An Analysis of Epidemic Narratives in Russian Author Mikhail Bulgakov’s “A Young Doctor’s Notebook”

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Abstract

Epidemics are significant events that deeply affect societies in every period of human history. With this feature, epidemics have been the subject of the literary work—which is always sensitive to the world realities and utilizes them in their fictions—and have taken their place in many authors’ subject spectrum. In the works of doctor writer Mikhail Bulgakov (1891-1940), who was one of these writers, you can witness the reflections of medical studies on creativity. A Young Doctor’s Notebook (1925) is one of the author’s most interesting medical stories. A doctor in this story by M. Bulgakov—who was also a medical doctor—struggles with various diseases and epidemics.

The current study conducted in the light of qualitative research methods in the example of M. Bulgakov’s work, A Young Doctor’s Notebook, seeks to communicate both a doctor’s reaction and impressions and the public’s attitude towards the epidemic through the analysis of written documents. The current paper, an example of how a literary work might act as a guide in combating the epidemic and minimizing the disease effects through the medical explanations of the story A Young Doctor’s Notebook on fictitious issues, draws attention to the fact that literary works (medical stories) might contribute to the discussions on the epidemic, especially on the axis of the doctor-patient relationship.

Keywords: M. Bulgakov, Russian Literature, Medical History, Epidemics

Clever people realized a long time ago that happiness is like health. When it’s there, you don’t notice it; But as the years go by, oh, the memories, the memories of happiness past!..(Bulgakov, 1989, p. 147).
Introduction

Epidemic diseases appear as critical events that considerably affect humanity and society’s socio-psychological structure in every period of history. Thus, the word disease has a very negative connotation in memories. Associating this word—which expresses negativity and unpleasantness in European and Russian languages—with living organisms implies a serious violation of the regular functioning of those organisms (Trubetskova, 2018: p. 65). The increasing spread of diseases corrupting normal functioning cause extraordinary situations, called epidemics, to arise and shape the evolution of society. M. Hacımustafaoğlu defines this as follows: “An epidemic means more illness cases than expected in a particular region or community. This phenomenon is referred to in English as an outbreak (an epidemic that develops in a small local region), epidemic (wider regions or nationwide epidemic), or pandemic (epidemic involving more than one country and (or) continents). However, the words outbreak and epidemic are generally used in the same meaning” (Hacımustafaoğlu, 2018: p.172). Humans suffered epidemics of cholera, plague, typhoid fever, malaria, etc., produced by various diseases in history.

Epidemic diseases cause a hopeless picture in society due to the changes and depressions in demographic structure, production, economy, etc. In such a scenario, naturally, epidemics engraved in the social memory as fear and disaster periods also penetrate the subject spectrum of literature, a discipline fed by different disciplines and sensitive to social events. The epidemic, which creates a productive period for writers, especially with the quarantine conditions, allows some writers to talk about a new theme and encourages them by giving material for literary works. Thus, epidemics offer authors the most permanent and enjoyable way of presenting a scientific truth to the public (Golousenko & Medvedev, 2020: p.84). There are many examples of this fact in world literature. In Russian literature, epidemics have made up one of the primary subjects of literature. Epidemic days do not cause a creativity crisis in writers; conversely, these days activate their imaginations and arouse their interest. Here, Anton Chekhov should be recalled. Chekhov states that the epidemic creates material for fiction: “The summer generally passed with goddamn cholera cases. <...> I feed on literature, and I live with what is present... < ... > When cholera ends, I will start writing novels because a lot of plots have accumulated” (Chekhov et al., 1996: p. 196). As with Anton Chekhov, some works of Russian literature owe their subjects and artistic images to various epidemics in many respects. Some examples are Aleksandr Grigoryevich Griboyedov’s Travel Notes (Путевые записки), Nikolay Gogol’s Dead Souls (Мёртвые души), Nikolai Leskov’s The Immortal Golovan (Несмертельный Голован), Anton Chekhov’s Island of Sakhalin (Остров Сахалин), Alexander Kuplin’s Olesya (Олеся), Yama (Яма), Alexander Grin’s
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_Golden Chain_ (Золотая цепь), Boris Pasternak’s _Doctor Zhivago_ (Доктор Живаго), and Mikhail Bulgakov’s _A Young Doctor’s Notebook_, etc. As understood from the examples, in the epidemic conditions, literature establishes a close connection with the social situation, reviews the heritage of the past, and uses the historical process as a source.

Innovative protective measures and technologies in medicine and health care can only be successfully applied by taking historical experience into account. Cultural heritage and fiction are significant components here (Petrişçe, Gluşanko, Şarapova 2021). Writers in this fictional genre called medical history recount medical issues through the eyes of an author (doctor writer). Erbay defines the medical story as a _work that interprets the medical environment from a physician’s or healthcare professional’s perspective and whose fiction does not contradict medical facts_ (Erbay, 2017: p. 29, 35). Therefore, a medical history not only includes physician writers’ experiences on patient stories or medical education but also covers medical and ethical problems (Özakin, 2019: p. 35). Russian researchers Statsenko and Meshcheryakova put medical storytelling in a special place by emphasizing the importance of fictional works in the medical education system. According to them, medical storytelling has a facilitative effect on medical students’ understanding of the ethical difficulties encountered in the application. Fiction examples in medical education help future doctors to understand their patients, their pain and desires, and to see their unique inner worlds (Statsenko & Mesheryakova, 2015, pp. 346-350). Along with its support in medical education, medical stories can also provide the readers with medical knowledge and heighten readers’ respect and empathy for healthcare givers.

M. Bulgakov’s _A Young Doctor’s Notebook_ is a work that sets an example of the above medical stories. _A Young Doctor’s Notebook_ conveys a doctor’s reaction, impression, and tragicomic patient experiences in the face of epidemics through fictional reality. The epidemic mentioned by the author is the syphilis epidemic that was quite common in Russia at the beginning of the 20th century. Throughout the text, the reader not only witnesses the extent of the syphilis epidemic spread in Russia in the late 19th and early 20th centuries but also witnesses how similar were epidemic’s spread pattern to today’s and the effects of social rifts (beliefs, habits, social inequalities, economic conditions, extramarital sex¹, etc.) were tremendous to ignore. Eventually, epidemics always spread along with a social rift in society.¹ Anastasiya Belyayeva states from a socio-historical perspective that new epidemic development is usually related to the former epidemic experiences. Epidemics experienced by the populations point out the same security gaps as the past epidemics suffered in the same population. The same social passage opened to infections is
continuously reproduced. At the syphilis sample, in particular, the roots of this disease in Russia date back to the reign of Ivan the Terrible (1547-1584); and Russian people have been experienced some syphilis epidemics. The disease spread again in the late 19th and early 20th centuries, provoked by the First World War, among other impacts, peaking in the 1910s-1920s (Belyayeva, 2021: pp. 113-118). These spreads come from the social cracks mentioned above. Thus, *A Young Doctor’s Notebook* allows the reader to behave more conscious in today’s conditions by reviewing the social cracks in those periods. Through the analysis of written documents, this study emphasizes that the underlying reasons for the epidemic are ignorance, traditions, superstitions, fearlessness in the face of disease, resistance to medical treatment, distrust of doctors, inadequacy in health conditions, etc.

**Mikhail Bulgakov as a Doctor Writer**

Mikhail Bulgakov (1891-1938), who took his place among the medical storytellers with his work titled *A Young Doctor’s Notebook*, is a Russian-Soviet humorist. He has been famous for his works such as *Master and Margarita* (Мастер и Маргарита), *Heart of the Dog* (Собачье сердце), *Mortal Eggs* (Роковые яйца), *White Guard* (Белая гвардия), *Day of the Turbins* (Дни Турбиных). Among the factors affecting M. Bulgakov’s literacy legacy, his medical activities are also important. Therefore, in order to investigate his literary creativity and learn about his personal life, it is necessary to mention the place of medicine and doctorship in his life and his experiences particularly. Bulgakov graduated from the Kyiv University Medical Faculty in 1916. The influence of his family was dominant in his career choice since his mother’s brothers were doctors. In his letters, the author frequently mentioned the names of his two uncles, Konstantin, and Mikhail, who are authorities for him. Other doctors in his circle were family friends Dr. Yanovski, Dr. Voskresenski, and his younger brother Nikolai who continued the family tradition (Matsek, 2021). During the First World War, Mikhail Bulgakov worked as a volunteer doctor at the front-line hospitals in Saratov, Kamenets Podolsk, and Chernivtsi. He also worked as a zemstvo doctor in the village of Nikolskoye, Smolensk province, from 1916 to 1917, where he healed almost every disease in his post, as a therapist, surgeon, and obstetrician. Here, he mainly worked on the deadly contagious diphtheria disease, which could cause inflammation and block the airways. Diphtheria is a disease that allows no breathing and kills the patient. In those years, the author sometimes had to suck out the inflammation using a special tube. While treating a child, Bulgakov realized that he might also have been infected. He decided to inject himself with anti-diphtheria serum. This treatment differed from
modern-age vaccination; because it had no protection against infection, had severe side effects, and could cause some allergic reactions. These were indeed what happened to Bulgakov. M Bulgakov began to itch; his face swelled; he did not manage to walk; he was confined to the bed with illness. And he wrote himself a prescription for morphine to ease his pain. In order not to arouse suspicion, the writer’s first wife, Tatyana Lappa, bought morphine in different pharmacies, and Bulgakov injected himself twice a day. Although he later managed to overcome his addiction to morphine, he could not overcome his addiction to painkillers (Alekseyeva, 2019).

Examining more than 15,000 patients during his career in the village of Nikolskoye would later give him material for his story, A Young Doctor’s Notebook. This story bears many similarities with Bulgakov’s life. Like Doctor Bomgard, the hero of this work, the author himself worked more than eight hours a day, fighting the typhus epidemic and caring for many patients. Therefore, in this autobiographical work, M. Bulgakov tells his own story from the voice of Doctor Bomgard with these expressions, “How many wounds have I stitched, how many pleurisies have I seen, how many ribs I have forced to open! How many pneumonia, typhoid, cancer, syphilis, hernia, hemorrhoids, sarcoma diseases? I enthusiastically flipped through the pages of the patient registry for an hour, counting how many patients had come. I had 15,613 outpatients and 200 inpatients in one year, and only six of them died” (Bulgakov, 1989: p.131). Witnessing the Civil War, M. Bulgakov observed that death was not only caused by weapons in the hands of the enemies but rather by many infections (cholera, malaria, plague, scarlet fever, smallpox, dysentery). The most dangerous one was the typhus epidemic, and M. Bulgakov himself contracted typhus in Vladikavkaz. He describes his experience of this illness with these words: “In the winter of 1920, I went to Pyatigorsk for a day and came back. I think I got sick. I took off my shirt, I saw an insect. The next day, headache, a temperature of forty degrees <…>“(Bulgakova & Lyandres, 1988: p.119). In February 1921, the author shared with his cousin Konstantin Bulgakov that the disease recurred with these words: “I fell ill with recurrent fever in the spring, he chained me... I was almost dying. Then in the summer I got sick again” (Bulgakov, 2016: p.10).

M. Bulgakov, who underwent two wars, famine, typhus, and cholera epidemics, left his medical practice and moved to Moscow to focus on literary studies. As researcher Duygu Özakın stated in the Moscow days, M. Bulgakov disagreed with the Soviet Union regime’s tendency to shape the content and function of literature in line with communist propaganda after the 1917 October Revolution. In this case, although Bulgakov was not an intellectual who was exiled from the country or paid the price with his life, he included fantastic elements and science fiction elements in his texts.
out of fear of being censored. For him, these elements were a means of getting rid of censorship and maintaining his political attitude, albeit indirectly (Özakın, 2019, p.37). Finding a way to fight the process in his own way, Bulgakov continued to work efficiently by focusing on medical issues. However, as experienced by today patients with COVID-19, epidemic diseases left a signature to the author. The author suffered from increasingly unbearable headaches had numerous painkillers, four powders at a time, to somehow alleviate his condition. Due to the nephrotoxic effect of these drugs, kidney disease progressed. M Bulgakov even began to joke about his death, saying that the flat “smells like a dead man.” And soon, the writer went blind and was treated by the best doctors in the USSR. The author was transferred to a sanatorium in Barviha to get a vegetable cure and breathe fresh air. Vision loss was healed, but the disease continued to progress. The therapists in the sanatorium also disappointed M. Bulgakov. The author, as a doctor, himself realized that the treatment did not work (Alekseyeva, 2019). In 1939, M. Bulgakov said to his wife, “Remember, my death will be very hard. Swear that I will die in your arms, not in a hospital” (Vilenski, 2010: p. 459). In 1940, the author died in pain at home.

Most of the works of the writer Mikhail Bulgakov, a doctor who had experienced many epidemics, addressed medical issues frequently. The rich variety of medical terms used by Mikhail Bulgakov in his works indicates not only his excellent talent as a writer but also his profound knowledge as a medical professional. Numerous medical experiences in these works point out a distinctive feature compared to other doctor authors’ productions. In Bulgakov’s work, the doctor is a generally brave, dedicated person who is ready to help a patient despite the inevitable risks (Vohidova, Sigaylo, Yaşina 2016: p. 497). A Young Doctor’s Notebook is one of the significant examples of the author’s stories in this sense. The author’s autobiographical hero, Bomgard, finds himself in cases where he can only rely on the knowledge and professional duty. The treatment methods applied in the work, the descriptions of the emotions experienced by the protagonist are the products of M Bulgakov’s personal experiences during his medical practice (Matsek, 2021).

**Epidemics in Mikhail Bulgakov’s piece, A Young Doctor’s Notebook**

In the late 19th century and early 20th century, the syphilis epidemic broke out in Russia. Between 1887 and 1891, 1,289,478 syphilis patients, of whom 654,277 men, 459,514 women, and 175,687 children, were treated in hospitals and various health institutions. The incidence of syphilis in the army was high. From 1889 to 1893, 7.69% of army personnel had syphilis. In 1890, there were 11 syphilis hospitals
throughout Russia, including four state hospitals with 27 beds, two zemstvo hospitals with 45 beds, and five city hospitals. During the Russo-Japanese War of 1904-1905, the incidence of syphilis decreased slightly compared to 1903 by 12% in cities and 8% in rural areas. However, following mass soldier demobilization in 1906, second-stage syphilis increased by 4% in the cities and 15% in the villages, compared to 1903. In 1911, there were about 711,000 syphilis patients in Russia. In 1916, a decision was adopted and recommended that syphilis patients be treated in hospitals with mercury and drugs such as Salvarsan (Kolyadenko, 2013: p.163). The disease figures and authorities’ decisions reveal the high rate of spread of the epidemic.

In such extraordinary times, all arts disciplines serve to create awareness among the people and transfer the experiences to the next generations. In this process, by setting the epidemic disease at the center of the subjects, literary fiction becomes a tool explaining the methods for struggling, treating, and comprehending the disease-related issues. *A Young Doctor’s Notebook* (Записки юного врача), which is also the subject of this study, is an exceptional piece with its educational aspect. Mikhail Bulgakov is among the significant medical storytellers with, *A Young Doctor’s Notebook*. The story in which the syphilis epidemic is described tells the symptoms and treatment process of the epidemic using medical science. *A Young Doctor’s Notebook* is a biographical creation covering the stories; *The Towel with a Cockerel Motif* (Полотенце с петухом); *Baptism with Rotation* (Крещение поворотом); *The Steel Throat* (Стальное горло); *The Blizzard* (Вьюга); *Egyptian Darkness* (Тьма египетская); *The Vanishing Eye* (Пропавший глаз); *The Starry Rash* (Звёздная сыпь); *Morphine* (Морфий); *I Killed Someone* (Я убил). The story was first published in 1925-1926 by the *Moscow Meditsinskiy Rabotnik* magazine. The work has drawn on M. Bulgakov’s own medical practices in Nikolskoye and Vyazma villages. The author has not addressed the hero by his name in the stories. He has underlined he is a young doctor and will mature with his experiences. In the story, Doctor Bomgard, who completed his university education, is assigned to a hospital in the countryside, Gorelova. He is inexperienced and timid because he has just graduated from university. He spends his first days at the hospital in anxiety and fear of a reverse birth. He spends 1.5 years in this countryside, keeping his station in challenging natural conditions. And these 1.5 years pass with patients whom he can not tell his own problems, sometimes even with funny moments that resemble an anecdote, but he gains a great deal of experience and has to fight against the syphilis epidemic. Finally, he completes his duty to fight against this disease, and he is appointed to the city hospital. He is no longer responsible for an event to be feared in the hospital and starts in the children’s unit. He fights diphtheria and scarlet fever. There are no sudden knocks on the door anymore, and now he can find extra time to
read books other than medical books. Then one day, he receives a letter from his former place of work. The letter is from his friend from the university, Doctor Sergey Polyakov, who undertakes the mission in the region. The doctor is sick and asks him for help. Just while preparing to leave at night, his door knocks unexpectedly; he receives the news that Polyakov had shot himself and had been brought to the hospital; and he rushes to the hospital, where Polyakov dies. There, he finds out that Polyakov leaves a notebook to Doctor Bomgard, describing the course of his illness with a suicide letter. In the diary, Polyakov talks about love, revolution, disappointments, his struggle with morphine addiction, and his decision to die when his morphine addiction became unbearable. Although Doctor Bomgard is not a psychiatrist, he decides to publish the diary, thinking it might be instructive. Then he continues to work in his hospital. The doctor listens to the story of how Yashin had killed a patient. In 1919, he is forcibly taken to the cavalry regiment of the army under Petlyura’s command in Kyiv to practice medicine. He witnesses the inhumane tortures done here. One day, while bandaging the colonel’s wound, he sees a woman suffering torture and then, being unable to bear himself upon the colonel’s insulting words, shoots him and runs away. The story ends with his comments about the Bolsheviks coming to power.

**Syphilis Outbreak**

In *A Young Doctor’s Notebook*, M. Bulgakov makes his readers feel extraordinary warmth, spontaneity, and sincerity. The protagonist, Doctor Bomgard, an inexperienced doctor who has just graduated from university, realizes that the reality in the countryside differs from the university when the first serious case arrives. He often checks through the textbooks in his office for a correct diagnosis and manages to cope with many stressful situations thanks to his experiences gained. While Doctor Bomgard struggles with the syphilis disease, he discovers the secret of the epidemic that has actually spread in society. When he encounters spreading syphilis, his intuition leads him to the correct diagnosis. The first encounter of the young doctor with the syphilis case is voiced in the following statement: “This is it! It was my intuition saying so rather than my medical knowledge. Indeed, there was no knowledge to consult as an inexperienced doctor who had newly graduated from university six months ago! (...) A mottled rash had spread on his chest and flanks across his yellow skin. I thought, startled - they were like the stars in the sky, - and bent over again and looked at the man’s chest; then turned my eyes to his face. (...) I repeated to myself pessimistically; this is syphilis” (Bulgakov, 1989: p. 134). The book gives many clues to the readers about the symptoms of the disease and ways to
prevent it: “I came across this case of syphilis by chance. The man had come with a complaint of sore throat. Without even thinking about syphilis, I mechanically told the man to undress, and then I saw the star rash. By combining all the symptoms -a hoarse voice, horrible throat redness, peculiar white patches on the throat, and the marbled rash on the chest- I guessed what the problem was. After examination, I immediately cleaned my hands thoroughly by rubbing them with a cloth of mercury chloride. I was scared that he could have coughed on my hands” (Bulgakov, 1989: p.134). Addressing another patient who ignores his advice, the doctor puts the seriousness of the situation and what needs to be done in these words: “I told him what I thought of him. I was no longer afraid to scare the man. Never! I even hinted that his nose might fall off. I told him what could happen if this disease was not controlled with necessary treatments. I talked about how contagious syphilis is and explained at length that they should use separate plates, spoons, cups, and towels at home. “Are you married?” I asked. “Yes,” he replied in surprise. “Send your wife to me immediately!” I said with anger and seriousness. I suppose she is sick too, isn’t she? “My wife?” asked the patient, looking at me with great surprise. (...) I explained what happened to the bones of a syphilis patient if not treated properly; I also underlined the constantly progressing paralysis” (Bulgakov, 1989: p. 136). Mercury ointment is seen to be persistently recommended in the story to treat syphilis patients, and this complies with medical knowledge because drugs such as mercury and Salvarsan are the first-stage treatments for syphilis. This ointment -the black ointment in the story- is applied to patients in the first stage. The doctor details this treatment in the dialogue with a patient as follows: “They told me to apply something back then, but... -Black ointment? Did you have severe pains? -Absolutely! Worse than labor pains. -Got it. Did your throat hurt? -My throat? Yes, last year. -Okay. Had Leonti Leontyevich given you any ointments? -Yes, he had. A black ointment like my shoes. - So, I guess you did not apply the ointment well. It seems it did not work out” (Bulgakov, 1989: pp. 143-144). Here, the reader learns about the recommended drug and the first disease symptoms. In addition, Doctor Bomgard summarizes how to use mercury ointment to the reader through a patient: “The mercury ointment is a splendid solution. You rub it on your body. You will get six packs of these. You will apply for one pack per day. (...) You rub it on your arm today, on your leg tomorrow, and then on your other arm the next day. When you finish all six-packs, be sure to wash yourself and come back to me. Definitely! Did you hear it? Definitely! Okay? You also need to pay attention to your teeth and oral hygiene during the treatment process. Be sure to rinse your mouth after meals with the mouthwash I will give you” (Bulgakov, 1989: p. 137). The phrase “definitely” repeated here makes the reader feel that the doctor not only fights against the disease
but also patients’ ignorance. The doctor also gives information about patients’ absences from treatment: “I had wasted kilos of ointment. For a while, I had prescribed potassium iodide to treat the illness and explained at great length how to use it. Some patients came to me after applying the ointment six times. Even though my long explanations were unsuccessful in most of the patients, it worked for some of them, and at least we were able to apply the first-stage injections to some of them. But the vast majority had slipped out of my hands like grains of sand in an hourglass. How could I search for them in this misty, snowy weather?” (Bulgakov, 1989: p.144).

Despite everything, the doctor is determined to fight the disease. As the epidemic spreads, he encounters different forms of syphilis. This disease is insidious, and the author conveys his deduction to the reader through the doctor’s voice: “I am going to fight it. In order to struggle with something, it is necessary to come face-to-face with it, and the enemy has already shown itself. Every day, in front of the hospital, the sleds are lined up in rows; and some days, a hundred patients come. The shift starts at sunrise, and I work until the misty darkness of the evening is visible in the windows. And then, in the evening, the frozen sleds slowly leave without being seen by anyone. The disease comes in many different and insidious forms. Sometimes it appears as whitish lesions on a little girl’s throat; sometimes as curved, crooked legs like a sword; sometimes as inflammatory papule lesions of an older woman; sometimes as a crescent moon crown of Venus, on a forehead; sometimes, as punishments on children for the ignorance of fathers. Of course, there were moments I had a little lapse of concentration; after all, I was an inexperienced person who had just left school desks. I was alone and needed to solve all problems with my intelligence. Syphilis was hiding somewhere in the bones and the brain” (Bulgakov, 1989: p. 143).

The piece tells how the syphilis epidemic spread using many quotes. False diagnosis, patients’ resistance to treatment, medical shortages in the countryside, climatic conditions, etc., increase the disease spread rate. First of all, the doctor draws attention to the symptoms of this disease, which are confused with the common cold: “A sudden rash appeared in children,” said a ruddy-cheeked young woman seriously, while undressing a little girl. There were so many rashes on her body that it was just like a sky on a frosty night. She had roseola and leaky papule all over her from head to toe. While I was examining her, Vanka was trying to get rid of my hand and crying loudly. Demyan Lukic came by my side to assist me. “Isn’t it a cold?” the mother asked, looking calmly. “Oh, oh… the cold!” grunted Demyan Lukic, his mouth twisted with pity and disgust. “In Korobovo, everyone has caught the same cold” (Bulgakov, 1989: p.144). As stated above, treatment-resistant patients, inadequate
health staff and equipment, and misdiagnosing the disease as a common cold have made it difficult for the doctor to combat epidemics. The patients’ resistance during the treatment is the most challenging factor for the doctors; it increases the spread rate and makes the doctors drained by prolonging the treatment process. This situation is expressed in the piece as follows: “Then I guess I will get discharged tomorrow,” said the mother, tidying up her blouse. “No, not yet,” I replied. “You need to have one more set of injections.” “It is impossible. I have a lot of work at home to do. Thanks for your help, but discharge us tomorrow. We fully recovered from the illness,” she said. “Do you know? You are... You are…,” I said, feeling red with anger, “You are an idiot!” I said suddenly. “Why are you insulting like that? What kind of treatment is this? Are you this rude to all your patients?” “Were you angry for I said “stupid”? Indeed, you deserve worse words than a simple stupid! Look at Vanka! Do you want to kill her? No, I will not let that happen!” And so, she remained ten more days. Ten days! No one could keep her here any longer, I bet. But believe me, I had a clear conscience, and even the word “stupid” was not bothering me. Compared to those star-like rashes, such an insult did not matter!” (Bulgakov, 1989: p. 146) In the piece, Doctor Bomgard mentions the inadequacies in the hospital as follows:

- So, they are going to stay. Demyan Lukic, please put them in the additional building. We will treat typhoid patients in the 2nd ward. Tomorrow I will go to the city and get permission for a special section for inpatient syphilis patients. - But, sir, he said (he was very skeptical anyway), how do we manage such a thing alone? What about drugs? We do not have many caregivers. And who will cook the dinner? Then the dishes... What about the needles? - We will handle it,” replied the doctor (Bulgakov, 1989: p. 145).

The climatic conditions also play a role in the situation. While continuing to explain the lack of opportunity, the author refers to the weather conditions with the following words: “The beds were covered by old, torn sheets. There were only two syringes in the hospital, one 1-gram small syringe and one 5-gram syphilis syringe... In short, the situation was tragic. This situation was a misery created by snow. There were seven male and five female patients in the annex building, and I was witnessing that star rash on them was disappearing day by day” (Bulgakov, 1989: p. 145-146).

Many reasons such as superstition, ignorance, fearlessness, and mistrust of doctors significantly contribute to the epidemic spreading among the villagers. Many people are not even aware that they are sick: “So, no one in this region knows anything about syphilis. Lesions do not scare anyone, either. Sure, wounds must be healing on their own after they appear. But the scar remains. But is that all? Then it will turn
into the second type of syphilis, the severe stage” (Bulgakov, 1989: p. 141). Also, the story mentions the villagers caught by syphilis disease in the past: “I started to research syphilis. I sat reading old logbooks for hours, looking through the records of the last five years. On these people logged, I scanned and frequently came across syphilis cases. Ordinary, routine records caught my eye: Bronchitis, Laryngitis, and others!… Ah, Lues III. (…) Black ointment. Then again, bronchitis and flu were dancing before my eyes!... Wait!… Again Lues. Most of the recordings were of the second type of Lues. The third type of case was less common; potassium iodide was written in the treatment column with bold letters” (Bulgakov, 1989: p. 141). Here, Doctor Bomgard not only monitors the epidemic spread rates but also reviews the past treatments. He discovers that the previous doctor had used the same medication to treat the disease: “When 32-year-old Semyon Hotov comes to the hospital with a sore throat and blisters on his body; the doctor gives him an ash-gray ointment!... Here it is! (…) I will find this Semyon Hotov. Hmm. On 17 June 1916, Semyon Hotov took six mercury ointment packs, which had already been prepared long before to save patients in the same condition. Hmm, no, no! The name Semyon shows up nowhere in the records! Neither ten days nor 20 days later!… His name has not been mentioned. Ah, poor Semyon Hotov! Like the stars at sunrise, the marble-like debris also probably disappeared, and the condylomas dried up. His illness will kill this Semyon” (Bulgakov, 1989: pp. 141-142). And the doctor gives information about the fact that syphilis can be transmitted in various ways and seen in all age groups: “Ivan Karpov had come. Nothing was surprising. Is It not possible that he was sick that day? But wait a minute, why did they write him a small dose of milk sugar and mercury chloride? Everything was clear now; because Ivan Karpov was two years old! He had Lues II too! That sinister II!... They had brought Ivan Karpov with that sinister star rash! (…) I can guess, I know. I noticed where this little two-year-old boy had his first wound before he went into stage two; it was in his mouth. It was infected from his spoon” (Bulgakov, 1989: p. 142). The same example also shows how the disease was transmitted by soldiers coming from the front: “Avdotya Karpova, 30 years old” was written on the same page as Ivan Karpov’s. Who is it? Oh sure. This woman is Ivan’s mother. The woman in whose arms he cried. Below, another note: Avdotya Karpova, six years old. So who is this? Her sister! Mercury chloride?… The family was fully here!... The family!… I just can not read the name of Mr. Karpov, who was 35-40 years old. It is unclear what his name was. Sidor or Petro, or whatever! (…) Here is a document about it. Then a light bulb turned on in my head. He probably came from the goddamn front and did not mention his illness. Maybe he also did not know at all; he had nothing to say. And then he went away. It must be like that! The disease first infected Avdotya, then Marya, then Ivan, from using the same bowls and the same towels” (Bulgakov, 1989:
Another example was an older patient having no sexual activity due to his age; nevertheless, he had contracted the disease by using the same mug to drink: “Another family. And another one!… An elderly in his seventies carried Lues II. One of the old men! What was his mistake in this situation? None. There was no sexual intercourse; infection was just from using the same cups” (Bulgakov, 1989: p. 143). Despite the common belief that disease spreads through sexual activities only, this finding has broken that approach.

The piece also implies that, besides all negativities of the countryside, motivation and patience during treatment are crucial. The doctor talks about the changes experienced by the treated patients and the happy ending that comes when regular treatment is followed: “The woman used to come to my practice silently every Saturday. She was emaciated, her cheekbones seemed much more prominent than usual, her eyes were sunken and purple. (…) Three Saturdays passed, and we found nothing on her body. Then she slowly recovered. Her eyes began to shine again; her face came alive, her tired expression was gone. Our luck was getting better, and the danger was disappearing. On the fourth Saturday, I was speaking more confidently. (…) The 21-day period went very well. Sometimes there were such cases that the first wound would appear after a long time. Fortunately, this woman had eluded this period” (Bulgakov, 1989: p. 140).

In A Young Doctor’s Notebook, Bulgakov recounts through the protagonist Doctor Bomgard that the actual struggle in this countryside was with the people. As seen in the dialogues, Doctor Bomgard tells his patients about the grim picture of this disease with great care and delicacy and tries to convince them they need a long and intense treatment. He hopes his patients will come back for treatment after the diagnosis of syphilis, but they often do not. Thus, the young physician, who wants to take them medical ointments and give advice about their illness, confronts the reality of the impossibility of helping people lost in the flow of life in the snow-covered countryside and realizes that this is the actual disease. In this countryside, the real challenge he deals with is, in fact, these people’s behaviors emerging from superstitions, ignorance, trust in old wives’ tales, fearlessness towards illness, and assumption that “nothing will happen to me,” etc., - as mentioned in his story “Egyptian Darkness.” Mikhail Bulgakov underlines that these prejudices are more critical than the syphilis epidemic. The piece contains many examples. Superstitions show up before the reader as painful experiments that delays treatment and put doctors and all parts of society in difficulties in terms of health. In the piece, midwife Pelageya Ivanovna recounts a memory to the young doctor: “One day, I was on the way to Dultsevo again to attend a birth (…) I started the examination normally, but in the birth canal, I felt something in. First I could not understand what it was. I felt
as if it was crumbled things or something with small particles… All at once, I saw! A few sugar cubes came out! - “This is a real joke!” said Demyan Lukic enthusiastically. - Excuse me, but I understood nothing… - “Peasants, you know!” said Pelageya Ivanovna. This superstition is applied whenever it is hard for women to give birth and the baby does not want to be born. Supposedly, they try to dupe the baby into getting out by using something sweet to fool the baby!” (Bulgakov, 1989: p. 116). Yet another paramedic supports her with these words: “– They give a bunch of hair to women who are about to give birth to chew it,” said Anna Nikolayevna. - Why? - Who knows? They brought us a woman who was about to give birth the third time. The woman was spitting something while she was lying down. The poor woman! Her mouth was full of hair. They had a belief that when you do this, the birth becomes more uncomplicated” (Bulgakov, 1989: p. 116). The stunned doctor expresses how superstition and ignorance were entrenched in this countryside like Egyptian Darkness. He declares his determination to fight: “I will continue to fight this Egyptian darkness as long as my destiny keeps me in this out-of-the-way place. Sugar cubes?… Heavens above!” (Bulgakov, 1989: p. 117).

There is no trust in doctors in this countryside where ignorance is rampant. The work contains many examples showing that country people have more confidence in crones than doctors and willingly obey them. Midwife Pelageya Ivanovna says that they almost forcefully bring the patients to the hospital and explains the situation: “Whenever a pregnant woman has to be brought from a village to the hospital, I always follow them keeping my sled just behind them so that they can not change their route into a crone. On one occasion, they suspend a woman about to deliver a breech baby by her feet from the ceiling. On another occasion, a crone from Korobova, who heard that doctors intervened with a hole in her amniotic cavity during childbirth, cuts off the baby’s head with a bread knife…” (Bulgakov, 1989: p. 116-117). The extent of ignorance is so great that patients do not even know how to apply the treatments. For example, a conversation between Doctor Liponti and a patient who said that French plaster was useless is an excellent example of this: “One day, a friend of him from Dultsevo, Fyodor Kosoy, comes for medical treatment. After chatting with each other for a while, Kosoy begins to tell: - Something hurts my chest; it prevents me from breathing. Also, something tickles in my throat. – Well. It is laryngitis, says Liponti. - I will give you a kind of medicine, and you will get well in two days. Take these; these are French mustard patches. Stick one on your back, between your shoulder blades, and the other on your chest. Remove it after ten minutes. Here you go! Bye! The man takes the patches and leaves. Two days later, he comes back to the clinic. - What happened? asks Liponti. And Kosoy says - Liponti Lipontovic, the patches you gave me were useless. - That should not
be true! replies Liponti. - It is out of the question that the French patches will not work. Or, didn’t you apply them? -”What do you mean? It is now on my back,” he says and turns his back in the meantime. It turns out that he stuck the patch on his coat!” (Bulgakov, 1989: p.115) In another example, a patient drinks all medicine at once to get well faster and not take up the doctor’s time and naturally gets worse: “You have malaria, recurrent febrile seizure. All patient rooms are currently empty. I strongly recommend that you stay in the hospital. We will observe you as necessary. I will start the treatment with powder drugs first; if it does not help, we continue the treatment with a few injections… (Bulgakov, 1989: pp. 118-119). The doctor finds this miller educated and positive compared to other villagers because of his wise words and says to Pelegaya Ivanovna to whom he lists the patient’s treatment process: “An exception for you! A Cultured Miller!” (Bulgakov, 1989: p. 119). Then, at midnight, he receives a call from Pelegaya Ivanovna, saying, “The miller is dying.” The doctor gets a shock with this news “-What happened? What is happening? Or wasn’t it malaria? What is wrong with it? His pulse was in excellent condition!...” -Pelegaya Ivanonna came out to greet me open-hair and half-uniformed. -Doctor, he said in a cracking voice. -I swear it was not my fault. Who could have guessed? Didn’t you also write “cultured” particularly? -What happened? Pelegaya Ivanonna clasped her hands and said: “Can you imagine, doctor! He has taken all ten doses of quinine at once, at midnight! - Explain this to me, old man. Why did you do that,” I shouted at him -I thought that there was no need to waste your time by taking them one by one; it would be better if I take them at once” (Bulgakov, 1989: pp.119-120-121). Human life does not seem to have great value in this rural area where incredible events are witnessed. The author gives an example of the insignificance of human life as follows: “With Pelegaya Ivanovna, we helped a woman give birth to a son with on an old bridge, accompanied by the pleasant noise of the water flowing around the blackened tree piers. The mother was healthy, and we gave the baby in her arms. (…) -Did you not find a better place to give birth to your child other than the bridge? Wouldn’t it be better if you rode to the hospital on a horse? I asked. - My father-in-law did not let me ride a horse: All distance is five versts; you can go, no matter! He told me that I was a healthy woman, there was no point assigning a horse for me” (Bulgakov, 1989: p. 123-124).

In the book, Bulgakov explains that, because of the Egyptian darkness experienced in the town, most patients do not take the syphilis epidemic or any others as life-threatening illnesses and do not take medical recommendations seriously. The dialogue between Doctor Bomgard and a syphilis patient shows the reader this situation clearly: “-You have caught a terrible disease, syphilis, I said hesitantly. I thought the man was going to be terrified. But he was not tensed or frightened. He
was looking at me sideways, suspiciously, like a chicken that averts its round eyes when hearing a call. I noticed a distrust in those round eyes that astounded me. (…) -Get dressed, I said. -You have caught syphilis, a serious disease that affects the entire body! You must have a long-term treatment! (…) -But, I have just a swollen throat, said the patient. -Yes, that’s why it’s swollen. That’s why you have rashes on your chest, as you can see. The man tilted his head and looked at his chest. There was a spark of mockery in his eyes. -But, you should at least heal my throat, he replied (…) -Your throat is not important right now. We will also take care of your throat, but the most important thing right now is the treatment of your general illness. Your treatment will take over two years (…) -Why does it take so long? He asked. -Two years is so long. Could you give me a mouthwash for my throat?” (Bulgakov, 1989: p. 135-136). Another example covers a mother’s indifferent behaviors towards illness: “-Like your children, you have caught a terrible disease. A dangerous disease…. You all need to start treatment immediately and continue for a long time. It is so tragic to see in these vivid blue eyes that your words are powerless to describe the danger. Turning the baby in her arms like a log and looking at her legs dumbly, she asked: -Why did this happen? “The reason is not important.” I replied, lighting up the fiftieth cigarette of the day. -you’d better ask other questions like what will happen to your children if you don't start treatment -What will happen? Nothing! She replied and began to swaddle the baby” (Bulgakov, 1989: p. 145). In another example, he witnesses with sorrow that a patient, whom he has diagnosed with syphilis and warned strongly about, does not take him into account. While leaving the clinic, the patient, who was apparently unconscious of the danger, mutters: -”His examination is not so good. Too young. Although I asked him to look at my throat, he checked my chest, my stomach. I have a lot of work to do and spent half of my day in the hospital. Oh, my God! I said I was okay; I just had a sore throat, but he gave me an ointment to rub on my legs. A peasant woman agreed, “Careless, too careless,” with a shaky voice, and suddenly fell silent. I, on the other hand, walked past them by with a white coat on me, like a ghost” (Bulgakov, 1989: p. 137).

This high indifference towards the disease both surprises the doctor and worries him. Despite everything, he does not lose hope that they will come to the treatment and waits: “For a month, every morning at the time of admission, in the patient logbook, I spent my days searching like a spy for the surname of the wife of the man who carefully listened to my talk about syphilis. I was also waiting for the man, but no one came. (…) If he is alive, he and his wife may be going to a rundown town hospital from time to time. They possibly complain of lesions on their legs. I can imagine that man waiting for mercy. And the young doctor, whoever he is, male or female, in his white, ripped, sewn-on white coat bent over his legs, pressing his
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手指对皮疹的顶端，可能在寻找原因。然后他发现疾病，他会写 -Lues III in the registry。然后他将询问是否已被黑色药膏使用过。然后他将记住1917年，外面的雪，六个包装好的石蜡纸，六个粘性垫他没有使用。

-Yes, yes, the doctor gave it to me, he will say, and now he will look around with a dark expression of worry instead of mockery in his eyes” (Bulgakov, 1989: p. 137-138). 当然，这个没有来检查的病人没有告诉他的妻子关于他的疾病。他的无知，粗心的态度使他的健康更糟，然后他解释了这种情况到他的妻子。如今天下所见的，这些肆意的态度也有显著的影响在其他人的生活：”(...) -Dear, you need to see a doctor because I have been carrying a painful and morbid disease called syphilis for the last six months. I was not able to disclose this situation to you when I was with you. Go to the hospital and get treatment, please. (...) -He is a scoundrel, isn’t he! the woman shouted. “Yes, he is,” I replied sternly. Then the most difficult and painful part of the job began. I had to calm her. (...) First of all, I tried to relieve her fear. I told her that nothing was certain yet and not to despair without an examination. I explained that there was no need to be afraid even after the examination and that we would overcome this severe disease together” (Bulgakov, 1989: p.138-139). By the way, this fear is very significant for the doctor. The most important thing for Doctor Bomgard is patients’ consciousness of the disease and their fears. Therefore, the young doctor can never forget a patient who had a realistic fear of illness. He appreciates her for realistically assessing problems and following all his instructions. This patient is recounted in the piece as follows: “Why, after passing years, do I remember this woman who struggled with fear for four months? Not in vain. That woman was my second patient with syphilis. Then, I spent long years on venereal diseases and got experience. The first patient was a man with the star rash on his chest, the second was the woman, but she had a typical characteristic: she was afraid of the illness” (Bulgakov, 1989: p.140). In another example, the author expresses to readers the emotion the doctors want to see in the patients during the epidemic days: “I believed that the fearlessness of syphilis here is more frightening than syphilis itself. That’s why that black-eyed woman stood out in my memories. I remembered that woman with great respect because of the fear she felt. She was the only one who was afraid of the illness!” (Bulgakov, 1989: p. 144).

Conclusion
After serving as a village doctor, the Russian Soviet humorist Mikhail Bulgakov quits his profession and dedicates himself to literature. However, he is known as a doctor writer because he deals with medical subjects. He has produced many medical stories. In one of them, *A Young Doctor’s Notebook*, the author talks about the syphilis epidemic. He tells the experiences of a young doctor in a rural area where illiterate people are unaware of the danger of the illness. In the *Egyptian Darkness* chapter, the author expresses people’s lifestyles, traditions, ignorance, superstitions, distrust of medicine, prejudices, obstinateness, and climatic conditions experienced in the countryside as the biggest obstacles to prevent the syphilis epidemic. By giving examples from the tragicomic events experienced by the protagonist, he underlines that these factors increase the spread of the epidemic and that it is necessary to fight against these factors first. As a matter of fact, if the problems in question are resolved, they can only be passed to the stage of combating the epidemic.

*A Young Doctor’s Notebook* not only provides an understanding of the healthcare professionals’ conditions in those days but also highlights the challenges physicians face today. Besides, it helps people learn from experiences and make correct behavioral inferences under current conditions. Furthermore, while the coronavirus epidemic gives a new lesson to humanity today, it provides an opportunity to discover to relieve from this situation, analyze the events, and review our attitudes and responsibilities towards each other. *A Young Doctor’s Notebook* is also a work that might provide a socio-medical focus and guide in formulating a prescription for a healthy life for modern youth.

iii. For more detailed information about the effect of social conditions on the epidemic, see (Belyayeva, 2021: p.113).

References


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