most of the patients are like that. Most of them have nothing wrong with them. They moan and groan, they make noises that would lead you to believe that death was staring them in the face every moment of the day, they sink into the chair across from my desk with a sigh – but there's nothing wrong with them. I let them reel off their complaints. It hurts here, and here, sometimes all the way down to here... I do my best to act interested. Meanwhile, I doodle on a scrap of paper. Then I ask them to get up, to follow me to the examination room. On rare occasions I'll ask someone to undress behind the screens, but most of the time I don't. All those human bodies are horrible enough as it is, even fully clothed. I don't want to see them, those areas where the sun never shines. Not the warm creases in folds of fat where bacteria has free reign, not fungi and infections between the toes and beneath the nails, not fingers that scratch and rub at something until it bleeds... Here, doctor, here's where it itches really badly... No, I don't want to see it. I pretend to look, but I'm thinking about something else. About a roller coaster in an amusement park – the car up in front is mounted with a green dragon's head, the thrill-seekers throw their hands in the air and scream their lungs out. From the corner of my eye I see moist

tufts of pubic hair and red, infected bald patches where no hair will ever grow again, and I think about a plane breaking up in midair, the passengers still belted to their seats as they begin the kilometres-long tumble into eternity – it's cold, the air is thin, far below the ocean awaits. It burns when I pee, doctor. Like there are needles coming out... A train blows up just before it enters the station, the space shuttle Columbia explodes into millions of little pieces, the second airliner slams into the South Tower. It burns, here, doctor. Here...

You can get dressed now, I say. I've seen enough. I'll write you a prescription. Some of the patients can barely conceal their disappointment. A prescription? They stand there for a few seconds, staring blankly, their underpants around their knees. They took a morning off from work, they want their money's worth, even if that money has been coughed up by tax-payers who are healthy. They want the doctor to at least poke at them, they want him to pull on his rubber gloves and take something – a body part – into his knowledgeable hands. For him to stick at least *one* finger into something. They want to be *examined*, they aren't content with his years of experience, his clinical eye that registers what's wrong with a person at a single glance. But he has seen it all a 100,000 times before. Experience tells him that there's no need on occasion 100,001 suddenly to pull on the rubber gloves.

Sometimes, though, there's no getting around it. Sometimes you just have to get in there. Usually with one or two fingers, sometimes even with the whole hand. I pull on my rubber gloves.

If you would just roll on to your side... for the patient, this is the point of no return. He is finally being taken seriously, an internal examination is about to be performed; but he no longer looks at my face. All he can look at now are my hands. My hands as they pull on the rubber gloves. He wonders how he ever let things get to this point. Whether this is really what he wants. Before putting on the gloves, I wash. The sink is across the room from the examination table, so I stand with my back to him as I soap up. I take my time. I roll up my sleeves. I can feel the patient's eyes on my back. I let the tap water flow over my wrists. First I wash my hands thoroughly, then my forearms, all the way up to the elbows. The *biss* of running water blocks out all other sounds, but I know that once I've reached the elbows the patient's breathing has quickened. It quickens, or stops altogether for a few seconds. An internal examination is about to take place, and the patient – consciously or unconsciously – has insisted on it. He had no intention of letting himself be fobbed off with a prescription, not this time. However, doubts begin to creep in. Why is the doctor washing and disinfecting his hands and arms *all the way up to the elbows*? The patient's body tenses. Even though what he should be doing is relaxing as much as possible – relaxation is the key to a smooth internal examination.

Meanwhile I am drying my hands, my forearms, *my elbows*. Still without looking at the patient, I take a pair of plastic-packed gloves from a drawer. I tear off the plastic, press the pedal of the bin with my foot and throw it away. Only now, as I pull on the gloves, do I turn to the patient. The look in his eyes is, how shall

I put it, *different* from the way it was before I started washing my hands. Lie down on your side, I say, before he has a chance to express his misgivings. Face the wall. A naked body is less pitiful than a body with trousers and underpants bunched around its ankles. Less helpless. But like this, with his shoes and socks still on and his ankles bound together by trousers and underpants, he is like a prisoner in a chain gang. A person with his pants around his ankles can't run away. You can submit someone like that to an internal examination; you could also punch them in the face. Or pull out a pistol and empty the clip into the ceiling. I've listened to these fucking lies long enough! I'm going to count to three... *One... two...* Try to relax, I say again. Turn on your side. I pull the rubber gloves up as far as they will go. The *snap* of rubber always reminds me of party balloons. Balloons for a birthday party; you blew them up last night in order to surprise the birthday boy. This may be a little unpleasant, I say. The important thing is just to keep breathing calmly. The patient is all too aware of my presence, right behind his half-nude body, but he can't see me. This is the moment when I am about to subject that body, or at least the naked part of it, to the most intense scrutiny.

I have, until now, been assuming that the patient is a man. In the example we are dealing with, a man is lying on the table with his trousers and underpants pulled down. Women are a different story. I'll get to the women later. The man in question turns his head slightly in my direction but, as mentioned, he can no longer get a good look at me. Just relax, I say. All you have to do is relax. Unbeknownst to the patient, I am already focussed on his

hindquarters. I've warned him that what is about to happen may be a bit unpleasant. Between that remark and the unpleasantness itself, there is nothing. This is the empty moment. The emptiest moment in the whole examination. The seconds tick by silently, like a metronome with the sound turned off. A metronome on top of a piano in a silent movie. No physical contact has yet taken place. The flesh at his waist has been marked by his underpants. Red indentations in the skin made by the elastic. Sometimes there are pimples or moles. The skin itself is often abnormally pale, it's one of those places where sunlight rarely reaches. There is, however, almost always hair. At the base of the spine the hair grows thickest. I'm left-handed. I place my right hand on the patient's shoulder. Through the rubber glove I feel the body stiffen. The entire body tenses and contracts. It would like to relax, but instinct is more powerful – it braces itself, readying to resist the invasion from the outside.

By then my left hand is already where it has to be. The patient's mouth drops open, the lips part, a sigh escapes as my middle finger slips in. Something between a sigh and a groan. Take it easy, I say. It will be over in a moment. I try to think about nothing at all, but that's always difficult. So I think about the night when I dropped the key to my bicycle lock in the mud in the middle of a football field. It was a patch of mud no bigger than one metre square, and I knew for sure it was lying there. Does this hurt at all? I ask. Now my index finger slides in to join my middle finger; using both of them will make it easier to find the key. A little... Where? Here...? Or here? It was raining, a

few lights lit the field, but it was still too dark to see well. Usually it's the prostate. Cancer, or just an enlargement. Usually there's not much you can say after the first examination. I could have walked home and come back the following morning, when it was daylight. But my fingers were already in there, the mud was already caked beneath my nails, there wasn't much sense in stopping now. Ow! There, doctor! Fucking hell! Excuse me... Oh, fucking hell! And then there's that one fraction of a second, my fingers feeling something hard in the wet muck. Careful, it could also be a piece of glass... I hold it up to the light, the dim glow from a nearby streetlamp, but I already know what it is. It glistens and glints; I won't have to walk home after all. Without looking at my hands I pull off the gloves and toss them in the pedal bin. You can sit up now. You can get dressed. It's still too early to draw conclusions, I say.

It was eighteen months ago now when Ralph Meier appeared in my waiting room. I recognized him right away, of course. Could he talk to me for just a moment...? Nothing critical, he said. Once we were in my office, he came straight to the point. Whether it was true, what so-and-so had told him, that I was fairly accommodating with prescriptions for... here he looked around a bit skittishly, as though the place might be bugged. 'So-and-so' were regular patients of mine. In the long run they all tell one another everything, which is how Ralph Meier ended up at my practice. It sort of depends, I replied. I'll have to ask you a few questions about your general health, so we don't run into any unpleasant surprises later on. But if we do that? he insisted. If



everything is okay, would you be willing... I nodded. Yes, I said. That can be arranged.

Now we're eighteen months down the road and Ralph Meier is dead. And tomorrow morning I have to appear before the Board of Medical Examiners. Not for what I helped him out with that first time he came to me, but for something else, about six months later – something you could call a 'medical error'. I'm not too worried about the Board of Examiners, in the medical profession we all know one another; often enough, we even went to school together. It's not like it is in the States, where a lawyer can ruin a doctor for a misdiagnosis. In this country you really have to go too far. And even then. A warning, a few months' suspension, no more than that.

The only thing I have to do is make sure the members of the board actually see it as a medical error. I'll have to keep my wits about me. I have to keep believing in it, one hundred percent – in the medical error.

The funeral was a couple of days ago. At that lovely, rustic cemetery by the bend in the river. Big old trees, the wind blowing through the branches, rustling the leaves. Birds twittering. I stayed as far back as I could, which seemed prudent enough, but nothing could have prepared me for what happened next.

'How dare you show your face here!'

A brief moment of absolute silence, as though even the wind had dropped. The birds went quiet too, cut short.

'You piece of shit! How dare you! How *dare* you!'

Judith Meier had a voice like a trained operetta singer, a voice

that could reach the audience in the very last row of a concert hall. All heads turned in my direction. She was standing beside the open hatchback of the hearse, where the pallbearers had just shouldered the coffin containing her husband's body.

Then she was hurrying towards me, elbowing her way through hundreds of mourners, who stepped aside to let her through. For the next thirty seconds, the crunch of her high heels on the gravel drive was the only sound in an otherwise breathless silence.

Right in front of me, she stopped. I was actually expecting her to slap me. Or to start beating her fists against my chest. To make, in other words, a scene, something she'd always been good at.

But she didn't.

She looked at me. The whites of her eyes were veined with red. 'Piece of shit,' she said again, much more quietly now.

Then she spat in my face.