

## Sergey S. Korsakov and the Beginning of Russian Psychiatry

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*Sergey Sergeievich Korsakov (1854–1900) was an outstanding Russian psychiatrist, founder of the Moscow psychiatric school, a talented clinician and teacher, and a supporter of the nosological approach in the understanding and systematization of psychiatric illnesses. He described alcoholic polyneuritis with distinctive mental symptoms, which later on was coined “Korsakov’s disease.” He was the first to give a clear account of paranoia. Korsakov was a leader in more humane patient management by applying no-restraint principles.*

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Sergey Korsakov is an outstanding Russian psychiatrist, the founder of Moscow psychiatric school, a talented clinician and teacher, and a supporter of nosological approach in understanding and systematization of psychiatric illnesses.

He was born in a large village in central Russia in 1854 (now known as Gus’-Khrustalny near Moscow). His father was a manager at the glass factory,<sup>1</sup> his mother was a homemaker.

While studying medicine at Moscow University, Korsakov showed much interest in problems of natural science and philosophy, in addition to the regular curriculum. Later he wrote “of all medical sciences Psychiatry stands much closer to the philosophical questions.” This reflects the depth of a young scientist’s scientific outlook, wide breadth of his views, and an all-encompassing approach toward the study of psychiatry.

After graduating from the university, Korsakov began his practice as a physician at the Preobrazhenskaya Psychiatric Clinic. Later on he continued his education at the Moscow Clinic of Nervous Diseases lead by professor A.Ya. Kozhevnikov. He worked in the clinic for three years before returning to Preobrazhenskii hospital. At the same time, he became the chief of Bekker’s Clinic. Here he gathered a lot clinical data and obtained the experience of rational medical care of patients with mental diseases. This was, in the words of his friend and future coworker, “never published scientific work.”

Outstanding psychologists including A.U. Fresse and S. I. Shteinberg also worked in the clinic. Korsakov’s interest in psychiatry and indomitable search for the new pointed to the great potential of a young researcher. Kozhevnikov noted this fact, making his young assistant the head of a new psychiatric clinic at Devichje Polje.<sup>2</sup> Here Korsakov founded

<sup>1</sup>Gus’-Khrustalny glass factory is one of the oldest and famous glass producers in Russia (since 1723).

<sup>2</sup>Devichje Polje is, the name of the quarter in Moscow, where all the clinics of Moscow University Medical Faculty (now Moscow Medical Academy) were built.

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**Figure 1.** S.S. Korsakov (1854–1900).

the Psychiatry Department of Moscow University. Currently, it is a part of Moscow Medical Academy of I.M. Sechenov. Officially, this 50-bed clinic was opened during the first Russian Psychiatry Congress in Moscow in 1887.

Coincidentally, the clinic was located next to the house of Leo Tolstoy. As remembered by Tatyana Lvovna Sukhotina-Tolstaya, her father met Prof. Korsakov. Tolstoy visited Korsakov in the clinic to talk about medicine and to observe mentally ill patients. Tolstoy's conviction was that mental illnesses are a manifestation of an extreme degree of egoism (Sukhotina –Tolstaya, 1987).

After becoming the chief of the clinic, Korsakov participated actively in promoting the rights of the mentally ill. Due to his colossal energy and enthusiasm, the “no-restraint” movement in Russia was more consolidated than it was in Europe; the reform was completed more quickly.

As a chief of the Psychiatry Department of Moscow University, Korsakov defined the most important direction of the research conducted at the department as one based on the clinico-nosological approach toward the study of psychoses. Addressing this he wrote: “Somatic illnesses with well-known and constantly repeating constellation of symptoms, their sequential change based on anatomical changes allow separating forms of diseases. Similar to that, we can define mental illnesses by the observed symptoms and the sequence of their development.” He implemented his ideas in practice while studying clinical features of alcoholic psychoses. This provided him with an opportunity to describe a new illness — polyneuritic psychosis.

Korsakov defended his doctoral dissertation *On Alcoholic Paralysis* in 1887 (Korsakov, 1887). Later on, in 1889 he published his work “Several Cases of a Particular Cerebropathia and Polyneuritis.” This illness, he thought, was a form of acute alcoholic encephalopathy, usually developing after an atypical alcoholic delirium. It is characterized by polyneuritis

with a variable degree of the limb muscle atrophy as well as disturbed memory with amnesia, confabulations, and pseudoreminiscences. He published other works on this topic in which he further developed the theory of polyneuritic psychosis (Korsakoff, 1889, 1890a, b).

He presented a report "On a Special Form of Mental Illness Combined with Degenerative Polyneuritis" at the XII International Medical Congress in Moscow in 1897. It was then that the eponym "Korsakov's disease" for alcoholic psychosis was coined by Professor Friedrich Jolly (1844–1904) from Berlin (Kannabikh, 1929).

Korsakov's disease became a complicated problem in the psychiatric practice during the subsequent decades. Some scientists — in general, Korsakov's followers — maintained the initial view on this illness as a typical combination of a special mental disorder and the inflammatory process in the nerves. The cause of both pathologies (mental and neurosomatic disorders) was alcoholic intoxication. V.P. Serbsky, who succeeded Korsakov as a chief of the clinic, and some of his colleagues (S.A. Sukhanov, N.N. Bazhenov, N.A. Bernstein) suggested that the same psychosis can be caused by different toxins (Serbsky, 1912).

Jolly represented another view that originated from Germany. It was based on the study of clinical observations of mental pathology cases with disturbed memory for recent events, but without polyneuritis. It was proposed to change the term "Korsakov psychosis" to "Korsakov syndrome" or amnesic syndrome.

Karl Bonhoeffer and his followers proposed to use the term "Korsakov psychosis" only in cases with singular etiology — alcohol abuse including the typical clinical features of polyneuritis. To this position adhered Emil Kraepelin (1856–1926) in the 8<sup>th</sup> edition of his textbook (Kraepelin, 1908–1913). In addition, he distinguished Korsakov's amnesic syndrome that can accompany some other nonalcoholic processes (atherosclerosis, syphilis of the brain, etc.). The description of "Korsakov psychosis" was one of the first notions of organic (amnesic) psycho-syndrome ever done. E. Bleuler reported the special features of the similar symptom-complex with terminological definition only in 1916 (Bleuler, 1916).

In addition to the theory of amnesic disorders, Korsakov's theory of acute psychoses was of great significance, allowing him to define a new nosological entity "dysnoia." He was engaged in a polemic with W. Griesinger, assuming that the latter's idea that all psychoses are preceded by affective disorders had lost its universal significance. He mentioned the history of the doctrine of acute psychoses originated without preceding emotional disturbances. Consequently, the paranoia (acute and chronic), hallucinatory madness (acute), and primary curable weak-mindedness were outlined.

Korsakov considered the existence of three main forms of nonaffective psychoses: Meinert's amentia, paranoia, and dementia praecox. It is from amentia that he derived the concept of "dysnoia," which could be considered a precursor of the concept of acute schizophrenia. The author separated this new illness into different types, such as stuporous, delirious, dementia, and abortive forms. Korsakov was the first who noted the specific signs of the "basic disorder" of this illness. It is a varyingly profound disturbance of cognition, general disturbance of the order of mental processes, and confusion of ideas. Often, the beginning of this malady is associated with the signs of a negative disorder in combination with mentism, affect of fear and boredom. After the psychosis — which could be febrile — subsides, the patients note a decrease in mental activity.

It is evident that he formulated his theory of "dysnoia" in 1891, when Kraepelin had not yet introduced his concept of dementia praecox. In an attempt to single out "natural units of illness" such as progressive paralysis, Korsakov distinguished an acute illness with autointoxicating pathogenesis and a characteristic disturbance of the associative process. Korsakov was not basing the diagnosis on the exclusively specific end-point states like Kraepelin (Ovsyannikov, 2000).

Korsakov's successors, V.P. Serbsky (1858 – 1917) in particular, further developed their mentor's concept of dementia praecox considering that the outcome of the illness depends on the general conditions surrounding the patient and on how early therapy was started. Korsakov himself attached great importance to the therapy. Even now we can admire his conclusive optimistic position concerning the effectiveness of the therapy of psychosis (Serbsky, 1912). Korsakov began his course of lectures in psychiatry with the rebuttal of the notion, commonly accepted in society, that madness is incurable. Adhering to his own data he emphasized that during the nineteenth century psychiatrists submitted convincing evidence that the patients leave mental clinics cured similarly to leaving other kinds of hospitals. This concerns, in particular, the cases in which proper treatment was initiated immediately during the first month of illness. Improvement occurred in 80% of these cases. However, among the patients who were admitted to the clinic later than half a year after the onset of the illnesses there was only 10% recovery rate. It is evident that Korsakov attached a great deal of importance to hospitalizing patients suffering from acute psychosis as early as possible.

It is obvious that, having defined two principal types of psychiatric disorders such as alcoholic encephalopathy and "dysnoia," he demonstrated his correctness concerning the nosological approach in psychiatric systematization and etiopathogenic potential of this systematization. He resolved the central problem of psychiatric practice based on exact psychopathological analyses of main syndromes, later called "axial" syndromes — organic (amnesic) and endogenous (dysnoia, dementia praecox). He chose his own path without considering the concept of the "common psychosis." In doing so, he created a unique path of development for Russian psychiatry independent of the European model.

In accordance with the main direction of Korsakov's clinical view, the classification of the psychiatric disorders created by him became the most significant achievement of the psychiatric nosography in Russian psychiatry on the threshold of the nineteenth century to the twentieth century.

Korsakov believed that the systematization should comply with the following:

1. allow to assign a definite term to any observable entity, even if purely symptomatic;
2. the classification must satisfy basic clinical needs, i.e., it must separate illnesses into the forms by the symptoms and their course;
3. at the same time, the classification must not be forced to fit a particular unclassifiable case into the rigid definitions of the accepted forms, allowing further development of our knowledge of various nosological forms of mental disorders.

Having distinguished three classes of illnesses, Korsakov fully established the differentiation of psychoses and psychopathic constitutions contrasting them with transitory psychiatric disorders as well as conditions of psychological development.

In the second class he convincingly placed the illnesses that later on formed the group of "endogenous pathology" including "dysnoia" and also "organic pathology."

All this shows that Korsakov may be considered with the founding of the Moscow school of Psychiatry, with advancing the fundamental ideas of nosological understanding of the nature of psychoses, and with merging the clinical features, somatic, psychological, and social factors together. This is in contrast to the concept of "common psychosis" proclaimed as fundamental in Europe and to the somewhat dogmatic view of Kraepelin concerning endogenous psychoses. The ideas of the Moscow school were put into practice by Korsakov's collaborators: S.A. Sakhanov, V.P. Serbsky, N.N. Bazhenov, N.A. Bernstein, their students and successors including P.B. Gannushkin, V.A. Gilyarovsky, E.K. Krasnushkin, D.E. Melekhov, V.M. Morozov, and others.

The foundation provided by Korsakov as the basis of his view on general psychopathology in his *Course of Psychiatry* (1901) is of great importance. Convincingly and brilliantly he described clinical peculiarities of the main syndromes; he stressed that in each syndrome, while there are significant changes in perception, cognition, and memory, there are also other elements of the mental sphere that participate (affects, emotions, inclinations). From this point of view he evaluated obsessions and delirium; each type of pathology was richly illustrated by the case histories taken from the classic works of J.E.D. Esquirol, L. du Sol, W. Griesinger, V. Kandinsky, A. Ribo, and others.

His understanding of the origins of delirium is quite original. Korsakov delineated ten main delirium-forming factors influencing the development of pathogenetically different delirium states. In fact Korsakov was the first to formulate a clinically exact and complete concept of common psychopathology and presented differential understanding of the most important symptoms in psychopathology. He also paid attention to the problems of forensic psychiatry. Actually, he became a founder of this field of psychiatry, although the Institute of Common and Court Trial Psychiatry opened in Moscow in the Soviet period, it was named after his student and successor, Serbsky.<sup>3</sup> Korsakov conducted the most difficult evaluations either himself or with his collaborators. He has published several case collections on this subject. They included evaluations of the most important and well-known trials of his time. For example, one of the included famous cases was that of the 19-year old Praskovya Kachka. She shot her lover with a gun being under the influence of a song, which she was singing. At the conference, which took place in the Preobrazhenskaya Clinic, Korsakov not only raised questions on the psychopathological evaluation of her status but also outlined important questions of court trial psychiatric practice in general. Lawyer F. Plevako used Korsakov's expertise in his legendary defense speech — the girl was declared innocent.

No less significant was Korsakov's psychiatric evaluation of the case of a clerk who killed the general-governor of St. Petersburg. He proved the diagnosis of "feeble reasoning paranoia" based on the accurately taken anamnesis. He determined a slowly developing delirium of relation, feeble ideas of special meaning and special influence from the outside, delirious imagination of "particular organization." This led to the diagnosis of "resonating paranoia," making this case exceptionally interesting.

In his works, especially in his *Course of Psychiatry* published after his death in 1901, there is a lot of valuable material that addresses the problems of modern social psychiatry (Korsakov, 1901). In the introduction the author stressed the correctness of the aphorism that one can judge the level of a civilization and its humanity by the way it treats the mentally ill. He paid special attention to the social aspects of psychiatry, demonstrated by the fact that he started the chapter "Etiology of Mental Illness" with a section on "Civilization." He addressed a basic question of modern social psychiatry — studying the influence of macrosocial factors on mental health and their role in the development and course of mental illness.

He wrote:

As civilization grows, we find a simultaneous increase of the number of the persons with mental disorders ... if civilization means the development of the higher spiritual qualities and the unification of people for the sake of common good — reasonably understood — then, obviously, such a civilization would not create an abundance of mentally ill persons. On the contrary such civilization would reduce their number by removing the causes of sickness. (Korsakov, 1901)

<sup>3</sup>The Institute of Common and Court Trial Psychiatry was for many years the center of extrajudicial psychiatric repression.

However:

people in “civilized” countries as if on purpose are trying... to spoil the land on which they are huddled, to fill the air with smoke of coal and with various miasma, to poison the water they drink, in some blindness not to see the beauty of what they have under their hands, to strive for something ugly, meaningless, wasting time on the aimless chase of an illusory happiness. All that reflects on mental health, increasing the number of the mentally ill in the “civilized” countries. This discredits the civilization itself. (Korsakov, 1901)

The psychiatric aspect of the “spirit” of the social environment influencing the person, its *modus vivandi*, and the ease of the inducibility by the pathogenic elements are delineated by Korsakov in a special chapter on “Environmental Influence.” He noted the negative influence of the microenvironmental factors on the development and spreading of alcoholism, sexual perversions, and loss of moral principles leading to “general personal instability and disequilibrium.”

Korsakov showed that there is no social status “in which madness does not occur.” However, he stressed that “poverty and insufficient satisfaction of needs, exhaustion as a consequence of malnutrition and the overburden of work predispose to mental illnesses,” confirming similar conclusions of Bénédict Morel (Morel, 1857). This demonstrates Korsakov’s scientific view including the peculiarities of clinical psychiatry and the influence of social factors. He is remembered as a humane scientist–thinker, a true patriot of his profession, a remarkable teacher, and the founder of Russian psychiatry.

At the summit of his career, Korsakov died from heart failure at the age of 46. The psychiatric clinic of the Moscow Medical Academy bears his name. A monument to his memory was made in front of the clinic with a plaque reading: “To S.S. Korsakov — scientist, psychiatrist, thinker, humanist” (Fig. 2). His name was attached to leading Russian journal of neurology and psychiatry, founded in 1901, *Zhurnal Nevropatologii i Psikiatrii Imeni S.S. Korsakova* (Chodos, 1965).



**Figure 2.** Korsakov’s monument.

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