

Diagnosing the Physician-Writer: Clarity, the Bodily Space, and the Problem of the

Hyphen

by

Sanjay Mohanty

A thesis presented for the B. A. degree

with Honors in

The Department of English

University of Michigan

Spring 2007

For my mother, my brothers, and the memory of my father

For NELP

Acknowledgements

This project: long, exciting, challenging, and at times immensely frustrating, could not have been completed without the help of innumerable advisers, teachers, friends, and family. The following deserve specific mention. Professor Petra Kuppers, my advisor, was an incredible source of direction, an engaging, challenging sounding board, and a dutiful reader of material that she was conceivably tired of by March. Professor Scotti Parrish's encouragement, support, calming presence, and crisis-control throughout the course of the project were either ever-present or always at-the-ready. Numerous other professors during my time at the University also deserve thanks, including Professors J.B. White, Jonathan Freedman, John Kucich, and the staff of NELP. They each helped me greatly as a critical writer and reader. My cohort, especially Dory, Brad, Neil, Julia, and Katie, deserves mention, as they pulled me along whether they knew it or not, staying up late and making it (mostly) to Tuesday afternoon meetings for light-hearted commiserating. My friends at the University and all over Indiana were supportive, even if they had only a vague idea as to exactly what was eating my time for so long. And finally, I'd like to thank my parents: my father, for among other things, introducing me to stories and the simple pleasure of napping on lazy Sunday afternoons; and my mother, for her constant support, inspiration, teasing, and challenge that I be a balanced person.

Abstract

This thesis examines the influence of medicine on the form and method of Anton Chekhov and William Carlos Williams's short fiction. I do this first by identifying the compositional principles of clarity in Chekhov and sensory space or "body poetic" in Williams. Each highlights the interaction between medicine and creative expression. Then I show how these themes are manifest in two workshops: the letters and the short fiction.

Chapter 1 is an examination of Chekhov's principle of clarity as it relates to his collected letters and three short stories. Clarity manifests itself primarily through the diagnostic eye, which in turn is characterized by list-like, seemingly haphazard or random provisions of detail; and the deployment of dialogue not as a method for characterization, but as a method for narrative progression and character evolution. This reinvention of dialogue's function is both an experiment in clarity and another example of Chekhov's unique awareness of dramatic potential in the environment.

Chapter 2 is an examination of Williams's short fiction and letters and how the body and the sensory space, culled from both his poetic and medical mind, enter as one of the most significant elements of his creative method. I argue that in addition to acting as a period of experimentation and transition, his short fiction is also a space in which he attempts to emphasize the weight and effect of the physical through the use of pressured and intense language. In this way, the physician's tactile awareness of the body is combined with the poet's sound sense to yield short fiction that is uniquely whole.

I conclude by questioning the symbolic significance of the hyphen as an accurate or fruitful method for describing the sorts of individuals Williams and Chekhov exemplify. Cursed, in a way, by its functional solitude, the hyphen is a deeply problematic descriptor in that it symbolically splits two roles that share a unique wholeness.

CONTENTS

Short Titles	i
Preface	1
Introduction	2
Chapter 1	9
Chapter 2	39
Conclusion	66
Works Consulted	68

Short Titles

CD: Coulehan, Jack, ed. *Chekhov's Doctors: A Collection of Chekhov's Medical Tales*.

Trans. Constance Garnett. Kent: The Kent State UP, 2003.

LL: Chekhov, Anton. *A Life in Letters*. Ed. Rosamund Bartlett. Trans. Rosamund Bartlett and Anthony Phillips. London: Penguin Group, 2004.

DS: Coles, Robert, ed. *William Carlos Williams: The Doctor Stories*. New York: New Directions, 1984.

SL: Williams, William Carlos. *Selected Letters*. Ed. John C. Thirlwall. New York: McDowell, Obolensky, 1957.

Preface

The genesis for this project, I like to think, was simultaneously in my organic chemistry and English literature notes. In the former, I used to write small poems—usually in the style of whatever poet had my imagination at the time—between my glances at the board, where carbon structures awaited my dutiful copying. In the latter, I’d doodle my name surrounded by the letters ‘M’ and ‘D’ in various forms, practice writing biochemical pathways, or daydream, somewhat gleeful in my naivety, about some ambiguous future as a doctor, all while my professor lectured on Modernism or Chaucer.

Reading William Carlos Williams *Autobiography*, whose poetry I discovered in my first year at the University, I found his discussion about the intersection of his medical practice and his art to be captivating. Most interesting were his observations about the sorts of artistic spaces made available to him because of his “job.” And then there were the numerous stories I’d heard about Anton Chekhov “chasing two hares,” traveling across Siberia to Sakhalin in the simultaneous interest of scientific and creative writing and medicine. He too seemed uniquely devoted to two spheres and in fact, as I found out during the course of this study, didn’t see them as two necessarily, leaving implicit hints to their dynamic unity. The intersection of these two spaces hit very close to home for me, as I found myself beginning the slow, exciting, agonizing, and expensive process of applying to medical school, fulfilling a lifelong dream. I saw myself, in my wildest dreams, negotiating similar obstacles to those I observed in Chekhov and Williams’s writing. The study now over, I’ve arrived at a unique sort of understanding of two writers I’d only vaguely admired and enjoyed previously. This new element of the relationship between me and literature has been the most fruitful, eye-opening and pleasurable yet.

Introduction

But I am an insane person—the longer I live the more I realize it—and the more I realize I am not much different from anyone else. We are all crazy—but I seem to be more so than some. (SL 98)

-William Carlos Williams

Williams's estimation of himself, partly in jest, partly serious, echoes the reaction of many to writers and other artists who also balanced other careers. Perhaps words as extreme as "crazy" are rarely used, but there is certainly a simultaneous fascination and puzzlement as to exactly how one manages to not only devote significant time and energy to being a lawyer, for example, but achieve large success in what many perceive to be a vastly different arena, that of creative expression. From Wallace Stevens, the lawyer and insurance company vice president who wrote poems on his daily walks, to the writers in this study, Anton Chekhov and William Carlos Williams, such artists have always captured a certain part of their readers' and critics' imagination left neglected by full time artists.

Kathryn Plank, in her "From Pagany to Paterson: Poetics and Public Health in the Fiction of William Carlos Williams," notes the amazement—incredulity even—with which the dual-sided Williams was viewed by the public at large, citing a cartoon in the funny pages:

Dr. William Carlos Williams—of Rutherford, New Jersey, has written 37 books of poetry and prose, received the Bollingen prize in poetry (1953), and

a National Book Award (1950)...he is 75 years old and has been a *Practicing Physician for 42 years!* (Yale).¹

Similarly, Robert Coles, in the introduction to his collection of *The Doctor Stories*, recounts the moment he asked “the usual, dreary question... [he] hadn’t stopped to realize [Williams] had been asked a million or so times before” (*DS* xi). The question, of course, was one of astonishment at the curious ability Williams seemed to have had at being both a dedicated physician *and* a well-known poet. How did, you, Dr. Williams, everyone seemed to ask, manage two careers so successfully? This question is based on a very basic assumption, one that separates the brain into the “affective arts”—poetry and painting, for example—and the “rational arts”—math and science. The aim of this project is not to erect a bridge between too sections of the brain, but to reveal their separation to be flawed and reductive.

The archetype of the physician-writer has been the primary representation, justifiably or not, of the entire field of medical humanities, which seeks to explore the relationship and exposition between the healing experience and the humanities. It seems quite predictable then too, that several of the exempla used in medical humanities courses are doctors who achieved prominence primarily as writers. On the surface, medicine and writing—fiction and poetry specifically, especially the sort not overtly related to medicine—appear to have their origins in very different places. But the medical humanities as a field wishes to highlight that at the heart of the physician’s job is the art of storytelling. The doctor-patient interaction, for example, is fundamentally an exchange of narratives: the patient tells a story, the doctor interprets and in many cases, modifies and dictates the story to arrive at the correct diagnosis and treatment plan. The medical humanities is profoundly concerned with what happens in

¹ qtd. in Plank 1. She presents the incredulity with which Williams was met in an article “similar to *Ripley’s Believe It or Not*” as indicative of a larger public fascination with doctors as artists.

the course of this narrative modification, and how the differences between doctor and patient narrative can often be both a very clear critique of the medical establishment itself and the generative source for creative work—novels, poems, short stories, creative non-fiction—on both the side of the patient and doctor. There is even an entire subgenre of novels that fall underneath the moniker “illness narrative.” The uniqueness of the healing experience and its influence on its participants—in this case, doctors—places the relationship between it and literature in an equally unique place in terms of literary analysis. The medical humanities are also limiting in many ways, especially when it comes to literary analysis. The creative process is foregone for strict content: how a story for example, reveals and evokes the complexity of the patient-doctor narrative only through content, and not through formal elements. It is on this level of the formal, in part, that this project wishes to engage with texts and two men who created them. Attempting to understand the relationship between the theory, form, and content of the written work and the influence of medicine is to more holistically understand the writers as dynamic, creative forces.

The writing stage, for both Williams and Chekhov, as shown in the way they work shopped and modified their theory and practice, was very closely related to the stage on which they worked as doctors, the medical stage. They are both known widely for their creative work and, in the case of the latter, less so for his other role, as a doctor. As such, they provide interesting case studies of the ways in which medicine and creative expression interact and inform one another. Remarkably little has been written on Chekhov’s dual careers, especially when taken in consideration with the large body of critical work; perhaps it is understandable, as he was living with TB from early on and consequently ceased practicing as a young man. In contrast, within the sizeable corpus of Williams criticism,

there have been several studies on the interaction of Williams's practice with his poetics.

The general idea one gets though, is that while the two may have interacted somewhat superficially, the most meaningful critical work happens when they are considered separate.

While this may be the case, there are ways in which they are connected on the level of composition and theory, rather than strictly on surface similarities and content (plot).

Understanding how the medical stage influenced Williams's and Chekhov's art articulates an interaction that is left largely unacknowledged by simpler statements, which might describe how the illness and healing experiences is largely one of narratives.

In many ways this project is most concerned not with bridging two places, but in revealing them to be vitally and dynamically a part of one another. The metaphor of a bridge implies a spatial separation, and in examining how content, form, and artistic theory interact with medicine on a fundamental level, the bridge metaphor becomes less accurate. It is not merely an interaction of content or a connection of narratives—Chekhov and Williams didn't just write about "medical" things: they composed and thought in novel, "medical" ways, and this is something decidedly more difficult to express. This project also shows how two different writers manifested this interaction in vastly different ways. Chekhov deals very directly with the art/medicine interaction in his short fiction, often overtly highlighting it in dialogue and plot action. On the other hand, with Williams, there is an underpinning based in poetics and the theoretical in his letters and short fiction that plays with the interaction.

One of Chekhov's most salient artistic theories is that of clarity. Specifically, it is clarity as it relates to the artist's role or how the artist should think about his or her work in relation to an audience. "It's time for writers," he writes to long-time correspondent and editor Alexey Suvorin, "especially writers of real artistic worth, to realize, that in fact

nothing can be understood in this world” (LL 139). This comment was largely in response to the then common practice of writers attempting to order the world in some way, to judge characters and come to general conclusions about the world in their work. Russian giant Leo Tolstoy exemplified this approach to writing. He was well known for his moralizing and his entrance into his stories as a formless voice. This comment becomes an excellent articulation of an idea that underpins much of Chekhov’s work. Using clarity as a broad theoretical framework, the end of his artistic method as it were, is one way to go about understanding a facet of his work. In other letters, he experiments with description and exposition, often with lists, as in the same letter to Suvorin in which he details the six members of his landlord’s family, paragraph-by-paragraph. The lists crop up repeatedly in letters and read in conjunction with his short fiction becomes a methodic path to clarity. At the same time, Chekhov is aware of the decisions a writer must come to in his provision of detail, in what items he elects to present, the type of image he wishes to give. He does not seek to give, for example, an exhaustive description of a character from head to toe. The blunt, rather boring reduction of his “diagnostic, medical gaze” as merely (predictably) “methodic” and implicitly thorough breaks down at this point. Chekhov’s lists are in a word unpredictable. In the beginning of the story “Malingerers” (CD 5) for example, he focuses on the “sour eyes” of an old patient and the bare feet in the waiting room; and in “An Awkward Business,” the focus is again on the face of the *feldscher*², which is “elderly” and “fleshy,” with “greasy hair plastered down over his scalp” (CD 46). These are not, as one imagining his gaze as purely “diagnostic” might assume, focused on the entire picture of the homeopathic doctor’s office or the *feldscher*’s entire body. In some sense his eye, tuned to the details of disease, is also in tune with what one detail might give to a picture rather than another, what sour eyes and a

² Medical assistant.

gentleman's cap might afford over a dirty coat and worn shoes. Coming to a decision about which detail to give is very closely tied to what his idea of clarity might be, how one picture is closer or farther than another in its fidelity to his truth.

It is on this level of clarity that a somewhat precarious connection between Anton Chekhov and William Carlos Williams, separated by a generation and more than five thousand miles, can be drawn. There is the oft-cited Williams adage "No ideas but in things," which is related, on a superficial level, to Chekhov's desire to present things as they are, without judgment. At the same time, this adage fails fantastically to encapsulate the variety in his work; if there had to be a theme characterizing Williams's body of work, it would most certainly be that of change, of evolution and reinvention of language. Critic James Breslin notes Williams's push for a poetics of immersion rather than of transcendence. This is applied generally to his sizable body of poetry. But in his short fiction the poetics of immersion is still on his mind, and it is on this level that the influence of the body, the "body poetic" so to speak, becomes apparent. The entrance of the body poetic was influenced by his desire to bring to reading an experience that transcends the page and reinvents the written work into a made object itself, not simply an evocative medium. It is abundantly clear that his poetic sensibility influenced his approach to writing short fiction. Williams was vehemently insistent that poetry and prose are one and the same, although he contradicted this at times. In both spaces he did attempt to carry out a project of the senses: he wanted the reader's ears and mouth in the picture with the eyes, rolling over and around words, the appearance of the poem on the page combining with sound sense to create a novel experience. The body is a sensual space and made object, an artistic sensibility and an audience, and the simultaneous awareness of this on Williams's part infuses his short fiction

with qualities very similar to that of his poetry. In the same way that the words of his poems fill the mouth, creating an experience that is altogether one of taste, touch, and hearing³, so too do his descriptions of patients and doctors, of sickness and health, his method of characterization.

Williams's and Chekhov's diagnostic gazes both show the medicine/art split to be less a split than an interaction. It is an interaction more compelling than one merely of content—that medical practice and writing might influence one another on a very fundamental level presents physician-writers as not just artists with feet in two different places, but as artists discovering a different sort of wholeness in their world, that there are no parts and separations, that there are interactions that are constantly shifting and ever-changing. The physician-writer in this light begins to break down the very moniker given to him or her, fixating on the problems and accuracies of the hyphen.

³ J. Hillis Miller and his discussion of Williams and the senses will be discussed later in the Williams chapter.

Chapter 1:

“In the Interest of Clarity”

‘I don’t understand them,’ he would say mildly. ‘I have spent all my life in working at natural science and medicine, and I have never had time to take an interest in the arts.’ (CD 138)

So says Dymov, the doctor-husband of Olga Ivanovna in Anton Chekhov’s story “The Grasshopper,”⁴ during a dinner conversation. This statement is illustrative of a dichotomy that crops up repeatedly in Dr. Chekhov’s short fiction and letters. Dymov reacts to his wife’s challenge of this statement by noting that her artist-friends know nothing of science or medicine. “You don’t reproach them with it,” he says, and placed in relief are Chekhov’s two spheres at odds with one another.

As a way to enter into an examination of Chekhov’s struggle with the medicine/art interaction, I’m focusing on two distinct genres within which Chekhov wrote abundantly: his short fiction and letters. These two places are not so much finished, polished spaces, but workshops. In each, he explicitly—by plot organization and characterization, for example—and implicitly—by language consistencies and inconsistencies—hammers out his response to a life separated into spheres. His short fiction has been characterized by a number of critics as lacking in form while relying on tone and character, a sort of literary impressionism.⁵

Reading a broad selection of his stories, I was struck with his method of image and character

⁴ Alternate translation: “The Flutterer.”

⁵ See Derman (22) and Dobin (41-45). In both, there are notes about Chekhov and his characteristic restraint, creative cooperation with the reader, emphasis on the “close-up” and “limited selection of items.” These ideas are echoed in the work of numerous other Chekhov critics.

construction, his method of “showing,” as it were. There is something characteristically catalogue-like and haphazard in his method. His letters—quirky, insightful, thoughtful, compassionate, and sincere—explore a myriad of subjects, making for an excellent read, though this makes it decidedly difficult and frustrating to find a vein similar to the one that runs through his fiction.

Nevertheless, in both genres, Chekhov maintains certain stylistic tendencies, specifically with respect to his methods of description and establishment of tone. These methods fall under the umbrella of the diagnostic eye. I use this phrase to hint at my belief that though Chekhov consciously separated medicine and the world of affect in several ways in both his short fiction and letters, he had a certain method of narrative technique—the description-catalogue—that was colored by a mind that was most certainly concerned with details, fundamentally diagnostic, and profoundly observant. These catalogues are used to build scenes and character, and they are characterized by list-like sequences of images, the consequential emotional responses, and actions. Not only are they used in discussions of medicine and patients, but they are also deployed when describing art and music. According to one critic, in the context of literature, it may even appear random,⁶ especially when held up to his contemporaries.

In contrast to this stylistic interaction, Chekhov, when directly addressing the relationship between medicine and art, always separates them. His letters, especially those written to Alexey Suvorin, explicitly delineate his writing on the one hand and his medical practice on the other. One moment he is discussing specific treatment plans or public health concerns and the next he is fleshing out his own theories about art. The two are never

⁶ Dobin. He never refers to Chekhov’s technique as the diagnostic eye. However, he directly addresses the idea of detail in Chekhov: how he implements detail to build tone and not necessarily to contribute to the actual plot.

interspersed; they never weave in and out of one another. In one letter to Suvorin, he spends a separate paragraph talking about his own developing TB ailment and another paragraph discussing a patient, “Ashanin’s grandson.” The final brief paragraph of the letter contains a discussion of a play (*LL* 165-166). In another letter to life-long friend and fellow doctor Nikolay Obolonsky, he discusses the condition and treatment of his artist brother, who Obolonsky treated initially, separate from his mention of plays and poems (*LL* 185-187). It seems easy to write off such a separation as merely a consequence of epistolary composition and structure, a consequence of subject organization. But in general, the style of Chekhov’s letters is formless in the same way that his short fiction is, stream-of-consciousness-like almost, in their characteristic jumping from subject to subject. But there is still the constant formal and visual separation of medicine and medically-related subject matter. Consider the example of a letter discussing the treatment of his ailing brother, whom he referred to as “the artist.” There are the medical facts of his consumption and, in a later letter after his Nikolai’s death in 1889, the affective results perhaps, separated in a brief paragraph:

Lying in his coffin he had a most beautiful expression on his face. We took a photograph of him, but I do not know whether any photograph can succeed in conveying this expression. (*LL* 188)

Compare with another single paragraph detailing symptoms:

Going back to the artist: when I was bringing him down from Moscow, he was very sick halfway here. He is still vomiting. And one other, more significant, detail: he is showing symptoms of a laryngeal infection. This is particularly worrying because I am rather weak on diseases of the throat, and there does not seem to be a laryngoscope anywhere in the district. Is there an

inhalation you can recommend? One of the local physicians insists that the best thing is creosote. (*LL* 186)

And another paragraph:

The artist talks about you every day, and every day asks me to get him some writing paper so that he can write to you. He's got himself a kitten to relieve the boredom and plays with it as if it were a child. He's priming the face of a wall clock; he wants to paint a woman's head on it. (*LL* 187)

I think that this separation on the page, conscious or otherwise, is profoundly indicative of the separation in his mind. In one way, because of the differences in their length, he seems more comfortable discussing the medical elements of the disease or its concrete effects. The separation is problematic for Chekhov—one could conceive of his almost deliberate, clear-cut, separation of spaces in his letters and short fiction as a reaction to the problematic, less clear mental separation. As a district doctor, a position that required more than simply physical medical care—psychological and spiritual questions probably came up in his day-to-day practice, for example—this is even more intriguing. Rural medicine is medicine closely tied with social interaction, as opposed to medical research or strictly academic medicine. Nevertheless, while working for the *zemstvo*⁷, his letters never address such issues, or make any sort of connection between those issues and the creation of art. One of his most famous statements on the matter—

Medicine is my lawful wedded wife, and literature my mistress. When I've had enough of one, I can go and spend the night with the other. You may call this disorderly conduct, but at least it stops me getting bored, and in any event I am sure that neither of them is the loser from my infidelity (*LL* 149)—

⁷ Institution which provided local government councils in Russia between 1864 and 1917.

hinges on this separation. It is this contradiction—the simultaneous presence of an explicit separation and implicit medicine/art interaction—that ultimately reveals both one resolution to his internal struggle, however incomplete, and an important place at which his two careers interacted. This resolution in many ways, makes the stereotype of the “scientific mind”—ordered, clean, and pared down—and the “artistic mind”—more organic and free—problematic. The resolution takes place in both regions, one of which is set aside for creative expression through narrative, and one that is arguably less so and more a communicative medium. They are different genres with similar tendencies.

Similarly, in his short fiction, the opposition of the scientifically-opposed world in its various representative forms—“culture” in “Ionitch”; art in “The Grasshopper”; and the “intellectual world”⁸ or world outside the hospital in “Ward No. 6”—is an explicit one, and one that is deployed for the purposes of the story, to establish a tension that keeps characters dynamic and interesting. In many instances he dramatized this intersection with the use of a social lens. The tension results in social consequences—protagonists are deemed insane or they stumble across profound realizations. In “Ionitch,” Dr. Startsev’s complexity is shown in his evolution from idealistic doctor to lonely, established and successful bastion of medical elitism. It is given in terms of how the small town reacted to him. Chekhov does not use short fiction to flesh out an ethical dilemma or how the doctor’s practice is rife with internal struggle or full of excitement and daring heroism. This is in contrast to how the realm of medicine is typically deployed in the mainstream as a dramatic background: it’s usually for the extraordinary and compelling questions that are known to come up. These questions then drive a piece of literature, a film, or a television show. The emergency room or rural rescue

⁸ CD 105. Dr. Yefimitch defies the general stereotype of the scientific world as inherently intellectual. In “Ward No. 6,” the ward is depicted as purely reactionary—the doctor only reacts to the illnesses of his patients, doing what is required.

make for page turners; but rarely are the doctors considered first as points on a social landscape, amidst other actors.

E.S. Dobin discusses Chekhov's dependence on the reader for the subjective elements of the story. His reputation as a writer is closely associated with the idea of impressionism. Chekhov sought to give his readers situations as they were⁹ and as a result, the plots are not extraordinary. Instead, the characters are detailed and nuanced: in "Intrigues," we are not told that Doctor Shelestov is seemingly indifferent: he carelessly twirls a pencil or a chain (*CD* 2). Dr. Startsev's first visit to the Turkins is marked not just with a leisurely evening, but by tea with "jam, honey, and sweetmeats, and with very nice cakes, which melted in the mouth," which provide an impression of the sort of environment that will slowly seduce Startsev (*CD* 160).

Chekhov saw himself on this line between science and artistic production, perpetually teetering on the line that Dymov so explicitly delineates in his remark to Olga. One could ask about the origin of this internal struggle: Chekhov had his medical practice, but he also felt acutely the pressure to create. He writes to his family during his final exams that, "there's the writing" and later he "trembles with anxiety" before a piece he must write for another Russian periodical and is "overcome with a desire to write" (*LL* 30, 35). He was aware of his presence on the outer edge of artistic circles, of so-called "artists'" estimation of his work as mediocre or otherwise not extraordinary. This could also have been a possible source for his internal struggle. But the source of his internal struggle is not as important as is the nature of his approach to the struggle in each of these two spaces. In this sense, his short fiction and his letters are no longer regarded strictly as "false" and "true" respectively.

⁹ That is, without the voice of the author opining on the scene, plot, or character as each is written.

In a general sense, the examination of these two workshops will construct Chekhov as a character—a pseudo-biographical approach—a physician-writer simultaneously struggling with his passion for science, his desire to write and create, and his awareness of the lines that separated him from his patients, doctor-colleagues, and fellow artists. Even more interesting than this, at some points in his work, Chekhov is able to leapfrog this struggle and synthesize their differences into a cohesive whole.

Section I: Letters

In his book *Doctor Chekhov: A Study in Literature and Medicine*, John Coope¹⁰ devotes a chapter to the complex relationships between Chekhov, Leo Tolstoy, and Tolstoy's feelings about science. Though the two remained friends, and Chekhov admired Tolstoy immensely, he strongly disagreed with him on the subject of doctors (naturally),¹¹ most especially after returning from his expedition to the island of Sakhalin.¹² Tolstoy, in the words of Chekhov himself, believed more in "chastity and abstaining from meat" than "steam and electricity," while Chekhov believed strongly in scientific progress (LL 324-325), that, in the words of prominent Canadian physician William Osler, the "Promethean gift of the nineteenth century to man was the decrease of physical suffering in man, woman, and child when stricken by disease and accident" (qtd. in Coope 83). But there is little doubt, at least biographically, that his interest and love of one wasn't at the expense of the other. He was however, at various moments of his life, alternately tired of the practice of medicine and

¹⁰ Coope's study, while interesting in its broadness, lacked any evidence of the influence of medicine on Chekhov's writing on a formal level.

¹¹ Tolstoy was well known for his estimation of technology as somehow antithetical to human nature (see quote following). Naturally, it follows that physicians in their incarnation during Chekhov's time—guided by technology, champions of scientific progress—would be a subject to which Tolstoy would oppose himself.

¹² Chekhov recounted his expedition to Sakhalin, a penal colony and Russian island in the North Pacific, in *A Journey to Sakhalin* (1895).

tired of writing and the literary world. His passion for Shakespeare and his dedication to his dramatic works was echoed in his idolization of noted Russian medical professor Grigory Zakharin and interest in academic medicine while at medical school (Coope 20-22). In his mind, the influences of medicine on literature and literature on medicine were constantly shifting, giving and taking, leading Chekhov to believe that he had to choose a side depending on the circumstances.

For Chekhov the letter-writer, a character who consciously addressed medicine-literature issues, medicine was divorced from everything else, from a social life, from the affective world, from writing. In one letter, to Elena Shavrova-Yust, because he has been turned to “stone from boredom,” due to his slowly escalating illness, pleads with her to “forget that [he is] a writer” to “write to [him] as a doctor, or better still as a patient” (*LL* 400-401). Chekhov assumes that preoccupying Shavrova-Yust’s mind is his reputation as one of Russia’s foremost literary figures, and that this preoccupation is coloring her letters to him, making it difficult for her to think about him in any other terms and thus write more genuinely and freely.

Chekhov here deals directly with the various roles he plays in his own life and how these roles are boundaries both for himself and his family, friends, and admirers. In his letter-writing mind, his fellow writers have no conception of him as a doctor and his patients and colleagues have no conception of him as a writer. His publisher, Alexey Suvorin, a man to whom Chekhov wrote 337 letters, most of which number among his most penetrating and interesting studies of politics, medicine, and art, once suggested that Chekhov shouldn’t chase after two careers at once. Chekhov replied that he saw nothing wrong with at least making an attempt. Without a doubt, the frustration that resulted from chasing two careers

without “enough hounds” (*LL* 149) plagued Chekhov for most of his life. But this is only one perspective of a multifaceted relationship between Chekhov’s dual careers.

Chekhov developed and held strong views about the methods of the artist and the purpose of art. Throughout his career, he wrote to Suvorin, his brothers, and aspiring writers who sent him their work about what he was trying to do, what he hoped to accomplish, and in the case of the aspiring writers, what they should and shouldn’t be doing when writing. The subject of detail, discussed at length by Russian critics, is always closely associated with Chekhov. In terms of the influence of medicine on his literature, Coope notes that his clinical experience granted him a unique sort of access to the psychology of his characters “so that others could identify with them” (Coope 48-49). There is an entire chapter dedicated to this end in fact, depending heavily on an analysis of *Ivanov*. The oft-cited doctor’s “objectivity” (Coope 34) is also a point where medicine is speculated to have influenced Chekhov’s writing. But he never connects Chekhov’s understanding of art’s purpose, or the methods of its creation, with the possible influence of the separate sphere of medicine.

In a letter written to children’s author Maria Kiselyova, Chekhov notes that the purpose of literature is to show the honest and unflinching truth, things as they really are (*LL* 77). He again writes of this in a response to Rimma Vashchuk concerning one of her stories, noting that her “task is to be a sincere artist writing only about what exists or what you think ought to exist, painting pictures of life as it is” (*LL* 365); and in a response to Suvorin, he notes that he has “no responsibility other than to be talented” that it isn’t the writer’s job to decide questions of God or to judge his characters (*LL* 138). He also chides Vashchuk for her lack of understanding of what a “fairy tale” is. Apparently, Vashchuk incorporated supernatural creatures in her story that were little more than “fake diamonds” for Chekhov.

At any rate, one couldn't find fairies and gnomes anywhere in the Russian landscape and for this reason, Chekhov encouraged her to depart from such fancies, as such inventions are insincere. It is also interesting to note that he acknowledges that he's growing old and is perhaps a bit set in his ways. Nevertheless, the dismissal of fanciful situations and objects as artistically insincere can be paralleled to the naturalists and perhaps the physician scoffing at the diagnosis of cholera when the symptoms clearly indicate dysentery or pulmonary tuberculosis. In one way, Chekhov the doctor/diagnostician/scientist was sneaking into the room of Chekhov the writer and helping him along with the presentation of one scene or another. Or, in contrast to Chekhov's apparent belief that his white coat remained perpetually in the metaphoric exam room while he held his pen, there was some part of his doctor-self that influence the writer-self.

The presence of detail is both a way Chekhov cultivated a reputation as an impressionist writer and the main manifestation of his diagnostic eye. In one letter, Chekhov goes into exacting detail of the progress of a cholera epidemic and how he and the other district physicians are treating the patients, their "solid programme" (*LL* 310):

I intend to treat cholera by the Cantani method: large enemas with a solution of tannin at a temperature of 40 degrees, and a subcutaneous infusion of household salt. The former are a highly effective remedy: they provide heat and they reduce diarrhea. The infusion sometimes works wonders, but sometimes causes heart failure. (*LL* 311-312)

Suvorin, to whom this letter is addressed, was not a physician, but a newspaper owner and editor. Nevertheless, Suvorin was kept up to date as to the progress of the cholera epidemic and the manner of Chekhov's treatment plans. This arguably stemmed from the

nature of their friendship, the function of the letter as a form, etc. But also, conceivably, in his letters Chekhov continued working on his writing. He didn't change pens, so to speak, when he sat to write a letter. His fiction workshop extended into his letter workshop yielding pages of descriptions, catalogues, and exacting details. One passage, detailing Chekhov's conduction of an autopsy, is worthy of excerpting in its entirety:

I went out there in a crazy troika with an ancient Court Investigator, a kindly, white-haired old soul, so decrepit he was barely breathing, who has spent the last twenty-five years dreaming of becoming a judge. I carried the autopsy with the local district physician in a field beneath the leaves of a young oak tree on the village road...The deceased 'wasn't from round here', and the peasants on whose land the body was found begged us with tears in their eyes for Christ's dear sake not to carry out the procedure in their village...'The women and children will be too frightened to sleep...' The Investigator glanced apprehensively at the gathering clouds and at first prevaricated, but when he realized that he would be able to make a pencil draft of his report, and that were willing to start slicing up the body in the open air, he yielded to the peasants' request. A terrified village, witnesses, the local policeman with his badge, a poor widow keening 200 paces from which were going to do the postmortem, and two peasants guarding the dead body...Beside the silent guards were the embers of a small bonfire...The body was dressed in a red shirt and new trousers, covered by a sheet, and on top of the sheet was a towel with an icon...The actual postmortem revealed twenty broken ribs, a swollen lung and a strong smell of alcohol from the stomach. The death was violent, a

result of strangulation. The drunk man's chest had been crushed by something heavy, probably a well-built peasant's knee. There were a number of abrasions on the body caused by attempts at resuscitation. (LL 37)

The cadence is remarkably like that of his short fiction, especially when his tone switches to one of narrative, making the Investigator a character. There is also the characteristic, captivating provision of detail. The nature of the autopsy specifically lends itself to a description-catalogue, mainly because its purpose is to ascertain death. Chekhov needs detail here because of the nature of the job. But he is also aware of its artistic possibilities. In this letter to comic writer and journalist Nikolay Leikin, Chekhov uses the autopsy and its details to make the letter a compelling, even entertaining read. In another letter to Leikin, he spends almost its entirety detailing his new surroundings as a *zemstvo* doctor:

In front of my window there is a hill with pine trees; to the right is the police chief's house, and further round in the same direction a scruffy little town which once was an important city...On the left I see a ruined rampart wall, then a wood with the hallowed St Savva Monastery peeping out of it. The back porch, more accurately the back door, looks out toward the river over the stinking privy and some grunting pigs. It's Saturday. (LL 39-40)

As in the previous example, there is the presence of ellipsis, a visual indicator of the path his thoughts travel as from mind to pen. He wishes to continue the image, and for him, the ellipsis functions as a simultaneously seamless and broken connector, a place for both him and his reader to pause, digest the detail presented, and then continue constructing. In a letter to brother Mikhail, Chekhov structures his letter "point by point...in the interest of clarity" (LL 44). It's apparent that Chekhov saw his provision of detail, his attention and

experimentation with it, as a sort of experimentation with clarity, with methods of delineation and exposition. Clarity is an idea very much in tune with dictation, with the doctor's understanding of the healing process and experience.

In biomedicine for instance, diagnosis and a treatment plan for any one patient is dependant on a perceived objectivity. Objectivity as a medical principle was born of the scientific method, which generally results in experiments tested so exhaustively that they can be recreated by any trained scientist. This laboratory objectivity shows itself in doctor's offices in clearly dictated and written case histories, which would include among other things, a catalogue of the history of illness, chief complaints, history of visits to the doctor, and test results. Thus, if another doctor was to see the patient, the case history would be in a language which he or she would read and understand, hopefully arriving at a similar diagnosis and treatment plan. For Chekhov, clarity is also essential to his best writing.

The presence of detail in both his letters and short fiction, when the subject was related to art and when it was related to medicine, presents the exact extent of the influence of the diagnostic eye in his work. It is uniformly present in the letters, an indispensable characteristic of his epistolary writing.¹³ He seemed to revel in his powers of observation, which were undoubtedly honed from years of practice, and in the general power of sensory experience and its influence on the mind. Considering the detail contained within his short fiction and other anecdotal evidence¹⁴ concerning his dissatisfaction with productions of his plays, it was almost a point of obsession for him. The highest good was to reproduce

¹³ For other examples, by no means exhaustive, see letters to Maria Kiselyova (47), Alexey Suvorin (135) and several long letters to his family (229-232, 233-237, and 238-242).

¹⁴ Dobin 39. He recounts an anecdote of Chekhov involving the playwright's recommendation to a well-known, talented Russian actor that Trigorin's (*The Seagull*) fishing poles be "home made, crooked" and his cigar come "wrapped in silver paper."

something with the minutest details, with unerring fidelity, ideally without authorial intervention or judgment.

If it can be assumed that his theories about literature had influence on his own writing, then Chekhov believed that his own characters were acting genuinely, struggling in a very real way, a way in which he struggled himself. In another letter to Dmitri Grigorovich, he writes about the two reasons for his writing becoming lower on his priority list: he was ready to accept the “condescending view of [his] work”; and he was a doctor, “up to [his] ears in [his] medical practice” (LL 55). There is a certain element of bitterness here, springing from his assumption that the estimation of his work from other artists acted as a locked gate into a community of which he wanted desperately to be a part. Grigorovich’s letter of encouragement brought this inferiority complex of sorts, born of a man attempting to survive in what he perceived to be two different worlds, into stark relief.

Section II: Short Fiction

Language functions in two interesting ways in Chekhov’s short fiction. The first is directly related to the discussion of his letters—the method of the description catalogue as a route to clarity. The second function is as a narrative marker through its deployment in dialogue. I’ll begin with this function, which is also an exploration of a path to clarity. Experimenting with speech affectation is one way Chekhov both plotted characters on his science-to-affect spectrum and revealed his somewhat problematic separation of characters into “types.” He has ideas, implicitly or explicitly deployed, about the marking functions of dialogue: one’s manner of speaking represents actual development or psychological state;

and another represents a different development. The implication becomes one of dialogue as a viable space for sphere demarcation.

When Ionitch, Anton Chekhov's protagonist physician in the story of the same name, is rebuffed by Ekaterina Ivanovna, the "thin and pretty" daughter of the cultivated Turkin family, his heart throbs uneasily for the first time in the story. Indeed, one can almost hear and see the change which this doctor character undergoes, a dark epiphanic moment that repeats itself in numerous other Chekhov short stories. It is at this point of the story, which takes place in a cemetery, that Ionitch makes one of what he perceives to be only two possible choices with respect to his career and social future: he can either continue chasing what *Medical Tales* editor Jack Coulehan¹⁵ calls the "affective world" (CD 193) of which Ekaterina Ivanovna is a representation or he can choose a world of purely methodical medical practice, in which it is unnecessary for his heart to feel even compassion for his patients.

At the beginning of the story, Ionitch is bright-eyed, happy even, whistling, walking in a "leisurely way," and singing, perhaps a bit forebodingly, a song which begins "'before I'd drunk the tears from life's goblet...'" But by the end his choice in favor of science and medical affluence has left him, a "wealthy and corpulent man," but also a man who sees no friends: his appeal has been shrunken and shriveled into a prune; one can imagine him at the local restaurant at a grand table in the corner reserved for VIPs, waited on by twos and threes, commanding respect and admiration—fear even—from the other patrons, but dining

¹⁵ I use Coulehan's words sparingly. In general, I found his estimations of his anthologized stories to be reductive, and in most cases, not even acknowledging of nuance. Related to this was my general ambivalence about using anthologies compiled on the basis of "theme"—in this case the surface interaction between medicine and literature. The assumption in both *Chekhov's Doctors* and *The Doctor Stories* is that the interaction is most profound and compelling when the subject matter of the stories involves doctors and patients, not when there might be connections of form and method. Both anthologies were conveniently at hand early on in the project and provided a good starting point for two writers who have sizable bodies of work.

alone, speaking to no one. One gets the sense, especially in the superlative description of Ionitch at the end—he’s an “impressive picture” as if he were some “heathen deity,” riding through town in his carriage—that Chekhov himself is simultaneously amused, disgusted, and understanding of Ionitch’s choice. Chekhov writes, “He is solitary. He leads a dreary life; nothing interests him.” The arc is fairly clear, and the dramatic presentation results not so much in a simple indictment of Ionitch’s choices on the part of Chekhov, but something more nuanced and exploratory: Chekhov seems equally ambivalent about the younger Ionitch, the whistling doctor, who is also unformed and naïve, however brightly appealing he might be.

The manner with which the language surrounding Ionitch is used—his inner monologues, his descriptions, etc.—changes from beginning to end. Most obviously, he is singing at the beginning of the story, before his choice and its consequences; and at the end, he is speaking, if at all, haltingly. At a restaurant, he overhears a neighboring table discussing the Turkins, who he no longer sees: “What are you talking about? Eh? Whom?” (*CD* 173) In the last section of the story, his inner monologue, which is dominant in the first several sections—Ionitch pictures “stones dropping down a steep hill” (*CD* 161) the first time he hears Ekaterina play the piano, before she has spurned him—has all but disappeared, and we’re left with strictly physical, matter-of-fact descriptions: “[Ionitch’s] temper has changed too: he has grown ill-humored and irritable. When he sees his patients he is usually out of temper; he impatiently taps the floor with his stick, and shouts in his disagreeable voice” (*CD* 173). This surely is a different sound than the singing doctor at the beginning.

But the point here is that while the semantics of Chekhov’s language mirror the actual change in Ionitch from beginning to end, the manner of its use undermines this same split.

Using speech as a space for separation both shows his awareness of its importance and makes it more than just a method for characterization. It becomes a marker of a character's change. The modification of speech into an affecter of plot or story rather than characterization shows Chekhov's awareness of the numerous indicators in dramatic situations and narrative and in this sense, dialogue becomes an experiment in clarity.

The catalogue is present in "Ionitch" as well. Ionitch's decision changes him, delineating affect and science as two separate places in the process; but Chekhov uses the same kind of language, a language which is consistently of a diagnostic quality, haphazardly detailed. The catalogue begins with the description of the Turkins themselves: Ivan Turkin is a:

stout, handsome, dark man with whiskers—[who] used to get up amateur performances for benevolent objects, and used to take the part of an elderly general and cough very amusingly. He knew a number of anecdotes, charades, proverbs, and was fond of being humorous and witty, and he always wore an expression from which it was impossible to tell whether he were joking or in earnest. (*CD* 159)

This sort of description is characteristically Chekhovian. They continue in a similar manner with the rest of the Turkins and with Dr. Startsev (Ionitch) as well. The diagnostic quality, the carefully chosen detail—the manner of Ivan's cough for example—also crosses over when the details are less concrete. While waiting for Ekaterina in the cemetery, Ionitch's mind is presented:

For the first moments, Startsev was struck now by what he saw for the first time in his life, and what he would probably never see again; a world not like

anything else, a world in which the moonlight was as soft and beautiful, as though slumbering here in its cradle, where there was no life, none whatever; but in every dark poplar, in every tomb, there was felt the presence of a mystery that promised a life peaceful, beautiful eternal. The stones and faded flowers, together with the autumn scent of the leaves, all told of forgiveness, melancholy, and peace. (*CD* 165)

The nature of the objects is different but the details are still present. The descriptions of the cemetery and Ionitch's feelings at the moment, though concerned with affect, are like lists. Chekhov builds the image and the feelings methodically, cataloguing them, and the stylistic interaction between art and science is clear.

What is also interesting to consider is why Chekhov chose to make Ionitch a district doctor. One might ask what exactly was tied up into the meaning of a doctor that Chekhov could use for dramatic effect. On one hand, it functions as a device for social maneuvering, which he uses to leave the Turkins to be with Ekaterina under the pretense that his patients need him (*CD* 166). There is also the unique position of the doctor character in the story, and how this position is largely determined by the myth which precedes it.

Written in 1898, which followed both Chekhov's trip to Sakhalin, an island penal colony located immediately north of Japan, and his time in the early 1890s as a *zemstvo* doctor, "Ionitch" is a story very much connected with what it meant to be a "district doctor." *Zemstvo*, more or less, were the result of the evolution of the district council created by Czar Nicholas II. They were councils with elected representatives from three electoral colleges. These included the rural landowners, urban property owners, and peasant villages. The *zemstvos* were created in part because of the huge amount of land that comprised Russia.

The government was generally out of touch with the peasants and rural population and as a result, the *zemstvos*, a kind of government limb reaching into the sparsely-populated areas of the country, acted as a forum where problems could be addressed, concerns raised, and government aid dispersed. *Zemstvos* initially had not been intended to address specific medical and social concerns but more as a method by which the countryside could be made more modern, for the benefit of the cities and, by extension, banks, factories, and railways. By Chekhov's time, it was not uncommon for the villages to have nothing more than the equivalent of a medical assistant, or *feldscher*, a character Chekhov explores in "An Awkward Business," as the only source of medical attention.

In the latter half of the 19th century, idealistic medical school graduates began moving to rural areas to work for the *zemstvos*. "The peasants were at first suspicious of the doctors" (Coope 102), but eventually they were won over. By 1885, the *zemstvo* doctors had formed an organization, the Pirogov Society, whose purpose it was to petition and pressure the government for adequate medical attention. The *zemstvos* paid their doctors a consistent salary as well, which eliminated the potential discomfort that might come with a doctor demanding payment from poor patients. Considering that Chekhov was practicing in the Serpukhov District, a part of the Moscow Provincial Zemstvo, which was one of the most progressive in the country, he must have been particularly aware of the realm of district medical practice. One of the most interesting aspects of his writing, also related to the world of *zemstvos* and medically underserved populations, was the clear separation of the doctor from the rest of the community, whether it's the community at large or, more significantly, sectors of the community, such as the "art" world or the world outside the ward. If one assumes that Chekhov is writing from his own perspective, one would expect his doctors to

be an integral part of the community, an insider rather than an outsider. But in many of his stories, the doctor character is separated in some psychological manner, some mental deviancy from the norm, an “abnormality” with which they struggle—mental separation giving way to social separation. More specifically, there are the expectations that a farmer or merchant might have of their district doctor, simply because of his title and vocation.

Because Ionitch the newcomer is educated and because the profession is in general a respected one, most emphatically in a rural area, he is told that every “cultured” person should go and meet the Turkins. In other words, he arrives in the village and the villagers because they know he is a doctor assume that he desires “culture” and direct him to the Turkins as opposed to the local watering hole or general store.¹⁶ Similarly relating to social position, there is his orientation with respect to Ekaterina, who he could potentially marry, as he is a doctor and presumably better suited than the normal villager or farmer, and thereby enter a new world, one in which he must “give up the district work and live in the town”—cease his role as a rural doctor. Ionitch fundamentally desires stability—in his own words, to be established “suitably.” He is unable to conceive of a situation in which he is both a district doctor and a man of the affective world. When Chekhov emphasizes Ionitch as the “district doctor,” he also emphasizes his relation to the non-science world, or the world of piano-playing and novel-reading.

Language functions similarly in another story, “The Grasshopper,” differentiating between Dr. Dymov and his wife Olga and remaining, at several points in the story, distinctly diagnostic in nature. The story’s perspective is that of a doctor’s wife, Olga Ivanovna, who

¹⁶ Worthy of note is an interesting parallel in Chekhov’s biography; in a letter to an uncle he writes of the progression of his medical career: “As long as I stay alive and healthy, the family situation is *assured*. I’ve bought new furniture, I’ve acquired a decent piano, keep two servants, arrange musical evenings at which people play and sing...” (LL 43).

has as her friends numerous artists and musicians. From this perspective, her husband, though he is kind, generous, and loving, is also flat, uninspiring and otherwise dull. “What more can be said about him?” asks the narrator after a brief and drab description of his activity, while Olga’s friends and acquaintances are presented as “not quite ordinary people” (*CD* 135). As the story progresses, Olga Ivanovna, in her interactions with her artist friends and her frustration with what she perceives to be a lack of interest and knowledge about “art” on the part of her husband—at one point she notes that this is his only “very serious defect”—grows disenchanted with her marriage and has an affair with Ryabovsky, an artist who will later brush her aside. Her dissatisfaction with her husband is a projection of her disappointment with her artistic output and its quality or lack thereof, which Chekhov very subtly presents. While she is talented and received as “one of themselves, as an equal” by those she considers great and famous, the narrator notes that “her talents showed themselves in nothing so clearly as in her faculty for quickly becoming acquainted and on intimate terms with celebrated people” (*CD* 137). Olga is more concerned with surrounding herself with “artistic” people—as if being in their presence, she is somehow able to absorb their vague, extraordinary quality.

In the same vein, this ambiguous quality of greatness redeems her husband at his death. She fixates on his rareness, on his unique qualities, just as she had with her previous group of friends. Olga Ivanovna’s husband, Dymov, by the end of the story, catches diphtheria from a patient he recklessly and perhaps heroically tried to save. By this time, he has all but figured out his wife’s infidelity. He dies, and Olga realizes that “he really was an extraordinary, rare, and, compared with every one else she knew, a great man” (*CD* 154).

This is quintessentially Chekhovian poetic justice. But emphasized here again is the apparent irreconcilability of two different spheres.

Olga never expresses interest in art. Her attempts at painting are half-hearted. More than anything, she is more concerned with being near to it, aware of it, and consequently involved with it in some way. This asks two related questions: why was she only able to discern greatness as it appeared in the affective world and what exactly about the two worlds kept them apart and irreconcilable to begin with? Their irreconcilability stems from common perceptions at the time that had medicine, as any science, grounded in the concrete. The idea behind the scientific method could be boiled down to the maxim, “diagnosis/conclusion from observation.” Opposed to this, the affective world is one profoundly tied up with the interior, with the ways in which the environment and the mind swirl together and are expressed. In language, this opposition is clear: Olga and her friends’ manner of speaking is different from Dymov and his colleagues. She speaks effusively, exemplified in one passage when, flushed, she receives her husband at her pseudo-artists’ colony, a cottage to which she has retreated with several of her artist friends:

‘But how glad I am to see you! I have been dreaming about you the whole night, the whole night, and I was afraid you must be ill. Ah! If you only knew how sweet you are! You have come in the nick of time! You will be my salvation! You are the only person who can save me! There is to be a most original wedding here tomorrow,’ she went on, laughing, and tying her husband’s cravat. (*CD* 140)

This is very different from how Dymov speaks: the one-word exclamations and sighs are almost non-existent, and in general, he speaks much less than Olga. Seen in this light, it

makes sense that the two would be naturally opposed, and that this opposition would be the preoccupation of a physician-writer. It can also be argued that this tension is exhibited in the social realm. Ionitch struggles with their irreconcilability, and the consequences are emphasized as social ones. Similarly, it is impossible for Olga Ivanovna to perceive her husband as “great” and, as a result, commits adultery, which also leads to the end of her marriage to a man about whom she was otherwise “enthusiastic.”

Irrespective of the reader’s response to the doctor character, the ubiquitous opposition of science and art is certainly palpable. Dymov vocalizes it in a particularly interesting conversation with Olga over dinner, in which he notes that while Olga reproaches him for his lack of interest in art, she never thinks to do the same with her artist friends and their lack of interest in the natural sciences. Chekhov presents them as two, and while this makes it easy to mistake them as irreconcilable, their relationship is in fact fluid, and as a result the fact of their duality is challenged. That Olga is seemingly easy to condemn, especially by the narrator, serves to underscore again Chekhov’s understanding of how people create spheres to begin with. The stylistic interaction again, the catalogue method of description, makes Dymov and Olga connected in ways not immediately apparent. Compare three excerpts from the story: in the first two, paintings are discussed; and in the last, Dymov and his doctor colleague Korostelev, discuss medical conditions:

‘Ye—es...That cloud of yours is screaming: it’s not in the evening light. The foreground is somehow chewed up, and there is something, you know, not the thing...And your cottage is weighed down and whines pitifully. That corner ought to have been taken more in shadow, but on the whole is not bad; I like it.’ (*CD* 139)

...then she remembered talks she had heard among her acquaintances of a picture Ryabovsky was preparing for the exhibition, something striking, a mixture of genre and landscape, in the style of Polyenov, about which everyone who had been into his studio went into raptures...(CD 147)

At dinner, the two doctors talked about the fact that a displacement of the diaphragm was sometimes accompanied by irregularities of the heart, or that a great number of neurotic complaints were met with of late or that Dymov had the day before found a cancer of the lower abdomen while dissecting a corpse with the diagnosis of pernicious anemia. (CD 146)

Ryabovsky critiques Olga's painting in the first excerpt in much the same way Dymov and Korostelev discuss medicine in the third. Hypothetically, Chekhov could merely have left it at Ryabovsky having an excellent painting in the works for the exhibition; or that the two doctors discussed medicine at the table as "if to keep Olga silent"; or that Ryabovsky, though he said he liked Olga's painting, obviously didn't. But instead, the details act as a sort of delineation; but because they're so characteristically similar, this delineation is subtly undermined, and Chekhov begins to question the starkness of the medicine/art separation. For him, the relationship between the two is much more complex and nuanced than their irreconcilability.

In "Ward No. 6,"¹⁷ the physician character and protagonist, Andrey Yefimitch, a man in the words of one of his admirers, of "culture" and "loftiness of [the] soul," identifies with

¹⁷ LL 73-74. Of note in this letter, Chekhov seems very much like Yefimitch, as a sort of hero devoted to "higher" things, of which medicine and literature become representative.

one of his psychiatric patients, Ivan Dmitritch, with whom he has involved and stimulating conversations. Yefimitch is disillusioned with science; though “there is Koch, there is Pasteur” (*CD* 107), he notes that “reality is not altered a bit,” that “ill-health and mortality are still the same. Reacting to this, he begins spending more and more time with Dmitritch, going there in the mornings, after dinner, and often during the evening (*CD* 116), away from the town, which is apparently dull and uninspiring (*CD* 111), just as medicine. Eventually, Yefimitch states explicitly what it is he finds in Dmitritch that he cannot find in the town and presumably the practice of medicine, where there is a “universal senselessness, ineptitude, [and] stupidity”: “[he] is an intelligent man, and [Yefimitch] enjoys his company” (*CD* 117). Seen as educated and cultured by all around him, Dr. Yefimitch is isolated in not so much the sphere of medicine, but on an island of psychological abnormality, of which his profession is a social manifestation. It reaches such a point that at the first moment he finds that someone like him exists—his patient—he drops everything, shirks his duty, and devotes himself whole-heartedly to cultivating that relationship.

In the midst of his descent, Yefimitch is taken by his friend on a break—a suggestion to “resign.” By the end of the story, he has been deemed equally insane by the other doctor and administrator in the town and placed in the ward with Dmitritch. In this story, the futility of scientific endeavor is underscored, and the cause of philosophy is championed, though disconcertingly. The collective “town” or, more generally, society sees this doctor doing something odd, an affective mode of being perhaps, and assumes him insane. The two sentence conclusion to the story—Yefimitch’s death—is pathetic and anti-climactic:

“Next day Andrey Yefimitch was buried. Mihail Averyanitch and Daryushka were the only people at the funeral.” (*CD* 134)

The doctor expires, and Chekhov, with his tongue in his cheek perhaps, leaves us with a vacuum. We remember this doctor character, passionately and frustratingly aware of his orientation in the world, and we watch him self-destruct as he attempts to change it. In one way, Chekhov's Yefimitch is profoundly heroic, sacrificing himself for something more invigorating, human-like, than what he has chosen for a profession. "I often dream of intellectual people and conversation," Yefimitch says in one conversation with his friend. "I believe if I had not obeyed [my father], by now I should have been the very center of the intellectual movement" (*CD* 105). Chekhov parallels his conversations with one friend to the way prisoners, held together by "common misfortune," depend on one another. After all, he notes, they have a "bent for analysis and generalization." The sense of intellect, he states finally, is the source of an enjoyment nothing can replace. The defining of the intellect he finds in ward number six with Dmitritch on the one hand, and the rest of the world, the other areas of the ward included, on the other pervades the story, as does the desire for some vague sense of glory, just as in "The Grasshopper." Dialogue and its evolution isn't so much a method for characterization and plot progression as in the previous examples. In "Ward No. 6," it is a space which allows for the articulation of something difficult to articulate: the exploration of the interior.

The themes of the story are numerous, but Yefimitch is a doctor reacting violently to his station in life, his chosen vocation. This in itself isn't particularly remarkable—businessmen and women, lawyers, and merchants could surely experience a similar disillusionment with their respective fields. But because medicine is so universally respected, because Yefimitch himself, before his death and frequent visits to ward number six, is admired and respected by his colleagues, the disillusionment in this case becomes in

some sense more emphatic. Even before becoming a doctor, Yefimitch is noted to have been a strange man, a man who in fact chose medicine because his father, a surgeon and doctor of medicine, “jeered at him” (*CD* 99) and declared that he would disown him should he become a priest, his initial intended profession. Yefimitch, Chekhov writes, never had a natural inclination toward the practice of medicine “or science in general.” Not only are science and medicine connected fundamentally here, but Chekhov also hopes to explain Yefimitch’s disillusionment with medicine. The priesthood, it is implied, is one tied up intricately with the interior, with philosophy and self-realization. Medicine and science are not. The monotony and “obvious uselessness” (*CD* 101) of medicine, because of the realities of seeing large numbers of patients without the time to be any real help, are opposed to the contemplative life.

This idea is problematic. Chekhov implicitly realizes this, though he very explicitly marks a line that separates Yefimitch’s life into clear spaces. When he goes home, Yefimitch reads and thinks; when at work on the wards, his time with Dmitritch excepted, he does not think so much as he is going through the motions. Yefimitch’s preoccupation with the priesthood and his lack of a “natural bent” for medicine shows itself when he first arrives to the town and sees the sorry state of the hospitals. His solution? “[The hospital] was an immoral institution and extremely prejudicial to the health of the townspeople” (*CD* 100) and should be closed. He loves honesty and intelligence, yet these things are not associated with his career in any sense.

Chekhov is aware of the oddity of Yefimitch’s character. Though he proclaims his desire for a life of contemplation, he never showed any “special devoutness” in associated fields, and at the end of his medical studies he was “no more like a priest than before.” It

seems at this point, that the narrator wishes to define Yefimitch as perpetually on the fence about the ultimate direction of his own life. He continues practicing even as he realizes early on the “pointlessness” of it; and though he champions the contemplative life, he never actively pursues it, but only pathetically so, in conversations with Dmitritch that are arguably just as “obviously” useless. The grass on either side, in a sense, is ever-shifting its shade of green.

“Ward No. 6” is part satire; social commentary on the ethos surrounding medicine and health; exploration of the internal struggle that often accompanies “person-defining” professions such as medicine; and intriguing character study. Dmitritch and Yefimitch are similar in a lot of ways, and the ways in which their relationship plays with the doctor-patient order really hint at the issues of struggle that are explored in the previous two stories. In this story, though the description-catalogue is present as in others, this stylistic interaction isn’t as important as the function of speech. In addition to the “four or five hours of thinking,” the conversations with Dmitritch, his patient, are ultimately where Yefimitch expresses his own struggle. The location of his sounding board is in an odd place, and Chekhov’s placing of it, his inverting of the doctor-patient relationship highlights another, darkly comedic response of the author-character Dr. Chekhov.

* * *

In one way, Chekhov’s writing becomes an avenue for catharsis, a method for dealing with, as he perceived it, different realms of thought. Though literature was his mistress and medicine was his wife, they were nevertheless very different women that he had trouble reconciling. In his letters, Chekhov unconsciously maps out the same spheres he delineates in his short fiction. During a cholera outbreak, when he is appointed district doctor and his

time for writing is almost nonexistent, he writes to Alexey Suvorin in frustration that “literature has long been abandoned” (*LL* 309). In the lines immediately following he begins writing about cholera and how it has “many interesting aspects,” from a “bird’s-eye view.” Chekhov’s eyes for science are most apparent here. His is a mind that is universally fascinated; one minute he is complaining about the lack of time available, the next he begins a discussion on cholera and its interesting characteristics, which are implicitly objective, or interesting only insofar as it is a scientific phenomenon.

This objectivity, necessary especially during his more difficult times practicing medicine, earning almost nothing, came up again in his theories about art and what a writer should or shouldn’t be. But this stark distinction of “objectivity,” related to his background as a physician and “affect” related to his background as writer and critic, believed by Chekhov himself, is made problematic—medicine can be profoundly tied up with the interior and his writing technique and theories about art aimed for, in his own words, anything but “affect”—by his different faces. These contradictions are implicit in his stories and letters, and they give unique life to his work.

Chekhov’s lack of intervention was interpreted by some as authorial callousness or insensitivity to characters. Derman, in his essay “The Essence of Chekhov’s Creative Approach,” addresses this common criticism, calling it a case of misunderstanding:

“Although [Chekhov] refrained from direct censure of his hero or from an expression of sympathy for him, etc., Chekhov by no means abdicated a reaction towards good or evil; instead he shifted it entirely onto the reader in lieu of sharing it with him.”

(25)

Derman is also sure to explain that it was common practice at the time, especially in Russian literature, for the author to actively participate in his stories, and to depart from such a tradition often encouraged harsh criticism. Nevertheless, Chekhov did depart from this and in his attempt to show life “as it really is” (*LL* 77) continuously moved toward an ultimate goal of art as a selective clarity.

Chapter 2

“Ideas in Bodies”

William Carlos Williams was also aware of the different lives he lived, and how the two were sometimes complementary and sometimes at odds with one another. The similarities between the ways in which Williams and Chekhov’s struggles are manifest in the letters are remarkable. Williams felt the same pressure to create. He also felt himself on the edge of artistic circles. But in contrast to Chekhov, Williams’s life was overtly separated, both by him and by almost every notable critic, on several levels. Much has been written on Williams and the “stolen moments” he used to write. Numerous critics have noted Williams’s contradictory nature¹⁸, how his Rutherford patients looked at him as if he was crazy upon finding he was a poet, and how the avant-garde circles in which he moved were unsure of what to do with a man who lived in the United States, in a small, rural town when many of his contemporaries were in larger cities in Europe. In one 1909 letter to Williams in response to poems that were sent to him, Ezra Pound writes:

If you’ll read Yeats and Browning and Francis Thompson and Swinburne and Rossetti you’ll learn something about the progress of Eng. Poetry in the last century. And if you’ll read Margaret Sackville, Rosamund Watson, Ernest Rhys, Jim G Fairfax, you’ll learn what the people of second rank can do, and

¹⁸ Plank, in her introduction, characterizes the body of Williams critical work as such. Her dissertation is largely concerned with opposing itself to the idea that the tension in Williams’s work was related to his dual careers, arguing instead that “his poetics of dissonance are not opposed to medicine but closely tied to, and perhaps even influenced by it.” *See also:* Gish, Levertov, and Wagner.

what damn good work it is. You are out of touch. That's all. (*Critical Heritage* 51)

Any ambiguity about what he might mean by Williams's being out of touch is immediately cleared up earlier in the letter, when he writes, "*Au contraire*, if you were in London and saw the stream of current poetry, I wonder how much you would have printed?" (*Critical Heritage* 50) The implication is obvious: the poetry being published in Europe, for Pound, is superior or somehow closer to the direction he sees English poetry moving in the coming years—"And remember," he says, "a man's real work is what he *is going to do*, not what is behind him"—to that which is being published in the U.S., and as a result, Williams has a different sense of his own poetry's relevance.

The adversarial relationship between Williams and another expatriate poet, T.S. Eliot, has been documented extensively, most interestingly in his letters. He often lamented the fact that the huge influence of *The Wasteland* was "winning" over many young artists, taking them in the opposite direction than what he envisioned English poetry moving. Case in point, in one interesting letter to Horace Gregory, Williams expounds on his well-known critique of the expatriates, Pound and Eliot:

It is the poet who lives locally, and whose senses are applied no way else than locally to particulars, who is the agent and the maker of all culture. It is the poet's job and the poet lives on the job, on the location. But if the head, the intellect, on which he rightfully calls for direction, condemns him, fails to leave a friendly channel open for him but blocks him off—then dynamite is the only thing that will open that channel again. And it has been my chief objection to Eliot that being an expatriate American, being a gifted mind,

being what he is, he has no reason to be followed as—he should be branded for the worse possible influence in American letters—simply because he more than anyone I know has blocked the interchange of fertilizing ideas between American and English letters. But add to that his tedious talk, his mock seriousness while hiding behind it, timidly afraid to come out with one bold critical statement on local values here...I find him not only misleading but offensive. (*SL* 225-226)

The excerpt sharply demarcates the Europe-U.S. divide that Williams felt from one side because, in the words of Warren Tallman, he is “the one who stayed home in New Jersey.”¹⁹ On another level was the divide between his semi-rural locus and his more cosmopolitan origin. His short stories deal directly with the working class, and much his theory about art had to do with being “local.”

Williams also felt a separation between his job as a physician and an artist. The question of balancing the two was one that Williams dealt with directly in both his letters and his autobiography. Towards the end of his career, he was still aware of how he'd often been frustrated with medicine and how it had taken away his time to write. With the somewhat rosy lens of hindsight, he writes that the two were in fact not opposed to one another, but complementary even. He acknowledged his tendencies for contradiction, and such a theme seems almost necessary to characterize a man who constantly went back and forth when it came to his feelings about working in two worlds. In contrast to this, Kathryn Plank's

¹⁹ Gish 178. Again, this is in relation to his contemporary expatriates, T.S. Eliot and Ezra Pound, among others. In his *Selected Letters* also, there are numerous references and particularly strong reactions, especially when he is delineating his theoretical differences in relation to T.S. Eliot, to the European side of poetry. In one sense, Williams achieved a poetic and artistic impetus by opposing himself to the realm of the expatriates—“Europe” generally—but in another sense, there is a subtle (and compelling) feeling of inferiority in relation to it. This latter sentiment is arguably the source of his most compelling theory about art.

dissertation is largely concerned with opposing itself to the idea that the tension in Williams's work was related to his dual careers, arguing instead that "his poetics of dissonance are not opposed to medicine but closely tied to, and perhaps even influenced by it."

It is tempting for the casual observer of Williams's dynamic relationship with his two careers to simply say that whenever a question came as to the place of his true "allegiance," or the direction in which his passion was primarily directed, it is always his art and not his practice. It is a dismissal that reduces the beautiful complexity that characterizes the arc between medicine and art—more accurately, their complex interaction, an interlocking of hands—to something formulaic and simple. There is ample evidence that the politics of the art world were exasperating, and this taken in combination with the incredible pressure he felt to create, not always for the sake of creation, some noble artistic cause, but for no other reason than to "see the stuff in print and consequently out of [his] mind" (SL 200) is by itself enough to break down such a simplified picture of the medicine/art relationship. There is also the matter of several intriguing letters written to his son and in the late 1930s into the early years of the 1940s, when his frustration with *writing*, so rare in earlier letters and in letters to those within his artistic circle, replaces his earlier frustration with medicine. To Dorothy Norman, he writes of how he "[wonders] week after week...what I ought to say," whether or not it was "worth it" with "a hundred good books coming out, being squeezed out from between the bricks" (SL 170). These sentiments, especially those behind the "pressure to create," echo Chekhov's.

The letters to his son are of specific interest both because of their markedly different cadence from the rest of his letters and their subject matter. They almost amble along,

indicative perhaps of the intimacy he felt writing to his now grown son and also of the comfort he felt working ideas and thoughts out on the page, on the fly. They have a formless quality to them and are simultaneously meditative and exploratory. It is in these letters that Williams launches into extended discussions of his practice and his patients—procedures he had done, his reactions to them, and his thoughts, varied and vibrant, of the men and women around him. In his letters to other writers and artists, his practice is usually mentioned cursorily, as an aside, presented even as a nuisance. To Amy Lowell, he refers vaguely to “a quota of hard work in my profession” (*SL* 50) that kept him from writing. In a later letter to Ezra Pound, he writes about his being “a fool for not getting out of Medicine,” the “hellish drag” of evening office hours. But there is an almost 180 degree shift in the letters to his son, well after William Eric Williams had finished school and was also a doctor:

I’m taking no other vacation than the four days I spend seeing the new baby. I don’t want a vacation and couldn’t enjoy it if I had one. I want to work and to keep working, it soothes my mind. I feel then that I am doing my part as I want to. For wherever we are every stitch of work we do all helps in the general cause. I am trying to keep to more or less military discipline. It isn’t that I get up on time or anything like that, it’s in the mind. (*SL* 198)

Ran into a lousy case of a ruptured appendix, badly neglected, in a twenty-six-year-old woman, seven months pregnant. Carlisle opened her up day before yesterday. General peritonitis, the appendix rotted off. Put in ten grammes sulfanilamide, but couldn’t pull the peritoneum together because of the pregnancy. (*Ibid*)

Delivered a nine pound 13 ½ oz kid the other day from a woman who weighed only 93 pounds a year ago. Low forceps. I broke the clavicle getting the shoulders out. Everything's all right though. I've been going nuts. (*SL* 199)

You say you'd like to see my book of poems. What the hell? Let 'em go. They are things I wrote because to maintain myself in a world much of which I didn't love I had to fight to keep myself as I wanted to be. The poems are me, in much of the faulty perspective in which I have existed in my own sight—and nothing to copy, not for anyone even so much as to admire. I have wanted to link myself up with a traditional art, to feel that I was developing individually it might be, but along with that, developing still in the true evolving tradition of that art. I wonder how much I have succeeded there. I haven't been recognized and I doubt that my technical influence is good or even adequate. (*SL* 202)

Later in the same letter, he doubts the possibility that anyone can get “any enjoyment out of them.” Instead of downplaying his practice here, he has downplayed his literary accomplishments. He downplays his writing, not quite ashamed, but certainly modest, which is characteristic of Williams outside of artistic circles. There is both an awareness and use of the physical in his letters. Obviously, this is related closely to his audience—not only another doctor, but his son—but his evocation of physical presence is very closely related to his method of building character in his short fiction, which will be discussed later. His

awareness of that realm of observation is shown here, as is his deployment of it in a sort of epistolary narrative.

When moving among other artists, Williams seemed vehement in defending his own relevance to the current. But when moving among his townspeople, his family, he downplays his writing, relevance, and skill. The pushing and pulling of the two spheres was almost a requisite for much of his theory about poetry. This is especially the case when it came to his thoughts about how he composed, as in a 1932 letter to Kay Boyle, excerpted here, in which he doesn't mention his practice, but both attempts an assessment of contemporary literature and explains his current compositional inspirations:

For myself, I have written little poetry recently. Form, the form has been lacking. Instead I have been watching speech in my own environment from which I continually expect to discover whatever of new is being reflected about the world. I have no interest, as far as observation goes, in the cosmic. I have been actively at work (if such sketchy trials as I employ can be called such) in the flesh, watching how words match the act, especially how they come together. The result has been a few patches of metrical coherence which I don't as yet see how to use—but they seem to run to groups of lines. Occasionally they give me the feel of authenticity...I don't think poetry ever originated in any other way. It must have been inherent in the language, Greek, Latin, Italian, English, French or Chinese...And this should blast that occasionally pushing notion that the form of poetry (as that of any art) is social in character. Such an opinion is purest superficiality. The form of poetry is that of language. It is related to all art first, then to certain essential

characteristics of language, to words then and finally to everything among all the categories of knowledge among which the social attributes of a time occur. The work of Einstein also merges into it, hardly a social phenomenon. It is not formed 'like' the society of any time; it might be formed in a manner opposite to the character of the times, a formal rigidity of line in a period of social looseness...All that I wish to point [out] is that poetry is related to poetry, not to social statutes. It will, nevertheless, make its form of what it finds. And so does *seem* to be a social eye. It is nothing of the sort. It remains itself. (SL 130-131)

In the former passage, and as Linda Wagner notes in her book *The Prose of Williams Carlos Williams* that Williams is concerned profoundly with the uses of speech, and he indeed experiments with its cadences and the ways in which it builds character in his short fiction. But also, there is an element with which his short fiction quite overtly deals, as does his later poetry, in addition to this "poetics of speech," which is also closely related: the poetics of the physical, or the deployment of physicality in his short fiction to achieve a unique intensity. His characters are evoked in such a way that demands both an awareness and respect of physicality. It is a realm of simultaneous poetic sound sense and spatial presence on the page. This, in addition to markedly affecting the effect of a short story, made the Williams short story a workshop that highlights his defining characteristic as continuously changing.

Another element in the body of critical response to Williams is that of the unity in his body of work. Indeed, several of the first wave of Williams critics—Linda Wagner, James

Breslin, and J. Hillis Miller—noted this unity²⁰, and Breslin specifically notes how Williams’s theories about art also remained significantly unchanged²¹, though he explored virtually every literary form. The logical conclusion of this sort of critical stubbornness was a body of work that jumped from form to form, but remained unified, bridged by the same basic tenets. Miller’s incisive and compelling long chapter on Williams in his *Poets of Reality* and Wagner’s *The Poems of Williams Carlos Williams* and *The Prose of William Carlos Williams* each allude to this unity from two different directions.

It is in his fiction though, as Breslin notes, that “the relation between [the view of the doctor] and his medical training become most apparent” (140). Considering the poetry-prose unity is one way I will enter into a discussion of Williams. The most compelling movement in this direction, a prose-poetry interaction colored with medicine, occurs in Miller’s long chapter, but because Williams’s short fiction is presumably outside the scope of Miller’s project, it is touched upon with the slightest of brushes. Before his discussion on fiction, which I will excerpt, he discusses Williams in terms of the senses—the way in which Williams recreates the poetic space by using “words not as names but as things” (Miller 312). Williams dismisses words as tools only for evocation, as the means to an end—a striking image for example. Instead, Williams’s poetic project is to make the poem the end. Miller brings in the rest of the senses, and with several examples, shows how Williams wants to bring them into the experience of reading a poem. The act of reading must be one of seeing,

²⁰ Wagner’s discussion of the unity of Williams’s work in *The Prose of William Carlos Williams* centers on the blurry line that separated the two. “His poems are like prose; his prose, like either shorthand or prose poems” (5), she writes. She also argues that Williams was a conscious craftsman. His consideration of words as objects, as tools of a sort, becomes a bridge to Miller’s long chapter as well. Miller, in *Poets of Reality*, writes of Williams’s reinvention of the poem as a made object.

²¹ While Breslin notes that after his second stroke, Williams underwent a stylistic change, turning “increasingly inward,” making his manner “more obviously symbolic and even elegant” (205), he writes earlier that Williams, as a writer who underwent a “remarkably extended development,” his “critical ideas underwent little growth or modification” (38).

but Williams plays with our sensual assumptions, as Miller notes, and most profoundly, is concerned with and aware of touch. It is his concern with the senses and with physicality in his poetry that becomes apparent in his short fiction. It has either been mentioned cursorily or neglected altogether by nearly every major Williams critic:

Williams' fiction is based on this power to put oneself within the life of another person and make him comprehensible by an objective report of his speech, movements, and facial expressions. There is none of the problem of knowing others which has long been a thematic resource in fiction—all the play of perspectives and points of view, product of the assumption that each man is locked in the prison of his consciousness and can know another person only rarely and with difficulty...His stories and novels depend on that power of absorption in another person which he sees as essential in his experience as a doctor... (Miller 323)

With his short fiction, Williams doesn't necessarily want to make the story itself the end, an object on the page, in the same way as his poems. But there is the sense that he wishes to reinvent the purpose of the story or, at the very least, the ways in which it affects the reader. Miller notes Williams's poetry and language is "often a way of knowing the world through the posture and quality of bodily life...He thinks with his muscles and bones rather than with ideas" and creates a region of "touch, that most intimate of the senses, the *tactus eruditus* every good physician must have." Not just his poems are "charged with the sense of touch" (Miller 316). His short stories too, create character and space in important ways. The genre allowed Williams to work out the methods of deploying his awareness of the sensual—the physical—sight and sound and touch that would later influence his longer, more prose-

inflected poetry, especially *Paterson*. The short fiction, specifically the stories I examine, and as noted by Wagner, was written mainly in the 1930s and she argues that this was a key period of transition.

With a genre such as short fiction, the sparseness he required of himself in his poetry prior to it could be foregone in favor of a less minimalist style, though it was still quite sparse. He had to build character in some way, unlike in poetry, when he didn't only have to present a situation or reaction. His use of the vernacular is commented on extensively by those concerned with his meter, his experimentation with sound sense. Linda Wagner highlights the "rhythms of a person's speech" (Wagner 9) as an important part of Williams's characterizations in his short fiction. Undoubtedly this is the case—in addition to her example from *A Dream of Love*, "The Girl with a Pimple Face" is, in large part, speech—but when she characterizes his description as usually "cryptic," she misses the characteristic lead-up to many of the characters his narrator-doctor meets, such as the young girls in "The Use of Force" and "The Girl with a Pimple Face," which is usually a physical description from which he extrapolates general character estimations. But his deployment of physicality—physical description or the evocation of physical presence as a way of characterization—was another important method he developed in his short fiction in addition to speech. The short story for Williams doesn't purport to be some artificial ordering of events—rising action, climax, falling action, etc.—but instead as amorphous, deep studies of people, of their nature. His short fiction presents as slice of life stories, as amoral, *sans* plot, a modification of sorts on the poem as the made object. Now, it is the short story as a snapshot, and the point isn't to take the reader on some journey, literal or metaphorical, but

merely to present “truth.”²² This method allows for extensive experimentation in terms of characterization. *Paterson* and “Asphodel, That Greeny Flower,” two longer poems, are two examples of how the experimentation in his short fiction resulted in an effective deployment in his later work.

Wagner, in mentioning the unity of his work, specifically with respect to his short story collections, draws mainly on Williams’s concern with the local and the consequential use of the “vernacular” in a continuation of his search for the “American idiom,” as well as how prose allowed metrical experimentation²³, but neglects to bring in physicality, Williams’s profound awareness of the body, and what this contributes to his short fiction project. In one way, the lens that Williams was using to search for this idiom was the lens of a physician. Williams himself never directly acknowledged this element of his writing—it’s implicit in the same way that Chekhov’s understanding of a stylistic interaction was implicit—at least, not nearly as often as he mentioned or gestured toward his native New Jersey, his little portion of America, and his search for the American idiom. Miller’s fleshed out examination of the senses in his poetry is an excellent place to begin articulating another form the interaction between the two genres, which Williams also noted were very similar²⁴ took. This will add another dimension to Wagner’s criticism of his prose. I think that this connection will also complicate their relationship. That is, while there might be a unity, the

²² Wagner notes a specific change in Williams from his short to longer fiction—his realization that “particularly in troubled times, art is the only means to truth” (121).

²³ Wagner 189. Wagner cites a 1948 letter in which William writes that “prose has primarily the purpose of giving a metrical continuity between all word use....It is that prose and verse are both *writing*, both a matter of the words and an interrelation between words for the purpose of exposition...prose and verse are to me the same thing.” He continues, stating that prose and verse belong together, not apart “as Mr. Eliot might insist.”

²⁴ “I have been working with prose, since I didn’t know what to do with poetry. Perhaps I have been in error. Maybe I should be slaving at verse. But I don’t think so. Prose can be a laboratory for metrics. It is lower in the literary scale. But it throws up jewels which may be cleaned and grouped.” Williams, *Selected Letters*, 130. In the same letter, Williams also discusses poetry as not social in character, but purely and only as language.

fundamental project of the short fiction is very different than that of his poetry, despite their stylistic similarities, and this difference comes from the influence of medicine.

* * *

Williams waxes poetic about the “complementary” nature of poetry specifically, writing in general, and medicine in his *Autobiography*; but in his letters, he is more frustrated with his medical practice, frequently lamenting the necessity of it. To Marianne Moore he alludes to his “mixture of two bloods, neither of them particularly pure” (*SL* 40), presumably because of one another. He subtly laments the persistence of pinkeye with “a quota of hard work in [his] profession that incapacitated [him] finally for anything but drowsiness” (*SL* 50). “Naturally,” he writes to Ezra Pound in one 1928 letter, “I consider myself a fool for not getting out of Medicine. I do not consider myself a fool for having been a physician for the past twenty years. That was accurately figured out in its relation to my disposition and mental capabilities” (*SL* 108). This same sentiment—that medicine was undertaken as a necessity—“though money is sorely needed” for a poet, they, more importantly, “need space,” an opportunity to have their work published (*SL* 41)—is expressed in separate chapters in his *Autobiography*. In the chapter where Williams attempts to reconcile the two, he does so in a contradictory, awkward fashion (and understandably so). He says that for him, they amount “to nearly the same thing,” (*Autobiography* 286) but the rest of the chapter is spent discussing how the one is merely a conduit for the other. No, he also seems to mutter to himself when “they ask [him]” about the relationship between the two, the two are difficult to juggle, though I say that they are like jigsaw pieces fitting perfectly together. It is interesting to note that in most of his letters to editors, friends, and family, one gets the sense that he is only expressing his exasperation with medicine (outside of his *Autobiography*);

never, for example, is there a discussion of a possible bridge or interaction between the two, or how he is enjoying his practice.²⁵ Obviously, we cannot know the good days of his practice, except as they are sporadically written about to his wife Flossie and how they are dramatized in his short fiction. Most clearly, this, as mentioned before, only comes with the hindsight in his *Autobiography*. While there is certainly something valuable to be said about hindsight—for example, Williams makes a compelling connection between the two when he is no longer immersed in his practice²⁶ and its more annoying characteristics are viewed more as a necessary element of his writing and less as an obstacle to creative expression—Breslin notes that the complicated version of the relationship is much more interesting, a better portal through which we can enter Williams's world.

J. Hillis Miller's extended discussion of touch, as this, more than smell, hearing, and taste, is aligned to the physician's sensibility, is of particular significance.²⁷ Miller discusses how Williams' poems "transcend the limitations of abstract visual space and bring into existence a realm in which all places are everywhere":

A similar region is created by touch, that most intimate of the senses, the *tactus eruditus* every good physician must have. It is not without significance that the title of the little magazine edited in 1932 was *Contact*. Kenneth Burke tells how, "some time after giving up his practice," the poet "said

²⁵ Kathryn Plank also notes that Williams's practice is "remarkably devoid of reference to work [his medical practice]" (11) in most of his letters home. She goes on to note the shift in the place of medicine in his writing. That is, early on, medicine and work are kept separate, but as he matures as an artist, he begins to deploy his artistic project with a sort "medical practice" lens—for example, the patient-doctor interaction is a "dual creation of a text" (114), which challenges medical authority and, circuitously, poetic authority.

²⁶ Williams published his *Autobiography* and retired from medical practice in the same year, 1951.

²⁷ The presence of the other sense is noted by Miller, each of which, he implies, are "far more intimate than eyesight" (317), the typical sense with which the poet hopes to engage the reader. Miller also notes that his "auditory space is also characterized by tactile qualities of closeness and interconnection" (318), interacting with one another in interesting ways. Poetry, after all, is a form inextricable from the ear, and in one sense, the ears acted as the bridge from the eyes, which read the words, the other senses which are consequently stimulated in interesting and varied ways.

explosively that he missed the opportunity to get his hands on things...Many of his poems too are charged with the sense of touch and create in the play of their words a tactile space. (Miller 316)

Similarly, James Breslin refers to Williams's "poetic impulse" as originating from the "physical." He draws this idea of the physical to the idea of the internal, the "*inside* of his body," and his well-known concern with "the familiar landscape of his native locality" (49). Breslin argues that this generative source separated him from his contemporaries. One can see Williams's concern with the physical when he writes about his poetry himself as well. In one sense, he wishes to break down normative ideas about words—what words are, how they interact with one another. He wants to break down the relationships between words so that they stand alone, as physical objects, occupying space. In one letter to Marianne Moore, he praises her words for their "immediate quality which only comes when the intelligence matches the acuteness of the sensual perception to which you add an aimed heat of the emotions, without which there can never be anything but blur" (*SL* 122). It's altogether reasonable that his praise of Moore's words allude on some level to what he hopes for his own words to be. The image of a blur, diametrically opposed to what Williams felt his words should inspire in his readers—they should have a clear sense about things—is also of particular interest. I don't know that this analysis is necessarily the case across genres.

Williams considered "Jean Beicke" "the best short story [he] ever wrote" (qtd. in Breslin 150). The story's frank and unromantic treatment of a young patient is indeed moving, and in it Williams seems to have found the balance between his short fiction theory and practice: the story has no real plot and focuses intently not only on the title character, but on the narrator through which we hear this story. In this way, we are afforded insight as

to the sort of methods to which an emotionally-hardened physician turns when confronted with difficult, draining situations. In this case, the obstetrical floor is forced to deal with young patient after patient, and on the children's ward, "another floor up" (*DS* 69), they see a lot of unwanted children. The function of physicality in this story is an essential and dominant one. Rather than characterize each patient by their back story, which the narrator attempts, the physical characteristics become the focus. This is significant in two ways. The first is directly related to the doctor's "job." Each patient that comes in must be weighed and otherwise "counted"—whether it is taking temperature, prescribing doses of medication, etc.—and these measurements assume the function of presence. The body becomes the problem to be solved. The second function of these physical characterizations of the patients becomes apparent when the narrator attempts and fails to bring in back stories—often with harsh judgments and otherwise callous estimations, especially when considered from the perspective of the outsider, the reader, looking in. The narrator inevitably returns to physical measurements, almost as a sort of defense mechanism. It is easier to discuss patients in terms of how "they dropped down below four pounds...betting on their daily gains in weight" than in terms of their circumstances surrounding their arrival at the hospital. Tentatively, the doctor suggests that one patient's mother died during birth, "[he] think[s]." But rather than go into detail—which seems somehow more emotionally wrenching perhaps, or simply more nuanced than a simple physical description:

The poor brats are almost dead sometimes, just living skeletons, almost, wrapped in rags, their heads caked with dirt, their eyes stuck together with pus and their legs all excoriated from the dirty diapers no one has had the interest to take off them regularly. One poor little pot we have now with a thick

purplish skin and big veins standing out all over its head had a big sore place in the fold of its neck under the chin. The nurse told me that when she started to undress it had on a shirt with a neckband that rubbed right into that place.

Just dirt. (*DS* 70)

Or, later in the story:

Poor kids! You really wonder sometimes if medicine isn't all wrong to try to do anything for them at all. You actually want to see them pass out, especially when they're deformed or—they're awful sometimes. Every one has rickets in an advanced form, scurvy too, flat chests, spindly arms and legs. They come in with pneumonia, a temperature of a hundred and six, maybe, and before you can do a thing, they're dead. (*DS* 71)

In each example, the doctor creates a collective physical presence to evoke a tone of “dirt” or in the second passage, that of illness, frailty, and the grotesque. The images generally and the diction specifically are visceral and very much influenced by his poetic word sense—“caked,” “pus,” “excoriated,” “big veins,” “thick purplish skin,” and “spindly”—and he even goes so far as to bring the pronoun “it” at several points. The words mentioned, in addition to being visceral in terms of their evocation *and* presence on the page, are also grounded in medical observation. As a poet and a doctor, Williams recognizes both the literal and poetic potential of the words he uses. I avoid using “metaphorical” potential—Williams isn't concerned with metaphor or the metaphorical potential of words. His short fiction acts as a place where he works out another facet of the artist's relationship with words. The doctor is aware of the ward on which he works in a general physical sense, in sensual terms, which he might get on his morning rounds, for example. He shows not only

his awareness of physicality in each passage, but also the necessity of his having this awareness. None of his patients can speak. Their bodies become their voices. In the second passage, he also expresses a weighty sentiment, that of the futility of medicine, and on a very important level, this sense of futility is tied closely to his “doctor” senses, the fact the patients are losing weight, that they hardly make an impression in their beds because they are so frail. There is also the obvious consideration, at least in Western biomedicine, that weight gain and weight loss are clear indicators, medically speaking, of physical health. Their bodies are communicating on two levels, and this dual communication is at the heart of how the physical functions in the story, especially when the title character is introduced. The characterization of the clinical encounter in his short fiction as a study on the ineffectiveness of “anatomy-clinical medicine” (Plank iv) is not completely true seen in this lens. Part of this model of practice is a discriminating awareness of the physical body, specifically as a message, a manifested narrative of illness. Ultimately, this model of characterizing a patient is consistent throughout the second collection of his short fiction.

Jean Beicke enters the story surprising the doctor. He has spent the early sections establishing the sense of the ward, which is a confident one, one informed by tired days of admitting, of treating, of pronouncing; but the tiny Jean Beicke, when her lower extremities are covered with a blanket, would make you “think it a five months baby” due to her length and presence, is presented as defying that sense of physical expectation.

But when the nurse took the blanket away, her legs kept on going for a good eight inches longer. I couldn't get used it. I covered her up and asked two of the men to guess how long she was. Both guess at least half a foot too short. One thing that helped the illusion besides her small face was her arms. They

came about to her hips. I don't know what made that. They should come down to her thighs, you know. (*DS* 71-72)

It is this impression of Beicke that the doctor begins with, and it is the physical approach to her that characterizes their relationship for the rest of the story. The doctor moves back and forth between referring to Jean as "her" and "it," almost self-consciously, as if he is aware of his manipulation of language. Also, Jean's tendency to surprise the narrator by her "physical" accomplishments is consistent throughout. She is silent and perceptive except when touched, in which case she would start to whine and "then cry with a shrieking, distressing sort of cry that no one wanted to hear." Or later, "If you went to touch her, she'd begin to scream." The effect of touch, a sense that Williams felt very much connected with, as many doctors do, is intriguing in this case. Jean also surprises the doctor with her paradoxical symptoms, her affinity for maintaining a consistent temperature "between a hundred and three and a hundred and four" at the same time she was taking "her grub right on time every three hours, a big eight ounce bottle of whole milk...digested perfectly." The doctor is incredulous at this. "And she began to gain in weight," he says. "Can you imagine that?" The tone in the passage leading up to this rhetorical question is a sort of admiration, echoed in his other stories, most notably "The Use of Force." There is a simultaneous distance and intimacy between Jean Beicke and the narrator. They connect on the level of being aware of each other's bodies. The doctor, partly because of his job, but also because of something more ambiguous, pays attention to her fluctuations in weight, to her appearance, spending passages describing her several points:

Her head was all up in front and flat behind, I suppose from lying on the back of her head so long the weight of it and the softness of the bones from the

rickets had just flattened it out and pushed it up forward. And her legs and arms seemed loose on her like the arms and legs of some cheap dolls. You could bend her feet up on her shins absolutely flat—but there was no real deformity, just all loosened up. (*DS* 72)

This awareness of detail, the probing and deliberate selection of words for physical description is completely absent when the doctor briefly recalls Jean Beicke's mother on the day she was brought into the hospital. He quickly mentions the circumstances of the admission and the mother's complaints, in one small paragraph, before the patient-doctor relationship begins in earnest. On the other hand, Jean is aware of the doctor's presence both when touch enters the interaction, as aforementioned, and also with her eyes, "a pale sort of blue," which she trains on her would-be helpers, stoic unless touched. The interaction between the narrator and Jean Beicke is a physical one—the story would have been a very different one if the doctor had merely detailed the conversation he had with the mother, described what his plan of action was with the mother, how the mother was frustrating or depressed. The mother is reduced to a peripheral character, discussed briefly at the beginning and at the end, on the morning of Jean's death.

In "The Use of Force," the doctor-patient interaction is almost entirely a physical one. The story begins with a narrator making a house call knowing nothing but the name, "Olson" (*DS* 56). After arriving, he finds a husband and wife with a sick daughter, "fairly eating [him] up with her cold, steady eyes, and no expression to her face whatever." Apparent throughout the story is this awareness, on the part of the doctor, of the physical presence of the young patient. She's "an unusually attractive thing, and as strong as a heifer in appearance." She is "breathing rapidly" with a flushed face and has "magnificent blonde

hair, in profusion.”²⁸ This awareness of the physical is obviously directly related to his job—they are generally associative and diagnostic. The patient reminds him of “picture children often reproduced in advertising leaflets and the photogravure sections of the Sunday papers” for example. So in one sense, the physical functions as a social gauge. The narrator expresses his awareness and feelings about the young girl through his affected physical descriptions. He describes only her face in detail, noting her expressions, breathing patterns, and eyes. Though he attempts dialogue, the two of them never specifically exchange words. Their interaction is one characterized primarily by observation of one another, touch, and physical reactions, which the narrator details at several points. He “ground [his] teeth in disgust” when the parents of the girl tell her “He won’t hurt you.” The word “hurt” is problematic for him. He demonstrates his harmlessness to the girl physically, “opening both hands wide.” The moment when they mutually acknowledge one another is quick and intense:

As I moved my chair a little nearer suddenly with one cat-like movement both her hands clawed instinctively for my eyes and she almost reached them too. In fact she knocked my glasses flying and they fell, though unbroken, several feet away from me on the kitchen floor.

She reacts “instinctively,” and this element of her character is something on which the doctor fixates. The girl is more primal, and for this, she is admirable. He associates with the primal a visceral sense of the body. The clearly-defined line between the two established early on in the story is problematized as the story continues. As the doctor begins the physical interaction, he begins to find in the girl a kindred spirit. This is an interesting association,

²⁸ Marjorie Perloff, in her “The Man Who Loved Women: The Medical Fictions of William Carlos Williams” (Gish 182-196), discusses the significance of the consistent opposing of male, older doctor—usually a Williams projection—to female, younger patient.

especially when we consider that the parents again, as in “Jean Beicke” are on the periphery, using words, much to the chagrin of both doctor and patient. The intimate interaction between the two of them is instinctual and physical. It is this element of a doctor-patient relationship toward which Williams seems to be gesturing. It is not something more reserved, cautious, or cerebral. Instead of a calm history taking, this is simply about the use of force:

Then I grasped the child’s head with my left hand and tried to get the wooden tongue depressor between her teeth. She fought, with clenched teeth, desperately! But now I also had grown furious—at a child. I tried to hold myself down but I couldn’t. I know how to expose a throat for inspection. And I did my best. When finally I got the wooden spatula behind the last teeth and just the point of it into the mouth cavity, she opened up for an instant but before I could see anything she came down again and gripping the wooden blade between her molars she reduced it to splinters before I could get it out again. (*DS* 59)

The image of splinters punctuating the climactic interaction between the two is a powerful one. It is at this point where the admiration for the girl, originating from the doctor’s awareness of their primal similarities, and his frustration with her, originating from his obligation as a physician, swirl together most interestingly. The story ends with the doctor’s symbolic dropping of his admiration for her, his conscious decision to reestablish distance between the two of them. The final image of the story is of the girl being held in her father’s lap, trying to “fly at [him]” (*DS* 60) blinded by tears. Her physical volition has been removed. She can neither get out of her father’s lap, nor can she regain the strange,

precarious connection between the two of them, expressed at the beginning of the story silently, when she seemed “inwardly, quiet.” It’s the briefest of moments, and it begins to erode quickly the moment the narrator addresses her with speech, the moment he moves the chair nearer to the patient.

The physical in this story functions as a bizarre membrane between patient and doctor. For the young girl, it is both a method for primal expression, just as it is with the much younger Jean Beicke. In her sickness, she is an island, and to extend the metaphor, the only bridges are visual distance. Williams does this again and again, opposing the visual element of the diagnostic eye to the other senses, most specifically, touch. Eyes act as a powerful connector between patient and doctor, but the moment the sense of touch is breached, the interaction paradigm shifts completely. The narrator is left to negotiate this new pattern, this new set of rules.

In two other stories, “The Girl with a Pimply Face” and “A Face of Stone,” the images of faces act as the primary or, at the very least, the initial characterizations of two women the doctor-narrator must deal with. In both stories, the first interaction between doctor and girl in the former and doctor and woman in the latter, is very similar to “The Use of Force,” with the doctor eyeing her, describing her, and coming to a judgment based on the description. The main difference between these two stories and “The Use of Force” is that both female characters are peripheral to the actual patient—a baby in each case. This presents an intriguing alternative to the standard patient-doctor interaction. In “The Girl with a Pimply Face,” he even “[loses] all interest in the baby,” as the “young kid in charge of the house did something to me that I liked.” As in “The Use of Force,” there is a sexual tension between the characters, simultaneously disconcerting and intriguing in its implications of

how different forms of dominance—male and female, doctor and patient, old and young—interact with one another.

Another element of “The Girl with a Pimple Face,” gestured at by James Breslin²⁹, is how the doctor consistently avoids moral judgment, appearing foolish in his admiration of the girl in the process. What the doctor hears from his colleague and what his initial, physical impression of the girl, the representation of the family, are at odds with one another. The end of the story has the doctor forgetting what he has heard and erring, as it were, on the side of his physical impression. His senses, what he has seen and what he has gleaned from the physical presence of the family, have trumped a moral judgment, and in this way, the lens Williams is using for the interaction is again colored with physicality. The characterizations in the story are all physical ones with a poetic word sense about them: a small face “emaciated but quiet, unnaturally quiet, sticking out of the upper end of a tightly rolled bundle made by the rest of the baby encircled in a blue cotton blanket”; the girl “fresh as paint” with a “small, squeezed up [face], snub nose, overhanging eyebrows, low brow and a terrible complexion, pimply and coarse” (*DS* 43) which indicate, for the narrator, “the complete lack of the rotten smell of a liar” (*DS* 44); a mother with “lank, graying hair and a long seamed face”; a “younger, plumpish woman with blond hair, well cared for and in a neat house dress” (*DS* 46); and a father “short, thickset in baggy working pants and a heavy cotton undershirt” with “a smooth, highly colored Slavic face, long black moustaches and widely separated, perfectly candid blue eyes,” “black hair, glossy and profuse,” and the “shoulders of an ox” (*DS* 52). Notable in many of his descriptions is the incorporation of character

²⁹ Breslin 153. He writes that the doctor character in “The Girl with a Pimple Face,” in his denial of what his colleague tells him of the girl and her family—that they are lying, essentially, about not being able to pay, and that the girl he is in love with is the neighborhood whore—is an example of “moralistic judgment” being “undercut by an acceptance of physical instinct.”

estimations, on the part of the narrator, based on physical appearance. This is a subconscious action but, placed among the stark, carefully worded descriptions his stories, the direct conclusion-drawing of, for example, the title girl as unforgiving based on, as far as the reader is concerned, a detailed physical picture, places physicality in an important position in terms of social interaction.

With “A Face of Stone,” the face of stone describes the mother of a baby the doctor is asked to care for:

She, on the other hand looked Italian, a goaty slant to her eyes, a face often seen among Italian immigrants. She had a small baby tight in her arms. She stood beside her smiling husband and looked at me with no expression at all on her pointed face, unless no expression is an expression. A face of stone. It was an animal distrust, not shyness. (*DS* 78)

This first impression of the mother, superficially gruff, even unforgiving, also contains some self-awareness on the part of the doctor, intrigue even. That he spends more time describing her face than she does her husband, who will eventually do most of the speaking highlights the sort of eyes the narrator has, the sorts of things he notices. He fixates on the stony characteristic of her face, for example, and this image recurs. Initially, it is simplified, but later in the story, just before he becomes aware of the mother’s background, he explicitly notes the curiosity only hinted at in the above passage:

...the woman questioned me with her stony pale green eyes. I stopped to look at them, they were very curious, almost at right angles to each other—in a way of speaking—like the eyes of some female figure I had seen somewhere—Mantegna—Botticelli—I couldn’t remember. (*DS* 84)

Here, we witness how the mind of this doctor shifts and changes, and how these changes are documented in the differing provision of physical detail, in the addition of the association with two Renaissance artists' work. We can assume that the doctor has seen such paintings, and that the images held in the paintings are a part of his associative memory. His estimation of the woman is perhaps at its highest at this point, and for the rest of the story, the arc is fairly clear—she learns her biography, which is suitably complex and partly accounts for her earlier, cautious interactions with the narrator. And the story ends with her “broad smile.” The narrator’s reaction to this is omitted, as if he is used to his patients’ collective dynamism. He’s aware of his sensual estimations of his patients on a nuanced level—that they are all he has to work with and that, in this case, there is a particularly strong feature/expression, a face of stone, “an animal distrust,” which he sets out to decode.

Williams’s doctors, in these stories, use the physical primarily as an orientation tool. There is never a sense that they must orient themselves so that they might make a judgment on the situation or the characters around them; but there is a sense that the situations demand an awareness of complexity. Fundamentally, this is what Williams is concerned with: the complexity of his patients, of his people, and his language. But the key to his art is that he doesn’t aim to encapsulate or judge it. Williams’s concern with reinvention then, which characterizes his work across all genres within which he worked, is exhibited in his short fiction in the way he experiments with the deployment of physicality. He establishes character presence on the page and he combines it with dialogue for a clearer path to characterization. In his poetry, Williams is concerned with establishing the focus on the language, words as objects. His *Paterson* is an amalgam of poetry and prose, an exploration both of language and of the artist’s myriad of relationships with his environs. It is

simultaneously an artistic exploration and autobiography. “The language, the language” he repeats in book one, “the language!—the language/is divorced from their minds,/the language . . . the language!” (21) The set of tools his short fiction afforded are very different than those afforded by poetry, or poetry/prose combinations. He experimented with a different project, a different take on language. He wished to cull from language its pressure and force as a way to invoke the intensity of the bodily space or the weight of materiality. With his short fiction, the element of transcendence isn’t so much a concern as is reinventing how the tools for physical evocation can function. He doesn’t merely use the body as a descriptor, but as an intimate picture of the narrator, who we can begin to know based on what he chooses to describe, as a method of characterization, and poetically, nodding to his general concern with how language works. His descriptions fill the mouth, and we are no longer looking to the ceiling, imagining his word picture, but we are aware of his diction in a more sensual way, the words rolling around in our mouths, pleasurable or not, as Jean Beicke lays in her bed, or the pimply-faced girl, “her bare feet...stuck into broken down leather sandals,” her legs covered with “scabby sores” (*DS* 44). This body poetic gestures toward an interaction on a theoretical and formal level between medicine and writing.

Conclusion

Williams and Chekhov, in many ways, were coming from different places in terms of their orientation with respect to medicine. Chekhov's diagnostic gaze and description catalogue were quintessentially, even stereotypically of medicine, highlighting the complex interaction between medicine and his art. The ways in which a doctor diagnoses disease are very closely tied to ideas about narrative, and they require a certain type of eye, simultaneously discriminating and nonjudgmental. And so he deploys his description catalogue in his short fiction and letters, presenting scenes and characters. This way of talking about it, as a catalogue, is inaccurate too, because on the surface it may seem that Chekhov reduces the sensory experience—the building of a scene for example—to a list. Actually, the gaze is not exhaustive as a list of symptoms might be, but selective and informed by the artist's sense of discernment. There is also his use of speech affectation, whether it be a halting, curt, monosyllabic style of speech or a sing-song, exclamatory style—as an intuitive embodiment of his compositional principle of clarity. His awareness of detail includes the rhythms of speech and how they could potentially function as indicators of change, as something generally taken for granted as dramatically present.

In contrast to this, Williams used his short fiction and his doctor-senses to create another novel space for the physical. Concerned with moving beyond words as merely signifiers in his poetry, Williams took this in spirit to his short fiction, a workshop where he not only experimented with meter and speech (Wagner), but also where he worked with the physical, with his senses, using words as visceral objects that evoked *and* immersed in the same way that his poetry did. Bringing to light the simultaneous weight of language and

materiality lends to his short fiction a unique intensity, one that echoes his poetic intensity, and one that is characteristically Williams.

The problem with the hyphen is that it implies a mutual exclusiveness. Yes, both men might have played two roles, but there was no important interaction, no basic connection that made them inextricable. In fact, this is not the case; instead of the typical presentation of the two elements as connected by a bridge that, if removed, would allow each to resume function unharmed, a more suitable metaphor is that of the brain itself. It has parts that can be separated based on role, on the read-out of a CAT scan, but if physically separated, the brain as a whole will cease any meaningful utility.

The problem with the hyphen is an inherent one, the fact that it is really the only linguistic method available that can connect two nouns into a single, precarious word. It cannot imply mutual dependency. Especially in the case of Chekhov and Williams, the role of physician was not merely a side role, something unrelated to the writing of meaningful short stories, but very much a part of composition, something influential in their thinking about art and its aim. The implications of this interaction—that the cultural product of art and the cultural product of the ethos surrounding medicine interact on a vital level—are essential if we are to understand the physician-writer as a single identity, not two halves of a whole.

Works Consulted

Primary Sources

- Chekhov, Anton. "The Grasshopper." Coulehan 135-154.
- . "Ionitch." Coulehan 159-173.
- . *A Life in Letters*. Ed. Rosamund Bartlett. Trans. Rosamund Bartlett and Anthony Phillips. London: Penguin Group, 2004.
- . "Ward No. 6." Coulehan 91-134.
- Coulehan, Jack, ed. *Chekhov's Doctors: A Collection of Chekhov's Medical Tales*. Trans. Constance Garnett. Kent: The Kent State UP, 2003.
- Coles, Robert, ed. *The Doctor Stories*. New York: New Directions, 1984.
- Williams, William Carlos. "The Girl with a Pimple Face." Coles 42-55.
- . "A Face of Stone." Coles 78-87.
- . "Jean Beicke." Coles 69-77.
- . *Paterson*. New York: New Directions, 1948.
- . *Selected Letters*. Ed. John C. Thirlwall. New York: McDowell, Obolensky, 1957.
- . "The Use of Force." Coles 56-60.

Secondary Sources

- Axelrod, Steven Gould and Helen Deese, eds. *Critical Essays on William Carlos Williams*. New York: G. K. Hall & Co, 1995.
- Axelrod, Steven Gould. "The Critical Reception of William Carlos Williams." Axelrod 25-48.

- Baldwin, Neil. "The Stecher Trilogy: Williams as Novelist." Terrell 401-416.
- Breslin, James. *William Carlos Williams: An American Artist*. New York: Oxford UP, 1970.
- Coope, John. *Doctor Chekhov: A Study in Literature and Medicine*. Chale: Cross, 1997.
- Derman, A. "The Essence of Chekhov's Creative Approach." Hulankicki 23-38.
- Dobin, E. S. "The Nature of Detail." Hulankicki 39-58.
- Driscoll, Kerry. "Williams and the Female Principle." Axelrod 148-159.
- Gish, Robert, ed. *William Carlos Williams: A Study of the Short Fiction*. Boston: Twayne, 1989.
- Gish, Robert. "'Why the Short Story?': Theory and Practice." Gish 3-22.
- Gish Robert. "Rare Presences: *The Knife of the Times* and *Life Along the Passaic River*." Gish 39-78.
- Hulankicki, Leo, and David Savignac, eds. and trans. *Anton Chekhov as a Master of Story-Writing*. The Hague: Mouton, 1976.
- Johnson, Ronald, ed. *Anton Chekhov: A Study of the Short Fiction*. New York: Twayne, 1993.
- Lever tov, Denise. "The Ideas in the Things." Terrell 141-151.
- Miller, J. Hillis. "William Carlos Williams." *Poets of Reality: Six Twentieth-Century Writer*. Cambridge: Harvard UP, 1965. 285-359.
- Perloff, Majorie. "'To Give a Design': Williams and the Visualization of Poetry." Terrell 159-186.

Plank, Kathryn Marie. "From Pagany to Paterson: Poetics and Public Health in the Fiction of William Carlos Williams." Diss. The Pennsylvania State U, 1996.

Pound, Ezra. "Dr Williams' Position." Terrell 351-360.

Pound, Ezra. "Letter to Williams, May 1909." *William Carlos Williams: The Critical Heritage*. Ed. Charles Doyle. London: Routledge & Kegan Paul, 1980.

Schmidt, Peter. "Paterson and Epic Tradition." Axelrod 167-176.

Terrell, Carroll, ed. *William Carlos Williams: Man and Poet*. Orono: National Poetry Foundation, 1983.

Wagner, Linda Welshimer. *The Prose of William Carlos Williams*. Middletown: Wesleyan UP, 1970.