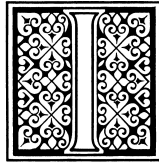


## Reading the Invisible: The Mind, the Body, and the Medical Examiner in Lev Tolstoy's *Anna Karenina*

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In Tolstoy's oeuvre, illness often serves as a moment of revelation about profound questions of human existence and the limits of knowledge and positivist science. Levin facing the problem of death at the sight of his brother, stricken with tuberculosis, and Ivan Il'ich reconsidering his entire life in the process of his prolonged, lethal illness are perhaps the most intense and memorable examples. My goal in this paper, however, is to focus on an entirely different and seemingly banal example of illness in Tolstoy: banal both because the disease is successfully cured and because it is a traditional literary topos, almost a cliché. The disease in question is the love-sickness from which Kitty Shcherbat-skaia suffers and recovers in Part II of *Anna Karenina*. A close examination of the way her illness is presented in the novel and how her medical evaluation and the process of her recovery are depicted sheds significant light on Tolstoy's position on the limitations of the positivist understanding of the human being.

The topos of love-sickness has a long history, both in medicine and literature. Its roots in the Western literary and medical traditions and the interaction between the two are explored in detail in Massimo Ciavolella's comprehensive study, *La "Malattia d'Amore" dall' Antichità al Medioevo*.<sup>1</sup> To summarize briefly, the scientific concept of love-sickness has its roots in the Hippocratic theory of humors, later developed by Galen, the Platonic doctrine of the tri-partite structure of the soul, and the Aristotelian psychology and physiology of passion.<sup>2</sup> From early on, the tradition of love-sickness—a passion that has a destructive physical effect—emphasized a profound interconnectedness between body and soul. The fundamental principle that would characterize the subsequent development of the doctrine is, according to Ciavolella, “the connection love-melancholy-madness, which presupposes that body and psyche are intimately connected, and that the afflictions or passions that strike one, immediately and inevitably affect the other, and vice versa” (31).<sup>3</sup> To put it in more sci-

entific terms, the phenomenon of love-sickness reveals a complex relationship between physiological and psychological processes in the human organism.<sup>4</sup>

In Russian literature, the topos of love-sickness made a relatively late appearance, owing to the virtual absence of the theme of passionate love in medieval Russian culture. When the Western amorous tradition finally begins to influence Russian narrative prose, the topos of love-sickness quickly emerges—first within the didactic late-medieval tradition, as in the seventeenth-century *Tale of Savva Grudtsyn* (*Povest' o Savve Grudtsyne*), and then in a more markedly “Western” gallant vein, as in the “petrine” *Tale of the Russian Cavalier Alexander* (*Povest' o Rossiiskom kavalere Aleksandre*). Canonized in Vasilii Trediakovskii’s translation of Paul Tallemant’s *Le voyage à l’île d’amour* (*Ezda v ostrov liubvi*, 1730), as well as in Trediakovskii’s and Sumarokov’s love songs and elegies, the association between love and physical illness entered mainstream Russian Sentimentalist prose later in the century. Sentimentalist writers made extensive use of the topos in order to emphasize the destructive physical effects of the heroes’ and heroines’ heightened sensibility.<sup>5</sup> Subsequently, the topos of love-sickness became central in Romanticism, both Western and Russian: the ancient doctrine could not fail to appeal to the Romantic imagination, with its cult of passion and aestheticization of illness and death.<sup>6</sup>

With the advance of positivism in Russia, the traditional topos of love-sickness finds a new resonance. In the 1860s and 1870s, the problem of the physiological foundations of psychological processes, with its philosophical and religious implications, becomes a subject of vehement polemics. Ivan Sechenov’s seminal work “Reflexes of the Brain” (“Refleksy golovnogo mozga,” 1863) had as its original title “An Attempt to Establish the Physiological Basis of Psychical Process”—a title rejected by censorship. After its publication, “the censorship authorities called for court action against Sechenov on the grounds that “‘Reflexes of the Brain’ was ‘an attempt to explain the psychical functions of the brain by reducing these functions to muscular movements produced in response to external material stimuli’; and that he was therefore treating ‘all human acts, without exception, as purely mechanical processes’” (Vucinich 120). *Anna Karenina*, as L. D. Usmanov has shown in his article “Roman L. N. Tolstogo ‘Anna Karenina’ i nauchnye spory 60-70-kh godov XIX veka,” is full of repercussions from these polemics. This controversy is presented most explicitly in Part I, when Levin visits his half-brother, Sergei Kozny-

shev, and finds him engaged in a conversation on a “fashionable” subject: “есть ли граница между психическими явлениями в деятельности человека и где она?” (27).<sup>7</sup> However, the novel reflects such polemics not only in the episodes that overtly deal with theoretical discussions, but also in scenes describing a medical diagnostic procedure.<sup>8</sup>

Tolstoy’s most famous and perhaps most direct statement on medicine is formulated in Book 3 of *War and Peace*, when he describes Natasha Rostova’s illness after the aborted Kuragin affair:

Доктора ездили к Наташе и отдельно и консилиумами, говорили много по-французски, по-немецки и по-латыни, осуждали один другого, прописывали самые разнообразные лекарства от всех им известных болезней; но ни одному из них не приходила в голову та простая мысль, что им не может быть известна та болезнь, которой страдала Наташа, как не может быть известна ни одна болезнь, которой одержим живой человек: ибо каждый живой человек имеет свои особенности и всегда имеет особенную и свою новую, сложную, неизвестную медицине болезнь, не болезнь легких, печени, кожи, сердца, нервов и т. д., записанных в медицине, но болезнь, состоящую из одного из бесчисленных соединений в страданиях этих органов (11: 16).<sup>9</sup>

This sentence contains in compressed form what will be expanded, acted out, and significantly modified in the similar scene of Kitty Shcherbatskaia’s medical consultation at the beginning of Part II of Tolstoy’s second great novel.<sup>10</sup> The most prominent theme of the passage in *War and Peace*, which will reappear in a more subtle and complex form in *Anna Karenina*, is that of the epistemological limits of medical science—limits derived from the uniqueness and complexity of its object.<sup>11</sup>

In this scene, Tolstoy uses a number of oppositions between the epistemological stances of different characters in relation to disease and its causes. First, there is the ironic tension between Kitty, who knows, or at least seems to know, the true cause of her disease, and the two doctors who do not. This is a peculiar reversal of the

nineteenth-century medicine's epistemological assumptions, which posit "an ironic distance . . . between the knowing subject (doctor . . .) and the object of knowledge (patient . . .)" (Rothfield 85). In Tolstoy's novel, on the contrary, it is the patient who can make a proper diagnosis: she explicitly identifies her disease as love-sickness. Thus in her conversation with Dolly immediately following the examination, Kitty exclaims, "Что, что ты хочешь мне дать почувствовать, что? . . . . То, что я была влюблена в человека, который меня знать не хотел, и что я умираю от любви к нему?" (131);<sup>12</sup> this diagnosis is repeated later in the novel, when, at the spa, she takes a dislike to a young Russian lady who, like Kitty, fell ill on account of love. Kitty clearly perceives her condition as one that denies medical explanation and treatment: "Вся ее болезнь и лечение представлялись ей такою глупою, даже смешною вещью! . . . . Сердце ее было разбито. Что же они хотят лечить ее пилюлями и порошками?" (126).<sup>13</sup> This moment emphasizes the ironic gap between her knowing position and the doctors' erroneous assumptions. Like their colleagues in *War and Peace*, the two doctors in *Anna Karenina* are in principle unable to produce the right diagnosis and treatment; in this case, because they are unaware of the true cause and the non-organic nature of her illness. Kitty's father, "probably the only one," besides the heroine herself, "who thoroughly understood the cause of Kitty's illness," shares his daughter's ironic attitude to the situation: "князь . . . в душе злился на всю эту комедию"; "ему смешна была вся эта комедия" (141).<sup>14</sup> The non-clinical nature of Kitty's illness is further emphasized toward the end of the episode (Chapter 3), when she offers to help Dolly take care of her children, sick with scarlet fever. The definite diagnosis and the "real" and well-known illness contrast dramatically with the evasive and mysterious character of Kitty's own "medical" condition, which the doctors fail to pinpoint.

The second and more developed opposition in this scene is set up between the doctors themselves. As a close analysis of the episode demonstrates, the two physicians—the invited celebrity and the family doctor—represent two opposite approaches to disease: body-oriented versus soul-oriented, physiological versus psychological, and, in more general terms, external versus internal. The celebrated doctor, obviously, represents the "external" pole of this opposition, first of all, in the most literal sense: he is external to the situation as someone invited from the outside. In this regard, his position contrasts to that of the family doctor (*domashnii doktor*), who, by definition, is an insider.

The celebrity's procedures are body-oriented and consist in a physical examination and palpating Kitty's naked body. The narrator endows the situation with a slightly erotic tension by substituting the words "man" and "young girl" for "doctor" and "patient"—a defamiliarization that allows Tolstoy to emphasize the moral inappropriateness of the situation: "Он с особенным удовольствием, казалось, настаивал на том, что девичья стыдливость есть только остаток варварства и что нет ничего естественнее, как то, чтоб еще не старый мужчина ощупывал молодую обнаженную девушку" (124).<sup>15</sup>

Besides its obvious moral incongruence, this situation presents an epistemological problem. First of all, the celebrity's approach clearly reduces the object of investigation to the patient's body, revealing the doctor's assumption that a careful examination of this body will provide him with a solution. Secondly, this examination, which the doctor presents as a progressive method, incompatible with "barbarian" discreetness, presupposes a certain equation between seeing and knowing: the more of your object you see, the more you know about it. The word "seeing" itself develops a wider range of meanings throughout the scene. When, at the end of the consultation, the celebrated doctor announces that it is necessary for him "to see the patient" (*videt' bol'nuiu*) once again, he has quite innocent procedures in mind: the traditional talk with the patient and taking her pulse. Immediately, however, the word "see" (*videt'*) reveals its ambiguity, when Kitty's mother, misinterpreting the doctor's use of this word as "to examine" (*osmatrivat'*, from *smotret'*, "to see," "to look"), is horrified: "Как! еще раз осматривать!" (126).<sup>16</sup> Her reaction makes it obvious that the previous examination has already broadened the semantic range of the word *videt'*, shifting its boundaries from the more restricted visual and tactile contact to the unlimited freedom of a doctor's gaze and hands. This shift, incidentally, parallels the historical transition from clinical to pathological medicine as described by Michel Foucault: "The clinical eye discovers a kinship with a new sense that prescribes its norm and epistemological structure: this is no longer the ear straining to catch a language, but the index finger palpating the depths" (122).<sup>17</sup> Characteristically, after the first examination, the doctor thoroughly washes his hands—a typically Tolstoyan detail, simultaneously emphasizing the crude physical nature of his contact with the patient and evoking an association with surgery or autopsy—both implying a penetration into the patient's body.

The two doctors' discussion of Kitty's diagnosis makes another allusion to the methods of pathological anatomy. The family doctor suspects a nascent tubercular process. The celebrity, on the other hand, is rather skeptical about the possibility of diagnosing Kitty's condition without concrete physical signs: "Определить, как вы знаете, начало туберкулезного процесса мы не можем; до появления каверн нет ничего определенного" (125).<sup>18</sup> This approach illustrates a typically positivist reliance on what is potentially visible and made external in the process of autopsy, that is, lesions, which posthumously point to the symptoms observed during the patient's life (lung cavities, in this case).<sup>19</sup> He is willing, however, to accept the tentative diagnosis of tuberculosis, again based on external signs, or "indications." As he puts it, "there are indications—a bad appetite, nervous excitability, and so on" (107).<sup>20</sup> The family doctor, on the other hand, is more concerned with what is invisible and non-physical, with causes rather than signs. And, most importantly, he believes the causes to be of a psychological, rather than purely physical, nature: "Но, ведь вы знаете, тут всегда скрываются нравственные, духовные причины" (125).<sup>21</sup> While the celebrity nominally agrees with this suggestion, his indifferent and automatic reaction to his colleague's statement makes it plain that he does not really share the family doctor's belief in the "hidden moral causes" of an illness. Rather, he emphasizes the physical nature of the problem when he suggests that their goal should be "to maintain the patient's nourishment and improve the nerves,"<sup>22</sup> thereby reducing Kitty's condition to a bodily dysfunction (126). The word "nerves" here is indicative.<sup>23</sup> In his articles and private journal, Tolstoy attacks physiology and medicine for disregarding the spiritual side of a human being and replacing the complexity of psychological processes with a purely physiological mechanism—the nerves. The following note in his diary of February 8, 1863, is especially characteristic in this regard: "Или я забудь, что во мне душа и тело, а помни, что во мне тело с нервами. Для медицины—успех, для психологии—напротив" (48: 52).<sup>24</sup> What is peculiar about this entry is not only the idea that, in medical science, nerves have usurped the functions traditionally ascribed to the soul,<sup>25</sup> but also the distinction the writer draws between medicine and psychology. In other words, by making the celebrated doctor rely on "nerves" in his approach to Kitty's illness, Tolstoy once again identifies this character with a strictly positivist and anti-psychological approach.

While the celebrated doctor is preoccupied with the external and the tangible, the family doctor, as we have seen, timidly advocates an approach that goes beyond the material form, in search of something “hidden,” “moral,” and “spiritual.” In visual terms, this approach may be restated as “seeing through.” In the *consilium* scene, the only person who possesses this kind of vision is, characteristically, the only person who knows the truth—the old Prince Shcherbatskii, Kitty’s father: “Когда ее взгляд встретился теперь с его голубыми, добрыми глазами, пристально смотревшими на нее, ей казалось, что он насквозь видит ее и понимает всё то нехорошее, что в ней делается” (128).<sup>26</sup> The celebrated doctor’s vocabulary of seeing—the vague *videt’ bol’nuiu* (to see the patient) and the shocking *osmatrival’* (to examine)—is challenged here by a different language, one concerned with penetrating into the depths, not of the body but of the soul. Interestingly enough, the old prince himself indirectly (and, probably, unconsciously) evokes the idea of penetration when, stroking Kitty’s hair, he remarks: “Эти глупые шиньоны! До настоящей дочери и не доберешься, а ласкаешь волосы дохлых баб” (128).<sup>27</sup> This comment reinforces the theme of the true, hidden essence that is beneath the visible surface. Moreover, the verbal exchange between father and daughter possesses a hidden level. Kitty feels the need to interpret her father’s words, to look for a secret message in his seemingly innocent advice: “А ты вот что, Катя, . . . ты когда-нибудь в один прекрасный день, проснись и скажи себе: да ведь я совсем здорова и весела, и пойдем с папа опять рано утром по морозцу гулять” (129).<sup>28</sup>

Characteristically, Kitty translates the medical language of this suggestion into moral terms: “Да, он всё знает, всё понимает и этими словами говорит мне, что хотя и стыдно, а надо пережить свой стыд” (129).<sup>29</sup> The shame mentioned here is probably one of “those bad things” (*use to nekhorooshee*) that is taking place in her soul. This situation reveals that Kitty’s illness originates in something more complex than unrequited love; therefore, when Kitty diagnoses herself as love-sick, she probably follows a convention, a literary precedent, and only appears to know the true cause of her condition, which remains largely in her unconscious and in which shame plays an important role.<sup>30</sup> Shame is also referred to in a different context, earlier in the episode: in the description of Kitty’s emotional state after the humiliating examination. Here, interestingly enough, her feeling of shame produces symptoms that may mistakenly be interpreted as con-

sumptive: “Исхудавшая и румяная, с особенным блеском в глазах вследствие перенесенного стыда, Кити стояла посреди комнаты. Когда доктор вошел, она вспыхнула, и глаза ее наполнились слезами” (126).<sup>31</sup> All of the symptoms listed—sudden blushing, glistening eyes, and *boleznennoe razdrazhenie* (unhealthy excitability), dutifully and repeatedly noted by the celebrity—are typically associated with tuberculosis. The narrative makes it clear, however, that a moral condition, rather than a physiological disorder, underlies these external signs. In these two examples we see that medical language, as well as the language of medical signs, only covers and conceals the true causes and meanings of phenomena that should be sought in the moral realm. Once again medical knowledge, preoccupied with the external, fails to uncover the truth about the patient.

A disease that has been repeatedly characterized as “spiritual” in origin calls for a corresponding method of cure. On this issue, too, the two doctors diverge. The family doctor, who tends to interpret Kitty’s illness in psychological terms, insists on a journey abroad as therapy—a method his colleague at first vehemently rejects, as it cannot change anything once a physiological process (tubercular, in this case) has begun. In his attempt to defend the curative value of such a journey, the family doctor lists a number of reasons that are astonishingly intuitive and non-scientific for his positivist age: “a change of habits,” “removal from surroundings that awaken memories,” and, finally, the most irrational one: “and the mother would like [her] to.”<sup>32</sup> Significantly, what is missing from this list is the most obvious medical effect of a treatment abroad—spa waters, the mention of which would make his argument sound more “scientific.” The celebrity, on the other hand, prescribes drinking mineral water and, after an affected meditation, kindly gives his permission for the journey abroad, as well.

It must be noted that there is no contradiction in the fact that the family doctor diagnoses Kitty with tuberculosis and at the same time advocates “psychological” methods of treatment. From the late eighteenth century and throughout the nineteenth common belief held that tuberculosis could be spiritual, as well as physical, in origin. The first Russian medical journal, *Sanktpeterburgskie vrachebnye vedomosti* (*The Sankt-Petersburg Medical News*, 1792-93), published the following list of possible (and not mutually exclusive) causes of TB—a characteristic mélange of physical and spiritual factors: “заключенный воздух, страсти, печаль, размышления, великая любовь, завалы в

кровотечениях, например в месячных, в почечуе, . . . остановление пота на руках и ногах” (“O nasledstvennykh bolezniakh” 48).<sup>33</sup> As we see from this example, “passions” and “great love” number among the causes of this disease. Tolstoy’s own family shared the belief that “great love” and tuberculosis go hand in hand: his sister-in-law, Tat’iana, after breaking up with her fiancé, Tolstoy’s brother Sergei, was feared to have developed consumption.<sup>34</sup>

In literature, too, unrequited or unfulfilled love often leads (or is expected to lead) to tuberculosis.<sup>35</sup> Onegin, ignored by Tat’iana Larina in Chapter IX of Pushkin’s novel, “almost suffers from consumption” (*узб не chakhotkoin stradaet* [179]); in Herzen’s *Who Is to Blame?*, Krutsiferskaia, “an unfortunate victim of her love for [Bel’tov],” slowly pines away from tuberculosis (208)<sup>36</sup>; finally, Natasha Rostova, after the Kuragin affair, develops clearly consumptive symptoms: “не ела, не спала, заметно худела, кашляла” (11: 66).<sup>37</sup> It seems that in the nineteenth century tuberculosis became a new form of love-sickness, replacing the older melancholy, whose typical symptoms, established within the Hippocratic/Galenic medical tradition, although partly overlapping with tubercular ones (such as sleeplessness and anorexia), gradually became conventional attributes of love suffering and lacked pathological specificity.

Just as Kitty’s love-sickness contrasts with the “real” scarlet fever in the Moscow scene of the novel, her suspected “tuberculosis” is implicitly dismissed when juxtaposed with the unmistakably non-psychological cases of tuberculosis she observes at the spa resort in Germany. Actually, in this part of the novel her illness is almost entirely “forgotten” by the narrator. Her love-sickness is mentioned once, only indirectly, and her father is happy to find her completely recovered. Such was not the case in the earlier drafts of this chapter, which contained explicit references to Kitty’s illness (although, apparently, at this stage of writing his novel, Tolstoy envisioned her original illness as less serious): “В Содене было очень много того больного жального народа, который собирается там; но были тоже и такие больные . . . , как Кити, которые приезжают туда почти здоровые, только под влиянием угрозы предстоящей болезни” (20: 226-27).<sup>38</sup> The final version, however, suppresses all mention of her alleged medical condition. Nor do we find any specific indications of the actual process of her recovery, or a single description of her drinking mineral water or consulting doctors.<sup>39</sup> Again, earlier drafts of this chapter make more explicit references to Kitty’s therapeutic process:

“Кити Щербачкая еще далеко не кончила полного предназначенного ей курса вод, как уже отец и мать ее с радостью видели, что здоровье ее совершенно поправилось” (20: 226).<sup>40</sup>

What *is* described in great detail in this part of the novel are the experiences Kitty undergoes at the resort—from her infatuation with Varen’ka and fascination with religious mysticism, to her forced philanthropy and a direct contact with illness and suffering—only to discover her truer self, which proves incompatible with a life lived according to theory. It seems that Tolstoy’s suppression of the medical side of Kitty’s stay at the spa and his concentration on her life experience, instead, suggest that experience itself proves curative. In the earlier drafts, this idea and the very competition between the two therapeutic aspects of Kitty’s journey find a more overt expression: “Это сближение [with Miss Sulivant, Varen’ka’s prototype in this version of the novel] помогло здоровью Кити *едва ли не больше, чем и перемена условий жизни и самые воды*” (20: 227).<sup>41</sup> Both the celebrity’s prescription (drinking waters) and the family doctor’s psychological therapy (a change of circumstances)<sup>42</sup> are rejected here as insufficient, in favor of a cure that comes from the experience of life itself. In the final version of the novel, however, Tolstoy refrains from an open statement and seemingly acknowledges the authority of the family doctor: “Предсказания доктора оправдались. Кити возвратилась домой, в Россию, излеченная” (250).<sup>43</sup>

Not so in another nineteenth-century novel treating a similar situation—Nikolai Chernyshevskii’s *What Is to Be Done?*, where Kirsanov, a young and promising doctor, successfully cures Katia Polozova of her secret love for Solovtsov, a suitor of whom her father strongly disapproves. The love-sickness episode in Chernyshevskii’s novel bears striking similarities to the analogous scene in *Anna Karenina*.<sup>44</sup> In *What Is to Be Done?* the heroine’s name is also Katia, and, like Kitty Shcherbatskaia, she is “dying of love.” In both novels, a medical *consilium* gathers and an outsider celebrity (Kirsanov, in this case) is invited. The two heroines share the vague symptoms of debilitation and “being ill.” Tolstoy simply notes that Kitty is ill and worsening with the advance of spring, and informs us that she suffers from “diminishing strength” (124).<sup>45</sup> Katia Polozova, too, is described as “dangerously ill,” and the doctors cannot grasp the essence of her disease beyond a general picture of rapidly diminishing strength: “Нет никакой болезни в больной, а силы больной быстро

падают” (300).<sup>46</sup> Moreover, the diagnoses offered by doctors in each case coincide almost exactly. While the celebrated doctor believes Kitty’s problem to lie in nutrition and a nervous disorder (*podderzhat’ pitanie i ispravit’ nervy*), Katya Polozova’s official diagnosis is “*atrophia nervorum*, suspension of nervous nutrition” (390).<sup>47</sup> Like the young Princess Shcherbatskaia, Polozova is “one step away from consumption” (395). More importantly, the episodes share an ironic portrayal of the doctors trying to approach the patient’s condition with the methods and theories of scientific medicine. “They don’t understand your illness. . . . There’s no point in sounding your chest or prescribing various medicines,”<sup>48</sup> Kirsanov says to Katia (391; paralleled in Kitty’s narratively mediated thought, “Сердце ее было разбито. Что же они хотят лечить ее пилюлями и порошками?”). As in *Anna Karenina*, the narrative dismisses the method of physical examination on account of the psychological nature of the heroine’s illness: “. . . Кирсанову нечего было много исследовать больную, чтобы видеть, что упадок сил происходит от какой-нибудь нравственной причины” (304).<sup>49</sup>

If the disease is non-physical, then it follows, for Kirsanov, that it cannot be externalized without the patient’s assistance; control over the cause of the disease must be temporarily surrendered to the patient herself. The only way for him to regain his control over the disease is to perform a metaphorical autopsy, to make her speak: “. . . прошу вас, скажите мне причину вашей болезни” (301).<sup>50</sup> Here we can immediately point out two major differences between the epistemological situation in Chernyshevskii’s and Tolstoy’s novels. First of all, unlike Kitty, Chernyshevskii’s heroine does know the true cause of her disease, and the narrative never doubts or undermines that knowledge. Secondly, whereas in Tolstoy the truth about the disease is communicated non-verbally, through looks and inferences, here Kirsanov relies entirely on the patient’s verbal account. Moreover, the very cause of Katia’s illness is a rather simple and conventional version of love-sickness when compared with Kitty’s complex psychological condition, and that is why it can be so easily verbalized.

Kirsanov’s need for a verbal account, for the details of the exact story, is related to his method of treatment, which consists in a unique psychological experiment relevant only to the given situation—hence the need for the particulars. When Kirsanov learns that Katia’s condition is caused by her love for a man deemed unworthy by her father and when he himself, in fact, becomes convinced that her

father is right, the treatment is quick and successful: Kirsanov artificially creates a situation that makes Katia realize the pettiness and baseness of her beloved. This is not the first example of Kirsanov's conducting an experiment in the novel. In fact, his entire participation in Katia's case may be described as a series of psychological experiments demonstrating the young doctor's excellent skills in manipulating people. His first conversation with Katia, in the course of which he manages to break her silence and elicit the details of her love story, is a carefully constructed set of provocations and traps. Later on, trying to gain time and stop the progression of Katia's illness, he wins old Polozov's approval of Katia's marriage to Solovtsev by artfully manipulating the *consilium* of celebrities and the old millionaire himself. The celebrities realize that throughout this medical consultation they have been mere "puppets" of the young, insolent doctor (308). Significantly, experimentation and theory are presented earlier in the novel as the fundamental principles of Kirsanov's medical approach. He is portrayed as a follower of the physiologist Claude Bernard, the founder of experimental medicine.<sup>51</sup> "[Kirsanov] said he was working on behalf of science, and not for the patients: 'I'm not treating anyone. I'm merely making *experiments*'" (214).<sup>52</sup> And this methodology, this emphasis on experimentation, very closely corresponds to the general spirit of *What Is to Be Done?*, a novel full of various experiments—in a fictitious marriage, a love triangle, female independence, and an ideal society.

In her book *Tolstoy's Art and Thought: 1847-1880*, Donna Orwin stresses that the fundamental difference between Tolstoy's and Chernyshevskii's worldviews is the role assigned to rationality (20). Analysis of the two stories of love-sickness and recovery shows another aspect of this divergence. While in *What Is to Be Done?* the cure is achieved as a result of a carefully constructed, quasi-scientific experiment carried out by a positivist-minded doctor, in *Anna Karenina*, the "moral" disease is healed through the process of life itself, which triumphs over the impotence of medicine. In his version of love-sickness, in other words, Tolstoy rejects not only the preoccupation with the body manifested by positivist medicine and physiology, but also, more importantly, the very idea of an experiment, of applying theory to "living life."

### Notes

1. While literature, especially Greek tragedy and lyric poetry (Sappho), ex-

plored the destructive effect of passionate love independently of medicine, starting from the first century A.D., as Ciavolella shows, these two spheres begin to interact and gradually influence each other (*La Malattia d'Amore* 23-31). The late medieval–early Renaissance period, as scholars have convincingly demonstrated, witnessed an active interaction between literary treatments of this subject and the elaborate medical doctrine of *amor hereos*. This disease, as described in both European and Arabic medieval treatises, begins as a pathological fixation on the object of love, accompanied by the overheating of the blood and other humors, which affects the brain and leads to a grave form of melancholy, madness, and, eventually, death. See Ciavolella, “Medieval Medicine” 223-33; Heiple 55-58; and Heffernan 66-73.

2. For a summary of these early theories of love-sickness, see Ciavolella, *La Malattia d'Amore* 15-22.
3. “La relazione amore-malinconia-follia, che presuppone che il corpo e la psiche siano intimamente legati, e che le affezioni o passioni che colpiscono l'uno si ripercuotano immediatamente ed inevitabilmente sull'altra e viceversa” (31; here and subsequently, all translations from Italian are mine).
4. According to Ciavolella, this relationship, in a scientific and systematic form, was first treated in the Western tradition by Aristotle: “It was Aristotle, with his system of natural philosophy, who gave the doctrine of love-sickness its scientific form. The fundamental principle of his psychophysiological system is the notion that sensation is a common movement of body and soul” (“Fu . . . Aristotele, con il suo sistema di filosofia naturale, a dare forma scientifica alla dottrina della malattia d'amore. L'assioma fondamentale del suo sistema psico-fisiologico è che la sensazione è un movimento comune dell'anima e del corpo” [19]). Later, the scholar stresses again Aristotle's role in defining “the etiology of passion and the mechanism of its organic development”: “The Athenian philosopher divides the process of the development of passion into two moments . . . : the receptive moment, i.e. psychological, and the physiological one, i.e. the somatic reaction.” (“Il filosofo ateniese divide il processo di sviluppo della passione in due momenti . . . : il momento recettivo, cioè psicologico, e quello fisiologico, cioè la reazione somatica” [31]).
5. Russian Sentimentalist prose, undoubtedly under the influence of Goethe's *Werther*, abounds in cases of love-sickness, often lethal. See, for instance, Nikolai Karamzin's “Evgenii and Iulia” (1789), Aleksandr Klushin's “The Unfortunate M-v” (“Neschastnyi M-v,” 1793), Gavriil Kamenev's “Sofia” (1796), Pavel L'vov's “Dasha, a Peasant Girl” (“Dasha, derevenskaia devushka,” 1803), Ivan Lazhechnikov's “The Glade of Spassk” (“Spasskaia luzhaika,” 1812), and many others. The physiological processes accompanying love-sickness in Russian Sentimentalist fiction are presented in a rather naive and non-scientific way, but nonetheless are in-

dicative of the concern that underlies these awkward attempts at “medical realism”: the writers are striving to demonstrate that in truly sensitive beings, the sufferings of the soul could indeed produce major physical problems.

6. For a discussion of the romanticization of illness in nineteenth-century literature and culture, see Sontag 20-36. Interestingly, as the following example demonstrates, disease and passionate love are often viewed by the Romantics as interchangeable (in that they produce analogous effects), but not identical: “In a heartbreaking letter of November 1, 1820 from Naples, Keats, forever separated from Fanny Brawne, wrote, ‘If I had any chance of recovery [from tuberculosis], this passion would kill me’” (Sontag 20-21). Russian Romantic literature also often draws a line between love passion and illness proper, even if the symptoms produced by the two conditions were similar: in his *Ball*, Baratynskii speaks of *goriachki z̄har, ne z̄har ljubvi* (the heat of fever, not of love); and Pushkin’s Tat’iana asserts: “Я не больна, я . . . влюблена” (“I’m not sick, I . . . am in love”). While extensively using this metaphoric association between love and illness, Romanticism does not abandon the metonymic link of cause and effect: Romantic heroes and heroines consistently fall sick from love, as testified by Pushkin’s *Onegin*, Lermontov’s *Princess Mary*, Goncharov’s *Aleksandr Aduiev*, and numerous society tale characters.
7. “whether a definite line exists between psychological and physiological phenomena in human activity; and if so, where it lies?” (21). Usmanov convincingly argues that the discussion at Koznyshev’s reflects the early 1870s polemics between Ivan Sechenov and K. D. Kavelin, the latter advocating a greater independence of the psychic processes from the physiological ones (109-110). The scholar points to another episode exemplifying the popularity, as well as profanation, of Sechenov’s theory: in the opening scene of the novel, Stiva Oblonskii, while trying to justify himself to his wife, suddenly and inadvertently smiles—and this inappropriate smile completely eliminates his chances for reconciliation: “‘рефлексы головного мозга’, подумал Степан Аркадьич, который любил физиологию” (5) (“‘reflex actions of the brain,’ thought Oblonsky, who was fond of physiology” [2]).
8. As Marie Sémon points out, Tolstoy, owing to his general preference for life over theory, rarely presents his argument through a theoretical discussion, but rather through what is going on simultaneously within and outside of the discussion in its relation to the subject of the conversation (351-52).
9. “Doctors came to see her singly and in consultation, talked much in French, German, and Latin, blamed one another, and prescribed a great variety of medicines for all the diseases known to them, but the simple idea never occurred to any of them that they could not know the disease Natasha was suffering from, as no disease suffered by a live man can be known,

for every living person has his own peculiarities and always has his own peculiar, personal, novel, complicated disease, unknown to medicine—not a disease of the lungs, liver, skin, heart, nerves, and so on mentioned in medical books, but a disease consisting of one of the innumerable combinations of the maladies of those organs” (726).

10. The Russian word for Kitty’s medical consultation used by Tolstoy is “konsilium,” which is a rather loaded term, implying a discussion of a particularly complicated medical case by several top doctors. The original text thus contains an additional touch of irony—the grave connotations of the word “konsilium” create a contrast with the doctors’ impotence in resolving Kitty’s problem.
11. Saul Morson has pointed out the parallels between this view of medicine and Tolstoy’s conception of history, with its emphasis on the uncertainty and unpredictability of the events: “In Tolstoy’s scheme, disease, like battle, is unknowable and unrepeatable; therefore, no course of treatment can possibly work. . . . Each unhealthy organism is unhealthy in its own way” (172).
12. “What do you want me to feel, what? . . . That I was in love with a man who wouldn’t have anything to do with me, and I am dying for love of him?” (113). Hereafter italics are mine unless otherwise specified. All citations from *Anna Karenina* are given from volume 18 of the Jubilee Edition (*Polnoe sobranie sochinenii v 90 tomakh*), with the page numbers in parentheses. All other quotations from Tolstoy’s work are cited by volume and page number from the same edition. Translations from both *Anna Karenina* and *War and Peace* are selectively taken from the Maude translation. In these cases the page number follows the quotation. Otherwise translations are mine.
13. “Her whole illness and the treatment appeared to her stupid and even ridiculous. . . . Her heart was broken. Why did they want to dose her with pills and powders?” (108).
14. “the Prince . . . in his heart was vexed at this farce”; “how absurd he thought the whole farce” (107). The repeated use of the words “comedy,” “comic,” and “ridiculous” also emphasizes the theatricality of the situation and, moreover, points to the literary genesis of the scene. The figure of the celebrity doctor portrayed in an overtly satiric vein evokes a stock character of the medical expert from Molière’s comedies and Italian farces. One can argue, then, that the scene itself contains a metastatement about its generic nature and reflects upon its own theatricality.
15. “He, with particular pleasure, it seemed, insisted that a maidenly sense of shame is only a relic of barbarism, and that nothing is more natural than for a man still in his prime to handle a young woman’s naked body” (106; slightly adjusted for accuracy).
16. “What, another examination?” (108).
17. Foucault’s metaphor of the glance-finger (a new medical gaze resembling

a pointing finger in its striving for the localization of disease) becomes realized in Tolstoy's description of the celebrity's method, which involves not only a careful visual examination (*vnimatel'nyi osmotr*), but also tapping and palpating (*postukivanie* and *osbchupyvanie*).

18. "We cannot, as you know, determine the beginning of a tuberculous process. *As long as there are no cavities* there is nothing definite to go by" (107).
19. Again, Foucault characterizes pathological anatomy as concerned primarily with localization: "Born of the clinical concern to define the structures of *pathological kinship* . . . , the new medical perception finally attributed to itself the task of mapping the *figures of localization*" (139-40; emphasis in the original).
20. "И указание есть: дурное питание, нервное возбуждение и прочее" (125). The celebrity's reliance on the methods of pathological anatomy is not consistent. In Foucault's interpretation, attention to signs and symptoms is characteristic of the clinical approach that preceded the development of pathological medicine. Pathological anatomy, according to Foucault, replaced the clinical concern with signs and symptoms by an interest in origins and causes—an interest displayed by the family doctor in Tolstoy's novel. In other words, the two doctors in *Anna Karenina* do not quite fit into the Foucauldian opposition of the early clinical vs. pathological medicine. The contrast drawn by Tolstoy seems to work, rather, in terms of external vs. internal and physiological vs. psychological.
- 21, "But you know in these cases there is always some hidden moral cause" (108).
22. "поддержать питание и исправить нервы" (126).
23. Nutrition (*pitanié*), too, is a marked term in Tolstoy. In her article exploring the body/soul dichotomy in *Anna Karenina* in the context of Plato's *Symposium*, Irina Gutkina discusses the function of food in *Anna Karenina* and its association with crude materialism and corporeality (88-89). For the later Tolstoy's views on food, see LeBlanc.
24. "Or I should forget that I have a body and soul in me, and only remember that I have a body with nerves. That's a success for medicine, but for psychology just the opposite." In the 1870s, too, during his work on *Anna Karenina*, Tolstoy repeatedly addressed this question. In 1875-76 (1874, according to Eikhenbaum), Tolstoy jotted down a philosophical dialogue about the status of science. Here, as elsewhere, the main charge Tolstoy brings against science is its preoccupation with particular issues, its specialization and separation from philosophy and religion, and its inability to address the essential questions of human existence. Characteristically, here again, nerves are mentioned as the "trademark" of physiology, the main achievement of this science, which, nonetheless, is helpless in dealing with more profound problems: "Физиология говорит, что она знает ход деятельности нервов, но вопросы о свободе и несвободе человека—

- вне ее области” (Eikhenbaum 134; “Physiology claims to know the process of the nerves’ activity, but questions of human freedom or non-freedom are beyond its scope”).
25. In *The Brothers Karamazov*, Dmitrii Karamazov expresses an analogous concern: “Вообрази себе: [. . .] там в мозгу эти нервы . . . , у нервов этих хвостики . . . — вот почему я и созерцаю, а потом и мыслю, . . . потому что хвостики, а вовсе не потому, что у меня душа . . .” (92) (“Imagine; . . . these nerves are there in the brain . . . , there are sort of little tails, the little tails of those nerves. . . . That’s why I see and then think, because of those tails, not because I have a soul . . .” [534]). Interestingly enough, Tolstoy’s and Dostoevsky’s interpretation of nerves as a surrogate for the soul, provoked by the materialist orientation of contemporary science, diametrically opposes the view of nerves maintained by the Sentimentalists. The “age of sensibility” considered nerves to be a “an organ of the soul itself” (*neposredstvennyi organ dushi*), as Nikolai Karamzin puts it in his 1802 article “Otchego v Rossii malo avtorskikh talantov?” (“Why are there so Few Literary Talents in Russia?” [101]).
  26. “When her gaze now met his kindly blue eyes *looking steadily* at her, it seemed to her that he *saw right through* her, and *knew* all the trouble that was in her” (110).
  27. “These stupid chignons! One *can’t get to* one’s real daughter, but only caresses the hair of expired females” (110).
  28. “And look here, Kate, . . . you must wake up one fine morning and say to yourself: ‘Why, I am quite *well* and happy, and will go out to walk in the frost again with Papa’” (110).
  29. “Yes, he knows and understands it all, and in these words is telling me that, though I am ashamed, I must get over my shame” (111).
  30. If the true cause of her disease were only unrequited love, it would be unclear why an understanding of her condition requires special insight: after all, some of the novel’s most superficial characters—both Kitty’s mother and Stiva Oblonskii—at some point mention Vronskii’s name in connection with Kitty’s illness. From Kitty’s conversation with Dolly after the consultation, her mental dialogue with her father, and, later on, her confessions to Varen’ka while abroad, we can infer that Kitty’s condition is mainly caused by her acute sense of shame (at her unrequited glance at Vronskii at the ball) and an awareness of a fatal mistake (her refusal of Levin). Hence, probably, the source of her negative characterization of her innermost feelings (*vse to nekhorooshee*), inadequately rendered by the Maude translation as “all this trouble” (110).
  31. “Emaciated and blushing, her eyes glistening peculiarly due to the shameful ordeal she had endured, Kitty was standing in the middle of the room. When the doctor entered, she flushed, and her eyes filled with tears.”
  32. “Домашний доктор внимательно и почтительно выслушала. Но в пользу поездки за границу я бы выставил перемену привычек,

- удаление от условий, вызывающих воспоминания. И потом матери хочется', сказал он" (126). The therapy advocated by the family doctor is strikingly old-fashioned: a journey, entailing a separation from the beloved object, is a traditional prescription for love-sickness from antiquity on. In Petrarch's *Secretum Meum*, an imagined dialogue with St. Augustine structured as a conversation between the patient and the doctor, St. Augustine prescribes this particular treatment: "What else can I say, then, but this slightly changed line from Vergil: 'Ah! Flee this beloved land, this shore so dear to you'? For how can you ever be safe here, where there are so many reminders of your wounds and where you are oppressed by the sight of things present and the memory of the past? You will have to be cured by a 'change of scene, just as the sick who are not responding to treatment'" (118).
33. "stuffy enclosures, passions, sadness, meditations, great love, accumulations in bleeding, for example, in menstruation, in hemorrhoids, . . . suspension of perspiration in the hands and feet." The view that menstrual disorder could cause consumption was, apparently, a common one, both in the West and in Russia, and persisted throughout the nineteenth century (see Ehrenreich 110).
34. The writer himself only hints at these fears in his laconic diary entry of September 25, 1865: "Таня страшн[о]" (48: 63; "Tania frightening"). Tolstoy's wife Sofiia comments on the situation in more detail: "Сережа обманул Таню. . . . Вот уже скоро месяц постоянного горя, тяжелого чувства, глядя на Таню. . . . Признаки чахотки меня мучают ужасно" (74). ("Seryozha has betrayed Tanya. . . . It has been almost a month of constant grief—it breaks one's hear to look at Tanya. . . . And there are symptoms of consumption that worry me terribly"; Porter 36).
35. As Susan Sontag puts it, "starting with the Romantics, . . . TB was conceived as a variant of the disease of love" (20).
36. Krutsiferskaia's diagnosis is not stated explicitly at the end of the novel but implied in Doctor Krupov's earlier prognosis: "Она будет в чахотке, за это я вам отвечаю" (200; "She will develop consumption, I guarantee you"), as well as in the description of the heroine's symptoms (209).
37. "She could not eat or sleep, grew visibly thinner, coughed" (726).
38. "In Soden there were a great many of those ill and pitiable types who gather there; but there were also patients . . . who, like Kitty, would come there almost healthy, only because of the threat of impending illness."
39. Only once do we actually see Kitty going to the springs with the old Prince Shcherbatskii; however, this trip serves as an occasion for the heroine to introduce her new acquaintances to her father and for him to express his opinion of them. The actual therapeutic procedure is entirely omitted.
40. "Kitty Shcherbatskaia was far from finishing the entire prescribed treatment with waters, when her father and mother happily saw that she had

- gotten perfectly well.”
41. “This friendship helped Kitty’s health probably more than the change of surroundings and the waters themselves.”
  42. In the final version of the novel, too, the family doctor’s advice is partly undermined by the fact that Kitty’s journey to the spa, which, among other things, was meant to help her forget her situation, actually fails in that aim because of the constant presence of Levin’s brother Nikolai and of another love-sick girl.
  43. “The doctor’s predictions were fulfilled. Kitty returned home, to Russia, cured.”
  44. Scholars have repeatedly commented on Tolstoy’s use of certain techniques employed by Chernyshevskii in *What Is to Be Done?*, often with a polemical purpose. Amy Mandelker notes that the fictitious suicide in *The Living Corpse* is derived from Chernyshevskii’s novel (154). Irina Paperno treats Anna Karenina’s dream about the two namesake husbands as a polemical transformation of the love triangle and the concept of free love advocated by Chernyshevskii (154-55). For a more general comparison of the two writers and other sources, see Orwin 19-26, 223.
  45. In his study of illness and death in Tolstoy’s work, Donworth V. Gubler presents some interesting statistical data on the references to illness in *Anna Karenina*, including the frequency of certain symptoms and mentions of diseases in connection with particular characters. He also notes the prevalence of indefinite symptomatology in the novel: “Most surprising to this writer is the nonspecific nature of most of the illnesses mentioned. . . . Only about fifteen percent of all references are to diseases or conditions which describe causes, symptoms, and effects” (120).
  46. “The patient showed no signs of any known illness, yet her strength was failing rapidly” (390).
  47. “*atrophia nervorum*, прекращение питания нервов” (300).
  48. “Они не понимают вашей болезни. . . . Слушать вашу грудь, давать вам микстуры—совершенно напрасно” (300).
  49. “[K]irsanov needed to spend very little time examining the patient to determine that her decline was due to some moral cause” (395).
  50. “[I] ask you to tell me the reason for your illness” (391).
  51. Claude Bernard’s endeavor, according to Vucinich, was to “subordinate the data of physiology to the universal laws of matter and to the calculable precision of experimental method” (100). In Part IV of Dostoevsky’s *Brothers Karamazov*, Dmitrii repeatedly evokes the scientist’s name as the epitome of scientific materialism.
  52. “[Кирсанов] говорил, что работает для науки, а не для больных: ‘Я не лечу, а только наблюдаю и делаю опыты’ ” (151).

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