

Disability in Late Imperial Russia: Pathological Metaphors and Medical Orientalism

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## ABSTRACT

In late imperial Russia (1861-1917), both scientific and creative elites readily used illness and disability as metaphors for the societal and political crisis that befell the Tsarist regime. These mainstream elites—be they medical doctors, anthropologists, writers, or artists—held complex views of the ill and disabled, seeing them simultaneously as symbols of wisdom and purity as well as dysfunction and degeneration. Whether perceived in a positive or negative light by elites, the ill and disabled were subject to inequitable power structures in which they were reduced to objects of loathing, pity, or fascination.

This thesis explores elite attitudes to these marginalized populations as revealed through Russian *belles-lettres*, medical literature, artwork, and Tsarist education policy. The ill and disabled became a convenient segue for imperial elites to debate the important topics of the *fin de siècle* from public health to national security. This thesis shows that the ill and disabled—while on the margins of society—were at the center of attention when elites like scientists, artists, and bureaucrats argued for social and professional reform or for the preservation of the Tsarist autocracy.

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## Introduction

In a key scene of the opera *Boris Godunov* by Modest Mussorgsky (1839-1881) a crowd of children steals a coin from a *yurodivy*, or holy fool, while he begs in Moscow's Red Square. The *yurodivy*, dressed in rags and wearing a metal pot as a helmet, bursts into tears. The children scatter as Tsar Boris and his imperial retinue enter the square. Guards hold back the swelling mass of hungry townspeople, clearing a path for the Tsar. The *yurodivy* catches Boris's eye; the tsar asks the man why he weeps. The holy fool says that the little children have stolen his coin. Innocently, he asks the Tsar to put them to death as the Tsar had done the rightful heir to the throne. Instead of arresting the holy fool, Tsar Boris asks for his prayers. The *yurodivy* refuses, calling Boris "Tsar Herod" after the murderous biblical king. Deeply troubled, Tsar Boris departs. As the crowds disperse with Boris's flight, the *yurodivy* prophesies doom and grief for the Russian people, his melancholy voice filling in the abandoned square.<sup>1</sup>

This is one of the most famous representations of a *yurodivy* in Russian high culture and illustrates an example of startling human behavior. The figure of the holy fool has been classified by scholars variously as autistic or schizophrenic. *Yurodivye* were prone to repetitive routines (obsessively gathering stones, casting them into water, and then re-gathering them) and socially inappropriate behavior (nakedness and "shout[ing] insults and blasphemies").<sup>2</sup> Yet, historically, these men and women were seen by

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<sup>1</sup> Modest Mussorgsky, *Boris Godunov*, The Metropolitan Opera of New York, October 2010, <https://www.youtube.com/watch?v=oSk6GQ65-n8>.

<sup>2</sup> Roy Richard Grinker, *Unstrange Minds: Remapping the World of Autism* (New York, NY: Basic Books, 2007), 53; Thomas Armstrong, *The Power of Neurodiversity: Unleashing the Advantages of Your Differently Wired Brain* (Boston, MA: De Capo Press, 2011), Google Books.

Russians, regardless of social strata, as especially wise. *Yurodivye* flouted convention and spoke back to civil and political authority with impunity.<sup>3</sup>

Russian society's response to the *yurodivy* exemplifies its complex perceptions of disability and illness. In the case of the holy fool, the disabled were associated with the gifts of wisdom and second sight. In other cases, popular and elite perceptions of illness and disability were highly negative.<sup>4</sup> In my preliminary research, I had hoped to discover the criteria Russian creative and scientific elites used to separate disability into two existing tropes during the *fin de siècle*: conditions they deemed sacrificial and holy and those they found unnerving and abhorrent. However, perceptions of disability in late imperial Russia were far too complex to fit such a binary approach. In Dostoevsky's writing alone, epilepsy—pathology as metaphor—is an attribute shared both by the morally ambiguous (Smerdyakov in *The Brothers Karamazov*, complicit in murder) and the Christlike (the simple and innocent Prince Myshkin of *The Idiot*).

These contradictory associations attached to disability permeated not only Russian literature but also the medical profession. Many turn-of-the-century Russian physicians avoided neat classification of disability's metaphors. Historian Laura L. Phillips argues that Russian doctors did not exclusively categorize disability as “feminine” and able-bodiedness as “masculine.” While the Russian disabled—including physically and psychologically wounded soldiers—remained an “othered” segment of the population, the medical profession treated them in a more nuanced fashion than did its

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<sup>3</sup> Armstrong, *The Power of Neurodiversity*.

<sup>4</sup> The negative perceptions of mental illness as they existed in Tsarist Russia are discussed in Mark D. Steinberg, *Petersburg Fin de Siècle* (Newhaven, CT: Yale University Press, 2011).



counterparts in Western Europe and the United States.<sup>5</sup> The descriptions of physical, psychological, and cognitive difference to be found in Russian case studies and *belles-lettres* are highly varied. Furthermore, the members of these diverse disciplines were acutely aware of each other's analysis of disability. For instance, Angela Brintlinger writes that Russian psychiatrists were keenly interested in descriptions of mental illness rendered by their creative counterparts and may have even felt professionally threatened by writers' facility in this regard.<sup>6</sup>

Artistic and scientific discourses centered on visual representations of the human body also reflected one another. Realist painting, especially that of Ilya Repin, and scientific photography exhibit particularly strong parallels. Repin's depictions of human bodies—disabled, healthy, peasant, and patrician—show a clinical attention to anatomical detail. This detail was laden with extra significance in the *fin de siècle*, an era dominated by fears of physical, psychiatric, and racial degeneration, or *vyrozhdenie* in Russian. Photographers on Russian anthropological expeditions sought to capture empirical data, specifically the diverse “national ‘types’ that inhabited the vast empire.”<sup>7</sup> Forensic photography was also used by the Tsarist police to construct the physiognomy of “criminal types.”<sup>8</sup> Both realist painting and scientific photography objectified the human body, reducing it to a collection of signs—signs of ethnic and racial difference and of disability and criminality. Russian elites were split over the idea that the body betrayed

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<sup>5</sup> Laura L. Philips, “Gendered Dis/ability: Perspectives From the Treatment of Psychiatric Casualties in Russia’s Early Twentieth Century Wars,” *Social History of Medicine* 20, no. 2 (July, 2007): 333.

<sup>6</sup> Angela Brintlinger, “Russian Attitudes toward Psyche and Psychiatry, 1887-1907,” *Madness and the Mad in Russian Culture*, eds. Angela Brintlinger and Ilya Vinitzky (Toronto, ON: University of Toronto, 2011), 181.

<sup>7</sup> *Ibid.*, 22.

<sup>8</sup> Daniel Beer, *Renovating Russia: the Human Sciences and the Fate of Liberal Modernity, 1880-1930* (Ithaca, New York: Cornell University Press, 2008), 112.

such signs; some were enthusiastic supporters while others argued that forensic photography comprised ‘simply rather unpleasant faces and nothing more.’<sup>9</sup>

Practitioners of these wide-ranging disciplines—psychiatrists, educators, artists among them—both consciously observed one another and reflected the spirit of the times independently. Whether they agreed or disagreed with one another, they all sought to create more professional space for themselves and to mold government policy and public taste. In doing so they sought to structure the everyday lives of Tsarist citizens as well as protect and enlighten the masses.<sup>10</sup>

Analysis of disability and deviance in imperial Russia, and the discourses through which they were studied and organized, has deepened in the work of Daniel Beer, Angela Brintlinger, and Ilya Vinitsky.<sup>11</sup> My thesis contributes to this scholarship and argues that multiple discourses—artistic, literary, medical, and anthropological—in *fin de siècle* Russia reflect similar attitudes to disabled and ill minds and bodies. This phenomenon of shared perceptions across disciplines and discourses is called “cultural resonance.”

Sociologist William Gamson explains:

Not all symbols are equally potent. Some metaphors soar, others fall flat; some visual images linger in the mind, others are quickly forgotten. Some frames have a natural advantage because their ideas and language resonate with a broader political culture. Resonances increase the appeal of a frame by making it appear natural and familiar.<sup>12</sup>

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<sup>9</sup> Ignatii P. Zakrevskii, “Ob ucheniakh ungolovno-antropologicheskoi shkoly,” *Zhurnal grazhdanskogo i ugovnogo prava*, no. 9 (1891): 94, quoted in *ibid.*, 111.

<sup>10</sup> See Laura Engelstein, *The Keys to Happiness: Sex and the Search for Modernity in Fin-de-Siècle Russia* (Ithaca, NY: Cornell University Press, 1992); Ben Eklof, *Russian Peasant Schools: Officialdom, Village Culture and Popular Pedagogy. 1861-1914* (Berkeley, CA: University of California Press); David Jackson, *The Russian Vision: The Art of Ilya Repin* (Leuven, Belgium: BAI Publishers, 2006).

<sup>11</sup> Beer, *Renovating Russia*; Brintlinger and Vinitsky, eds., *Madness and the Mad in Russian Culture* (Toronto, ON: University of Toronto, 2011).

<sup>12</sup> William Gamson, “Movement Impact on Cultural Change.” In *Culture, Power And History: Studies in Critical Sociology*, Stephen J. Pfohl, et al., eds. (Leiden and Boston: Brill, 2006), 122.

Russian elites found in illness and disability a compelling metaphor for societal and revolutionary crisis. My research is restricted to mainstream elites, many of whom either through state employment (doctors and scientists) or imperial patronage (artists) were beholden to the empire's will regardless of their own political or social leanings.

Because of this focus, the missives and opinions of professional revolutionaries like Lenin or Trotsky as they relate to disability lie outside of the scope of this thesis. Unlike these overtly revolutionary elites, mainstream elites utilized illness and disability as a means to discuss public health, poverty, crime, and consumerism within the framework of the empire, seeking to forward their professional and political agendas without bloodshed. The uprisings of 1905 proved to be a major exception to this nonviolent strategy. Most mainstream elites were devoted to developing a Tsarist civil society.<sup>13</sup> In the spirit of this society—tinged by a nascent Russian capitalism—disabled minds and bodies were used as a frame of reference for everything from hospital reform to the advertising of hot cocoa.<sup>14</sup>

Professor of American Studies Matthew Frye Jacobson in *Barbarian Virtues* explores how discourses as disparate as the pulp novel (Edgar Rice Burroughs's *Tarzan*), scientific racism (the eugenics movement), and politics legitimated xenophobic views of

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<sup>13</sup> For instance, according to Julie V. Brown, the psychiatric profession in late imperial Russia harbored few Bolsheviks; before 1917, most psychiatrists “although left of center were somewhat less radical,” 304; Julie V. Brown, “Heroes and Non-Heroes: Recurring Themes in the Historiography of Russian-Soviet Psychiatry,” in *Discovering the History of Psychiatry*, eds. Mark S. Macale and Roy Porter, 297-310 (New York, NY: Oxford University Press, 1994); also see Elisa M. Becker, *Medicine, Law, and the State in Imperial Russia* (New York, NY: Central European University Press, 2011).

<sup>14</sup> Anton Chekhov, “Ward No. 6,” translated by Constance Garnet (New York, NY: McMillan, 1921), <http://www.eldritchpress.org/ac/w6-01.html>; Susan K. Morrissey, “The Economy of Nerves: Health, Commercial Culture, and the Self in Late Imperial Russia,” *Slavic Review* 69, no. 3 (Fall 2010): 645-675.

ethnicity and immigration in the United States at century's turn.<sup>15</sup> My research extends this kind of exploration to imperial Russia's objectification of the ill and disabled. In addition, I blend the methodological approaches of Edward Said, Michel Foucault, and Robert Darnton. Said and Foucault provide the scholarly apparatus to critique power structures that marginalize groups perceived as different or strange, in this case the ill and disabled.<sup>16</sup> Robert Darnton sums up the power dynamic central to my subject: "Pigeonholing is [...] an exercise of power."<sup>17</sup> Darnton argues that "[m]onsters like the 'elephant man' and 'wolf boy' horrify and fascinate us because they violate our conceptual boundaries," boundaries that are often arbitrary and evidence "an unconscious ontology," or overarching system of classification, at work in a society's collective mindset.<sup>18</sup>

Specifically, my work threads together a small but rich sample size of Russian creative writing and medical and moral reform literature printed during the *fin de siècle*. This sample includes Russian-language sources as well as English-language critiques of Tsarist social and public health policy. Here, the writing of Anton Chekhov and Mikhail Bulgakov, and the periodical *Russkii Vrach (The Russian Physician)* are of particular interest to me. The paintings of the *Peredvizhniki (Wanderers)* are also significant primary sources, many of them ideal for the analysis of disability because of their stark and realistic portrayal of the human body. Exploring the multiple discourses that constructed taxonomies of disability illustrates how elite Russian attitudes intersected and

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<sup>15</sup> Matthew Frye Jacobson, *Barbarian Virtues: The United States Encounters Foreign Peoples at Home and Abroad, 1876-1917* (New York, NY: Hill and Wang, 2000), 138.

<sup>16</sup> Edward Said, *Orientalism* (New York, NY: Penguin, 1978); Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perception*, trans. A.M. Sheridan (New York, NY: Routledge, 2003); Robert Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (New York, NY: Basic Books, 1984).

<sup>17</sup> Darnton, *The Great Cat Massacre*, 192.

<sup>18</sup> *Ibid.*, 193.

diverged from each other, but almost always indulged the urge to make metaphors of the ill and disabled.

Chapter One of my thesis charts the historiography of Disability Studies in general and specifically as it relates to the study of Russian history. It outlines the successive shifts that have occurred in the literature since the late 1970s granting agency to ill and disabled historical actors. The chapter also discusses the renewed scholarly focus on the professions in late imperial Russia—most importantly medicine and education—and their struggle to define their areas of expertise (do medical doctors or teachers, for instance, have the central role in rehabilitating students prone to delinquency) and to wrest themselves from the dictates of the Tsarist regime.<sup>19</sup>

Chapter Two investigates mental illness as a negative metaphor in late imperial Russia. First, I use the writing of physician-author Anton Chekhov to critique the modern creative nonfiction of neurologist Oliver Sacks and its exhibition of the “unconscious ontology” that society uses to marginalize unusual bodies. Second, I analyze Tsarist educational policy as a tool to indoctrinate the population. I argue that the presence of mental illness among students in the *fin de siècle* illustrated to reactionary psychiatrists the failure of the imperial project to colonize the minds of its subjects. Progressive psychiatrists, conversely, used their patients at this time as an indictment of the Tsarist autocracy and its abuses.<sup>20</sup> The popularity of Oliver Sacks’s work and the recent lionizing of Chekhov as a forebear of the medical humanities show that the conflict over how to treat patients in the operating room and represent them on the page remains unresolved.

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<sup>19</sup> For instance, see Andy Byford, “Professional Cross-Dressing: Doctors in Education in Late Imperial Russia (1881-1917),” *The Russian Review* 65, no. 4 (October, 2006): 586-616.

<sup>20</sup> To frame this argument I rely on Julie V. Brown, “Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13,” *Russian Review* 46, no. 3 (July 1987): 283-302.

Chapter Three juxtaposes the work of progressive Tsarist artists and scientists. I chronicle their successes and failures in granting agency to their subjects and patients. Russian realist painting provides a useful entry point into discussing Russian race science and its conflicted relationship with the imperial regime. Central to this discussion is the battle over who defined the parameters of anthropology—Tsarist warmongers or rationalist scientists—and designated its purpose as imperial propaganda or scientific inquiry. I rely on Elisa M. Becker’s argument that Foucault’s criticism of bourgeois professions can be applied to an autocracy like Tsarist Russia.<sup>21</sup> The figures whom I discuss—including artist Ilya Repin, doctor Viktor Vorob’ev, and a number of their colleagues—exhibit the paternalistic heavy-handedness inherent in the quest to understand the margins of society (from the peasantry to veterans wounded in mind and body) and raise them to a place of dignity. I discuss the increasingly alienating nature of death and its medicalization in the late nineteenth century and how it influenced consumer habits and popular perceptions of health.<sup>22</sup> Overall, in this chapter I seek to illustrate how illness and disability were vessels of cultural resonance in *fin de siècle* Russia and subject to similar perceptions across artistic and scientific disciplines and discourses.

Chapter Four charts medical reform from the 1890s to the 1910s through Anton Chekhov’s “Ward No. 6” and Mikhail Bulgakov’s *A Country Doctor’s Notebook*.<sup>23</sup> I also link their literary style to the conventions of the case study. To frame much of the

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<sup>21</sup> See Elisa M. Becker, *Medicine, Law, and the State in Imperial Russia* (New York, NY: Central European University Press, 2011).

<sup>22</sup> This discussion is framed Vasilii Perov’s *Prisoners Halt* (1861), Susan K. Morrissey’s “The Economy of Nerves,” and Andrew Deruchie, “Mahler’s Farewell or The Earth’s Song? Death, Orientalism and ‘Der Abschied,’” *Austrian Studies* 17, *Words and Music* (2009): 75-97.

<sup>23</sup> Mikhail Bulgakov, *A Country Doctor’s Notebook*, trans. Michael Glenly (Brooklyn, NY: Melville House Publishing, 2013).

chapter, I rely on a case study published in a 1904 volume of *Russkii Vrach* about a patient dealing with substance-abuse and obsessive-compulsive tendencies.<sup>24</sup> I use this document as a lens through which to analyze imperial Russia's contradictory attitudes to drugs, alcohol, and the proper administration of public health and security.

In short, this thesis contributes to the scholarly corpus of disability history and to the critique of elite attitudes toward the ill and disabled. It analyzes artistic works that have yet to be explored thoroughly in the context of disability scholarship, reinterprets Tsarist educational policy as a reflection of the anxieties over mental illness, and furthers the use of medical literature as a portal into exploring Russian cultural and political history.<sup>25</sup> It contributes to the ongoing excavation of the lives of the ill and disabled in the Tsarist Empire and to the study of the elites who exercised the power to diagnose, treat and represent them in the dominant scientific and creative discourses of the Russian *fin de siècle*.

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<sup>24</sup> "Iz Obschestva Neiropatolov i Psikhiatrov," *Russkii Vrach*, no. 9 (1904): 339.

<sup>25</sup> Ilya Repin, *St. Nicholas Saves Three Innocents from Death*, 1888, The Tretyakov Gallery; Ivan Delianov, "Tsirkular o kukharkinikh detyakh," June 18, 1887, <http://док.история.рф/19/tsirkulyar-o-kukharkinykh-detyakh/>; "Iz Obschestva Neiropatolov i Psikhiatrov."

## Chapter One

### Disability Studies at Large and in the Context of Russian History: Between Liberation and Medical Orientalism

#### I. Introduction

Disability Studies is an interdisciplinary field that has taken concrete form over the past two decades but has its origins in the late 1970s.<sup>1</sup> This chapter seeks to map the important shifts that have occurred since then in the study of disability and how those shifts specifically appear in the disability history of Russia. Overall, disability studies is similar in scope and methodology to women's, Judaic, Africana, and gender studies. It shares with these other fields their "liberation-movement" background, arguing "that it is an unaccepting society that needs normalizing, not the minority group."<sup>2</sup> That is, society itself should be reformed, not always those whose minds and bodies are deemed as different. For instance, the Americans with Disabilities Act (1990) stands as a prime example of altering society for the needs of the disabled population.<sup>3</sup> One of the field's foundational texts is writer/activist Susan Sontag's *Illness as Metaphor* (1978).<sup>4</sup> This work began exploring areas that previously received little attention—specifically, how disability (including illness) is perceived by the wider population and by the "disabled" themselves. It shares the critically-minded bent found in other texts like Edward Said's *Orientalism* (1978), and applies similar concepts—especially, that of the "other"—not to

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<sup>1</sup> Cecilia Capuzzi Simon, "Disability Studies: A New Normal," *The New York Times*, November 1, 2013, accessed September 23, 2015, [http://www.nytimes.com/2013/11/03/education/edlife/disability-studies-a-new-normal.html?\\_r=1](http://www.nytimes.com/2013/11/03/education/edlife/disability-studies-a-new-normal.html?_r=1).

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Susan Sontag, *Illness as Metaphor* (New York, NY: Farrar, Straus, & Giroux, 1978).



religious or geographical bodies but to the human body itself. Said writes that the Near-and-Middle Eastern “Orient has helped to define Europe (or the West) as its contrasting image, idea, personality, experience.”<sup>5</sup> A analogous process has occurred in the context of disability. To be able-bodied is defined vaguely as the opposite of crippled, consumptive, pathological, or defective.

*Illness as Metaphor* is important for its fervent—if disorganized—criticism of how illness and disability are (mis)understood by writers, medical doctors, and the media. In other words, Sontag ridicules Orientalism applied to physical and mental terrains as Said ridicules cultural-geographic Orientalism. Public intellectual Camille Paglia, who wrote that it “was clumsy and ponderous like a graduate school seminar paper,” criticized Sontag’s work for its form, or lack thereof.<sup>6</sup> Reviewer and medical writer James Mathers was disappointed by Sontag’s hostility toward the medical profession and critical of her opinion that illness is “strictly meaningless” in and of itself.<sup>7</sup> It is this point, however, that is of key importance to the study of illness and disability: illness and disability must be wrested away from the arbitrary meanings that have been attached to them. Either that, or they must be invested with positive (but not patronizing) connotations.<sup>8</sup> Mathers acknowledges Sontag’s discussion of the militaristic terms that are used in conjunction with illness—to repel or fight cancer’s “invasion,” for instance.<sup>9</sup> Sontag’s identification of this violent, dehumanizing vocabulary is useful today because such vocabulary has yet to be discredited as a way of speaking about illness. Specifically, cancer continues to be

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<sup>5</sup> Edward Said, *Orientalism* (New York: Vintage Books, 1978), 1-2.

<sup>6</sup> Camille Paglia, “Sontag, Bloody Sontag” in *Vamps and Tramps: New Essays* (New York, NY: Vintage Books, 1994), 353.

<sup>7</sup> James Mathers, review of *Illness as Metaphor* by Susan Sontag, *Journal of Medical Ethics* 17, no. 1 (March, 1981): 45.

<sup>8</sup> Susan Burch and Michael Rembis, eds., *Disability Histories* (Urbana, IL: University of Illinois Press, 2014), 4.

<sup>9</sup> Mathers, review of *Illness as Metaphor*, 45.

subjected to battle-or-vengeance-related language as if it were a comic book villain.<sup>10</sup>

Sontag's exploration of vocabulary as a tool to conceptualize illness or disability also connects her with the earlier work of Michel Foucault. Of principal influence is *The Birth of the Clinic* (1963), in which Foucault discusses how patients are reduced from human beings to "cases," and how the patient's body is essentially reduced to the location—or field of battle—in which the doctor and the pathology grappled with one another.<sup>11</sup>

However, much has changed since *Illness as Metaphor*'s first publication. Writing about disability and illness has become highly organized, moving from the purview solely of "medical and health care curriculums" to that of the liberal arts and social sciences.<sup>12</sup> In 1978, Sontag's work could be viewed as exceptional for its non-medical approach to analyzing illness and disability. Now, with the advent of Disability Studies, disability and illness are prime territory for historians and literary minds. This migration further differentiates the two competing understandings of disability. First, the social model argues that disability "results from the constraints that the dominant culture consciously or unconsciously places upon people who physically, intellectually, or psychologically differ from some arbitrarily defined 'normal'."<sup>13</sup> Conversely, the medical model defines disability strictly as pathological, as nothing more than a physical, cognitive, or psychological problem.<sup>14</sup>

As the scholarly focus on disabled people—and marginalized groups as a whole—grew, so did investigations of disability in specific national histories. Such is the

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<sup>10</sup> "Cancer, we're coming to get you," *Cancer Research UK Race for Life*, 2013, accessed September 25, 2015, <https://www.youtube.com/watch?v=GWJEmMDQXoA>.

<sup>11</sup> Michel Foucault, *Birth of the Clinic*, translated by Alan Sheridan (London: Routledge Press, 2003).

<sup>12</sup> Simon, "Disability Studies: A New Normal."

<sup>13</sup> Russell L. Johnson, "Introduction: Health and Disability." *Health and History* 13, no. 2, Special Feature: Health and Disability (2011): 2-12.

<sup>14</sup> *Ibid.*

case of Russian history. Russian literature has long been home to highly developed disabled characters, its pages filled with people living with epilepsy, depression, and tuberculosis among other conditions.<sup>15</sup> On the other hand, serious study of disability in Russian historiography did not begin until the 1980s. Disability in imperial Russia as an area of analysis is subject to multiple levels of Orientalism. First, the disabled are an “othered” population. Moreover, late imperial Russia was described by its own doctors and journalists using “a vocabulary of sickness and crisis”: there were so-called “epidemics” of crime and suicide in its capital, and the writer Dmitri Merezhovsky (1866-1941) could ‘see in the face of Petersburg what doctors call *facies Hippocratica*, the ‘face of death.’”<sup>16</sup> There too was the inferiority complex the Tsarist regime felt when comparing its “economic backwardness” with the success of English and French enterprise.<sup>17</sup> Compounding these issues is the fact that civil society in Tsarist Russia—including voluntary associations—has often been ignored;<sup>18</sup> only recently have historians begun to problematize the stereotype of Russian “Oriental despotism.”<sup>19</sup>

Thus, studying the disabled in a nation already smarting acutely under accusations of barbarism, sloth, and impairment is highly complex. One of Russia’s greatest living poets, Yevgeny Yevtushenko, asks “Is it true that epilepsy is our national character?”<sup>20</sup>

This question sums up Russia’s tangled relationship with disability as a negative

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<sup>15</sup> See *The Brothers Karamazov* and *The Idiot* by Fyodor Dostoevsky (1821-1881); “Ward No. 6” by Anton Chekhov (1860-1904); and the short story collection *A Country Doctor’s Notebook* by Mikhail Bulgakov (1891-1940).

<sup>16</sup> Mark D. Steinberg, *Petersburg Fin de Siècle* (New Haven, CT: Yale University Press, 2011), 1, 119-121.

<sup>17</sup> Tim Chapman, *Imperial Russia 1801-1905*, (New York, NY: Routledge, 2001).

<sup>18</sup> Joseph Bradley, *Voluntary Associations in Tsarist Russia: Science, Patriotism, and Civil Society* (Cambridge, MA: Harvard University Press, 2009), ix-xi.

<sup>19</sup> For a celebrated example of scholarship perpetuating this stereotype see Karl A. Wittfogel, *Oriental Despotism: A Comparative Study of Total Power* (New Haven, CT: Yale University Press, 1957).

<sup>20</sup> Yevgeny Yevtushenko, “The Loss,” *The Los Angeles Times*, March 21, 1999, <http://articles.latimes.com/1999/mar/21/books/bk-19934>.

metaphor and lived experience. The historiography of disability in late imperial Russia deals with both conceptions of disability. There are historians who study how Russian charitable organizations supported the ill, disabled, and poor as a way to demonstrate Victorian-style civility.<sup>21</sup> Others accentuate Russian doctors' and educators' treatment of disability to codify their professions and criticize the authoritarian rule of the Tsars.<sup>22</sup> Some explore how the imperial regime itself tried to modernize and stave off revolution by providing social safety nets for disabled workers.<sup>23</sup> Another school of Russianists focuses instead on the lives of individuals deemed disabled, on their experiences as farmers, beggars, exiles, journalists, and teachers.<sup>24</sup> All of this scholarly work can be analyzed in light of the developments in the wider academic world of Disability Studies. The principal development discussed here is the dialectal relationship between the aforementioned social and medical models of disability. The historiography presented in this chapter strives to interweave the disability scholarship specific to imperial Russia with pertinent sources that encapsulate the swiftly evolving field of Disability Studies.

## II. Disability and Medical Elites

While the earnest study of disability in Russian history began relatively recently, antecedents do date back at least to the turn of twentieth century. This early source material helps scholars understand how much Western analysis of Russian medical and

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<sup>21</sup> Adele Lindenmeyr, *Poverty is Not a Vice: Charity, Society, and the State in Imperial Russia* (Princeton, NJ: Princeton University Press, 1996).

<sup>22</sup> Julie V. Brown, "Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13," *Russian Review* 46, no. 3 (July 1987): 283-302; Andy Byford, "Professional Cross-Dressing: Doctors in Education in Late Imperial Russia (1881-1917)," *Russian Review* 65, no. 4 (October, 2006): 586-616.

<sup>23</sup> R.B. McKean, "Social Insurance in Tsarist Russia, St. Petersburg, 1907-1917," *Revolutionary Russia* 3, no. 1 (1990): 55-89.

<sup>24</sup> Daniel Kaiser, "The Poor and Disabled in Early Eighteenth-Century Russian Towns," *Journal of Social History* 32, no. 1 (Autumn, 1998): 125-55; Andrew A. Gentes, "'Completely Useless': Exiling the Disabled to Tsarist Siberia," *Sibirica* 10, no. 2 (Summer 2011): 26-49; Susan Burch, "Transcending Revolutions: The Tsars, the Soviets, and Deaf Culture," *Journal of Social History* 34, no. 2 (Winter, 2000): 393-401.

disability history has changed in the intervening decades. One such antecedent, entitled “Doctors in Russia,” was published in December 1907 in *The British Medical Journal*. In it, the anonymous author focused solely on Russian physicians and perpetuates familiar anti-Russian stereotypes. The *Journal* characterized the Tsarist Empire as a place in which “anarchism, ignorance, and alcoholism combine to make the reverse of an earthly paradise for medical practitioners.”<sup>25</sup> It claimed that workers forced doctors to sign disability papers under gunpoint so as to defraud their employers. Regardless of the accuracy of this account, it aligns itself neatly with a top-down approach to the study of society: the masses are conniving and beastly and in need of strict discipline, something that the Tsars are not competent enough to implement; in fact, “the Russian people are reaping what its amazing Government has sown. It has always looked on doctors with suspicion as men whose minds are especially open to liberal ideas.”<sup>26</sup> Instead of giving the medical profession more autonomy, the government targets it with scrutiny, as the proletariat and peasantry grow restless and violent.<sup>27</sup> While this statement is not inaccurate, the article avoids a deep exploration of the Russian medical profession and Tsarist social policy. The *Journal* acknowledges British social insurance legislation—the Compensation Act—but reduces the Tsarist attempt at such a policy to a failure fraught with corruption and indolence.<sup>28</sup> It would take decades for disability, imperial social programs, and the medical profession to come into the purview of the historian.

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<sup>25</sup>“Doctors In Russia,” *The British Medical Journal* 2, no. 2449 (Dec. 7, 1907): 1675.

<sup>26</sup> *Ibid.*, 1675

<sup>27</sup> *Ibid.*, 1676.

<sup>28</sup> *Ibid.*, 1675.

Even before disability could gain attention, social historians had to study the peasantry and working class as active forces in history.<sup>29</sup> Once this began in the 1960s, the door to studying the disabled gradually opened. Over the course of the last three and a half decades, the world that appears in the 1907 article about the plight of Russian doctors has been thoroughly reanalyzed. Julie V. Brown, a sociologist by training, investigated this subject in “Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-1913” (1987). Brown’s work looks upon medicine and disability as worthy subjects. Nonetheless, it is engaged in the study of doctors instead of patients. It focuses on Russia’s “educated labor force” and their dissatisfaction with the Tsarist regime, especially during times of political and social upheaval.<sup>30</sup> It draws many conclusions from case histories, but the patients themselves are not given agency. Despite this, the use of specific case histories as primary source material itself is an important development for the field. Brown studies psychiatrists as a professional body as other scholars might study politicians, military leaders, or philosophers. In this way the scholarship is very traditional, focused on a literate, highly educated segment of the population attempting to increase its social and cultural capital. However, the disabled population at this time left little behind in its own hand. Psychiatrists’ observations are often all the historian has to go on.

Brown’s work is progressive in that it subjects the medical establishment to historical investigation. She does not intend to give a rote history of Russian medicine, nor assume that the doctors she studies are entirely objective in their analysis of patients, explaining that “[o]ur focus here is rather on what psychiatrists perceived to be the

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<sup>29</sup> For an important example see Moshe Lewin, *Russian Peasants and Soviet Power* (Evanston, IL: Northwestern University Press, 1968).

<sup>30</sup> Brown, “Revolution and Psychosis,” 283.

*clinical* significance of the revolutionary events and the professional implications they ultimately derived from those perceptions.”<sup>31</sup> It is unsurprising that this is Brown’s goal, in light of concurrent historical research, particularly that of Michel Foucault and Robert Darnton. In *The Great Cat Massacre* (1984), Darnton explores how eighteenth-century French philosophers sought to reorder the world’s knowledge in grand encyclopedias, infringing on the domains of Church and King, and “tampering with the taboo” by doing so.<sup>32</sup> Russian psychiatrists also tampered with a royal taboo when they reconceptualized mental illness as an indictment of police brutality and pogrom-making. In so doing, the ill and disabled became pawns in the struggle to delegitimize the Tsarist regime’s political power.<sup>33</sup> Brown studies Russian psychiatry as a social construct shaped by the time and place in which it exists.<sup>34</sup> Her work explores shifting power structures, cautiously borrowing, like Darnton had, the critical eye of Foucault’s post-modernism.

Historian Andy Byford carries on Brown’s style of scholarship, twenty years later, in “Professional Cross-Dressing: Doctors in Education in Late Imperial Russia (1881-1917)” (2006). Byford studies the “expansionist tendencies” of the Russian medical profession, especially in its attempt to influence the field of education. Again, in this work there is the focus on social constructs, particularly that of “health.” “Health” came to mean eugenics and social engineering in *fin de siècle* Russia.<sup>35</sup> In the shadow of Foucault, Byford continues to view the medical field as a dominant force in society seeking to impose order on humans’ perceptions of themselves and the world around

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<sup>31</sup> Ibid., 286-287.

<sup>32</sup> Robert Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (New York, NY: Basic Books, 1984), 191-193.

<sup>33</sup> Brown, “Revolution and Psychosis,” 296.

<sup>34</sup> Ibid.

<sup>35</sup> Byford, “Professional Cross-Dressing: Doctors in Education in Late Imperial Russia (1881-1917),” 587-588.

them. Byford's work deals with the nature of power structures and competing *epistemes* without exploring the specific experiences of the troubled secondary school students who would have been the object of Tsarist doctors' and pedagogues' learned theories. In his other work, Byford has focused on the intelligence test as a mechanism to forestall the "degeneration" of Russian society.<sup>36</sup> Despite their lack of attention to the lived experiences of the disabled, Byford and Brown are indispensable for their exploration of the structures that seek to quantify and stratify human knowledge, power, and ability.

*The Foundations of Disability Studies* (2011) edited by Matthew Wappett and Katrina Arndt includes research exploring similar intellectual territory. Particularly, Ralf James Savarese's "Toward a Post-Colonial Neurology" illustrates the inequitable power dynamic that exists between doctor and patient.<sup>37</sup> He also discusses the alienating affect that metaphoric language has on disabled populations. Brown and Byford begin to study the perceptions doctors had of illness and disability. Savarese, on the other hand, goes as far as to critique such othering perceptions. The historical significance of the medical field's organization of illness and disability as a body of knowledge and political tool is not enough for him.

Savarese applies Edward Said's vocabulary of Orientalism to the human mind and body. Specifically, Savarese defines what is *not* Disability Studies by subjecting the literary work of neurologist Oliver Sacks to severe criticism: in his view Sacks's work fails to meet the criteria for Disability Studies because the doctor still manages to exoticize illness and disability in his writing. While exuding "folksy goodwill" Sacks still

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<sup>36</sup> "Staff in the Department of Russian," *Dunham University*, accessed September 9, 2015, <https://www.dur.ac.uk/mlac/russian/staff/display/?id=7651>.

<sup>37</sup> Ralf James Savarese, "Toward a Post-Colonial Neurology: Autism, Tito Mukhopadhyay, and a New Geo-Poetics of the Body," in *Foundations of Disability Studies*, eds. Matthew Wappett and Katrina Arndt (New York: Palgrave MacMillan, 2013), 125-144.



“makes colonialism possible[.]”<sup>38</sup> The *clinical*—literally, the patient lying before the physician—power structure is maintained as Sacks collects his anecdotes about everything from *encephalitis lethargica* to colorblindness. Savarese draws attention to the way Sacks likens his storytelling to “anthropological endeavor” while “[a]pparently oblivious to [anthropology’s] oppressive history.”<sup>39</sup> For many people with disabilities, their condition is not a curiosity, but an identity—a concept absent in Sacks’ work. Likewise, a psychiatric patient in late imperial Russia is more than a victim of political oppression or revolutionary chaos. Savarese continues, describing the neurologist and popular author as a kind of medical orientalist, good-natured but misguided in his objectification of those with disabilities, as imperialist scholars objectified the Middle East and Asia in the nineteenth century.<sup>40</sup> Savarese’s scholarship is of note historiographically because it articulates boundaries for the field of Disabilities Studies, maintaining that the disabled have a right to tell their own stories, and that traditional power structures—in this case, dominated by the medical profession—do not control disability narratives. Savarese speaks back to the kind of power structures Brown and Byford investigate in earlier research.

### **III. McCagg and Siegelbaum and the Development of Disability History**

One of the first publications geared to actual disability experiences is *The Disabled in the Soviet Union: Past and Present, Theory and Practice*, edited by William O. McCagg and Lewis H. Siegelbaum (1989).<sup>41</sup> *The Disabled in the Soviet Union* contains essays that relate to healthcare and education professionals but also to the

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<sup>38</sup> Ibid., 125.

<sup>39</sup> Ibid.

<sup>40</sup> Ibid.

<sup>41</sup> William O. McCagg and Lewis H. Siegelbaum, eds., *The Disabled in the Soviet Union: Past and Present, Theory and Practice* (Pittsburgh, PA: University of Pittsburgh Press, 1989).

mundane existence of disabled individuals and the challenges they face. These contributions range from Julie V. Brown's "Societal Responses to Mental Disorders in Prerevolutionary Russia"<sup>42</sup> to "Everyday Life of the Disabled in the USSR" by anthropologists Stephen P. Dunn and Ethel Dunn.<sup>43</sup> McCagg and Siegelbaum's collection represents a major stride forward in disability studies pertaining specifically to Russia and generally to the field of history. The two editors synthesize the new ways of understanding disability that emerged in the 1980s. In their introduction, they uphold Foucault as a scholar who illustrated that the treatment of the mentally ill "is an extremely delicate index to the shifts in [European social] conscience."<sup>44</sup> They see the perception of disability as a historical "weathervane": a scholar may extrapolate general knowledge about a civilization by studying its disabled population. McCagg and Siegelbaum use the Nazis' euthanasia of the disabled as an example, writing that it presaged "the assault on European Jewry."<sup>45</sup>

McCagg and Siegelbaum also point out that "[t]he shunning of cancer victims and, more recently, those who have contracted the AIDS virus, betray psychological and moral predispositions that otherwise remain below the surface."<sup>46</sup> In other words, these illnesses provoke telling responses—from sympathetic to hateful—from society. Moreover, many disabilities are not constrained by social class or economic opportunity; thus, historians using Marxist or social historiographies are forced to revise their lenses if

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<sup>42</sup> Julie V. Brown, "Societal Responses to Mental Disorders in Prerevolutionary Russia," in McCagg and Siegelbaum, *The Disabled in the Soviet Union: Past and Present, Theory and Practice*, 13-38.

<sup>43</sup> Stephen P. Dunn and Ethel Dunn, "Everyday Life of the Disabled in the USSR," in McCagg and Siegelbaum, *The Disabled in the Soviet Union*, 199-234.

<sup>44</sup> McCagg and Siegelbaum, "Introduction," in McCagg and Siegelbaum, *The Disabled in the Soviet Union*, 3.

<sup>45</sup> *Ibid.*

<sup>46</sup> *Ibid.*, 4.

they are to study the disabled as a whole.<sup>47</sup> *The Disabled in the Soviet Union* is an early and encouragingly thoughtful exploration of disability in the context of imperial and Soviet Russia.

That thoughtfulness aside, McCagg and Siegelbaum's own analysis has not aged well. First, it does not effectively show disabled individuals as active participants in their own history. The disabled are "lagg[ing] behind" and deemed as "helpless;" moreover, disability is described as a "social problem."<sup>48</sup> The editors come dangerously close to reducing the disabled to a scholarly device when they write that "[t]he fate of the disabled invites scientific study because to an extraordinary extent it provides clues to the inner directions of modern society."<sup>49</sup> However, this criticism of McCagg and Siegelbaum can be made only in hindsight, and reflects the changes in vocabulary that have taken place in Disability Studies over the last quarter century.

At other times in their introduction, McCagg and Siegelbaum do state that their goal is to show the disabled as "agents of their own making" as other historians have done in regards to gender, race, and social class.<sup>50</sup> Yet, the editors stop short of arguing that society should be rearranged to augment disabled people's mobility and acceptance. Instead, they argue that "socioeconomic, political, and cultural oppression [...are] secondary at best" as they pertain to disabled populations. McCagg and Siegelbaum emphasize that "[t]he oppression from which [the disabled] suffer derives above all from the conditions nature has imposed upon them."<sup>51</sup> This is no longer an accepted opinion, if a scholar is using the social model as his or her definition of disability. However, to their

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<sup>47</sup> Ibid.

<sup>48</sup> Ibid., 6-7.

<sup>49</sup> Ibid., 3.

<sup>50</sup> Ibid., 5.

<sup>51</sup> Ibid., 5-6.

credit, the editors do avoid misguided terminology like “wheelchair-bound” and describe technology as assistive, making for “a freer life.”<sup>52</sup>

The ableist tone taken by the editors, if understandable, is the most profound disappointment of the text. On the other hand, surprisingly, McCagg and Siegelbaum’s introductory essay is free of sweeping judgements of the Soviet Union’s approach to disability. This is sharply divergent from other strains of Western writing about the Soviet Union. Cold War-era environmental history, for instance, often demonized the USSR’s environmental record and ignored North American and Western European failures.<sup>53</sup> The editors of *The Disabled in the Soviet Union* accentuate that in the West “very little is known” about disability in the USSR, pertaining either to “the dimensions of [its] disabled population” or “the extent and effectiveness of its treatment” of disability. McCagg and Siegelbaum’s volume is meant to “fill this lacuna.”<sup>54</sup>

The shortcomings of *The Disabled in the Soviet Union* are assuaged by French philosopher, historian, and anthropologist Henri-Jacques Stiker. Whereas McCagg and Siegelbaum accept that there is such a thing as “normal” society,<sup>55</sup> Stiker is not convinced. Moreover, Stiker’s *History of Disability* (1997) is of primary import to the ongoing shift of perspective from the medical to social model of disability. This text is an investigation of “the social and cultural ways of viewing—and of dealing with—what we so imprecisely call disability.”<sup>56</sup> Stiker acknowledges that a full understanding of anything is impossible: “No investigation has a right to present its results as totality, as

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<sup>52</sup> Ibid., 7.

<sup>53</sup> See, for example, Murray Feshbach and Alfred Friendly, Jr., *Ecocide in the USSR: Health and Nature Under Siege* (New York, NY: Basic Books, 1992).

<sup>54</sup> McCagg and Siegelbaum, *The Disabled in the Soviet Union*, 4-5.

<sup>55</sup> Ibid., 7

<sup>56</sup> Henri-Jacques Stiker, *The History of Disability*, translated by William Sayers (Ann Arbor, MI: University of Michigan Press, 1997), 1.

complete; Western intelligence has too long exploited this pretention and has too often presumed knowledge was finite and fully attainable.”<sup>57</sup> Ambiguity becomes a scholarly tool for Stiker. Ambiguity is at the heart of his research, in fact. What Stiker sets out to do is deconstruct disability itself: “*mal-formation, dis-ability, de-bility, im-potence, etc?* All these words, curiously negative (negating what?), evoke fear.” Difference becomes a danger to the status quo, and “ability” can only be defined in relation to the horror and dejection of “disability.”<sup>58</sup> Stiker, like Foucault before him, charts the power structures in which the disabled, caretakers, medical establishment, and state social organs exist. He focuses on everything from classical myth to government policy as they pertain to disability. In short, he criticizes the societal obsession with “sameness,” arguing that “sameness” can often be oppressive<sup>59</sup>—that we live in the dictatorship of the imaginary “average person.”<sup>60</sup>

The medical model of disability has been identified as an obstacle to dismantling the hegemony of this imaginary average person. Yet, for all the criticism of it, the medical model of disability can be helpful—for example, when applied to doctor-patient collaboration over chemotherapy treatment or a physical therapy regimen. The problem is that it offers little to the disabled for the construction of dignified identities. All the medical model can say about disability is that the condition is due to a “failure” of medical science.<sup>61</sup> The medical model is preoccupied with the search for a so-called

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<sup>57</sup> Ibid., 2.

<sup>58</sup> Ibid., 3.

<sup>59</sup> Abstract of *The History of Disability* by Henri-Jacques Stiker, translated by William Sayers (Ann Arbor, MI: University of Michigan Press, 1997), [https://www.press.umich.edu/15952/history\\_of\\_disability](https://www.press.umich.edu/15952/history_of_disability).

<sup>60</sup> Stiker, *The History of Disability*, 3.

<sup>61</sup> See Diane Price Herndl, “Disease versus Disability: The Medical Humanities and Disability Studies,” *PMLA* 120, no.2 (March, 2005): 593-598.

“cure.” The social model is focused on understanding disability as a social construct fraught with the metaphors Sontag railed against.

Susan Burch is a historian of Russia who embodies the social model effectively. Burch, currently of Middlebury College, writes with the goal of extending “revisionist scholarship” to physical disability. She deals primarily with deafness in Tsarist and Soviet societies, but her perspective is applicable to the study of any disability. Burch explains that “[i]n contrast to the medical perspective on deafness, which reduces deafness to a physical condition and a pedagogical problem, Deaf historians have revealed a vibrant culture with its own folklore, visual humor, publications, associations, as well as its own primary, signed language.”<sup>62</sup> This approach serves to further distinguish her from McCagg and Siegelbaum. The editors of the earlier work argue that “[t]he born deaf used to be called dumb. They are still pariahs, for their education is inevitably sharply curtailed, and they need manual signs to talk.”<sup>63</sup> Such a dismissive—if unintentionally so—view of sign language is discarded in the writing of Burch. She endeavors to introduce her audience to alternative understandings of “disability;” what is perceived as disability to some is a well-developed culture to others. As autism and intersex activist Jim Sinclair wrote in 1993: “[W]hen parents say ‘I wish my child did not have autism,’ what they’re really saying is, ‘I wish the autistic child I have did not exist, and I had a different (non-autistic) child instead.’ [...] That is what we hear when you pray for a cure.”<sup>64</sup> To many communities—autistic and Deaf Culture, for example—a cure represents an existential threat.

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<sup>62</sup> Burch, “Transcending Revolutions: The Tsars, the Soviets and Deaf Culture,” 393.

<sup>63</sup> McCagg and Siegelbaum, *The Disabled in the Soviet Union*, 6.

<sup>64</sup> Jim Sinclair, “Don’t Mourn for Us,” accessed September 25, 2015, [http://www.autreat.com/dont\\_mourn.html](http://www.autreat.com/dont_mourn.html).

#### IV. Twice “Othered”: The Disabled in Imperial Russia

The responses to disability in Tsarist Russia were varied. Both the Russian nobility and burgeoning middle class in the late nineteenth century used animal rights activism, poor relief, and charitable giving to the ill and disabled as ways to prove that Russia was not backward, but an active member of Western Civilization.<sup>65</sup> In this way, the elite and middle classes defined themselves by their ethical treatment of the so-called “less fortunate” and of animals. They felt obligated to care for those who they believed could not care for themselves. By so doing, the Tsarist nobility and new middle class were attempting to shed their own identity as an “other” on the European continent.

In disability scholarship there is ample overlap in the study of groups classified as benighted and physically or socially unhealthy. For instance, McCagg and Siegelbaum categorize both the poor and the disabled as “helpless” strata in society.<sup>66</sup> Adele Lindenmeyr, a key scholar of Russian life, explores both populations. The editors of *Disability in the Soviet Union* write:

The disabled far more than the poor tend to be the brothers and sisters, parents and children, of the elite, who in all societies make social policy. Unlike the poor, therefore, their presence cannot be expunged from the elite mind by means of a new poorhouse, by emigration, or by injection of funds. The disabled are a more personal problem, and they stay around.<sup>67</sup>

Lindenmyer does not principally trace Tsarist charitable societies’ interest in disability to any personal impetus but to the development of psychiatry and the medical profession in the late nineteenth century.<sup>68</sup> Nor does she minimize “the injection of funds” as a strategy

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<sup>65</sup> Brian Bonhomme, “Russian Compassion: The Russian Society for the Protection of Animals—Founding and Contexts, 1865-75,” *Canadian Journal of History* XLV (Autumn 2010): 261; Lindenmeyr, *Poverty is Not a Vice*.

<sup>66</sup> McCagg and Siegelbaum, *The Disabled in the Soviet Union*, 4.

<sup>67</sup> Ibid.

<sup>68</sup> Lindenmeyr, *Poverty is Not a Vice*, 221.

to support the disabled. Money from private and state charities was a prime method of dealing with illness and disability in the Tsarist empire.<sup>69</sup> Lindenmeyr's macrohistory *Poverty is Not a Vice: Charity, Society, and the State in Imperial Russia* (1996) tracks the philanthropic response to the poverty-stricken (the term itself likens poverty to a sickness), the ill, and the disabled. Many of Lindenmeyr's primary sources come from the files of charitable societies. She spends a great deal of energy dismantling the stereotype that Tsarist Russia was primitive and barbaric. Reviewer Brenda Meehan writes, "Lindenmeyr argues persuasively that the development of charitable societies and voluntaristic associations throughout the nineteenth century was an important reflection of the growth of civil society in prerevolutionary Russia."<sup>70</sup> Lindenmeyr can be said to be a historian of mentalities, in this case those of Russians living *above* the poverty line. She states clearly that her text "does not attempt to determine the actual extent of poverty in imperial Russia."<sup>71</sup> Her work provides the information that will allow later historians to move beyond studies of the dominant strata of society. Even today, most historians of "othered" Tsarist populations are still unravelling how bureaucrats, doctors, teachers, and middle class families reacted to the disabled, poor, and imprisoned.

In American disability history and Judaic studies, scholars have begun to recreate the lives of the disabled, to grant agency to a group that has long been invisible in the historical record. Even these scholars, however, admit that they are limited in this endeavor, either because of scarcity of sources or because of the obscuring nature of

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<sup>69</sup> Although, Susan Burch in "Transcending Revolutions" notes that funding—at least for Deaf education—varied drastically according to social class and geography, 394.

<sup>70</sup> Brenda Meehan, review of *Poverty is Not a Vice: Charity, Society, and the State in Imperial Russia* by Adele Lindenmeyr, *The Journal of Interdisciplinary History* 28, no. 3 (Winter, 1998): 465.

<sup>71</sup> Lindenmeyr, *Poverty is Not a Vice*, 6.



sources left by family members, religious elites, educators, and medical staff.<sup>72</sup>

Russianists have faced similar challenges. For example, Daniel Kaiser represents a commitment to this kind of investigation. In “The Poor and Disabled in Early Eighteenth-Century Russian Towns” (1998) Kaiser investigates the tax and census records of Petrine Russia to uncover the lives of his subjects. His work can be classified as social history and aims not only to illuminate societal attitudes to the disabled but also the lived experience of the disabled themselves. He cites specific disabled individuals from the tax record and reconstructs their lives as well as those of their families.<sup>73</sup>

Kaiser considers how these individuals—especially the hearing-impaired—might “disguise” their disability from census-takers, a behavior that is called “passing” in the language of Disability Studies.<sup>74</sup> He also takes into consideration working conditions and the natural environment as causes of disability; the head of household’s loss of a hand in an accident; or the lower decibel levels of early modern Russia as an explanation for the small percentage of “deaf” citizenry.<sup>75</sup> Kaiser explores the actual lives of disabled Russians in the minutest detail possible, a departure from the work of many other Russianists. On the subject of the disabled’s place among the other strata of society, Kaiser, like Lindenmeyr, identifies the poor and disabled as objects by which the “better off” distinguished themselves through the giving of charity.<sup>76</sup>

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<sup>72</sup> See Michael Rembis, *Defining Deviance: Sex, Science, and Delinquent Girls* (Chicago: University of Illinois Press, 2011) and Ephraim Shoham-Steiner, *On the Margins of a Minority: Leprosy, Madness, and Disability among the Jews of Medieval Europe*, translated by Haim Watzman (Detroit, MI: Wayne State University Press, 2014).

<sup>73</sup> Kaiser, “The Poor and Disabled in Early Eighteenth-Century Russian Towns,” 134.

<sup>74</sup> See Jeffrey A. Brune and Daniel J. Wilson, eds., *Disability and Passing: Blurring the Lines of Identity* (Philadelphia, PA: Temple University Press, 2015).

<sup>75</sup> *Ibid.*, 133.

<sup>76</sup> *Ibid.*, 125; Lindenmeyr, *Poverty is Not a Vice*, 10-11.

Andrew A. Gentes builds upon Kaiser's path-breaking research in "‘Completely Useless’: Exiling the Disabled to Tsarist Siberia" (2011). Gentes's article is immersed in the contemporary historiography of disability. Not only does he cite Kaiser, but also the theoreticians who paved the way for Disability Studies, particularly Foucault and Stiker. Gentes' exploration of Tsarist oppression of the disabled does not question Lindenmeyr's position that Russia developed a semblance of civil society. Instead, Gentes posits that both autocratic and civil societies objectify the disabled. He departs from Lindenmeyr's belief that charity and social programs are by nature benevolent or progressive.<sup>77</sup> The author also shows a deep awareness of "mentalities." But, unlike Lindenmeyr who explores the Victorian veneer of educated Russian society, Gentes more directly discusses how Russian culture—particularly, religious culture—"fetishiz[es] suffering," categorizing some disabled people as pitiable and others as monstrous, but all as deviant.<sup>78</sup> He also, like Kaiser, takes time to focus on the lived experience of the disabled, particularly their forced marches into Siberian exile.<sup>79</sup> Gentes' language is the most uncompromising and critical of the scholars discussed in this historiography. "‘Completely Useless’" synthesizes social history and postmodernism with a biting fluency.

## V. Recent Trends in the Field of Disability Studies

The likes of Burch, Lindenmeyr, and Gentes have made some of McCagg and Siegelbaum's tenants obsolete. However, the editors of *The Disabled in the Soviet Union*

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<sup>77</sup> Andrew A. Gentes, "‘Completely Useless’: Exiling the Disabled to Tsarist Siberia." *Sibirica* 10, no. 2 (Summer 2011): 35-37.

<sup>78</sup> *Ibid.*, 28-29.

<sup>79</sup> *Ibid.*, 33.

did illustrate an awareness of disability's place among other marginalized identities.<sup>80</sup> Over the decade and a half after the publication *The Disabled in the Soviet Union* whole new categories of analysis appeared, combining the study of these marginalized existences. A prominent scholar in this next generation is Robert McRuer, professor of English at George Washington University and author of *Crip Theory* (2006). McRuer analyzes popular and scholarly perceptions of “disability” and “queerness.” He argues that heterosexuality and able-bodiedness have both “masquerade[d] as a nonidentity, as the natural order of things.”<sup>81</sup> He also acknowledges disability and homosexuality's “pathologized past.”<sup>82</sup> McRuer's goal is to understand how society comes to accept one thing as normal and something else as abnormal, how normalcy is constructed. He is interested in documenting how acceptance itself can be used to “other” marginalized groups. As McRuer argues, “Neoliberalism and the condition of postmodernity, in fact, increasingly need able-bodied, heterosexual subjects who are visible and spectacularly tolerant of queer/disabled existences.”<sup>83</sup> That is, even in toleration the dominant group maintains a modicum of its power; it monarchically extends tolerance to the marginalized, often for the purpose of expanding markets.<sup>84</sup> An example of this was the flurry of Visa ads, especially on Facebook, that appropriated the Supreme Court's 2015 marriage equality decision. Indeed, McRuer writes, capitalist enterprise often cynically “celebrates” those on the margins if it means economic gain.<sup>85</sup> McRuer focuses on the subtleties of objectification as it relates to “queer” and “disabled” communities in the

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<sup>80</sup> McCagg and Siegelbaum, *The Disabled in the Soviet Union*, 5.

<sup>81</sup> Robert McRuer, *Crip Theory: Cultural Signs of Queerness and Disability* (New York: New York University Press, 2006), 1.

<sup>82</sup> *Ibid.*

<sup>83</sup> *Ibid.*, 2

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*, 2-3.

United States. His blending of queer theory and Disability Studies represents an important scholarly development—a study of two identities that in past generations, according to the medical model of disability, were both deemed as deviant.

While McRuer’s work is specifically an exploration of the interstices of disability and queerness, Tobin Siebers *Disability Theory* (2008) is an overarching attempt to introduce Disability Studies to cultural theorists and to define “disability as a minority identity, one whose particular characteristics contribute to the advancement of minority studies in general.”<sup>86</sup> Siebers, a professor of English at the University of Michigan, synthesizes the sources discussed above into a general guide to the state of disability studies. He codifies the previous scholarship into one streamlined volume. His publication is a sign that disability studies has an official structure, staying power, and can effectively place itself in conversation with a variety of fields from literary studies to social work. A vital point that Sieber’s expounds upon is that a building or device’s “design environment [...] determines who is ablebodied.”<sup>87</sup> Sieber draws attention to an array of everyday assistive technologies—elevators, chainsaws, eggbeaters, washing machines—that are “viewed as natural extensions of the human body[.]”<sup>88</sup> No one calls anybody *washing machine bound* or *escalator bound* even if one relies on such technology, and yet pejorative language has proliferated in relation to the disabled. If it is assistive technology for the ablebodied, it is taken for granted. If it is assistive technology for the disabled it is “a burden to society” to fund or build.<sup>89</sup> Siebers focuses not only on theory, but also on concrete examples of “abled-bodied” perceptions of disability.

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<sup>86</sup> Tobin Siebers, *Disability Theory* (Ann Arbor: University of Michigan Press, 2008), 1-3.

<sup>87</sup> *Ibid.*, 31.

<sup>88</sup> *Ibid.*

<sup>89</sup> *Ibid.*

*Disability Histories* (2014) edited by Susan Burch and Michael Rembis represents the latest in disability historiography. The editors stress that there is no “singular ‘disabled experience.’”<sup>90</sup> They also accentuate the importance of not portraying the disable as “victims, as passive recipients of care, or heroic overcomers.”<sup>91</sup> In these ways, they show the evolution the field has undergone from the occasionally patronizing language of *The Disabled in the Soviet Union*. At the same time, Burch and Rembis share an important objective with McCagg and Siegelbaum; in a highly nuanced manner, Burch and Rembis remain focused on “[d]enaturalizing and historicizing disability in ways similar (but not identical) to sex, gender and race.”<sup>92</sup> This approach has “enabled disability scholars to forge more powerful critiques of heteronormative, ableist ideas of everything from work and productivity to ability, beauty, desire and eroticism.”<sup>93</sup> Whereas McCagg and Siegelbaum see nature as the primary oppressor of the disabled, *Disability Histories* downplays such an assessment. Instead, Burch and Rembis criticize the definition of “disability as a loss or deficit that [is] fixed, natural, timeless, and rooted in individual bodies.”<sup>94</sup> Disability Studies, in their view, is a way to problematize the assumption that having a disability means being incomplete, broken, or “bitter.”<sup>95</sup> Even so, Burch and Rembis recognize *The Disabled in the Soviet Union* as “important” and “insight[ful],” a source that has created space for further research to be conducted.<sup>96</sup>

A vital development discussed in *Disability Histories* that deserves mention here is material culture; artifacts, just as much as written sources, help make various disabled

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<sup>90</sup> Burch and Rembis, *Disability Histories*, 1.

<sup>91</sup> *Ibid.*, 2.

<sup>92</sup> *Ibid.*, 3

<sup>93</sup> *Ibid.*

<sup>94</sup> *Ibid.*

<sup>95</sup> McCagg and Siegelbaum write that “the bitterness of disabled humanity must out, or our effort [in editing this book] will be wasted[,]” 7.

<sup>96</sup> Burch and Rembis, *Disability Histories*, 11.

experiences visible. In this collection, historian Katherine Ott begins her contribution “Disability Things: Material Culture and American Disability History, 1700-2010” with a jarring cascade of such artifacts: “Joystick. Velcro. Straightjacket. Communication board. White cane. Sex toy. Thorazine. Wedding ring. Wheelchair. Curb cut. Cochlear implant.”<sup>97</sup> Such materials are no longer marginalia; they are recognized as the key to understanding the lives of the disabled. *Disability Histories* is diverse, erudite, and provocative in its offerings, differentiating itself from the publications that have come before. Finally, combining Burch and Rembis’s inclusive approach and McCagg and Siegelbaum’s national focus is *Disability in Eastern Europe and the Former Soviet Union: History, Policy and Everyday Life* (2014) edited by Michael Rasell and Elena Iarskaia-Smirnova.<sup>98</sup> However, this publication deals strictly with the contemporary, post-Soviet world, without devoting much attention to disability under the Tsars. Nonetheless, *Disability in Eastern Europe* certainly supplants McCagg and Siegelbaum’s volume.

## VI. Conclusion

In the past three and a half decades disability studies has become a cohesive interdisciplinary field. From the 1970s—the time of Foucault, Said, and Sontag—to our own, Disability Studies has adapted to changing attitudes to physical, cognitive, and psychological difference. In the next years, as it accumulates more visibility and credibility, the field will have to wrestle with its own questions of authority and power. Since the opening of the first Disabilities Studies program in 1994 at Syracuse

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<sup>97</sup> Katherine Ott, “Disability Things: Material Culture and American Disability History, 1700-2010,” in *Disability Histories*, Susan Burch and Michael Rembis, eds. (Urbana, IL: University of Illinois Press, 2014), 119.

<sup>98</sup> Michael Rasell and Elena Iarskaia-Smirnova, eds., *Disability in Eastern Europe and the Former Soviet Union: History, Policy and Everyday Life* (New York: Routledge, 2014).

University, the field has been able to hold its own against the pervasive influence of the medical model of disability.<sup>99</sup> Moreover, it has been successful in its ongoing goal of presenting the disabled as active makers of their own history and builders of their own identities, as exemplified in McRuer's *Crip Theory* and Burch and Rembis's *Disability Histories*.

The history of disability in Russia, too, has grown alongside the broader field. McCagg and Siegelbaum demonstrated that disability was a worthy area of study among other marginalized identities. They also illustrated with the scholarly range of their collection that disability studies includes both analysis of lived experience and the medical profession's perception of disability. The next wave of historians both contradicted and built upon *The Disabled in the Soviet Union*. Kaiser makes the disabled of Petrine Russia the central actors in their own history, as does Burch in her writing on Tsarist-era Deaf Culture. Disability is transformed in their work from a burden to a powerfully different way of understanding the world. Authors like Lindenmeyr argue that Tsarist Russia and its social attitudes need to be reassessed and that negative stereotypes of Russia be questioned. In this way Lindenmeyr illustrates the complexity of the Russian situation—the play of physiological, economic, political and cultural Orientalism that existed in the latter stages of the Tsarist empire. While Lindenmeyr is less willing to question the possible ulterior motives of “Western”-style charity and public assistance, that questioning impulse is supplied by the likes of Andrew A. Gentes. Gentes criticizes the ways in which traditional power structures are conserved by both autocratic and progressive responses to the disabled. Despite their differences, each scholar utilizes source material—tax records, meeting minutes, medical case histories, for instance—that

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<sup>99</sup> Simon, “Disability Studies: A New Normal.”

earlier historians had not considered appropriate to the field. Currently, the excavation of imperial Russia through the lens of disability studies is fertile yet contentious ground within the discipline of history.



## Chapter Two

### Political and Nervous Agitation: Representations of Mental Illness and its

#### Use as a Negative Metaphor in Late Imperial Russia

##### I. Introduction

Modern Disability Studies as applied to community organizing and activism is focused on defining disability as “mere difference” or as something that generates complex and important critiques of society.<sup>1</sup> However, historically, disability has been perceived as negative or ambivalent; in the context of late imperial Russian, disability—unhealthiness and disease, in general—was attached to anxieties over socio-political tumult and jarring modernization.<sup>2</sup> Mental illness particularly was employed indiscriminately as metaphor in late Tsarist Russia. At times, some Tsarist medical and literary elites, like writer-doctor Anton Chekhov, resisted attaching metaphoric significance to depression and other conditions. Indeed, Chekhov provides a strong example of how to write about disability with rigorous self-awareness, often—but not always—avoiding overgeneralizations and paternalistic conclusions. Scholar Bradley Lewis brings the Russian author’s skill to light in his article “Listening to Chekhov: Narrative Approaches to Depression.”<sup>3</sup> I aim to extend Lewis’s understanding of Chekhov—as a forerunner of the medical humanities—to critique modern writer-doctor Oliver Sacks (1932-2015) whose record of maintaining the ill and disabled’s dignity is more checkered.

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<sup>1</sup> See Julie Avril Minich, *Accessible Citizenships: Disability, Nation, and Cultural Politics of Greater Mexico*, (Philadelphia, PA: Temple University Press, 2013).

<sup>2</sup> Mark D. Steinberg, *Petersburg Fin de Siècle* (New Haven, CT: Yale University Press), 1.

<sup>3</sup> Bradley Lewis, “Listening to Chekhov: Narrative Approaches to Depression,” *Literature and Medicine* 25, no. 1 (Spring 2006): 46-71.

Sack's creative nonfiction mines disability and illness for their dramatic and educational potential, mingling scientific research with a fanciful prose style. He writes of an uncle who used tungsten to make light bulb filaments; after a lifetime of exposure to tungsten, Sacks 'imagined that the heavy element was in [his uncle's] lungs and bones, every vessel and viscera, every tissue of his body. [Sacks] thought of this as a wonder, not a curse—his [uncle's] body invigorated and fortified by the mighty element, given a strength and enduringness almost more than human.'<sup>4</sup> These words capture the fantasy of a child, but they also strangely idealize a worker's handling of a material that is increasingly understood to be hazardous.<sup>5</sup> Sacks's work is prone to trivializing or exoticizing the pathological for the sake of a good yarn. Sacks himself admitted that balancing sincere respect for the human subject with an entertaining narrative is 'a delicate business.'<sup>6</sup> A close reading of the work of Chekhov and Sacks yields insights into rival ways of understanding illness and disability: Sacks maintains power over the definition and description of the condition. On the other hand, Chekhov frequently problematizes this authority by depicting doctors as imperfect human beings and disability as a condition fit for more than Orientalizing entertainment value.

The conflict over how to appropriately write and speak of the ill and disabled is highly significant in today's world of identity politics, but it was also of significance in late imperial Russia. Mental illness was used by medical and literary elites as a broad metaphor for the impending demise of the Tsarist regime.<sup>7</sup> Mental illness was also given

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<sup>4</sup> Oliver Sacks, quoted in Oliver Burkeman, "Sacks Appeal," *The Guardian*, May 10, 2002, <http://www.theguardian.com/education/2002/may/10/medicalseience.scienceandnature>.

<sup>5</sup> See Rachel Petkewich, "Unease Over Tungsten," *Chemical and Engineering News*, January 19, 2009, <https://pubs.acs.org/cen/science/87/8703sci2.html>.

<sup>6</sup> Oliver Sacks, quoted in Burkeman, "Sacks Appeal."

<sup>7</sup> Sally Wolff, "The Wisdom of Pain in Chekhov's 'Ward Number 6'," *Literature and Medicine* 9, no. 1 (1990): 134-41.

a grave moral dimension by these elites.<sup>8</sup> Many of them perceived a web of interconnectivity between social class, political involvement, and mental illness; for example, conservative corners of Tsarist psychiatry argued that adolescent student populations were at risk of psychological disturbance, especially if they involved themselves in politics.<sup>9</sup> Imperial policy-makers sought to bar children of low socioeconomic status from enrolling in secondary school, suspicious that their families sympathized with revolutionary change.<sup>10</sup> Education, if handled inexpertly, could lead imperial subjects down the path to political awakening and mental anguish. It could also provide working class students with the means of gaining agency for themselves. These were the fears of reactionary imperial doctors and bureaucrats. The progressive wing of Tsarist psychiatry, on the other hand, viewed their patients as both a metaphor *for* the collapsing imperial order and as victims *of* it.

## II. Medical Orientalism and Agency: Consulting Drs. Sacks and Chekhov

Elite Tsarist understandings of disability can be organized with the help terminology found in Edward Said's *Orientalism*. Specifically, the use of disability as a negative metaphor solidified the "othering" attitudes toward Russians who were actually perceived as disabled. Said draws on Benjamin Disraeli's novel *Tancred* for the epigraph of his seminal work: 'The East is a career.'<sup>11</sup> The original quote is a facetious quip aimed at Europeans' romanticized obsession with the Levant.<sup>12</sup> Nonetheless, these words apply

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<sup>8</sup> Anton Chekhov, *Ivanov*, in *Anton Chekhov: The Major Plays*, trans. Ann Dunnigan (New York, NY: Signet Classics, 1964), 23-101.

<sup>9</sup> Julie V. Brown, "Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13," *Russian Review* 46, no. 3 (July 1987): 283-302.

<sup>10</sup> Ivan Delianov, "Tsirkular o kukharkinykh detyakh," June 18, 1887, <http://документы.рф/19/tsirkulyar-o-kukharkinykh-detyakh/>.

<sup>11</sup> Benjamin Disraeli, *Tancred, or The New Crusade* (London, England: Longmans, Green, and Co., 1880), 141, quoted in Edward Said, *Orientalism* (New York, NY: Vintage Books, 1979), xiii.

<sup>12</sup> Disraeli, *Tancred*, 141.

generally to Western colonial enterprise, in which indigenous peoples existed to be conquered, reorganized, and then studied, creating the professional lives of not only military officers and diplomats, but scholars, scientists, and travelers. In *fin de siècle* Russia, the same could be said for many medical and creative elites in relation to disability—disability was meant to either be cured with medicine or sensationalized in ink, and represented career advancement. Reactionaries and progressives in the field of psychiatric medicine in Tsarist Russia each “Orientalized” their patients in their own way—especially through negative metaphor. The conceptualizations of illness and disability developed by Chekhov and Sacks form a lens through which to observe and analyze Tsarist elites’ views of those conditions.

Metaphoric language applied to the socio-political situation in late imperial Russia was pervasive. Historian Mark D. Steinberg writes:

Metaphors helped contemporaries make sense of the disturbing experience of urban life in Russia in the early 1900s and help us think about what they saw, believed and felt. Sickness was the most ubiquitous image. Notions of epidemic and debilitating illness, both physical and psychological, were applied promiscuously to street life, crime, violence, and morality. [...] With remarkable consistency across genres, ideologies, and audiences, urban writers described the “spirit of the times”—and the social body—as sick.<sup>13</sup>

It is this “promiscuous” co-opting of the vocabulary of illness and disability for dramatic effect and for the discussion of social issues that is the main focus of this research. The indiscriminate manipulation of disability and illness for professional and creative reasons by writers and medical doctors demonstrates that disability was not entirely invisible to society-at-large in *fin de siècle* Russia. In fact, “[o]nce a reader begins to seek out representations of disability in our literatures, it is difficult to avoid their proliferation in

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<sup>13</sup> Steinberg, *Petersburg Fin de Siècle*, 268.

texts with which one believed oneself utterly familiar.”<sup>14</sup> This holds true for the Tsarist empire; disability was not a taboo state of being, but an ever-present one in late imperial *belles-lettres*. And in the space in which analysis of disability would be expected—Tsarist medical journals—disability takes on a highly literate and metaphoric character.

Disability was widely present in Russian print and painting.<sup>15</sup> It would be near-impossible to argue that disability “is an unarticulated subject.”<sup>16</sup> As such, disability’s “real-life counterparts could then charge that their own social marginality was the result of an attendant representational erasure outside the medical discourses.”<sup>17</sup> There is no representational erasure, but representational glut. This glut, however, is no less “othering” than erasure. Tsarist medical and creative elites had a keen interest in illness and disability, but that interest did not always result in fair-minded, humanizing depictions of people with those conditions.

The late twentieth century writing of Oliver Sacks helps make sense of the challenges medical and creative elites (including imperial Russian ones) face when portraying disability and illness. Sociologist and disability rights activist Tom Shakespeare described the neurologist and author Oliver Sacks as ‘the man who mistook his patients for a literary career.’<sup>18</sup> Shakespeare here is lampooning the title of Sacks’

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<sup>14</sup> David T. Mitchell and Sharon L. Snyder, *Narrative Prosthesis: Disability and the Dependencies of Discourse* (Ann Arbor, MI: The University of Michigan Press, 2000), 52.

<sup>15</sup> See Ilya Repin’s painting *Religious Procession in Kursk Gubernia* (1880-83), the writings of Fyodor Dostoevsky, and Mikhail Bulgakov’s *A Country Doctor’s Notebook* as prime examples; in *Petersburg Fin de Siècle*, Mark D. Steinberg also explores the sensational illness metaphors used by turn-of-the-century Tsarist tabloid journalists, among them the prominent columnist “Skitalets” (Russian for “Wanderer”).

<sup>16</sup> Mitchell and Snyder, *Narrative Prosthesis*, 52.

<sup>17</sup> *Ibid.*

<sup>18</sup> Tom Shakespeare, review of *An Anthropologist from Mars* by Oliver Sacks, in *Disability and Society* 11 no. 1 (1996): 137, quoted in Gregory Cowles, “Oliver Sacks, Neurologist Who Wrote About the Brain’s Quirks, Dies at 82,” *The New York Times*, August 30, 2015, [http://www.nytimes.com/2015/08/31/science/oliver-sacks-dies-at-82-neurologist-and-author-explored-the-brains-quirks.html?\\_r=0](http://www.nytimes.com/2015/08/31/science/oliver-sacks-dies-at-82-neurologist-and-author-explored-the-brains-quirks.html?_r=0); this could also be a possible echo of Disraeli and Said on the part of Tom Shakespeare.

book *The Man Who Mistook His Wife for a Hat*. In it, Sacks attempts to acknowledge patients as individuals but cannot separate the image of the patient from that of the “suffering, afflicted, fighting human subject.”<sup>19</sup> In this way, the word *patient* regrettably becomes synonymous with the word *victim*. It would be disingenuous to accuse Sacks of willfully manipulating, or “othering,” his patients here. Sacks’ treatment of the ill and disabled is rather humanistic compared to the sentiments held by some medical researchers. For instance, a young Dr. Sacks was labeled a “menace” for losing important samples at the lab. His colleagues instructed him to work with patients, because patients “matter less.”<sup>20</sup> Yet, even in his humanistic approach, Sacks was accused by the disability rights community of patronizing his patients. He also chose unfortunate vocabulary with which to describe himself, writing that ‘I had always liked to see myself as a naturalist or explorer[. ...] I had explored many strange, neuropsychological lands—the furthest Arctics and Tropics of neurological disorder.’<sup>21</sup> The doctor identified himself in his creative nonfiction with imperialists—the naturalists and explorers who were complicit in empire-building. The “strange neuropsychological lands” are strange to him, but not necessarily to the inhabitants of those metaphorical lands. Sacks’ approach to writing creatively about his patients’ experiences is Orientalizing in the Saidian sense of the word. The world of the patient is defined as bizarre and unnatural when measured against the arbitrary “normalness” of the observer, in this case Oliver Sacks.

In the last few decades, disability activists and scholars have been drawing attention to the inequitable power structure that exists between patient and doctor. “For

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<sup>19</sup> Oliver Sacks, *The Man Who Mistook His Wife for a Hat* (New York, NY: Simon & Shuster, 1998), viii

<sup>20</sup> Cowles, “Oliver Sacks, Neurologist Who Wrote About the Brain’s Quirks, Dies at 82.”

<sup>21</sup> *Ibid.*

obvious reasons,” writes G. Thomas Couser, “disability ethics is concerned with the danger of systemic harm to a class of vulnerable subjects, as well as harm to particular subjects.”<sup>22</sup> Couser goes on to explain:

Many in the disabled community now see themselves as having been in effect colonized by the various professions that supposedly serve them; in response, they have sought self-determination as individuals and as a community. Increasingly, they resent and resist being subjected to medical or social-scientific investigation rather than subjects articulating their own values and concerns.<sup>23</sup>

This resistance has led directly to a questioning of the literary work of Oliver Sacks. Moreover, the resistance makes necessary a reevaluation of “the ethical principles of biomedicine.”<sup>24</sup> Specifically, these principles “may need to be supplemented with those of postcolonial anthropology, with its explicit concern for avoiding harm to communities under study, for establishing a reciprocal relationship with those studied, and for the politics of representation.”<sup>25</sup> These considerations would help insure that disabled and ill subjects retain their dignity when written about either in clinical or creative genres.

The conflict present in the work of Oliver Sacks is also present in the literature and art of late imperial Russia. The question of how to depict disability with sensitivity was one with which Russian artistic elites struggled. In particular, Anton Chekhov (1860-1904) left a large body of work focusing specifically on this conundrum. Chekhov, unlike Sacks, is less enthusiastic about the doctor’s exulted role in understanding disability and curing illness. Chekhov rarely appears as a medical orientalist in his writing. The empirical logic of the physician is balanced with the uncertainty of the writer. As Joseph

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<sup>22</sup> G. Thomas Couser, *Vulnerable Subjects: Ethics and Life Writing* (Ithaca, NY: Cornell University Press), 83.

<sup>23</sup> Ibid.

<sup>24</sup> Ibid.

<sup>25</sup> Ibid.

Brodsky quipped, “What one accumulates in the business of writing is not expertise but uncertainty.”<sup>26</sup> Chekhov often ponders medicine’s limitations, and the doctor’s inability to understand patients’ ills. The short story “Ward No. 6” levels the power relations between patient and doctor. In fact, Chekhov’s physician character Dr. Ragin “sees productive intellectual discourse” in one of his psychiatric patients and acknowledges that there are spheres of knowledge that a physician is not intrinsically privy to.<sup>27</sup>

Ragin comes to understand that he is ‘conversant with reality only in theory.’<sup>28</sup> The disabled are considered participants in reality, not denizens of some distant tropical isle filled with exotic flora and fauna. Disability is not titillating or fascinating to the person experiencing it, and Ragin comes to understand this. Sacks spent a great deal of time accentuating ‘the bizarre and extreme’ at the expense of ‘pay[ing] more attention to the construction of normality[.]’<sup>29</sup> Chekhov does the opposite by questioning how society constructs saneness and madness. He writes of one of the madmen in the ward:

[Gromov] speaks of the baseness of mankind, of violence trampling on justice, of the glorious life which will one day be upon earth, of the window-gratings, which remind him every minute of the stupidity and cruelty of oppressors. It makes a disorderly, incoherent potpourri of themes old but not yet out of date.<sup>30</sup>

At the root of Gromov’s mania are concerns—over baseness, cruelty, and oppression—that any sensitive human might have. These are concerns “old but not yet out of date”;<sup>31</sup> that is, they resonate with both the sane and the mad—and reflect the social and political

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<sup>26</sup> Joseph Brodsky, “Less Than One,” in *Less Than One: Selected Essays* (New York, NY: Farrar, Straus, and Giroux, 1986), 17.

<sup>27</sup> Sally Wolff, “The Wisdom of Pain,” 137.

<sup>28</sup> Anton Chekhov, “Ward No. 6,” in *Ward No. 6 and other Short Stories*, trans. Ronald Hingley (Oxford, UK: Oxford University Press, 1965), quoted in *ibid*.

<sup>29</sup> Tom Shakespeare quoted in Couser, *Vulnerable Subjects*, 84.

<sup>30</sup> Anton Chekhov, “Ward No. 6,” in *The Horse Stealers and Other Stories*, trans. Constance Garnett (New York, NY: MacMillan and Company, 1921), <http://www.eldritchpress.org/ac/w6-01.html>.

<sup>31</sup> *Ibid*.



upheavals of the *fin de siècle* and for Gromov take on the character of religious fervor. The author forces his audience to consider the possibility that Gromov's "disorderly, incoherent potpourri of themes" has its own perverse logic in light of the disjointed moment of history in which the patient exists.<sup>32</sup> Literary scholar Sally Wolff calls the story Anton Chekhov's "condemn[ation] of the concept of a mental hospital as a place for incarceration and punishment," and his "plea for effective and humane psychiatric care."<sup>33</sup> Chekhov's plea for humane treatment comes from his understanding that the line between sanity and madness, able-bodiedness and disability is at times tenuous.

Chekhov has become an example for how to bridge the social and medical models of disability. Professor of medical humanities and medical doctor Bradley Lewis uses Chekhov to explain how to treat depression in a way that grants patients agency and allows them to articulate themselves. Lewis acknowledges the usefulness of medication in managing depression by "alter[ing] our neurotransmitters," but cautions that a reliance on drugs reduces our ability to understand illness in the context of other factors including emotional and societal ones.<sup>34</sup> Lewis discusses psychiatrist Peter D. Kramer's 1998 review of Chekhov's play *Ivanov* (1888). In his writing, Kramer suggests that what the play's distraught protagonist "Ivanov needs in the 90s is an antidepressant."<sup>35</sup> Kramer avoids a deep historical contextualization of the play, nor does he ask "'What is Ivanov depressed about?' or 'What does Ivanov's suffering mean in a larger frame?'"<sup>36</sup> Kramer is attuned to the irregular brain chemistry Ivanov may possess and how to correct it

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<sup>32</sup> Ibid.

<sup>33</sup> Wolff, "The Wisdom of Pain," 134.

<sup>34</sup> Lewis, "Listening to Chekhov," 48.

<sup>35</sup> Peter D. Kramer, "What Ivanov Needs in the 90's Is an Anti-Depressant," *The New York Times*, December 21, 1997, <http://www.nytimes.com/1997/12/21/theater/stage-view-what-ivanov-needs-in-the-90-s-is-an-anti-depressant.html>.

<sup>36</sup> Lewis, "Listening to Chekhov," 50-51.

through modern medicine. He is not interested in the “Why?” of Ivanov’s condition. Because Chekhov does not neglect the “Why?,” Lewis argues that the playwright is an early proponent of the medical humanities. Beside Kramer’s biology-centric approach to *Ivanov*, Lewis is frustrated by another facet of the psychiatrist’s analysis:

More importantly, Kramer ignores how the play centers not so much on Ivanov himself but on the whole question of interpreting and categorizing humans. As drama critic Richard Gilman asserts, the central point of the play ‘isn’t Ivanov’s behavior in itself but the range of reactions to it and, by extension, the whole question of how much we can know about ourselves and other people.’<sup>37</sup>

As in “Ward No. 6,” the ill have a voice in *Ivanov*. Kathryn Montgomery Hunter argues that the medical profession “need[s] a means of moving away from the illusion of ‘objectivist, scientific reportage’ and toward an acknowledgement that case histories are ‘humanly constructed’ accounts: ‘two things are essential: first, both tellers and listeners must recognize the narrator of the case history as contextually conditioned, and, second, the lived experience of the patient must be acknowledged.’”<sup>38</sup> In other words, the patient-doctor relationship must be revised. According to Foucault, prior to the eighteenth century the doctor asked the patient ‘What’s the matter with you?’ From the eighteenth century forward, the doctor asked ‘Where does it hurt?’ The latter question effectively reduces the patient from an active participant in their own healthcare to the mere location of a pathology.<sup>39</sup> This power structure cannot remain intact if patients are to be treated as human beings.

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<sup>37</sup> Ibid., 51.

<sup>38</sup> Kathy Montgomery Hunter, *Doctors’ Stories: The Narrative Structure of Medical Knowledge* (Princeton: Princeton University Press, 1991), 166, quoted in *ibid.*, 58.

<sup>39</sup> Michel Foucault, *The Birth of the Clinic*, trans. Alan Sheridan (London, England: Routledge Press, 2003), xxi.

Furthermore, Chekhov explores the perceptions others have of illness and disability. These perceptions include a range of value judgements: Ivanov is seen as lazy, ineffectual, helpless, or cruel.<sup>40</sup> Moreover, the character of Dr. Lvov does not provide the authoritative view of Ivanov's depression, but only one among many that are equally subjective. Ivanov tells him:

[I]n every one of us there are far too many wheels, screws, and valves for us to be able to judge one another by first impressions, or by two or three external signs. I don't understand you, you don't understand me, and we don't understand ourselves. It is possible to be an excellent doctor—and at the same time to know absolutely nothing about people.<sup>41</sup>

Bradley Lewis maintains that the medical field as a whole should listen to Ivanov's outburst.<sup>42</sup> It indeed is possible to treat illness and disability strictly with medication—but that path, if taken alone, ignores every aspect human thought, behavior, society, and history. That is not to undervalue medication, however. If utilized with caution, the medical model can in fact separate illness from superficial metaphor. Too adamant an emphasis on mental illness's connection with societal or emotional crisis is just as misguided as a sole reliance on pharmaceuticals. American psychiatrist Abraham Twersky differentiates between "bio-chemical depression" and "realistic feelings of grief" brought on by personal or material loss.<sup>43</sup> He argues that "strangely enough, someone can be in a clinical depression but not be depressed [in an emotional sense], and it will show itself in an inability to feel."<sup>44</sup> Twersky also explains that a great deal of stress, insomnia, [or] pressure can produce a bio-chemical depression."<sup>45</sup> Kramer's

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<sup>40</sup> Lewis, "Listening to Chekhov," 51-53.

<sup>41</sup> Chekhov, *Ivanov*, 77.

<sup>42</sup> Lewis, "Listening to Chekhov," 55.

<sup>43</sup> Abraham Twersky, "Rabbi Dr. Abraham Twersky on Depression," *JInsider.com*, February 25, 2009, <https://www.youtube.com/watch?v=hU0l6Dne57c>.

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*

analysis of *Ivanov* does not speak to a possible interplay of clinical depression and grief. It is plausible that Ivanov needs an antidepressant for purely bio-chemical reasons and that he—to quote another Chekhov character—is “in mourning for [his] life” amid an alienating socio-political order.<sup>46</sup> It is also plausible that imperial Russia’s alienating order and its decay are among the causes of the clinical depression with which Kramer diagnoses Ivanov.

Chekhov makes sure to pass no judgement on any characters in *Ivanov*. He writes that there are no ‘angels’ or ‘villains’ on stage.<sup>47</sup> Kramer argues that the human condition has changed radically since Chekhov’s time. He writes that “[o]ur mood states often seem disconnected from events, or disproportionate to them. We have a moral dimension—we sin—but our guilt feelings are less stigmata than indicators of how we are wired. We are melancholy, but there is no shame in that, nor much meaning either.”<sup>48</sup> These words are used by Kramer to differentiate the *fin de siècle* of the millennium with the one that came a century before. However, Chekhov resists investing any extra meaning into Ivanov’s illness. And as for the moral dimension, the world of Chekhov’s play is broad enough to provide a character who downplays any correlation between illness and “sin.” Sasha, a young woman in love with Ivanov, tells the protagonist: “How you love to use frightful

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<sup>46</sup> This line—“*Eto traur po moi zhizni*”—belongs to Masha from *The Seagull*. The word rendered “mourning” is “trauer,” a word borrowed from German that has funerary connotations; for instance, the word for “funeral march” in German is “Trauermarsch.” Anton Chekhov, *Chaika: Komediya v Chetyrikh Deistviyakh*, Internet Biblioteka Aleksaya Komarova, 1996-2016, <http://ilibrary.ru/text/971/p.1/index.html>.

<sup>47</sup> Chekhov, *Letters on the Short Story, the Drama, and Other Literary Topics by Anton Chekhov*, edited by Louis Friedland (New York, NY: Benjamin Blom, 1964), 130, quoted in Lewis, “Listening to Chekhov,” 51.

<sup>48</sup> Kramer, “What Ivanov Needs in the 90’s Is an Anti-Depressant,” <http://www.nytimes.com/1997/12/21/theater/stage-view-what-ivanov-needs-in-the-90-s-is-an-anti-depressant.html>.

and pathetic words! You are guilty? Yes? Guilty? Then tell me, what are you guilty of?” Ivanov woefully replies that he does not know.<sup>49</sup>

Sasha goes on to chide Ivanov: “That’s no answer. A sinner ought to know what his sin is. Have you been forging bank notes or what?” Sasha believes that Ivanov cannot be faulted for falling out of love with his wife, “that a man is not master of his feelings.”<sup>50</sup> Sasha refuses to allow Ivanov to explain his depression as a sign of guilt over his failing marriage. How similar this sentiment is to Kramer’s—that “guilt feelings are less stigmata than an indicator of how we are wired.” Elements that Kramer believes are absent from the play—the presence of multiple perspectives, for instance; or the refusal to reduce illness solely to a moral outcome—are really at its heart. Chekhov refrains from taking any positions regarding his characters or to condone his era’s eagerness to make metaphors of illness and disability.

The one shortcoming of the play, nonetheless, is Chekhov’s handling of Ivanov’s suicide. Chekhov offers up Ivanov’s death as melodrama. Mark D. Steinberg devotes an entire chapter in *Petersburg Fin de Siècle* to perceptions of death—especially, suicide—in late imperial Russia. Chekhov’s portrayal of Ivanov’s suicide is typical of this period: “Wait,” he tells the guests at his wedding as he pulls out his revolver, “I’ll put an end to all this! Youth has awakened in me, the old Ivanov is speaking now!” He continues: “I’ve been going downhill long enough—now I’ll stop. There’s a limit to everything! Stand aside!” Ivanov rushes from Sasha, his new wife, and shoots himself offstage.<sup>51</sup> Russian newspapers “branded suicides ‘mentally ill’ (*dushevnyi bol’noi*), ‘psychologically disturbed’ (suffering from *dushevnoe rasstroistvo*), or, more bluntly, “insane”

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<sup>49</sup> Chekhov, *Ivanov*, 79.

<sup>50</sup> *Ibid.*

<sup>51</sup> *Ibid.*, 101.

(*sumachchedshii*).”<sup>52</sup> Ivanov—if we take his words at face value—sees his act “as a positive gesture of heroic virtue and refusal, a defiant response to the tragic nature of contemporary existence.”<sup>53</sup> Ivanov, in the eyes of *fin de siècle* Russia, is an “ambiguous” figure; he and others like him “were noble and heroic in refusing to give up their dreams and illusions but also emotionally crippled by life.”<sup>54</sup> It is also possible, bearing in mind the detached tragicomic tone of *Ivanov*, that Chekhov is bitterly mocking this kind of analysis of suicide.

### III. The Mind and Body Politic: Tsarist Education, Politics, and Mental Illness

Whatever the literary implications of Ivanov’s suicide, the character’s psychological turmoil is part of a collective tragedy in late imperial Russia. Ivanov historically belongs to what the press dubbed an “epidemic” of suicides that lasted through the 1880s.<sup>55</sup> In the two decades after the premier of *Ivanov*, suicide would again reach “epidemic” proportions, especially in the capital St. Petersburg. Restless middle class men were not the only ones taking their own lives; at the turn of the century, “what would have likely struck readers of the daily papers about the social profile of suicides was that a suicide could be anyone,” rich or poor.<sup>56</sup> Tsarist doctors and journalists did not always agree on the specific reasons for the so-called epidemic, but “[a]s in other modern societies, suicide became a defining measure of civic health, a barometer of progress or crisis, and a symbol and trope with which to speak of the modern experience.”<sup>57</sup>

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<sup>52</sup> Steinberg, *Petersburg Fin de Siècle*, 143.

<sup>53</sup> *Ibid.*, 150.

<sup>54</sup> *Ibid.*

<sup>55</sup> *Ibid.*, 134.

<sup>56</sup> *Ibid.*, 135.

<sup>57</sup> *Ibid.*, 134.

Scientific studies found at this time that young men and women were highly prone to ending their own lives and in general “were the most susceptible to mental and emotional distress[.]”<sup>58</sup> This focus on young people’s volatility had major political and social implications in the Tsarist empire.

There was an extensive interplay of imperial education policy and mental healthcare. Whereas Chekhov as a doctor and writer sought to portray the ill and disabled as fully human and worthy of dignity, many of his medical colleagues were unwilling to grant agency to those populations. Like Sacks, these physicians were fixated on illness and disability as disorder, or as a *terra incognita* that needed to be subdued. Reactionary Tsarist physicians believed that the status quo was most important: if the young knew their place and did not question authority, they would not wander into the *terra incognita* of mental illness. Sociologist Julie V. Brown in “Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13” discusses one such reactionary doctor, S. Iaroshevskii. This particular psychiatrist believed that political activity, especially in the wake of the 1905 Revolution, created ripe conditions for nervous illness. While other psychiatrists described young, politically-involved patients as exceptionally strong-willed and resilient, Iaroshevskii accentuated the “vulnerability” of similar patients.<sup>59</sup>

One of his case studies analyzes “K., a fifteen-year-old female student, who attended many political meetings.” After returning home from one of these meetings, K. became “delirious” and “feverish although her temperature was normal.” She then fell

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<sup>58</sup> Ibid., 135.

<sup>59</sup> Brown, “Revolution and Psychosis,” 290.

into a depression for two days and “fainted suddenly.”<sup>60</sup> When she regained consciousness, K. began to act erratically:

She screamed, grew violent, tore off her clothes, and engaged in other inappropriate behavior. She claimed to see horrible visions and hear threatening voices and to be pursued by apparitions. According to Iaroshevskii, K. knew these were hallucinations, but she was terrified of them nonetheless. His examination showed her to be a nervous individual, but the only physical abnormalities he noted were severe anemia and constipation.<sup>61</sup>

Dr. Iaroshevskii used this case to excoriate radical political parties “for recruiting vulnerable young students.”<sup>62</sup> The ramifications of his criticism—in an autocratic state which tolerated no more than token opposition even after the upheavals of 1905—is that any political activity, thought, or fervor can lead to illness. Activists, reformers, and revolutionaries, according to the doctor, ‘deprive[d] children of the peaceful conditions which are necessary for their proper growth and hurl[ed] them into the hideous jaws of the voracious beast of politics.’<sup>63</sup> This kind of sharply worded condemnation is rooted in a monarchist worldview, one that has a long history in Tsarist Russia.

Under Tsar Alexander III’s reign (1881-1894), education minister Count Ivan Delianov tried to eliminate the risk of a politically unruly, pathological outburst from the Russian people. He advocated that gymnasiums—that is, secondary schools—not accept the children of lower class families. An exception would be made for these children if they were “particularly brilliant,” i.e. useful to the regime and sufficiently malleable. Delianov sought “to limit the education of population groups driving the revolutionary

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<sup>60</sup> Ibid., 290-91.

<sup>61</sup> Ibid., 291.

<sup>62</sup> Ibid.

<sup>63</sup> S. Iaroshevskii, "Materialy k voprosu o massovykh nervnopsikhicheskikh zabolevaniiaxh," OPNiEP, vol. 11 (1906), p. 9, quoted in *ibid.*, 291.



movement.”<sup>64</sup> This document, from June 1887, is called the “Circular on the Children of Cooks” (“Tsirkulyar o Kukharkinykh Detyakh”) or “On the Reduction of Gymnasium Education” (“O Sokrashchenii Gimnazicheskogo Obrazovaniya”). Delianov writes that children from families ranked lower than “Merchant of the 2<sup>nd</sup> Guild” be turned away.<sup>65</sup> Merchants of the second guild “dominated” Russian commercial society but were restricted from the banking and insurance industries. The third guild included “retail merchants” who by law could operate only “small-scale” businesses. By the mid-1800s, the third guild made up over ninety percent of all Russian merchants.<sup>66</sup> Delianov’s missive targeted children from the third guild for educational exclusion.

The Minister of Education also encouraged that “Jews of the lower classes” (*Yevreev iz nishikh soslovii*) be restricted from gymnasium study. As for student fees to attend or listen to a university lecture, Delianov suggests raising the price to fifty rubles.<sup>67</sup> The Minister’s concern was that lower-class students would be coming from homes that were hardly politically reliable. Students admitted to gymnasium, he maintained, must “be in the care of individuals who represent sufficient guarantee in the correct supervision” of them outside of the classroom.<sup>68</sup> Parents who worked as “coachmen, footmen (literally, *lakeev*, or lackeys), cooks, laundresses, [and] small shopkeepers” were

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<sup>64</sup> “Russia: 1796-1917,” *Herald B. Lee Library at Brigham Young University*, [http://eudocs.lib.byu.edu/index.php/Russia\\_1796-1917](http://eudocs.lib.byu.edu/index.php/Russia_1796-1917).

<sup>65</sup> Delianov, “Tsirkular o kukharkinykh detyakh,” June 18, 1887, <http://док.история.рф/19/tsirkulyar-o-kukharkinykh-detyakh/>.

<sup>66</sup> William L. Blackwell, *Beginnings of Russian Industrialization 1800-1860* (Princeton, NJ: Princeton University Press, 1968), 102.

<sup>67</sup> Delianov, “Tsirkular o kukharkinykh detyakh,” <http://док.история.рф/19/tsirkulyar-o-kukharkinykh-detyakh/>.

<sup>68</sup> *Ibid.*

undesirable and their offspring represented potential enemies of the autocracy if given the chance to articulate themselves.<sup>69</sup>

There exists a link between Delianov's advocacy of tighter quotas, more rigorous exclusion, and fears of mental illness. Education in late imperial Russia was not meant to foster critical thinking. Instead, "Russia's educational leaders in the fin de siècle were convinced that one of the essential tasks of education was to turn children into patriots[.]"<sup>70</sup> Gymnasiums in the Tsarist empire "became laboratories for designing the Russia-centered patriotic community envisioned by the Russification regime."<sup>71</sup> Therefore, desirable (but not Russian) elements like the Baltic German aristocracy were assimilated.<sup>72</sup> The underclasses of society, on the other hand, was barred from extended formal schooling. Education was a program of population management for the Tsars and a way of maintaining social stratification. The presence of mentally ill students in the aftermath of the 1905 Revolution represented a failure on the part of the imperial administration. Education was meant to indoctrinate already politically reliable pupils, not enflame them. In this context, Dr. Iaroshevskii's anger at political activists can be understood. Politics, by its very nature dangerous to the regime, was wrecking the mental architecture built by the education system. Mental illness was perceived as a direct result—especially in patients who had no previous psychiatric record—of revolutionary violence, nationalist reprisals, and the general instability of the Tsarist system.<sup>73</sup> Julie V. Brown notes that Iaroshevskii, despite his criticism, did not "directly question either the

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<sup>69</sup> Ibid.

<sup>70</sup> Willard Sunderland, *The Baron's Cloak: The History of the Russian Empire in War and Revolution* (Ithaca, NY: Cornell University Press, 2014), 39.

<sup>71</sup> Ibid.

<sup>72</sup> Ibid.

<sup>73</sup> Brown, "Revolution and Psychosis," 288

motives or the sanity of those at the forefront of political movements.” Yet, other even more reactionary doctors did, however, and in the process “blurred the distinction between scientific psychiatric analysis and political commentary.”<sup>74</sup>

The perceived connection between education, revolution, and mental illness on the part of the imperial government and the medical establishment serves to illustrate the use of metaphor in action. Once diagnosed, a patient became a microcosm of the Tsarist state itself. Oliver Sacks likened his medical endeavors to those of an explorer in the untamed wilds; he then turned the experiences of his patients from something strictly medical in nature to something economic—“a literary career,” as Tom Shakespeare put it.<sup>75</sup> While Sacks monetized patients’ conditions, forward-thinking Tsarist psychiatrists politicized them. These physicians increasingly saw themselves caught between the fractured mental states of their patients and the fractured social structures of their country. The collective experience of their patients was a convenient indictment of the government. Patients became the means through which doctors in late imperial Russia consolidated their political power. Physicians grew more and more hostile to the imperial regime and its abuses, defining their profession against it.<sup>76</sup>

Without question, it was necessary for Tsarist doctors to organize themselves more strictly and augment their respectability. As late as 1877, Russian doctors in rural areas were perceived by the outside world as unscrupulous and unqualified, relying on bleeding and purging techniques and haggling over their fees “like tradesmen.”<sup>77</sup> By the first decade of the twentieth century, this stereotype had been successfully debunked by

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<sup>74</sup> Ibid., 291.

<sup>75</sup> Tom Shakespeare, review of *An Anthropologist from Mars*, 137.

<sup>76</sup> Brown, “Revolution and Psychosis,” 296

<sup>77</sup> “Russian Rural Doctors,” in *The British Medical Journal* 2, no. 885 (December 15, 1877): 860.

the profession. Galvanizing themselves as a stringent, highly erudite community, Russian doctors began to gain more respect from the West. This respect came directly from their anti-Tsarist stance in the aftermath of the 1905 Revolution. An issue of *The British Medical Journal* from late 1907 discusses the ordeal of Russian doctors “imprisoned for alleged political offenses” or “driven into exile by the persecutions of the police.”<sup>78</sup> *The Journal* details the experience of one physician exiled from Odessa, who had to be invited back to the port city to contain an outbreak of plague. The doctor’s political subversion had to be tolerated if Odessa were to escape a major health crisis.<sup>79</sup> For imperial authorities, the epidemic of dissent was of secondary concern when compared to a possible epidemic of plague.

*The Journal* makes a telling observation about the Russian peasantry’s response to health policy. “The workman in the larger towns,” the unnamed writer points out, “is indeed no longer under the sway of the ferocious superstition which used to impel him to kill doctors who were trying to stamp out epidemics.”<sup>80</sup> A significant shift has occurred in the historiography of Russian medicine in the last one hundred years. During nineteenth century epidemics, the peasantry and working classes were not reacting entirely out of superstition but against the imperial authority that the police and medical profession represented—especially when quarantines were enacted and freedom of movement curtailed. Cholera outbreaks were often opportunities for the police and the

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<sup>78</sup> “Doctors in Russia,” in *The British Medical Journal* 2, no. 2449 (December 7, 1907): 1676.

<sup>79</sup> *Ibid.*

<sup>80</sup> *Ibid.*, 1675.

army to requisition whatever they pleased from a town's population.<sup>81</sup> Which was worse, the threat of epidemic or the government's draconian method of containing it?

After the turmoil of 1905, the medical profession began to mull over a similar question. Physicians asked themselves whether or not the government was more lethal than plague and more disturbing than mental illness. The Tsarist regime took on a pathological character. To use a term coined by historian William H. McNeill, it became "macroparasitic" at an unsustainable level, destroying its own population.<sup>82</sup> Brown presents psychiatry's complete loss of faith in Tsarist administration:

Psychiatrists blamed the government for the continued ignorance and impoverishment of the peasantry, both of which, they charged, increased susceptibility to mental illness. Chronic malnutrition aggravated by unsanitary living conditions led to widespread physical illness and weakened the population, rendering it more likely to fall victim to mental illness. Urbanization and industrialization in their view merely worsened an already desperate situation.<sup>83</sup>

Whether it be literary in the case of Sacks, or political in the case of the Russian medical profession, the ill and disabled became something other than individuals capable of speaking for themselves. They became a means to an end—a publication or a revolution, at least nominally on their behalf—instead of central players in their own stories or actions. Russian psychiatrists cast their patients simultaneously as "victims" of the autocracy and reflections of its dysfunction. In short, the ill and disabled became a cypher for all things negative in late imperial Russia. Moreover, these psychiatrists claimed the moral high ground even as they reduced the disabled and ill to inert and helpless objects, exclaiming, 'Guided by [Science's] light we must declare openly and loudly that it is

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<sup>81</sup> Roderick E. McGrew, *Russia and the Cholera: 1823-1832* (Madison: University of Wisconsin, 1965), 68-74.

<sup>82</sup> See William H. McNeil, *Plagues and Peoples* (New York, NY: Anchor Books, 1998).

<sup>83</sup> Brown, "Revolution and Psychosis," 296.

wrong to make people go mad, to drive them to suicide and mental illness.’<sup>84</sup> In the quest to combat the Tsarist regime, psychiatry pressed the ill and disabled into the role of political casualty. This obscured patients’ humanity and their own sociopolitical grievances caused in turn by autocrats and physicians alike.

#### **IV. Conclusion**

The interactions between the disabled and physician and the disabled and writer are fraught with complexity. Late imperial Russia provides an array of important illustrations. The Tsarist government and the medical profession objectified and “othered” the disabled in multiple ways. The government sought to create healthy and patriotic subjects. Some of these subjects were deemed safe for education—including both the Baltic German and the Slavic aristocracies, and the upper echelons of the merchant class—and others, like the poor and working classes, were actively barred from academic and social advancement. The Tsarist regime and the reactionary element of the medical profession believed dangerous political agitation was a major cause of disability and illness. The spread of such agitation was one of the primary reasons education was curtailed in the first place. According to more progressive psychiatrists, mental illness was precipitated by the imperial government itself. This anti-Tsarist stance on the part of doctors did not create a space for the ill and disabled to exercise agency as historical actors. Instead, these forward-thinking practitioners presumed to speak for their patients as an oppressed group. In the process, they turned their patients into metaphors for helplessness and victimhood and for the decaying Tsarist regime.

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<sup>84</sup> V. P. Serbskii, "Russkii soiuz psikhiatrov i nevropatologov im. S. S. Korsakova," *Trudy pervogo s"ezda*, 83, quoted in *ibid*.

Anton Chekhov proved to be a progressive physician and writer who often avoided objectifying his characters. While the dilapidated hospital and its patients in “Ward No. 6” do come to represent the sorry state of the Tsarist empire,<sup>85</sup> and Ivanov’s suicide is handled with heavy-handed melodrama, Chekhov just as often presents illness and disability in a context free of arbitrary associations related to moral or societal morass. In *Ivanov*, his collection of competing views of depression complicates the illness and saves it from being reduced to a one-dimensional symbol. Chekhov’s work shows that it is possible to write about illness and disability in a nonjudgmental way. His depiction of fallible medical doctors and the hidden insights of disability leaven the occasional stridency of the modern work of Oliver Sacks. Even though he saw himself as a writer who humanized his patients, Sacks found it difficult to write about disability without reducing it to a circus sideshow or zoo exhibit.<sup>86</sup>

Yet, no matter how delicately or brusquely disability and illness were handled by medical and literary elites in late imperial Russia, they Orientalized those conditions by making them a “career.” These elites endeavored to speak for those diagnosed with such conditions, and by doing so consigned the disabled to the margins of society and culture. In other words, the ill and disabled “cannot represent themselves; they must be represented” as Marx wrote of French peasants and petty landowners after Louis-Napoleon Bonaparte’s 1851 coup d’état. The reason these groups did not possess agency, Marx argued, was because they had not developed a class identity of their own.<sup>87</sup>

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<sup>85</sup> Wolff, “The Wisdom of Pain,” 134.

<sup>86</sup> See Leonard Cassuto, “Oliver Sacks: P.T. Barnum of the Postmodern World,” *American Quarterly* 52, no. 2 (June 2000): 326-333.

<sup>87</sup> Karl Marx, *The Eighteenth of Brumaire of Louis Bonaparte*, trans. Daniel de Leon (Chicago, IL: Charles H. Kerr & Company, 1913), 145, quoted in Paula Rabinowitz, *They Must Be Represented: The Politics of Documentary* (New York, NY: Verso, 1994), 56-57. This remark, incidentally, also serves as another epigraph in Edward Said’s *Orientalism*.

Likewise, many artistic and medical elites saw the ill and disabled as incapable of articulating their own diverse experiences or common identity, beyond perhaps a sufferer's lamentation or cry for help. Representing disabled minds and bodies in literature, or speaking on their behalf as the medical professional, is a contentious and controversial act. Late imperial Russia provides myriad representations—from dignified to thoughtless—of illness and disability. The use of the ill and disabled as metaphors for victimization and dysfunction as the Tsarist empire faded illustrates unprofessional and “othering” attitudes that must be replaced by more humane ones. The work of Oliver Sacks shows the extent to which those “othering” attitudes have persisted, and accentuates the importance of creating a scholarly space in which the ill and disabled speak for themselves.



## Chapter Three

### Easels and Operating Tables: Disability and Illness in Russian *Fin de Siècle* Art and Science

#### I. Introduction

There exists a burgeoning focus on disability, illness, and mortality as they appear in nineteenth century Russian art. Most conspicuous among these pieces is Ilya Repin's *Religious Procession in Kursk Gubernia* which portrays a disabled youth being beaten by a police constable amid a deforested landscape (Fig. 1). Sources both scholarly (the writing of Washington State University's Disability Studies director José Alaniz) and popular (the non-profit Khan Academy) have provided important analysis of this most recognizable of Repin's oeuvre.<sup>1</sup> However, there are other pieces by Repin and his contemporaries that have escaped widespread attention in the context of modern Disability Studies. These artists in question were loosely organized as the *Peredvizhniki*, or "Wanderers" who sought to portray Russian life through a critical and realistic lens in the latter half of the nineteenth century.<sup>2</sup> The "Wanderers'" output helps contextualize concurrent developments in Tsarist science. Novelist Fyodor Dostoevsky criticized one such socially-conscious painter for chasing 'after photographic truth' in an inherently subjective art form.<sup>3</sup> The comparison here to photography is germane because the camera has become one of science's—especially, anthropology's— favorite tools for its

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<sup>1</sup> José Alaniz, "Disability in Russian Visual Culture," BEARR-CEELBAS Forum "The Arts and Attitudes to Disability in Eastern Europe, March 22, 2013, <http://www.bearr.org/pdfs/Jose%20Alaniz%20presentation.pdf>; Ben Pollitt, "Ilya Repin, *Krestny Khod (Religious Procession) in Kursk Gubernia*," Khan Academy, last modified in 2016, <https://www.khanacademy.org/humanities/becoming-modern/Russia-Peredvizhniki/wanderers/a/ilya-repin-krestny-khod-religious-procession-in-kursk-gubernia>.

<sup>2</sup> See Orlando Figes, *Natasha's Dance: A Cultural History of Russia* (New York, NY: Picador, 2002), 197-98, for a succinct summary of this group's origins and activities.

<sup>3</sup> Dostoevsky, *Dostoevskij's Occasional Writing*, vol. 13, trans. David Magarshack (New York, 1963), 529-34, quoted in Sven Linner, *Dostoevsky on Realism* (Uppsala, Sweden: Almqvist and Wicksells, 1967), 109.

supposedly unbiased product.<sup>4</sup> However, both art and science in the Russian *fin de siècle* objectified and dignified disabled minds and bodies.

Ilya Repin's *Saint Nicholas of Myra Saves Three Innocents from Death* (1888) is an ideal entry point into exploring competing strains of Russian anthropology and their idiosyncratic forays into eugenics at the turn of the century. Valeriy Yakobi's *The Prisoners Halt* (1861) will frame a discussion about the multiple ways in which illness and death became increasingly alienating in late imperial Russia. *Tea Drinking in Mytishchi, Near Moscow* (1862) by Vasilii Perov spurs questions about how disabled veterans of the Tsar's wars were perceived by elite Russian society. These historical issues are interrelated because each in turn reflects how Russian elites constructed national identities consumed by the Russian public in the late stages of the Tsarist Empire. These elites through their artistic and scientific example dictated what was considered an able body, what constituted a healthy citizen or soldier, and how illness and death must be understood. The elites disagreed with one another on how to use their power—to bolster the regime or concentrate influence in highly specialized professions—and how exactly to define what disability and illness meant in a time dominated by competing nation-states and rapid societal change.

There has been a dearth of scholarship on the imperial Russian understanding of eugenics and physical anthropology until recently. Two of the most important pieces closing this gap are Marina Mogilner's *Homo Imperii: A History of Physical Anthropology in Russia* and Nikolai Kremetsov's "The Strength of a Loosely Defined

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<sup>4</sup> For a modern example, see John Collier and Malcolm Collier, *Visual Anthropology: Photography as a Research Tool* (Albuquerque, NM: University of New Mexico Press, 1986).

Movement: Eugenics and Medicine in Imperial Russia.”<sup>5</sup> Laura L. Phillips’s “Gendering Dis/ability” sheds important light on the experiences of Tsarist soldiers disabled in combat, especially in the war with Japan and World War I.<sup>6</sup> In addition to the “Wanderers” art, I will be utilizing the *fin de siècle* periodical *Russkii Vrach* (*The Russian Physician*) as well as English language sources from the same time period. The English language sources are of import because much of Russian eugenicist discourse was explicitly influenced by trends in the British Empire and Anglophone world: “When the journal of the Russian Eugenics Society first appeared, for example, on its title page was the society’s symbol: a genealogical chart of the linked pedigrees of Charles Darwin and Francis Galton.”<sup>7</sup> The aforementioned documents will illuminate how creative and medical elites together created a multifaceted image of disability and illness in late imperial Russia.

## II. Ilya Repin and Viktor Vorob’ev: “Degeneration” in Imperial Art and Anthropology

Ilya Repin was one of the great Russian painters of the *fin de siècle*. David Jackson of the University of Leeds describes the magnitude of Repin’s reputation:

It is difficult to convey adequately to Western audiences unacquainted with Ilya Repin (1884-1930) the unique position the artist enjoyed in Russian culture. In his own day Repin was widely regarded as the finest—and he was undoubtedly the most celebrated—painter of his generation, to such an extent, indeed, that it was considered not unusual to liken his talent to that of Rembrandt and Diego Velazquez. Among his Russian

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<sup>5</sup> Marina Mogilner, *Homo Imperii: A History of Physical Anthropology in Russia* (Lincoln, NB: University of Nebraska Press, 2013); Nikolai Kremmentsov, “The Strength of a Loosely Defined Movement: Eugenics and Medicine in Imperial Russia,” *Medical History* 59, no. 1 (January 2015): 6-31.

<sup>6</sup> Laura L. Phillips, “Gendering Dis/ability: Perspectives from the Treatment of Psychiatric Casualties in Russia’s Early Twentieth Century Wars,” *Social History of Medicine* 20, no. 2: 333-350.

<sup>7</sup> Mark B. Adams, “Eugenics in Russia, 1900-1940,” in *The Wellborn Science: Eugenics in Germany, France, Brazil, and Russia*, edited by Mark B. Adams (New York, NY: Oxford University Press, 1990), 169-170.

contemporaries, Anton Chekhov recalled, only Leo Tolstoy and Pyotr Ilich Tchaikovsky ranked higher.<sup>8</sup>

Despite his iconic stature, Repin had his share of bitter creative disappointments. One such disappointment—to his mind—was the painting *Saint Nicholas of Myra Saves Three Innocents From Death* (1888), “[a] staid and unsubtle piece of artistic theatricality” (Fig. 2).<sup>9</sup> In it, the saint physically intercedes on the behalf of three prisoners who are about to be beheaded. Nicholas’s sash is ostentatiously embroidered with crosses, emphasizing the saint’s moral authority. One body in the piece is particularly fascinating for its sunken yet bulging eyes, small-boned features, and spasticity. It belongs to one of the chained prisoners awaiting execution. Repin has taken pains to show the line of the man’s emaciated thighs under a gossamer cloak and the strain of his neck muscles. These muscles are characterized by neurologist Peter Nathan’s definition of spasticity, “a condition in which stretch reflexes that are normally latent become obvious.”<sup>10</sup> The figure appears to be pigeon toed or to walk with a scissors gait. In scissors gait, a person’s “legs flex slightly at the hips and knees so he looks like he’s crouching.”<sup>11</sup> Furthermore, “[h]is feet may be plantar flexed and turned inward[.]”<sup>12</sup> Scissors gait is also common in cerebral palsy as is “muscle weakness [and the] underdevelopment of affected limbs[.]”<sup>13</sup>

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<sup>8</sup> David Jackson, “The *Golgotha* of Ilya Repin in Context,” *Record of the Art Museum, Princeton University* 50, no. 1 (1991): 3.

<sup>9</sup> *Ibid.*, 7

<sup>10</sup> J.E. Desmedt, ed., *New Developments in Electromyography and Clinical Physiology* (Basel, Switzerland: Karger, 1973), 13-14, quoted in Nathaniel H. Mayer, “Spasticity and Other Signs of the Upper Motor Neuron Syndrome,” in Allison Brashear, ed., *Spasticity: Diagnosis and Management* (New York, NY: Demos Medical Publishing, 2016), 20.

<sup>11</sup> Julie Munden and Liz Schaeffer, eds., *Portable Signs and Symptoms*, Philadelphia, PA: Lippincott, Williams, and Wilkins, (2008), 272.

<sup>12</sup> *Ibid.*

<sup>13</sup> *Ibid.*

The man's feet are not plantar flexed, but flat on the ground. They are, however, turned inward. He is also "flex[ed] slightly at the hips and knees[.]"<sup>14</sup> His left knee is twisted to the right, along with his entire leg. The prisoner's knees knock each other unnaturally, forming an acute angle with his legs. According to a 1896 case study by American medical doctor James E. Moore, this condition—knock-knee—is often responsible for a patient having inward-pointing, "pigeon," toes.<sup>15</sup> The figure exhibits these impairments in addition to his spastic muscle tone and general bodily underdevelopment. He is in the words of eugenicist Caleb Williams Saleeby, a 'weakling' in the physical sense.<sup>16</sup>

One reasonable source of Repin's disappointment in *Saint Nicholas of Myra* is its portrayal of human bodies, particularly ones deemed deviant in certain corners of the medical establishment and popular culture. The sensational air of the painting does not align with his commitment to depict the disabled or the peasantry (marginalized groups) as potentially active forces in society. He described the peasants' living conditions on Leo Tolstoy's estate as 'Dante's inferno' and distained the great "writer's homilies on peasant virtue and his attempts to further, rather than transform, their traditional mode of existence[.]"<sup>17</sup> Repin declares: 'To descend for one minute into this darkness [of peasant life] and to say 'I am with you', is hypocrisy. To wallow with them is senseless sacrifice. To elevate them! To elevate them to one's own level, to give life—this is a heroic

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<sup>14</sup> Ibid.

<sup>15</sup> James E. Moore, "Pigeon Toe," *Transactions—American Orthopedic Association* vol. 8 (Philadelphia, PA: American Orthopedic Association, 1896), 254-257.

<sup>16</sup> Saleeby believed '[it is] well worth society's while that the genius and saint, the athlete and artist, should provide posterity, rather than the idiot, the criminal, the weakling, the Philistine'; quoted in Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain*, (Chapel Hill, NC: University of North Carolina Press, 1995), 57.

<sup>17</sup> David Jackson, *The Russian Vision: The Art of Ilya Repin* (Leuven, Belgium: BAI Publishers, 2006). 140.

deed!’<sup>18</sup> That sentiment itself shows a kind of elitism on the part of Repin, but one of a progressive nature opposed to Tolstoy’s mystical conservatism. Taking this position, Repin disputes thinkers who discerned “in the Russian peasant commune [...] the principle of spiritual and collective solidarity, a retroactive utopia[.]”<sup>19</sup> In *Saint Nicholas of Myra*, Repin depicts a traditional man of the church rescuing helpless victims. The prisoners rely on the saint’s holy intercession. In Tsarist Russia there is a conflation of the poor, peasant, and disabled. According to Adele Lindenmeyr, in the Russian Orthodox imagination the poor consists of “the pilgrim, cripple, orphan, and widow of biblical times”; the role then includes an array of marginalized populations. These populations exist to provide the believer with the opportunity to perform charity, and for the poor—or disabled, parentless, and widowed—to bless them in return.<sup>20</sup> In Russian, the disabled deserve “love-pity” or *lubov’-zhalost’*: According to the tradition of *lubov’-zhalost’* “[t]he disabled are ‘God’s children’” and “carry the burden of all our sins.”<sup>21</sup>

Repin’s typical view of peasants and the disabled is well-meaning but patronizing in its assumption that they live benighted lives in need of redemption. In fact, historian Ben Eklof has shown that Russian peasants used the *zemstvo* education offered them to their own advantage, running counter to the educators’ civilizing mission. For instance, it is now clear that many rural parents “both wanted their children to read and write

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<sup>18</sup> Ilya Repin, letter to V.G. Chertkov, August 29, 1887, in *Izbrannye pisma, b dvukh tomakh* (Moscow, 1969) I: 332-33, quoted in *ibid*.

<sup>19</sup> Laura Engelstein, “Combined Underdevelopment: Discipline and the Law in Imperial and Soviet Russia,” *The American Historical Review* 98, no. 2 (April, 1993): 346.

<sup>20</sup> Adele Lindenmeyr, *Poverty is Not a Vice: Charity, Society, and the State in Imperial Russia* (Princeton, New Jersey: Princeton University Press, 1996), 10-11.

<sup>21</sup> Alaniz, “Disability in Russian Visual Culture.”

coherently *and* feared the effects of prolonged schooling.” These families wished to maintain their autonomy from what they saw as an invasive institution.<sup>22</sup>

If appraised for symbolic meaning, *Saint Nicholas of Myra Saving The Three Innocents* takes Repin’s elitist sentiment to an uncomfortably garish extreme. While the prisoners’ anatomical appearance is realistic, they are employed as metaphor. The young man—with his pigeon toes or scissors gate—and the elderly convict on his knees beside him, are not only prisoners of the state but also prisoners to their disability or infirmity. They must be saved by the saintly Nicholas in his bishopric robes. In this way, Repin’s work can be likened to Matthias Grunewald’s *Heller Altarpiece* (1510) which finds St. Cyriacus ‘*exorcising*’ a girl with cerebral palsy (Fig. 3).<sup>23</sup> The young woman kneels at Cyriacus’s feet, her hands showing signs of spasticity. The saint presses his thumb against the young woman’s chin, a holy book perched in his other arm. He looks piteously upon the child as he conducts the exorcism.<sup>24</sup> It is not characteristic for Repin’s output to have an un-ironic similarity with religious-themed Renaissance art; he distinguished himself as a realist, even in his overtly religious works. At length, David Jackson discusses Repin’s *Golgotha* (1922), a painting that depicts the two convicts crucified with Christ (Fig. 4). One has a grotesque, distended belly. Dogs forage through blood and refuse in the shadow of the crosses. Jackson deliberately juxtaposes *Saint Nicholas* with *Golgotha* as “an interesting contrast[.]”<sup>25</sup> In *St. Nicholas of Myra*—unlike

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<sup>22</sup> Ben Eklof, *Russian Peasant Schools: Officialdom, Village Culture and Popular Pedagogy. 1861-1914* (Berkeley, CA: University of California Press), 385-86.

<sup>23</sup> Quoted in Christos Panteliadis, Panos Panteliadis, and Frank Vassilyadi, "Hallmarks in the history of cerebral palsy: From antiquity to mid-20th century," *Brain and Development* 35, no. 4 (2013): 286-87.

<sup>24</sup> Mathias Grunewald, *St. Laurence, St. Cyriacus*, ca.1509/10, *Städel Museum*, <http://www.staedelmuseum.de/en/collection/st-lawrence-st-cyriacus-ca-150910>.

<sup>25</sup> Jackson, “The *Golgotha* of Ilya Repin in Context,” 7.

in *Golgotha*—Repin backtracks over three hundred years by visually twinning disability and infirmity with victimhood.

In light of Repin’s critical portrayal of priests, *Saint Nicholas of Myra* is unconvincing. *Religious Procession in Kursk* depicts a vainglorious priest playing with his hair; *Spurning Confession* shows a priest holding out a crucifix, waiting for a political prisoner’s repentance (Fig. 5). He is met only by the prisoner’s refusal. The priest is clothed in black. One sees his profile but not his face. He is the impersonal representative of the Tsarist regime and “is usually interpreted as a condemnation of the Orthodox Church and its role in upholding the autocracy.”<sup>26</sup> It is here that David Jackson discerns a disorienting element:

The painting is reminiscent of old master works, particularly Rembrandt, executed in muted tones with just a few important features highlighted, the surface heavily impasted. The use of a style associated with religious themes is particularly apt to convey the sacrificial dimension of the subject.<sup>27</sup>

The subject here is the obstinate—perhaps, messianic—political prisoner, bringing to mind Dostoevsky’s tale of the Grand Inquisitor from *The Brothers Karamazov*. In that tale, Christ appears in Seville during the Inquisition and is interrogated as a heretic by the Grand Inquisitor himself.<sup>28</sup> Moreover, Repin’s *Spurning Confession* is an inversion of Grünewald’s *Altarpiece*. Instead of upholding clerical power—through the rite of exorcism or the hearing of confession—Repin grants his political prisoner agency as he actively resists the priest’s exhortation. In the context of these accusatory pieces, Repin’s

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<sup>26</sup> Jackson, *The Russian Vision*, 157.

<sup>27</sup> *Ibid.*

<sup>28</sup> For a fine dramatization of Dostoevsky’s “The Grand Inquisitor,” see John Gielgud’s performance produced at Open University in 1975, <https://www.youtube.com/watch?v=om6HcUUa8DI>.



dissatisfaction—‘like a physical pain’<sup>29</sup>—at the public display *Saint Nicholas of Myra* makes sense.

The prisoners in *Saint Nicholas of Myra Saving the Three Innocents* lack agency. They are objects—powerless, infirm, or deformed. In this way, Repin’s artistic discourse assumes the an imperious character comparable to that of turn-of-the-century science. Eugenicists sought to link unusual human features to developmental impairment and criminality. For instance, in 1921, one such eugenicist Dr. R.J.A. Berry of the University of Melbourne purported to show small head circumference as a sign of the criminal. Berry describes the “supragranular layer” of the brain, which he calls “a more recent evolutionary addition to the cerebral cortex[.]” This layer in question “is the only cell layer of the cortex which varies definitively in measurable depth in normal brains, and varies directly as the mental capacity of the individual.”<sup>30</sup> Berry goes on, warning:

Should the supragranular layer be not present, or imperfectly developed, there must be a smaller brain with deficient psychic or intelligent action, with the result that the animal instinct is uncontrolled. Provided the absence or imperfect development of this layer is not compensated by an overgrowth of neurological tissue, there should be a smaller head, which will be revealed by head measurement.<sup>31</sup>

Berry states that out of the two hundred children whose craniums he measured, fifty percent of small headed children were “feebleminded.” Twenty-five percent of “big-

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<sup>29</sup> Vera V. Verëvkina, “Pamyati uchitelya,” *Khudozhestvennoe nastledstvo*, vol. 2, 191, quoted in Jackson, “The *Golgotha* by Ilya Repin in Context,” 7.

<sup>30</sup> Review of “The Physical Basis of Social Inefficiency” by R.J.A. Berry, *The Eugenics Review*, April 1920-January 1921, 564-65.

<sup>31</sup> *Ibid.*

headed” children in the study were “superintelligent.”<sup>32</sup> Head size as a sign of a person’s proclivity to crime has its roots in phrenology and in the pioneering work of Italian criminologist Cesare Lombroso (1835-1909).<sup>33</sup>

Imperial Russia’s use of eugenics is complicated by the fact that the term was not widely employed until around 1915 and because it was often seen as a “distinctly foreign import.”<sup>34</sup> The term that Russian medical doctors utilized when discussing the biological maintenance of society was “human degeneration (*vyrozhdenie*)”<sup>35</sup> In 1904, psychiatrist and anthropologist Viktor Vladimirovich Vorob’ev’s words appeared in the medical periodical *Russkii Vrach*. He explains that “general social circles” (*shirokie obshchestvenia’ie krugi*) in Russia had begun to show interest in Lombroso’s teachings about “the criminal type.” The Russian public’s interest was of a sensational variety piqued by public criminal proceedings at which “doctor-experts” elaborated on the physiognomic traits of the incarcerated.<sup>36</sup> These medical experts, according to Vorob’ev, would read out a list of supposed degenerate traits. Vorob’ev is quick to note that the experts were not always scientifically sound even by *fin de siècle* standards, specifically in regards to their fixation on the angle of an eyebrow or the shape of the outer ear.<sup>37</sup> The human ear was the focus of extensive research on the part of Vorob’ev and he takes umbrage at others’ facile analysis.<sup>38</sup> According to Vorob’ev, the size and shape of

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<sup>32</sup> Ibid.

<sup>33</sup> See Marvin E. Wolfgang, “Pioneers in Criminology: Cesare Lombroso (1826-1909),” *Journal of Criminal Law and Criminology* 52, no. 4 (November-December 1961): 361-391.

<sup>34</sup> Mark B. Adams, *The Wellborn Science*, 159, 169.

<sup>35</sup> Ibid., 158.

<sup>36</sup> V.V. Vorob’ev, “Fizicheskie priznaki vyrozhdenie i ikh znachenie,” *Russkii Vrach* 3, no 1 (1904): 300.

<sup>37</sup> Ibid.

<sup>38</sup> For a brief overview of Vorob’ev’s research on this subject see Alexander Francis Chamberlain, “Child Study and Related Topics in Recent Russian Scientific Literature,” *Pedagogical Seminary* 11, no. 4, 1904: 516-20.

someone's ear does not betray a proclivity to commit crimes, but their possible "racial" heritage.<sup>39</sup>

Even though anthropology at the turn-of-the-century was considered a "race science," Vorob'ev had nuanced views for his era. According to historian Marina Mogilner, Vorob'ev and likeminded scientists did not believe that there was such a thing as the "Russian" race or "Teutonic" race, for example.<sup>40</sup> His school of thought—liberal anthropology—saw such nationally defined "races" as constructed for ideological purposes, especially by governments. Anthropologists like Vorob'ev came to diametrically oppose the use of "race" and "nation" as patriotic or imperialist rhetoric, and unsurprisingly found themselves at odds with belligerent Tsarist foreign and domestic policy.<sup>41</sup> In fact, Vorob'ev himself was killed by a Tsarist police inspector while participating in the 1905 revolution. Vorob'ev's conception of "race" centered on physical characteristics—hair color, stature, ear-shape—as markers of genetic difference but not of *vyrozhdenie* or degeneration.<sup>42</sup> In *Russkii Vrach*, he distinguishes between physical differences like the outer ear and what he calls "real anomalies."<sup>43</sup> These anomalies include congenital physical deformities (*iurodstami*) or psychological disorders.<sup>44</sup> While working in Kiev as a psychiatrist in the late 1890s, he studied such populations, specifically 'mentally ill Great Russians'.<sup>45</sup> "Great Russians" in terms of *fin de siècle* anthropology meant "Russian[s] proper" originating historically around

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<sup>39</sup> Vorob'ev "Fizicheskie priznaki vyrozhdenie i ikh znachenie," 300.

<sup>40</sup> Vorob'ev, "Velikorussy (Ocherk fizicheskogo tipa)," *Russian Anthropological Journal*, no 1 (1900), 43, quoted in Mogilner, *Homo Imperii*, 131.

<sup>41</sup> Mogilner, *Homo Imperii*, 122-25, 131-32.

<sup>42</sup> *Ibid.*, 131-32.

<sup>43</sup> Vorob'ev, "Fizicheskie priznaki vyrozhdenie i ikh znachenie," 300.

<sup>44</sup> *Ibid.*

<sup>45</sup> Vorob'ev, "Materialy k antropologii velikorusskogo naseleniia nekotorykh uezdov Riazanskoi gubernii," *Izvestiia IOLEAE* 95 [Trudy Antropologicheskogo otdela 20] (1899): 48, quoted in Mogilner, *Homo Imperii*, 124.

Moscow.<sup>46</sup> These Russians were believed to be distinct ethnically from White Russians (from Belarus) and Little Russians (from Malorussia, now Ukraine).<sup>47</sup> By studying this disabled population, Vorob'ev hoped to better understand "racial degeneration." However, it was at this time that he moved to Moscow University and began develop the views that contradicted the Tsarist government. Specifically, he could no longer abide by "race" as "an ideologically laden category of political language."<sup>48</sup> That definition was of little use to anthropological inquiry independent of ulterior geopolitical maneuvering such as the Great Game or the program of Russification on the Asian periphery.

Vorob'ev's colleagues in Moscow were highly critical of traditional, state-approved understandings of anthropology; it was under their guidance that he presented the theory that "Great Russians" were not genetically monolithic. In other words, he contradicted the notion that the Russians constituted a master race. His earlier studies in Kiev on "racial degeneration" had been in the service of this ideologically motivated construct.<sup>49</sup> Vorob'ev's disdain for overly simplistic or suspect scholarship is clear from his stance recorded in *Russkii Vrach*. He reminds his audience that despite faux experts a scientific principle exists:

[T]here is a general principle that determines the physical signs of degeneration. They are all real anomalies, that is, deformities of the body structure. There is no causal relationship between physical and psychiatric degeneration, but they both exist, often simultaneously because of their dependence on a common reason, namely that all the conditions conducive to degeneration acting upon the developing embryo lead to anomalies in the structure of the outer body (the physical signs of degeneration), and the anomalies of the subtlest structure of the nervous system, knowable to

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<sup>46</sup> William P. Dillingham *Dictionary of Races or Peoples* (Washington, DC: Government Printing Office, 1911), 111.

<sup>47</sup> For an early twentieth century explanation of these groups see *Uncle Sam's Fact Book of the World War* (New York, NY: C.S. Hammond and Company, 1918), 176-80.

<sup>48</sup> Mogilner, *Homo Imperii* 125.

<sup>49</sup> *Ibid.*, 124-25, 131-32.

us through the anomalies caused by the operation [literally, *otpravlenie*, or dispatch] of the nervous system (psychiatric signs of degeneration).<sup>50</sup>

Like most medical doctors of the turn of the century, Vorob'ev believed "that psychological and psychiatric troubles were due to something wrong with the nervous system."<sup>51</sup> His words published in 1904 affirm this belief; yet, they also show a sign of departure from his earlier opinions. As late as 1899, Vorob'ev was convinced that there was a connection between physical and neurological 'deformity'.<sup>52</sup> By 1904, the doctor was making a clear distinction between the causes of physical and neuropsychiatric degeneration, while still maintaining that in *some* cases both "depend[ed] on a common reason."<sup>53</sup> This distinction marks another fateful departure with the Tsarist authorities, authorities who favored science 'premised on the principle that all human measurements were racially fixed and obeyed objective, statistical norms,' in other words that criminal impulses could be deduced empirically from an individual's ethnicity and physical features.<sup>54</sup> The evolution of Vorob'ev's professional opinion illustrates the tense debate in Russia over the viability of Lombroso's system.<sup>55</sup> Furthermore, Vorob'ev exemplifies liberal anthropology's rejection of the idea that someone's earlobe—or skull size<sup>56</sup>—determines criminal tendencies or psychological disturbance.

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<sup>50</sup> Vorob'ev, "Fizicheskie priznaki vyrozhdenie i ikh znachenie," 300.

<sup>51</sup> Peter Nathan, *The Nervous System*, 3rd ed. (New York, NY: Oxford Press, 1988), xiii.

<sup>52</sup> Vorob'ev, "K voprosy ob osobennostiakh fizicheskogo sroeniia dushevnobol'nykh.

O'degenerativnom ukhe," *Veprosy nervo-psikhicheskoi meditsiny* 4, no. 4 (1899): 526, quoted in Daniel Beer, *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930* (Ithaca, NY: Cornell University Press, 2008), 112.

<sup>53</sup> Vorob'ev, "Fizicheskie priznaki vyrozhdenie i ikh znachenie," 300.

<sup>54</sup> Eugene M. Avrutin's "Racial Categories and the Politics of (Jewish) Difference in Late Imperial Russia," *Kritika* 8, no. 1 (Winter 2007): 38, quoted in Beer, *Renovating Russia*, 112.

<sup>55</sup> Daniel Beer in *Renovating Russia*, 112, quotes Eugene M. Avrutin's "Racial Categories and the Politics of (Jewish) Difference in Late Imperial Russia," 38, and its discussion of Alphonse Bertillon's competing system of "anthropometric measurements" to classify criminals and its use by the Tsarist police.

<sup>56</sup> Vorob'ev, "K voprosu o tak nazyvaemom zatylochnom tipe stoeniia cherepa vyrozhdaiushchikhsia dushevnobol'nykh," *Zhurnal nevropatologii i psikhiiatrii*, no. 2 (1901): 384-99, quoted in Beer, *Renovating Russia*, 112.

### III. The Russian Nation and Alienation

In *The Prisoners Halt* (1861), Valeriy Yakobi depicts a dead convict lying on a wagon that doubles as a makeshift hospital bed (Fig. 6). The recently deceased is part of a forced march into Siberian exile. Sucking on a pipe, hand impatiently on his hip, a military man lifts one eyelid of the corpse while another convict—contorted under the wagon—wriggles a ring off the deceased’s finger. This is a protest of indignity, that a human life should end in this manner, a “denunciatory” painting aimed at Tsarist socio-political order.<sup>57</sup> Literary scholar Joseph Frank writes that the other convicts are “all utterly unconcerned with the tragic demise of their comrade.”<sup>58</sup> But it is not so much “unconcern” on their part, as a preoccupation with their own suffering or boredom, coat collars up to fend off the cold or hands clasped over their faces in dejection. Grandmothers and young children are pelted by torrents of rain; an elderly man attempts to loosen his shackles. Death is shown as shameful because of the raw and violent conditions under which it occurs.

Over the next few decades, death—and terminal illness—would become “shameful” for a different reason: “by the 1880s, death was becoming ‘medicalized’[.]” That is, illness was “[n]o longer a collection of symptoms[.]” but “a clinical ‘case’ with its own existence and a name.”<sup>59</sup> This shift, scholar Andrew Deruchie continues,

is significant, for where in earlier times death simply was or was not in nature’s course, the patient’s destiny now depends on the diagnosis—there are serious, incurable diseases and mild treatable ones—and his or her death is now mediated by the doctor and the technology of medicine.<sup>60</sup>

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<sup>57</sup> Vsevolod Garshin quoted in Peter Henry, *A Hamlet of His Time, Vsevolod Garshin: The Man, His Works, and His Milieu* (Oxford, UK: Willem A. Meeuws, 1983), 186.

<sup>58</sup> Joseph Frank, *Dostoevsky: The Stir of Liberation, 1860-1865, Volume 3* (Princeton, NJ: Princeton University Press, 1986), 89.

<sup>59</sup> Andrew Deruchie, "Mahler's Farewell or The Earth's Song? Death, Orientalism and 'Der Abschied'," *Austrian Studies* 17, Words and Music (2009): 81.

<sup>60</sup> *Ibid.*

As a visual example of this kind of antiseptic alienation, Deruchie references a drawing of Austrian composer Gustav Mahler on his deathbed in May 1911. Mahler is wasting away, but the center of attention is the thermometer in the attendant physician's hand: "not only has death become alienated from the dying man but it has become utterly dehumanized as a scientific instrument holds Mahler's sad fate."<sup>61</sup> In the Yakobi painting of 1861, death has become alienating because of injustice and neglect; in the 1911 drawing, alienation is a byproduct of progress. This alienation-as-progress was present both in Western Europe and in Russia. Deruchie cites Leo Tolstoy's *The Death of Ivan Ilyich* in which the protagonist is faced with death while those around him humor him and pretend that he will recover. Ivan Ilyich 'suffered because they lied and forced him to take part in this deception'; it was a 'lie that degraded the formidable and solemn act of his death.'<sup>62</sup>

The shamefulness that came with this new understanding of illness and death played a role in developing Tsarist Russia's consumer culture. Historian Susan K. Morrissey writes that "[i]n the early twentieth century, personal health became a commodity: just as medical services (doctors, clinics, and spas) and products (patent medicines, gadgets, self-help books) became widely available, new advertising strategies for these and other products played upon both the threat of disease and the promise of health and well-being."<sup>63</sup> The tongue-in-cheek proverb from Gogol's play *Revizor (The Inspector-General)*, "If he's going to die, he dies; if he's going to get well, he gets well,"

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<sup>61</sup> Ibid., 82.

<sup>62</sup> Leo Tolstoy, *The Death of Ivan Ilyich and Master and Man*, trans. Anne Pasternak Slater (New York, NY: Random House, Inc., 2003 ), 42, quoted in *ibid.*, 80.

<sup>63</sup> Susan K. Morrissey, "The Economy of Nerves: Health, Commercial Culture, and the Self in Late Imperial Russia" 69, no. 3, (Fall 2010): 650.

was no longer applicable to Russian existence.<sup>64</sup> People could now attempt to buy their way to a healthy and vital life. “*Ne podaitye dukhom!*” (“Don’t give up!”) one advertisement urged in 1906, wear an energizing “Electo-belt.” Or, drink Van Guten brand hot cocoa to avoid a debilitating nervous breakdown.<sup>65</sup> Illness and mortality were now to be staved off, to be feared, instead of accepted as natural parts of the human life span.

Finding examples of alienation as progress in late Tsarist Russia has become a focal point for some historians. There exists general disagreement over how extensively Russia underwent a modernization process like France or Great Britain, and thus how useful post-modernist critiques are of imperial Russian power structures. Laura Engelstein argues that Michel Foucault was occupied most seriously with “identifying the ‘minor’ tyrannies brought into being by the bourgeois order that replaced the ‘major’ tyrannies [exemplified by France’s] Old Regime.” Foucault’s body of work undertakes a sustained comparison of two modes of control: 1) the “brute force” of imperial power and 2) the “covert” coercive power of “bourgeois liberal regimes” and the rule of law. Foucault argued that the rule of law—as opposed to despotism—championed by representative governments was secretly a “system of domination in its own right” that served the needs of the elite.<sup>66</sup> In the context of my research the elites of interest here are the medical and scientific fields and influential artistic community. John Locke wrote of the “public” appointing a legislature to pass laws and of a society being governed by its

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<sup>64</sup> Nikolay Vasilyevich Gogol, *The Inspector: A Comedy in Five Acts*, translated by John Lawrence Seymour and George Rampall Noyes in *Masterpieces of Russian Drama*, George Rapall Noyes, ed. (New York, NY: Dover Publications, 1961), 163.

<sup>65</sup> *Rus'*, November 1, 1906, quoted in Morrissey, “The Economy of Nerves,” 648; *Peterburgskii listok*, February 1, 1907, qtd. in *ibid.*, 648.

<sup>66</sup> Engelstein, “Combined Underdevelopment,” 338.



own consent in his *Two Treatises on Government*.<sup>67</sup> Foucault argued that such a plan of governance would be utilized by those with political and social power to their own ends.

The question is whether or not the Tsarist state ever achieved a semblance of civil society. Civil societies of the eighteenth and nineteenth centuries “abandoned public rituals of shame or retribution” in favor of “delegating the exercise of control to more insidious offices of the trained professionals”—lawyers, doctors, educators, and advertisers, for example.<sup>68</sup> Engelstein maintains that Russia and its professions never developed that far: “In the Russian empire, the Old Regime survived almost unmodified into the era in which the modern mechanisms of social control and social self-discipline derived from Western practices had already emerged.”<sup>69</sup> On the other hand, historian Elisa M. Becker disagrees, writing that her own research “represents the obverse of Engelstein’s thesis” and “demonstrates the processes by which legal, social, and institutional authority was invested in disciplinary, scientific knowledge” by imperial Russian institutions.<sup>70</sup> Neither scholar is entirely incorrect. Engelstein writes to show that “Foucault’s discursive hypothesis” does not perfectly fit the Russian example because the autocracy never submerged itself completely into various professional authorities: monarchist psychiatrists, anthropologists, and educators visibly submitted to the will of the Tsarist administration; their liberal counterparts sought to create a socio-political system similar to the ones that existed in Great Britain and France, but never had hegemony. The “ideology of the law”—as Engelstein calls it—never fully supplanted the

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<sup>67</sup> John Locke, *Two Treatises on Government* (London, England: Whitmore and Fenn, C. Brown, 1822), 302.

<sup>68</sup> Engelstein, “Combined Underdevelopment,” 339.

<sup>69</sup> *Ibid.*, 343.

<sup>70</sup> Elisa M. Becker, *Medicine, Law, and the State in Imperial Russia* (New York, NY: Central European University Press, 2011), 11.

ideology of “Orthodoxy, Autocracy, and Nationality.”<sup>71</sup> Engelstein describes imperial Russia’s professional institutions and civil society as “underdeveloped” in comparison to the West.<sup>72</sup> In those same institutions, Becker sees a particularly Russian path to social and political development, one in which some of Foucault’s analysis is applicable.<sup>73</sup> Both scholars investigate the same power structures, but with a different set of parameters. Becker creates the intellectual space necessary to discuss imperial Russian elites’ understanding of disability, illness, and mortality in terms of Foucault’s *The Birth of the Clinic*.

Late imperial Russian medicine conforms to Foucault’s description of progressive medical discourse. The hospitals of Moscow and St. Petersburg were spaces designed to suite the “medical gaze,” as recorded in photography and the work of Ilya Repin.<sup>74</sup>

Foucault writes:

The patient is the rediscovered portrait of the disease; he is the disease itself, with shadow and relief, modulations, nuances, depth; and when describing the disease the doctor must strive to restore this living density: ‘One must render the patient’s own infirmities, his own pains, his own gestures, his own posture, his own terms, and his own complaints’.<sup>75</sup>

The pathology is characterized in the patient’s features and in the physical sensations the patient feels and then describes; it is inseparable from—in other words, possesses—the patient. Foucault continues:

Doctor and patient are caught up in an ever greater proximity, bound together, the doctor by an ever-more attentive, more insistent, more penetrating gaze, the patient by all silent, irreplaceable qualities that, in

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<sup>71</sup> Engelstein, “Combined Underdevelopment,” 339.

<sup>72</sup> Ibid.

<sup>73</sup> Becker, *Medicine, Law, and the State in Imperial Russia*, 11-12

<sup>74</sup> “A lecture by N.A. Saveliev” (photograph), c. early twentieth century, *First Moscow State Medical University*, <http://www.mma.ru/upload/medialibrary/5c4/hist001.jpg>; Ilya Repin, *The Surgeon E. Pavlov in the Operating Theater*, 1888, Tretyakov Gallery, Moscow.

<sup>75</sup> Michel Foucault, *Birth of the Clinic: An Archeology of Medical Perception*, trans. by A.M. Sheridan (New York, NY: Routledge, 2003), 15

him, betray—that is reveal or conceal—the clearly ordered forms of the disease.<sup>76</sup>

The First Moscow Institute of Medicine was equipped with theaters providing tiered seating for students and physicians surrounding a central operating table.<sup>77</sup> This kind of theater is clinical by definition: The term “clinical,” itself, comes from the ancient Greek word “kline” for *bed* or *couch* and symbolizes the physician’s supremacy. Ilya Repin illustrates this supremacy in *The Surgeon E. Pavlov in the Operating Theater* (1888, Tretyakov Gallery, Moscow) (Fig. 7). As Dr. Pavlov operates on the patient with a mallet and chisel, attendants restrain the writhing patient’s arms and legs. The walls of the theater are bluish-white and the space is filled with cold natural light, accentuating the antiseptic nature of the scene.

Clinical treatment is essentially treatment that focuses closely on the patient—literally, at bedside—as an object in which disease is running its course. The theaters of Moscow’s medical schools or Pavlov’s hospital are not so different from those depicted in Western art, particularly Eakins’ *Gross Clinic* (1875) and *Agnew Clinic* (1889) (Figs. 8 and 9). A cure is only one reason for a patient’s presence at a clinic; he is there so that the class might observe whatever pathology his body exhibits and to be filed away as a case study. The theatre is the scene of

a test of knowledge that time must confirm, a test of prescriptions that will be proved right or wrong by the outcome, before the spontaneous jury of students: there is a sort of contest, before witnesses, with the disease, which has its own word to say, and which, despite the dogmatic speech used to designate it, possesses its own language. Thus the lesson given by the master may turn against him, and provide, despite his vain language, a lesson that belongs to nature itself.<sup>78</sup>

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<sup>76</sup> Ibid., 15-16

<sup>77</sup> “A lecture by N.A. Savaliev” (photograph).

<sup>78</sup> Ibid., 73.

There is a dialogue between disease and doctor. The physical spaces—Russian or American—are identical as are the objectifying mechanics of the medical gaze.

The power relations between physician and state, however, do differ between the West and Russia. Elisa M. Becker paints a complex picture of the political and professional dynamics in the Tsarist empire:

By the close of the nineteenth century, Peter I's rationalizing project came full circle. Drawing upon the partnership that Peter created, and the latest medical views of deviance, jurists and physicians found common interest in extending medical expertise more pervasively throughout state institutions in order to rationalize and transform the state system. Paradoxically, the partnership also signaled the emergence of a new social alliance to unseat the state as initiator of reform and guardian of social order.<sup>79</sup>

The paradox was exacerbated by the fact that “[t]he overwhelming majority of Russian physicians were civil servants, drawing an annual salary in the employ of various state agencies: the tsarist court, the army, the navy, and regional or municipal local government bodies[.]”<sup>80</sup> Doctors—including the likes of Vorob’ev—found themselves caught between the obligation to follow government protocol and the pursuit of “greater professional autonomy and social authority.”<sup>81</sup> The rank-and-file Russian population was the object of the government and professional apparatuses’ custodial desire. The competition between these two collections of elites centered on who was better suited to direct the people’s lives, and shape the narratives to which they should adhere. Government propaganda told citizens how to perceive their nation’s place in the world; private advertisers suggested what to buy to prolong one’s health; anthropologists

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<sup>79</sup> Becker, *Medicine, Law, and the State in Imperial Russia*, 13.

<sup>80</sup> Kremmentsov, “The Strength of a Loosely Defined Movement,” 9.

<sup>81</sup> *Ibid.*

debated who to believe the nation's genetic ancestors to be; doctors' explained how to make sense of disability, illness, and mortality.

#### IV. The Wounded as Ideological Battlefield: *Fin de Siècle* Race Science and Disabled Russian Veterans

This "social alliance" of the professions that Becker identifies was solidified by the outbreak of the Russo-Japanese War. The utter failure of the Tsarist government's conducting of the war made elites question the Tsar's viability as a leader. Russian science had been subordinated to imperial policy. The liberal anthropologists were particularly outraged by state-run science's lack of credible information about East Asia or well-rounded studies of Japanese society. In 1904, *Russkii Vrach* found itself occupying a middle ground: the journal fixates on the armed forces' centrality in Japan but acknowledges its respect of the medical profession: "[Meiji] Japan quickly realized the role and importance of the doctor in war and all the moral gravity (*nравственнuiu tiazhest*) which is coupled with the position of military doctor on the theatre of war."<sup>82</sup> *Russkii Vrach* also accentuates the availability of numerous medical journals in Japan and that nation's efficient use of cremation as a sanitary measure in its cities.<sup>83</sup>

The "East" that existed in most elite Russian minds, however, was "one imagined under the influence of ideology and superstition."<sup>84</sup> Even the unsparing chronicler of Tsarist expansion and brutality, artist Vasilij Vereshagin, reduced the Japanese to 'yellow faces' in a personal letter.<sup>85</sup> Hubris and state-subverted science put Russian

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<sup>82</sup> G. Dembo, "Meditsi v Yaponii," *Russkii Vrach* 3, no. 19 (1904): 699.

<sup>83</sup> Ibid.

<sup>84</sup> Mogilner, *Homo Imperii*, 145.

<sup>85</sup> Vasilij V. Vereschagin, "Pis'ma V. V. Vereshchagina Nikolaju Romanovu v 1904 g.," in *Krasnyi Arkhiv* 2, vol.45 (1931): 169, quoted in David Schimmelpenninck van der Oye, "Vasilij V. Vereshchagin's Canvases of Central Asian Conquest," *Cahiers d'Asie centale* 17/18 (2009): 205.

soldiers at risk in each of the last three major Tsarist conflicts—the Crimean, Japanese, and First World Wars. Disabled soldiers then had to contend with the varying attitudes society had about their wounds.

Vasily Perov's *Tea-Drinking* (1862) portrays a Russian Crimean War veteran who has been maimed and blinded by combat (Fig. 10). Perov's work opens a portal to exploring Tsarist-era attitudes to war-induced disability. The veteran is refused alms by a well-kempt priest who sips a saucer of tea. The peg-legged soldier wears medals that evidently mean nothing in the eyes of society. Here is a depiction of a disabled man that urges he be respected. Societal attitudes have left him at the mercy of strangers' charity. The painting can be analyzed in two different ways: 1) as a condemnation of society's abandonment of its obligation to charity (this reading keeps the soldier in the role of helpless victim) or 2) that society must be reformed so that disabled veterans can partake fully in the country they defended. Modern Disability Studies' focus on disability as social construction resonates in Perov's work. While the soldier's physical impairments will remain, the world he operates in need not act with hostility toward him. His disability—separate from the wounds he sustained—stems from society's rejection of him.

Imperial Russia's view of wounded soldiers is often contradictory. In the aftermath of the Russo-Japanese War, an American report to the surgeon general of the U.S. Navy calls the Russian wounded and dying "good and brave hearts."<sup>86</sup> Nonetheless, the ways these men exhibited their bravery in war was strictly enforced by Tsarist codes of masculinity and racial superiority. As a Russian warrior fighting in conflicts styled as

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<sup>86</sup> Raymond Spear, *Report on the Russian Medical and Sanitary Features of the Russo-Japanese War to the Surgeon-General, US Navy* (Washington, DC: Government Printing Office, 1906), 16, accessed at [http://iiif.lib.harvard.edu/manifests/view/drs:6019578\\$3i](http://iiif.lib.harvard.edu/manifests/view/drs:6019578$3i).

so-called clashes of civilization—against the “infidel” Turks or racially alien Japanese, for instance—a Tsarist enlisted man was supposed to be fearless, not someone weak enough to show signs of psychological degeneration. One Tsarist poster from World War I shows a mustachioed Turk in stereotypical fez fleeing a Tsarist cavalryman. If there was any doubt about its meaning, the commentary printed above this scene reads: “On Turkish cowardice and the daring of a brave young man” (*pro trusost’ Turetskuiiu da pro udal’ molodetskuiiu*) of the Tsar’s military.<sup>87</sup> The young soldier astride his charger is a picture of vigor and patriotism, impervious to the ravages of war (Fig. 11). As for Tsarist officers, they “need[ed] to be cool, calm, and composed.”<sup>88</sup> The masculine-abled and feminine-disabled schema encouraged by state and tradition was not always followed by Tsarist psychiatrists who saw “war as more abnormal than patients themselves.”<sup>89</sup>

Officers and enlisted men were susceptible to a number of war-induced mental illnesses, especially depression and what would become known as post-traumatic stress disorder. In 1910, American military doctor Captain R. L. Richards’ acknowledged that Russia’s war with Japan was the first time mental illness was ‘separately cared for by specialists from the firing line back to the home country.’<sup>90</sup> U.S. naval surgeon, and witness to the conflict, Raymond Spear concurs, writing of psychiatric specialists from Poland being brought to the front to treat psychologically wounded troops.<sup>91</sup> However, despite “their precocious and intense encounter with psychiatric patients in modern war,

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<sup>87</sup> “Pro trusost’ Turetskuiiu pro udal’ molodetskuiiu” (poster), 1914, [https://upload.wikimedia.org/wikipedia/commons/8/84/Russian\\_poster.JPG](https://upload.wikimedia.org/wikipedia/commons/8/84/Russian_poster.JPG).

<sup>88</sup> Phillips, “Gendered Dis/ability,” 336.

<sup>89</sup> Ibid. 334.

<sup>90</sup> R.L. Richards, “Mental and Nervous Diseases in the Russo-Japanese War,” *Military Surgeon*, no. 26 (1910): 177, quoted in *ibid.*

<sup>91</sup> Spear, *Report on the Russian Medical and Sanitary Features of the Russo-Japanese War*, 53

Russian physicians, like their counterparts in the West, were uncertain and divided about how to correctly diagnose the mental ‘derangement’ that sidelined recruits.”<sup>92</sup>

Furthermore, the war highlighted how the taxonomy of diagnosis is continually shifting. In 1904-05, physicians were diagnosing military patients with “dementia” and “paranoia” but also with “nostalgia.”<sup>93</sup>

Julie Beck of *The Atlantic* writes that nostalgia was “considered a psychopathological disorder—rather than a blanket term for fondness for anything that existed more than thirty minutes ago.”<sup>94</sup> Nostalgia was seen as a feminizing ailment in soldiers by nineteenth century American doctors. Historically, its symptoms could include “malnutrition, brain inflammation, fever, and cardiac arrests.”<sup>95</sup> Depressed mood also accompanied medicalized nostalgia,<sup>96</sup> but Raymond Spear found “[v]ery few cases of true melancholia in the main Russian hospital in Harbin, China at which [he] was stationed.”<sup>97</sup> Phillips writes that homesickness was also among the signs of mental illness. So, nostalgia of the *fin de siècle* included both drastic symptoms and those that are generally associated with the word today. Russian physicians were attuned to psychologically wounded soldiers’ fears and depression over losing their ability to care for their families. These doctors and their patients were able to construct identities that located disability in mechanized war and societal expectations instead of personal shortcomings.<sup>98</sup> This speaks again to the medical profession’s antipathy toward the state,

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<sup>92</sup> Phillips, “Gendered Dis/ability,” 335.

<sup>93</sup> Spear, *Report on the Russian Medical and Sanitary Features of the Russo-Japanese War*, 54.

<sup>94</sup> Julie Beck, “When Nostalgia was a Disease,” *The Atlantic*, August 14, 2013, <http://www.theatlantic.com/health/archive/2013/08/when-nostalgia-was-a-disease/278648/>.

<sup>95</sup> *Ibid.*

<sup>96</sup> *Ibid.*

<sup>97</sup> Spear, *Report on the Russian Medical and Sanitary Features of the Russo-Japanese War*, 53-54.

<sup>98</sup> Phillips, “Gendered Dis/ability,” 343.



and the state's perceived culpability in creating environments—ill-planned wars—in which soldiers were at extreme risk.

## V. Conclusion

A study of artistic and scientific development in Tsarist Russia sheds valuable light on perceptions of disability. Situated in the arts and sciences was a struggle to define what was “degenerative” and what was worthy of dignity. Ilya Repin's output contributed to this struggle of definition in multiple works not only in the ubiquitous *Religious Procession in Kursk*. His work at times reinforces stereotypes of disabled helplessness (*Saint Nicholas of Myra*) and at others criticizes autocratic power structures (*The Spurning of Confession*). Furthermore, his realistic renderings of the human body lend themselves to a juxtaposition with anthropological and eugenicist texts of his era. Repin's inconsistent portrayal of society's outcasts acts as a barometer, tracking the shifts in elite opinion of the disabled and ill, as well as on the politically disenfranchised.

The paintings of Yakobi and Perov show what roiled and pricked the conscience nineteenth century Tsarist Russia—the dehumanization of mortality under a despotic regime and the reduction of disabled veterans to poverty. Yakobi's *Prisoners Halt* depicts the Tsarist regime's wrenching of death from of its natural context, a dislocation distinct from the medical kind that would develop as the century wore on. Perov's work, particularly *Tea Drinking in Mytishchi*, has been noted by historians like Richard Stites as an indictment “of ecclesiastical unconcern for the poor.”<sup>99</sup> The painting is not only an indictment of class injustice and clerical apathy, it is a window into Russian disability history. The importance of the veteran's disability to the power of the work has escaped

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<sup>99</sup> Richard Stites, *Serfdom, Society, and the Arts in Imperial Russia: The Pleasure and the Power* (New Haven, CT: Yale University Press, 2008), 416

scholars' attention until recently. Disability history is gradually taking its place with the study of church reform and social class in the Russian context. Art historian Rosalind P. Gray recognizes the soldier as "blind" and "disabled."<sup>100</sup> However, she chooses to contrast the tea-sipping priest's "shiny boot" with the beggar boy's "bare feet," while making no mention of the veteran's prosthesis.<sup>101</sup> More has yet to be done in exploring—nay, recognizing—Russian artists' attention to physical disability and its social ramifications.

Viktor Vladimirovich Vorob'ev contributions to anthropology and psychiatry intersect with the art of Russia's realist painters. Like the *Peredvizhniki*, Russian doctors of the *fin de siècle* were on a civilizing mission to the countryside.<sup>102</sup> The artists painted village scenes while the doctors measured peasants' craniums. Marina Mogilner raises Vorob'ev to his rightful place as a leading progressive scientist in *Homo Imperii*. The periodical *Russkii Vrach* confirms the doctor's prominence, detailing his disagreement with Lombroso-style eugenics. *Russkii Vrach* proves indispensable for its reflection of the medical profession's rupture with the Tsarist government. The periodical shows that Russian doctors were highly aware of medical developments in other parts of the world, especially Japan.

The government, on the other hand, was committed to chauvinistic race science and aggressive foreign policy that led to political and military disaster in the Russo-Japanese War, not to mention widespread disability among its soldiers. In the wake of

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<sup>100</sup> Rosalind P. Gray, *Russian Genre Painting in the Nineteenth Century* (New York, NY: Oxford University Press, 2000), 163.

<sup>101</sup> Ibid.

<sup>102</sup> Angela Brintlinger, "Writing About Madness: Russian Attitudes to Psyche and Psychiatrists, 1887-1907," in *Madness and the Mad in Russian Culture*, edited by Angela Brintlinger and Ilya Vinitsky (Toronto, Ontario: University of Toronto Press, 2011), 182.

such negative outcomes, medical doctors sought more professional independence, to enact the “‘minor’ tyrannies”<sup>103</sup> of rational and measured control over patients and public health. The artists and scientists of Russia’s *fin de siècle* diagnosed the empire’s social dysfunction through their models and patients, objectifying them in the name of progress. The sources that elites left behind—from paintings to periodicals—reveal both their success and failure in maintaining respect for the people they sought to depict, heal, or reform.

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<sup>103</sup> Engelstein, “Combined Underdevelopment,” 338.



Fig. 1. Ilya Repin, *Krestny Khod (Religious Procession) in Kursk Gubernia*, 1880-83, Tretyakov Gallery, Moscow, <http://www.theathenaeum.org/art/full.php?ID=30419>.

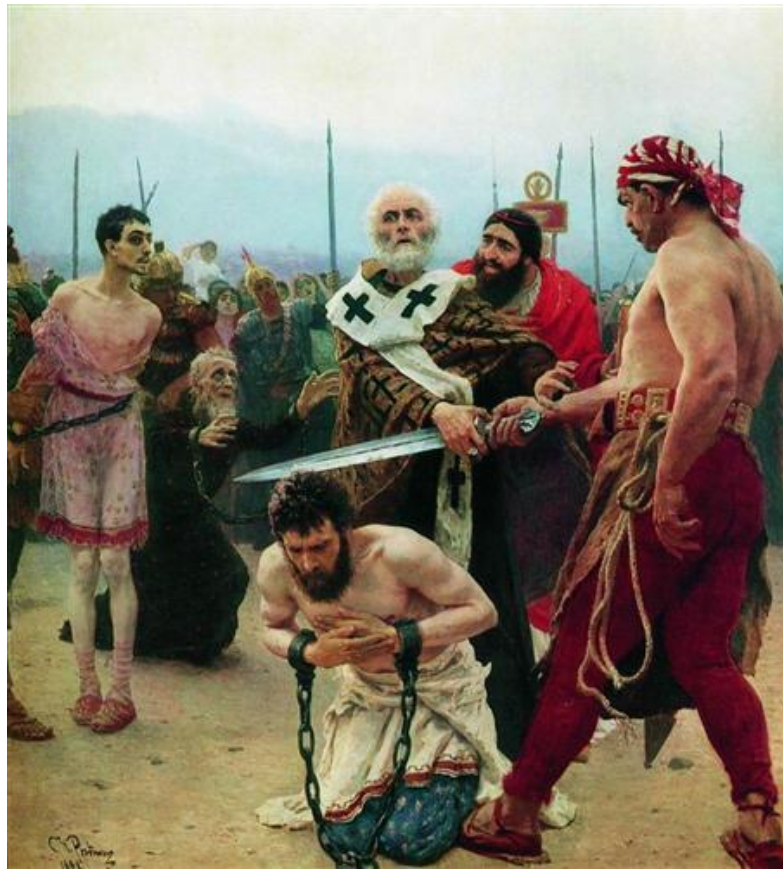


Fig. 2. Ilya Repin, *St. Nicholas Saves Three Innocents from Death*, 1888, Russian Museum, St. Petersburg, Russia, <http://www.wikiart.org/en/ilya-repin/st-nicholas-saves-three-innocents-from-death-1888>.



Fig. 3. Mathias Grünewald, *St. Cyriacus*, ca. 1509-10, Städel Museum, Frankfurt am Main, [https://upload.wikimedia.org/wikipedia/commons/f/fd/Mathias\\_Gothart\\_Nithart\\_called\\_Gr%C3%BCnewald\\_-\\_St.\\_Lawrence%2C\\_St.\\_Cyriacus\\_-\\_Google\\_Art\\_Project.jpg](https://upload.wikimedia.org/wikipedia/commons/f/fd/Mathias_Gothart_Nithart_called_Gr%C3%BCnewald_-_St._Lawrence%2C_St._Cyriacus_-_Google_Art_Project.jpg)

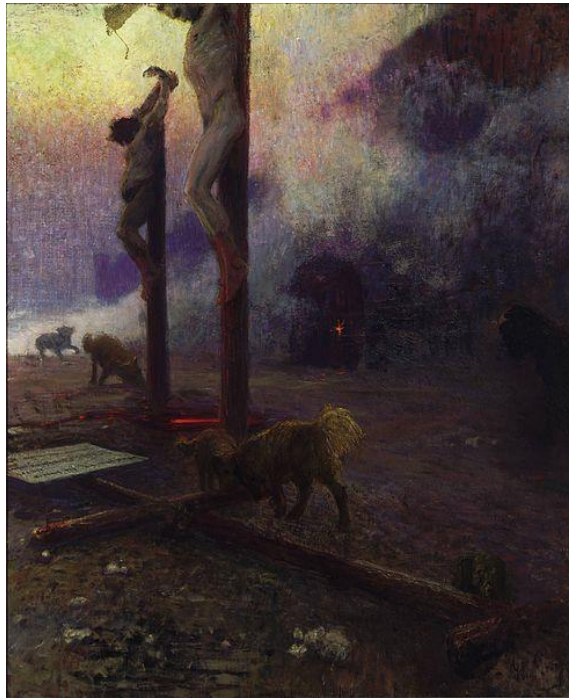


Fig. 4. Ilya Repin, *Golgotha*, 1922, Princeton Museum of Art, [https://commons.wikimedia.org/wiki/File:Golgotha\\_by\\_Repin.jpg](https://commons.wikimedia.org/wiki/File:Golgotha_by_Repin.jpg).



Fig. 5. Ilya Repin, *Spurning Confession (Otkaz ot Ispovedi)*, also known as *Before Confession (Pered Ispoved'yu)*, 1879-85, Tretyakov Gallery, Moscow, <http://www.wikiart.org/ru/ilya-repin/refusal-of-the-confession-1885>.



Fig. 6. Valeriy Yakobi, *Prisoners Halt (Preval Arestant)*, 1861, [https://en.wikipedia.org/wiki/Valery\\_Yacobi#/media/File:YakobiVI\\_PrivalArestantGTG.jpg](https://en.wikipedia.org/wiki/Valery_Yacobi#/media/File:YakobiVI_PrivalArestantGTG.jpg).



Fig. 7. Ilya Repin, *The Surgeon E. Pavlov in the Operating Theater*, 1888, Tretyakov Gallery, Moscow, <http://www.wikiart.org/en/ilya-repin/the-surgeon-e-pavlov-in-the-operating-theater-1888>.

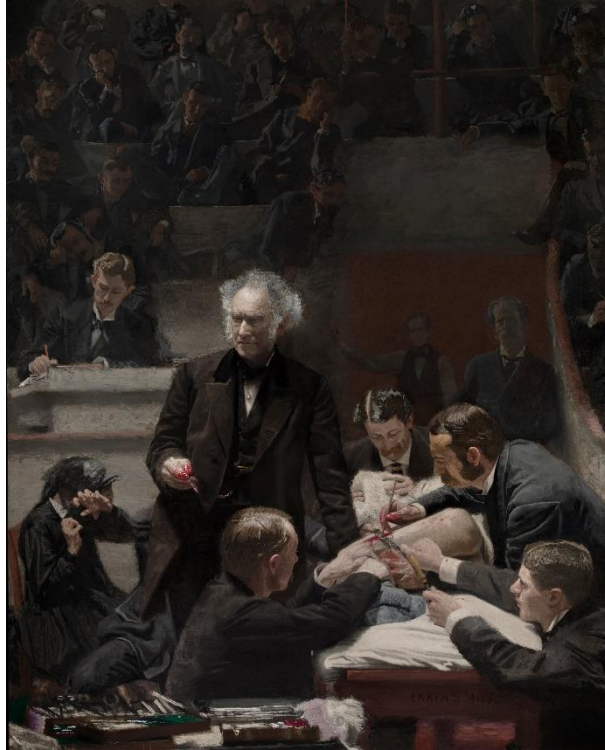


Fig. 8. Thomas Eakins, *The Gross Clinic*, 1875, Philadelphia Museum of Art, [https://upload.wikimedia.org/wikipedia/commons/4/41/Thomas\\_Eakins%2C\\_American\\_Portrait\\_of\\_Dr.\\_Samuel\\_D.\\_Gross\\_%28The\\_Gross\\_Clinic%29\\_-\\_Google\\_Art\\_Project.jpg](https://upload.wikimedia.org/wikipedia/commons/4/41/Thomas_Eakins%2C_American_Portrait_of_Dr._Samuel_D._Gross_%28The_Gross_Clinic%29_-_Google_Art_Project.jpg).

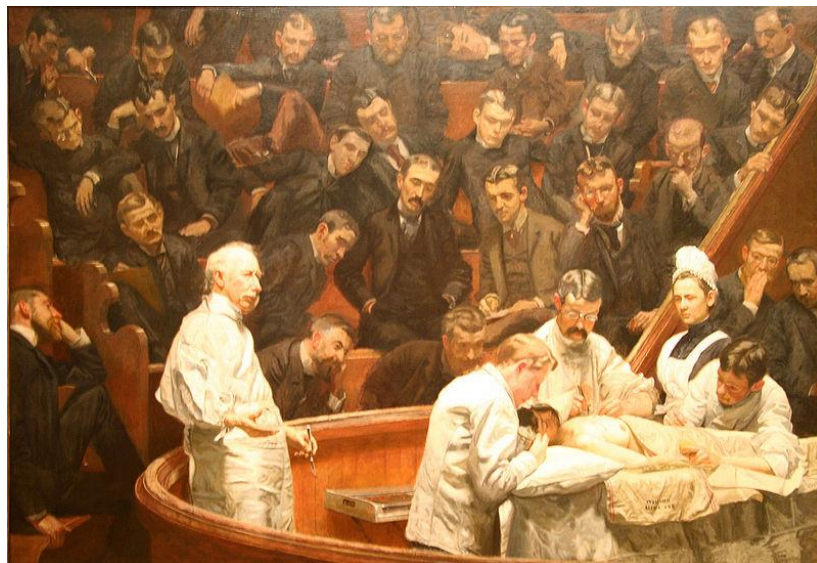


Fig. 9. Thomas Eakins, *The Agnew Clinic*, 1889, Philadelphia Museum of Art, [https://en.wikipedia.org/wiki/File:Thomas\\_Eakins,\\_The\\_Agnew\\_Clinic\\_1889.jpg](https://en.wikipedia.org/wiki/File:Thomas_Eakins,_The_Agnew_Clinic_1889.jpg).





Fig. 10. Vasily Perov, *Tea-Drinking in Mytishchi*, 1862, Tretyakov Gallery, Moscow, [https://upload.wikimedia.org/wikipedia/commons/b/b9/чаепитие\\_в\\_мытищах%2C\\_близ\\_москвы.jpeg](https://upload.wikimedia.org/wikipedia/commons/b/b9/чаепитие_в_мытищах%2C_близ_москвы.jpeg).



Fig. 11. “Pro Trusost’ Turetskuiu Da Pro Udal’ Molodetskuiu,” 1914, [https://upload.wikimedia.org/wikipedia/commons/8/84/Russian\\_poster](https://upload.wikimedia.org/wikipedia/commons/8/84/Russian_poster).

## Chapter Four

### Moscow Vice: Vodka, Tobacco, and Institutional Reform in Tsarist Medicine

#### I. Introduction

In Tsarist Russia, the roles of medical doctor and police officer often overlapped in regard to a diverse range of issues including mental health and prostitution. Disease—from psychiatric to venereal—was a state concern and threatened law and order.<sup>1</sup> This overlapping of roles caused no small amount of rancor between the medical profession and the imperial bureaucracy. However, reform in medical care can be charted in the literary sources created by Russian physician-writers. Specifically, Anton Chekhov’s “Ward No. 6” (1892) and Mikhail Bulgakov’s *A Country Doctor’s Notebook* (1924-27) represent a shift in the attitude and training of medical personnel that took place between the early 1890s and the 1910s, from abusive ignorance to practical concern. The medical personnel in question here are orderlies and physician’s assistants, rather than medical doctors themselves. Namely, Chekhov’s asylum guard Nikita and Bulgakov’s *feld’sher* (medical assistant) Demyan Lukich are juxtaposed for the purpose of exploring this transition.

Furthermore, Chekhov and Bulgakov’s clinical writing style provides an effective segue into the language of case studies. Later in this chapter, I will analyze a psychiatric case study from the periodical *Russkii Vrach* (1904) to shed light on medical attitudes to disability and mental illness as they existed in the Tsarist empire. This case study, like the literary source material, provides an entry point into exploring the conflict between the Tsarist state and the medical profession. Additionally, the *Russkii Vrach* case discusses

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<sup>1</sup> See Frances Bernstein, *Prostitutes and Proletarians: The Soviet Labor Clinic as Revolutionary Laboratory* in *The Human Tradition in Modern Russia* edited by William B. Husband (Wilmington, DE: Scholarly Resource Inc., 2000), 113-128.

alcohol and tobacco consumption in Tsarist Russia. This discussion creates a useful framework to analyze vodka and tobacco as profitable economic products and complex metaphors for societal and bodily health. *Russkii Vrach* also comments on the intersection of class, gender, and the disorder *Pica*, or the urge to eat items typically not considered food (sand, for instance).<sup>2</sup> *Pica* is associated with obsessive-compulsive disorder by some physicians in the twenty-first century; according to *Russkii Vrach*, the same association was made among some progressive doctors in imperial Russia.<sup>3</sup> I will locate this case's patient in the turn of the century medical discourse described in *Madness and the Mad in Russian Culture* edited by Angela Brintlinger and Ilya Vinitzky. The patient's mental health record acts as a cypher for the medical and social debates and developments that took place in late imperial Russia.

## II. Chekhov and Bulgakov: Literary Practitioners and Chroniclers of Medical Reform

In 1904, Russian psychiatrist Piotr P. Tutyshkin admitted that imperial medical care was lacking: 'the quality...of the personnel, particularly the lower personnel, [in] our institutions is much worse than [in] those of Western Europe, especially in terms of the literacy of the caretakers, the degree of their culture, and their special training for the care

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<sup>2</sup> Faith Brynie, "A Little Known Eating Disorder is on the Rise," *Psychology Today*, September 12, 2011, <https://www.psychologytoday.com/blog/brain-sense/201109/little-known-eating-disorder-is-the-rise>; "Iz Obschestva Neiropatolov i Psikhiatrov pri Moskovskom Universitet," *Russkii Vrach*, no. 9 (1904): 339.

<sup>3</sup> Ibid.

of the mentally ill.<sup>4</sup> Anton Chekhov depicts a blatant example of this deficiency in his short story “Ward No. 6.” On the first page, he introduces the character Nikita, a guard who assists the doctor at the titular asylum. The guard, however, styles himself as a petty dictator. Chekhov describes him with startling frankness:

The porter, Nikita, an old soldier wearing rusty good-conduct stripes, is always lying on the litter with a pipe between his teeth. He has a grim, surly, battered-looking face, overhanging eyebrows which give him the expression of a sheep-dog of the steppes, and a red nose; he is short and looks thin and scraggy, but he is of imposing deportment and his fists are vigorous. He belongs to the class of simple-hearted, practical, and dull-witted people, prompt in carrying out orders, who like discipline better than anything in the world, and so are convinced that it is their duty to beat people. He showers blows on the face, on the chest, on the back, on whatever comes first, and is convinced that there would be no order in the place if he did not.<sup>5</sup>

Nikita not only beats the inmates, but robs them, “angrily turning [a patient’s] pockets out[.]”<sup>6</sup> Such conduct was not atypical of hospital employees in late imperial Russia. According to scholar Angela Brintlinger, 9 of 68 orderlies were fired for such behavior—beating patients, stealing, rudeness, and poor job performance—at the asylum in Tula during the year 1898.<sup>7</sup>

The turn-of-the-century found Russian medical elites attempting to improve the quality of hospital staff. Sanitation boards offered remedial coursework (*povtoritelnykh kursov*) and professional development opportunities for medical assistants, known as

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<sup>4</sup> P.P. Tutyshkin ‘Psikhiatricheskie zavedeniia zapadnoi Evropy,’ *Vrachebnaia khronika Khar’kovskoi gubernii*, no. 14 (1904), reviewed in *Meditinskoe obozrenie* 62 (1904): 274-6, 275, quoted in Angela Brintlinger, “Writing about Madness: Russian Attitudes toward Psyche and Psychiatry, 1887-1907,” in *Madness and the Mad in Russian Culture*, edited by Angela Brintlinger and Ilya Vinitzky (Toronto, Ontario: University of Toronto Press, 2007), 178.

<sup>5</sup> Anton Chekhov, “Ward No. 6,” translated by Constance Garnet (New York, NY: McMillan, 1921), <http://www.eldritchpress.org/ac/w6-01.html>; Julie V. Brown also cites part of this passage as an indictment of Russian hospital personnel in “Peasant Survival Strategies in Late Imperial Russia: The Social Uses of the Mental Hospital,” *Social Problems* 34, no.4 (1987): 320.

<sup>6</sup> Chekhov, “Ward No. 6,” <http://www.eldritchpress.org/ac/w6-01.html>.

<sup>7</sup> Brintlinger, “Writing About Madness,” 178.

*feld'shers*. The word itself is borrowed from German—*feldscher*, literary “field shearer,” referring originally to “medieval military barber-surgeons who worked as army field surgeons.”<sup>8</sup> *Russkii Vrach* reported in 1904 that a delegation of *feld'shers* had recently attended Voronezh’s provincial congress of physicians.<sup>9</sup> Such congresses were convened through the local *zemstvo* (elected civic council) in which medical doctors played an integral, if contentious, role. Doctors’ ambition in the provinces grew so pervasive that it fueled suspicion among other rural elites that doctors were attempting to reform society unilaterally. Tensions rose so high in the 1870s and ‘80s, that *zemstys*’ often defunded physicians’ congresses.<sup>10</sup> Julie V. Brown outlines psychiatrists’ frustration at the *zemstys*’ attempts to limit their power, exhaust them through “enormous patient loads,” and relegate their work to derelict facilities: “In short, *zemstys* eagerly sought out psychiatric physicians as employees, but usually proved unwilling to delegate any real authority to them.”<sup>11</sup> In the face of this power struggle, well-trained *feld'shers* were necessary not only medically but politically as well.

Author-physician Mikhail Bulgakov practiced as a *zemstvo* doctor in the last years of Tsarist rule. The country hospital to which he was assigned was in Smolensk province, “one of the northwestern regions of European Russia, and to judge by his description of the facilities and equipment available to him, the medical services of this

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<sup>8</sup> Nina Multak, “An Update on Feldsher Training and Practice in the Ukraine,” *The Journal of Physician Assistant Education* 21, no. 3 (2010): 44-45.

<sup>9</sup> “Khronika i Melkiia Izvestiia,” *Russkii Vrach*, no.15 (1904), 556.

<sup>10</sup> Samuel C. Ramer, “The *Zemstvo* and Public Health,” in *The Zemstvo in Russia: An Experiment in Local Self-Government* edited by Terence Emmons and Wayne S. Vucinich (New York, NY: Cambridge University Press, 1982), 287-88.

<sup>11</sup> Julie V. Brown, “Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13.” *Russian Review* 46, no. 3 (July 1987): 285.

*Zemstvo* were among the best.”<sup>12</sup> His fictional *Doctor’s Notebook* is based on these early career experiences. Bulgakov’s portrayal of *feld’sher* Demyan Lukich aligns itself with the reforms made in Russian medical practice. Demyan is the opposite of Nikita found “Ward No. 6.” When the freshly-minted doctor-narrator has a crisis—which is often—Demyan is nearby. When the *feld’sher* and two midwives first take the physician on a tour of the hospital, the new arrival “is left in no doubt whatever that it was generously equipped.” But the twenty-four-year old physician is also struck by his own inexperience: “With equal certainty I was forced to admit (inwardly, of course) that I had no idea what very many of these shiny, unsullied instruments were for. Not only had I never held them in my hands, but to tell the truth I had never even seen them.”<sup>13</sup> When the physician attends to a young girl who has fallen into a flax brake and must have her shattered leg amputated, the *feld’sher* is the first to act decisively.<sup>14</sup> The *feld’sher* is “very capable”; he, the doctor, and the midwives work together professionally while forging meaningful social bonds in the isolation of the countryside (i.e, they share sardines and diluted alcohol on the doctor’s birthday).<sup>15</sup>

However, like Nikita, the *feld’sher* has little faith in patients—in this hospital, exclusively peasants—and their ability to reason. When an old woman arrives at the hospital, but only after waiting five whole days, with a granddaughter who is suffering from diphtheria, the *feld’sher* “twitches his mustache” and exclaims: “That’s what they’re

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<sup>12</sup> Michael Glenny, introduction to *A Country Doctor’s Notebook*, trans. Michael Glenny (Brooklyn, NY: Melville House Publishing, 2013), x.

<sup>13</sup> Mikhail Bulgakov, “The Embroidered Towel,” in *A Country Doctor’s Notebook*, trans. Michael Glenny (Brooklyn, NY: Melville House Publishers, 2013), 7.

<sup>14</sup> *Ibid.*, 13

<sup>15</sup> Mikhail Bulgakov, “The Steel Windpipe,” in *A Country Doctor’s Notebook*, trans. Michael Glenny (Brooklyn, NY: Melville House Publishers, 2013), 22, 33.

like. These people!”<sup>16</sup> He also realizes—unlike the gullible doctor—that a peasant is lying when she claims to have consumed an entire bottle of belladonna drops in a single day and asks for a refill. Derived from the herb of the same name, tinctures of belladonna were used at this time as sedatives and painkillers (particularly for neuralgia). If the peasant woman had really ingested the whole bottle, she would have poisoned herself; her symptoms would have included “dryness of the throat, difficulty swallowing, dilation of the pupils, flushed face especially over the cheekbones, hot and dry skin, quickening respiration, and rapid pulse.”<sup>17</sup> The doctor is aghast and puzzled—the patient appears to be in fine health. The *feld’sher*, on the other hand, deduces that the “clever actress” has shared the drug with the other villagers.<sup>18</sup>

Demyan sees the peasantry as superstitious, conniving, or simply benighted. But, unlike Nikita, he interacts ethically with them and performs his duties well, administering chloroform, pumping a stomach, or suturing a tracheotomy. He is an asset to the doctor, a guide whose trust the doctor must gradually earn.<sup>19</sup> This ideal *feld’sher* is not a misguided liability like the guard Nikita. Demyan facilitates the doctor’s personal and professional growth. Russian doctors’ role in the *fin de siècle* was ‘not limited to being healers of disease and guardians of health. Having received both a specialized and general education at state institutions of higher learning, they themselves are spreaders of

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<sup>16</sup> Ibid., 24.

<sup>17</sup> D. Chas. O’Connor, *How to Pass the Board: A Text Book for Preparing Students to Pass the Examinations of Any State Board of Pharmacy* (Boston, MA: The Spatula Publishing Company, 1920), 324.

<sup>18</sup> Mikhail Bulgakov, “Black As Egypt’s Night,” in *A Country Doctor’s Notebook*, trans. Michael Glenny (Brooklyn, NY: Melville House Publishers, 2013), 36.

<sup>19</sup> For examples, see “The Embroidered Towel,” “The Steel Windpipe,” and “Black as Egypt’s Night” from Mikhail Bulgakov, *A Country Doctor’s Notebook*, trans. Michael Glenny (Brooklyn, NY: Melville House Publishing, 2013).

enlightenment in many corners of our enormous fatherland[.]’<sup>20</sup> Skilled *feld’shers* and midwives in rural practices were vital to maintaining progressive medicine’s self-image. Progressive medicine in late Tsarist Russia put a premium on the “[h]umane treatment” of patients; nonetheless, “[h]umane treatment, a concept that goes back to Pinel, for Russian doctors meant that patients were individuals, but doctors were the heroes of the narrative.”<sup>21</sup> As one of Bulgakov’s physician-narrators recalls after being transferred from the Russian wilderness to the nearest town:

One month flew by, then another, and a third. 1917 receded and February 1918 began. I got used to my new life and gradually began to forget my far-off practice. The hissing, green-shaded kerosene lamp, the loneliness and the snowdrifts became just a blurred memory. Ungrateful as I am, I forgot about my front-line post, where alone and without the least support I had relied on my own resources to fight disease and extricate myself from the most hair-raising situations, like a Fenimore Cooper hero.<sup>22</sup>

This Russian “Pathfinder,” in his comic hubris, however, has already forgotten about the staff of *feld’shers* and midwives who remain at the medical outpost. The rural hospital is transformed from a metaphor of decay in Chekhov to one of stubborn progress (if self-deprecatingly so) in Bulgakov’s sketches.

As physicians who were also great writers, Chekhov and Bulgakov were privy to a subtle and well-rounded view of medical practice in Russia. Both described the mundane existence of rural general practitioners and the disorienting world of madmen and drug addicts. Bulgakov’s piece “Morphine”—also among the *Country Doctor* stories—is particularly morbid and impressive as it chronicles the addiction and suicide of a provincial doctor step by step. Despite its occasionally case-like nature, the

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<sup>20</sup> Nikolai Bazhenov, *Psikhiatricheskie besedy na literaturnyia i obshchestvennyia temy* (Moscow, 1903), 1, quoted in Brintlinger, “Writing About Madness,” 182.

<sup>21</sup> Brintlinger, “Writing About Madness,” 183.

<sup>22</sup> Bulgakov, “Morphine,” in *A Country Doctor’s Notebook*, trans. Michael Glenly (Brooklyn, NY: Melville House Publishing, 2013), 120.



protagonist's growing addiction—and impending death—is paralleled with news of the October Revolution. “Rumors of great events. It seems that Nicholas II has been deposed,” the morphine-addled doctor writes in his journal. Ruminations on “[a] revolution going on ‘up there’” are intermingled with drug-induced remembrances: “Never before have I had such dreams at dawn. They are double dreams. The main one, I would say, is made out of glass. It is transparent.”<sup>23</sup> The empire and the story's protagonist are literally and metaphorically in their death throes. When the protagonist finally attempts to kill himself, a colleague tries to mount a life-saving—but inevitably futile—operation. The doctor has now become the patient and he is described in precise detail:

Suddenly Polyakov's [the morphine addict's] mouth twisted into a feeble grimace, like a sleepy person trying to blow a fly off his nose, and then his lower jaw began to move as though he was choking on a lump of food and was trying to swallow it. Anyone who has seen a fatal gunshot wound will be familiar with this movement.<sup>24</sup>

The last line encapsulates the blurring of fictional tale and clinical description; it is reminiscent of a medical school lecture, as it pairs highly specific symptoms—a collection of movements, sounds and grimaces—with its corresponding cause. In short, it is a taxonomy of suicide. The sentence's tone brings to mind Foucault's discussion of Phillippe Pinel in *The Birth of The Clinic*. Foucault quotes one of the 18<sup>th</sup> century French doctor's acolytes here: “[Pinel] did not limit himself to classifying objects: materializing in some sense a science hitherto overly metaphysical, he tried to localize, if one may be

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<sup>23</sup> Ibid., 136.

<sup>24</sup> Ibid., 129.

allowed to say so, each disease, or to attribute to it a special seat[.]’<sup>25</sup> In other words, Pinel’s theorizing posited that “the causal and temporal chain to be established did not proceed from the lesion to the disease, but from the disease to the lesion.”<sup>26</sup> Bulgakov applies this reasoning to the assessment of a gunshot wound; his words embody the “medical gaze” by swiftly assigning meaning to the movements of the dying man’s body.

Chekhov applied similar techniques in his fiction, baldly calling one of his pieces ‘a medical story, *historia morbi*.’<sup>27</sup> He and Bulgakov straddled two different worlds:

[T]he Russian scientific term for mental illness is *dushevnaia bolezn’*, illness of the soul or psyche. Since writers had for years been plumbing the depths of the enigmatic *rusaskaia dusha*, the Russian soul, psychiatrists found themselves exploring the very same territory as their literary countrymen.<sup>28</sup>

Anton Chekhov and Mikhail Bulgakov, as literary and medical minds, had the opportunity to traverse that territory with two separate compasses. In the process, they joined the sensibilities of the case study with those of the short story.

### III. “The Case of the Irresistible Desire to Ingress Unusual Substances”:<sup>29</sup>

#### Obsession, Addiction, and Social Fears in the *Fin de Siècle*

The case study found in *Russkii Vrach* deals directly with obsessive behavior. Not so different from its literary cousins discussed above, it seeks to construct a story around a troubling patient. This specific case revolves around a sixty year old peasant man

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<sup>25</sup> Richarand, *Histoire de la chirurgie* (Paris, 1825, p. 250), quoted in Michel Foucault, *Birth of the Clinic: An Archeology of Medical Perception*, trans. A.M. Sheridan (New York, NY: Routledge Press, 2003), 225.

<sup>26</sup> Ibid.

<sup>27</sup> Chekhov, *PPS: Letters* 5:262, referring to “The Black Monk,” quoted in Margarita Odesskaya, “‘Let Them Go Crazy’: Madness in the Works of Chekhov,” in *Madness and the Mad in Russian Culture*, edited by Angela Brintlinger and Ilya Vinitsky (Toronto, Ontario: University of Toronto Press, 2007), 199.

<sup>28</sup> Brintlinger, “Writing About Madness,” 186.

<sup>29</sup> Literal translation of “Sluchai nepreodolimoy vlecheniia k popadaniiu neobychnykh veshchestv,” the title of the case study found in “Iz Obschestva Neiropatolov i Psikiatrov pri Moskovskom Universitet,” *Russkii Vrach*, no. 9 (1904): 339.

(*krestianin*) who for the past seven years had “an irresistible urge to consume” one to three handfuls of yellow sand daily, a behavior common in the eating disorder *pica* (after the Latin for “magpie,” a bird known for its indiscriminate diet).<sup>30</sup> At times this urge was ferocious. At others, the man would “for several days forget about the sand” altogether.<sup>31</sup> The patient was under observation for three months at Moscow’s *Tsentralnie Priemniy Politseiskiy Pokoi* (literally, The Central Receiving Police Clinic, or more commonly the Central Clinic for Mentally Ill<sup>32</sup>), one of the city’s major psychiatric hospitals. He was admitted there “in a state of alcoholic confusion” in 1903. According to F.F. Chernetskiy, the physician presenting the case in *Russkii Vrach*, the patient had abused alcohol since he was a boy.<sup>33</sup> This would have been typical for many young Russian males growing up as peasants. There were myriad socially acceptable chances for rural youths to drink. One of these opportunities was *pomoch* (from *pomogat*, “to help”). Historian Patricia Herlihy writes:

*Pomoch*, or help with particularly urgent or heavy labors, might be required at any time of the year—for plowing in the spring, harvesting in late summer, mowing hay in autumn, or digging potatoes, milling grain, and cutting and carting wood in winter, or rebuilding a burned cabin at any time—but it most frequently sought during harvest and was all the more demanding because the season was short.<sup>34</sup>

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<sup>30</sup>“Iz Obschestva Neiropatolov i Psikhiatrov,” 339; Brynie, “A Little Known Eating Disorder is on the Rise,” <https://www.psychologytoday.com/blog/brain-sense/201109/little-known-eating-disorder-is-the-rise>.

<sup>31</sup> “Iz Obschestva Neiropatolov i Psikhiatrov,” 339.

<sup>32</sup> Josef M. Feigenberg, *Nikolai Bernstein – From Reflex to the Model of the Future* (Zurich, Austria: Lit Verlag, 2014), 16-17.

<sup>33</sup> “Iz Obschestva Neiropatolov i Psikhiatrov,” 339.

<sup>34</sup> Patricia Herlihy, *Alcoholic Empire: Vodka and Politics in Late Imperial Russia* (New York, NY: Oxford University Press, 2002), 70.

These events were useful pretexts to consume prodigious amounts of alcohol. One farmer, I. Lopatin, admitted openly that ‘the village youth loved *pomoch*’ but it was also the occasion by which many young men were introduced to heavy drinking.<sup>35</sup>

The patient described by Dr. Charnetskiy fits the demographic that would have participated in such activities. However, the patient—in contradiction to peasant norms—acknowledges vodka as a vice, “an indulgence and bad habit, unhealthy[.]” He feels the same way about tobacco, although he does not abstain from either substance. The patient is what the temperance-advocating *National Advocate* calls “vodka-mad.”<sup>36</sup> A 1913 article in this American gazette describes “Russia’s national drink” as “strong, fiery, and always swallowed neat.”<sup>37</sup> It describes the imperial liquor monopoly in lurid and flippant terms and compares Tsar Nicholas II to the fictional bartender Mr. Dooley created by Chicago journalist Finley Peter Dunne in the 1890s.<sup>38</sup> Dunne wrote his Mr. Dooley-narrated pieces in a thick Irish brogue and remarked satirically on hot-button issues of the day from the American conquest of the Philippines to temperance.<sup>39</sup> Mr. Dooley comments on his patrons:

Havin' long assocyated with th' dhrinkin' classes, I think less iv thim more an' more ivry year. Th' dhrink makes thim too fond iv thimsilves. As me frind Mulrooney th' printer says, th' dhrink knocks th' dot off their little i an' they think they're upper case.<sup>40</sup>

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<sup>35</sup> Herlihy, “Joy of the Rus’: Rites and Rituals of Russian Drinking,” *The Russian Review* 50, no. 2 (April, 1991): 139, quoted in Bryce David Andreasen, “Stuck in the Bottle: Vodka in Russia 1863-1925,” *Lethbridge Undergraduate Research Journal* 1, no. 1 (2006), accessed at <https://lurj.org/issues/volume-1-number-1/vodka>.

<sup>36</sup> “Vodka—What State Control Means,” *The National Advocate*, February, 1913, 28.

<sup>37</sup> *Ibid.*

<sup>38</sup> *Ibid.*; see Charles Fanning, *Finley Peter Dunne and Mr. Dooley: The Chicago Years* (Lexington, KY: The University Press of Kentucky, 1978).

<sup>39</sup> See F.P. Dunne, *Mr. Dooley in Peace and in War* (Boston, MA: Small, Maynard & Company, 1898).

<sup>40</sup> F.P. Dunne, “Mr. Dooley on the Temperance Wave,” *American Magazine* 65 (April 1908): 599-604, accessed at <https://prohibition.osu.edu/dunne>.

Mr. Dooley is second only to the Tsar “in the throat irritation business[,]” according to *The National Advocate*. The article calls Nicholas “not only the man of highest rank in the lucrative trade but [the] own[er of] a larger number of wine stores and spirit saloons than any other individual in the universe.”<sup>41</sup> His alcohol-purchasing subjects are labeled “dutiful soakers.”<sup>42</sup> Unlike Mr. Dooley who believes drink makes people act above their station, *The National Advocate* argues that the Tsar’s goal is to keep the population docile: it points out, for instance, that “a fuddled, vodka-soaked brain does not worry about reforms.”<sup>43</sup> The unnamed correspondent goes on to relate sensational statistics: “Men in touch with the working and peasant classes are horrified at the heavy list of drinking victims. Eighty per cent. of the town population has become confirmed drink fiends before they are twenty-five years old, while 45 per cent. of the girls between seven and twelve fall into the vodka habit.”<sup>44</sup>

Admittedly, alcoholism was a major problem in imperial Russia, but *The National Advocate* overestimates the Empire’s ability to cash in on the monopoly or restrict bootleggers. The newspaper rails: “None are allowed to compete with him, under the pain of heavy fines, and even, on occasion, imprisonment. The poorest subject who doles the spirit out of a bottle for money pays £40 to the Czar, so jealous is he of his monopoly.”<sup>45</sup> According to Herlihy, a study from 1913—the year of *The National Advocate*’s diatribe—surmised that in Penza Province, “bootlegging accounted for at least half of all liquor sales in the countryside. Or, as one respondent to a questionnaire put it, ‘Where in

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<sup>41</sup> “Vodka—What State Control Means,” 28.

<sup>42</sup> *Ibid.*

<sup>43</sup> *Ibid.*

<sup>44</sup> *Ibid.*

<sup>45</sup> *Ibid.*

the township (*volost*) there are three liquor stores, there will be 3,000 bootleggers.”<sup>46</sup> Furthermore, the Tsarist authorities were sensitive to accusations from home and abroad that they were poisoning their citizenry. The imperial regime paid lip service to its critics “by representing itself as a leader in temperance activity by creating a bureaucratic organization called the Guardianship of Sobriety to educate the public on the evils of drink and to distract them with public entertainment.”<sup>47</sup> Russian business elites also sought to portray themselves as supportive of temperance and public health. Anti-alcoholist Sergei de Vesselitsky writes in April 1915, that Easter week of the previous year saw unprecedented support for temperance: “[a]t Minsk, the Libau-Romny Railroad set up a special temperance car to run up and down the line giving temperance lectures with lantern-slide demonstrations wherever possible.”<sup>48</sup> By August of 1914 and the outbreak of the Great War, Nicholas II banned the sale and distilling of vodka outright.<sup>49</sup> Temperance supporters in the United States wrote that with his anti-alcohol policies, especially in the military, the Tsar had learned from his embarrassing defeat in the Russo-Japanese War.<sup>50</sup> *The Scientific Temperance Journal* quotes the imperial decree mandating sobriety in the armed forces:

His Majesty, the Emperor, always concerned for the welfare of the army, desirous of preventing the injurious effects recognized by science and experience from the use of alcoholic liquors, desirous of maintaining its strength, its health, and its moral vigor as necessary in times of peace as in times of war, has given the following definite concerning the use of alcoholic liquors.<sup>51</sup>

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<sup>46</sup> Herlihy, *Alcoholic Empire*, 7.

<sup>47</sup> Ibid.

<sup>48</sup> Sergei de Vesselitsky, “What Went Before in Russia,” *Scientific Temperance Journal* 24, no. 7 (April 1915): 164.

<sup>49</sup> Herlihy, *Alcoholic Empire*, 162.

<sup>50</sup> “The Battle Against Alcoholism in the Russian Army,” *Scientific Temperance Journal*, 97.

<sup>51</sup> Nicholas II quoted in *ibid.*

The Tsar stipulated that officers must not drink in front of their men. Officers' clubs were forbidden to sell alcohol except at meals "and during special hours." Furthermore, "[b]y a two-thirds vote the officers of a unit may wholly exclude the sale of liquor."<sup>52</sup>

Nicholas II's 1914 ban on alcohol "undid hundreds of years of vodka politics in Russia by knocking down the central pillar of autocratic statecraft—with disastrous consequences for the empire's finances—and ultimately turned one of the mightiest empires in Europe into a failed state."<sup>53</sup> Or, so according to political scientist Mark Lawrence Schrad in 2014. However sweeping Schrad's language, the effect of the ban cannot be overestimated. The Tsarist vodka monopoly though highly inefficient was still a principle source of imperial revenue. Alcohol represented an unstable—fluid—social variable as well. Curtailing or prohibiting its sale would have powerful repercussions, repercussions not lost on the medical profession. Russian physician D.A. Dril' argued during the *fin de siècle* that "vindictive measures were at best pointless and at worst dangerous because they could well exacerbate existing problems" as per complete prohibition.<sup>54</sup> Dril' and his colleagues instead advocated for "better housing and nutrition and for an improvement in the working conditions for the industrial labor force."<sup>55</sup> Schrad writes that one of the reasons prohibition was instituted was to maintain domestic peace: "At the outset of the Great War in 1914, the newly minted supreme commander, Grand Duke "Nikolashka" (Nikolai Nikolaevich Romanov), immediately ordered the lockdown of all liquor stores in districts being mobilized for war."<sup>56</sup> If this is the case,

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<sup>52</sup> Ibid.

<sup>53</sup> Mark Lawrence Schrad, *Vodka Politics: Alcohol, Autocracy, and the Secret History of the Russian State* (New York, NY: Oxford University Press, 2014), 170.

<sup>54</sup> J.F. Hutchinson, "Science, Politics and the Alcohol Problem in Post-1905 Russia," *The Slavonic and East European Review* 58, no. 2 (April, 1980), 235.

<sup>55</sup> Ibid.

<sup>56</sup> Schrad, *Vodka Politics*, 186.

then it represents a total about face in Tsarist strategy to control society from earlier in the twentieth century. The Tsar's own enthusiasm for temperance—and the capricious nature of his policy-making decisions—cannot be discounted here either, however.<sup>57</sup>

The “alcoholic confusion” that *Russkii Vrach's* 1903 patient exhibited is laden with metaphoric meaning considering the primary role vodka played in the socio-political debates of the *fin de siècle*. His case was discussed on November 21, 1903 at a meeting of the Society of Neurologists and Psychiatrists held at Moscow University. Aleksandr Nikolaevich Bernstein (1870-1922), founder of the Central Clinic, associated the patient's compulsion to ingest sand to his “prolonged alcoholism,” but noted that his “passion for the sand was stronger than his passion for vodka.” N.A. Bernstein classified both passions (*strasno*) as “violent impulses” linked to “toxicomania,” or drug addiction.<sup>58</sup>

Psychiatrists like Bernstein believed social and professional reform were necessary to rehabilitate their patients. Bernstein and the aforementioned Dril' sought a nuanced approach to treating patients with mental illnesses and substance abuse issues, in stark contrast to the autocratic dictums of the government, illustrated best by the Tsar's abrupt restrictions on alcohol in the military and then in the wider population. Bernstein believed that patients should not be kept in solitary confinement “or placed in locked units.”<sup>59</sup> He attributed medical reform in Europe not to calculating logic but to “the compassionate hearts of physicians.”<sup>60</sup> Bernstein also celebrated his medical forebears

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<sup>57</sup> Ibid., 181.

<sup>58</sup> “Iz Obschestva Neiropatolov i Psikhiatrov,” 339; See A.G. Gerish, “Bernshteyn, Aleksandr Nikolaevich,” based on V.I. Ovcharenko, “A.N. Bernshteyn,” zh. “Arkhetip,” 1996, no. 1, <http://dic.academic.ru/dic.nsf/moscow/258/Бернштейн>.

<sup>59</sup> Feigenberg, *Nikolai Bernstein*, 16.

<sup>60</sup> A.N. Bernstein, “Bed Regime in Psychiatrically Ill Patients,” *Vrach* (1896), quoted in *ibid.*



Philippe Pinel and John Conolly for criticizing inhumane practices in the profession, particularly the use of ‘straightjackets and other, less popular but rather extended arsenal of methods of physical restraint.’<sup>61</sup> The choice of the word “arsenal” is telling here, considering the role of the police and military in treating and supervising mentally ill patients in Europe, but Russia specifically. Literary scholar Angela Brintlinger writes:

Throughout the 1880s and 1890s, Russian psychiatrists had been fighting, not always successfully, for control of their own institutions. They had been struggling to emphasize the humane aspect of their work and trying, though mostly without results, to *cure* their patients rather than simply *caring* for them. They had sought to reclassify the insane as *patients* rather than *prisoners*.<sup>62</sup>

Even Bernstein’s progressive clinic bore the name of the police. The imperial bureaucracy maintained an extensive “network of ‘police’ institutions,” coopting the efforts of forward-thinking physicians.<sup>63</sup> Asylums were understood by the majority of the Russian population “as a peculiar kind of prison and the medical men who staffed them as thinly disguised jailers.”<sup>64</sup> The Central Clinic itself would become the Serbskiy Psychiatric Institute, the location of the Soviet Union’s most infamous forced incarceration of dissidents.<sup>65</sup> In that Soviet institution, political prisoners would be diagnosed with “latent schizophrenia” or a “nameless form of schizophrenia that has no obvious symptoms” and then isolated from the outside world.<sup>66</sup>

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<sup>61</sup> A.N. Bernstein, “Bed Regime in Psychiatrically Ill Patients,” *Vrach* (1896), quoted in *ibid.*

<sup>62</sup> Brintlinger, “Writing About Madness,” 177.

<sup>63</sup> Julie V. Brown, Afterword to *Madness and the Mad in Russian Culture* (Toronto, Ontario: University of Toronto Press, 2011), 291.

<sup>64</sup> *Ibid.*

<sup>65</sup> “Istoriia Gosudarstvennogo Nauchnogo Tsentra SSP im. V.P. Serbskogo.” *Federal'nyy meditsinskiy issledovatel'skiy tsentr psikiatrii i narkologii*. Last modified April 2016. [http://serbsky.ru/index.php?option=com\\_content&view=article&id=2&Itemid=10](http://serbsky.ru/index.php?option=com_content&view=article&id=2&Itemid=10).

<sup>66</sup> John Glad, *Conversations in Exile: Russian Writers Abroad* (Durham, North Carolina: Duke University Press, 1993), 225.

In Tsarist Russia, the police were not only fixtures in psychiatric hospitals. The police played a major role in containing populations at risk of epidemics—especially plague, typhus, and cholera. In Europe, typhus was understood to “find nourishment” in poverty, sloth, shiftlessness, and lack of education.<sup>67</sup> Populations perceived by elites to exhibit these characteristics were already targets of the police even before disease events struck. Frances Bernstein writes that fighting venereal disease and regulating sex workers also fell to the police:

Attention to the issue [of prostitution] then became more systematic in 1843 when Nicholas I implemented detailed regulations modeled on the French State Regulation of Vice, which entailed the registration of prostitutes, mandatory periodic medical examinations, and licensing of brothels. Registered prostitutes in Russia were to undergo a weekly bath, change linen after each session of intercourse, not work during menstruation, and even be limited in the amount and type of makeup they wore. In practice, however, the police conducted a hundred of the required genital examinations per hour without requiring the women to disrobe fully, and the unregistered streetwalkers who plied the trade outside the brothels did not appear at all.<sup>68</sup>

Thus, by the *fin de siècle*, sexually transmitted diseases ran rampant in Russia.<sup>69</sup> The police were incompetent in their performance of duties belonging to medical profession in regards to mental, physical, and sexual health.

Notwithstanding, the Russian medical profession could never completely distance itself from police-like forms of control. Even the straightjacket, so symbolic of tyranny to Aleksandr Nikolaevich Bernstein, managed to stay in the psychiatrist’s repertoire. Bernstein’s mentor Sergey Sergeyeovich Korsakov (1852-1900), while dedicated to the “no restraint” method, believed that the straightjacket still had a place under extreme

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<sup>67</sup> See Roderick E. McGrew, *Russia and the Cholera, 1823-1832* (Madison and Milwaukee, WI: University of Wisconsin Press, 1965); Roderick E. McGrew and Margaret P. McGrew, eds. *Encyclopedia of Medical History* (London and Basingstoke, UK: MacMillan Press, 1985), 61.

<sup>68</sup> Frances Bernstein, 113.

<sup>69</sup> *Ibid.*, 113-14.

circumstances.<sup>70</sup> Yet, practices that were not *physically* invasive did come into vogue among the progressives. For example, in *Russkii Vrach* V.P. Serbskiy, the clinic's later namesake, asked whether or not hypnosis was used in an attempt to cure the sand-eating patient. However, Charnetskiy answered to the negative in this case.<sup>71</sup>

Without the aid of hypnosis, Charnetskiy describes the patient's demeanor *sans* sand:

Signs of abstention from the sand are expressed in the appearance of an unpleasant burning sensation in the stomach and stomach tightness, dreariness, anxiety, agitation, displeasure with others, irritability, unwillingness to do anything; during this time, the patient becomes distracted and brooding; usually placid and docile, he becomes abrasive, demanding, and picky. When the patient satisfies his unhealthy desire, only then do these symptoms disappear.<sup>72</sup>

Charnetskiy acknowledges that the patient is psychologically ill but downplays the role of the psyche in favor a neurological explanation. He gives one possible reason for the patient's behavior as "the change in sensitivity of the oral mucous membrane, esophagus, and stomach under the prolonged consumption of spirits and the influence of anemia." He also contends that the texture of the sand in the man's mouth plays a role in his obsession. The patient has an elaborate routine in which he "kneads [the sand] between the hard palate [of his mouth] and the back of his tongue, avoiding contact between the sand and his teeth." He finds no pleasure in grinding the sand against his teeth nor the "squeak" (*skripa*) sound his teeth might make while doing so. According to Charnetskiy, the patient believes that unlike alcohol and tobacco the yellow sand is a "useful substance,"

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<sup>70</sup> Brintlinger, "Writing About Madness," 184.

<sup>71</sup> "Iz Obschestva Neiropatolov i Psikhiatrov," 339.

<sup>72</sup> *Ibid.*

that it is ‘the best medicine for all ills’ and is “‘the only pleasure and enjoyment’ in his life.”<sup>73</sup>

Charnetskiy’s opinion that neurological factors—“mechanical irritation (*mekhanicheskim’ razdrazheniem*)”stemming from his nervous system—play the “primary role” in the patient’s condition is unpopular among his colleagues who assign more importance to the peasant’s mental state or consciousness (*soznanie*). Viktor Vladimirovich Vorob’ev’s dissent with Charnetskiy reveals many important clues to the state of the Russian medical profession at century’s turn. Vorob’ev acknowledges snuff tobacco as an agent whose chemicals “very energetically” (*ochen energichno*) affect the mind and body, particularly those belonging to the patient in question. Vorob’ev’s opinion coincides with the growing amount of literature—medical and sensational—in late Tsarist Russia warning of tobacco’s powerfully addictive nature. In the *fin de siècle*, tobacco was the center of many debates. These debates discussed the legitimate health concerns surrounding snuff, cigars, and *papirosi* (cigarettes), but also the so-called social evils of the same. One Dr. A.I. Il’insky warned that tobacco “harmed the teeth, caused lip cancer, increased conjunctivitis, and could lead to nicotine blindness (*ambylopia nicotinana*).”<sup>74</sup>

Yet, “[n]ot far beneath the surface of these health concerns lurked fears of moral and physical degeneracy.”<sup>75</sup> To illustrate the stark symbolism of tobacco—and *papirosi* specifically—in early twentieth century Eastern Europe, the Yiddish theater song “Papirosn” is invaluable. Credited to Grodno-born Herman (Chaim) Yablokoff (1903-

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<sup>73</sup> Ibid.

<sup>74</sup> Tricia Starks, “*Papirosy*, Smoking, and the Anti-Cigarette Movement,” in *Tobacco in Russian History and Culture: The Seventeenth Century to the Present*, edited by Matthew Romaniello and Tricia Starks (New York, NY: Routledge, 2009), 135.

<sup>75</sup> Ibid.

1981), the grotesquely jaunty tune tells of a young boy reduced to selling *papirosi* on the street. He sleeps on a bench in the park and is beaten regularly by the police.<sup>76</sup> His father is a disabled veteran having lost both his hands in the war and his mother has lost her mind: “My mamma had troubles she couldn’t bear. Young, she went into the grave” (*mayn mame hot di tsores mer oyshaltn nisht gekent. Yung in keyver zi getribn*). His sister has died of malnutrition or disease, “weak and very sick” (*schvakh un zeyer krank*).<sup>77</sup> The negative connotations of the cigarettes linger like smoke over the boy’s poverty-stricken life. Social critics from the *fin de siècle* vilified *papirosi* as “the crutch of the unclear conscience,”<sup>78</sup> a conscience that partakes in—or turns a blind eye to—the material conditions described in Yablokoff’s song. Again, disability, ill-health, and despondency are linked to the state of society.

In *Russkii Vrach*, Dr. Vorob’ev sees tobacco as a product that contributes to the patient’s obsessive tendencies. He argues that it produces mood-altering effects similar to those of the sand on the sixty-year-old man. Whereas the nicotine has chemical properties that react strongly with the human brain, Vorob’ev believes the sand is primarily of psychological significance. The act of consuming the sand is a “liberating ritual.”<sup>79</sup> The patient, in Vorob’ev’s words, is “suffering from an obsessive psychiatric state of mind.” Eating the sand fulfills “a symbolic role which stops the many painful feelings” the

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<sup>76</sup> “Herman Yablokoff,” *The Milken Archive*, <http://www.milkenarchive.org/people/view/all/754/Yablokoff,+Herman>.

<sup>77</sup> “Papirosn,” official website of the band *Yiddish Republik*, last modified November 14, 2015, <http://www.yiddishrepublik.com/muzik/lyrics/>; *Klezmer Conservatory Band*, “Papirossen / Freylekhe Yidelekh,” *Yiddishe Renaissance*, Vanguard Records, 1981, [https://www.youtube.com/watch?v=\\_ePg9XwAyXw](https://www.youtube.com/watch?v=_ePg9XwAyXw).

<sup>78</sup> Starks, “*Papirosy*, Smoking, and the Anti-Cigarette Movement,” 136.

<sup>79</sup> “Iz Obschestva Neiropatolov i Psikhiatrov,” 339.

patient experiences.<sup>80</sup> According to Angela Brintlinger, turn-of-the-century discourse on madness enforced the following with regard to gender:

Women’s psychiatric illness has a physical locus, in the womb, and hysteria is the diagnosis of choice. Men, on the other hand, were only as susceptible as their social class dictated—for the lower classes physical strain seemed to cause psychiatric illness, while for the upper classes it was intellectual strain or, quite to the contrary, debauchery that led to mental illness.<sup>81</sup>

The sixty-year-old peasant man does not neatly fit this schema. His alcoholism—‘excessive indulgence in physical pleasures’—fits well into the gender binary, but it also falls under the category of “debauchery,” an upper class vice.<sup>82</sup> The meeting at Moscow University is silent on the patient’s work history, but it does focus heavily on the patient’s interior world, raising him above the station of beast-of-burden broken by “physical strain.” Dr. V.I. Semibalov muses that the patient might even feel acutely “unneeded” or “unwanted” (both renderings of *nenuzhnosti*) in the world, and that this fear influences his behavior, remarking that similar fears have been at the root of disorders like *dilire du toucher* or the compulsion to repeatedly touch objects.<sup>83</sup> As a lowly peasant, the patient is an exception to “the age-old connection” of mental illness primarily with intellectuals.<sup>84</sup>

Vorob’ev delves deeper into the man’s psychological condition: “it is interesting that this type of patient, even with considerable disgust, for some reason does not attempt to replace the sand with thick beads of pastry.”<sup>85</sup> In other words, the patient’s compulsion is sated only by sand—despite its abhorrence and strangeness—and not by a more

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<sup>80</sup> Ibid.

<sup>81</sup> Brintlinger, “Writing About Madness,” 179.

<sup>82</sup> Ibid.

<sup>83</sup> “Iz Obschestva Neiropatolov i Psikhiatrov,” 339.

<sup>84</sup> Brintlinger, “Writing About Madness,” 179-80.

<sup>85</sup> “Iz Obschestva Neiropatolov i Psikhiatrov,” 339.

palatable substitute.<sup>86</sup> Charnetskiy is the only physician not to favor psychological disturbance as the main catalyst for the patient's behavior.<sup>87</sup> This disagreement is evidence of a major shift in the medical profession: the understanding that "nervous" illnesses have more to do with the human brain than with the nervous system. Neurologist Peter Nathan writes of popular and medical descriptions of mental illness at century's turn: "[I]t is strange that people said there was something wrong with their nerves when they meant something wrong with their brains."<sup>88</sup> The dialogue captured in *Russkii Vrach* shows medical doctors beginning to accept the brain as a primary locus for specific disorders and more clearly delineates the clinical territory of the psychiatrist from that of the neurological specialist.<sup>89</sup>

The patient's pica, from the evidence in *Russkii Vrach*, stems both from physical maladies—alcohol-poisoning and anemia—favored by Charnetskiy and psychiatric ones favored by Vorob'ev. Modern medical literature suggests that neither physician was wrong in their diagnosis; pica continues to be linked with iron deficiency (including anemia) and with obsessive compulsive disorder.<sup>90</sup> The case study in *Russkii Vrach* is not only important for its scientific contributions; it also frames the quest of Russian psychiatry to define itself professionally (against other medical specialties) and politically (against the imperial bureaucracy).

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<sup>86</sup> Nothing is made by the Russian doctors of the subjectivity of a word like "disgust." In some cultures, found from Africa to the Americas, the ingesting of substances like sand and clay is accepted as normal and even healthy; see Brynie, "A Little Known Eating Disorder is on the Rise," <https://www.psychologytoday.com/blog/brain-sense/201109/little-known-eating-disorder-is-the-rise>.

<sup>87</sup> "Iz Obschestva Neiropatolov i Psikhiatrov," 339.

<sup>88</sup> Peter Nathan, *The Nervous System*, 3rd ed. (New York, NY: Oxford Press, 1988), xiii. Here Nathan writes that hitherto this shift in understanding mental illness, "a psychiatrist and neurologist were one and the same person[.]" xiii.

<sup>89</sup> *Ibid.*

<sup>90</sup> For a twenty-first century case study related to pica caused by iron deficiency see Yasir Khan and Glenn Tisman, "Pica and iron deficiency: a case series," *Journal of Medical Case Reports* 4 (2010): 86.

The patient—like patients discussed in previous chapters—is a readymade metaphor for the socio-political turmoil of the Tsarist empire. The sixty-year-old peasant man’s history of alcohol and tobacco use reflect the heated battles found in medical journals and temperance publications over personal and public health at the turn of the century. The physicians commenting on the case assign scientific reasons to the man’s condition, but social causes for psychiatric illness were popular and influential as well. Russian doctors felt responsible for interweaving social—harmful peasant traditions, the nervous energy of cities, governmental abuses—and scientific factors to explain the state of the human and civic body.<sup>91</sup>

#### IV. Conclusion

Russian doctors found themselves in conflict with the Tsarist state as the nineteenth century closed. Chekhov’s asylum porter Nikita embodies mindless brutality in uniform. He provides a useful portal into analyzing the police state’s involvement in the care and management of the ill and disabled. Bulgakov’s competent *feld’sher* Demyan Lukich demonstrates the reforms made concerning lower-ranked professionals working in a hospital setting. Furthermore, Chekhov and Bulgakov’s writing help create an important link between the language of the creative ‘*historia morbi*’<sup>92</sup> and the medical case study.

Regrettably, Russian doctors could not entirely disentangle themselves from oppressive measures. For example, influential Russian psychiatrist Sergey S. Korsakov, despite his progressive leanings, could never quite abolish the straightjacket, believing it

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<sup>91</sup> See Herlihy, *Alcoholic Empire*; Mark D. Steinberg, *Petersburg Fin de Siècle* (New Haven, CT: Yale University Press, 2011).

<sup>92</sup> Chekhov quoted in Margarita Odesskaya, “Let Them Go Crazy,” 199.



a ‘medical remedy’ that doctors had the ‘right’ to use.<sup>93</sup> Moreover, Bernstein’s clinic was run under the auspices of the Tsarist police and would later serve the purposes of the Soviet dictatorship as the Serbskiy Institute. There perpetually existed a tug-of-war between the medical profession and the state over how to treat patients, run hospitals, and define the social causes of illness. For the state, the medical establishment was a means to an end, a further method of control over the population. Conversely, for many physicians medicine represented an alternate power structure—but one no less pervasive—that would guide society with logic and empathy. It was a struggle between unvarnished macroparasitism (the Tsarist and Soviet state) and the mindset of the ideal physician:

On my rounds I would march urgently round the ward, followed by a male and two female assistants. As I stopped at the bedside of a sick man, dripping with fever and wheezing miserably, I would force my brain to disgorge everything that was in it. My fingers would feel the hot, dry skin, I would examine his pupils, tap his ribs, listen to the deep-down, mysterious beat of the heart, all while obsessed with one thought—how can I save him? And how can I save the next patient—and the next...? All of them!<sup>94</sup>

Yet, bound up in the thoughts above is a kind of medical orientalism—that reduces patients (and society) to entities that need to be rescued and raised up from their benighted depths. The conflict between constable and medical doctor as it existed in late imperial Russia is one between two competing, highly structured and controlling systems of authority.

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<sup>93</sup> S.S. Korsakov, “K voprosu o nestesnenii,” *Trudy 1887*, 397-436, quoted in Brintlinger, “Writing About Madness,” 184.

<sup>94</sup> Bulgakov, “The Blizzard,” in *A Country Doctor’s Notebook*, trans. Michael Glenny (New York, NY: Melville House Publishing, 2013), 82.

## Conclusion

Creative and scientific discourses interacted with one another in late imperial Russia regarding the portrayal of disability. Analyzing artwork, literary sources, and medical journals of the period highlights this connectivity. These sources also show the evolution of scientific discourse in the Tsarist Empire. Russia's progressive doctors fit the mindset Foucault ascribes to the French doctors of the Enlightenment: "The first task of the doctor is therefore political: the struggle against disease must begin with a war against bad government. Man will be totally and definitively cured only if he is first liberated[.]"<sup>95</sup> Scientists sought to reform their professions—through better training (for *feld'shers* and doctors alike), techniques that were less physically invasive (hypnosis and the sparing use of the straightjacket), and the softening of imperial jingoism (especially in anthropology)—but ultimately failed to separate themselves from the government (Tsarist and Soviet) which was characterized by wanton macroparasitism.

Reactionary elements of these discourses also displayed similar interconnection. When a piece of Tsarist education policy like "The Circular on the Children of Cooks" is read in light of the writings of right-leaning psychiatrists, it is clear that conservative elites feared education as an impetus for conflict and rebellion and as a risk factor for mental illness.<sup>96</sup> These elites reflected anxieties that went back to the medieval era when "at a time of war and famine, the sick were subject to fear and exhaustion (apoplexy and hectic fever)."<sup>97</sup> Monarchist physicians and bureaucrats labeled political debate among the masses as "vain conversation" with the power to induce "hysteria, hypochondria, and

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<sup>95</sup> Foucault, *Birth of the Clinic*, 33

<sup>96</sup> Ivan Delianov, "Tsirkular o kukharkinykh detyakh," June 18, 1887, <http://док.история.рф/19/tsirkulyar-o-kukharkinykh-detyakh/>; Julie V. Brown, "Revolution and Psychosis: The Mixing of Science and Politics in Russian Psychiatric Medicine, 1905-13," *Russian Review* 46, no. 3 (July 1987): 283-302

<sup>97</sup> Foucault, *Birth of the Clinic*, 33.

nervous diseases.”<sup>98</sup> In these ways, both the progressive and reactionary elites in Tsarist Russia resembled their peers in Western Europe.

Russian elites of the *fin de siècle* often used the ill and disabled as metaphors for the social, political, and moral upheaval they saw around them. Medical doctor, poet, and bioethics scholar Jack Coulehan in his annotation of Susan Sontag’s *Illness as Metaphor* argues that such use of illness—and by extension, disability—is not inherently problematic. He asks, “Why is it unhealthy to think metaphorically about illness? What harm does it do to the sufferers? Has metaphoric thinking about TB or cancer inhibited our scientific study of them as diseases?”<sup>99</sup> The harm is that metaphors can be used irresponsibly, obscuring ill and disabled people’s humanity. As discussed earlier, *fin de siècle* Russian psychiatrists reduced patients to impersonal segues for debate over general social and political reform. In the realm of drama, Chekhov reduced depression-related suicide to a melodramatic plot device in *Ivanov*, even while criticizing shortsighted views of depression held by Russian society.

Russian elites’ use of the ill and disabled as metaphors shows their unvarnished opinion of those populations—the associations made with decay, helplessness, or the exotic are telling. Those kind of sweeping, Orientalizing associations have tenacious staying power; they have continued prominently into the twenty-first century in the work of neurologist Oliver Sacks. Russian elites wavered between clumsy heavy-handedness and self-aware restraint when treating and depicting illness and disability. Often, the most principle of these elites—represented by Chekhov, Repin, and Vorob’ev—held

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<sup>98</sup> Ibid.

<sup>99</sup> Jack Coulehan, annotation of *Illness as Metaphor* by Susan Sontag (New York, NY: Farrar, Straus, and Giroux, 1978), *NYU School of Medicine: The Literature, Arts and Medicine Database*, last modified August 29, 2006, [http:// medhum.med.nyu.edu/view/782](http://medhum.med.nyu.edu/view/782).

contradictory and ever-shifting views of these populations. In their artistic and scientific work, the ill and disabled are by turns objectified, dignified, and objectified again. Yet, these elites' articulate struggle to come to terms with illness and disability survive in the historical record; it provides ample sources with which to reconstruct Tsarist attitudes to marginalized populations and socio-political change in the *fin de siècle*.

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