

THE PHYSICIAN IN SCHNITZLER'S AND CHEKHOV'S WORKS

THE CHARACTERIZATION OF THE PHYSICIAN IN
SCHNITZLER'S AND CHEKHOV'S WORKS

By

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ABSTRACT

Arthur Schnitzler (1862-1931) and Anton Pavlovich Chekhov (1860-1904) were both writers as well as physicians. The latter profession had a significant influence on their works, which is evident in the frequent use of the doctor figure in their plays and prose works.

What distinguishes Schnitzler and Chekhov from other writers of the fin-de-siècle, is their ability to clinically observe psychological and social problems. Schnitzler's and Chekhov's works contain "diagnoses" made by their doctor figure.

This study examines the respective qualities of a spectrum of six major types. There are mixed, mainly positive and mainly negative types of doctor figures, ranging from the revolutionary type down to the pathetic doctor figure and the calculating type.

Dealing with differences as well as with similarities, the thesis concludes by showing how the characterization of the doctor figure sheds light on the authors that created them.

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To my parents and Krešo

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INTRODUCTION

Schnitzler and Chekhov were contemporaries, for the difference between the most important dates in Schnitzler's and Chekhov's life is relatively insignificant. They were also physicians, which obviously had a major influence on their plays and prose works, for a significant number of their writings contains one or several doctor figures. We find that the physician appears in one-third of Schnitzler's short stories, novels and plays,¹ and in one-fifth of Chekhov's works.² At the same time it is important to note that there are suprisingly few patients in Schnitzler's works, as Maria Alter pointed out: "Very few indeed among Schnitzler's characters are sick persons, whether physically or mentally.... This scarcity of patients is all the more remarkable because of the multiplicity of physicians"³ This opposition to normal expectations is also found in Chekhov's works.

A fourth link between these two authors is their place in the literary world of that time. Schnitzler and Chekhov were active writers of the fin-de-siècle, which places them side by side with Hauptmann and Hofmannsthal, Tolstoi and Gorkii, to name a few. But it is Schnitzler's and Chekhov's way of dealing with social decay that distinguishes them from these other writers. At a time when the naturalists concerned themselves with topics such as hereditary defects, criminals and alcoholics as "heroes," and social upheaval Schnitzler portrayed the decline of cosmopolitan Vienna; his criticism was not directed at

society in general but rather at specific elements in human nature.

This concern with human values was shared by Chekhov who was aware of human suffering and despair; yet unlike his contemporaries Tolstoi and Gorkii, he was able to detach himself from the events around him and to respond objectively to his fellow men in moments of crisis and pain.

Both Schnitzler and Chekhov were portraying the interrelation of mind and body--here we recognize the physician in the writer--and they depicted man's inner conflicts and struggles in the way that we ourselves would perceive them in real life, without resorting to larger, symbolic meanings. The result of this is that even nowadays readers and play-goers are able to relate easily to both authors' works.

In the following study I will examine how Schnitzler and Chekhov perceived the life of the doctor with all his struggles, and in what way their own practicing of medicine was connected to their portrayals. I will first report on previous research on the doctor figure in Schnitzler's and Chekhov's works and then show what the critics have overlooked, and how I intend to expand their ideas. Since Schnitzler's and Chekhov's medical professions played an important role in their literary careers, Chapter II will give an overall view of both authors' attitude toward medicine, connecting it with the history of medicine in Austria and Russia at the turn of the century, and giving an outline of Schnitzler's and Chekhov's medical backgrounds. In the next three chapters, which form the body of this study, I will concentrate in detail on the characterization of the physician in both authors' works. I will discuss the two main types and their respective qualities in

Chapters III and IV; in Chapter V I will analyze certain problematics of the doctor figure in Schnitzler and Chekhov. One of these special difficulties is the absence of the doctor figure in Chekhov's last play The Cherry Orchard. Another is the recurring theme of the physician-poet polarity in Schnitzler. This is based on the author's personal dilemma: his inner conflict concerning the question of giving up medicine for his literary career. Since Chekhov saw no difficulty in pursuing both his medical and literary careers, the physician-poet polarity does not appear.

Taking all the above mentioned points into consideration, I will conclude this study with a summary of the function of the doctor figure in both authors' writings. I will also reflect on the psychology of the author as revealed through the doctor figure.

INTRODUCTION

NOTES

¹Maria Pospischil Alter, The Concept of the Physician in the Writings of Hans Carossa and Arthur Schnitzler (Berne: Herbert Lang, 1971), p. 19.

²Gabriele Selge, Anton Čechovs Menschenbild: Materialien zu einer Poetischen Anthropologie (Munich: Fink, 1970), p. 9.

³Maria Pospischil Alter, op. cit., p. 83.

CHAPTER I

RESULTS OF PREVIOUS RESEARCH ON THE DOCTOR FIGURE IN SCHNITZLER'S AND CHEKHOV'S WORKS

My examination of previous research on the doctor figure in Schnitzler's and Chekhov's writings shows that hardly anyone has dealt in detail with this seemingly obvious topic. Although a number of authors came to the conclusion that Schnitzler's as well as Chekhov's medical profession influenced their works, and that the numerous doctor figures in their writings bear a certain significance, most of the authors merely touched upon this topic. Others limited themselves to the character analysis of only one or a few doctor figures; a smaller group of critics dealt with the characterization of the doctor figure proper, and an even smaller group made comparisons between Schnitzler and Chekhov. Gerald Hopp's master's thesis¹ is the only work in that last group to which I had access. Prime examples from the research on Schnitzler of the broader type of analysis are Louis Nesbit,² H. Politzer,³ and Bernhard Blume.⁴

Louis Nesbit is one of those authors who simply mention in passing the influence of the medical profession on Schnitzler's writings. In his master's thesis, Nesbit recognizes Schnitzler as an analyst and describes Schnitzler's wisdom as that of a practicing physician. He compares Schnitzler's works to a physician's diagnoses, a belief that is generally acknowledged. But in my opinion the occurrence of the

doctor figure in a great number of Schnitzler's works was not influenced by Schnitzler's passionate devotion to his medical profession, as Nesbit claims. It is dangerous to assume, as Nesbit does, that Schnitzler wanted to emphasize the medical profession in his writings; rather, I would say that he was aware of the physician's characteristics, and he realized how a character like the physician, who has been trained to observe, could contribute immensely to his plays as well as to his prose writings.

Similarly, Politzer does not dwell on the topic of the doctor figure. He demonstrates that Schnitzler's works are diagnoses made by the physician. Politzer does not consider the function of the physician to be an elevated one:

Dem Doktor, dem Psychologen, dem Wissenschaftler
und Moralisten kommt im Gesamtwerk Schnitzlers
höchstens der Platz zu, den im antiken Drama der
Chor einnimmt: er fungiert als wissender Zeuge
eines unerbittlich absurden Schicksals. 5

Despite the absurd social conditions in which the physician moves, we do not do him justice by describing him merely as a quiet and defenseless person who stands aside and absorbs everything instead of taking part in the action. In most cases he is an observer, yet he is also concerned about the well-being of the individual--and not only in the physical sense-- a point I would like to amplify in Chapters III and IV.

Bernhard Blume deals primarily with Schnitzler's Weltbild. He emphasizes the decline of Viennese society, which is portrayed in the author's works. Blume recognizes correctly Schnitzler's preoccupation with death, the process of aging, and meaningless existences who, for the fear of death, attempt to escape into a world of dreams, wishes and

lies, to name a few. The inevitability of death robs Schnitzler's characters of all values of life. They cannot face reality; and the only character who has enough strength to do so, is the doctor figure:

Am nächsten am Reich des Todes angesiedelt sind bei Schnitzler die Ärzte.... Mit dieser nahen Beziehung zum Tode hängt ihre ganze Haltung zusammen: ihr Lebensernst, ihre Sachlichkeit, ihre Klarheit, ihr Verständnis, ihre Nüchternheit und Nachsicht. Menschen wie der Arzt im "Ruf des Lebens", wie Bernhardi oder der alte Doktor Stauber im "Weg ins Freie" haben das Äußerste erreicht, was in Schnitzlers Welt dem Menschen an Haltung möglich ist: weder entziehen sie sich dem Dasein durch die Flucht, noch sind sie ihm wehrlos ausgeliefert; sie halten ihm Stand, ohne Hoffnung, aber gefaßt. 6

Although the above-mentioned authors did not analyze Schnitzler's physician in detail, they are nevertheless worth reading, since they give important information about a few doctors' character and their philosophy. They realize that there is a close "human relationship between Schnitzler's physicians and their patients"⁷; that Schnitzler was aware of the moral decline of society, and that he expressed his opinion on this situation through the doctor figure (e.g., Dr. Mauer, Das weite Land); and that the physician shows an understanding for the inner conflicts of the individual: "Ich wunder' mich nie, wenn sich wer umbringt, sagt der Doktor Mauer im Weiten Land."⁸

Among those critics who analyze only one or a few doctor figures, Robert O. Weiss⁹ is particularly worthy of mention. Although his two articles do not centre on my topic, his observations about Professor Bernhardi--Schnitzler's most striking character of this type--and Dr. Ferdinand Schmidt--the most negative figure--proved to be very useful to me, as we will see in Chapter III and Chapter IV.

Of the few critics who describe the characterization of the doctor figure, I must mention Solomon Liptzin,¹⁰ Richard Specht,¹¹ and Maria Alter.¹² The two older works by Liptzin and Specht do not present a systematic categorization of the various doctor figures into groups, but they nevertheless lead us in that direction. Liptzin analyzes the various categories of physicians in connection with their work. In doing so, he singles out some problems of the physicians' calling--the conflict between science and religion, the problem of euthanasia,--and points out that Schnitzler's physician is usually a psychologist; he then gives examples of physicians who function as consoler and raisonneur. Aside from this aspect of the physician we do not find any further typing of doctors in Liptzin's work.

In Specht's study we find three groups of physicians, although Specht himself does not clearly divide Schnitzler's physicians into categories. First, he lists the two unpleasant ("unsympathisch") types, Dr. Ferdinand Schmidt and Dr. Eckold (I find that Specht puts this too mildly, for they are calculating and cold-blooded in their relation to people), then some "glütige, feine, liebreiche, und seelisch taktvolle Menschenexemplare,"¹³ and finally the three main figures--Paracelsus, Professor Bernhardi, and Dr. Gräsler--without demonstrating, however, what their function is. Specht starts to portray a number of Schnitzler's physicians in a clear way, but without characterizing the various doctor figures.

Maria Alter differs in her approach from Liptzin and Specht in that she concentrates exclusively on the typology. She divides the various physicians into three groups, according to their functions:

1. the physician as hero
2. the physician as man
3. the physician as philosopher.

I do not agree with Maria Alter's main grouping for the following reason: the term "hero" does not fit Schnitzler's and Chekhov's central or major character. Both authors' "heroes" are ordinary human beings in a struggle with their principles and responsibilities. With "the physician as man," Maria Alter deals with two aspects: the physician and the interpersonal relationship to his patients, and the physician's private life--his own problems and struggles. This category encompasses different representatives of doctor figures, and they are best divided into groups according to their function and their character traits, which I will attempt to illustrate in my study.

Maria Alter gives numerous examples where she also emphasizes the positive and negative characteristics of the doctor figures without, however, regarding them as special groups. The physician's profession is not granted much importance in Alter's study, which makes us wonder whether the function of the physician could be assumed by another character.

"The physician as philosopher" is actually Schnitzler the man as expressed in his doctor figures. This section summarizes and illuminates what has been said about the physician's attitude towards his medical profession and his private life. I will deal with this more closely in my concluding chapter.

In each of the above-mentioned categories Alter uses the following subgroups:

1. the physician as central figure
2. the physician as major character

3. the physician as minor character
4. the physician as incidental figure.

I will not concern myself with these subdivisions because in the whole galaxy of physicians found in both authors' works, only a few appear as central figures because Schnitzler and Chekhov did not intend to idealize the medical profession.

The physician as major character is much more prominent. In fact, most of Schnitzler's and Chekhov's doctor figures seem to appear in that role. Here, the emphasis is put on the physician either sharing his role as a "hero" with another character, or on his constant presence in a particular work. This category contains a number of physicians who have different personal traits and ambitions. Their very diversity makes them revealing; and I will therefore concentrate on the doctor figures in this category.

The physician as minor character in Alter's third subdivision does not have a dominating function in the work, nor is his character portrayed in as detailed a way as the physician in a major role. Although the physician as incidental figure appears in a rather substantial number of works--especially in Chekhov's writings--he too is only of peripheral importance, and does not lend himself to a more detailed analysis. He does not contribute to the plot, nor are his personal traits developed; therefore these two subgroups will not be included in this study.

In a later article,¹⁴ Maria Alter expands upon and simplifies her earlier ideas, restricting the doctor figure to three categories--physicians in main, secondary, and minor roles--and takes a look at the physician in his professional and private life. The raisonneur is

mentioned with reservation, and "good," "weak," and "bad" physicians are looked at more closely. But it is not always clear where the dividing line is between "good" and "bad," and I would like to address this difficult problem in Chapters III and IV.

Previous Chekhov research has shown the same problems and unanswered questions concerning the doctor figure that I already encountered when investigating Schnitzler. Here again I found that scholarship has followed three different approaches, namely:

1. a character analysis in a general way
2. a character analysis of one or a few doctor figures
3. an extensive analysis of the doctor figure.

Most critics deal in a general way with the topic of the doctor figure in Chekhov's works, concentrating more on Chekhov's biography--particularly on his medical career--than on the influence of medicine on his works, as can be seen in the writings of Dieter Kerner,¹⁵ and M. Rabinovich.¹⁶

Unfortunately, there are only a few like Daniel Gillès,¹⁷ Stephen Grecco,¹⁸ Alfred Rammelmeyer,¹⁹ and William Ober²⁰ who analyze selected doctor figures. Stephen Grecco, to take one example, tries to portray their characters in Chekhov's plays as representatives of the different phases in Chekhov's life. There is no doubt that there are significant elements from the author's life in his works--a fact on which I will elaborate upon in my conclusion--yet Grecco's theory about the physicians in Chekhov's plays representing the various phases in Chekhov's life is somewhat misleading. Firstly, he puts Dorn (The Seagull), Astrov (Uncle Vania) and Chebutykin (The Three Sisters) into

one category, describing them as "amiable and gregarious on the surface, they are revealed as cynical and loveless types, enigmatic in their conversation and behaviour, disdainful of the medical profession because it no longer provides much satisfaction while it continues to fill them with a crippling, oftentimes irrational, sense of guilt."²¹ The description of a "cynical and loveless type" fits only Chebutykin, none of the three figures is "disdainful of the medical profession"--Chebutykin is merely indifferent towards everything including medicine--and the "sense of guilt" that fills only Astrov and Chebutykin, stems from being unable to cope with life's demands--Astrov is incapable of dealing with the negative sides of medicine whereas Chebutykin cannot handle life in general.

Secondly, Grecco describes Astrov "as an individual who has delimited himself into a state of near immobility,"²² and he states that Chekhov feared he was becoming a man like Astrov. In my opinion, it is unjust to describe Astrov as a nearly immobile individual, for he exhausts himself from doing medical work, and he puts a great deal of effort into preserving the forests. He is the only character in that play who is actually working. And we cannot see from Grecco's article whether Chekhov was actually afraid of assuming Astrov-like qualities, for we do not find any reference to that theory there. All in all, Grecco's analyses are only partly useful.

Ober's essay on Chekhov's doctor figures is revealing inasmuch as it is by a pathologist who has written a number of essays on the interrelation of the mind and body, which is an important issue in the Russian writer's works. After giving a short biography of Chekhov, Ober

concentrates on the psychopathology of his doctor figures. He sees them as people who lack "self-confidence and purpose" and who are "incomplete men in an advanced state of copelessness."²³

Ober's analyses are only partly useful for this study, since he concentrates exclusively on the negative traits of the various doctor figures. He describes them as being helpless, disillusioned and incompetent, which applies well to Dr. Stepanovich, Dr. Ragin and Dr. Chebutykin, but is only partially true of Dr. Dorn and Dr. Astrov. Ober puts these two doctor figures in a rather negative light, whereas he shows sympathy for the negative character L'vov, whose role he misinterprets to such an extent that one wonders whether he read the play. He says:

... Lvov stands aghast but impotent as Ivanov cruelly deceives and manipulates his wife, who is dying of tuberculosis. Lvov has a passionate desire to cure humanity's ills but he cannot prevail against Ivanov's cupidity and lechery. 24

But as Polakiewicz reminds us,²⁵ in our time L'vov is considered a negative figure, whereas initially he was regarded as a "hero," which had surprised Chekhov:

The producer considers Ivanov a superfluous man, in the manner of Turgenev; Savina asks, "Why is Ivanov a scoundrel?" You write, "It is necessary to add something that will make it clear why two women cling to Ivanov, and why he is a scoundrel, and the doctor--a great man." If the three of you have so understood me, it means that my Ivanov is no good at all. I probably must have lost my wits and written the reverse of what I intended. If Ivanov comes through in my play as a scoundrel or a superfluous man, and the doctor as a great man ... then evidently the play has not turned out as I wished. 26 [last italics mine]

Of the few authors who treat the topic of the doctor figure more

extensively, I would mention Isai Geizer,²⁷ G. Zadera,²⁸ Caroline Scielzo²⁹ and Leonard Polakiewicz. The two works by Geizer and Zadera offer a long list of Chekhov's doctor figures, pointing out their most important traits but the critics refrain from giving a more detailed analysis and from a comparison of the different types of physicians. Geizer gives numerous examples of Chekhov's physicians, in most cases analyzing them within the framework of the play or short story in question. Unfortunately, he does not concern himself with the characterization and the significance of the doctor figure in the various works. Zadera's approach is similar: he dwells upon twenty-five doctor figures in his two relatively short articles, which gives them a reference-like character.

Caroline Scielzo's dissertation on "The Doctor in Chekhov's Works" is refreshing. She focuses on the psychological aspects of medicine, the sociological circumstances as a cause of illness, and the doctor's role as healer or as patient; then she turns to the negative physician and the doctor as a hard-working figure. The author points out clearly but too briefly that there are different shades of negative figures: there is the greedy type, Startsev (Ionych), the narrow-minded figure L'vov (Ivanov), the incompetent physician Chebutykin (The Three Sisters), and the weak character of Ragin (Ward No. 6), to name but a few. But she claims the majority of Chekhov's doctor figures are positive, "hard-working" or "over-worked" physicians, which includes characters such as Dymov (The Grasshopper), Dorn (The Seagull) and Astrov (Uncle Vania), among others, whose main characteristic is their faith in medical work. Scielzo's description of the above-named doctor

figures is correct, although it cannot be said that the majority of Chekhov's physicians is positive. On the contrary, I believe that most of them lean towards the negative side, as can be seen from Table III on pages 49 and 50 of this study.

Although Scielzo's examples are clear and straightforward, she does not deal in depth with the selected doctor figures and the different aspects of medicine.

Leonard Polakiewicz differs in his approach from Geizer, Zadera and Scielzo in that he systematically analyzes the various types of physicians and their function in Chekhov's works. His more substantial study provides a counterpart to Maria Alter's work on Schnitzler. Polakiewicz deals with Chekhov's physician in both prose and drama and, like Alter, he divides the different physicians into three main, but different, groups:

1. the "Protesters"
2. the "Unprofessionals"
3. the "Idealists".

At first glance, these categories seem to be justified, but after looking carefully at the physicians Polakiewicz has put into these categories, we discover that some physicians do not bear the characteristics associated with their category. For example, Dr. L'vov (Ivanov), whom Polakiewicz considers to be a "Protester," seems to me to be better characterized as a physician with moralizing qualities, as I will explain in Chapter IV.

Unlike Alter, Polakiewicz is not concerned about the physician as major or minor character, and he does not label the physicians as being positive or negative. He merely mentions in passing that some of the physicians are quite attractive, while others are less so. On the

whole, however, Polakiewicz's dissertation is well organized and refreshing to read; it gives some significant interpretive information about the doctor figure, which had been overlooked in previous Chekhov research.

Finally, I would like to mention one comparative study on Schnitzler and Chekhov. In his master's thesis, "A Comparison of Motifs and Attitudes in the Works of Schnitzler and Chekhov," Gerald Hopp compares Schnitzler's and Chekhov's Weltanschauungen and some of the motifs in their works. He bases the parallelism on the similar political and economic developments in Austria and Russia, and on the comparable interest in the medical profession found in those two countries. Although Hopp's prime concern is not the analysis of the physician in both authors' works, he nevertheless relates the doctor figure to important themes--the moral decline of society, lack of communication and the isolation of the individual, to name a few--and he devotes one chapter to the "Image of the Physician." He discovers that the physician occupies a special position in both authors' works because he is able to have a closer understanding of the human psyche than anyone else. He sees too that in some of Schnitzler's works this figure could be replaced by another member of society. I will examine Hopp's reasons for stating this in Chapter V below. Hopp feels that in general the function of Schnitzler's physician is not directly connected with his profession. Unfortunately, he does not draw a parallel to Chekhov's doctor figures, who are rarely seen as practitioners. Hopp further recognizes that Chekhov's characters tend to be ambiguous and that some of them function as raisonneur. He also remarks quite correctly

that some of Chekhov's later physicians have something irrational about them, a quality absent in Schnitzler's doctor figures. On the whole, Hopp offers a variety of interesting comparisons and contrasts, in which the contrasts prevail. It is worth noting in passing that Hopp fails to raise the question as to whether Schnitzler and Chekhov knew each other. I was unable to find any references that spoke of Chekhov knowing Schnitzler. The latter, however, simply mentions Chekhov in his diary in 1913, 1914 and 1916, without going into detail.³⁰ But in an interview for the St. Petersburg newspaper Literaturnye siluety, Schnitzler is known to have said around 1909:

Ich liebe Ihren Dichter Čechov. Das ist
einer der besten modernen Schriftsteller.
Welche Stimmungen, welche Tiefe der Gedanken³¹
und wie edel seine Beziehung zu den Menschen.

To summarize: the analyses by Alter, Polakiewicz and Hopp have yielded some interesting issues on which I would like to build. Since Schnitzler's and Chekhov's medical professions played an important role in their literary careers, I will continue by giving an overall view of both authors' attitude towards medicine, connecting it with the history of medicine in Austria and Russia at the turn of the century, and giving an outline of Schnitzler's and Chekhov's medical backgrounds. Since the majority and the most prominent of Schnitzler's and Chekhov's doctor figures appear in the role of a major character, I do not find it useful to group both authors' physicians according to their role in a work, which was Alter's approach. I will categorize Schnitzler's and Chekhov's doctor figures by type, elaborating on Alter's concept of the "good," "weak," and "bad" physician. With this method I hope to give a clearer picture of the physicians' significance in an

individual story or play. This will be the main emphasis in Chapters III and IV, where I will assemble Schnitzler's and Chekhov's physicians according to their positive and negative qualities.

CHAPTER I

NOTES

¹Gerald Hopp, "A Comparison of Motifs and Attitudes in the Works of Schnitzler and Chekhov" (M.A. thesis, University of Pittsburgh, 1969).

²Louis Nesbit, "Arthur Schnitzler (1862-1931)," Medical Life 42 (1935), 511-550.

³H. Politzer, "Diagnose und Dichtung. Zum Werk Arthur Schnitzlers," in H.P. Das Schweigen der Sirenen (Stuttgart: Metzler, 1968), pp. 134-141.

⁴Bernhard Blume, Das Weltbild Arthur Schnitzlers (Stuttgart, 1936).

Another example of the broader type of analysis is found in Dieter Kerner's article "Der Arzt im Werk von Arthur Schnitzler," Hippokrates, 40 (1969), 803-807. Dieter Kerner mentions some significant doctor figures, like Dr. Bldinger (Der junge Medardus), Dr. Wellner (Freiwild), Professor Bernhardt (from the comedy of the same name), and Dr. Gräsler (Dr. Gräsler, Badearzt), yet he does not describe in detail their character and their function, merely depicting them in point form.

⁵Politzer, "Diagnose und Dichtung," op. cit., p. 140.

⁶Bernhard Blume, Das Weltbild Arthur Schnitzlers, op. cit., p. 74.

⁷Louis Nesbit, "Arthur Schnitzler (1862-1931)," op. cit., p. 515.

⁸Bernhard Blume, Das Weltbild Arthur Schnitzlers, p. 43.

⁹Robert O. Weiss, "The 'Hero' in Schnitzler's Comedy Professor Bernhardt," MAL, 2, No. 3 (1969), 30-34, and "The Human Element in Schnitzler's Social Criticism," MAL, 5 (1972), 30-44.

¹⁰Solomon Liptzin, Arthur Schnitzler (New York, 1932).

¹¹Richard Specht, Arthur Schnitzler. Der Dichter und sein Werk (Berlin: S. Fischer, 1922).

¹²Maria Pospischil Alter, The Concept of the Physician in the Writings of Hans Carossa and Arthur Schnitzler (Frankfurt A.M., 1971).

¹³Richard Specht, Arthur Schnitzler, op. cit., p. 17.

¹⁴Maria Pospischil Alter, "Schnitzler's Physician: An Existential Character," MAL, 4 (1971), 7-23.

¹⁵Dieter Kerner, Arzt-Dichter. Lebensbilder aus fünf Jahrhunderten (Stuttgart: Schattauer, 1967).

¹⁶M. Rabinovich, Chekhov i meditsina (Omsk, 1946). Another author who deals in a general way with the topic of the doctor figure in Chekhov's works is Vasilii Khizhniakov. In his study Anton Pavlovich Chekhov kak vrach (Moscow: Medgiz, 1949), he points out that Chekhov's medical career had clearly left traces in his literary writings. Unfortunately, he simply lists some of Chekhov's works that deal with the problem of the Russian physician.

¹⁷Daniel Gillès, Chekhov. Observer without Illusion (New York: Funk & Wagnalls, 1968).

¹⁸Stephen Grecco, "A Physician Healing Himself: Chekhov's Treatment of Doctors in the Major Plays," in Medicine and Literature, ed. Enid Rhodes Peschel (New York: Neale Watson Academic Publication, 1980), pp. 48-55.

¹⁹Alfred Rammelmeyer, "Arzt, Kranker und Krankheit in der russischen schönen Literatur des 19. Jahrhunderts," in Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts (Stuttgart: Ferdinand Enke, 1967), pp. 116-156.

²⁰William B. Ober, "Chekhov among the Doctors: The Doctor's Dilemma." In W.B.O. Boswell's Clap and Other Essays: Medical Analyses of Literary Men's Afflictions (London: Feffer & Simons, 1979), pp. 193-205.

²¹Stephen Grecco, "A Physician Healing Himself: Chekhov's Treatment of Doctors in the Major Plays," op. cit., p. 5.

²²Ibid., p. 9.

²³William B. Ober, "Chekhov among the Doctors: The Doctor's Dilemma." In W.B.O. Boswell's Clap and Other Essays, op. cit., p. 202.

²⁴Ibid., p. 203.

²⁵Leonard Polakiewicz, "The Image of the Doctor in Chekhov's Works," p. 80.

²⁶Ibid., pp. 80-81. Footnote 52 on p. 125: Letter of December 30, 1888, to A.S. Suvorin, in Koteliansky, p. 136).

²⁷Isai Geizer, Chekhov i meditsina (Moscow: Medgiz, 1954).

²⁸G. Zadera, "Meditsinskie deiateli v proizvedeniakh A.P. Chekhova." Niva, 10 (1903), 302-324, 481-510.

²⁹Caroline Scielzo, "The Doctor in Chekhov's Works." (Ph.D. dissertation, University of New York, 1976).

³⁰Arthur Schnitzler, Tagebuch 1913-1916 (Vienna: Verlag der Österreichischen Akademie der Wissenschaften, 1981), "Lese ... Tschechow Novellen," p. 74. "Gelesen: ... Tschechow," p. 94. "Las auf der Meerreise ... Tschechow," p. 116. "In der N.W.B. Kirschgarten von Tschechow; schön--verstand das wenigste, ging vor letztem Akt," p. 319.

³¹Elisabeth Heresch, Schnitzler und Rußland: Aufnahme-Wirkung-Kritik (Vienna: Wilhelm Braumüller, 1982), p. 97.

CHAPTER II

SCHNITZLER'S AND CHEKHOV'S MEDICAL CAREERS

In order to obtain a better understanding of the physician's function in Schnitzler's and Chekhov's works, it is important to have an overall view of the authors' medical careers, their attitudes towards medicine, and the medical conditions at that time. I will deal with these aspects in this chapter by presenting a chronological table that includes the most important dates in both authors' medical careers, followed by a commentary. I will deal with Schnitzler's and Chekhov's attitudes towards medicine, and I will summarize the medical conditions in Austria and Russia in their times. In my conclusion, I will show the medical influence on Schnitzler's and Chekhov's literary career.

For Schnitzler's medical background and his attitude towards medicine, I consulted his autobiography Jugend in Wien,¹ and his biography by Renate Wagner.² In Chekhov's case, I found some revealing information in the biographies by Ronald Hingley,³ and Sophie Lafitte,⁴ as well as in the studies by Isai Geizer,⁵ E.B. Meve,⁶ and John Tulloch.⁷ The information about medical conditions in Austria is taken from the studies by Douglas Guthrie⁸ and Henry E. Sigerist,⁹ who unfortunately mention the medical situation in Vienna only briefly. By contrast, Nancy Frieden¹⁰ gives a very detailed and informative description of the history of medicine in Russia.

TABLE I
A COMPARATIVE CHRONOLOGY OF
SCHNITZLER'S AND CHEKHOV'S MEDICAL CAREER

Schnitzler: (1862-1931)	Chekhov: (1860-1904)
1879-1885 - medical studies	1879-1884 - medical studies
1885 - receives his medical degree	1884 - receives his medical degree
	- starts his career in Zvenigorod
	- starts to write a history of Russian medicine.
1885-1888 - works in the General Hospital as an intern.	1884-1897 - works as a <u>zemstvo</u> physician in the Moscow district.
1886- - works in the psychiatric section.	- has a private practice in Moscow.
1887- - works in the dermatology section.	
- becomes editor of the <u>Internationale Klinische Rundschau</u> .	
1888-1893 - assists his father in the laryngology section of the <u>Poliklinik</u> .	
- works with hypnosis.	
1889- - writes among others an article, "Über funktionelle Aphonie und deren Behandlung durch Hypnose und Suggestion," for the <u>Internationale Klinische Rundschau</u> .	

TABLE I (Cont'd)

Schnitzler	Chekhov
	1890 - stays on the penal island of Sakhalin for three months to study the social conditions.
1893 - leaves the <u>Poliklinik</u> after his father's death. - starts a private practice.	1892-1893 - moves to Melikhovo in 1892. - offers his services during the cholera epidemic.
	1897 - gives up practicing medicine due to bad health.
1898 - his medical activities are on the decline.	

As can be seen from this table, there are surprising parallels between the most important dates in Schnitzler's and Chekhov's career. They received their medical degrees within a year of each other and started their medical careers in the same year. Whereas Schnitzler spent roughly the next eight years working in different sections of the General Hospital and the Poliklinik in Vienna, Chekhov soon opened a private practice in Moscow, but lived off the income of his literary work.

At the time when Schnitzler experimented with hypnosis and explored the human psyche, Chekhov travelled to the penal island of Sakhalin to study the social conditions there. Although Chekhov did

not engage in any experiments as Schnitzler did, he too became a close observer of the human psyche, which both of them investigated as a major theme in their literary work.

There was a major change in Schnitzler's and Chekhov's life in 1893 and 1892 respectively. In 1893 Schnitzler's father died, and Arthur left the Poliklinik to enter private practice. His father had always objected to his son's literary career, which might have been a reason for his indecisiveness concerning his medical and literary careers. It is possible that Schnitzler did not want to act against his father's will, and that by restricting himself to private practice later, he saw a chance to devote more time to his literary work.

In 1892, Chekhov decided to leave Moscow and to move to the country. He was fed up with city life and needed a change. Perhaps he felt that his medical services were more useful in a rural area, where there was a greater need for physicians than in Moscow, which was already well-served with them. In Melikhovo, Chekhov found himself busy cultivating the land by growing wheat and vegetables and planting trees. His prime concern was to educate the peasants, to show them how to make the best use of their land, to build schools for them, and to teach them about hygiene. Chekhov felt that by educating the rural population, many of their health problems would disappear. By working with the peasants, Chekhov also established a good relationship between them and physicians, which was crucial, for many peasants were afraid to see a doctor until it was too late. Chekhov was very active during that time treating patients suffering from cholera.

Schnitzler never completely gave up the practice of medicine, but by 1898 he had only a few patients left and concentrated more on his long literary career; he died in 1931. Chekhov, on the other hand, gave up practicing it about 1897, due to his bad health, and he continued to devote his energy to literature until his death in 1904.

A. Schnitzler's and Chekhov's Attitudes Towards Medicine

Schnitzler studied medicine in Vienna and received his medical degree from the university there at the age of twenty-three. Growing up among physicians--his father Johann Schnitzler was a well-known laryngologist and one of the founders of the Viennese Poliklinik--it was a natural choice for him to enter the field of medicine:

In ernsterem Sinne freilich wirkten das Vorbild meines Vaters, mehr noch die ganze Atmosphäre unseres Hauses von frühester Jugend auf mich ein, und da ein anderes Studium während meiner Gymnasialzeit überhaupt nicht in Frage gekommen war, ergab es sich als ganz selbstverständlich, daß ich mich im Herbst 1879 an der medizinischen Fakultät der Wiener Universität immatrikulieren ließ. 11

His father's influence must have been quite impressive, since Schnitzler decided to concentrate upon medicine without showing any great interest for the medical sciences:

Eine wirkliche Begabung oder auch nur ein auffallendes Interesse nach der naturwissenschaftlichen Seite hin war bis zu diesem Moment keineswegs bei mir zu konstatieren gewesen. 12

Schnitzler had no objections to his father's advice to follow in his footsteps. Yet, as a medical student and later as a young physician, he was often annoyed when his father told him repeatedly that, as the

son of a professor of medicine, it was much easier for him to make a career there than for his colleagues. Although Schnitzler was vexed by those comments, he thought them justified inasmuch as he spent very little time attending lectures or on his studies, and since he only slowly discovered his talents in medicine:

Die zweifellos gleichfalls vorhandenen
 ärztlichen Elemente meiner Natur aber
 kamen erst später und--so paradox das
 klingen mag--um so entschiedener in mir
 zur Entwicklung, je mehr ich mich dem
 Bereich ärztlicher Verpflichtungen und
 Verantwortungen entrückt fühlen durfte. 13

His attitude towards medicine continued to be insecure and uncertain; at times he felt repelled by it, and at other times he was immensely attracted to it. He preferred internal medicine to surgery, for which he felt a certain inhibition and reluctance, and which he thought to be in conflict with his hypochondriac tendencies. His only real interest in medicine was for nervous and mental disorders. Even shortly before his final examinations he was hesitant about his future medical career:

... ich habe das entschiedene Gefühl, daß ich,
 abgesehen von dem wahrscheinlichen materiellen
 Vorteil, ethisch einen Blödsinn begangen habe,
 indem ich Medizin studierte. Nun gehöre ich
 unter die Menge. Kommt dazu noch erstens meine
 Faulheit, als zweiter und wohl noch ärgerer
 Nachteil die schändliche Hypochondrie, in die
 mich dies jämmerliche Studium, jämmerlich in
 Beziehung auf das, wo es hinweist und was es
 zeigt, gebracht hat. 14

At this early stage, he already wondered whether it would be better to devote all his time to literary work:

Ich weiß es noch nicht ... ob in mir ein
 wahres Talent für die Kunst steckt, daß

ich aber mit allen Fasern meines Lebens, meines höheren Denkens dahin gravitiere, daß ich etwas wie Heimweh nach jenem Gebiet empfinde, das fühl' ich deutlich und hab' es nie deutlicher gefühlt als jetzt, da ich bis über den Hals in der Medizin stecke. Ob ich elastisch genug bin, wieder aufzuschnellen über kurz oder lang? 15

As a young physician, he fulfilled all his duties but he never spent time carrying out scientific research. Nor could he realize his talents in any one medical discipline, neither in psychiatry, dermatology, laryngology, nor in medical journalism. Then he started to work with hypnosis which, stimulated by Charcot, was an exciting new field of study at that time. Schnitzler had some notable success in curing his patients with this method; he began experimenting in other ways with hypnosis, but when his patients started to get physical problems, he restricted his use of it to medical purposes only.¹⁶

Although Schnitzler lacked the necessary interest in the medical disciplines in which he worked, he was able to expand the physician's profession "ins Weltanschaulich-Humanistische,"¹⁷ of which his literary work is the best example.

By contrast, we do not know why Chekhov decided to study medicine. He came from a lower middle class family: his father was a grocer, and his ancestors were serfs until Anton Chekhov's grandfather bought freedom for himself and his family. It was, however, easier for someone of his class to pursue these studies, since at that time medicine was considered a socially unacceptable career by the nobility. Whether it was a dream he had cherished from his early childhood on, whether he wanted to fulfill his mother's wish,¹⁸ or whether he thought that as a physician he would be in a better position to support his parents and

his brothers and sisters, we do not know. But he must have been serious in his intent, for the study of medicine, particularly in the Russia of his time, involved hard work and real devotion.

Little is known about his medical studies except that he attended lectures with regularity--in contrast to Schnitzler--and that he did not specialize in one particular field. Chekhov received his medical degree from the University of Moscow in 1884, and began his medical career at a zemstvo hospital in Zvenigorod. He turned down a permanent position in that town, but he agreed to work there during the absence of one of the regular doctors. He applied for a position in Moscow at a children's hospital, but without success. He then opened a private practice in Moscow, but most of his patients were personal friends, whom he never asked to pay their medical fees. And so his literary career supplied his income. But Chekhov did not devote himself solely either to his literary or to his medical career at that time. He found a compromise, and began a study of the history of Russian medicine in the form of a treatise which was never completed; in 1893 he finished a work on the social conditions on the penal island of Sakhalin, which he had visited in 1890. The Island: A Journey to Sakhalin is a social and medical study of penology. While it is not considered to be one of Chekhov's greater works, critics such as Joanne Trautmann believe that Chekhov's motive for the journey and his reportage provide revealing information about Chekhov the man:

Sakhalin was ... a culmination of years of writing about freedom and its loss, a theme that had its original inspiration in the facts of Chekhov's childhood With his imagination

this man, free now as he thinks, relives over
and over in his fiction the time of bondage. 19

Chekhov made use of the knowledge he had as a physician for humanitarian purposes, and we will observe how he expanded that material later on in his works. Here, we can draw a clear parallel to Schnitzler, and Renate Wagner's thoughts about Schnitzler using his knowledge of medicine in the literary field can be applied to Chekhov without any reservations. Like Schnitzler, and any other practicing physician, Chekhov had a close contact with his patients from all levels of society, with their suffering and illnesses, and he had a penetrating view of the human psyche, which was of a great value for him as a writer. Chekhov was particularly interested in psychiatry,²⁰ which is reflected in his literary works describing numerous mentally disturbed characters and psychopaths (Ward No. 6, The Black Monk, A Nervous Breakdown). His concern for medicine, as portrayed in his literary writings, led him to analyze the influence of a physical illness on the patient's psyche, and to see how that in turn affected the progress of that illness.²¹

Chekhov's attitude towards medicine was formed by his rational view of life, as we can see in his literary works. Ronald Hingley puts it this way:

Of all the major Russian writers he was the one ... who most consistently considered problems in the context of available evidence; who refused to leap to conclusions based on combined instinct and ignorance This natural bias was confirmed and supported by his medical theory and practice. 22

Chekhov himself made a statement on his attitude towards medicine which has often been quoted as proof of his true feelings on the subject:

Medical study has exercised a serious influence on my literary activity. It has considerably widened the area of my observations. It has enriched me with knowledge of which the true value to me, as a writer, can be appreciated only by another doctor. It has also helped to guide me in the right direction, and it is probably thanks to my medical knowledge that I have avoided many mistakes. Familiarity with the natural sciences and with scientific method has always kept me alert, and I have tried wherever possible to take scientific data into account; and where that has not been possible I have preferred not to write at all. 23

Although Chekhov received little satisfaction, and even less income, from his medical practice, he considered medicine to be his main career and continued to practice it. Unlike Schnitzler, there was no inner conflict about his true calling, no searching for his true talent. Occasionally he wrote in his letters that he had had enough of the long, hard working hours of a physician, and that he would like to give up medicine altogether; but those were just complaints of an overworked physician, and he continued to practice despite those reservations. As long as his medical services were needed, he devoted all his time, energy, and money to that calling, and his literary activities were often temporarily laid aside, for example, during the cholera epidemics in 1892 and 1893.

In the early 1890s, Chekhov began to feel an increasing urge to move to the country--which he eventually did in 1892--and to practice medicine there. His desire to serve the peasants was probably based on the great need for physicians in the rural areas at that time. Chekhov realized that many illnesses were based on the peasants' ignorance. In order to cure them, he started his work at the root of the evil by building schools for them, mostly financing them himself.

Once again, Chekhov treated people without asking to be paid for his efforts, and when the cholera epidemics broke out in 1892 and 1893, he had a survey made of his medical district, taking responsibility for sanitary improvements and other precautions while again refusing remuneration.

From all this we can see that there is a significant difference in attitude between Schnitzler and Chekhov toward their medical careers. It seems that Schnitzler, who grew up and lived in a family of physicians, merely accepted his future as one, which was always held against him by his father, his brother and his brother-in-law, who were all hard-working doctors. It seems that Schnitzler preferred to use his knowledge of medicine in the literary field rather than in the medical:

Aber zeit seines Lebens wird Schnitzler alles,
was er als Arzt weiß, lieber als Dichter
niederlegen...--woraus klar wird, warum sich
vor allem unter seinen Prosaarbeiten so viele
ausgesprochene 'Krankengeschichten' finden. 24

Schnitzler spent most of his life trying to find himself. Was he a physician or a writer? Although he was not able to discover his real talent in medicine, he could not decide whether to give up one career for the other, even when he became famous as a writer and when his careers became incompatible. Schnitzler deals repeatedly with this, his personal problem, in his literary writings. In the end, his literary career predominated. Although Schnitzler never gave up his medical career completely, by the year 1898 he only had a small private practice, and devoted almost all of his time to his literary interests and chronicling the times in his diaries which are now being published.

Chekhov, on the other hand, showed a true interest in medicine

and the general well-being of mankind. He believed in his medical work and was enormously attached to zemstvo medicine (this term will be explained below), which was based on extensive practical experience, as John Tulloch describes in detail.²⁵

Both Schnitzler's and Chekhov's medical profession brought them into close personal contact with their patients, a fact which confronted them with more suffering and gave them a better understanding of the human psyche than another writer might have experienced who was not a doctor. It is crucial to see how both Chekhov's and Schnitzler's rational and critical view of life became clouded when it concerned their own health. Schnitzler paid little attention to a swelling of one of his lymph glands that kept getting worse; and Chekhov went even further in ignoring his symptoms of tuberculosis.²⁶

B. The History of Medicine in Austria and Russia at the Turn of the Century

In order to obtain a better understanding of the physician's function in Schnitzler's and Chekhov's works, it is important to have an overall view of the medical conditions at that time, especially since the Austrian and Russian health services were subject to different conditions, which led in part to contrasting depictions of physicians in Schnitzler's and Chekhov's works.

In Russia, the medical profession, controlled by the state, was grossly underpaid and not highly prestigious, whereas in Austria it was a very respectable profession whose members belonged to the social elite. In addition, the Austrian health service was relatively

independent of state control, which enabled the physicians to enjoy a certain freedom. That was particularly true for Vienna, the Western centre of medicine at the time, one which had a significant influence on other European countries. No European physician's education was considered complete unless he had spent some time studying in that city.

During the 1840s, the Viennese school of Medicine had begun to flourish; it overtook the School of Paris, which earlier had furthered the work of the Old Viennese School of Medicine. In the second half of the nineteenth century and at the turn of the century, the status of pathological anatomy was enormous; it had become an independent discipline at the Viennese General Hospital. It was an age of progress in bacteriology, anesthesia, and antiseptics, in dermatology and laryngology. The development of laryngology attracted numerous patients, especially from among singers and actors.

To cite an example of these progressive developments: one of the innovations in Vienna was the emergence of the Poliklinik, which had been founded in 1872 by twelve young professors of medicine, who wanted to practice totally free of direction from the state. One of those founders was Arthur's father, Johann Schnitzler, and Arthur himself was to enter the Poliklinik 16 years later. Many medical practitioners protested against this institution for fear of losing a great number of wealthy patients. But an official examination of the institute showed that there was absolutely no reason to protest, after which the Poliklinik continued to flourish.

Influenced by the medical school in Paris, scientists were also showing an interest in psychoanalysis and hypnosis, which became of

great interest to Schnitzler. But although the late nineteenth century was distinguished by great medical achievements, the Viennese medical students were often rather indifferent to many of these accomplishments, as Carl Wunderlich reports:

Apart from a few exceptions, we note everywhere in Vienna a phlegmatic coldness, a dull school-boy-like acceptance, a clinging to the letter and a forgetfulness of the spirit, a trust in the traditional. Especially disagreeable in this respect is the impression produced by the lukewarmness of the assistant physician at the hospitals. 27

Meanwhile, in Russia the medical situation was quite different; Nancy Frieden gives a very detailed description of the state of affairs. Approximately three quarters of Russian physicians worked in the public sector, in a relatively low social position and with a fixed annual salary, since only very few Russians were in a position to afford medical expenses. Only the minority of physicians had a private practice but they, with the exception of a few urban physicians who had a rather substantial income, would have preferred a position with a fixed salary. This group included Jews and foreigners who were not entitled to a position in the public sector.

Between 1856 and 1890, the medical profession in Russia underwent great changes. Medical doctors showed an increasing interest in the public health service--the number of physicians doubled--and with rising industrialization as well as with the developments in medicine, the physician's responsibility began to grow. The profession was still linked to the nation's traditions and institutions, yet the physicians had their doubts about the role of the state in the necessary reformation of medicine. Since most doctors were needed in the public service, and

since they were not ready for professional development along Western models, they emphasized social activism. In doing so, however, they gradually restricted their career and medical knowledge.

Industrialization did not only bring significant developments in Russia but unfortunately epidemics as well. Hundreds of thousands of Russians became victims including numerous physicians who were obligated to offer their services during such emergencies. In the cities, rapidly growing industrialization was a major cause of health problems, especially in factories, where contagious diseases were able to spread very quickly.

In the face of these hardships, in the 1880s and 1890s, Russian physicians sought new ways to claim their rights and to assert their authority. This led to a major innovation: the emergence of zemstvo medicine, a health service provided by local governments that was restricted to rural areas. Zemstvo medicine served as the basis for physicians' professional development. The Russian practitioner was influenced on the one hand by the new social activism that determined his professional role, and on the other by the Western medicine that served as the basis for their rising professional consciousness. Physicians who belonged to this institution were in most cases younger than their colleagues in other positions, since zemstvo medicine provided a good starting point for those starting out. Most of them would have preferred to lecture on medicine or to work in a hospital, but there were only few positions of that kind available.

As zemstvo medicine gained respect, its adherents became idealized by the population. Some of them might have been ideologically motivated

to work with the common folk, but whatever their initial reason was for working in rural areas, most of them blended in with the rural population and assumed a humble life style. It was, however, a difficult task. The majority of the zemstvo physicians were overworked, since in rural areas the doctor-patient ratio was 1:33,000 and the physician had to fight against epidemics of cholera, chicken pox, diphtheria and typhus. Whenever epidemics broke out in the densely populated Western countries, they were soon under control, whereas in a huge country like Russia it was an uphill struggle to bring these catastrophes to an end. The causes of these plagues could largely be found in the poverty, inadequate nourishment, ignorance, superstition and the poor living and working conditions among the rural population. In addition, physicians had to deal with alcoholism, infant mortality, tuberculosis and syphilis. Zemstvo physicians were considered to be modest people, whose prime concern was the population's well-being rather than material gain; they made an effort to improve both socio-economic and sanitary conditions in rural areas; they strove to overcome the peasants' fear and distrust; they were willing to move to remote villages in order to treat the rural population in local clinics, since the peasants were afraid of large hospitals. Such professional dedication led to an increased recognition of the medical profession and a certain independence from the state at the turn of the century when, in 1905, the government threatened to dismantle the structure of zemstvo medicine and to submit the health service to administrative control. At the beginning of the twentieth century, the Russian physician felt that the great advancements in the field of medicine entitled him to be respected, which gradually led to his gaining prestige

as a scientist and social reformer, a goal that his Austrian counterpart had already reached some time ago. All these socio-economic factors--together with Schnitzler's and Chekhov's medical career and their attitude towards medicine--are reflected in both authors' literary writings, as we will see when discussing the individual works.

Schnitzler and Chekhov became interested in the world of the theatre at an early age. Schnitzler was influenced by the artistic atmosphere that surrounded him--many of his father's friends and patients were actors and singers--whereas Chekhov discovered literature and the stage on his own, just as he developed an interest for medicine without anyone's influence.

We have seen that the difference between the most important dates in Schnitzler's and Chekhov's medical careers is rather insignificant. The same can be said for the dates concerning their literary careers, which began in 1880, shortly after they entered medical school. Schnitzler, whose father was not much in favour of his son being a writer, becomes an established one in the 1890s--and especially after his father's death in 1893--whereas Chekhov was a national celebrity already by the late 1880s and early 1890s.

Despite the hardships that accompanied their literary career--some of their works being misunderstood, others rejected for performance--Schnitzler and Chekhov combined literature and medicine by portraying medical themes in their works.

CHAPTER II

NOTES

¹Arthur Schnitzler, Jugend in Wien: Eine Autobiographie, eds. Therese Nickl and Heinrich Schnitzler (Vienna: Fritz Molden, 1968). (Hereafter referred to as JiW.)

²Renate Wagner, Arthur Schnitzler: Eine Biographie (Wien: Fritz Molden, 1981).

³Ronald Hingley, A New Life of Anton Chekhov (London: Oxford University Press, 1976).

⁴Sophe Lafitte, Chekhov (1860-1904) (New York: Charles Scribner's Sons, 1973).

⁵Isai Geizer, Chekhov i meditsina (Moscow: Medgiz, 1954).

⁶E.B. Meve, Meditsina v tvorchestve i zhizni A.P. Chekhova (Kiev: Gosudarstvennoe meditsinskoe izdatel'stvo USSR, 1961).

⁷John Tulloch, Chekhov: A Structuralist Study (London: Macmillan, 1980).

⁸Douglas Guthrie, A History of Medicine (London: Thomas Nelson and Sons Ltd., 1945).

⁹Henry E. Sigerist, Great Doctors: A Biographical History of Medicine (London: George Allen & Unwin, 1933).

¹⁰Nancy Frieden, Russian Physicians in an Era of Reform and Revolution, 1856-1905 (Princeton, N.J.: Princeton University Press, 1981).

¹¹JiW, p. 93.

¹²Ibid.

- ¹³ JiW, p. 95.
- ¹⁴ Ibid., p. 191.
- ¹⁵ Ibid., p. 192.
- ¹⁶ Details can be found in JiW, pp. 318-319, and in Hans-Ulrich Lindken, Arthur Schnitzler: Aspekte und Akzente. Materialien zu Leben und Werk (Frankfurt a.M.: Peter Lang, 1984), pp. 45-60.
- ¹⁷ Friedrich Torberg, "Nachwort," in JiW, p. 330.
- ¹⁸ Helene Auzinger, Anton Tschechow, Rußlands heitermelancholischer Dichter (Stuttgart: Deutsche Verlags-Anstalt, 1960), p. 6.
- ¹⁹ Joanne Trautmann, ed., "Doctor Chekhov's Prison," in Healing Arts in Dialogue: Medicine and Literature (Carbondale and Edwardsville: Southern Illinois University Press, 1981), p. 129.
- ²⁰ Isai M. Geizer, Chekhov i meditsina, p. 86. (Translation mine). "Medicine constituted the greater part of Chekhov's life. He, the great artist-psychologist, was always especially interested in psychiatry with which, in his opinion, every writer should be familiar." ("Медицина занимала большое место в жизни А. П. Чехова. Особый интерес для него, великого художника-психолога, всегда представляла психиатрия, которую, по его мнению, должен был знать каждый писатель.")
- ²¹ E.B. Meve, Meditsina v tvorchestve i zhizni A.P. Chekhova, p. 136.
- ²² Ronald Hingley, A New Life of Anton Chekhov, p. 52.
- ²³ Ibid. (Letter to G.I. Rossolimo in 1899).
- ²⁴ Renate Wagner, Arthur Schnitzler, p. 41.
- ²⁵ John Tulloch, Chekhov: A Structuralist Study, p. 55.
- ²⁶ Even Schnitzler's father tried to ignore illnesses concerning his family. Details can be found in JiW, pp. 196, 217.

²⁷ Henry E. Sigerist, Great Doctors, p. 300.
Carl Wunderlich, 1815-1877, was "one of the soundest clinicians"
in Germany at that time, as Douglas Guthrie portrays him in
A History of Medicine, p. 298.

CHAPTER III

THE MAINLY POSITIVE DOCTOR FIGURES

The next three chapters form the body of this study, where I will concentrate on the characterization and the problematics of the doctor figure in Schnitzler's and Chekhov's works. I will present the various doctor figures on a scale from the most positive to the most negative character. The former is positive because he diagnoses an illness--be it that of an individual or of society--and then attempts to cure the patient. On the other hand, the negative type of doctor appears with the emphasis on his private life, which prevents him from concentrating on the well-being of his patients. His only concerns are a desire for social recognition, monetary gain or satisfying selfish demands.

On the top of the scale I would place the revolutionary type of doctor, for he comes closest to the image of the "ideal" physician. His main concern is to ensure the patient's well-being at any cost. The average or good type has the same interests at heart that the revolutionary has. But the average doctor does not happen to get himself into conflict with society by placing the well-being of his patients above everything else. The physician who is confronted with people's personal problems rather than with "real" patients which differentiates him from the revolutionary and the average type and

who appears first and foremost as a friend, confidant and consoler, whose function it is to guide people with his advice, is labeled as raisonneur by a number of critics, Maria Alter among them.¹

In both authors' works there are clearly two types of the raisonneur figure, namely the detached type and the involved type. I will illustrate below how these types differ from the true raisonneur.

Although he is in close contact with his patients and their problems, the true raisonneur simply gives an opinion without involving himself directly with the people or events at hand. We are reminded of Politzer's idea of Schnitzler's physician as the Greek chorus² which corresponds to Schnitzler's own definition of the raisonneur:

Der Räsoneur tritt im Verlaufe der weiteren
Handlung nur gelegentlich nach vorwärts, wenn
er etwas zu reden hat. Im Übrigen bleibt er
von den Vorgängen vollkommen unberührt. Er
kümmert sich um niemanden, und die andern
kümmern sich nicht um ihn. 3

This would be the classic example of the raisonneur, but since both Schnitzler's and Chekhov's doctor figures are mixed types--which is indicated by my chapter titles of mainly positive and mainly negative characters--we will find different shades of raisonneur. Some of them give their advice without becoming too involved in a patient's situation, yet they form such a close relationship with the person in question that they do not fit the classic description of a raisonneur. It is true, however, that the other characters do not show any great interest in him. I will, therefore, refer to this first group of physicians as the detached type of raisonneur.

The second group includes physicians who attempt to detach

themselves from people and situations, but who become affected by the events at hand to such a degree that it exerts a strain on their private life. This particular type of raisonneur, which I will call the involved type, appears in both Schnitzler's and Chekhov's writings.

Turning to the negative types, we notice that there is only a small step from this particular type to the weak doctor figure. The inability of the weak type to deal with his own inner conflicts is emphasized to such an extent, that he becomes unable to help others or himself. The weak type is still in contact with the science of medicine, and therefore he suffers defeat only on a personal level, whereas the failed type experiences defeat on both the personal and the professional levels. He becomes disillusioned with his whole life, and gradually falls into a state of apathy. Although this type portrays the deterioration of all human values--which makes him appear as a useless human being--I do not consider this type, but rather the moralizer, to be the most negative figure. The failed one might not contribute to the well-being of a patient, but he does not inflict harm on him as the moralizer does. The moralizer, who lacks the psychological knowledge of medicine or who misuses it in such a way that he inflicts pain on another person or drives him to suicide, is certainly more negative than a physician who leads a vegetating life.

Since there is a rather substantial number of doctor figures in both authors' works, I will discuss only a selection of the most prominent ones in each of my categories.

The following charts present a schematic guide to the figures analyzed in the remaining chapters. They are designed to help the

reader understand the characterization of the doctor figure in Schnitzler's and Chekhov's writings. The first table presents a selection of both authors' physicians and the work in which they appear, in chronological order. The second table contains the different types of doctors and their main representatives. And the third table gives a selection of both authors' physicians by type.

TABLE II

A Selection of Schnitzler's and Chekhov's Doctor Figures

<u>Schnitzler</u>	<u>Chekhov</u>
The doctor is unnamed <u>Mein Freund Ypsilon</u> , 1889 (story)	Dr. Triletskii <u>Platonov</u> (Platonov, 1880-81; play)
Alfred <u>Sterben</u> , 1892 (story)	Dr. Ovchinnikov <u>Hydrophobia</u> (Vodoboiazn/Volk ⁴ /, 1886; story)
Dr. Wellner <u>Freiwild</u> , 1896 (play)	
Paracelsus <u>Paracelsus</u> , 1897 (play)	The doctor is unnamed The Examining Magistrate (Sledovatel', 1887; story)
Dr. Copus <u>Paracelsus</u> , 1897 (play)	Dr. Tsvetkov <u>Doctor</u> (Doktor, 1887; story)
Dr. Schmidt <u>Das Vermächtnis</u> , 1897 (play)	Dr. Kirilov <u>Enemies</u> (Vragi, 1887; story)

TABLE II (Cont'd)

Schnitzler

Dr. Halmschlöger
Die letzten Masken,
 1900-01
 (play)

Dr. Reumann
Der einsame Weg, 1903
 (play)

Dr. Schindler
Der Ruf des Lebens,
 1905 (play)

Dr. Stauber
Der Weg ins Freie,
 1905-07
 (novel)

The doctor is unnamed
Der Tod des Junggesellen,
 1907
 (play)

Dr. Assalagny
Der junge Medardus, 1910
 (play)

Dr. Büdinger
Der junge Medardus, 1910
 (play)

Dr. Mauer
Das weite Land, 1911
 (play)

Professor Bernhardt
Professor Bernhardt, 1912
 (play)

Chekhov

Dr. L'vov
Ivanov
 (Ivanov, 1887-89; play)

Dr. Stepanovich
A Boring Story
 (Skuchnaia istoriia, 1889;
 story)

Dr. Khrushchov
The Wood-Demon
 (Leshii, 1889-90; play)

Dr. Ragin
Ward No. 6
 (Palata No. 6, 1892; story)

Dr. Dymov
The Butterfly
 (Poprygunia, 1892; story)

Dr. Evgrafych
The Helpmate
 (Supruga, 1895; story)

Dr. Dorn
The Seagull
 (Chaika, 1896; play)

Dr. Astrov
Uncle Vania
 (Diadia Vania, 1897; play)

Dr. Korolev
A Doctor's Visit
 (Sluchai iz praktiki, 1898;
 story)

TABLE II (Cont'd)

Schnitzler

Dr. Eckold
Stunde des Erkennens,
 1915
 (play)

Prof. Dr. Ormin
Stunde des Erkennens,
 1915
 (play)

Dr. Gräsler
Dr. Gräsler, Badearzt,
 1917
 (novel)

Dr. Vollbringer
Der letzte Brief eines
Literaten, 1917 (story
 (first published in 1932)

Regimentsarzt Tugut
Spiel im Morgengrauen,
 1926
 (play)

Otto
Flucht in die Finsternis,
 1931
 (novel)

Dr. Leinbach
Flucht in die Finsternis,
 1931
 (novel)

Chekhov

Dr. Startsev
Ionych
 (Ionych, 1898; story)

Dr. Chebutykin
Three Sisters
 (Tri Sestry, 1900-01;
 play)

TABLE III

Types of Doctor Figures and Their Main Representatives

Mainly Positive Doctor Figures

	<u>Schnitzler</u>	<u>Chekhov</u>
1. The Revolutionary Type	Bernhardi (1912)	
2. The Average Type	Halmschlöger (1900-01)	Ovchinnikov (1886)
3. The <u>Raisonneur</u>		
a. The Detached Type	Stauber (1905)	Dorn (1896)
b. The Involved Type	Reumann (1903)	Astrov (1897)

Mainly Negative Doctor Figures

	<u>Schnitzler</u>	<u>Chekhov</u>
1. The Weak Type	Gräsler (1917)	Stepanovich (1889)
2. The Failed Type		Startsev (1898)
3. The Moralizer	Schmidt (1897)	L'vov (1887-89)

TABLE IV

Doctor Figures Listed by Type

Mainly Positive Doctor Figures

	<u>Schnitzler</u>	<u>Chekhov</u>
1. The Revolutionary Type	Paracelsus (1897) Bernhardi (1912)	
2. The Average Type	Alfred (1892) Halmschlöger (1900-01) Ormin (1915) Leinbach (1931)	Ovchinnikov (1886)
3. The <u>Raisonneur</u>		
a. The Detached Type	Wellner (1896) Schindler (1905) Stauber (1905-07) The doctor is unnamed (<u>Der Tod des Junggesellen</u>)* (1907) Assalagny (1910) Tugut (1926)	The doctor is unnamed (<u>The Examining Magistrate</u>) (1887) Dorn (1896) Korolev (1848)

TABLE IV (Cont'd)

3. The <u>Raisonnéur</u> (Cont'd)	<u>Schnitzler</u>	<u>Chekhov</u>
b. The Involved Type	Reumann (1903)	Khrushchov (1889-90)
	Mauer (1911)	Astrov (1897)
<u>Mainly Negative Doctor Figures</u>		
	<u>Schnitzler</u>	<u>Chekhov</u>
1. The Weak Type	Copus (1897)	Stepanovich (1889)
	Büdingen (1910)	Dymov (1892)
	Grasler (1917)	Evgrafych (1895)
	Otto (1931)	
2. The Failed Type		Triletskii (1880-81)
		Ragin (1892)
		Startsev (1898)
		Chebutykin (1900-01)
3. The Moralizer	Schmidt (1897)	Kirilov (1887)
	Eckold (1915)	Tsvetkov (1887)
		L'vov (1887-89)

* This doctor figure will be discussed in Chapter V.

Certain works by Schnitzler contain a mainly positive doctor figure as well as a mainly negative doctor figure. In some of these cases the mainly positive doctor figure appears in Chapter IV rather than in Chapter III, in order to emphasize certain traits of the mainly negative doctor figure.

Schnitzler's and Chekhov's mainly positive doctor figure serves to reveal the various "diseases" of society, such as the decline of morality, problems of human relations, the conflicts between the individual and society, and the conflicts within the individual himself. He observes his fellow men closely and disagnoses their actions in connection with their inner life. He is primarily concerned about his patients' psychological well-being. Therefore, he shows a particular interest in their intimate life. The problems that he encounters are:

1. inner conflicts that might lead to physical illness, moral decline or death;
2. the physician's attempt to hide the patient's physical condition from him in order to ensure the patient's psychological well-being;
3. the physician's intense involvement in his patient's life, which becomes a strain on his own.

1. The Revolutionary Type of Doctor

The revolutionary type is an active and ethically strong character who comes closest to the "ideal" type of a physician. He fulfills his medical duties without regard to the rules of society, which brings him into conflict with the authorities.

The main representative of the revolutionary type in Schnitzler's works is Professor Bernhardi, the head of a clinic, who also happens to be a Jew, and who refuses to allow a priest to administer the last rites to a dying girl who is not aware of her condition. Professor Bernhardi believes it is his duty to allow his patient to die in peace. He is

shown as a noble figure, a practicing physician whose main concern it is to care for his patients' well-being, even if that concern leads to a serious confrontation with society, for which he will have to bear the consequences.

Bernhardi Und ich kann nur wieder-
holen, daß ich Ihnen als Arzt, dem das
Wohl seiner Kranken bis zur letzten Stunde
anvertraut bleibt, das Überschreiten dieser
Schwelle leider verbieten muß. 5

For Bernhardi it is a matter of fulfilling his medical duties; for everyone else it is a political issue. The fact that he places his patient above his personal interests causes him to appear as a physician with idealistic tendencies, yet he does not fight for a specific issue. He merely does what he feels is right in that particular instance:

Sie vergessen nur das eine, lieber Herr
Hofrat, wie die meisten übrigen Leute, daß
ich ja nicht im entferntesten daran gedacht
habe, irgendeine Frage lösen zu wollen. Ich
habe einfach in einem ganz speziellen Fall
getan, was ich für das Richtige hielt. 6

After coming out of prison he rejects any recognition or glorification of his person. He does not feel any kind of solidarity with any party. This is a clear reflection of Schnitzler's own opinion: "Ich fühle mich mit niemandem solidarisch, weil er zufällig derselben Nation, demselben Stand, derselben Rasse, derselben Familie angehört wie ich."⁷ All that interests him is to continue fulfilling his duties as a physician.

Paracelsus is another of Schnitzler's revolutionary doctor figures. Paracelsus, a historical play in verse that takes place in the sixteenth century, deals with problems of the human psyche and

the uncovering of those problems through hypnosis. Paracelsus is a controversial character. He is well aware that he is superior to the physicians that surround him, which makes him appear rather arrogant at times, especially when he ridicules all physicians and their medicinal powders:

Die Arzneien, die ihm Kranke brachten,
Die Tränke gießt er auf den Boden hin,
Die Flaschen schleudert er davon ins Weite
Und bläst die Pulver einfach in die Luft
Und schreit dazu; Was einst Hippokrates
Und mehr als das, bin ich, bin Paracelsus!
Und Eure Ärzte sind beschränkte Tröpfe! 8

Paracelsus shouts these words because it seems to be his firm belief that many physical illnesses result from a disorder of the mind, that a physician should be aware of this fact, and that he should be able to cure not only the body but the soul as well.

Paracelsus realizes that by means of his hypnotic powers he is able to manipulate people:

So viel vermag ich!
Wer vermag so viel?
Ich kann das Schicksal sein,
wenn's mir beliebt! 9

And when Cyprian, who does not realize in what kind of situation he will get involved, insists, Paracelsus gives a sample of his hypnotic powers. He makes Cyprian's wife Justina believe that she has had an affair with a young squire. Paracelsus' motives for doing this are rather personal. Many years ago he was in love with Justina, but she was given in marriage to Cyprian, who takes her for granted and who fails to see that a person is a complex human being with wishes and dreams. Paracelsus feels angry and intends to put an end to Cyprian's

arrogance:

Verschwendet seh' ich zuviel Lieblichkeit
An eine satte Frechheit, die sich brüstet.
Das ist ein Unrecht wider die Natur--
Und ich versuch's zu bessern, wie es geht.¹⁰

Not only does Paracelsus leave Justina in her delusion, but he also goes so far as to doubt that Justina was saying things merely under the influence of hypnosis:

Und wenn es d o c h die Wahrheit wäre,
Die ich nur aufgerüttelt ihr im Herzen?
.
Wer gibt uns jemals an,
Ob dies, wovon sie träumt,
nicht auch erlebt ward? ¹¹

Paracelsus goes even farther in his experiment. He lets Justina forget her illusion and tells her, while she is under the influence of hypnosis, to let her subconscious speak for the rest of the day. That whole experiment leads to Cyprian's confusion, who no longer knows whether all this was serious or merely a game, to which Paracelsus replies:

Es war ein Spiel! Was sollt' es anders sein?
Was ist nicht Spiel, das wir auf Erden treiben,
Und schien es noch so groß und tief zu sein!
. Ein Sinn
Wird nur von dem gefunden, der ihn sucht.
Es fließen ineinander Traum und Wachen,
Wahrheit und Lüge. Sicherheit ist nirgends.
Wir wissen nichts von andern, nichts von uns;
Wir spielen immer, wer es weiß, ist klug. ¹²

With Paracelsus's help Cyprian realizes that every person is indeed a complex being, and that nobody can be certain about either his or anybody else's subconscious and its influence on their actions.

We have seen in the case of Bernhardi that the positive doctor figure, when he is to treat a physical ailment, shifts his interest from the physical illness to his patient's psychological state. He realizes that sometimes a physical illness

indicates an inner conflict. Paracelsus notices this in Cäcilia's case, who suffers from severe headaches and who is in a melancholic state most of the time because she is in love with the young squire Anselm. He, however, has only eyes for Justina, and Cäcilia is not able to cope with this rivalry. Paracelsus, as a good psychologist, understands Cäcilia's problem, and realizes that she does not wish to be cured of her love:

Es scheint,
das Leid, mein Kind, das Euch bedrückt
Ist so durchtränkt von einem jungen Glück,
Daß Ihr nicht um die Welt es missen möchtet.
Mein Rat ist drum: bewahrt es treu im Herzen. 13

As a positive character, Paracelsus is concerned about the well-being of mankind, without any regard for what was then standard medical practice. At that time, hypnosis was not considered a branch of medical science. Paracelsus is regarded as a witch-doctor who does magic tricks, and who tries thus to convince people that he can cure them. But this does not deter him, and he continues to practice medicine in his unorthodox fashion. Paracelsus does not concern himself with the opinion of society, which ridicules his abilities to cure people; his care is solely intended for the individual.

In this play, Schnitzler clearly brings his interest and competence in hypnosis to the fore. And although most of Schnitzler's doctor figures are aware of the complexity of the human psyche, Paracelsus remains Schnitzler's only doctor figure who demonstrates the process of healing the human mind.

2. The Average Type of Doctor

The "average" or "good" type is a physician who fulfills his medical duties like the revolutionary type, but who does not stand out like the latter. Like the revolutionary type, this doctor figure deals with "real" patients; and he also tries to hide the patient's physical condition from him in order to ensure the patient's psychological well-being, as we have seen with Professor Bernhardi. But unlike the revolutionary type, the average doctor figure does not come into conflict with society by disregarding its rules.

The main representative of this type in Schnitzler's works is Dr. Halmschlöger (Die letzten Masken). He is of the opinion that the psychological well-being of an incurably ill person is much more important than the truth about the patient's physical condition. This is the Bernhardi theme that we have already encountered. Dr. Halmschlöger does not consider it wise to tell his patients that they are doomed to die. His patient Rademacher insists on learning the truth about his physical condition, but Dr. Halmschlöger tries to calm him down: "Die Wahrheit Ich hoffe zuversichtlich--Nun, die Zukunft ist in gewissem Sinn uns allen verschlossen...."¹⁴ Although Rademacher feels that he is dying, Dr. Halmschlöger does not want to make things worse by telling him so. He will do everything to ensure that his last moments are peaceful. Rademacher, who has a sudden urge to see a former friend, implores Dr. Halmschlöger at nine o'clock at night to call that friend immediately; he is afraid to die without having told that former friend how much he despises him. At first, Dr. Halmschlöger is against making exceptions for visitors, but Rademacher appeals to

Dr. Halmschlöger's kindness: "Herr Doktor, ich weiß ja, es ist unverschäm't von mir,--aber Sie sind ja doch ein Mensch, Herr Doktor, und fassen die Dinge menschlich auf. Nicht wie manche andere, die nur nach der Schablone urteilen"¹⁵ And Dr. Halmschlöger, who is aware of Rademacher's rapid physical deterioration, fulfills his patient's wish, for as he says to Rademacher's former friend: "Drum halt' ich auch jede Strenge für überflüssig. Regeln für Sterbende-- das hat doch keinen rechten Sinn,"¹⁶ Here again, we are reminded of Bernhardt, who breaks the rules for dying patients. All that is important to him is his patient's health as long as that person is alive.

Another doctor figure who feels it is his duty to conceal the fact that a patient suffers from a terminal illness is Alfred (Sterben). Like Dr. Halmschlöger, he does not intend to give a definite answer concerning the truth: (Marie) "Sie haben ihn ja oft untersucht, sagen Sie mir die Wahrheit." (Alfred) "In diesen Dingen gibt es keine absolute Wahrheit."¹⁷ Felix had consulted another physician, who told him that he had only about a year to live. Alfred does not understand how a physician can neglect a person's psychological health by telling him the truth about the patient's illness, which will only destroy his will to live, thereby driving him to an earlier death: "'Es ist zu dumm,' fuhr der Doktor auf, 'es ist zu dumm. Ich begreife das nicht! Als wenn es so dringend notwendig wäre, einen Menschen--'" ... "'Ich sags ja immer,' rief der Doktor aus, 'diese großen Kliniker sind alle zusammen keine Psychologen.'"¹⁸ Despite the other physician's diagnosis, Alfred tries his best to set his patient's mind at rest, although he

is aware that the other doctor was right. He is aware of Felix's rapid deterioration, and therefore he grants Felix's wish to go south. Like Dr. Halmschlöger and Bernhardt, he knows that it does not make much sense to keep to the normal rules when a dying person is involved. It is noteworthy that the mainly positive doctor figure does not concern himself only with the actual patient; as an excellent observer and psychologist he notices the mental strain in the people surrounding him and he knows that such stress can easily lead to a physical illness. Alfred realizes that Marie sacrifices her health for Felix, and he notices that she is starting to become apathetic:

Aber entschuldigen Sie, Marie, das ist ja ganz einfach dumm. Es ist nutzlos und kindisch, sich in dieser Weise aufzureiben. Sie müssen in die Luft. Ich erkläre, daß es notwendig ist ... Ist auch schon ein schlechtes Zeichen, daß Sie sich nicht danach sehnen. 19

Hiding the truth from his patient, in order to set his mind at rest, seems to be an integral part of the physician's duty. He possesses the psychological knowledge of medicine which tells him that a mental strain on his patient will only worsen his physical condition.

This leads us to one of Chekhov's average doctor figures. Dr. Ovchinnikov (Hydrophobia) is a doctor figure who is concerned with the influence of the human psyche on a patient's physical well-being. Nilov, who thinks he was bitten by a rabid wolf, goes through mental agony for fear of dying a terrible death. He runs to Dr. Ovchinnikov, for the medical help that he had received so far had done nothing to relieve him of his suffering. (Here we can see a parallel to Schnitzler's Felix [Sterben].) Dr. Ovchinnikov suggests he should

go home and get some rest, but Nilov had received that advice before, which did nothing for his troubled mind. Dr. Ovchinnikov then explains Nilov's symptoms to him, spelling out the symptoms of hydrophobia from his medical book to Nilov--omitting the passages on the terrible aspects of that disease--in order to show him that there is no reason for fear. Dr. Ovchinnikov is a good psychologist, who in his calm manner manages to cure Nilov of his stressful worry.

From the above examples we see that the average type is not much different from the revolutionary type, except that he does not place himself in a situation that leads him into conflict with society.

3. The Raisonneur

The most prominent type of positive doctor figure in both authors' writings is the raisonneur. As mentioned above, Schnitzler's and Chekhov's writings contain two types of the raisonneur figure, namely the detached type and the involved type. The detached type of raisonneur is portrayed as a concerned person who has his patient's best interests at heart, and which he displays by being a friend, confidant or consoler. He gives advice, but it is not restricted to his patients, for it is actually directed at society in general. He is concerned about the individual's general well-being, without any consideration for his own private life. He makes every effort to help and not to abandon him, no matter how desperate the situation is.

The raisonneur deals more with his patients' intimate life and their various problems, which in many cases are not directly related to a medical issue. Although displaying great interest in his patients'

conflicts, the particular type of raisonneur--the detached type-- manages to keep a certain distance and not to take the problems to heart. The involved type of raisonneur however, tends to get involved in the lives of his patients to such a degree that it influences his private life, usually causing him much mental stress or anguish, as we will see when discussing the involved type.

(a) The Detached Type of Raisonneur

As the principal representative of Schnitzler's detached doctor figure I have chosen Dr. Stauber (Der Weg ins Freie). He is described as "freundlich," "mild," "gutmütig," with "glütigen und klugen Augen" and "ruhigem Blick." Dr. Stauber is a man greatly concerned about the life of the people who surround him. He possesses considerable psychological knowledge of medicine, the ability to observe and to keep a certain distance from the events, and an inner peace which enables him to diagnose the diseases of society and to offer his advice in a non-threatening way. Dr. Stauber knows that people cannot be persuaded to follow someone's advice, for we do not understand other people's motives for their actions, nor do we understand our own intentions for that matter. He is aware of the complexity of the human psyche: "'Es gibt keinen Menschen auf der Welt, der seine eigene Stimme kennt,' bemerkte der alte Stauber, und es klang wie der Beginn eines populären Vortrags."²⁰ Dr. Stauber's remark is indeed well-known to us, for we have already heard it from Paracelsus: "Wir wissen nichts von andern, nichts von uns"²¹ and we encounter this theme throughout Schnitzler's work.

Dr. Stauber does not offer his advice to his actual patient, Anna--this is a common trait of the detached type of raisonneur--but rather to Georg, who is in a position to change Anna's present life style. Dr. Stauber is concerned about Anna's health, and he considers it his task to convey to Georg how important the mental state of a person is. He merely touches upon Georg's relationship with Anna, but we can see his insight best expressed by his wish for Georg to marry Anna, not only to free Anna from her social isolation, but also to establish a healthy environment for their child:

Georg ... sagte; "Ich werde jedenfalls dafür Sorge tragen, daß es seine ersten Lebensjahre in gesunder Luft zubringt."
 "Das ist ja sehr schön," sagte Doktor Stauber mild.
 "Aber gesündere Luft als im Elternhaus gibts im allgemeinen für Kinder nirgends auf der Welt! 22

Dr. Stauber feels sympathy for his patient: "Und es hätte mir leid getan um das Annerl ... wenn ich mir hätte denken müssen, Sie haben sie nicht so gern, wie sie es verdient."²³ And he would like Georg to become aware of Anna's position:

... es soll schon dagewesen sein, daß ein junger Mann, der allerlei erlebt hat, so ein Opfer nicht genügend würdigt. Es bleibt ja doch ein Opfer, lieber Baron. Wir können noch so erhaben sein über alle Vorurteile--eine Kleinigkeit ist es heutzutage noch immer nicht, wenn sich ein junges Mädel aus guter Familie zu so was entschließt. 24

Dr. Stauber tries to guide Georg, but again it is Georg's and not the physician's decision. In short, Dr. Stauber is a competent physician who emphasizes the psychological aspect of medicine. He is a well-balanced person whose experience with people has shown him that they can be guided, but that it is not within his power to solve their problem.

Another example of a detached type of raisonneur who does not offer his advice to his actual patient, is Dr. Schindler (Der Ruf des Lebens). He realizes that it is not his patient--a stubborn, selfish, and cold-hearted old man who is incurably ill--who needs the doctor's attention, but rather his young daughter whom he tortures mentally. Marie's father succeeded in cutting her off from the rest of the world. Yet she is torn between her duty to stay by his side and the desire to live her own life. Dr. Schindler notices that the resultant mental strain started to affect Marie's health, and he urges her to get some sleep, to go for walks, and to take better care of herself. He tries to show her the way out of her isolation and her beginning apathy, even if that means acting against the rules of society. Here it happens in its severest form: taking the life of another human being. Dr. Schindler goes so far as to assist Marie indirectly in terminating her father's life. His suggestions are subtle, as when he tells her that her father's prescription contains enough medication for a hundred nights of sleep:

Der Arzt.	Er wird seine Tropfen nehmen; ...
Marie.	Er wird sie nicht nehmen.
Der Arzt.	So werden Sie sie ihm geben--auch gegen seinen Willen. Es genügt, wenn sie ihm zehn Tropfen ins Wasser träufeln. Dieses Mittel ist unwiderstehlich. In diesem Fläschchen ist der Schlaf von hundert Nächten.
Marie.	So viel vertrauen Sie mir an?
Der Arzt.	Ihnen? ... Ja, Ihnen und ihm selbst. In der Wohnung von Kranken, die zu retten sind, lasse ich nicht so viel zurück. ²⁵

Dr. Schindler knows that he cannot help Marie's father; but there is Marie who has only begun to live, and yet she is already losing her will to live. It is obvious that Dr. Schindler is in favour of euthanasia,

but he leaves it up to the parties concerned whether they will make use of it or not. The physician's function is only to guide a person, and it is left to Marie to decide what she will do. Dr. Schindler--like most of Schnitzler's and Chekhov's physicians--does not try to persuade her to do anything. It is a spontaneous reaction that leads Marie to pour all the medicine into her father's glass, after which she wants to turn herself in to the police. Dr. Schindler prevents her, for he recognizes that such an action would only destroy a valuable life. Marie claims she killed her father for purely egotistical reasons, which Dr. Schindler sincerely questions: "Der Arzt. 'Sind Sie dessen ganz sicher--?--'" Dr. Schindler knows that the human psyche is so complex that it is impossible to understand and to explain why we do certain things. Throughout the play, he tries to show Marie a way out of her isolation and toward a meaningful existence; at the end Marie understands Dr. Schindler's words, and she decides to try to add more meaning to her life.

We have seen that there is a close interrelation between the mind and the body, and that inner conflicts might easily lead to physical illness. The next two examples will show how a person's inner conflict can pave the way to death. In both cases, the physician is a close friend of the patient whom he tries to help out of his unfortunate situation.

Both Dr. Wellner (Freiwild) and Regimentsarzt Tugut (Spiel im Morgengrauen) are very worried about their friend, whom they see rushing headlong towards ruin. After curing Paul from a prolonged physical illness, Dr. Wellner hopes to see his patient back at work,

resuming his normal life style. He is surprised to find that Paul intends never to work again but instead to enjoy his regained good health. Dr. Wellner doubts that anyone can lead a normal and healthy existence without working. For man to lead a meaningful life it is important to be sane in body as well as in mind. And without work, man soon becomes bored and apathetic, losing his interest in everything.

As a friend, Dr. Wellner considers it his task to offer Paul his advice, but Paul will not react to any of his friend's suggestions, as Dr. Wellner realizes from the very beginning:

Paul. Was mich betrifft, kannst du ruhig sein.
 Ich weiß ganz genau, was ich tue.
 Wellner. Was dir beliebt. 27

It is crucial that Dr. Wellner recognizes a dangerous situation before anyone else does--an intuition which seems to be characteristic of the medical profession in the works examined; he repeatedly warns Paul:

Komm, gehn wir lieber. 28
 29
 Nimm dich in acht.
 30
 Komm, Paul, ich denke

But in most cases, Paul does not even reply to Dr. Wellner's words, let alone act according to them. Again, after Paul is challenged by Karinski, Dr. Wellner's intuition tells him that this whole incident will come to a bad end; "Es ist kaum denkbar, daß die Sache für Paul gut ausgeht."³¹ It is revealing that Dr. Wellner does not fall into the role of a moralizer after Paul got himself into that unpleasant, but avoidable situation, by not following Dr. Wellner's advice. The doctor's task is not an easy one, for Paul does not heed

any advice or any principles, yet Dr. Wellner does not abandon him: he continues to offer counsel, hoping that Paul will eventually react to it before it is too late:

Und nun--hole deine Braut ab und reise ab
Aber rasch, wenn du einen letzten Rat von
mir annimmst. 32

Yet all of Dr. Wellner's efforts are fruitless, for Paul ignores every suggestion down to the last one. Dr. Wellner is dealing with an individual whose wishes do not coincide with the principles of society and thereby leave him isolated in his thinking, ultimately bringing him to a tragic end. We have seen that throughout the play Dr. Wellner has made diagnose, but it would have required his "patient's" cooperation to be cured. We encounter the same lack of cooperation in Tugut's patient. Tugut is extremely concerned about his friend Willi, and he cannot watch him playing with his existence:

Der Konsul teilte ruhig die Karten aus.
Da standen sie alle herum, die Herren,
nur der Regimentsarzt war verschwunden.
Ja, Willi hatte schon früher bemerkt.
wie er wütend den Kopf geschüttelt und
irgendetwas in die Zähne gemurmelt hatte.
Er konnte es wohl nicht mit ansehen, wie
der Leutnant Kasda hier um seine Existenz
spielte ... Wie ein Doktor nur so schwache
Nerven haben konnte! 33

Like Dr. Wellner, he is aware that his friend is rushing headlong towards ruin, and again like Dr. Wellner, he is unable to stop him. But unlike Willi's other friends, he is the only one who worries about him after he lost everything at playing cards:

Es schien Willi, als vermieden sie alle,
sich um ihn zu kümmern, ja ihn nur anzusehen.
Nun erhob er sich mit einem Ruck. Da stand mit
einmal der Regimentsarzt Tugut neben ihm,
der Überraschenderweise wiedergekommen war,
schien zuerst nach Worten zu suchen und bemerkte
endlich: "Du kannst dir's doch hoffentlich bis
morgen beschaffen. 34

Both Wellner and Tugut are very involved with their "patient," yet they regain their composure at the end, when they have to deal with the purely medical side of their profession, after Paul has been shot and Willi has committed suicide:

Anna. Paul, Paul!
Wellner, Er hört Sie nicht mehr.
Wellner. Gehen Sie, Sie können hier
nichts mehr tun. 35

Tugut: Es ist leider ein Unglück geschehen.
Zu machen ist nichts mehr ... Regimentsarzt Tugut
ist mein Name. Der Tod muß schon vor ein paar
Stunden eingetreten sein. 36

"...leider zu spät," sagte der Regimentsarzt
"Ich gehe, die Meldung erstatten"
Die Leiche hat in der Stellung zu belassen in
der sie gefunden wurde. 37

Chekhov's one doctor figure who comes closest to Schnitzler's concept of a detached type of raisonneur--and who is to a certain degree Dr. Stauber's counterpart--is Dr. Dorn (The Seagull). He has the ability to observe people and events from a certain distance. In contrast to most of Chekhov's detached types, he is content with his life and therefore does not concern himself with hope for a better future. It is important to note, however, that some of Chekhov's doctors, including Dr. Dorn, start to sing whenever a situation becomes embarrassing, which is some kind of a defence mechanism. It shows that they are affected by those happenings, but they try not to get spiritually committed, for they probably know that such an involvement would cause them stress, a burden of the sort that Dr. Reumann and Dr. Mauer carry with themselves.

As we have already seen in a number of Schnitzler's works, the physician is frequently confronted with physical illness which is rooted in some deep inner conflicts. It is the physician's task to diagnose these struggles and then to offer his advice to the patient. The counsel that Dr. Dorn gives is that it is vital to know one's goal in life. Paradoxically enough, he does not offer it to his patient which reminds us of Schnitzler's Dr. Stauber and Dr. Schindler-- but rather to the young writer Treplev.

The characters who surround Dr. Dorn are all spiritually isolated, for they never had a goal. Sorin expects to be cured by Dr. Dorn, yet the doctor sees no use in trying to do so. Sorin does not suffer from a physical ailment but from a spiritual disorder. Dr. Dorn realizes, however, that at the age of sixty it is too late for Sorin to change. Thus it does not matter whether Sorin takes Valerian drops, whether he goes to a spa, or whether he stays at home.

Dr. Dorn demonstrates concern for others and for their inner life, but he feels that there is only so much that he can do for them. Even for some of the younger generation the advice of having a goal comes too late. Masha has already resigned herself to an unhappy life: she wears black, takes snuff, drinks periodically, and tells people how unhappy she is. Dr. Dorn realizes that there is no hope for a change. So when she comes to him for advice, he is unable to help her: "'But what can I do, my child? What? What?'"³⁸ His hands are tied. He can give Sorin Valerian drops to calm him down and to stop him from dwelling on his unhappy existence; Masha drowns her problems herself by reaching for the bottle. The only character in the play who shows

at least some potential to escape a life filled with dissatisfaction is the young writer Trepnev. Yet, as Dr. Dorn observes, Trepnev's play lacks a clear meaning, which is a reflection of Trepnev's confused mind, and leads to his downfall. Dr. Dorn realizes that all the people around him are neurasthenic and that they have personal problems as well. Like Dr. Stauber, he offers his advice, but it is not in his power to make people act accordingly.

Another Chekhovian doctor figure who is concerned with a person's inner conflict is the unnamed doctor from the story The Examining Magistrate. This physician is depicted in a way that has little to do with his medical profession. Only at the beginning of the story do we learn that he is on his way to perform an autopsy. For the rest of the story, however, the focus is set on his ability to make objective observations. He possesses a sound knowledge of human nature, which is an important trait of the physician. In The Examining Magistrate, the plot revolves around the revealing of a secret by the physician, who becomes a confidant against his will.

In his conversation with the examining magistrate, he solves the apparently inexplicable death of a young woman. At the beginning of the story we already recognize the detached type of raisonneur in the physician who states that there is no action without cause. He listens to the magistrate's tale without interrupting and at the end tells him that the young lady probably poisoned herself. As a physician he knows that morphine can kill a person without any apparent traces: "'--Is there really such poison that can kill a person in a quarter of an hour, gradually and without any pain?'--he asked the

doctor ... '---Yes, there is. Morphine, for example.'"³⁹

After he has suggested the cause of death, he examines the magistrate about the lady's private life. The physician assumes immediately that there were problems in the lady's marital situation. As a physician who is not only a good medical man but also an excellent psychologist, he comes to the conclusion that the young woman decided to commit suicide after she had learned of her husband's affair with another woman. The physician assumes that, since she was pregnant at the time of that incident, she "predicted" she would die immediately after giving birth because she did not want to kill her child. Her husband thought she had forgiven him but the physician, who is indeed a good judge of human nature, tells him that young wives do not forgive that easily. The examining magistrate, who was really telling his own story, recognizes--now that the doctor has illuminated the incident--what the human psyche is capable of.

A further example of a detached raisonneur figure is Chekhov's Dr. Korolev (A Doctor's Visit). Dr. Korolev is sent to see a patient in the country--a young heiress of a large factory--who suffers from violent palpitations of the heart. Upon arrival, he recognizes that the young lady's problem is not a physical ailment but rather a spiritual disorder, one rooted in her dissatisfaction with her life. Liza is herself aware of her situation, but in contrast to Paul in Schnitzler's Freiwild, she suppresses her feelings, while also wishing for a friend who would advise her what to do. Dr. Korolev becomes her confidant; she senses that he has some understanding for her inner conflicts. He realizes that Liza suffers from isolation and that she

is aware of this herself:

And he knew what to say to her. It was clear to him that she needed as quickly as possible to give up the five buildings and the million if she had it--to leave that Devil that looked out at night; it was clear to him too, that she thought so herself, and was only waiting for someone she trusted to confirm her. 40

It now becomes his task to confirm her belief, but as a good psychologist he cannot say: give up your wealth, and move out of this nest where inactivity breeds before you ruin your health completely. It is not that easy. He realizes that by merely telling her what to do and if she were to follow his advice her inner conflict might turn into a conflict with society (as we have seen in Paul's case) which would then lead her into yet another form of isolation. He cannot make a decision for her. She has to know whether she is truly willing to exchange her present life style for another one, and whether she will have the necessary strength and endurance to carry out her plan. Instead, he points out to her that she is not isolated in her thinking, and that this problem is characteristic of their generation. He is convinced that the future generation will have the necessary strength and endurance to deal with this problem:

"What will our children and grandchildren do?" asked Liza.
 "I don't know ... I suppose they will give it all up and go away."
 "Go where?"
 "Where? ... Why, where they like," said Korolyov; and he laughed. "There are lots of places a good, intelligent person can go to." 41

Dr. Korolev has not cured Liza of her illness, but just as Schnitzler's Dr. Schindler has shown Marie a way out of her isolation, he too has

shown Liza the way toward leading a meaningful existence:

... we, our generation, sleep badly, are restless, but talk a great deal, and are always trying to settle whether we are right or not. For our children or grandchildren that question--whether they are right or not--will have been settled. Things will be clearer for them than for us. Life will be good in fifty years' time; it's only a pity we shall not last out till then. 42

He makes the same suggestion that Dr. Wellner did to Paul: in order to lead a normal and healthy life style, we have to work; merely philosophizing will not lead us anywhere.

As we see in A Doctor's Visit, Chekhov's detached type of raisonneur believes the problem of his generation is that people (mostly those from the upper class) have a great deal of spare time which they spend philosophizing or paralyzed by apathy, questioning the meaning of life instead of doing something productive.⁴³ Chekhov's detached raisonneur believes that his generation's problems will be solved in approximately fifty years from now,⁴⁴ but he does not realize that his generation has to prepare the ground for these changes, for the better life that he is dreaming about will not come about on its own.

(b) The Involved Type of Raisonneur

As mentioned at the beginning of this chapter, some of the positive doctor figures are very much involved in their patient's life, which places too great a strain on their own. Two of Schnitzler's figures who are unable to draw a clear line between their professional and their private lives, are Dr. Reumann (Der einsame Weg) and Dr. Mauer (Das weite Land).

Dr. Reumann is Gabriele Wegrat's confidant in that he keeps her private life a secret. He supports her lies, for they have contributed to the well-being of her family--something which would not have been achieved by saying the truth--as Dr. Reumann tries to convey:

Aber ich für meinen Teil finde: Eine Lüge, die sich so stark erwiesen hat, daß sie den Frieden eines Hauses tragen kann, ist mindestens so verehrungswürdig als eine Wahrheit, die nichts anderes vermöchte, als das Bild der Vergangenheit zu zerstören, das Gefühl der Gegenwart zu trüben und die Betrachtung der Zukunft zu verwirren. 45

Dr. Reumann is excessively caught up in the happenings around him, in addition, his own professional ambitions, his suppressed passions, his uncertainties and responsibilities are too much for him. He is no longer able to keep a certain distance, which is necessary for a physician; therefore, the whole situation causes him great mental stress. He himself is aware of the effects:

Felix.	Wer kümmert sich denn überhaupt um die andern?
Doktor Reumann.	Es ist wahrscheinlich gut so, sonst würden <u>wir alle</u> toll vor Mitleid oder Ekel oder Angst. 46 (italics mine)

In the same way that he cares for the well-being of his "patients" by keeping the truth from them, he envelopes his private life in lies when dealing with his patients. He does not accept a position in Graz after the physician who was supposed to take that place broke his neck. He justifies his decision by saying:

Aber der Gedanke, irgendeinen Vorteil dem Malheur eines andern zu verdanken, wäre mir außerordentlich peinlich. Meine halbe Existenz wäre mir vergällt. Sie sehen, daß ist weder Aberglaube noch Stolz, es ist ganz gemeine kleinliche Eitelkeit. 47

But that is not his only reason for staying in Vienna: he uses this play to cover up the fact that Johanna is the main reason. He tries to hide his true self, his own problems and desires but to no avail:

Frau Wegrat.	hat ihn [sic] lächelnd zugehört. Ob Sie uns auch den wahren Grund erzählt haben, der Sie in Wien festhält ... ?
Doktor Reumann.	Gewiß. Ich habe wahrhaftig keinen andern. Ich habe nicht das Recht, einen andern zu haben. Reden wir doch nicht weiter davon.
Frau Wegrat.	... Ich weiß ja, was Sie meinen. Aber ich glaube, es stünde in Ihrer Macht, gewisse Illusionen und Träume aus einer Mädchenseele davonzuscheuchen 48

Frau Wegrat realizes that Dr. Reumann has a liking for Johanna, and she believes that he could convince her that she is wasting her youth away by having an affair with the incurably ill Sala, who also seems to be more her father's age. But Reumann probably realizes that if he were to discuss this with Johanna, he would be acting solely in his own interest, which would be against his professional code.

Sala is another character who recognizes Reumann's attempt to hide the truth which here pertains to Sala's incurable illness and the fact that he only has a short time to live:

Sala.	... Warum sehen Sie mich so an, Herr Doktor? Dieser Blick ist ein wenig unvorsichtig gewesen.
Doktor Reumann.	Inwiefern?
Sala.	Er sagt ungefähr: Abreisen magst du; aber ob du zurückkommen wirst, das ist eine recht zweifelhafte Sache. 49

And Felix is the third character who has seen through him:

Felix	Herr Doktor ... hat Herr von Sala Ihren Blick richtig gedeutet?
-------	--

Doktor Reumann. Für Sie kommt das kaum in Betracht.
 Felix. Er wird nicht mit uns gehen?
 Doktor Reumann. zögernd. Das ist schwer vorherzusagen.
 Felix. Zu lügen haben Sie nicht gelernt,
 Herr Doktor. 50

He also realizes that Reumann plans to leave them because he is aware of Sala's rapid deterioration. After Sala's death, he would have to come to a decision concerning his feelings for Johanna. Felix realizes that Reumann is again unable to take the place of someone who "broke his neck":

Felix. Lieber Doktor ... Nun weiß ich ... warum
 Sie in dieses Haus nicht mehr kommen
 wollen Es hat sich wieder einmal
 ein anderer den Hals gebrochen
 Lieber Freund-- 51.

It is obvious that Dr. Reumann suffers because of his duties as a doctor and his need to suppress his emotions. He says:

Oder denken Sie, daß es mir an dem guten Willen fehlte, mein Leben so zu führen, wie ich es die meisten andern führen sehe? Ich habe nur nicht das Talent dazu. Wenn ich aufrichtig sein soll, gnädige Frau--die Sehnsucht, die am tiefsten in mir steckt, ist die: ein Schurke zu sein, ein Kerl, der heuchelt, verführt, hohnlacht, über Leichen schreitet. Aber ich bin durch Mangel meines Temperaments dazu verurteilt, ein anständiger Mensch zu sein--und was vielleicht noch schmerzlicher ist, von allen Leuten zu hören, daß ich es bin. 52

His medical profession forces him to be concerned primarily with his patient's health, as is expected of the good physician. He fulfills these duties but he cannot deal with his private life, which places him under severe mental duress. Unlike Frau Wegrat's lie which has ensured her family's well-being, Dr. Reumann's lies are not strong enough to bring him peace of mind.

Dr. Mauer is another doctor figure who has to deal with his problem. He is extremely observant of the little intrigues around him--a fact that he attributes to his medical profession: "Aber wozu hatte man seinen diagnostischen Blick."⁵³ He is aware of the complexity of the human psyche and its influence on a person's life, and he knows that therefore mental disorders are not easy to explain: "Erstens bin ich kein Psychiater--und zweitens wunder' ich mich nie, wenn sich wer umbringt. Wir sind alle so oft nahe daran."⁵⁴ He stands by his friend Friedrich, who has an unhappy marriage and who has one love affair after the other. Dr. Mauer even stands by him after Friedrich's affair with Erna, for whom Dr. Mauer has a great liking. It hurts him to see how Friedrich is playing games, how everyone is merely playing with one another's feelings. Dr. Mauer is aware of the moral decline around him, yet he does not succeed in demonstrating convincingly to the parties concerned that they are destroying one another's lives. The whole situation--the involvement in his "patients'" intimate life, and his suppressed feelings for Erna--has caused him a great deal of worry and concern.

By looking at some of Schnitzler's works, we have seen that an extensive involvement in a patient's private life can place undue mental strain on the physician. Two Chekhovian doctor figures who belong into that category are Dr. Khrushchov (The Wood-Demon) and Dr. Astrov (Uncle Vania).

Dr. Khrushchov, who is Dr. Astrov's prototype, appears foremost as a landowner. We do not see him as a practicing physician; occasionally he makes negative comments about medicine, thus reflecting Chekhov's

own feelings. He becomes disgusted with people's behaviour toward one another, and with the ruining of one another's life, as did Schnitzler's Dr. Mauer. Khrushchov realizes that the atmosphere that surrounds Sonia is unhealthy for her--her father is obsessed with himself, her uncle is in love with her stepmother, etc.--and he wants to take her away from this environment. He recognizes that the physical and mental well-being of a person go hand in hand, and that work will help to cure mental disorders--common Chekhovian themes that we have discovered already. Khrushchov is appalled by the moral decline around him. All are pretending to be something which they are not; they are ruining one another's lives, often by making false accusations. Khrushchov realizes that he too is guilty of these negative qualities. By admitting his faults in front of everyone, he succeeds in motivating the people around him to change their unhealthy attitudes towards one another, which makes the play end on a happy note. This forms a contrast to the works discussed so far, as well as to Chekhov's play Uncle Vania.

As already pointed out, Khrushchov is Astrov's prototype. Therefore, we are not surprised to find some significant parallels between these two doctor figures. Like Dr. Khrushchov and Dr. Korolev, Astrov believes in a better future, and he contributes to it by planting trees--as Dr. Khrushchov and Chekhov himself did--which contributes to improving the general environment. Both Dr. Khrushchov and Dr. Astrov are disgusted with the moral deterioration of the people around them, and both realize that they too are slowly becoming a victim of the same evil. In contrast to Khrushchov, Astrov's idealism begins to give way to resignation. This turn of events does not surprise us, if we take into

consideration that Astrov is an over-worked zemstvo physician, whereas Khrushchov is depicted primarily as landowner. Astrov is indeed completely exhausted from overwork which can be seen in the following incident: he is not able to forget that one of his patients died during surgery, and now he suffers constant mental anguish because of this: "... I put him on the table to do surgery, but he just had to die on me, while he was under chloroform. And whenever I needed it the least, my feelings would awaken, and it was as if I had killed him intentionally"⁵⁵ He is conscience-stricken, for he was completely exhausted from overwork when that patient was brought to him, and his concentration was probably not of the best.

Like all other positive doctor figures, Astrov is devoted to serving mankind, and he often travels long distances to see a patient who then changes his mind and decides he does not need a doctor. As in Dr. Reumann's case, there is a conflict between his calling and his private life. Through his profession he is forced to live in a rural area but he is not able to cope with the inactive life style there: "I like life in general, but this Philistine Russian district life I just cannot stand, and I despise it with all my heart."⁵⁶ All this makes for a very stressful situation, which he tries to escape by occasionally reaching for the vodka bottle. He openly admits his faults, but this does not have the same effect as in Khrushchov's case. There is no glorious victory at the end; everyone simply resumes his earlier work after the departure of Serebriakov and his wife Helen.

We have seen that the mainly positive doctor figure appears in his function as a physician who has his patients' best interests at heart, relegating everything else into the background--the rules of society, his own private life, and the truth about his patient's physical condition. In the above examples we have seen that the mainly positive doctor figure is involved in his patients' intimate life, their relationships, their marital life, and their various personal problems which in many cases are not directly related to a medical problem. In all these situations the physician will do everything to preserve or restore an individual's well-being, even if it means breaking traditions, the law, or professional standards. Hiding the truth from a patient and inventing lies are also some of the physician's means of ensuring his patients' or friends' peace of mind. As a friend, consoler, or confidant, he is loyal and understanding, and he stands by his friend, even if he personally does not agree with his friend's views. He is a physician who will give his advice in a discreet form, without forcing anyone to follow that advice, and without abandoning those who have not followed his advice.

CHAPTER III

NOTES

¹Maria Alter, The Concept of the Physician in the Writings of Hans Carossa and Arthur Schnitzler, pp. 24-25.

²See p. 6, No. 5, above.

³Maria Alter, The Concept of the Physician in the Writings of Hans Carossa and Arthur Schnitzler, p. 24.

⁴"Vodoboiazn/Volk" translates as Hydrophobia/Wolf (Nilov was bitten by a wolf).

⁵"Professor Bernhardi," Die dramatischen Werke, II (Frankfurt, a.M.: Fischer, 1962), 357. (Hereafter referred to as DW).

⁶"Professor Bernhardi," DW, II, 463.

⁷Arthur Schnitzler, Gesammelte Werke: Aphorismen und Betrachtungen, ed. Robert O. Weiss (Frankfurt a.M.: 1967), p. 231.

⁸"Paracelsus," DW, I, 469.

⁹Ibid., p. 480.

¹⁰Ibid., p. 487.

¹¹Ibid., p. 490.

¹²Ibid., p. 498.

¹³Ibid., p. 483.

¹⁴"Die letzten Masken," DW, I, 723.

¹⁵Ibid., p. 725.

¹⁶Ibid., p. 734.

¹⁷"Sterben," Die erzählenden Schriften, I (Frankfurt a.M.: Fischer, 1961), p. 106. (Hereafter referred to as ESch.)

¹⁸Ibid., pp. 107-108.

¹⁹Ibid., p. 147.

²⁰Arthur Schnitzler, "Der Weg ins Freie," ESch, I, p. 662.

²¹"Paracelsus," DW, I, 498.

²²"Der Weg ins Freie," ESch, I, 847.

²³Ibid., p. 774.

²⁴Ibid.

²⁵"Der Ruf des Lebens," DW, I, 978-979.

²⁶Ibid., p. 1017.

²⁷"Freiwild," DW, I, 274.

²⁸Ibid., p. 293.

²⁹Ibid., p. 294.

³⁰Ibid., p. 295.

³¹Ibid., p. 296.

³²Ibid., p. 311.

³³"Spiel im Morgengrauen," ESch, II, 532.

³⁴Ibid., p. 533.

³⁵"Freiwild," DW, I, 326.

³⁶"Spiel im Morgengrauen," ESch, II, 579.

³⁷Ibid., p. 580.

³⁸A.P. Chekhov, "Chaika," Pesy (translation mine) (London: Bradda Books), p. 157. ("Но что же могу сделать, дитя мое? Что?")

³⁹Ibid., p. 190. (translation mine) ("--А разве есть такие яды, которые убывают в четверть часа, мало-помалу и без всякой боли? --спросил он у доктора, ... --Да, есть. Морфий, например.")

⁴⁰Ralph Matlaw, ed. "A Doctor's Visit," Anton Chekhov's Short Stories (New York: Norton, 1979), p. 209.

⁴¹Ibid., p. 210.

⁴²Ibid.

⁴³See p.70-71, above, as well as Astrov's (Uncle Vania) comment about Helen. In Ronald Hingley, The Oxford Chekhov, Vol. III (London: Oxford University Press, 1964), p. 38. "She has no responsibilities, and other people work for her But there's something wrong about a life of idleness." (Hereafter referred to as Ronald Hingley, OCh, III)

⁴⁴See Dr. Korolev on p.71, N. 42, above.

⁴⁵"Der einsame Weg," DW, I, 775.

⁴⁶Ibid., p. 830.

⁴⁷"Der einsame Weg," DW, I, 767-768.

⁴⁸Ibid., p. 774.

⁴⁹Ibid., p. 801.

⁵⁰Ibid., p. 803.

⁵¹Ibid.

⁵²Ibid., p. 774.

⁵³"Das weite Land," DW, II, 226.

⁵⁴Ibid., p. 231.

⁵⁵Ibid., p. 213 (translation mine) ("...положил я его на стол, чтобы ему операцию делать, а он возьми и умри у меня под хлороформом. И когда вот не нужно, чувства проснулись в мне, и защемило мою совесть, точно это я умытленно убил его...").

⁵⁶"Diadia Vania," Pesy, p. 195. (translation mine)
("Вообще жизнь люблю, но нашу жизнь уездную, русскую, бывательскую, терпеть не могу и презираю ее всеми силами моей души.")

CHAPTER IV

THE MAINLY NEGATIVE DOCTOR FIGURES

As with the mainly positive doctor figures, there are three types of mainly negative doctor figures: the weak type, the failed type and the moralizer. The physicians in this category appear in progressively negative order. The least harmful is the weak type of doctor, whose lack of psychological insight results in his inability to offer moral support and to deal with his own inner conflicts. Second in rank is the failed type of doctor, who only appears in Chekhov's works; this particular type is a pathetic figure and a complete failure on both the professional and the personal levels. Lowest on the scale of mainly negative doctor figures is the moralizer. Characteristic of the moralizer is that he is ruthless, self-centered and, in Schnitzler's case, even cold-blooded and downright evil. Normally we would consider a moralizer--one who points out people's failings in an attempt to help them--to be a man of redeeming qualities. Yet this is not the case with Schnitzler's and Chekhov's moralizer, for he moralizes solely for the purpose of satisfying his egotistical needs. He is willfully harmful which results in the physician driving his fellow man to suicide.

Looking at the three different types of mainly negative doctor figures, we will see that all of them lack the necessary psychological skill, which hinders them from dealing with their patients' problems as well as their own, or else they have the skill and, misuse it.

with the exception of the weak type, who forms a transition from the mainly positive to the mainly negative doctor figure, all the negative figures' main problems centre around very personal matters. Stress is placed on intimate concerns such as a desire for social recognition, monetary gain, or satisfying selfish demands.

1. The Weak Type of Doctor

The weak doctor figure in Schnitzler's and Chekhov's works portrays the absence of the psychological skill of medicine, which is a trait shared by all negative doctor figures. Furthermore, the weak character is unable to deal with his own inner conflicts. This leads to a certain superficiality in his practicing of medicine, which has serious consequences for him. Some experience great personal tragedies such as the loss of a person who was close to them, their own suffering from an incurable disease, or the loss of their own life. This makes them appear as tragic figures. Nevertheless, they are included in the category of the mainly negative doctor figures, since it is their professional incompetence that leads to their tragedies.

The principal representative of Schnitzler's weak doctor figure is Dr. Gräsler (Dr. Gräsler, Badearzt). He is a frustrated, middle-aged physician whose moral decline forms the plot of the novel. Irresolution is his main character trait, and it is revealed in his professional as well as his private life. He is a practicing physician who keeps himself informed about advancements in medicine by reading medical journals, yet he lacks real devotion to his profession, being rather indifferent toward his patients. He puts his personal interests

above his concern for his patients. He is incapable of a lasting relationship because he is not certain what he actually wants. He thinks he loves a particular woman while he is with her, but even then he has feelings of doubt. As soon as he is away from her, his doubts start to grow and turn into hatred. He is an extremely unstable character, with no goal in mind. In one instance he is reluctant to see a patient in a rural area. His reasoning is that such patients do not add to his fame and fortune. But we do not see him striving for those values, or anything else for that matter.

Here, we should examine the question as to whether Dr. Gräsler's profession is irrelevant, as we can see with Peter von Haselberg¹ and Jürg Scheuzger.² Maria Alter, on the other hand, is one of the critics who does question the significance of Gräsler's profession³ and who attempts to answer it:

The importance of plot elements based on the practice of medicine shows that Dr. Gräsler's profession plays an important part in shaping his fate, and that Schnitzler clearly was drawing another portrait of a doctor and not simply any middle-aged man. 4

I feel that Gräsler's work as a doctor is indeed important, for it is through his profession that he encounters people and situations that determine his fate. It seems that for every person he heals, he loses another: his sister commits suicide in the spa where he treats people; he treats Sabine's father and loses her friendship at the end of his treatment; and he cures Frau Sommer's daughter, but loses Katarina who contracted the disease.

Two further examples of a weak doctor figure are Schnitzler's

Dr. Copus (Paracelsus) and Dr. Büdinger (Der junge Medardus) whose function is to act as a foil for another doctor figure, who plays a more important role in the plot.

Dr. Copus (Paracelsus) is a physician who performs routine examinations, and who does not see the human being in his patient. He ignores all questions and comments, merely prescribing some medicine without getting down to the root cause of the disease. In contrast to the raisonneur who offers his advice to everyone in need, Dr. Copus is very tight-lipped:

Anselm. Habt Ihr ein Mittel gegen Gram
der Seele?

Copus. Die Würfel sind es nicht.

Anselm. Auch nicht der Wein.
Doch beides macht vergessen--das
ist gut.

Copus. Ich bin nicht Euer Arzt--so muß ich
schweigen. 5

His conduct throws Paracelsus' traits of a true physician into relief as Schnitzler saw him: one who is concerned about his patient's psyche; who will approach him as his friend; who will spend as much time with him as is necessary, and who will try to reveal his patient's inner conflicts which, in many cases, are the cause for their ailments.

We see Dr. Copus as a physician who is unable to handle stiff competition:

... Herr Paracelsus ist uns ja erschienen,
Was braucht man da den Doktor Copus noch! 6

He concentrates more on that event--which makes him appear as a cynic--than on his patient:

... Jawohl! Er ordiniert!--Und glaubt Ihr's nicht,
Die Totenliste morgen wird's erweisen. 7

He is too weak to deal with the fact that his patients are interested in Paracelsus's way of healing the sick:

... Und unser halbes Basel steht und staunt,
Und meine eigenen Patienten sah ich--
Die stehen dort und harren seines Rates! 8

He feels threatened by Paracelsus's presence, and offended by the people in Basel who "abandoned" him:

Ich aber sag' Euch lieber: Lebet wohl.
Aufs Rathaus geh' ich, lege meine Stelle
Zurück--und will des Lebens kargen Rest
Dem undankbaren Basel fern verbringen. 9

Dr. Copus is an excellent example of a self-centred man. He considers there is not room enough for two physicians in Basel, if he cannot be the more important one. But he changes his mind about the "undankbares Basel" after they decided to keep Dr. Copus as the leading physician, and to offer Paracelsus a lower position:

Copus. Wie übel kennt Ihr dieses gute Basel!
So hört: Es will der Rat, um Euch zu ehren,
Neu eine Würde schaffen, und er wählt
Zum zweiten Stadtarzt Euch. Ich bin der erste.
Ihr staunt? 10

Dr. Copus would prefer Paracelsus to leave Basel:

Paracelsus. Man weist mich aus?
Copus. O wär' es das! Entschuldigt. 11

But as long as Paracelsus will be submissive, Dr. Copus will be happy:

Copus. ... Da ich der erste,
So habt Ihr gute Stütz' an mir, mein Freund.
Ich will Euch gern in manchem unterweisen.
In schweren Fällen könnt Ihr Rats erholen,
Bescheidne Schüler sieht der Meister gern. 12

It is indeed ironic that Dr. Copus, who lacks knowledge about an important aspect of medicine, considers himself superior to Paracelsus. Paracelsus, however, is aware of the immediate situation and decides to leave town.

We can see that the physician as "weak" character is ignorant of the psychological aspect of the practice of medicine, which often appears to be the most important factor in diagnosing an illness. This lack is also one of Dr. Bldinger's (Der junge Medardus) traits. He is unable to deal with his own inner conflicts--his wife has left him, and his only child has just died from a disease that Dr. Bldinger had caught from one of his patients and with which he cannot cope; he therefore is incapable of aiding his patients. Ironically, he clings to his profession and finds a refuge there, although it had cost him the life of his child:

Ich sehe abends wieder her. Oh, ich habe nichts
andres zu tun als nach Kranken zu sehn. Wenn Sie
wllnschen, bleib' ich auch die ganze Nacht hier.
Es war nmllich mein einziges Kind. 13

Such blind slavery toward his medical profession is not much use to his patients. The portrayal of this apathetic doctor figure is used to emphasize Dr. Assalagny's traits who, by contrast, is truly helpful. This mainly positive doctor figure is a good psychologist and as such he recognizes the importance of doing everything within his power to ensure the well-being of his patient, even if it means lying to him.

Let us now turn to the weak type of doctor figure, who suffers great personal tragedies and whose private-professional problem in some instances leads to his tragic death. Schnitzler's Otto (Flucht in die Finsternis) belongs into this category. He is a competent physician, yet he is so involved in his brother Robert's fate--who suffers from persecution mania--that it ultimately leads to Otto's death. Robert interprets Otto's concern for him as a death sentence. This obsessive

idea goes back to a document that Robert wrote in which he asked his brother to perform euthanasia should he ever become insane. When he indeed begins to suffer from a mental disorder, he becomes obsessed with the idea that Otto plans to kill him. He flees the city but is soon confronted with Otto, whose concern for Robert has led him to Robert's hiding place. Otto is shaken by Robert's facial expression which bears witness to his confused mind, but Robert, who thinks that Otto has come in order to kill him, shoots him while Otto is embracing him.

In this novel, Otto shares his role with Robert. The story illustrates Robert's gradual alienation from, and distrust for, his brother, the doctor, which in the end leads to his terrifying fear of Otto. Robert and Otto had lost their parents at an early age--at a time when the brothers' personality and position in life had not yet been formed--which strengthened Robert's bond with his older brother. Robert believed he could only trust someone to whom he was closely related, and therefore he considered the bond with his brother as the only true and lasting relationship. The problem is that Robert considered himself less worthy than his older brother. His image of Otto is that of a successful physician who also plays the role of supporter of the family. Robert is aware of the enormous difference between himself and Otto, and is therefore unable to communicate with, and to relate his problems to him.

It is noteworthy that one of Robert's childhood friends, with whom he is still in contact, is a physician. Robert does not seem to have a high opinion of his friend as a doctor:

Doktor Leinbach, sein Freund aus Jugendtagen, war freilich immer geneigt, Beschwerden, die man ihm klagte, leicht zu nehmen, und es konnte kaum als sehr beruhigend gelten, daß er alle irgendeinmal schon am eigenen Leib verspürt haben wollte. 14

When Robert develops an irritating ailment of the eyelid, he considers seeing a doctor. It is revealing, however, that the first doctor who comes to his mind is not his brother but Dr. Leinbach. Although it is not directly stated, we can see that Robert is undecided as to whom to turn for a diagnosis. Robert finds, as we have seen, that Dr. Leinbach does not set his mind at rest. On the other hand, he is afraid to consult his brother, for he is unable to describe to Otto all the details of his illness for fear of a frightening diagnosis:

Zugleich aber mußte Robert sich fragen, und nicht zum erstenmal, ob er sich dem Bruder auch ohne Rückhalt aufgeschlossen und nicht vielmehr in sonderbarer Scheu noch in der letzten Unterredung ihm gegenüber seinen Zustand als harmloser dargestellt, als er selbst ihn empfunden hatte, in der unbewußten Hoffnung, auf diese Art ein gelinderes Urteil zu erfahren? 15

Robert is afraid to communicate with his brother, and so he decides to leave it up to Otto to discover the ailment himself without being told about it: "Trotzdem nahm sich Robert vor, morgen Doktor Leinbach oder Otto zu Rate zu ziehen oder, lieber noch, es darauf ankommen zu lassen, ob sein Bruder die Ungleichheit der Lider selbst entdecken würde."¹⁶

Yet Robert is even afraid of this possible discovery; he does not want anyone to reveal his illness. He tries to hide his fears and various symptoms of an upcoming mental disorder. He mistakenly thinks that Dr. Leinbach can be fooled, but that Otto might unmask his pretension:

"... dieser Leinbach, und als Arzt überhaupt nicht ernst zu nehmen!

Den konnte man natürlich anschwindeln, wie man nur wollte; es war keine Kunst. Mit Otto würde man kein so leichtes Spiel haben"¹⁷

Robert thinks Dr. Leinbach is incompetent as a physician because whenever Robert mentions one of his various symptoms to him, Leinbach tries to get Robert's mind off his ailments by being in good humour, by not taking the illness seriously, and by changing the topic. Otto, on the other hand, dwells on Robert's symptoms by urging him to tell more about it. He tries to make Robert see that if he uses logic, he will discover that all his so-called ailments are merely delusions.

Otto is shown as a physician who takes his profession seriously, who is aware of his competence, and who also lets Robert know this. The adjectives with which Schnitzler chose to describe Otto indicate that one of Otto's personal failings is his lack of understanding concerning the human psyche. He is described as being "ironisch," "freundlich-spöttisch," "ernsthaft" and "streng," whereas Dr. Leinbach--the contrasting figure--is described as "heiter," "vergnügt" and "scherzhaft." Otto, who is very much devoted to his work--he is shown as a busy practicing physician--and who is shocked at Robert's mental deterioration, fails to realize that he is not helping his brother by taking his case seriously and by trying to reason with him. Otto does not know how to approach Robert as a human being, which leads to his downfall. The knowledge of, and the ability to deal with, the human psyche is very much alive in Dr. Leinbach's personality, and which becomes particularly evident in Leinbach's diary entry with which the novel closes.

Let us now turn to the main representative of the weak doctor figure in Chekhov's works, Dr. Stepanovich (A Boring Story) a professor of medicine at Moscow University, who is incurably ill. While approaching death, he undergoes not only a physical but also a psychological change. All his life he was devoted exclusively to science which alienated him from everything else. He is uncertain about his earlier idealistic views and is now tormented about the meaning of existence. He realizes that his devotion to science did not provide him with an ideal calling as he had thought it would. He was a famous professor, yet he has been lonely all his life. He had channelled his energy and his interest into one direction only--the medical sciences--and he never took time to spend with his family and friends. He failed to see that love and understanding are more important than fame. His lack of concern for others and his inability to communicate led to his family respecting him for being a famous professor, but they could not relate to him as a human being. And even he does not seem to be able to understand himself on a personal level. We can see this portrayed in the way he describes his professional life: in the form of confessions and in the third person.

Now that he is no longer able to devote himself to his work, he feels that he is no longer accepted by his family, and he becomes aware that his life has been meaningless. But, although he realizes that science ruined his life, he still clings to it. He longs for affection, yet he is isolated from his family because of his inability to communicate.

His only personal contact is with his ward Katja. Through her he could experience the true values of life, yet he is unable to give and to receive love. Instead, he resigns himself to a fate of spending the rest of his life in spiritual isolation.

The two Chekhovian doctor figures who meet their tragic death through a private-professional involvement--which forms a parallel to Schnitzler's Otto--are Dr. Dymov (The Butterfly) and Dr. Evgrafych (The Helpmate). Both doctors are devoted to medical science--like Schnitzler's Otto--and both doctors' lives are shattered by marital problems: they are unable to deal with the unfaithfulness of their wives. Like Dr. Stepanovich they are good scientists, although they are lacking in psychological insight.

Dr. Dymov is devoted to the medical profession and his patients. As a physician who is starting his career, he works in two hospitals to gain a secure position. He is respected by other physicians but not by his spouse. She claims that he has no talent for art. He has restricted himself to the world of science, and he lacks a strong will either to show some interest in his wife's social life, or to introduce her to his world of science. Instead, he plays a submissive role, that of butler for his wife and her friends, by setting the table for them. When he becomes aware of her unfaithfulness, he starts to avoid her and to conceal their marital problems from everyone. Like Schnitzler's Dr. Blüdingen, he seeks refuge from his personal problems in medical science. He is too weak to force a confrontation, and instead of looking for a solution, he suffers in silence, resigning himself completely to his unhappy marriage; never complaining, not even while he is dying.

As we have seen in Otto's case, he is unable to retain that certain distance from the events at hand which is necessary in the physician-patient relationship. His lack of psychological sensitivity thus leads to his tragic death. Here, Dr. Dymov becomes the victim of negligence when he contracts diphtheria from one of his patients, which leads to his death.

Dr. Evgrafych's situation is similar to Dymov's, yet Dr. Evgrafych does not suffer in silence: he blames fate for his problems. He does not know why he has married Olga; he was influenced by her outer appearance and admits now that he is a poor psychologist who has failed to recognize her true character. But even when he has discovered her real personality, he is unable to do anything about his suffering. He has lost his health and his money through living with Olga, and all he is able to conclude--in his naiveté--is that she should have married someone who could have had a good influence on her and thus changed her character. Another example of his naiveté is his belief in Olga's love for the man with whom she had betrayed him. He suggests a divorce, but she does not intend to give up the security she has in Evgrafych's home. She does not have to leave Evgrafych to pursue her affairs. Towards the end, Dr. Evgrafych recognizes his mistake, but he is unable to alter anything. He was told he suffers from tuberculosis; he feels he does not have long to live, and so he resigns himself to his fate of an unhappy marriage.

The doctor figures in the above-mentioned cases live in a very close relationship with their opponents. In all three cases, the doctor figure is the antagonist of a close member of the family. He is, however, too sympathetic toward his opponent's faults or ailments. He lacks the

inner strength, the psychological insight and the ability to communicate in order to deal with the situation at hand.

In my opinion, both Schnitzler and Chekhov chose those doctor figures to share the central role with a close member of their respective families in order to illustrate that a physician must maintain a certain distance from people and certain situations, even if he has to deal with people very near to him, or else he will be crushed by this self-imposed burden.

It is revealing that both Schnitzler and Chekhov end these works with the physician's death. Through their demise, Otto, Dymov and Evgrafych regain the reader's respect. They have become tragic victims of their devotion to medical science. Their devotion and good nature proved to be their downfall, but through their death they experience a sort of redemption.

2. The Failed Type of Doctor

This particular type of negative doctor figure is a device frequently employed by Chekhov in his works to depict the absolute moral decline of a human being. It shows the deterioration of all human values. We recall that this type of negative figure is not found in Schnitzler's works. This is probably a result of the difference between the medical situation in Austria and in Russia. Schnitzler's physician works predominantly in the city where he had studied and where he might well have grown up. Chekhov's doctor figure is in most cases a zemstvo physician who practices medicine outside the town where he had studied, away from his circle of friends. Working in a rural area, he is exposed to a

number of various elements that can influence his character in a negative way: some of them are unable or unwilling to socialize with the rural population, and they might not find anything useful to occupy themselves with after work. This inactivity leads to boredom, alcoholism, isolation, and ultimately to apathy. Others had idealistic notions about working as a zemstvo physician, but after a few years they realized that the health service did not improve: due to either ignorant or indifferent colleagues, or due to their own weakness; they become frustrated, and as they grow older they realize that all their efforts had been in vain, and that their life had been a failure. All four of Chekhov's failed or pathetic doctor figures--Dr. Triletskii, Dr. Ragin, Dr. Chebutykin and Dr. Startsev--serve to show the disillusionment of the zemstvo physician in its severest form.

I would like to begin my analysis of this particular type by taking a look at a doctor figure--Dr. Startsev--who is shown in the process of declining morally and spiritually. Because of this, he forms a link between the weak and failed types of physicians.

Like Dr. Stepanovich, Dr. Startsev (Ionych) lives for his profession. But his devotion undergoes a change over the years. At first he is truly interested in his work and his patients, but then this attention shifts to monetary gain, which becomes his main purpose in life. The ever-growing success of his medical career leads to his moral and spiritual deterioration. He no longer has any regard for his patients: "When receiving patients, he is usually angry. He beats on the floor with a cane, and he shouts in an unpleasant voice: 'Answer only my questions, if you please! Stop talking!'"¹⁸ His personality change

is also reflected by his physical appearance. He gains more and more weight--which seems to be an indication of Chekhov's disapproval of a character¹⁹--and has problems breathing. Although he has a large practice and comes into contact with many people, he is not on intimate terms with anyone. It is primarily his insatiable materialism that leads to his isolation and to his moral and spiritual decline.

We see that same estrangement and spiritual deterioration in Chekhov's story, Ward No. 6, where the central figure is Dr. Ragin, whose attitude towards medicine is as indifferent as Dr. Gräslers'. Yet Dr. Ragin goes even farther than Schnitzler's doctor in that he ignores the dreadful conditions in the hospital that he has taken over. He is a character with absolutely no will-power or self-confidence. He thinks everything will change by itself. In contrast to the "weak" doctor figures, Dr. Ragin deteriorates morally as well as professionally. He negates the purpose of medicine by asking himself why he should keep people from dying, and by prescribing useless cures. Ultimately, he gives up practicing medicine at all. Like Dr. Stepanovich he becomes inwardly more and more isolated, and he too realizes at the end that his philosophical views were wrong. When put into the mental ward, he learns that he is not able to live by his belief that suffering is transitory. He is not capable of facing the situation, just as he was unable to confront life. His realization, however, does not lead him anywhere; as is the case with Dr. Stepanovich and Dr. Startsev, he again becomes apathetic and dies from a stroke the following day.

To this point we have seen that most physicians are devoted to their profession, or that at least they are practicing physicians. Now

we discover Dr. Chebutykin (Three Sisters), and Dr. Triletskii (Platonov) who do not take their duties seriously, and who serve to portray the absolute moral decline of a human being.

At the end of his life Dr. Chebutykin is portrayed as a total failure in both his professional and private life. He neglects his profession and his obligations. He is well aware of his failings and admits them openly:

They think that I am a doctor, and that I am able to cure them from all kinds of diseases, but I know absolutely nothing. I forgot everything I knew; I remember nothing, absolutely nothing. 20

Dr. Chebutykin goes so far as to disgrace the medical profession: not only has he given up reading any medical literature since he left university, but he also writes down remedies that he comes across in the newspaper--proof of his incompetence and irresponsibility. His attitude towards medicine is dangerous, as shown by the death of one of his patients as a result of his negligence. Like Schnitzler's Dr. Büdinger, he cannot cope with this tragic episode in his life. His lack of concern is further shown by his shirking his duties. During a fire in a nearby village, he gets drunk and thus avoids offering the victims his assistance. In his soliloquy,²¹ he gives a partial but unsatisfying explanation of his conduct. We see that he is capable of strong emotions but that he is unable to deal with them. His whole life is an insurmountable task for him.

Chebutykin is unable to cope with the duties of a physician and to meet the expectations that everyone has of him, which is to cure all patients. He has entirely lost his self-confidence. In devoting his

time entirely to curing people, Chebutykin neglected his private life, and he did not find any time to keep himself informed about advances in medicine. Now, at the age of sixty, he realizes that life has passed him by. He never married, for he was obviously too busy with his work to meet anybody. The only possible candidate he ever met, so it seems, is the mother of the three sisters, but she was already married.

Chebutykin cannot cope with his loneliness and has resigned himself to his fate. He further comes to the realization that he is incompetent. The loss of one of his patients haunts him, for he feels it is through his negligence that the patient died. He is not able to deal with life's demands, and he has no illusions about himself or his future. He avoids the most important issues by reaching for the vodka bottle and by hiding behind his jokes and songs, which is another kind of defence mechanism, similar to the one that we have seen in the case of Dr. Dorn. We might regard Chebutykin as a morally depraved Dr. Astrov, in fact. We can see significant parallels between them. Neither is able to cope with life's demands and the negative aspects of being a physician. Both of them suffer mental agonies over the loss of one of their patients, with the difference that, in Chebutykin's case, it was due to his ignorance. Both of them take refuge in the vodka bottle to forget their problems and resort to singing or whistling when confronted with serious issues.

The difference between Astrov and Chebutykin is that the former has not yet completely resigned himself to his fate. He is still practicing medicine and trying to improve living conditions in general by planting trees, whereas Chebutykin leads a life of total apathy.

He realizes that he is failing as a physician, and he is afraid of the consequences. That is why he keeps getting drunk; in order to avoid his duties. We can see from this example how a physician like Astrov, who starts having problems in dealing with his life, and who then increasingly has doubts about his illusions, slowly becomes transformed into a dehumanized character like Dr. Chebutykin.

Another doctor figure who is to portray the moral decline of humanity, is Chekhov's Dr. Triletskii. He is indeed a most unappealing character. Like Chebutykin, he does not take his medical duties seriously: "... Professional ethics! To hell with them!"²² He is in no rush to visit his patients, and he even refuses to see one, although later on he gives in to Platonov's "pestering," as he calls it. Everyone questions his abilities; he himself, however, is quite confident about his competence. Shcherbuk and Bugrov accuse him of not curing anybody but of still taking their money. Part of the problem seems to be that Triletskii is treating uncooperative patients. His whole behaviour seems to be the result of his inability to deal with the rural population and their way of living. He is well aware of the various intrigues and the faults of his fellow men--he even makes comments about it--but nobody pays any attention to him. They all consider him to be a buffoon, yet--as in the case of Chebutykin--his jokes are a means to cover up his problems. Some other indications of his attempt to hide his inability to come to grips with life are wearing strong perfume, eating lozenges, and a preoccupation with food and money.

Triletskii cannot handle all the moral deterioration around him, and instead of setting a good example for the other people, he becomes

cynical and at times even vulgar, sinking even lower than they do.

He is at a complete loss as to how to deal with people; he only wishes that they would recognize their faults:

... Please advise all preachers, including yourself, that the sermons they make should conform to the preacher's deeds. If your eyes cannot find any comfort in looking at yourself, then you can't ask for any comfort for your eyes in looking at me. 23

He considers that if they themselves do not know how to manage their lives, they cannot expect him to be able to do so, and to offer them his services on top of it all.

All these failed doctor figures display a very unprofessional attitude towards medicine. Triletskii and Chebutykin refuse to see a patient, Ragin ignores the dreadful conditions in the hospital where he works, and Startsev cannot tolerate his patients, practicing medicine solely for monetary gain. In their younger years, these physicians were full of idealism and enthusiasm to serve mankind. But then they found themselves in a small provincial town which was plagued by inadequate conditions for medical health (Ragin), moral decline (Triletskii), and boredom in all four cases.

These physicians are not able to assume the life style of the rural population, nor can they identify with the intellectuals in the area, who lead a life of idleness. They are soon resigned to their fate: they do not show interest in anything except food (Triletskii, Chebutykin, Startsev); they neglect their medical duties, and thus they fail both personally and professionally. Triletskii and Chebutykin lead a totally meaningless existence, Ragin becomes insane, and Startsev is well on

his way to vegetating, like Triletskii and Chebutykin. All four of these physicians become victims of their own state of mind.

3. The Moralizer

This type of physician appears lowest on the scale of mainly negative doctor figures. Characteristic of the moralizer is that he is totally controlled by a quasi-messianic belief that it is his duty to rid society of its evils, or by personal matters, such as social recognition, monetary gain and egotistical demands. Thus we get two types of moralizers: the one who acts out of social interests--because he thinks he has society's best interests at heart--and the one who is initiated by purely personal reasons. Yet their characteristics remain the same: they are selfish and inconsiderate; and in Schnitzler's case, they are calculating and cold-blooded.

One of Schnitzler's doctor figures who preaches for social reasons, is Dr. Ferdinand Schmidt (Das Vermächtnis). As with all of Schnitzler's and Chekhov's "moralizers," he passes judgement on one particular person: in this case it is on Toni, who is Hugo's mistress and the mother of his child, and who had been taken into the house of Hugo's parents after Hugo's death; as requested in his will. Dr. Schmidt's conduct is truly abominable: he is extremely ruthless, he is filled with all the traditional and narrow-minded prejudices of his social class, further, he is hypocritical and he shows no respect for other people's feelings.

He starts his "attack" on Toni by attempting to keep her away from the dying Hugo. His next step is to manipulate Hugo's parents by telling them that their house is not her proper home. It is revealing

how Dr. Schmidt, who had worked himself up into the upper middle class, denies Toni the same right by saying: "--bei uns hier hat sie nicht zu gelten."²⁴ Dr. Schmidt is convinced it is his duty to save his "friends" from people like Toni who, in his view, present a serious threat for society. Dr. Schmidt is able to manipulate everyone around him without any great difficulty. He provides an example of one who uses his profession for negative reasons: he misuses the respect that is shown to physicians, and people put their trust in him: "Adolf. 'Lieber Doktor, Ihre Ansichten sind die eines rechtlichen Mannes....'"²⁵ He misuses their trust and helplessness by dictating to them his personal views and by manipulating them into acting according to them, by virtually forcing his opinions on them:

Ferdinand.	Mit Toni haben Sie bereits gesprochen?
Adolf.	Noch nicht.
Ferdinand.	So. Ich möchte aber zu bedenken geben, daß heute der letzte Tag ist, an dem etwas Entscheidendes geschehen kann.
Betty.	Lassen wir's doch bis zum Herbst.
Ferdinand.	Jeder Aufschub ist von Übel.... 26

We see that giving an advice in a discreet way--as we have encountered in the positive doctor figure--is completely impossible here, given the moralizer's personality:

Ferdinand.	Ich bitte um Entschuldigung. Halbe Maßregeln helfen hier nicht! Toni muß nicht nur aus diesem Hause--sie muß aus unserm Kreis verschwinden. Wir wollen nichts mehr mit ihr zu tun haben. 27
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Not only does Schmidt "advise" the Losattis what to do, but he even takes the unpleasant task of informing Toni about their decisions upon himself:

Ferdinand.	Da ich nun doch schon ein gewisses Recht zu haben glaube, mich zu den
------------	---

Ihrigen zu zählen, lassen Sie mich
auch die Pflichten tragen.
Ich will es übernehmen, mit ihr zu reden.²⁸

Nobody consents to Schmidt's offer, and nobody confirms that it is
their wish for Toni to leave, yet Schmidt has no doubts that the
Losattis agree with him:

Ferdinand. ... Ich habe mit Ihnen im Auftrage der
Familie zu sprechen. 29

.

Ferdinand. prüft mit raschem Blick alle Anwesenden
[Toni, Betty, Adolf]. Ich habe Ihren
Wunsch erfüllt.
Das Fräulein weiß alles. 30

We have seen that Schmidt believes he is acting in the interests
of society, and that he is moralizing for social purposes. Yet there
are also personal motives involved here. He begrudges Toni her
advancement into the upper middle class, which she attained in such a
short time, while he had to work himself up slowly. There is also
another reason why he does not want Toni to live under the same roof
with Franziska: he is afraid that Franziska will then discover the
noble traits in a person and realize that Schmidt lacks these
characteristics:

Ferdinand. ... Ich sage Ihnen, daß alles zu wanken
beginnt, seit diese Toni hier ist. Ich
fühle mich so lange meines Glückes nicht
sicher, als die Möglichkeit vorliegt, daß
sie sich Franzi nähern kann. Ich habe
mit Geschöpfen dieser Art nie zu tun
gehabt; sie sind mir unheimlich 31

He never stops trying to stir up everyone's animosity against Toni, until
he finally manipulates Hugo's father into sending Toni away, but not
until he has insulted her in every possible way. He goes so far as to

accuse Toni of so many evil deeds that it drives her to her death. He is convinced, however, that no one is to blame: "--niemand--jawohl, niemand hat sich einen Vorwurf zu machen--niemand--ich betone das; niemand sich, und niemand einem anderen."³² Yet it is obvious that he is responsible for her suicide.

Let us now examine one of Schnitzler's doctor figures who moralizes for personal reasons. After Dr. Schmidt, Dr. Eckold (Stunde des Erkennens) is probably the most unappealing of all of Schnitzler's doctor figures. Personal gratification is what he wants, and he succeeds in obtaining it by being as calculating and cold-blooded as Dr. Schmidt. This ruthless character waited ten years--not twenty, as Maria Alter states³³--for a convenient moment to throw his wife Klara, who had betrayed him, out of the house. He claims it would have been inconvenient and immoral if he had told her to leave ten years ago, at a time when their daughter was still a child and living with them. He never mentioned her infidelity during those ten years; he let his wife cherish false hopes--she thought they had found each other again, whereas he regarded her merely as a prostitute--until he punishes her for something that has happened ten years ago.

The cause for Eckold's calculating behaviour is rooted in his relationship to Professor Dr. Ormin, who is a friend of the house. Eckold thinks Ormin achieved more in life than he himself did, and Ormin feels the same about Eckold. Ormin considers it very important to have a close relationship to his patients. Eckold, as a general practitioner, is in the position to form such intimate contacts whereas

Ormin, who is a surgeon, is only confronted with the ailing part of his patient's body:

Ormin. ... Er [Eckold] hat es ja auch besser
getroffen....
.....
Vielleicht sogar in seinem Berufe.
.....
... Ist der meine vielleicht von höherer Art?--
Ich versichere Sie, es hat manchmal direkt etwas
Unheimliches, wenn man in irgendein unbekanntes
Haus gerufen wird, und es wird einem vor allem--
nicht irgendein Mensch, sondern ein kranker
Magen vorgestellt. Eckold lernt doch seine
Patienten wenigstens kennen.--34

Again and again we are reminded that Schnitzler expects the physician to display an interest in the human psyche as part of his medical duties. It is ironical that Ormin--just like Leinbach--is portrayed as a physician who is not in a position to demonstrate an understanding of his fellow men, when in fact it is he who possesses the necessary psychological insight, and not his opponent of whom it is expected.

Eckold's lack of psychological insight takes on drastic proportions. For ten years he has kept silent about the knowledge of his wife's affair. During that time, he has nourished his hatred of Ormin, whom he has mistakenly perceived as being his wife's lover. And it is that antipathy toward Ormin that leads Eckold to throw his wife out of the house. It is shocking to see how a human being can plan his revenge for ten long years with such cold-blooded self-control, merely for the benefit of a brief moment of triumph:

Klara. Du hast mich schlimmer betrogen und
tausendfach feiger als ich dich.
Du hast mich tiefer erniedrigt, als ein
Mensch irgendeinen andern erniedrigen darf!
Eckold. triumphierend. Fühlst du das? Weißt
du das? Oh, das tut wohl. Und es war der
Mühe wert, zehn Jahre lang diese Stunde

zu erwarten, wenn du heute deine Erniedrigung
wirklich so tief empfindest, als ich damals
die meine empfunden habe. 35

Klara cannot believe Eckold possesses such self-control as to wait for ten years to punish her. She believes he postponed the punishment for their daughter's sake; she is shattered when she learns about her husband's calculating personality, and how he has lived behind a mask for such a long time. Eckold has suppressed his hatred of Ormin, and he has even gone so far as to nourish that hatred because he begrudged Ormin every single success and happiness in life, and especially the social recognition that he wished for himself. Life seemed to have given everything to Ormin that Eckold wished to possess. And when Eckold mistakenly assumes that his wife had an affair with Ormin, he is defeated on both the professional and personal level. He believes Ormin to be responsible for that two-fold defeat, and that he cannot bear:

Eckold. ... Wär's nicht er gewesen, ich glaube
fast, daß ich dann hätte vergessen, verzeihen
können Aber daß gerade er es war, dem
du dich gabst, er, dem alles zuflog von
Jugend auf, alles, was sich mir versagte,
so verzweifelt ich mich auch darum mühte,
... --das hat mein Herz mit Bitternis gegen
dich erfüllt.... 36

Eckold has chosen a precise moment to punish Klara: when their daughter has started her own life, and when Ormin has left to offer his services on the battlefield, from where he is not likely to return.

Klara realizes there is no sense in trying to explain to her husband that it was Flöding, and not Ormin, with whom she had an affair. A calculating and cold-blooded person will not change, so everything is

beyond help or repair. Within minutes this belated and unjust punishment has ruined the last ten years of her life as well as her future, which leads her to commit suicide.

The counterpart to Schnitzler's Dr. Schmidt is Chekhov's Dr. L'vov (Ivanov). His moralizing also is based on the narrow-mindedness and the prejudices of his social class. There are, however, significant differences between these two physicians. In contrast to Schmidt, L'vov is not content with his surroundings: he feels out of place in a rural area; there is nothing with which a man of his education can busy himself, and he does not understand how any intellectual is able to live in such an "owl's nest," as he calls it. L'vov is in the same situation as Khrushchov, Astrov and Dorn, who become interested in forestry and art; but he is unable to find anything productive to do. Instead, he begins concerning himself with other people's affairs, becoming a busy-body. Dr. L'vov's accusations are directed toward Ivanov, who is unfaithful to his ailing wife, Dr. L'vov's patient. Repeatedly calling himself an honest man, Dr. L'vov considers it his duty to reveal Ivanov's true character and his affair with Sasha "I am an honest man, and it is my task to protect the blind and to open their eyes."³⁷ Dr. L'vov seems to be a competent physician--in contrast to Dr. Schmidt who is always replaced by another physician when one is needed--but he is a poor psychologist. He believes he understands the situation at hand, but in reality he only sees the result; he does not go to the heart of the problem. He accuses Ivanov of abominable behaviour without realizing that Ivanov is under emotional and psychological stress when he begins to have an affair with Sasha. He also fails to realize that his

suspicions about Ivanov's affair contribute to Anna's--his patient's--death.

L'vov lacks the psychological knowledge of medicine, which is noticed by the people around him:

Anna Petrovna.	You are a good man, but you don't understand anything 38
Ivanov. It might be possible to be an excellent physician--and at the same time to be ignorant of human nature....39

Ivanov, whom he attacks tells him what he as a physician should know:

"... I don't understand you, you don't understand me, and we don't even understand ourselves"⁴⁰ (We are reminded here of Paracelsus's

words "wir wissen nichts von andern, nichts von uns.") We cannot be certain about our or anybody else's subconscious and its influence on a person's actions; we are therefore not in a position to judge anyone.

Yet L'vov is persistent in his aim of ridding society of all evil, which in this case means unmasking Ivanov's true character. He engages in gossip about Ivanov's affair, sends libelous letters, and insults Ivanov. During his last confrontation with Ivanov, L'vov announces publicly that Ivanov is a scoundrel, thus contributing a reason for Ivanov's suicide. (In the first version of Ivanov, L'vov's responsibility for Ivanov's death is even more striking--Ivanov dies of a heart attack following L'vov's insult.) L'vov's lack of knowledge about human nature makes it impossible for him to manipulate people in as calculating a way as Schmidt did. Yet his constant interfering leads to the same result: to the suicide of the person he attacks.

Two of Chekhov's doctor figures who moralize for personal reasons

are Dr. Tsvetkov (Doctor) and Dr. Kirilov (Enemies). Both of them differ from Schnitzler's Dr. Eckold in that they are not calculating, but merely selfish. Their moralizing outbursts appear rather spontaneously, only lasting for a short time.

Dr. Tsvetkov is portrayed as a physician who lacks the necessary psychological insight to deal with people on a human level, be it a dying patient or his former mistress. He chooses the most awkward moment to moralize, for instance, while the child of his former mistress is dying. His moralizing is directed against his former mistress who has persistently claimed that Dr. Tsvetkov was the father of her son. Dr. Tsvetkov knows that there are two other men to whom she had told the same thing and who have been paying for the education of the child just as he has been and now he wants to know who the real father is. He does not want to believe Olga's answer that the child is his: "Even at such a moment you decide to tell a lie.... To you, nothing is sacred!"⁴¹

Dr. Tsvetkov fails to realize that to him nothing is sacred. In the room next to him a child is dying--maybe his child--and Olga feels that she is losing everything that might have meant something to her; he fails to understand the situation, and accuses her of her evil actions. His lack of psychological sensitivity prevents him from realizing that Olga's behaviour probably stems from an inner conflict of a complex nature.

We do not learn what effect Tsvetkov's behaviour has on Olga's future. We can see, however, that he makes her situation worse by trying to satisfy his personal interests. Not only does he lack psychological insight and the ability to communicate, but he is also extremely self-

centred, a trait he shares with Schnitzler's Dr. Eckold.

Dr. Kirilov is another doctor figure who fails to have the necessary psychological sensitivity for dealing with people. At the beginning of the story, we have sympathy for him: he is overworked, not having slept for the past three nights, and his only son has just died from diphtheria when he is called by Abogin, who thinks his wife is dying. But Dr. Kirilov is so exhausted and shaken by his son's death that he refuses to see the patient. It takes a great deal of effort on Abogin's part to persuade the doctor to go with him. At Abogin's house, however, they learn that Abogin's wife had pretended to faint in order to run away with her lover while Abogin was going for the doctor. Upon hearing this, Dr. Kirilov loses all self-control and accuses Abogin of taking advantage of his duties as a physician only to tell him about his marital problems at a time when he has enough problems of his own. Dr. Kirilov's frustration leads first to a personal accusation, but then his moralizing becomes directed against society in general. He accuses the upper middle class of regarding physicians, and everyone else who labors, as their servants. He works himself more and more into a rage. Dr. Kirilov is completely lacking in psychological insight. He fails to see that Abogin suffers as much as he, although Abogin's grief has a different cause. Their grief should have united them; instead, it made them the worst of enemies.

In the above examples, we have seen what serious damage a physician is able to do either by his lack of psychological insight (L'vov, Tsvetkov, Kirilov) or by misusing such knowledge if he does possess it (Schmidt, Eckold).

Looking at the negative doctor figures, we see that indecisiveness or the serious doubts about the meaning of life is a typical trait of some of the "weak" doctor figures (Gräsler; Stepanovich, Dymov and Evgrafych), which accounts for their spiritual deterioration. The "moralizer" lacks the psychological skill of medicine, as we have also seen in the case of the "weak" type, or he misuses that expertise in order to satisfy his own interests, even to the extent of hurting other people. Both the "weak" type and the "moralizer" still practice medicine. The "weak" type clings to his profession, which still gives his life a degree of meaning.

In contrast to the above types, Chekhov's "failed" type is indifferent towards medicine, and in the extreme case even negates its purpose (Ragin). By looking at Chekhov's doctor figure in this order, Astrov, Stepanovich and Chebutykin, we discover that the physician undergoes a rapid deterioration from a disillusioned young zemstvo physician to an apathetic character who leads a useless existence. With Chebutykin, the doctor figure has sunk so low that he does not serve any purpose at all. And we ask ourselves: what could possibly follow after Chebutykin? After the creation of Chebutykin, who portrays total deterioration of all human values, the physician disappears from Chekhov's works. Can the doctor be replaced by another character? The answer to this interesting question will be found in the following discussion of Chekhov's last play, The Cherry Orchard.

CHAPTER IV

NOTES

¹Peter von Haselberg, "Psychologie oder Konstellationen? Am Beispiel von 'Doktor Gräsler: Badearzt.'" ed. Hartmut Scheible Arthur Schnitzler in neuer Sicht. (Munich: Fink, 1981), p. 191. "... 'Dr. Gräsler, Badearzt'--wie aus einem Adreßbuch beliebig herausgegriffen. Dieser Herr mittleren Alters, von sich aus besonders uninteressant, weil er aus Entschlußlosigkeit bis dahin unverehelicht geblieben, ..."

²Jürg Scheuzger, Das Spiel mit Typen und Typenkonstellationen in den Dramen Arthur Schnitzlers (Zurich: Juris, 1975), pp. 99-104. The fact that Dr. Gräsler is not included in the very brief section "Der Arzt", shows us that Gräsler's profession is not of primary importance for the plot.

³"... the question is whether Schnitzler purposely gave the medical status to this weak man, or whether Dr. Gräsler's profession is irrelevant to his fate." Maria Alter, The Concept of the Physician in the Writings of Hans Carossa and Arthur Schnitzler, p. 22.

⁴Maria Alter, "Schnitzler's Physician: An Existential Character." MAL, 4, No. 3 (1971), 11.

⁵"Paracelsus," DW, I, 47.2

⁶Ibid., p. 467.

⁷Ibid., p. 469.

⁸Ibid.

⁹Ibid.

¹⁰Ibid., p. 497.

¹¹Ibid.

¹²Ibid.

¹³"Der junge Medardus," DW, II, 93.

¹⁴"Flucht in die Finsternis," ESch, II, 906.

¹⁵Ibid.

¹⁶Ibid., p. 908.

¹⁷Ibid., p. 917.

¹⁸A.P. Chekhov, "Ionich," Izbrannoe (Moscow, 1975), p. 542. (translation mine) ("Принимая больных, он обыкновенно сердится, нетерпеливо стучит палкой о пол и кричит своим неприятным голосом: -- Извольте отвечать только на вопросы! Не разговаривать!").

¹⁹Dr. Chebutykin (Three Sisters) and Dr. Triletskii (Platonov) are two such characters who are preoccupied with food.

²⁰A.P. Chekhov, "Tri Sestry," Pesy, p. 281. (translation mine). ("Думают, что я доктор, умею лечить всякие болезни, а я не знаю решительно ничего, все позабыл, что знал, ничего не помню, решительно ничего.").

²¹Ibid., pp. 281-282.

²²A. Chekhov, Platonov. Trans. David Magarshack (London: Faber and Faber, 1964), p. 127.

²³Ibid.

²⁴"Das Vermächtnis," DW, I, 434.

²⁵"Das Vermächtnis," DW, I, 434.

²⁶Ibid., p. 451.

²⁷Ibid., p. 453.

²⁸Ibid.

²⁹Ibid., p. 457.

³⁰Ibid., p. 458.

³¹Ibid., p. 436.

³²Ibid., p. 462.

³³Maria Alter, "Schnitzler's Physician: An Existential Character", p. 15. But see "Stunde des Erkennens," DW, II, 483: "Eckold. '... es ist eine recht alte Idee von mir, daß wir nach Bettinens Verheiratung unsern--unsern gemeinsamen Haushalt auflösen Ja, eine recht alte Idee, eine Lieblingsidee. Ich könnte dir auch sagen, wie alt, fast auf den Tag könnte ich es dir sagen. Zehn Jahre sind es her.'" (*italics mine*).

³⁴"Stunde des Erkennens," DW, II, 475.

³⁵Ibid., p. 488.

³⁶"Stunde des Erkennens," DW, II, 488.

³⁷A.P. Chekhov. "Ivanov," Pesy, p. 66 (translation mine) ("Я честный человек, мое дело вступить и открыть глаза слепым,").

³⁸"Ivanov," Pesy, p. 45. (translation mine) ("Вы хороший человек, но ничего не понимаете....").

³⁹Ibid., p. 59. (translation mine) ("...Можно быть прекрасным врачом -- и в то же время совсем не знать людей....").

⁴⁰Ibid. (translation mine) ("...Я не понимаю вас, вы меня не понимаете, и сами мы себя не понимаем...").

⁴¹"Доктор," PSSP, VI, 312. ("--Даже в такие мниуты вы решаетесь говорить ложь, -- . . .у вас нет ничего святого!").

CHAPTER V

SPECIAL PROBLEMS

A. The Absence of the Physician in Chekhov's The Cherry Orchard

Among others, Gerald Hopp¹ mentions that all of Chekhov's major plays contain a doctor figure except his last, The Cherry Orchard (Vishnevii Sad, 1903-1904). In this first part of Chapter V I will deal with the absence of the physician, and the question regarding a possible substitution of him by another character. Two critics who suggest for the absence of the physician in this play are Grecco and Ober. Grecco maintains that Dorn, Astrov and Chebutykin represent the moral decline which Chekhov himself feared he would experience if he permitted his medical profession to continue dominating his emotional life. Grecco is of the opinion that Chekhov's marriage to Olga Knipper prevented that from happening and that "... the play [The Cherry Orchard] in one respect represents the peace Chekhov made with the world of science."² Grecco is not very convincing. Since Chekhov was equally dedicated to both his medical and literary careers, there does not seem to be a need to "make peace with the world of science."

Ober, on the other hand, believes that the absence of the physician in The Cherry Orchard is due to the worsening state of Chekhov's tuberculosis, and that in giving up the practice of medicine, Chekhov no longer saw any need to use the doctor figure as a psychological

representation of himself:

Following his severe recrudescence of tuberculosis in 1897, Chekhov gave up any semblance of practicing medicine and confined his waning energies to writing. His chief interest lay in the Moscow Art Theatre, which produced his plays, and through it he met the actress Olga Knipper, who became his wife in 1901. Having disposed of the archetype in Chebutykin, he no longer had any need to create lonely, hollow men out of his fictive physicians.³

This raises the question: is the physician's presence no longer necessary--has his task been fulfilled--or is another character equally able to assume the physician's function? I will attempt to answer these questions, and then examine whether we find here a parallel to Schnitzler's works.

After Chebutykin, the doctor figure disappears in The Cherry Orchard, Chekhov's last play. We have seen that Chebutykin was a pathetic type, whose vegetating existence served no purpose. Who will now take upon himself the physician's task of "curing" society?

It is noteworthy that several characteristics we discovered in Chekhov's earlier doctors are distributed among the other characters in The Cherry Orchard: wisdom in Lopakhin, uselessness in Gaiev, and the inability to commit oneself to relationships in all the characters. The idealism that was formerly displayed by certain physicians--particularly by Astrov in Uncle Vania and his prototype Khrushchov in The Wood-Demon is portrayed by the young university student Trofimov. He appears to represent the new generation that will give up all the old traditions and start a new way of life (as Dr. Korolev predicted in A Doctor's Visit). Trofimov exemplifies the theme of work as the only way to save mankind, and he is ready to follow the bright star that

Astrov had already seen shining in the distance.⁴ He feels that a better future is near, and that he will be among those in the front rank heading toward it.⁵

One of the striking parallels between Trofimov and Astrov is the description of the way age has changed them:

Astrov.	Have I changed much since then?
Marina.	Yes, you have. You were young and good-looking then, but you're beginning to show your age now and your looks aren't what they were either. 6

Trofimov.	... Can I have changed so much

Mrs. Ranevsky.	... Well, Peter?
	Why have you grown so ugly?
	And why do you look so old? 7

Yet the difference between Astrov and Trofimov is readily apparent.

Astrov is portrayed as a truly idealistic character, whereas Trofimov is treated as a somewhat comic figure. Mrs. Ranevsky's comments about Trofimov's appearance remind us of Little Red Ridinghood's words addressed to the wolf who is in her grandmother's clothes: it seems she cannot believe that this "doctor in disguise" will be able to discover and to start a better way of life. She is not the only one to make fun of him; Lopakhin repeatedly ridicules him for becoming an eternal student, which forms a parallel to people's attitude towards Khrushchov's obsession with forestry.

Another feature which Trofimov shares with Khrushchov is his idea of work: "... It's time we stopped admiring ourselves. The only thing to do is to work."⁸ In Trofimov's opinion, everyone must become educated and guide his fellow men toward leading a meaningful existence.

Work is the key word; again we see a parallel to Khrushchov:

Khrushchov. ... there's no higher reward for
anyone who works, struggles and
suffers. 9
Trofimov. ... And we can only redeem it
[the past] by suffering and
getting down to some real work for a
change. 10

Elsewhere, Trofimov gives two long speeches about the salvation of mankind through work, which go by unnoticed. (This is also characteristic for the treatment of the doctor figure.)

His enthusiasm for a better future is greatly exaggerated. He is "haunted by mysterious visions of the future"¹¹ and he repeatedly sees happiness coming. Khrushchov's idealism¹² that had turned into disillusionment in Astrova,¹³ has given way to determination in Trofimov:

Trofimov. ... Mankind is marching towards a
higher truth, towards the greatest
possible happiness on earth, and
I'm in the vanguard.
Lopakhin. Will you get there?
Trofimov. I shall. [Pause.] I'll either get
there or show others the way. 14
(italics mine)

There seems to be a gratification here. He is certain that he will find happiness, but if he does not, he will show others where to find it.

From all this we can see that Trofimov shows potential to replace the doctor figure, in that he tries to take the physician's ideas over. He considers a break with the past a prerequisite for future happiness. This becomes evident in his realization that man has to free himself from empty philosophizing and to focus his attention on work in order to lead a meaningful existence. In The Cherry Orchard, Chekhov seems to deal with a period in which everybody is still trying to cling

to yesterday's ideas.

We do not know what calling Trofimov will choose but the fact that he has worked as a tutor, that he is concerned about people's knowledge of art, and that he makes translations seems to point to the profession of a teacher. As it so happens, the teacher is the second most prominent figure in Chekhov's works, after the physician. Chekhov himself often emphasized the importance of proper education. Like the physician, the teacher comes into contact with many people, whom he tries to guide toward a meaningful life. The crucial point is that he deals with them when they are young and more easily guided, when they are just learning basic principles. Had Chekhov's death not prevented him from writing, I believe that the teacher would have assumed the function in his works that the doctor figure had performed earlier.

One final question that has to be dealt with briefly: do we find a parallel to that in Schnitzler's works? We have seen on page 16 of this study that Gerald Hopp considers the possibility, that in some of Schnitzler's works the doctor figure might be replaced by another character. He is of the opinion that in certain cases the central figure could just as well have belonged to another profession. He thinks this holds for Professor Bernhardt--which centres on questions of principles and ethics--or for Dr. Gräsler, Badearzt, which is among other things a study of a midlife crisis. I feel that these two doctor figures cannot be replaced by another character. As seen in Chapter III, in Bernhardt's case only a doctor could have found himself in a situation to oppose a priest in order to ensure that his patient may die in peace. And as pointed out in Chapter IV, I feel that it is Gräsler's profession that

determines his fate; had it not been for his profession, he had not experienced a series of particular personal tragedies.

In conclusion to that we may say that it is his calling that enables the physician to come into close contact with people from various social backgrounds. This, as well as his knowledge of psychology, places him in a position to make observations and diagnoses, and to offer his advice. Therefore, the physician's profession forms the basis for his function in the stories and plays.

B. The Physician-Poet Polarity in Schnitzler's Works

In looking at Schnitzler's biography in Chapter II, we found that until his father's death he could not make a final choice between a medical and a literary career, and that he spent most of his life trying to realize his potential. There was a constant conflict between the physician and the writer in him, and Schnitzler deals repeatedly with this personal problem in his literary writings. I will now expand on Chapter II, by giving some reasons for Schnitzler's indecisiveness concerning both his careers. I will show how Schnitzler's father and the environment reacted to his careers, how their opinion had an influence on him, and how it led to his own doubts.

Schnitzler spent most of his life being indecisive about his medical and literary careers. He reveals that problem in his autobiography as well as in his literary writings, particularly in the physician-poet polarity. Coming from a family of physicians, it seemed natural for Schnitzler to study medicine, and he believes he could not have acted differently:

Gewiß spielten auch rein praktische Erwägungen mit, wenn ich mich ohne Schwanken für die medizinische Laufbahn entschied, wenigstens insofern, als es mir nicht einfiel, gegen die vernünftigen Beweggründe meines Vaters Einwendungen zu erheben; 15

Yet he was unable to find his true calling in medicine. He nevertheless pursued his studies and, later on, took up his work as a physician. Schnitzler often mentioned that he was drawn to a literary career, a field in which he believed he could find success:

"Und doch ist's nur die Phantasie allein", so schloß ich, "die mich vielleicht noch zu etwas bringt. Gewiß nicht die Medizin, wenn ich mich zuzeiten auch merkwürdig hineinlebe." 16

Schnitzler was aware that the practice of medicine was not giving him the necessary satisfaction in life. His more vital interests were directed towards a writing career, but he was not certain whether he possessed the necessary talent to be a writer. It is noteworthy that despite his belief in greater literary achievements, and despite his hypochondriac tendencies, Schnitzler did not give up his practice completely. It seems he did not want to disappoint his father, "der mich auf alle Weise und von jeder Seite her in die Medizin einzuführen trachtete,"¹⁷ and he even went so far as to deny his growing interest in a literary career:

Mein Vater stand meinen schriftstellerischen Versuchen (er bekam natürlich nicht alle zu Gesicht) nach wie vor ohne Sympathie gegenüber, und mit Rücksicht auf meinen ärztlichen Ruf, der sich aus guten Gründen noch immer nicht befestigen wollte, wünschte er damals, daß ich als Belletrist mindestens nicht mehr unter meinem Namen hervortreten sollte. Daß er meinem ganzen Treiben in Literatur, Medizin und Leben ohne Freude zusah, war ihm wahrhaftig nicht übelzunehmen.¹⁸

It is only after his father's death that Schnitzler gradually turned away from medicine.

Schnitzler's father had always objected to his son's literary career which, in his eyes, prevented Arthur from establishing a reputable position in his medical profession. Schnitzler felt that the people around him lacked the understanding for his wish to write:

Es entwickelt sich was in mir, das so aussieht wie Melancholie, und doch, ich habe so 'ne gewisse Sympathie für den Menschen, der mein Ich repräsentiert, daß ich manchmal denken mag, es wär' doch schad' um ihn. Aber es ist doch auch nichts um mich, das mich irgendwie hinaufbringen könnte. Ich muß gestehen: Meine Eitelkeit sträubt sich manchmal recht intensiv dagegen, wenn ich sehe, wie so 'ne ganze Menge von Leuten, die der Zufall, mein Lebens- und Studienwandel in meine Nähe, ja an meine Seite gebracht hatte, sich ganz verwandt mit mir fühlt und gar nicht daran denkt, daß ich vielleicht doch einer anderen Klasse angehören könnte. Fiel' einem von diesen (manchen recht lieben Leuten) durch Zufall dieses Blatt in die Hände, so dächt' er wohl, der Kerl ist doch arroganter, als ich bisher glaubte.-- Und doch, woher sollen sie denn nur wissen, daß in mir vielleicht was vorgeht, wovon sie nie und nimmer eine Ahnung haben können;--vergesse ich's in der letzten Zeit schier selbst--Und am End' ist's wirklich nichts als eine Art von Größenwahn.... Ich bin heute unklarer noch, als ich es seinerzeit war, denn das, als was ich heute gelte, bin ich ja doch nicht--am Ende noch weniger. Nun, es kommt bald die Zeit, in welcher ich mir Gewißheit über mich selbst verschaffen werde. Warte, Kerl, ich muß dir noch auf den Grund kommen. 19

Although attracted by a literary career, he was not certain himself whether he possessed genuine talent as a writer:

Sofort nach meiner Rückkehr trat ich meinen Spitalsdienst wieder an, doch tat ich in meinem medizinischen Beruf auch weiterhin eben nur das Nötigste. Eine bisher völlig ungewohnte Sehnsucht nach Landleben, nach Umherstreifen im Grünen hatte mich überkommen, mehr als je zuvor empfand ich mich als Künstlernatur, und wenn ich mir auch nicht

verhehlte, daß Leichtsinns, Unbeständigkeit, Lebesucht, unter der ich keineswegs eine banale Genußsucht verstanden haben wollte, tief und mit Lust aufzunehmen, stärker in mir entwickelt waren als das eigentliche Talent--ich bekam für eine Weile meiner Umgebung, insbesondere meinen tüchtigen Kollegen gegenüber, ein so zwingendes Gefühl der Überlegenheit, daß es mich auch den wiederholten Tadel meines Vaters, der mir nicht mit Unrecht Mangel an wissenschaftlichem Ernst vorwarf, minder schmerzlich empfinden ließ. 20

Now I will turn to the Physician-Poet Polarity in Schnitzler's works. The majority of Schnitzler's poets are portrayed as being unappealing. They are not given the kind of respect that the physician enjoys. A good example is Rhon in Das weite Land. Even before he makes his appearance he is introduced with a negative remark: "... Herr von Kreindl werden zahlreiche Bekannte hier finden ... der Dichter Rhon, der hier auf seinen Lorbeeren ausruht." 21

He does work, however, but no one is interested in his writings. He spends most of his time withdrawn from reality; he locks himself in his room and for days stays away from everyone, including his wife, to whom a friend says: "Gnädige Frau, lassen Sie sich scheiden von ihm. Wie kann man überhaupt einen Dichter heiraten? Das sind Unmenschen." 22

Friedrich Hofreiter, the play's unappealing central figure, thinks that poets choose their profession as an outlet for their wishes and for the feelings with which they cannot cope in real life: Friedrich says, "Ich denk' mir überhaupt manchmal, ob die Dichter nicht meistens nur aus gewissen inneren Mängeln ... Dichter werden--? ... Ich stell' mir vor, viele Dichter sind geborene Verbrecher--nur ohne die nötige Courage--oder Wüstlinge, die sich aber nicht gern in Unkosten stürzen" 23

It is revealing how people criticize a poet for suppressing his emotions and how they also treat that same characteristic in the physician with sympathy, as we have seen in Dr. Reumann's case.²⁴

The lack of respect for the creative writer is shown in Die letzten Masken as well, where the famous writer Alexander Weihgast experiences the hardships of being a poet--his livelihood is jeopardized by his colleagues--and wishes he could start a new life, another profession: "... nichts als Kämpfe--nichts als Sorgen ... Nun stürzen sie über mich her ... Wer? Die Jungen ... Jetzt versuchen sie, mich zu entthronen ... Mit Hohn, mit Herablassung behandeln sie mich."²⁵

The treatment by his fellow artists shows the egotistical and inconsiderate tendencies which are characteristic of the poet. Because of these traits, the poet stands in a clear contrast to the majority of selfless physicians who are dedicated to serving mankind.

Although most of Schnitzler's poets enjoy a more or less satisfying private life--most of them are either married or they are having an affair, in contrast to the physician--they are much more insecure. Alexander Weihgast, for example, is still fighting himself: "Nur nichts von der Literatur.--Aber es ist noch nicht aller Tage Abend"²⁶ and Albertus Rhon has doubts about his profession: "Nur das Manuelle fehlt mir. Wenn ich auch das hätte, ich glaube, ich hätte nie eine Feder angerührt."²⁷

Their profession does not give them the necessary support for dealing with the various negative influences on their life. Unlike the physician, the poet is prone to illusions which, in many cases, lead to his downfall. The poet Martin Brand (Mein Freund Ypsilon) is so obsessed

with his profession that it affects his sanity and drives him to suicide. A similar problem occurs in Der letzte Brief eines Literaten, where the poet is aware of the mediocre quality of his writings. He hopes that experiencing the death of his mistress will inspire him to write his masterpiece, but a few days before her death, he starts having doubts about it. Fearful of not being able to meet the demands that his profession places on him, he commits suicide.

In his essay "Poets and Physicians in Arthur Schnitzler's 'The Bachelor's Death' and 'An Author's Last Letter,'" Richard H. Lawson points out the striking contrast between physician and poet:

The former is observant, mature, considerate (not least, of himself), urbane, and ironic. The latter is pompous, egotistic, inconsiderate, insecure, and not less ironic. But what is most revealing are the instances of personal interaction between the two.²⁸

In both of the above examples, the poet's fate is told to us by a physician who appears as a friend, or former friend, of the poet, but their relationship shows clear tendencies to rivalry, especially in the story Der Tod des Junggesellen. This conflict is a reflection of Schnitzler's inner turmoil, and of his mixed feelings toward the two professions.

Schnitzler clearly decided in favour of the physician in Mein Freund Ypsilon, Der letzte Brief eines Literaten, and in Der Tod des Junggesellen. In the first two stories, we see only the result: the "victory" of the physician, whereas in Der Tod des Junggesellen, we will witness the competition between physician and poet, as well as the former's ultimate "victory."

Here Schnitzler's physician, who comes too late to see his friend the dying bachelor, finds a letter there, addressed to the bachelor's friends, two of whom are present beside him. In the letter, the bachelor informs his friends that he had seduced their wives. The physician is the only one of the friends who takes the whole affair with dignity. As a good judge of human nature, he is aware of people's inner conflicts and the reasons that lead them to actions which seem inexplicable to everyone else. For these reasons, the physician does not become cynical like the businessman, whose wife had died a year ago and who therefore did not have to confront her with her affair, and he does not fall into a rage like the poet. It is the poet--and not the physician, as Maria Alter²⁹ states--who later on takes the letter with the intention of leaving it for his wife to find after his death. He plays with the idea that his wife will then feel remorseful, and that she will praise him for being so noble and forgiving.

One should note that it is the physician--a skilled observer--who finds the bachelor's letter, and who gets ready to read it. But while he puts on his glasses, the poet reaches for the letter: "Diesen Augenblick benutzte der Dichter, um das Blatt an sich zu nehmen und zu entfalten."³⁰ Their competition continues in the same vein: "Der Dichter warf dem Arzt einen hastig-bösen Blick zu ..." and "'lesen Sie doch endlich den Schluß,' befahl der Arzt"³¹ We have already seen the contrast in their behaviour after they have read the letter. The physician, who remains calm and is the first one that decides to leave, is certainly superior to the poet in that he is able to face reality and with dignity. After his death, the poet might become superior in the

eyes of his wife, but at present, he is defeated by the physician.

All in all, the physician's ability to observe, and his selflessness and devotion to mankind, are all strong attributes which enable him to gain the upper hand over the poet.

Blume recognizes that the physician-poet polarity portrays the contrasting motives in Schnitzler's writing:

Künstler und Ärzte ... in ihnen verkörpern
sich die Grundkontraste, die sein ganzes
Werk durchziehen: Spiel und Tod, Lüge und
Wahrheit, Willkür und Zwang, Zufall und
Schicksal, Jugend und Alter, Maske und
Entlarvung, Sentimentalität und Verzweiflung.³²

We have seen that Schnitzler was concerned about the moral decline of a society whose members--of which the poet is one example--are incapable of dealing with the situation at hand, and who instead escape into a world of illusions. It is the physician's task to diagnose the degeneration of human values in that society, and Schnitzler saw his writings as diagnoses:

... diese Absicht des Diagnostizierens trennt
ihn selbst entscheidend von den vielen Künstlern,
die er schildert. Künstler sind für ihn Illusionisten
des Daseins; worauf es aber ankommt: auf seine
Desillusionierung, das haben in seinem Werk die
Ärzte zu veranschaulichen.³³

CHAPTER V

NOTES

¹Gerald Hopp, "A Comparison of Motifs and Attitudes in the works of Schnitzler and Chekhov." (M.A. thesis, University of Pittsburgh, 1969), 68.

²Stephen Grecco, "A Physician Healing Himself: Chekhov's Treatment of Doctors in the Major Plays." In Medicine and Literature, pp. 9-10.

³William B. Ober, "Chekhov among the Doctors: The Doctor's Dilemma." In W.B.O. Boswell's Clap and Other Essays, p. 204.

⁴Ronald Hingley, "Uncle Vanya," OCh, III, 38. "You know, sometimes when you walk in a wood on a dark night there's a glimmer of light shining in the distance, isn't there?" and "The Cherry Orchard," p. 173. "... We are marching triumphantly on towards that bright star shining there far away."

⁵Ronald Hingley, "The Cherry Orchard," OCh, III, 190. "... Mankind is marching towards a higher truth, towards the greatest possible happiness on earth, and I'm in the vanguard."

⁶Ronald Hingley, "Uncle Vanya," OCh, III, 19.

⁷Ronald Hingley, "The Cherry Orchard," OCh, III, 157-158.

⁸*Ibid.*, p. 169.

⁹Ronald Hingley, "The Wood-Demon," OCh, III, 232.

¹⁰Ronald Hingley, "The Cherry Orchard," OCh, III, 173.

¹¹*Ibid.*, p. 174.

¹²Ronald Hingley, "The Wood-Demon," OCh, III, 232.

¹³Ronald Hingley, "Uncle Vanya," OCh, III, 39, 61.
 "... But for me there's no light shining in the distance." and p. 61.
 "...Those who live a century or two after us ... perhaps they'll find
 a way to be happy"

¹⁴Ronald Hingley, "The Cherry Orchard," OCh, III, 190.

¹⁵JiW, p. 94.

¹⁶Ibid., p. 265.

¹⁷Ibid., p. 282.

¹⁸Ibid., p. 287.

¹⁹Ibid., pp. 191-192.

²⁰Ibid., p. 227.

²¹"Das weite Land," DW, II, 266.

²²Ibid., p. 277.

²³Ibid., p. 284.

²⁴See Chapter III, p. 74, footnotes 50, 51.

²⁵"Die letzten Masken," DW, I, 731-732.

²⁶"Die letzten Masken," DW, I, 732.

²⁷"Das weite Land," DW, II, 284.

²⁸Richard H. Lawson, "Poets and Physicians in Arthur Schnitzler's
 'The Bachelor's Death' and 'An Author's Last Letter.'" In Enid Rhodes
 Peschel, Medicine and Literature. New York: Neale Watson Academic
 Publications, 1980, p. 50.

²⁹ Maria Alter, The Concept of Physician in the Writings of Hans Carossa and Arthur Schnitzler, p. 48. "Der Tod des Junggesellen," ESch, I, 971. "Der Dichter hatte den Brief an sich genommen, ihn unbemerkt in seine Rocktasche gesteckt ..." (*italics mine*) and p. 972. "Der Arzt sah an ihm vorbei und lächelte süß. Das Tor wurde geöffnet, sie drückten einander die Hand, der Arzt verschwand im Flur, das Tor fiel zu. Der Dichter ging.

Er griff in seine Brusttasche. Ja, das Blatt war da. Wohlverwahrt und versiegelt sollte es die Gattin in seinem Nachlaß finden. Und mit der seltenen Einbildungskraft [*characteristic of the poet*], die ihm nun einmal eigen war, hörte er sie schon an seinem Grabe flüstern: Du Edler ... Großer ..." (*italics mine*).

³⁰ "Der Tod des Junggesellen," ESch, I, 967.

³¹ Ibid., p. 968.

³² Bernhard Blume, Das Weltbild Arthur Schnitzlers, p. 72.

³³ Ibid.

CONCLUSION

From the Doctor Figure to Their Creators

We have seen in Chapters II and V that Schnitzler spent most of his life trying to make a choice between a medical and a literary career. By contrast, Chekhov, who did not know himself why he had studied medicine--"... I don't remember why I chose the medical school, but I did not regret my choice,"¹--did not suffer any sort of indecisiveness concerning his two careers. From an early age writing played a very important part in Chekhov's life. Pressed by circumstances, he wrote various pieces in order to support himself and his large family. Yet in his younger years he tried to hide his work as an author by writing under the pseudonym Antosha Chekhonte. (We are reminded here of Schnitzler, who kept many of his works a secret from his father.) Chekhov's attitude of self-denial towards his literary career changed after receiving a letter of praise in 1886 from Dmitri Grigorovich an important figure in the literary world. That gave him the necessary self-confidence to discard his pseudonym, and to channel his energies into his creative work to such an extent that he was advised to give up the practice of medicine and to devote himself entirely to his writing career. But Chekhov who was equally happy with both professions, responded to that suggestion in a letter to A.S. Suvorin, on September 11, 1888:

You advise me not to chase two hares at once

and to give up practicing medicine. I don't see why one can't chase two hares even literally. If you have enough hounds, it's possible to do it. I probably don't have enough hounds (in the figurative sense now), but I feel more cheerful and more content with myself when I think of my having two occupations rather than merely one. Medicine is my lawful, wedded wife, and literature is my mistress. When one isn't enough for me, I spend the night with the other. That may be a little improper, but then it's less dull, and in any case, neither one loses anything by my perfidy. I would not devote all my spare time and thoughts to literature even if I didn't have medicine. I don't have enough discipline for that. 2

A poetic reflection of Chekhov's ability to pursue both careers with success can be seen in his play The Seagull. Dorn is content with his life as a physician, but at the same time he is fascinated with art. Thus he and the writer Treplev do not appear as antagonists, as do the physician and poet in Schnitzler's works. Furthermore, when Chekhov finally gave up practicing medicine in 1897, it was only due to bad health.

Despite the contrast in attitude toward their medical careers, both Schnitzler and Chekhov believed that their medical studies were of great value for the development of their literary careers. Here is Schnitzler on the subject: "Nach wie vor bin ich dem Studium der Medizin dankbar dafür, daß es mir den Blick geschärft und die Anschauung geklärt hatte...."³ And Chekhov:

I firmly believe that my medical studies had a vital influence on my literary activity; they significantly widened the sphere of my observation, enriched me with knowledge whose true value to me as a writer can only be appreciated by someone who is himself a doctor.⁴

It is significant that their medical experience had developed their ability to observe people and situations closely and objectively which,

together with their psychological insight, enabled them to diagnose people's actions while taking into account their personal psychology.

We have seen that the influence of medicine played an important rôle in Schnitzler's and Chekhov's writings, in that they used numerous doctor figures. I do not believe that their reason for doing so was to idealize the physician and the medical profession, which explains the rather small number of physicians as central figure, but rather as a means of externalizing parts of themselves, whether knowingly or unknowingly. Thus the doctor figure portrays a psychological link with both authors. That their literary writings include significant reflections of themselves, is expressed by Schnitzler in the following way:

Aber mein Schaffen ist nun einmal das
wesentlichste Element meines Daseins und
wenn auch die Geschichte mancher meiner
Werke nicht in die Literaturgeschichte
gehören mag, zur Geschichte meines Lebens
gehört sie gewiß, und darauf kommt es hier
an. 5

We get a clearer picture of the reason why Schnitzler and Chekhov characterized their doctor figures the way they did if we keep some of the significant dates in the authors' lives in mind. We see that Schnitzler's literary success begins to flourish after his father's death when he leaves the Poliklinik- and thus no longer has to conceal that part of his life from his father or his medical colleagues. Between the ages of thirty and forty, Schnitzler depicts mostly average physicians. But in that period also belong two strong figures: the "revolutionary" Paracelsus, and the moralizer Schmidt.

The next ten years show a significant change in the portrayal of the doctor figure. Whereas the previous decade was represented by

various types of doctor figures from both the positive and the negative group, we now witness the emerging of a new type, the raisonneur, who is the sole representative from approximately 1903 until 1912. That undivided attention for the type of the raisonneur seems to point to a possible attempt of Schnitzler to turn away from his earlier years of indecisiveness.

The next change comes about in 1912 with the figure of the revolutionary type Bernhardi. It is noteworthy that the characters and the incidents in this comedy point to striking similarities with the various physicians and events in the Poliklinik where Schnitzler had worked. Although Schnitzler denied that Bernhardi was a portrayal of his father, and that the Poliklinik with its physicians served as the background for that comedy, I believe that that play serves as a great example of a psychological link with the author.⁶ It seems that with Professor Bernhardi, Schnitzler attempted once and for all to put an end to his unsatisfying medical career in the Poliklinik under the direction of his father.

After Bernhardi, Schnitzler deals with his various personal problems in his writings, among others: marital problems in Stunde des Erkennens; indecisiveness and inability to form a lasting relationship in Dr. Gräsler, Badearzt, and hypochondriac tendencies in Flucht in die Finsternis.

His works become more psychoanalytic in nature, and he concentrates now on the novel, which seems to be a more suitable genre than the play to deal with psychoanalysis.

In considering Chekhov's writings, we find that he began his literary career approximately ten years earlier than Schnitzler. This does not surprise us, when we consider that writing short stories accounted for a greater part of Chekhov's income than it did of Schnitzler's. Between 1880 and 1890 Chekhov depicts various types of physicians, including the raisonneur--although not in his most prominent form--which is absent in the first period of Schnitzler's literary career.

As his health begins to deteriorate, Chekhov writes less, which is also reflected in the decreasing number of doctor figures in his works. After his stay on the penal island of Sakhalin, the number of doctor figures increases slightly. This is the period of the mainly negative figures, such as Ragin and Dymov.

In 1893 Chekhov moves to Melikhovo where he busies himself with forestry and gardening in his spare time. The feeling of contentment that he experiences at that time, is reflected in the figure of Dorn.

After the depiction of the detached raisonneur Dorn, there is a significant change in the portrayal of doctor figures. 1897 brings a severe attack of tuberculosis, and Chekhov is forced to give up practicing medicine. From that time on--almost immediately after the depiction of the involved raisonneur Astrov--and until he wrote The Cherry Orchard, there is a rapid progression in the moral decline of Chekhov's doctor figure, represented by Startsev and Chebutykin. I believe that Chekhov's deteriorating health together with giving up his medical career--and thus losing his necessary balance between medicine and literature--led to the increasing apathy which he portrayed

in the figures of Startsev and Chebutykin.

It seems indeed that Chekhov's marriage to Olga Knipper prevented an intensification of that apathy--as Grecco suggests--for the need to reflect his emotional self in a doctor figure was resolved in 1904 in The Cherry Orchard.

Thus we are able to conclude that the doctor figure in Schnitzler's and Chekhov's works represents a significant psychological link with the author. And despite the dissimilar medical conditions in Austria and Russia, as well as the difference in Schnitzler's and Chekhov's attitude towards medicine, I believe it can be said that they shared the same outlook on life and medicine which they expressed successfully through their doctor figures, and which makes them indeed strikingly parallel:

Und für einen Vergleich mit Tschechow--der mir persönlich als der haltbarste von allen Vergleichen erscheinen will--bestand damals [i.e. 50 years ago] noch keine Basis. Damals begann man ja erst zu überlegen, was Tschechow bedeuten und sagen wollte und ob er damit wohl recht hätte. Daß und wie sehr und in wie bezwingender Parallele auch Arthur Schnitzler recht hatte, wissen wir erst heute. 7

Both Schnitzler and Chekhov were aware that human values were decaying as the end of the nineteenth century approached. As moralists and physicians, both authors concerned themselves with "diagnosing" the moral deterioration of a nation whose "death" was inevitable. Thus both writers' lack of concern for disease and death per se is of less importance than their attempt to diagnose the illness through the doctor figure in their literary works.

CONCLUSION

NOTES

¹Ralph E. Matlaw, ed. Anton Chekhov's Short Stories. Texts of the Stories. Backgrounds. Criticism. New York: W.W. Norton, 1979, pp. 267-268 (letter to G.I. Rossolimo, October 11, 1899).

²Ibid., pp. 270-271.

³JiW, p. 227.

⁴Ralph E. Matlaw, ed. Anton Chekhov's Short Stories. Texts of the Stories. Backgrounds. Criticism, pp. 267-268.

⁵JiW, p. 326.

⁶Robert O. Weiss, "The 'Hero' in Schnitzler's Comedy Professor Bernhardi," MAL, 2, No. 3 (1969), 31, footnote 13. "Übrigens hat mein Titelheld, der 'Professor Bernhardi', von meinem Vater nur wenige Züge entliehen, und auch die anderen Figuren meines Stückes sind, mit der freilich unerläßlichen Benutzung von Wirklichkeitszügen so frei gestaltet, daß nur Kunstfremde, an denen es natürlich niemals mangelt, hier von einem Schlüsselstück reden konnten. Meine Komödie hat keine andere Wahrheit als die, daß sich die Handlung genau so, wie ich sie erfunden habe, zugetragen haben konnte,--zum mindesten in Wien zu Ende des vorigen Jahrhunderts."

⁷Friedrich Torberg, "Nachwort," JiW, p. 332.

BIBLIOGRAPHY

A. I. Works by Schnitzler

- Schnitzler, Arthur. Briefe 1875-1912. Eds. Therese Nickl and Heinrich Schnitzler. Frankfurt a.M.: Fischer, 1981.
- _____. Gesammelte Werke: Aphorismen und Betrachtungen. Ed. Robert O. Weiss. Frankfurt a.M.: Fischer, 1967.
- _____. Gesammelte Werke: Die Dramatischen Werke, 2 vols. Frankfurt a.M.: Fischer, 1962.
- _____. Gesammelte Werke: Die Erzählenden Schriften, 2 vols. Frankfurt a.M.: Fischer, 1961.
- _____. Jugend in Wien: Eine Autobiographie. Eds. Therese Nickl and Heinrich Schnitzler. Vienna: Frtz Molden, 1968.

II. Bibliographical Works

- Allen, Richard H. An Annotated Arthur Schnitzler Bibliography: Editions and Criticism in German, French, and English 1879-1965. With a foreword by Robert O. Weiss. Chapel Hill: University of North Carolina Press, 1966.
- Berlin, Jeffrey B. Annotated Arthur Schnitzler Bibliography 1965-1977. With an Essay on "The Meaning of the 'Schnitzler-Renaissance.'" Foreword by Sol Liptzin. Munich: Fink, 1978.
- _____. "Arthur Schnitzler: A Bibliography of Criticism, 1965-1971." MAL, 4 (1971), 7-20.
- Seidler, Herbert. "Die Forschung zu Arthur Schnitzler seit 1945." ZDP, 95, No. 4 (1976), 567-595.

III. Critical and Biographical Works

- Alexander, Theodor W. "Ethical Problems of the Medical Profession in Arthur Schnitzler's Works." Homage to Charles Blaise Qualia. Lubbock, Texas: Texas Tech Press, 1962, 75-80.

Alter, Maria Pospischil. The Concept of the Physician in the Writings of Hans Carossa and Arthur Schnitzler. Berne: Herbert Lang, 1971

_____. "Schnitzler's Physician: An Existential Character." MAL, 4, No. 3 (1971), 7-23.

Blume, Bernhard. Das Weltbild Arthur Schnitzlers. Stuttgart, 1936.

Brinson, G.E.J. "Searching for Happiness: Towards an Interpretation of Arthur Schnitzler's 'Doktor Gräsler, Badearzt.'" MAL, 16, No. 2 (1983), 47-63.

Foltin, Lore B. "The Meaning of Death in Schnitzler's Work." Ed. Herbert W. Reichert. Studies in Arthur Schnitzler. Chapel Hill: University of North Carolina Press, 1963, pp. 35-44.

Fröhlich, Otto. "Arthur Schnitzlers künstlerische Entwicklung (Ein kritischer Versuch)." Der Merker, 7, No. 7, (1916), pp. 250-256.

Haselberg, Peter von. "Psychologie oder Konstellationen? Am Beispiel von 'Doktor Gräsler, Badearzt.'" Ed. Hartmut Scheible, Arthur Schnitzler in neuer Sicht. Munich: Fink, pp. 188-199.

Heresch Elisabeth. Arthur Schnitzler in Rußland: Aufnahme-Wirkung-Kritik. Vienna: Wilhelm Braumüller, 1982.

Kann, Robert A. "The Image of the Austrian in Arthur Schnitzler's Writings." In Studies in Arthur Schnitzler. Ed. Herbert W. Reichert. Chapel Hill: University of North Carolina Press, 1963, pp. 45-70.

Kerner, Dieter. "Der Arzt-Dichter Arthur Schnitzler (1862-1931)." Deutsches medizinisches Journal, 17, No. 18 (1966), pp. 538-543.

_____. Arzt-Dichter: Lebensbilder aus 5 Jahrhunderten. Eine Auswahl. Stuttgart: Schattauer, 1967.

_____. "Der Arzt im Werk von Arthur Schnitzler." Hippokrates. Zeitschrift für praktische Heilkunde, 40, No. 20 (1969), pp. 803-807.

Lawson, Richard H. "Poets and Physicians in Arthur Schnitzler's 'The Bachelor's Death' and 'An Author's Last Letter.'" Ed. Enid Rhodes Peschel Medicine and Literature. New York: Neale Watson Academic Publications, 1980, pp. 48-55.

- Lebensaft, Elisabeth. Anordnung und Funktion zentraler Aufbauelemente in den Erzählungen Arthur Schnitzlers. Vienna: Notring, 1972.
- Lederer, Herbert. "A Chronicle of Loneliness." GQ, 30 (1957), pp. 82-94.
- _____. "Arthur Schnitzler's Typology. An Excursion into Philosophy." PMLA, 78, No. 4 (1963), pp. 394-406.
- Lindken, Hans-Ulrich. Arthur Schnitzler: Aspekte und Akzente. Materialien zu Leben und Werk. Frankfurt a.M.: Lang, 1984.
- LoCicero, V. "A Study of the Persona in Selected Works of Arthur Schnitzler." MAL, 2 No. 4 (1969), pp. 7-29.
- Liptzin, Solomon. Arthur Schnitzler. New York: Prentice-Hall, 1932.
- Lothar, Ernst. "Ein Arzt am Scheideweg. Schnitzlers 'Professor Bernhardi.'" In his Macht und Ohnmacht des Theaters: Reden, Regeln, Rechenschaft. Vienna: Paul Zsolnay, 1968, pp. 155-158.
- _____. "Rede zum Gedächtnis Arthur Schnitzlers." Gehalten im Burgtheater anlässlich des 100. Geburtstages am 15. Mai 1962. In his Macht und Ohnmacht des Theaters: Reden, Regeln, Rechenschaft. Vienna: Paul Zsolnay, 1968, pp. 27-40.
- Nesbit, Louis. "Arthur Schnitzler (1862-1931)." Medical Life, 42, No. 10 (1935), pp. 511-550.
- Politzer, H. "Diagnose und Dichtung. Zum Werk Arthur Schnitzlers." In his Das Schweigen der Sirenen. Stuttgart: Metzler, 1968, pp. 110-141.
- Rath, Gernot. "Arthur Schnitzler. Physician and Playwright." Ciba Symposium, 6, No. 5 (1958), pp. 215-218.
- Reichert, Herbert W. "The Hero in Schnitzler's Dramas," MAL, 2, No. 3 (1969), pp. 42-45.
- _____. "Nietzsche and Schnitzler." In his Studies in Arthur Schnitzler. Chapel Hill: University of North Carolina Press, 1963, pp. 95-107.
- Reik, Theodor. Arthur Schnitzler als Psycholog. Minden, Westfalen: J.C.C. Bruns, 1913.
- Rey, W.H. Arthur Schnitzler: Die späte Prosa als Gipfel seines Schaffens. Berlin: E. Schmidt, 1968.
- Scheible, Hartmut, ed. Arthur Schnitzler in neuer Sicht. Munich: Fink, 1981.

- Scheible, Hartmut. Arthur Schnitzler in Selbstzeugnissen und Bilddokumenten. Reinbek bei Hamburg: Rowohlt, 1976.
- Schlein, Rena R. "Arthur Schnitzler: Author-Scientist." MAL, 1, No. 2 (1968), 28-38.
- Scheuzger, Jürg. Das Spiel mit Typen und Typenkonstellationen in den Dramen Arthur Schnitzlers. Zurich: Juris, 1975.
- Sepcht, Richard. Arthur Schnitzler: Der Dichter und sein Werk. Eine Studie. Berlin: S. Fischer, 1922
- Tarnowski-Seidel, Heide. Arthur Schnitzler: Flucht in die Finsternis. Eine produktionsästhetische Untersuchung. Munich: Fink, 1983.
- Urbach, Reinhard. Schnitzler-Kommentar zu den erzählenden Schriften und dramatischen Werken. Munich: Winkler, 1974.
- Wagner, Renate. Arthur Schnitzler: Eine Biographie. Vienna: Fritz Molden, 1981.
- Wallisch, Friedrich. "Arthur Schnitzler, Arzt und Dichter, zu seinem 100. Geburtstag am 15. Mai 1962." Münchener Medizinische Wochenschrift, 104 (1962), 958-959.
- Weiss, Robert O. "The 'Hero' in Schnitzler's Comedy Prof. Bernhardt," MAL, 2, No. 3 (1969), 30-34.
- _____. "The Human Element in Schnitzler's Social Criticism." MAL, 5, Nos. 1/2 (1972), 30-44.
- _____. "The Psychoses in the Works of Arthur Schnitzler." GQ, 41, No. 3 (1968), 377-400.
- Werner, Ralph Michael. Impressionismus als literarhistorischer Begriff: Untersuchung am Beispiel Arthur Schnitzlers. Frankfurt a.M.: Lang, 1981.

B. I. Works by Chekhov

Chekhov, Anton Pavlovich. Anton Chekhov's Short Stories. Texts of the Stories. Backgrounds: Criticism. Ed. Ralph E. Matlaw. New York: Norton, 1979.

_____. Izbrannoe. Ed. A. F. Goloshchapova. Moscow, 1975.

_____. The Oxford Chekhov. Trans. and ed. Ronald Hingley. London: Oxford University Press, 1964.

_____. Pesy. London: Bradda Books.

_____. Polnoe Sobranie Sochinenii, v. 5 (1886). Moscow: Nauka, 1976.

_____. Polnoe Sobranie Sochinenii, v. 6 (1887). Moscow: Nauka, 1977.

_____. Polnoe Sobranie Sochinenii, v. 7 (1888-91). Moscow: Nauka, 1977.

_____. Polnoe Sobranie Sochinenii, v. 8 (1892-94). Moscow: Nauka, 1977.

_____. Platonov. Trans. David Magarshack. London: Faber and Faber, 1964.

II. Critical and Biographical Works

Auzinger, Helene. Anton Tschechow. Rußlands heiter-melancholischer Dichter. Stuttgart: Deutsche Verlags-Anstalt, 1960.

_____. Die Pointe bei Čechov. Kempten-Allgäu: Allgäuer Druckerei und Verlagsanstalt, 1956.

Bicilli, Piotr. Anton P. Čechov: Das Werk und sein Stil. Trans. Vincent Sieveking. Munich, 1967.

Bruford, W.H. Chekhov and His Russia: A Sociological Study. Archon Books, 1971.

Debreczeny, Paul and Thomas Eekman, eds. Chekhov's Art of Writing: A Collection of Critical Essays. Columbus, Ohio: Slavica Publishers, 1977.

Dick, G. "Die deutsche Čechov-Interpretation der Gegenwart." Zeitschrift für Slavistik, 4 (1959), 686-704.

- Bekman, Thomas, ed. Anton Čechov: 1860-1960. Some Essays. Leiden, 1960.
- Emeljanow, Victor, ed. Chekhov: The Critical Heritage. London: Routledge & Kegan Paul, 1981.
- Geizer, Isai M. Chekhov i meditsina. Moscow: Medgiz, 1954.
- Gilles, Daniel. Chekhov: Observer without Illusion. Trans. by Charles Lam Markmann. New York: Funk & Wagnalls, 1968.
- Grecco, Stephen. "A Physician Healing Himself: Chekhov's Treatment of Doctors in the Major Plays." Ed. Enid Rhodes Peschel Medicine and Literature. New York: Neale Watson Academic Publications, 1980, pp. 48-55.
- Hahn, Beverly. Chekhov: A Study of the Major Stories and Plays. Cambridge University Press, 1977.
- Haubrich, Michael. Typisierung und Charakterisierung in der Literatur dargestellt am Beispiel der Kurzgeschichte A.P. Čechovs. Mainz: Liber, 1978.
- Heselhaus, Clemens. "Die Metaphorik der Krankheit." In Die nicht mehr schönen Künste. H.R. Jauß, ed. Munich, 1968.
- Hingley, Ronald. A New Life of Anton Chekhov. London: Oxford University Press, 1976.
- Khizhniakov, V.V. Anton Pavlovich Chekhov kak vrach. Moscow: Medgiz, 1947.
- Ivanov, S.I. "Meditsinskie deiateli v proizvedeniiakh A.P. Chekhova." Vrachebnaia gazeta, 11 (1904), 334-336.
- Jackson, Robert L., ed. Chekhov: A Collection of Critical Essays. New Jersey: Prentice-Hall, 1967.
- Kerner, Dieter. Arzt-Dichter: Lebensbilder aus 5 Jahrhunderten. Eine Auswahl. Stuttgart: Schattauer, 1967.
- Lafitte, Sophie. Chekhov 1860-1904. Trans. Moura Budberg and Gordon Latta. New York: Charles Scribner's Sons, 1973.
- Mann, Thomas. "Chekhov." Last Essays. Trans. Richard and Clara Winston and Tania and James Stern. New York, 1959, pp. 178-203.
- Meve, E.B. Meditsina v tvorchestve i zhizni A.P. Chekhova. Kiev: Gosudarstvennoe meditsinskoe izdatel'stvo USSR, 1961.

- Ober, William B. "Chekhov among the Doctors: The Doctor's Dilemma." In his O. Boswell's Clap and Other Essays: Medical Analyses of Literary Men's Afflictions. London: Feffer & Simons, 1979, pp. 193-205.
- Patrick, George Z. "Chekhov's Attitude towards Life." The Slavonic and East European Review, 10 (1931), 658-668.
- Pedrotti, Louis. "Chekhov's Major Plays: A Doctor in the House." In Chekhov's Great Plays: A Critical Anthology. Ed. Jean-Pierre Barricelli. New York: New York University Press, 1981, pp. 233-250.
- Polakiewicz, Leonard Anthony. "The Image of the Doctor in Chekhov's Works." Diss. University of Wisconsin-Madison, 1978.
- Rabinovich, M.S. Chekhov i meditsina. Omsk, 1946.
- Rammelmeyer, Alfred. "Arzt, Kranker und Krankheit in der russischen schönen Literatur des 19. Jahrhunderts." In Der Arzt und der Kranke in der Gesellschaft des 19. Jahrhunderts. Stuttgart: Ferdinand Enke, 1967, pp. 116-156.
- Romanenko, Viktor T. Chekhov i nauka. Kharkovskoe knizhnoe izdatel'stvo, 1962.
- Selge, Gabriele. Anton Čechovs Menschenbild: Materialien zu einer poetischen Anthropologie. Munich: Fink, 1970.
- Thomas, Herbert. "Anton Chekhov: Physician and Literary Artist." The Journal of the American Medical Association, 79, No. 19 (1931), 1631-1632.
- Trautmann, Joanne, ed. "Doctor Chekhov's Prison." In Healing Arts in Dialogue: Medicine and Literature. Carbondale and Edwardsville: Southern Illinois University Press, 1981, pp. 125-137.
- Trautmann, Reinhold. Turgenev und Tschechow. Leipzig: Volk und Buch Verlag, 1948.
- Tulloch, John. Chekhov: A Structuralist Study. London: Macmillan, 1980.
- Valency, Maurice. The Breaking String: The Plays of Anton Chekhov. New York: Oxford University Press, 1966.
- Winner, Thomas. Chekhov and His Prose. New York, 1966.
- Zadera, G. "Meditsinskie deiateli v proizvedeniiakh A.P. Chekhova." Niva, 10, 11 (1903), 302-324; 481-510.

C. Other Secondary Sources

Frieden, Nancy M. Russian Physicians in an Era of Reform and Revolution, 1856-1905. Princeton, N.J.: Princeton University Press, 1981.

Guthrie, Douglas. A History of Medicine. London: Thomas Nelson and Sons, 1945.

Hopp, Gerald G. "A Comparison of Motifs and Attitudes in the Works of Schnitzler and Chekhov." M.A. Thesis, University of Pittsburgh, 1969.

Müller, Martin. Der Weg der Heilkunst. Berlin: Wegweiser-Verlag, 1937.