

The Paradox of Melancholy Insight: Reading the Medical Subtext in Chekhov's "A Boring Story"

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Why is it that all men who are outstanding in philosophy or politics or poetry or the arts are melancholic, and some to such an extent that they are infected by the diseases arising from black bile, as the story of Heracles among the heroes tells?

—Aristotle, Problem XXX.1

Throughout his "notes," Nikolai Stepanovich, the renowned professor of physiology and fictional author of Anton Chekhov's novella "A Boring Story," describes the symptoms and signs of a disease that he believes will kill him within half a year. Psychological symptoms figure prominently in his self-examination. He complains that since the onset of his illness he has undergone a change in his personality, his moods, and his "worldview" (*mirovozzrenie*). It is his search for the origins of a new and uncharacteristic pessimism that initiates the crisis of identity around which the plot of the novella is largely structured. In a conversation with his adopted daughter Katia, Nikolai Stepanovich describes how his life has changed before asking a series of probing questions:

day and night evil thoughts fester in my head, and feelings I've never known before have built a nest in my soul. I hate, I despise, I'm indignant, I'm exasperated, and I'm afraid. I've become excessively strict, demanding, irritable, unobliging, and suspicious. Even things that would have once given me occasion to make an unnecessary pun and laugh amiably now only produce a sense of weariness in me. My sense of logic has also changed. . . .

What does this mean? If these new thoughts and new feelings have arisen from a change in my convictions, then where could this change have come from? Has the world really grown worse, and me better, or was I just blind and indifferent before? If this change has arisen from a general decline in my physical and mental powers—I'm sick, after all, I'm losing weight every day—then my situation is pitiful; it means that my new thoughts are abnormal, morbid, that I should be ashamed of them and consider them worthless.¹

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1. A. P. Chekhov, "Skuchnaia istoriia (iz zapisok starogo cheloveka)," *Polnoe sobranie sochinenii i pisem v tridtsati tomakh*, ed. N. Bel'chikov et al. (Moscow, 1974–1983), *Sochineniia*, 7:282, 307 (hereafter *Sochineniia*, 1–18, or *Pis'ma*, 1–12).

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In this passage and elsewhere in the novella, several possible reasons for the change in Nikolai Stepanovich's view of life are evoked: illness, the world around him, new insight. Of particular importance for an understanding of the professor's crisis is that he establishes a mutually exclusive choice between illness and insight in a search for the origin of his pessimism. Either his new thoughts are "abnormal" (*nenormal'ny*) and "morbid" (*nezdorovy*) or he has only now ceased to be "blind and indifferent" (*slep i ravnodushen*). Interrupting Nikolai Stepanovich's speech, Katia repeats this opposition even as she seeks to answer his questions: "Sickness hasn't got anything to do with it. . . . Your eyes have simply been opened, that's all." As a physician treating himself, however, Nikolai Stepanovich seriously weighs the merits of the opposing, psychopathological explanation. If his new pessimistic thoughts are symptoms of his illness, then they must be, as he suggests in another passage, "accidental, fleeting, and not deeply rooted within me." If these new thoughts are not just symptoms, on the other hand, but the result of a deeper penetration into the general lack of meaning in his life, then "the sixty-two years I've lived through must be considered wasted."²

Literary critics, following the lead of the novella's two main characters, have weighed in on both sides of this debate. Among those who stress the importance of illness for an understanding of Nikolai Stepanovich's predicament, M. M. Smirnov argues, "it is useless to analyze the judgments of the hero-narrator, because they are only a symptom of his disposition [*mirooshchushenie*]."³ Carol A. Flath, in a recent article, defends Nikolai Stepanovich against those critics who would "condemn [his] behavior in the present": "For all of the professor's perceptions are colored by his pain and suffering. . . . I would like to suggest [his disease] is primarily physical in the sense that the crisis is provoked by the illness, not the reverse."⁴ On the opposing side, several critics have emphasized how penetrating, if not always reliable, Nikolai Stepanovich's insights can be. Lev Shestov leans heavily on the "originality" of the professor's pessimism in "A Boring Story" to justify his famous claim that Chekhov is the "poet of hopelessness," and Marina Senderovich considers Nikolai Stepanovich "an existential thinker" who faces his existence "as a vital necessity of his own being."⁵ In a statement that contradicts Smirnov's and Flath's views almost point by point, Leonid Gromov writes: "The hero of the novella, having understood the [futility] of his work and not having found the meaning of life, loses the ground under his feet, loses the mark of a 'living person,' and senses the approach of death. Precisely in this lies the terrible tragedy

2. Ibid., 7:282, 291.

3. M. M. Smirnov, "Geroi i avtor v 'Skuchnoi istorii,'" *V tvorcheskoi laboratorii Chekhova* (Moscow, 1974), 219.

4. Carol A. Flath, "The Limits to the Flesh: Searching for the Soul in Chekhov's 'A Boring Story,'" *Slavic and East European Journal* 41, no. 2 (Summer 1997): 279, 281.

5. Lev Shestov, "Anton Chekhov (Creation from the Void)," in Thomas A. Eekman, ed., *Critical Essays on Anton Chekhov* (Boston, 1989), 11; Marina Senderovich, "Chekhov's Existential Trilogy," in Savely Senderovich and Munir Sendich, eds., *Anton Chekhov Rediscovered: A Collection of New Studies with a Comprehensive Bibliography* (East Lansing, Mich., 1987), 84.

of the old scientist—whose life changes into a ‘boring story’—and not in his physical illness.”⁶

What has not yet been undertaken in the critical literature on “A Boring Story,” despite some steps in this direction by Flath and Evgenii Meve, is a thorough examination of the novella’s medical subtext.⁷ Cribbing the cryptic title Nikolai Stepanovich gives to his own romance with his wife, it can be said that the novella depicts, among many other parallel and often loosely connected plot lines, a “*Historia morbi*.”⁸ Significantly, Nikolai Stepanovich informs neither the reader nor Katia what disease he believes himself to be suffering from. He does not even consult other physicians to confirm his own, unnamed diagnosis. This omission provides the impetus for the present article. From the few offhand comments he makes concerning the symptoms and signs of his disease, I have attempted not so much to render a scientifically precise diagnosis as to historically reconstruct, by drawing on contemporary medical intertexts, the diagnosis he himself seems to have made.⁹ Nikolai Stepanovich scatters many symptoms and signs of an unnamed disease throughout “A Boring Story.” If the conceptual leap that he himself makes from these signs and symptoms to his own self-diagnosis entails a movement from the surface of the body to deep organic structures, then an examination of his condition on the part of a literary critic involves a similar movement from the body of the text to an underlying medical subtext. This medical subtext is not directly visible in “A Boring Story,” yet the novella does trace a network of signs that evoke the outline of a specific, contemporary disease concept. Since psy-

6. Leonid Gromov, *Realizm A. P. Chekhova vtoroi poloviny 80-kh godov* (Rostov-on-Don, 1958), 186. In contrast to these two main lines of interpreting Nikolai Stepanovich’s pessimism, several critics have transferred the novella’s emphasis on lack and deficiency from his thoughts themselves to character flaws that his self-analysis fails to address. Beverly Hahn, for example, commenting on Nikolai Stepanovich’s indifference toward a despondent Katia in her own home, argues that he “fulfills the pattern of unconscious compromise, of which, one way or another, he has been guilty throughout his adult life.” See Hahn’s *Chekhov: A Study of the Major Stories and Plays* (Cambridge, Eng., 1977), 164.

7. See E. Meve, *Meditsina v tvorchestve i zhizni A. P. Chekhova* (Kiev, 1989), 92–103.

8. *Sochineniia*, 7:257.

9. Such an exercise in differential diagnosis is not foreign to Chekhov’s own scholarly endeavors. Having studied forensic medicine in his fourth year of medical school, he assisted forensic experts several times during autopsies in criminal investigations. Furthermore, during his preparation for an eventually abandoned dissertation on the history of medicine in Russia, Chekhov argued that it was theoretically possible, as the official tsarist version attested, that the tsarevich Dmitrii killed himself with a knife during an epileptic fit in 1591. His investigation of whether the False Dmitrii ever suffered seizures similarly led him to conclude “that the pretender was in fact a pretender, because he did not have epilepsy.” See A. V. Maslov, “A. P. Chekhov—sudebno-meditsinskii ekspert,” *Sudebno-meditsinskaia ekspertiza* 34, no. 4 (1991): 59–60. Commenting on *War and Peace*, moreover, Chekhov writes that it is “strange that the wound of Prince [Andrei] . . . gave off a cadaverous odor . . . if I had been nearby, I would have cured Prince Andrei.” See his letter to A. S. Suvorin, 25 October 1891, *Pis'ma*, 4:291. As Leonid Grossman suggests, “even in letters to young writers, as he indulgently and gently examines their purely artistic shortcomings, Chekhov mercilessly chides them for the slightest defect in medical matters in their stories.” See Grossman’s “The Naturalism of Chekhov,” in Robert Louis Jackson, ed., *Chekhov: A Collection of Critical Essays* (Englewood Cliffs, N.J., 1967), 33.

chopathology plays an integral role in the novella's argument, determining the disease from which Nikolai Stepanovich believes himself to be suffering places the implications of his crisis in a new critical light.

At first glance, such a diagnostic undertaking might appear to be of little scholarly interest. A precise diagnosis of Nikolai Stepanovich's illness would demonstrate what is already a commonplace in Chekhov criticism, namely, that his medical portraiture is rigorously realistic. Conversely, an overreliance on the method of differential diagnosis would superficially resolve the philosophical problems that the novella presents.¹⁰ These pitfalls aside, there nevertheless remains room for balanced comparative analysis of the intersection between medicine, poetics, and epistemology in Chekhov's "A Boring Story." As literary critics since Lev Tolstoi have noted, there is in Chekhov's prose an "impressionistic" quality; or, as Aleksandr Chudakov puts it, an "incidental wholeness."¹¹ In "A Boring Story," symptoms and signs are abundant, but the professor's own self-diagnosis, which might unite them into a coherent clinical picture, is lacking. Instead, these symptoms and signs appear as disconnected and often incidental details in Nikolai Stepanovich's broader literary self-portrait. His notes are filled with many other "boring" matters ostensibly unrelated to his medical condition, ranging from his digressions on various topics in contemporary Russian society to his reflections on Katia's tragic life. This lack of a unifying diagnosis seems structurally strategic, for the novella not only withholds a disease whose name might have upset the balance between the two main, conflicting interpretations of its protagonist's crisis—illness and insight—but this omission also creates a certain affective ambivalence. Does not the professor's propensity for digression, ellipsis, and

10. Indeed, such a reductionism has at times occurred in Russian criticism on Chekhov. Meve, for example, in his highly informative study *Meditations on the Works of A. P. Chekhov*, diagnoses the character Kovrin in "Chernyi monakh" (The black monk) with dysnoia or, "in the modern understanding," schizophrenia. Dysnoia is a diagnosis with which Chekhov would likely have been familiar from his copy of S. S. Korsakov's 1893 *Kurs psikiatrii*. Meve suggests that it was not Chekhov's intention to use the "mystical and decadent ideas of [Fedor] Dostoevskii . . . to uncover the theme of the story" but precisely to "condemn" these ideas (162). Nevertheless, if mysticism falls under Chekhov's pervasive critical gaze, then this is no less true of psychiatry. When Kovrin is treated for "megalomania" (*maniia velichiia, Sochineniia*, 8:251), partly against his will, his academic career decidedly suffers. If he is not a divinely chosen one, as the black monk suggests, then is he not, as he himself argues during a period of remission, a greater man when he is manic? Meve's diagnosis of dysnoia does not resolve this philosophical question on the relationship between genius and mania. Moreover, this question itself extends to the problem of differential diagnosis. Korsakov writes that it "is often difficult" to distinguish between pure mania and the "maniacal form of dysnoia." The criteria for distinguishing mania from dysnoia include the manic's "accelerated flow of representations" and "ease of associations," two characteristics that might arguably have facilitated Kovrin's academic work. See Korsakov's *Kurs psikiatrii*, 2d ed. (Moscow, 1901), 2:826, 909. Even when drawing on a contemporary psychiatric text, it is not possible to determine categorically the full implications of Kovrin's mental illness in "The Black Monk." Korsakov's diagnostic dilemma between dysnoia and mania could even be considered a restatement of the story's central philosophical question.

11. A. P. Chudakov, *Chekhov's Poetics*, trans. Edwina Jannie Cruise and Donald Dragt (Ann Arbor, Mich., 1983), 141.

surface details, as well as his inability to draw on his life experience to say something meaningful to Katia in her despondency, reflect some of the speech patterns of melancholia? In an observation that has wider stylistic relevance for Chekhov's so often melancholy prose, Nikolai Stepanovich confesses of his thoughts that "I have lost the sense of their organic connection."¹²

Shifting from literary to clinical portraiture, it is nonetheless possible to provide a reasonably exhaustive list of the symptoms and signs to which Nikolai Stepanovich alludes. At the beginning of the novella, he complains of an "incurable tic" (*neizlechimyĭ tic*). This tic appears again in the last section: "There's a dull pain in my cheek—the tic has started" (*V shcheke tupaia bol'—eto nachinaetsia tic*).¹³ He is also suffering from chronic insomnia, which he wryly claims has become the "chief and fundamental feature of my existence" (*glavnuuiu i osnovnuuiu chertu [moego] sushchestvovaniia*).¹⁴ Elsewhere he notes that he loses weight daily, that he often feels chilled, and that his head and hands "shake from weakness" (*triasutsia ot slabosti*).¹⁵ While lecturing he experiences an "unconquerable weakness in [his] legs and shoulders" (*nepobedimuiu slabost' v nogakh i v plechakh*), his "mouth becomes dry" (*vo rtu sokhnet*), his "voice grows hoarse" (*golos sipnet*), his "head spins" (*golova kruzhitsia*), and he "incessantly drinks water" (*to i delo p'iu vodu*).¹⁶ At one point during the novella he faints; at another he wakes during the night in a sweat, tries to take his pulse, and begins to hyperventilate.¹⁷ In a particularly revealing passage, he expresses the hope that he is mistaken "about the albumin and sugar I find, about my heart, and about the edema I've now twice seen in the morning" (*naschet belka i sakhara, kotorye nakhozhu u sebia, i naschet serdtsa, i naschet tekh otekov, kotorye uzhe dva raza videl u sebia po utram*).¹⁸ Nikolai Stepanovich's psychological symptoms are more difficult to isolate and categorize than these physical ones. In broad terms, his psychological symptoms include withdrawal from family and friends, irritability, uncontrollable sadness and fear, weakness in memory, pessimistic thoughts, and paralyzing indifference, a condition he calls "premature death" (*prezhdevremennaiia smert'*).¹⁹

Since the argument of the novella is based upon the very nature of these psychological symptoms, however, any attempt to summarize them is inherently problematic. Indeed, the search for a diagnosis of Nikolai Stepanovich's disease in "A Boring Story," far from resolving his crisis, opens onto an expanse of further problems, ranging from the reliability of self-analysis in mental disease to the lingering dualism in nineteenth-century materialist psychiatry. First, as the Russian psychiatrist Sergei Korsakov writes in the introduction to his *Course on Psychiatry* (1893), a text-

12. *Sochineniia*, 7:252.

13. *Ibid.*, 7:252, 305.

14. *Ibid.*, 7:252.

15. *Ibid.*, 7:252, 282.

16. *Ibid.*, 7:263.

17. *Ibid.*, 7:301.

18. *Ibid.*, 7:290.

19. *Ibid.*, 7:306.

book Chekhov owned, “the manifestations of mental diseases in separate cases are extremely varied, but what is common to all of them is that the ‘personality’ [*lichnost’ cheloveka*] alters.”²⁰ Yet, as is the case with several of Chekhov’s medically inflected stories and plays, “A Boring Story” opens *after* a change in Nikolai Stepanovich’s personality has apparently already taken place.²¹ The reader is directly familiar only with the character of an altered, dying Nikolai Stepanovich. From a purely clinical perspective, his tendency for most of the novella to contrast his dreary present with a happier past might thus be seen as itself symptomatic of a pervasive melancholia. In a related manner, the reader is never able to step outside the shadow cast by Nikolai Stepanovich’s melancholy prose, and thus it remains difficult to gauge the merit of his increasingly self-critical judgments on his own life, which he claims had earlier seemed to be “a beautiful and ably made composition” (*krasivoi, talantlivo sdellannoi kompozitsiei*) but whose “finale” (*final*) he now fears he is spoiling.²²

Second, this question of the reliability of the narrator-protagonist’s self-examination has an epistemological dimension arising from the superimposition of two central dualities in modern medicine; namely, those of mind and body and of physician and patient. Nikolai Stepanovich reveals to the reader his symptoms, which as a patient he experiences directly, as well as the clinical signs that he has gathered as a physician. In his hypochondriacal attention to medical textbooks, however, he seems troubled by more than just the clinical dimensions of his self-diagnosis: “Now, when I diagnose and treat myself, I have the hope every now and then that my ignorance is deceiving me . . . when, with the zeal of a hypochondriac, I reread my textbooks on therapy and daily change my medications, it always seems to me that I’ll come across something comforting.”²³ Nikolai Stepanovich’s hypochondria would seem to result in part from the conflation of roles that arises, not only as his professional impartiality breaks down during the course of self-treatment, but also as his diseased body begins to infect the thought processes of his medically trained mind. In Chekhov’s realist aesthetic, an aesthetic that is arguably more phenomenological than materialistic, it is not just the objective fact of a disease that is portrayed, but a character’s subjective experience of illness.²⁴ The physiological processes that govern the progression of his dis-

20. Korsakov, *Kurs psikiatrii*, 1:1.

21. For example, Chekhov’s “Ivanov” opens a little less than a year after the play’s eponymous protagonist first begins to struggle with “psychopathy” (*psikhopatiia*, *Sochineniia*, 12:58), and in the first paragraph of “The Black Monk,” Kovrin, already unwell, is advised by a “physician friend” to retire to the countryside for the spring and summer (*Sochineniia*, 8:226).

22. *Sochineniia*, 7:284.

23. *Ibid.*, 7:290.

24. In the history of medicine, this conceptual distinction between “disease” and “illness,” at least in English, belongs to the nineteenth century. See Stanley W. Jackson, *Melancholia and Depression: From Hippocratic Times to Modern Times* (New Haven, 1986), 12, 13. In a related manner, Chekhov’s former classmate, the neurologist Grigorii Rossolimo, records the author as having said, “If I were an instructor, I would try as much as possible to involve students in the domain of the patient’s subjective experience.” See G. I. Ros-

ease acquire meaning inasmuch as Nikolai Stepanovich strives, as a physician, to understand their psychopathological consequences. Conversely, and more pressingly, Nikolai Stepanovich's "new" and "evil" thoughts—which have provoked a reevaluation of his long and illustrious life—become an existential problem to the extent that he grapples, as a patient, with the question of whether they derive from recent illness or belated insight.²⁵

Nikolai Stepanovich's role as a renowned physiologist during the rise of materialism in psychiatry further renders the crisis occasioned by his illness all the more acute. As the soul gradually disappeared as an explanatory principle in mental disease throughout the nineteenth century, the humanist attributes of the soul—the immaterial intellect and free moral agency—began to lose their epistemological footing. Nikolai Stepanovich's anxiety about the origin of his pessimism can be interpreted against the background of the tendency in materialist psychiatry to dissolve the mind into physiological processes as well as the philosophical and ethical problems that this reduction—which preceded Freud and now, in the "Age of Prozac," seems to be outliving him—has long engendered. Caught between the options of illness and insight, which had become mutually exclusive in mainstream psychiatry by the end of the nineteenth century, Nikolai Stepanovich follows the course of his own spiraling thoughts, which seem to grow more penetrating the more his marasmus advances, yet unearth less meaning from his life the deeper they penetrate.

Diabetes

One of the clinical signs that Nikolai Stepanovich mentions in passing in his notes is glycosuria. Glycosuria, or sugar in the urine, was the definitive sign of diabetes in the second half of the nineteenth century. Yet, as the celebrated French physiologist Claude Bernard suggests in one of his seminal midcentury studies on diabetes, "the existence of sugar in the urine does not constitute diabetes. It is the proportion of this material that is important." Indeed, the difficulty in distinguishing between a glycosuria that is "in a certain sense normal" and the glycosuria of diabetes presents a diagnostic dilemma: "the majority of physicians do not render a diagnosis of diabetes until glycosuria becomes permanent."²⁶ In "A Boring Story," Nikolai Stepanovich mentions the sugar he "finds" (*nakhozhu*), presumably in his urine, using an imperfective verb in the present tense. This would seem to indicate a recurring clinical result, but he does not mention for how long or how many times this sign has presented itself. Moreover, in the same passage, he even compares himself to a hypochondriac, a comparison it would be at least possible to take at face value. If on the one hand hypochondria (as a subtype of melancholia) was often cited

solimo, "Vospominaniia o Chekhove," in A. K. Kotov, ed., *A. P. Chekhov v vospominaniiaakh sovremennikov* (Moscow, 1960), 670.

25. *Sochineniia*, 7:282.

26. Claude Bernard, *Leçons sur le diabète et la glycogénèse animale* (Paris, 1877), 70–72.

as a concomitant condition of diabetes, then on the other hand, as the British pathologist William Dickinson notes in his 1877 monograph on diabetes, “in acute mania and in melancholia a trace of sugar is the rule rather than the exception.”²⁷ While a diagnosis of hypochondriacal melancholia would not necessarily preclude one of diabetes, it is nevertheless typical of the clinical portrait that follows that a single clinical sign evokes both physical and psychological conditions.

In terms of differential diagnosis, however, the evidence in favor of diabetes is much more substantial than simply glycosuria. A second clinical sign especially indicative of the terminal stages of diabetes, and which Nikolai Stepanovich mentions alongside glycosuria, is albuminuria, or albumin in the urine. Dickinson explains that this “later complication” is often the only visible sign of an underlying “renal change”: “When sugar and albumen are together, the sugar as a rule is primary, the albumen consequent. The kidneys, goaded by the diuretic action of the sugar, after a time show signs of irritation and allow a little albumen to escape as the result of congestion or tubal disturbance.”²⁸ The presence of albuminuria suggests that one of the sequelae of Nikolai Stepanovich’s diabetes may be what was known as “Bright’s disease.” In the second half of the nineteenth century, Bright’s disease was a common diagnosis that covered a variety of forms of nephritis (inflammation of the kidneys) and that was often noted alongside diabetes. In his 1872 treatise *Des terminaisons du diabète sucré*, Pierre Costes, for example, describes how in many cases the patient dies as a “result of Bright’s disease, which comes to complicate the preexisting diabetes. . . . The two ailments march in tandem and precipitate the *dénouement* . . . in such cases it is difficult to determine precisely what should be attributed to Bright’s disease and what to diabetes.” In terms of diet, furthermore, Nikolai Stepanovich mentions not only that he drinks water “incessantly” (polydipsia), a characteristic symptom of diabetes, but also that he suffers from “daily” weight loss (autophagia), indicating that his illness has likely reached an advanced stage. As Costes writes, after the commencement of “the stage of autophagia” further complications arise and “the patient is lost”: “In the midst of diverse impairments, the marasmus particular to the diabetic [*le marasme particulier au diabétique*] imperceptibly prepares itself.”²⁹

Nikolai Stepanovich’s cardiovascular complications can also be situated in this clinical portrait of diabetes. The edema that he has twice seen (likely in his extremities) further suggests the onset of the serious heart congestion typical of Bright’s disease. Even more ominously, Nikolai Stepanovich seems to suffer from what Flath calls a “panic attack” and Meve “angina pectoris” (*grudnaia zhaba*) when he awakes during a “sparrow’s night” (*vorob’inaia noch’*) in section five.³⁰ As Nikolai Stepanovich

27. W. Howship Dickinson, *Diabetes* (London, 1877), 64.

28. *Ibid.*, 95.

29. Pierre Alexandre Costes, *Des terminaisons du diabète sucré* (Paris, 1872), 8, 9.

30. Flath, “Limits to the Flesh,” 273; Meve, *Meditsina v tvorchestve i zhizni A. P. Chekhova*, 93. Focusing on this episode, Meve draws a suggestive clinical parallel between Nikolai Stepanovich’s condition and that of one of his acknowledged prototypes, the embryologist A. I. Babukhin: “In the last years of his life A. I. Babukhin suffered terribly from angina

writes, "in my body there was not one sensation that might indicate that the end was near, but my soul was oppressed by horror, as if I had suddenly seen a vast, ominous glow." Having awakened, the professor becomes immediately concerned with such bodily functions as his breathing and heart rate: "I feel for my pulse and, not finding it in my wrist, search for it in my temples, then under my chin, then again in my wrist. . . . My breathing becomes more and more rapid" (*shchupaiu u sebia pul's i, ne naidia na ruke, ishchu ego v viskakh, potom v podborodke i opiat' na ruke. . . . Dykhanie stanovitsia vse chashche i chashche*).³¹

In terms of etiology, the relationship between heart congestion and Bright's disease, although clinically evident to nineteenth-century researchers, had not received a commonly accepted explanation. Taken in the context of the history of medicine, however, Nikolai Stepanovich's nervous symptoms do suggest a possible, if speculative, origin for his illness. The tic and pain in his cheek, which he mentions three times, mostly likely represent trigeminal neuralgia or, as it is commonly known, "tic douloureux." If glycosuria is the sign that most supports a diagnosis of diabetes, then trigeminal neuralgia is perhaps the most important clue in determining the historical form of diabetes from which Nikolai Stepanovich suffers. In the second half of the nineteenth century, the pathology of diabetes was a matter of considerable controversy. One of the main theories postulated what would become commonplace in the twentieth century, namely, that the anatomical anomaly responsible for diabetes lies in the pancreas. In 1889, the same year that "A Boring Story" was published, Joseph von Mering and Oskar Minkowski were able to induce permanent diabetes in a dog by removing its pancreas. The French clinician Apollinaire Bouchardat, who gained renown for his dietary treatment of the disease, argued instead that diabetes has its source in the stomach.³² In contrast to these theories based on localized organ failures, Nikolai Stepanovich's trigeminal neuralgia tentatively evokes the then widespread theory that diabetes is a disease of the nervous system. This "angioneurotic" theory of diabetes originated with Bernard's famous (and retrospectively notorious) *piqûre* of the fourth ventricle of a dog's brain. In an influential 1857 article, Bernard argued that excess secretion of glucose by the liver into the bloodstream (hyperglycemia) can be caused by a lesion in this supposed "sugar center" in the brain, by a lesion in the nerves from this sugar center to blood vessels in the liver, or by stimulation of the nerves that dilate these vessels. In other words, as Bernard concluded, "one can thus consider diabetes to be a nervous disease."³³ As late as 1892,

pectoris or, in modern terms, stenocardia. His sufferings and those of the hero of 'A Boring Story' were extremely similar." Unfortunately, Meve does not develop this clinical parallel, nor does he address symptoms beyond those that appear in the "sparrow's night" episode.

31. *Sochineniia*, 7:301.

32. See Jean-Jacques Peumery, *Histoire illustrée du diabète: De l'antiquité à nos jours* (Paris, 1987), 109.

33. Bernard, "Leçons sur le diabète," *Leçons de pathologie expérimentale* (Paris, 1872), 338.

the French pathologist J. Thiroloix could still argue that “the grand varieties of diabetes that have been established . . . are all ‘functions of an impairment of the central nervous system.’”³⁴ While not all contemporary researchers and clinicians would have been comfortable with the scope of Thiroloix’s generalization, many sought and found evidence of lesions in the fourth ventricle of the brain during autopsies of patients who had died of diabetes. As Horst and Joseph Schumacher write concerning the angioneurotic theory of diabetes: “The clinician saw in numerous phenomena—disturbances of sensation and motility, reflex anomalies, occipital and *trigeminal neuralgias*, *physical and mental fatigue*, *frequent depression*, etc.—genuine manifestations of a disorder of the nervous system in line with the theory.”³⁵ This level of physiological and clinical detail, of course, extends beyond the range of “A Boring Story.” Nikolai Stepanovich’s tic is directly present in the text, yet the move from this symptom to a particular etiology, from text to subtext, remains a speculative one. Nikolai Stepanovich’s tic might instead represent a symptom only incidentally related to his diabetic condition. Francis Anstie, for example, in a contemporary monograph on neuralgia, observed that late onset trigeminal neuralgias “are almost invariably connected with a strong family taint of insanity, and very often with strong melancholy.”³⁶ Once again, a single symptom evokes the possibility of an ailment of either body or mind.

Without insisting that a single disease concept accounts for all of Nikolai Stepanovich’s symptoms, it is nevertheless significant that trigeminal neuralgia suggests that he may be suffering from a diabetes of nervous origin. There is evidence that Nikolai Stepanovich himself supports a nervous explanation for his general condition. In a passage that provides a link—one typical of diabetes—between his diet and his moods, he writes, “it is especially after dinner, in the early evening, that my nervous excitation [*moe nervnoe vozbuzhdenie*] attains its highest pitch”; at a later point in the novella he also alludes to his “violent nervous tension” (*sil’noe nervnoe napriazhenie*).³⁷ In the context of nervous disease, trigeminal neuralgia represents a possible bridge between Nikolai Stepanovich’s physical symptoms and signs—glycosuria, albuminuria, polydipsia, autophagia, heart congestion, and edema—and the psychological symptoms so crucial to the story’s argument. In the late nineteenth century, symptoms of a psychological nature were situated in a complex, dual relationship with the physical symptoms of diabetes. On the one hand, sadness, apathy, and despondency were commonly observed during the terminal stages of diabetes. Costes’s psychologically nuanced depiction of “le malheureux diabétique” resembles Nikolai Stepanovich’s self-portrait in several suggestive ways: “The patient complains of various problems, which are no more

34. J. Thiroloix, *Le Diabète pancréatique: Expérimentation, clinique, anatomie pathologique* (Paris, 1892), 5.

35. Horst and Joseph Schumacher, “Then and Now: 100 Years of Diabetes Mellitus,” in Dietrich von Engelhardt, ed., *Diabetes: Its Medical and Cultural History* (Berlin, 1989), 251 (my emphasis).

36. Francis E. Anstie, *Neuralgia and the Diseases That Resemble It* (New York, 1882), 31.

37. *Sochineniia*, 7:280, 302.

than precursory or concomitant phenomena, such as a loss of strength, a certain general malaise, a greater sensitivity to external cold, apathy, and an aversion to movement. . . . [A] nonchalance he finds hard to overcome sentences the unfortunate diabetic to rest. Despondency and sadness take hold of him."³⁸ On the other hand, the angioneurotic theory made it possible to include diabetes among the many ailments thought to be influenced by what was known as the "neurotic diathesis" (that is, neurosis as predisposing cause). In a popular contemporary Anglo-American medical textbook, for example, William Osler notes of diabetes that "persons of a neurotic temperament are often affected."³⁹ And although Dickinson insists that diabetes "clearly belong[s] to the body and not its surroundings," he, too, suggests, "Of all the causes of diabetes mental emotion is the one which we can most often trace and which we must believe to be the most frequent. . . . Grief, anxiety, protracted intellectual toil, violent anger and mental shock, might all be shown to be directly productive of this disease."⁴⁰

It is precisely at this pathological threshold between physical and psychological symptoms that the question of whether Nikolai Stepanovich's pessimism is symptomatic or insightful becomes meaningful. His symptoms and signs can be placed, without undue strain, into this historically reconstructed portrait of diabetes. Moreover, his own bleak prognosis would seem to be warranted: his heart and kidneys are failing; his body is wasting away. What is at stake in the novella's argument, however, is whether his pessimism results from this decline in his health. Reflecting on the relationship between the medical evidence in "A Boring Story" and Nikolai Stepanovich's crisis of identity, I would like to suggest that certain features of diabetes, as it was understood in the nineteenth century, make it an artistically nuanced and epistemologically unsteady source for the professor's pessimism. First, Bernard's work on diabetes belonged to his broader effort to establish the legitimacy of a physiological approach to the study of disease (his term for this approach, *la médecine expérimentale*, came to live a fortuitous existence in literary criticism after Émile Zola). In particular, Bernard's interest in the pathology of diabetes was closely related to his groundbreaking research on the metabolism of the liver and helped illustrate his contention that "physiology and pathology now march in an ever more intimate union." As Bernard writes, diabetes presents a problem for those "doctor-nosologists" who would consider all diseases as "morbid entities" and classify them "as objects of natural history, as if they were living beings like plants or animals." Diabetes does not exist as an independent entity within the body, as if it were a microbe, but

38. Costes, *Des terminaisons du diabète sucré*, 9, 10. Compare, for instance, Nikolai Stepanovich's description of his condition during his stay in a hotel in Khar'kov in the final section: "I felt sick on the train, chilled by the drafts passing through, and now I'm sitting on the bed. . . . I should really go to see some fellow professors today, but there's no strength or desire" (*Sochineniia*, 7:304).

39. William Osler, *The Principles and Practice of Medicine: Designed for the Use of Practitioners and Students of Medicine* (New York, 1892), 295.

40. Dickinson, *Diabetes*, 2, 20, 75.

results from “a simple functional disruption that, from our point of view, represents nothing beyond the realm of physiology.”⁴¹

In “A Boring Story,” Nikolai Stepanovich, a famous physiologist in his own right, neither names his disease nor burdens it, as something foreign to himself, with responsibility for his pessimism; instead, he faults the “general decline in my mental and physical powers” (*obshchii upadok fizicheskikh i umstvennykh sil*).⁴² His loss of health is not sudden and localized, like the blow to Ivan Il’ich’s side in Tolstoi, but insidious and multifaceted. Accordingly, Nikolai Stepanovich, rather than being haunted by the name of a particular disease, feels compelled to read and reread, across a range of different body functions, his disparate symptoms and signs. Such clinical diligence, moreover, reflects the scientific reserve typical of the ethos of experimental medicine. In advising the practitioner to be “an observing physician,” Bernard writes, “if we take advantage . . . of a few possible connections between pathology and physiology, to try to explain the whole disease at a single stroke, then we lose sight of the patient, we distort the disease”;⁴³ or, as Nikolai Stepanovich suggests, the physician should “individualize each separate case.”⁴⁴ Far from making hasty or reifying judgments, Nikolai Stepanovich reads his body as thoroughly as his textbooks and reads both to the point of hypochondria, in a perpetual medical hermeneutic—literally, a *sémiologie*, which in the nineteenth century referred solely to the interpretation of clinical signs.⁴⁵

Lastly, in his search for the cause of his pessimism, Nikolai Stepanovich struggles physically, intellectually, and spiritually with a disease whose etiology remained elusive throughout the nineteenth century. Even were it granted that he is suffering from diabetes—which I would conclude is what the professor himself suspects, given the clinical signs he selectively presents to the reader—the question of whether his pessimism has been caused by illness or insight would remain unresolvable. If the change in his moods and thoughts can be regarded as part of the marasmus wrought by diabetes, then it is nevertheless possible to take this causal regress one step further by attributing diabetes itself to an underlying neurotic diathesis. Yet if his pessimism derives from a diabetes of nervous origin, then what, in turn, causes neurosis? While the causal relationships between

41. Bernard, *Leçons sur le diabète et la glycogénèse animale*, 46, 475.

42. *Sochineniia*, 7:282.

43. Claude Bernard, *An Introduction to the Study of Experimental Medicine*, trans. Henry Copley Greene (New York, 1927), 198–99. In an article on Chekhov’s realism, the literary critic Aleksandr Roskin draws an intriguing parallel between the author’s aesthetic of “accidentalness” (*sluchainost’*) and Bernard’s emphasis on the importance of the accidental in medical observation. See A. Roskin, *A. P. Chekhov: Stat’i i ocherki* (Moscow, 1959), 193–201.

44. Nikolai Stepanovich is here quoting a maxim of one of Chekhov’s own teachers, G. A. Zakhar’in, who sought to impart to his students a patient-oriented clinical methodology. For a discussion of Chekhov’s relationship to the “school of Zakhar’in,” see Vladimir B. Kataev, “Ob’iasnit’ kazhdyi sluchai v otdel’nosti,” *Proza Chekhova: Problemy interpretatsii* (Moscow, 1979), 87–97.

45. In Émile Littré’s *Dictionnaire de la langue française* (Paris, 1873–74), 4:1889, “sémiologie” is defined as: “Terme de médecine. Partie de la médecine qui traite des signes des maladies.”

neurosis and diabetes cannot be resolved diagnostically in "A Boring Story," an epistemological exploration of Nikolai Stepanovich's crisis of identity in the context of a nineteenth-century understanding of nervous disease is nevertheless fruitful. It is important not only to assess the question of whether Nikolai Stepanovich's pessimism is symptomatic in light of the novella's medical evidence but to consider what such a question means within the context of nineteenth-century medical thought. In short, how could the professor's question have taken the historical form that it does?

The Anatomy of Thought

The gradual shift in the locus of mental disease from the soul to the body over much of the nineteenth century proved crucial to the formation of modern psychiatry. At the risk of oversimplifying this history, it can be argued that the writings of the German "somaticists," active especially in the 1830s and 1840s, provide the first clear traces of the question that will later haunt Nikolai Stepanovich; namely, whether his thoughts are insights or symptoms. While the "psychicists" considered the soul to be the seat of mental illness, their opponents the somaticists argued that, by definition, only the body could ever become diseased. The somaticism of the German psychiatrist Maximilian Jacobi can serve here as a representative example: "all morbid psychical phenomena can only be considered as symptomatic, as concomitant to states of disease formed and developed elsewhere in the organism."⁴⁶ Later in this somaticist tradition, Wilhelm Griesinger, aware of the successes of physiology in neurology, transferred the site of mental disease from the organism as a whole to the brain in particular. For Griesinger, the "father of modern psychiatry," the study of cerebral pathology is largely confined to insanity, which is "only a complication of symptoms of various morbid states of the brain."⁴⁷

In the closing pages of "A Boring Story," Nikolai Stepanovich echoes this somaticist tradition: "When nothing within a person rises higher and stronger than all the external influences around him, then, it is true, a good head-cold is enough to make him lose his equilibrium . . . all his pessimism or optimism, all his thoughts, big or small, have in that case the meaning of a mere symptom and nothing more [*imeiut znachenie tol'ko simptoma i bol'she nichego*]."⁴⁸ The relegation of mental phenomena to a secondary order of being with respect to their primary material causes has had profound epistemological and ethical implications for modern psychiatry. As a result of the reduction of soul to body in mental disease, thought does not disappear but is instead rendered passive and silent. The psychiatrist interprets a patient's morbid thoughts as pathological effects, not as insights requiring a response in their own terms. Near the end of "A Boring Story," Nikolai Stepanovich similarly regards his pessimism as

46. Quoted in Gerlof Verwey, *Psychiatry in an Anthropological and Biomedical Context* (Dordrecht, 1985), 27.

47. Wilhelm Griesinger, *Mental Pathology and Therapeutics* (New York, 1965), 9.

48. *Sochineniia*, 7:307.

a mere symptom, yet he avoids a naive materialism by holding out the possibility that a person's thoughts can rise above "external influences." In this he differs from his colleague Ivan Sechenov, the most famous Russian physiologist of the second half of the nineteenth century. In his 1867 essay "Reflexes of the Brain," Sechenov argues that all thought—diseased or otherwise—is the result of external processes: "A psychological act . . . cannot appear in consciousness without external sensory excitement. It follows that thought [*smysl'*] is subordinate to this law. With thought there is the beginning of a reflex, its continuation, but not, evidently, its end result—movement. *Thought is the first two-thirds of a psychological reflex.*"⁴⁹ By contrast, Nikolai Stepanovich, who has a fondness for such Stoic philosophers as Marcus Aurelius and Epictetus, considers his pessimistic thoughts in physiological terms only inasmuch as he is ill. Instead of the thoroughgoing monism of Sechenov, Nikolai Stepanovich maintains a dualism between sickness and health on the one hand and, on the other, between those who are governed by a "general idea" (*obshchaia ideia*) and those who are not.⁵⁰ For the latter group, in which he includes himself by the end of his notes, the onset of disease initiates a descent into the impersonal laws of nature. Nikolai Stepanovich claims his thoughts are "stinging [his] brain, like mosquitoes" (*zhalit' moi mozg, kak moskity*). Elsewhere he calls them "Arakcheev thoughts" (*arakcheevskie mysli*), alluding to the brutal war minister under Alexander I.⁵¹ In as intimate a manner as Nikolai Stepanovich responds to his own deteriorating body, he tends throughout his notes to treat his thoughts as if they were foreign objects. Even in their most lucid forms, such thoughts are incapable of being vehicles of genuine insight.

Nikolai Stepanovich's habit of deflecting responsibility for his thoughts away from himself toward his illness reflects not just the norms of modern psychiatry in general but a popular fin-de-siècle understanding of nervous disease in particular. Among contemporary disease concepts, it is perhaps neurasthenia, which its American "discoverer" George Beard defined as a "deficiency or lack of nerve-force," that best exemplifies the pervasive élan of "nervosity" among the European middle class near the turn of the twentieth century.⁵² After a German translation of Beard's *A Practical Treatise on Nervous Exhaustion (Neurasthenia)* appeared in 1881, neurasthenia rapidly spread across Europe, reaching Chekhov's plays and short stories by the end of the decade.⁵³ While Nikolai Stepano-

49. I. M. Sechenov, "Refleksy golovnogogo mozga," in M. G. Iaroshevskii, ed., *Psikhologiya povedeniia: Izbrannye psikhologicheskie trudy* (Moscow, 1995), 107 (emphasis in the original). It is interesting to note that Nikolai Stepanovich's eclectic list of "famous friends" (*Sochineniia*, 7:251) includes the historian and psychologist Konstantin Kavelin, who defended the duality of body and soul in a public polemic with Sechenov during the 1870s.

50. *Sochineniia*, 7:307.

51. *Ibid.*, 7:264, 291.

52. George M. Beard, *American Nervousness, Its Causes and Consequences* (New York, 1881), vi.

53. Edward Shorter, *From Paralysis to Fatigue: A History of Psychosomatic Illness in the Modern Era* (New York, 1992), 221. Daniel Gillès has suggested that Chekhov's first encounter with neurasthenia occurred in 1885, when his acquaintance, the artist Isaak Levitan, hap-

vich suffers from a condition grounded much less contentiously in the body than the disease concept neurasthenia would ever manage to become, the professor's facial tic, his irritability, his appeals to his "nervous tension" and "nervous excitability," as well as the broader evidence suggesting that he is suffering from a diabetes of nervous origin, all make it possible to situate "A Boring Story" alongside other works by Chekhov involving nervous disorders, such as "An Attack of the Nerves," "Ivanov," "The Duel," and "The Black Monk."⁵⁴

In terms of what might be called the "poetics of nervosity," nervous disease in the late nineteenth century not only served as an artistic means for reworking, along materialist lines, the traditional thematics of the mind-body divide but also enabled writers and critics to transform social commentary into an extended symptomology in which the nervous system acted, literally or metaphorically, as an interface between society and the individual. Concerning neurasthenia, for instance, Beard argues that its many forms "are diseases of civilization, and of modern civilization, and mainly of the nineteenth century, and of the United States."⁵⁵ Chekhov expresses a somewhat more circumspect view on the social pathology of neurasthenia in a letter to Aleksei Suvorin, whose son appears to have been diagnosed with the trendy disease: "[He] has a disease that is mental, socioeconomical, and psychological, which perhaps does not exist at all, or, if it does exist, then perhaps does not have to be considered a disease."⁵⁶ In "A Boring Story," Nikolai Stepanovich generally rejects the arguments that Katia and her suitor, Mikhail Fedorovich, put forward to support their bleak assessment of contemporary society. In a remarkable passage near the beginning of the novella, however, Nikolai Stepanovich implicitly raises the possibility that one of the causes of his pessimism, its

pened to be diagnosed with the new disease. See Daniel Gillès, *Chekhov: Observer without Illusion*, trans. Charles Lam Markmann (New York, 1968), 70.

54. The term *neurasthenic* (*nevrasstenik*) appears, for instance, in "Duel" (The duel), which Chekhov began writing before the completion of "A Boring Story" (*Sochineniia*, 7:374). Ivanov, in the play of the same name, complains about his "weakness" (*slabost'*) and "nerves" (*nervy*, *Sochineniia*, 12:53). And in "Pripadok" (An attack of the nerves), the doctor's use of the catchword *exhaustion* (*pereutomlenie*) during his examination of Vasil'ev, as well as his testing of reflexes (*refleksy*) and skin sensitivity (*chuvstvitel'nost' ego kozhi*), all suggest that he fears his patient may be suffering from neurasthenia (*Sochineniia*, 7:220, 221). "The Black Monk" focuses mostly on Kovrin's megalomania, but the narrator opens the story with a clear, and lightly parodic, allusion to neurasthenia: "Andrei Vasil'ich Kovrin, Master [of Sciences], became exhausted and upset his nerves [*utomilsia i rasstroil sebe nervy*]" (*Sochineniia*, 8:226). Kovrin's progression from neurasthenia to megalomania follows a pattern outlined by Korsakov in *Kurs psikhiiatrii*, 2:1015.

55. George M. Beard, *A Practical Treatise on Nervous Exhaustion (Neurasthenia), Its Symptoms, Nature, Sequences, Treatment* (New York, 1880), 3. In a popular tract on neurasthenia, Bernard goes so far as to suggest that the five major precipitating causes of neurasthenia are steam power, the periodical press, the telegraph, the sciences, and the mental activity of women: "when civilization, plus these five factors, invades any nation, it must carry nervousness and nervous disease along with it." See Beard, *American Nervousness: Its Causes and Consequences*, 96.

56. Letter to Suvorin, 29 March 1890, *Pis'ma*, 4:50. Regarding Chekhov's interest in the new discipline of social pathology, see G. V. Arkhangel'skii, "A. P. Chekhov i zemskie vrachi," *Sovetskoe zdavookhranenie*, 1986, no. 3:61–64.

“diathesis,” may lie in the decay of Russian society around him: “On the whole, the decrepit condition of the university buildings, the gloom of its corridors, the soot on its walls, its lack of lights, the dejected appearance of its steps, coat hooks, and benches, in the history of Russian pessimism, occupy one of the first places in the many rows of the diathesis [*prichin predraspolagaiushchikh*].”⁵⁷

Throughout his notes, Nikolai Stepanovich fears that illness may have brought about a change in his view of life. At the end of the novella, however, Nikolai Stepanovich develops a more subtle dialectic on the relationship between mind, body, and society in disease. In these concluding pages, Nikolai Stepanovich no longer seeks to absolve himself of responsibility for his pessimism by appealing to his illness or to his environs. It is not that free will does not exist for Nikolai Stepanovich, but that he himself, Katia, and those around him have not the strength of character to rise above the sway of “external influences.” He evokes the possibility of free moral agency—“of a god of the living man” (*bog zhivogo cheloveka*)—only to note its general absence in his life. It is his lack of a “general idea,” a lack whose implications are more ethical than psychopathological, that paradoxically provides Nikolai Stepanovich with his final justification for reducing his own thoughts to the level of a mere “symptom.”⁵⁸

Melancholia and Insight

As opposed to attributing his pessimism to pathology, Nikolai Stepanovich and Katia both consider the possibility that he has only now attained full insight into the nature of his own existence and of the world around him. In Katia’s view, the professor has at last come to see long-standing problems in his family and his career: “You see now what for some reason you did not want to notice before. In my opinion, you must first of all make a final break with your family and leave them. . . . Do they still remember you exist? . . . And the university, too. What do you want it for? . . . You have been lecturing for thirty years, and where are your pupils? Are there many famous scientists among them? . . . You are superfluous.”⁵⁹ Although Katia and Nikolai Stepanovich ultimately resolve the question of the latter’s pessimism in different ways, what remains consistent in their conversations and the professor’s monologues is the mutual exclusion of illness and insight. In a letter to Suvorin, Chekhov himself reinforces this mutual exclusion by arguing that Nikolai Stepanovich’s opinions should be considered as “things” (*veshchi*): “For me, as an author, all these opinions do not in themselves have any value. The main thing is not their substance; their substance is interchangeable and not new. The whole thing lies in the nature of these opinions, in their dependence on external influences and such. One should regard them as things, as symptoms, completely in an objective manner, not trying to agree or disagree with them.”⁶⁰ In *The*

57. *Sochineniia*, 7:257, 258.

58. *Ibid.*, 7:307.

59. *Ibid.*, 7:282, 283.

60. Letter to Suvorin, 17 October 1889, *Pis'ma*, 3:266.

Skepticism and Belief of Chekhov, Vladimir Linkov criticizes Chekhov's one-sided interpretation of his own character in this letter. Although Chekhov enumerates many of Nikolai Stepanovich's flawed personality traits, Linkov argues that the author "is silent about his self-criticism, about his capacity for merciless self-analysis." Rather than falling entirely on the side of either illness or insight, as Nikolai Stepanovich, Katia, Chekhov, and so many literary critics since have done, Linkov proposes that the professor's judgments be divided into two groups whose artistic functions differ. The first type, those in which Nikolai Stepanovich "understands the truth, no matter how terrible it is," represents real, substantial thoughts. The second type, in which he "flees from the truth," reflects "only symptoms of [his] diseased condition."⁶¹

Linkov's proposal breaks with a long critical tradition of "either-or," but his sorting of the professor's thoughts into groups leaves intact the mutual exclusivity of illness and insight. In contrast to this functional division, I have attempted to argue that within the context of mainstream nineteenth-century psychiatry a pessimism that is symptomatic is by definition devoid of insight. Yet there remains at least one more way to modulate the alternatives of illness and insight in "A Boring Story." Neither Nikolai Stepanovich nor his main interlocutor Katia consider the possibility, so common to the romantic cult of melancholia, that his pessimistic thoughts about himself and the world might be both pathological and insightful. Indeed, the tight and meticulously "realistic" connection between Nikolai Stepanovich's deteriorating body and his deteriorating mind serves throughout the novella as a check to any valorization of his pessimism. His habit of denigrating his own thoughts can nonetheless be seen to sharpen what I would like to call "the paradox of melancholy insight." Nikolai Stepanovich's thoughts become all the more melancholy in that they perpetually erase their own value. Instead of having thoughts that are "as bright and as deep as the sky" (*gluboki, kak nebo, iarki*),⁶² as would be fitting for a man of his station in life, he is overcome by a pessimism that he thoroughly belittles. At the novella's close, nothing has meaning in his life, neither past nor present, not even the insights that could express such an annihilating self-judgment.

While the opposition between illness and insight remains mutually exclusive throughout "A Boring Story," Chekhov does make a connection between nervous disease and nobility of character in an 1899 letter to a young Vsevolod Meierkhol'd about a character in a play: "Now about [this character's] nervousness [*nervnost'*]. This nervousness should not be emphasized, or else the neuropathological nature will obscure and overwhelm what is more important, namely, his loneliness, the kind of loneliness experienced only by great and otherwise healthy organisms ('healthy' in the highest sense)."⁶³ By placing the neuroses of noble organisms beyond the realm of pathology, Chekhov is here echoing a tradi-

61. V. Ia. Linkov, *Skeptitsizm i vera Chekhova* (Moscow, 1995), 50.

62. *Sochineniia*, 7:291.

63. Letter to V. E. Meierkhol'd, October 1899, *Pis'ma*, 8:274.

tion begun by Aristotle, rediscovered by humanists in the Renaissance, and epitomized by Hamlet—namely, the tradition of the melancholy great being. Nikolai Stepanovich's status as a renowned Russian physiologist, one afflicted with pessimism near the end of his life, places him within this humoral tradition. As he tells Katia, "I always felt myself to be a king. . . . But I'm a king no longer" (*ia vseгда chuvstvoval sebia korolem. . . . No teper' uzh ia ne korol'*). The tragic fall of this king of Russian science coincides with the appearance of "evil thoughts" that he considers "tolerable only to slaves" (*prilichno tol'ko rabam*). Although he once availed himself of the "most sacred right of kings—the right to pardon" (*samoe sviatoe pravo korolei—eto pravo pomilovaniia*), he has come to react with hate, spite, indignation, exasperation, and fear to all that is wrong around him.⁶⁴

Nikolai Stepanovich's tragic fall occurs before the opening lines of his notes. These notes are not devoted to the events that lead to this fall, however, but to his present experience of loss. While the often tortuous paths of psychoanalysis are foreign in spirit to Chekhov's fictional world, not to mention to the author's views as a physician, Sigmund Freud's understanding of melancholia as loss is relevant to "A Boring Story." In his essay "Mourning and Melancholia," Freud writes that "mourning is regularly the reaction to the loss of a loved person, or to the loss of some abstraction which has taken the place of one, such as fatherland, liberty, an ideal, and so on." Melancholia is "an effect of the same influences," but mourning differs from melancholia in one important way: "the fall in self-esteem is absent in grief."⁶⁵ It is not difficult to find instances of loss in Nikolai Stepanovich's life. Not only is he facing death, but he is facing it alone. His family is preoccupied with its own drama—to which he feels entirely indifferent—as his daughter elopes with her fiancé. Even Katia, his "treasure" (*sokrovishche*), leaves him at the end of the story, and likely will not even attend his funeral. In addition to this loneliness, he is afraid that if he were to approach his medical colleagues about his condition he would be advised to give up his work: "And that would deprive me of my last hope."⁶⁶ If work is his last hope, however, then it is a bitter one, for he has already lost all the joy he once experienced while lecturing. Nikolai Stepanovich has even become divorced from his illustrious name, which lives its own independent existence in journals and newspapers.⁶⁷ This estrangement from his own name epitomizes a general erosion of his former identity. His grief at the approach of death might be considered the work of mourning, but this alteration in his self-image gives rise to a deprecatory self-analysis that is more suggestive of melancholia. If near the beginning of the novella he fears that he is spoiling the end of a life that has otherwise been beautiful and productive, he eventually comes to regard his entire life as having been wasted.

64. *Sochineniia*, 7:281, 282.

65. Sigmund Freud, "Mourning and Melancholia," in Philip Rieff, ed., *General Psychological Theory* (New York, 1997), 164, 165.

66. *Sochineniia*, 7:290, 310.

67. *Ibid.*, 7:251, 305, 306.

Nikolai Stepanovich has lost not only all sense of the meaning that his life once held for him but also his former nobility of thought. During his trip to Khar'kov he finds himself no longer able to stay above such "external influences" as "family troubles, merciless creditors, the rudeness of the railroad staff, the inconvenience of the passport system, the expensive and unhealthy food in the buffets, the universal ignorance and coarseness in attitudes." Yet the pessimism that has come to supplant his former nobility of thought provides him with insights, however unreliable or pathological they might be, that are self-examining, penetrating, and uncompromising, and that thus partake of a different, yet no less ancient or distinguished, ethos than the Stoicism he would wish to emulate; as he caustically puts it, he has nothing better to do in Khar'kov than to sit on a "strange bed," "[clasp his] knees," and heed the fabled oracle of Delphi: "Know thyself."⁶⁸ Freud similarly writes of the insights of the melancholic patient in terms of a greater tendency toward self-analysis: "In certain other self-accusations he also seems to us justified, only that he has a keener eye for the truth than others who are not melancholic . . . for all we know it may be that he has come very near to self-knowledge; we only wonder why a man must become ill before he can discover truth of this kind."⁶⁹

While Nikolai Stepanovich's "boring story" is devoted at least as much to digressions and to the quotidian as to his pessimism and to his failing health, those passages in which he directly confronts his condition illuminate, with short bursts of insight, a crisis of meaning. This crisis follows its own plot development: Nikolai Stepanovich first alludes to his "new thoughts" near the end of the first section; he poses the question of whether he is ill or insightful in the third; and he returns to this question at the end of the fourth. It is only in the sixth and final section of "A Boring Story" that Nikolai Stepanovich at last puts this question to rest. In his final summation of his predicament, he does not climactically resolve the question of whether he is ill or insightful. On the contrary, in an anticlimax permeated in equal measure with pathos and bathos, he dissolves its original meaning. Succumbing to the very pessimism he dismisses, he writes, "in my passion for science, in my desire to live, in my sitting on a foreign bed and my striving to come to know myself, in all these thoughts, feelings, and notions that I form about everything, there is nothing general that might bind them into a single whole." Nikolai Stepanovich concludes that he has lacked a "general idea," not as a result of illness, but all his life, and thus the antithesis between illness and insight no longer preserves the dramatic potential for meaning that it had earlier held for him.⁷⁰

It is this loss of meaning—in the very question from which his crisis of identity arose—that is so characteristic of melancholy insight. Nevertheless, if Nikolai Stepanovich dissolves the original opposition between in-

68. *Ibid.*, 7:305, 306.

69. Freud, "Mourning and Melancholia," 167.

70. *Sochineniia*, 7:307.

sight and illness, then his final meditation conceals a self-referential paradox. This paradox of melancholy insight can be expressed in the terms he uses in his argument. If his pessimism is only a symptom of disease, then is his current pessimism about the merit of his life and career likewise only a symptom? If his self-analysis has revealed the absence of a ruling idea in his thoughts, then has not this symptomatic pessimism brought him insight, no matter how bitter, into the true nature of his own existence? Whatever the value of such objections, no further questions along these lines generate conflict in the novella. The paradox in this passage is therefore better articulated in terms of the form of Nikolai Stepanovich's final meditation. Nikolai Stepanovich's writing is never more lyrical than in the very passage where he reduces his thoughts to the level of pathological phenomena. As his own self-analysis becomes more lucid and insightful, as his writing style attains an organic coherence and a sense of conviction that it had previously lacked, he concludes that his view of the world is subject to the whim of external influences, rejects calmly and categorically the value of his long and illustrious life, and perceives, with unflinching clarity, that he has always lacked a ruling idea that might have connected his thoughts and feelings into a meaningful whole. It is the lyrical movement of his self-analysis that seems so discordant with the endpoint to which this self-analysis leads—the dismissal of his thoughts as a symptom.