> Please do not classify me as one who "doesn't believe in doctors." One of our most pressing social needs is a national staff of doctors whom we believe in, and whose prosperity shall depend not on the nation's sickness but on its health.
>
> —G. B. S.

Genre is a concept that does not apply to George Bernard Shaw's dramaturgical approaches: because Shaw is noted for his ideological commitment to comedy, the Shavian tragedy becomes hard to categorize.[1] The dialogism of comedy and tragedy seems to form his rationale for artistic creation, as well as his philosophy regarding social issues. Michael Goldman also points out the false sense of exclusion embodied by the term *genre* (1). This ambiguity regarding the tragedy/comedy difference makes possible, I will argue here, an alternative reading of Shaw's most perplexing work, *The Doctor's Dilemma* (1906; hereafter *Dilemma*), the only major work that, when challenged by his friend William Archer, Shaw specifically dubs a tragedy (see Cardullo 102).

In *Dilemma*, the ambiguity of "tragedy" and "comedy" in a broader sense of these terms plays a key role. For here Shaw confronts the medical practices of his day, looking at how they affect the wider community. Indeed, Shaw's mistrust of the medical system is revealed through his caricatures of over twenty doctors in his dramatic oeuvre.[2] In a letter, he commented that his wife's doctor himself "has certain crazes" because this doctor had attempted to convince Shaw that all of his failings "are due to something [being] wrong with [his] kidneys. All the crimes of civilization, Shaw noted, are to the doctor mere kidney symptoms" (Laurence 72). Despite being vaccinated himself, Shaw still caught smallpox, which led him to believe that the very concepts of "microbes" and "inoculation" were medical shams. He considered vaccination to be a stunt performed by Edward Jenner, and the supposed existence of

[1] See Cardullo; Nicole Coonradt's "Shavian Romance in *Saint Joan*: Satire as Antitragedy" (2009).

[2] As Peters mentions, Shaw's writings on the subject "range from an 1887 book review attacking vivisection through the 1931 collection of articles comprising *Doctors' Delusions* to the 1944 summary comments in *Everybody's Political What's What?* . . ." (918). His other works concerning the depiction of doctors and medicine are *Too True To Be Good* (1931), *The Philanderer* (1893), and *The Shewing-Up of Blanco Posnet* (1909).

"microorganisms" to be Louis Pasteur's and Joseph Lister's[3] access to fame. For Shaw then, the medical system was in collusion with the scientific fashions of the Victorian age, leading to the victimization of patients.

I argue here, then, that Shaw's insights into genres, microbes, and medical systems cannot be disentangled and are part of his larger contemplation of the boundaries of the physical and communal self. Using Fabian's socialist lens to analyze the vaccination movement, Shaw adopts the notion of a broader "genre" that goes beyond the traditional categorization of comedy and tragedy, and reflects some distinctive medical phenomena of his time. In doing so, he vehemently criticizes both medicine and theatre, which share great similarities in their close connection with the concept and movement of "modernization." This Shavian conception of genre reflects his thinking then, on the transition being undergone by both fields. Thus this paper will attempt to reevaluate the relationship between the artistic strategy Shaw applies in *Dilemma* and the social issues he ponders in his discussion of the concept of "community," as the latter appears in Roberto Esposito's trilogy of bio-communitas-immunitas and other contemporary theories. In "Whose Life Is It, Anyway? Shaw, *The Doctor's Dilemma* and Modern Tragedy," Bert Cardullo proclaims that in *Dilemma* "the sense is that the community necessary for this change and with it social reintegration has not yet evolved. Such reintegration belongs instead to an audience of the future" (114).

Building on these ideas, I will contend that a reconsideration of this largely undervalued Shavian work would be very relevant inasmuch as contemporary intellectuals have begun to pay more attention to the interwoven dynamics of social, virtual, political, biological, and cultural spheres, as demonstrated through such new disciplines as biopolitics, ecological studies, and so on. After all, today we face the urgent threat of biological warfare and bioterrorism following the 9/11 terror attacks on New York City and Washington, D. C., and smallpox, anthrax and the plague are now deemed possible agents of bioterrorism.[4] Indeed, the "future" Cardullo

[3] Edward Jenner is known for his contribution to immunization and the ultimate eradication of smallpox (Riedel 21). In *The Pasteurization of France*, Bruno Latour offers a detailed account about how medical art became science (8). In part, he states that microbes are essentially actors in a Pasteurian colonization that sociologists fail to explain in terms of "society" and its "interests" (144). See Latour.

[4] Please refer to CDC website (Centers for Disease Control and Prevention).

refers to applies as much to the early twenty-first century as it did to the turn of the twentieth century. While *Dilemma* has often been discussed as a problem play or modern version of a "tragedy,"[5] rarely has any critic set his or her interpretation of the play in the context of biological and social "community."

How is the concept of "health" to be understood if the health of a physical entity hinges solely on the presence or absence of a bacillus? As *Dilemma* is criticizing the pecuniary practices of medical practitioners, the role inoculation plays in determining the boundaries of biological and social selves, as well as the definitions of their "health," becomes key. For Shaw, as he seems to mockingly demonstrate in *Dilemma*, moral failures are indicative of an ongoing process of decay within the human species that touches every aspect of our lives and can probably only be cured through laughter. Michael Holroyd points out that while Shaw subtitled his play *A Tragedy*, in fact it brilliantly satirizes the pre-NHS (National Health Service) medical profession in England. Given that traditional comedy and tragedy differ in the ways the dramatic conflicts are resolved, with comedies often ending in celebration and the reestablishment of everyone's identity, and tragedies ending with the main character's death or the realization of his/her own contribution to the tragic outcome (Johnston), Act V of *Dilemma* would seem to be a curious variation: for here the audience witnesses Ridgeon's fall after the comic resolution of the previous act. Does this imply that tragedy signals the boundaries of a collective entity, much as inoculation does for a physical one, and that comedy (by going beyond those boundaries) may be considered a virus that we need to be inoculated against, as the medical discourse might also suggest? Perhaps Shaw's philosophy of the dynamics of the comic framing of a serious matter can be understood in the light of what Prime Minister Horace Walpole once noted: "This world is a comedy to those that think, a tragedy to those that feel."

In the analysis that follows, Shaw's attitudes toward inoculation are given a socialist context through a discussion of his characterization of doctors. For Shaw, when a social problem is promoted as a public health issue, the discourse surrounding it involves the dynamics of power and thus

[5] *Dilemma* is commonly read as a problem play and side-stepped by critics who do not share much consensus on the play, as Cardullo correctly points out. To name just a few, see J. Percy Smith's "A Shavian Tragedy: *The Doctor's Dilemma*" (1955), and J. L. Wisenthal's *The Marriage of Contraries: Bernard Shaw's Middle Plays* (1974).

inevitably injures the collective social body. In his depiction of medical science and medical practice in Victorian society, Shaw constantly refers to the body as a microcosm of society. While he sees the masking of germs as a sort of transcendental signifier for all diseases (for the sole cause of all diseases), it is the appropriation of knowledge and not the existence of the signifier that raises his critical suspicions.

The boundaries between epistemological realms will also be further analyzed, for Shaw is interested in the correlation between discourses on the physical and collective body and traces these via the modernization of two disparate domains, those of medicine and the theatre. Also focusing on the portrayal of certain minor characters who are not doctors, this reading of the play will thus look at the issue of the social hierarchy in terms of "appearances" and at that of communal health in the light of a "morality" that seems to sell out to the fashions of modern life. It will conclude that through this comedy of manners, Shaw presents us with an idea of community whose ethical relations and disputes are also framed by the powerful epistemology of science.

I. Socialism, Inoculation and Immunity

The Doctor's Dilemma is set four decades before socialized medicine, exemplified by the British National Health Service, came into existence.[6] Dr. Ridgeon, having recently been knighted because of his discovery of an effective treatment for tuberculosis, is caught in a moral dilemma. Enjoying his newly-gained power to control who lives and who dies, he also has fallen

[6] Light points out that "Britain's National Health Service (NHS) was established in the wake of World War II amid a broad consensus that health care should be made available to all" (25). But the debate in Victorian England over public and private health care nevertheless continues, most recently in America under the administration of President Barack Obama. In the production of *Dilemma* by A Noise Within, as part of their 2012/13 repertory season, their accompanying study guide explains the relevancy of the play to the then-current health care situation in America. The study guide states that "England's National Health System (NHS) came into play in 1948. The United States Affordable Care Act, otherwise known as 'Obamacare,' is currently in a state of flux" (Mannle 10). At the time of A Noise Within's production, the Patient Protection and Affordable Care Act (PPACA or, more commonly, ACA) was indeed still being hotly contested (largely along partisan lines), even after it had become law, because there remained no broad consensus on how health care could be made available to all. In the years since, while a few details of the law have been renegotiated and changed, the U.S. Supreme Court has generally upheld the legality and constitutionality of major parts of the law that were particularly controversial. After the latest court decision in June 2015, it has become more widely accepted that the ACA stands on firm legal and constitutional ground. So, while court challenges remain with regard to particular parts of the law, the largest and most controversial challenges appear to be settled.

for Jennifer Dubedat, the wife of his extremely gifted but immoral patient Louis Dubedat. Ridgeon eventually abandons his patient, having convinced himself that he is saving Jennifer from her terrible marriage and Louis from his terrible reputation. After Louis's death, Ridgeon confesses to Jennifer his affection for her, and stresses the righteousness behind his decision to end her husband's life, claiming that "her happiness is my justification and my reward" (187). He is then shocked to learn not only that Jennifer disapproves of his self-proclaimed morality but that she has married someone else.

In his characterization of the doctors, Shaw makes clear the powerful influence of money in the medical system at that time. Dr. Ridgeon is congratulated by, among others, his colleague Dr. Schutzmacher, who now "rolls in money" (93) as he has been marketing his practice with the slogan "Cure Guaranteed." Three members of the Walpole family have each practiced their "one cure": "the father used to snip off the ends of people's uvulas for fifty guineas. . . . His brother-in-law extirpated tonsils for two hundred guineas. . . . *Cutler himself worked hard at anatomy to find something fresh to operate on* [and eventually settled on what] he calls the nuciform sac, which he's made quite the fashion" (101; emphasis added). Dr. Schutzmacher seems to best personify the "ethics" of the medical culture at that time: doctors earn their living by fulfilling patients' expectations of *being cured*. That is, the ethics of what the doctors actually do to reach this goal—they manipulate sophisticated scientific knowledge, and use what seems the most readily available and easiest medical means—is hardly of any concern to them.

Thus, Dr. Schutzmacher is materially "pretty comfortable" (93) thanks to the new medical discourse of "germ theory" and other scientific discoveries that have been appropriated by doctors for their own purposes. In fact, the doctors share little with one another in their interpretations of the human body, suggesting that each interpretation may be arbitrary and that the field of medicine is not unified and thus unreliable. For instance, Dr. Ralph Bloomfield Bonington (known as B. B.), another big fan of germ theory, employs Dr. Ridgeon's latest discovery in his own clinic but may not understand it correctly. Though considered by Ridgeon and some others to be a "colossal humbug" (104), he manages to establish himself as a doctor by using *the right tone* and a rhetoric that his patients buy into. Thus Shaw shows us many doctors using the latest, most fashionable treatment primarily in

order to enrich themselves. In this blatantly capitalistic society where the poor will suffer, the line between "a cure" and "a business transaction" is blurred.

As the only scientific figure who seems authentic in the play, Dr. Ridgeon nonetheless sees "love" as the only remedy for his midlife crisis. While Shaw himself believes in scientific methods and respects measures that promote exactness, even with Ridgeon he criticizes the hubris of doctors who believe they can play the "little god" (186) via their very human judgments. As William D. T. Fordyce points out: "he [Ridgeon] does not prove equal to his hubris, which he tragicomically mocks by giving rein to his humanness in his illusion about Jennifer" (183). Shaw sees the doctor's desire to equate scientific exactness and moral righteousness as but a failed attempt on his part to understand human beings.

Both kinds of doctors, the humbugs and the scientific giants, are absurdities in British society in the early twentieth century. For one thing, since we cannot deny doctors their right to be "reasonably treated"[7] they tend to "metamorphose" (culturally) into money-oriented capitalists, thus gradually losing their conscience (Shaw, *Dilemma* 21). In the section on "Medical Poverty" from the preface of *Dilemma*, Shaw claims that "[all] professions are conspiracies against the laity" and that "a doctor's character can no more stand out against such conditions than the lungs of his patients can stand out against bad ventilation" (17, 22). However, in a social system where doctors are equally and reasonably paid, such as the NHS realized some forty years later, we no longer have such a blatant commodification of knowledge, and doctors no longer need to manipulate science and medical practice for their own benefit.

Moreover, as noted earlier, doctors' market-driven exploitation further eclipses the real causes of disease. Shaw argues that bacteriology is used to exploit the public's fear of "Heaven's Curse" (infection) in a capitalistic structure secured and fueled by social Darwinism insofar as bacteriology is framed as a transcendental signifier for all diseases, along the same lines as the caricature of the "one cure" Dr. Cutler demonstrates. "If this had been

[7] In the preface, Shaw describes the trend of capitalized medicine over the decades. In making his point, he adds: "The Irish gentleman doctor of my boyhood, who took nothing less than a guinea, though he might pay you four visits for it, seems to have no equivalent nowadays in English society. . . . When you are so poor that you cannot afford to refuse eighteen pence from a man who is too poor to pay you any more, it is useless to tell him that what he or his sick child needs is not medicine, but more leisure, better clothes, better food, and a better drained and ventilated house" (*Dilemma* 21).

even approximately true," he reasons, "the whole human race would have been wiped out by the plague long ago, and that every epidemic, instead of fading out as mysteriously as it rushed in, would have spread over the whole world" (Shaw, *Dilemma* 21). This inference leads him to suppose that "the characteristic microbe of a disease might be a symptom instead of a cause" (21). What then causes diseases? Seconding Florence Nightingale, Shaw believes a dirty and overcrowded environment is to blame. Yet within the broader movement of medical modernization and sweeping epistemological reconfiguration, Nightingale was simply written off as an ignorant female. "Statistics" (60) proved this, but only in a scientific atmosphere too heavily influenced and shaped by exclusivity, politics, and creative manipulation of data. In this light, it can also be "prove[n] that the wearing of tall hats and the carrying of umbrellas . . . prolongs life, and confers comparative immunity from disease" (61-62). In fact, of course, members of the upper class will more likely have tall hats and umbrellas and, as it happens, also have a higher standard of living which means better food and health care.

Therefore, Shaw calls bacteriology a superstition (*Dilemma* 28), a fashionable discourse that ignores those socioeconomic factors, those living conditions that do clearly promote good health. Just as the crucial role played by economic factors tends to be ignored, "people expect to find vaccines and anti-toxins and the like retailed at 'popular prices' in private enterprise shops just as they expect to find ounces of tobacco and papers of pins" (24). Thus it seems the question of how we may actually become more healthy becomes ignored as both doctors and (potential) patients stop pursuing methods actually conducive to better physical health. Doctors who mainly want to become rich naturally feel no need to pursue further scientific investigations. Ordinary people, on the other hand, who cannot afford to be inoculated by a doctor, are easily convinced to get inexpensive shots which are in fact mere placebos, having no ability to protect them against any pathogen. For workers, being inoculated meant they could keep food on the table and not be out of work due to illness. For employers, healthy workers kept the engines of capitalism working smoothly. For everyone, the belief that a simple, inexpensive shot could keep disease away was therefore convenient. This deception on the part of doctors further helped to rationalize and maintain the long working hours in unclean environments that characterized the social existence of a major portion of society. As a consequence, with scientific and

social concerns both abandoned in favor of this new discourse, the ever-lower living standards took their toll on the poor.

The "bacteriology" grounded in religion or superstition claimed that "every disease had its microbe duly created in the garden of Eden" (Shaw, *Dilemma* 29). Shaw then challenged this hijacking of science by such absurd notions of health by seeing them merely as modern epistemological fashions. He did this in part by revealing the danger of having a single, dominant and monopolizing epistemology, that is, by advising us to be wary of the political manipulation behind any view of health which sees it as something confined solely to the realm of science, where it hinges on an invisible "other." He believed "health" is a function of various interrelated factors—ventilation, sun, a hygienic environment, human will, etc.—which strengthen our immunity. This need to include "others" along with the "self" also applies to Shaw's perspective on the communal self, the collective social body, for he promotes a conception of public health that bases communal well-being not on the exploitation but rather on the inclusion of the poor.

As a socialist, then, Shaw believes each individual functions as an important component of society: "The form and institutions of society, and the relations and mutual behavior of its individuals, have been adjusted and established as the equally indispensable conditions for the expression of the determination to exist more fully" (Olivier 138). Therefore, a weaker public body requires England to "put forth her hand to succor and protect her weaker members" (65). In *Fabian's Essays in Socialism*, edited by Shaw and H. G. Wilshire, Sidney Olivier explains that socialism is just a form of government in a particular phase of evolution that bends society toward progress out of weakness and ignorance. If the "cardinal virtue of Socialism" is nothing other than common sense, suggesting a democratic objectivity that echoes the ideal spirit of science, then a social view or conception of health proves to be a valid scientific approach. Shaw then believes that doctors should be subordinate to their society so that the objectivity of science will be easier to maintain. With doctors' prosperity depending on the nation's public health rather than on sickness itself, their abuse of power—as typified by the medical slogan that inoculation is the "one cure" for all diseases—can be effectively ended, in effect immunizing society from this sort of manipulation and moral decay.

II. Comedy, Tragedy, and Community

Just as a bacillus is not to be blamed for all diseases, Shaw suggests that the poor are not to be exploited for the overall health of the society in terms of physical and social community. This moral stance naturally leads him to question who or what the self is being inoculated against when we consider the borders of physical and communal entities. Moreover, Shaw's dramatic strategy enables art to challenge the epistemological boundaries of positivism, itself a dominant episteme in the process of modernization. Employing empirical evidence, mathematics and logical deduction, positivism holds that physical reality is governed by laws that can be calculated and deduced from statistics obtained through sensory experience, and it has influenced both scientific and humanistic disciplines, for example, medicine and theatre. The union of art and science has helped to form a modernist culture sustained by technological determinism, as noted by Lisa Cartwright in her discussion of x-rays in *Screening the Body: Tracing Medicine's Visual Culture* (108). Shaw's suspicion of cultural investments in modernist ideologies, as manifested in the theater of his day through the lenses of realism and naturalism, is reflected in his own dramatic approach. Where Henrik Ibsen turns melodrama into naturalism, Shaw continues to create comedies of manners in order to cultivate a public consciousness of social issues (Lewis).

Shaw's dramatic approaches, with their tendency to mix or combine the traditional genres of comedy and tragedy, can be analyzed in the light of his idea of community. Indeed, modern medicine and modern theatre interacted with one another on several levels, and here we need to think in terms of "the interaction of the human organism with its environment, the relationship of inside and outside, the nature of visibility and somatic disclosure, and the definition of individual and social pathology" (Garner, "Artauld" 2). Like medicine, which re-examines and redefines the boundaries of the body with its discoveries and the new epistemologies opened up by them, the modernization of the theater meant embracing a future which was itself characterized by the most dominant positivist ideas or ideologies. In "Physiologies of the Modern: Zola, Experimental Medicine and the Naturalist Stage," Garner shows how theatre and medicine both partake in a cultural transformation that directs the (social) body by "crossing its threshold, turning it inside out, [and] revealing in the organic matter of its entrails '*the other side of ourselves*'" (67).

Perhaps most representative of the modern theatre was the naturalist Emile Zola, who considered theatre to be society's laboratory for legitimatizing body languages, that is, a somatic locus for foregrounding and fleshing out the modernist discourse in/of theatre (Garner, "Physiologies" 71). Essentially, Zola sums this process up as a gradual substitution of "physiological man" for "metaphysical man" (72), which also entails addressing the inherent modernist mind-body duality that began with Descartes in the 17th century. Joseph Roach writes: "the concept of a 'modern drama' rests on an imaginary border that separates modernity from what has come before" (qtd. in Garner 70). While Shaw is considered to be a great dramatist of the modern era, his dramatic approaches are quite different from the approach proposed by Zola. Shaw writes:

> I am not an ordinary playwright in general practice. I am a specialist in immoral and heretical plays. My reputation has been gained by my persistent struggle to force the public to reconsider its morals. In particular, I regard much current morality as to economic and sexual relations as disastrously wrong; and I regard certain doctrines of the Christian religion as understood in England today with abhorrence. I write plays with the deliberate object of converting the nation to my opinions in these matters. (qtd. in Emma Goldman 175)

Here Shaw asserts that he is not just a member of the national community but a representative of its moral conscience. His very public focus on morality no doubt disturbed the new balance that hinged on the "discourse of body" at that time. As both theatre and medicine increasingly began to emphasize science, asserting an epistemological neutrality and thus a position that lay outside of society's moral harness, Shaw seemed to be suggesting that science alone cannot be the sole guide for human society.[8] When Jennifer confronts Ridgeon after the death of her husband, she reasons: "Don't you see that what is really dreadful is that to you living things have no souls." Ridgeon shrugs

[8] In the section, "Limitations of the right to knowledge," in the preface of *Dilemma*, Shaw notes: "The right to knowledge is not the only right; and its exercise must be limited by respect for other rights, and for its own exercise by others." He illustrates this point with an example: "No man is allowed to put his mother into the stove because he desires to know how long an adult woman will survive at a temperature of 500 degrees, no matter how important or interesting that particular addition to the store of human knowledge may be" (41).

her argument off, skeptically asserting: "The soul is an organ I have not come across in the course of my anatomical work" (*Dilemma* 183). In a thriving modern society inspired by the promise of a fantastic new future, Shaw mocks the notion of an episteme that does not rely on empirical evidence.

This seems to be the general rationale behind his comedy of manners—tackling serious social and political issues with a bitter sense of humor.[9] Emma Goldman points out that while humor serves to amuse and touch on the lighter side of life, "there is a kind of humor that fills laughter with tears, a humor that eats into the soul like acid, leaving marks often deeper than those made by the tragic form" (96). The strategies employed by Shaw to illuminate the dynamic relationship between comedy and tragedy render problematic both the medical and the theatrical discourses of the time. David Kornhaber has called Shaw "the modernist that never was [sic]," and adds that "[his] copious canon of plays and his writings on the theatre itself can challenge definitions of modernism." Bruce R. Park also observes that drama criticism has difficulty placing Shaw: "The critics who do not write about Shaw place him beyond the pale" (195). Similarly, Jacques Barzun asserts that "there seems to be no name for his position, which, nevertheless, he is not the first to occupy. Meanwhile he eludes our grasp and measure like a man in a fog" (qtd. in Park 195).

As a "tragi-comedy" that satirizes medical practice, *Dilemma*'s sarcasm comes from its caricature of doctors, while its bitter humor emerges from the interactions between them and the minor characters. If the main thrust of Dr. Ridgeon's comical moral dilemma serves to rebuke the immorality latent in science, the humorous delineation of the assistant, Redpenny, and the serving woman, Emmy, at the beginning of the play helps us to understand the playwright's melancholy behind the façade of this burlesque. The play begins with a description of a lesser-known medical student at Dr. Ridgeon's clinic, Redpenny, who makes himself indispensable to the doctor in return for "unspecified advantages involved by [sic] intimate intercourse with a leader of his profession, and amounting to an informal apprenticeship and a temporary affiliation" (*Dilemma* 89). As a character whose "Christian name is

[9] There are critics approaching *Dilemma* as a tragedy, such as Cardullo. This paper does not intend to go in-depth into the issue of genres, but tend to view it as what it is: a mixture of a satire, tragedy, a comedy of manners, or a romance to explore the way Shaw situates himself (and his works) in the society, so as to argue his view on communities demonstrated in different contexts through the dynamics of individual and the whole.

unknown and of no importance," he is nevertheless important because he represents the general survival mode of medical students—one that hinged solely on power games. Would Redpenny turn into another Dr. Ridgeon or Dr. Schutzmacher? His depiction of Redpenny also gives us Shaw's view of the whole nation: "his hair and clothes in reluctant transition from the untidy boy to the tidy doctor" (89). He "is not proud" and "will do anything he is asked without reservation of his personal dignity" (89). Shaw may mean that Redpenny is "not proud" because he is still in the limbo of a transition from apprentice to doctor, or that he is incapable of feeling proud because he apparently has already sold his soul to this trade. The playwright offers us few clues here, and this sense of indeterminacy itself will tend to linger throughout the play.

In contrast to the pliant but purposeful Redpenny is Emmy, an intrusive, ugly, untidy but caring old lady. Emmy's salient appearance makes her seem a stereotypical character in comedies of manners; her sole function when she appears on stage is to be laughed at. In contrast to the other characters, Emmy "has never known the cares, the preoccupations, the responsibilities, jealousies, and anxieties of personal beauty." She "has the complexion of a never-washed gypsy, incurable by any detergent; . . . [with] a whole crop of small beards and moustaches, mostly springing from moles all over her face" (89). Apart from her hideous looks, Emmy secures her role as an officious old hag by also "carr[ying] a duster and toddl[ing] about meddlesomely, spying out dust so diligently that whilst she is flicking off one speck she is already looking elsewhere for another" (89). Shaw emphasizes the physical ugliness of this character as a way to propel the plot forward by making her the symbolic vehicle for exposing what he wants to ridicule . . . and what worries him.

Emmy, though only appearing in the first act, might then seem to serve as the personification of Shaw himself. The fact that she is the target of the doctors' scorn, yet quite capable of laughing back at them, would seem to situate her at the intersection of comedy and tragedy. Shaw did not so likely give her an unpalatable appearance to ridicule the social hierarchy, given his own socialist leanings, but rather to ridicule the hierarchical order of modernist epistemology. In Act I, Emmy enters telling Redpenny: "Theres [sic] a lady bothering me to see the doctor" (Shaw, *Dilemma* 90). Although Redpenny and Dr. Ridgeon reiterate that no appointment can be made on the

day Ridgeon is to be made a knight, Emmy later indignantly barges in, interrupting the doctors' party:

> EMMY, *returning*. Now, Sir Patrick. How long more are you going to keep them horses standing in the draught?
> SIR PATRICK. What's that to you, you old catamaran?
> EMMY. Come, come, now! None of your temper to me. And it's time for Colly to get to his work.
> RIDGEON. Behave yourself, Emmy. Get out.
> EMMY. Oh, I learnt how to behave myself before I learnt you to do it. I know what doctors are: sitting talking together about themselves when they ought to be with their poor patients. And I know what horses are, Sir Patrick. I was brought up in the country. Now be good; and come along.
> SIR PATRICK. . . . You are an ugly old devil, and no mistake.
> EMMY, *highly indignant, calling after him*. Youre [sic] no beauty yourself. . . . Here now: are you going to see that poor thing or are you not? (115)

Discriminating between ugliness and beauty in both appearance and morality is typical of Shaw's satirical style. Emmy/Shaw toddles about, wiping off any (moral) stain that s/he can spy. They are, in others' eyes, "fundamentally trivial" (qtd. in Park 195). The "meddlesomely air" signals discontent with the status quo, but is also a caring trait. Emmy has "only one manner, and that is the manner of an old family nurse to a child just after it has learnt to walk" (Shaw, *Dilemma* 89). This caring and nurse-like attribute, arguably also attributable to the playwright, may shed some light on the mystery of why Shaw's *Dilemma* is so hard to categorize. For other Victorians, such indulgence in moral "pettiness" may appear to be an "ugly old devil." For Shaw, the Victorians had, morally speaking, "just learnt to walk." In their way of treating these "moral toddlers," the medical practitioners are shown to be lacking any real compassion, indeed to be themselves moral toddlers or perhaps moral midgets. The doctors, assigning a

very low social rank to someone like Emmy, are blind to the fact that she might be more caring then they themselves are.

In this way Emmy may help us understand why and how Shaw uses a sort of bitter humor—irony and sarcasm—in his "tragic" drama, thus departing from the classical model of the Aristotelian tragic hero, whose pessimistic vision of the future predicts that the whole community is headed for a collective downfall. Cardullo drives the point home by arguing that Shaw's Act V should be seen as giving us the metatheatrical structure of the play. While the previous four acts all end with Shaw's comic satire, the epilogue "can then be seen as the combined discussion-action-catastrophe of Shaw's modern tragedy," in which Ridgeon's realization of his own misinterpretation of Mrs. Dubedat's character attributes to his own fall (112-14). Emmy's sarcasm thus seems to problematize the existence of doctors as agents operating in the spirit of healing. In spite of their modernist aspiration to be as up-to-date as possible, Shaw's doctors paradoxically do not exist to make people healthier but instead to *threaten* their patients in order to secure their own livelihoods. While the doctors in the play are traditionally associated with healing and curing, this conventional ideal is deliberately inverted, thus making the satirical comedy a "tragedy" and yet one people can laugh at. This intertwining or fusion of tragedy and comedy serves to demonstrate Shaw's perception of the modern "community."

In examining Shaw's comedies, Park defends the playwright by questioning the notion that comedy is seen only as a "rib" of tragedy:

> The way of tragedy is the realization of a potential, the consummation and consumption of human capacity. *Comedy is an image of man sustaining or undermining a rational social order*. (Much of the best comedy celebrates the precariousness of civilization.) Comedy is not an adjunct of tragedy; tragedy and comedy present man's complementary—and logically contradictory—views of himself: sublime—ridiculous, godlike—animal, are two cliché examples . . . (209; emphasis added)

III. Conclusion

Thus we come back to the dialogism or perhaps "hybridity" of comic-tragic or comedy-tragedy in *The Doctor's Dilemma*. As a comedy, the play

presents the quandary shared by the whole fictionalized community of the play. Yet the social order, in this context represented by science and medical practitioners, crumbles as the play exposes how reasonable people, including Shaw himself, may not be able to sustain it: if comic means absurd, then in *Dilemma* it may seem that absurdity dominates rather than being dominated. Thus the subtitle, *A Tragedy*, captures Shaw's feelings of pity and remorse. Cardullo claims that the "characters in the play are morally judged by the doctors" (112) where, as we have seen, none of the doctors are paragons of virtue and morality. Dr. Ridgeon is ambiguous in this regard insofar as he does after all face a dilemma, albeit an ironic and thus to a degree comical or absurd one: while his discovery of a new cure for tuberculosis is very important, he is torn between his personal feelings for Jennifer and his social image as a (morally) dignified man. Convincing himself that he is rescuing his beloved from her husband's infamy, Ridgeon's moral dilemma exemplifies the absurdity of an ethics developed in a modernist society where too much value is placed on scientific "progress" and the judgments of scientists who may be considering money as much as, or more than, medical science.

If Ridgeon may seem to be a villain at the end of the play it is perhaps only because he has acted like a god in deciding who lives and who dies. While Cardullo's perspective reflects modernist ethics, it overlooks Shaw's artistic strategy: having the reasonable (embodied in the minor characters) dominated by the absurd (embodied in Dr. Ridgeon and an overemphasis on scientific progress). Therefore, the significance of the minor characters cannot be dismissed. Park claims that "Shaw's characters shrink *en bloc* in the eye of reason, whereas only Moliere's hypochondriac or misanthrope does so" (209). The comic world is again embodied in Shaw's idea of community which challenges modernist epistemology through popular discourses such as germ theory and the ideology of positivism. The public "dreads disease and desires to be protected against it" (Shaw; *Dilemma* 58) as if it were a single human subject, and yet in this topsy-turvy world where the community is dominated by the hypochondriac and irrational, Shaw renders problematic this notion of health that points to a communal subjectivity. After all, London's poor are inevitably the victims within a modern "communal body."

How unhealthy is this concept of health? Referencing his friend and controversial bacteriologist Sir Almoroth Wright, on whom he models Sir Colenso Ridgeon in *Dilemma*, Shaw believes vaccination is nothing but a

superstition because "microbes are vehicles of disease but not the cause" (Peters, n. pag.). In consideration of the role the bacillus plays in the aporias of health, the line between microbes as causes and as the vehicles of diseases should be drawn carefully, as these two positions produce a drastically different projection of the (private or communal) self. When microbes cause diseases, health can be restored by eliminating them or maintained by vaccinating the body against them. On the other hand, when they are mere vehicles of disease, their relationship with health becomes curiously dynamic. This issue of what we really mean by "health" is of course crucial when we are speaking, as here, of the community itself as a large body or organism, where the latter idea obviously puts into question a 20th century identity politics that imposed group and individual identity labels based on race, gender or nationality.

In *Antibodies, Anarchangel's and Other Essays*, Paul Cudence discusses how individuals are connected to one another in a myriad of ways: "The various identities we share with others do not neatly radiate out from the individual, via the family, to the community, region, nation and planet, but are much more complex and overlapping" (30). This perspective on community is reminiscent of Roberto Esposito's theory that *communitas* is not a property belonging to subjects that joins them together (*Communitas* 2). That is, *a community is essentially empty*.[10] In terms of the notion of an "organic community" and the concept of health tied to it, Shaw shares a conception of the ethical dimension of life itself with Esposito, who maintains that the current way of understanding community—as a property belonging to its constituent collective—inherently implies life's opposite, death. When a society steadfastly sets itself apart from those outside of it and along its margins (like the poor or ethnic minorities, "immigrants"), it inoculates itself from external threats that would destroy it and, now nothing but a self-enclosed product of vaccination, in a sense dies. As Gustav Landauer points out:

[10] Esposito proposes that community is not a "property" belonging to its members, nor is it a "substance" that is produced by their union. Deducing from its etymological meaning, Esposito claims that community means *com* (with) + *munas* (oscillation between office, duty, and gift) (4). Since we are all born into a community, community cannot be something that is owned by us. The incumbency of members towards the community, in reciprocal return for a gift given, can never be fully paid back. The essence of the debt is infinitely a lack. Hence, the only thing that community members share together is something that can never be realized. The idea of community, of what we share with others, is empty.

> The state, with its police and all its laws and its contrivances for property rights, exists for the people as a miserable replacement for . . . organizations with specific purposes; and now the people are supposed to exist for the sake of the state, which pretends to be some sort of ideal structure and a purpose in itself . . . (qtd. in Cudence 29)

In a sense, those doctors whom Shaw characterizes as having "no honor and no conscience" (Shaw, *Dilemma* 11) in fact lead their patients away from health and life. Here one might think of Esposito's process of "immunitary interiorization (or perhaps we should say 'interment')" that he discusses in *Terms of the Political* (44).[11] As Esposito notes, the Victorians believed in capitalism's *Darwinian* competitive drive, even if Victorian medical practices immunized the largest part of the community with a placebo, a true tragedy by Shaw's definition. Thus Shaw suggests that we do away with vaccination and adopt an alternative social structure that would "alleviate the personal tragedy by solving the social problem" (qtd. in Cardullo 114). In his short essay "Melancholy and Community," Esposito notes that while melancholy men usually resemble "a beast of a god" (27), they are generally themselves forces opposed to the bonds of society (28). For Esposito, community is essentially "a lack," "a 'non-entity,' a non-being that precedes and cuts every subject, wresting him or her from identification with him or herself and submitting him or her to an irreducible alterity" ("Melancholy" 29).

> . . . it [community] carries within itself as its own nonbelonging to itself . . . of all the members that make up community through a reciprocal distortion, which is the distortion of community itself: its always being different from what it wants to be, its not being able to exist as such, *its impossibility of becoming a common undertaking without destroying itself*—herein lies the

[11] In his theory of community, demonstrated in the trio of *Communitas, Immunitas* and *Boi,* Esposito reiterates the problems of modern conceptualization of the community as a subject: "Finite subjects, cut by a limit that cannot be interiorized because it constitutes precisely their 'outside'" (*Communitas* 7). This misunderstanding of community leads to the destruction of itself as it immunizes against itself. The community, on the other hand, "isn't a mode of being . . . [it is the subject's] exposure to what interrupts the closing and turns it inside out: a dizziness, a syncope, a spasm in the continuity of the subject" (7).

> meaning and the root of our common melancholy. (29; emphasis added)

This communal vision which Shaw shares is embedded in his artistic methods. In a speech to Albert Einstein, Shaw mentions his belief in a "curvilinear universe" ("Salute"), which Cardullo explains is a philosophical view reflecting the assumption that no specific genre, comic or tragic, can be compatible with *Dilemma*, being that life is "an evolving *organism*," and any such "closure [cannot] be implied in any satisfying way" (110; emphasis added). Cardullo further proclaims that the "tragedy" referred to in the title can be explained as a "whimsical touch" that attempts to "achieve the tragic out of comedy by bringing it forth as a frightening moment, as *abyss* that opens suddenly" (111; emphasis added). For Shaw, any comedy expressing closure on a community that envisions an ever-after happiness becomes distorted by the abysmal melancholy lurking deep inside it. This flipping and remixing of genres embodies, then, Shaw's vision of a community, one that is organic and should be kept organic, and this is why he proclaims that "science is always wrong" (Popova) in a toast to Einstein. "It never solves a problem," said Shaw, "without creating 10 more"; and yet, or perhaps therefore, "It is not the fault of our doctors that the medical service of the community, as at present provided for, is a murderous absurdity" (*Dilemma* 9).

While *Dilemma*'s loss of popularity after the first half of the twentieth century might reflect the growing discrepancy between Shaw's views on germ theory and the views of contemporary bacterial science ("'The Doctor's Dilemma' Illustrates"), it does seem worthwhile to reevaluate Shaw's artistic strategy in light of the issue of genre. Prime Minister Walpole said that the world is a comedy for Shaw the socialist, who mocks various ridiculous phenomena associated with the modernization of medicine, and yet a tragedy for Shaw the philosopher, who is sad about the seeming increasing closures of and within the collective self (the community).

In a globalized world where challenges from disparate social spheres—such as immigration, online social networking, and viral attacks—demand new understandings of communities that wish to be emancipated from a "political-philosophical lexicon" rooted in the early twentieth century (Esposito, *Communitas* 1), Shaw's re-situating of the theatrical genres of comedy and tragedy in his engagement with issues of community and health may seem very relevant. Gassner comments on Shaw's awareness of his role

as a part of turn-of-the-century London society: "To be oneself and at the same time labor in full knowledge of the fact that we are all members of each other [sic] was Shaw's most insistent thought on the privilege of being an artist in society" (522-23).

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