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**DEGENERATION AND “SOCIALY  
DANGEROUS” IN LATE IMPERIAL  
RUSSIA PSYCHIATRY**

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## **DEGENERATION AND “SOCIALY DANGEROUS” IN LATE IMPERIAL RUSSIA PSYCHIATRY <sup>2</sup>**

The article examines the role of degeneration theory in Russian medical and public discourses at the turn of the 20th century. Drawing on a wide range of historiography and primary sources, including archival records and medical writings, the article aims to outline different contexts of the concept's usages: from rhetorical idioms to “scientific”, clinical and instrumental applications. Then, it seeks how psychiatrists defined the category of “socially dangerous” and tried to modify the existed institutional and legal framework. This focus could explain degeneration theory influence on social policy and the late imperial institutional system.

JEL Classification: Z.

Keywords: deviant, socially dangerous, psychiatry, degeneration theory, Russia.

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## Introduction

Degeneration theory, which asserted that certain social classes or individuals were doomed to “extinction”, madness or criminal actions due to their biological or physical otherness, bodily or mental deficiency, substantially formed the social and cultural imagination and influenced on the social policy in Europe in the second half of the 19th century. The historians explain the popularity of degeneration theory by the anxiety of superior classes about national declines and the advent of “social pathologies”, such as pauperism, poverty, alcoholism and criminality. This medical theory provided a grand narrative for description of structural social changes, sanctioned an isolation of “socially dangerous” and unfit from the “health” society. For post-reform Russian intellectuals, degeneration theory helped to rise important issues about consequences of modernization, their responsibility to poor classes, the necessity of social reform and its means.

The history of degeneration theory and psychiatry in late imperial Russia have been extensively studied through the lens of professionalization and specialization, history of ideas and science, cultural and conceptual history (Beer, 2008; Brown, 1981; Engelstein, 1992; Morrissey, 2010; McReynolds, 2012; Sirotkina, 2002; Friedlander, 2007; White, 2014; Mogilner, 2013). The most comprehensive analysis of degeneration theory in the late imperial and early soviet Russia was undertaken by D. Beer (2008)<sup>3</sup>. Unfortunately, Beer’s outstanding and pioneering study does not address the issue, how these debates on degeneration and social deviants, which took place in professional periodicals and “thick” literary magazines, influence (or not influence) on the clinical practice. In this article, I will try to fill this gap and to outline the impact of degeneration theory on psychiatric practice in the late imperial Russia. The article focuses on the period from the 1880s, when psychiatry appeared as a discipline and degeneration theory flourished in Russia, to the first decade of the 20th century. First, the article traces the origins of degeneration theory and its interpretation by Russian clinicians. Second, it analyzes as the concept of degeneration used in different contexts: as rhetorical figure in psychiatrists’ criticism of modernization and urban life and

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<sup>3</sup> See the most interesting and seminal reviews on Beer’s book: Mogilner, M 2010, *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930* (review), *Kritika: Explorations in Russian and Eurasian History*, vol. 11, № 3, pp. 661-672; Krementsov, N 2010, *Renovating Russia: The Human Sciences and the Fate of Liberal Modernity, 1880-1930* (review), *Medical History*, № 54(1), pp. 131–132.

as a research and diagnostic tool in clinical practice. Finally, it considers how the question of “socially dangerous degenerates” debated in legal discussions.

### **The concept of degeneration**

Though the question of “acquired heredity” and reproduction of acquired characteristics remained arguable among Russians in the end of 19th century, there was a relative agreement about neo-Lamarckian paradigm (Beer, 2008, 27-59). Lamarckism, basing on the concept of "organic economy", which implied that an organism evolving in mutual relationship with environment. A change in the environment brings about change in organism behavior, which led to a change in organ usage (Nye, 1984, 120-122; Man'yan, Legrehn, 1903, 61). Once adapted to the new functional relationship, an organism acquired capacity, which transmitted to its descendants. However, if an organism adapted to pathological environment, this capacity was also pathological and would then be embed in psychophysical constitution of organism and transmitted to following generations (Beer, 2008, 36). Therefore, neo-Lamarckian evolution theory could explain how an entire species adapting to a specific change in a setting. Consequently, adjusting to the same setting produced not the "fittest one", as in Darwinian model, but equally stroke by diseases individuals (Nye, 1985, 664)<sup>4</sup>.

Degeneration theory embodied the pessimistic version of Lamarckism. The rise of the medical concept of degeneration is generally associated with the French alienist Bénédict-Augustin Morel (1809-1873) and his *Traité des dégénérescences* of 1857 (Huertas, 1992, 398-401). According to inspired Christianity Morel's theory, at the origin of the human species was a “perfect primitive type” created by God. Morel considered the modern human as a deviation from the primitive type, which evolved under influence of unfavorable external circumstances and diseased heredity. An abnormal human type, the main consequence of degeneration, was a product of hereditary influences and congenital illnesses. In addition, Morel emphasized harmful effects of social environment: unhealthy working conditions, injustice, inequality and its outcomes, such as poverty, alcoholism, venereal excesses and criminality. Hence, degeneration foremost attacked workers and

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<sup>4</sup> On degeneration theory see: Bynum, WF, Porter, R 2013, Companion encyclopedia of the history of medicine, Routledge, London, pp. 412-438; Huertas, R 1992, “Madness and degeneration: I. From "fallen angel" to mentally ill”, History of Psychiatry, №3 (12), pp. 391-411; Pick, D 1993, Faces of degeneration: a european disorder, c. 1848-1914, Cambridge university press, Cambridge.

country people. This aspect allowed Morel to introduce social criticism and aspiration for an improvement of society in his theory. Another key feature of the theory was that it linked physical signs with mental states, making mental disorder visible. Finally, it assumed the inevitable accumulation of morbid “capital” over several generations with an unpredictable result.

The proponent of the next generation of French psychiatrists, Valentin Magnan (1835 – 1916) substantially modified Morel’s theory, adapting it to neurology and giving it a scientific foundation. The principal novelty of Magnan was in the incorporation of the evolutionist idea of struggle for survival into the concept of degeneration (Huertas, 1992, 406-407). In *Les dégénérés* (1895, translated in Russian in 1903) published by Magnan in co-authorship with his disciple Paul-Maurice Legrain, the degeneration was described as “...a pathological state of the organism which, in relation to its most immediate progenitors, is constitutionally weakened in its psycho-physical resistance and does not realize but in part the biological conditions of the hereditary struggle for life. That weakening, which is revealed in permanent stigmata, is essentially progressive, with only intervening regeneration; when this is lacking, it leads more or less rapidly to the extinction of the species” (Nye, 1985, 663; Man'yan, Legrehn, 1903, 55). If for Morel a degenerate was the morbid deflection from a hypothetical “perfect” human, for Magnan a primitive type was only the beginning of human evolution. In this sense, degeneration was rather “progressive movement from a more perfect state to a less perfect one”. On upward way of evolution, people could be expose to harmful influences of milieu and became degenerates. As Magnan stated, a human has two basic drives - self-preservation and preservation of species. A degenerate loses both of them, due to which he could not to withstand struggle for life.

Observing the relationship between madness and crime, Magnan challenged the Lombrosian notion of “born criminal”. A degenerate not necessarily should be a criminal. He or she bears a predisposition or a potential to commit a crime. However, the realization of this predisposition depends on the environmental conditions. Hence, Magnan argued, “degeneration is something more than individual disease, it is social disease, [and] we need to fight with it through the strict social hygiene” (Man'yan, Legrehn, 1903, 161).

First, degeneration theory emphasized the correlation between physical traits (stigmata) and mental disorders. A degenerate could be revealed by body deformities such as abnormal shape of a

skull or an asymmetrical face (Beer, 2008, 76). Second, the theory enabled to combine genetic and environmental forces and offered pseudo-scientific tools for exploring “a human soul”, giving grounds for more or less exact measurements . Finally, since the pathologies lurked in volatile symptoms in the course of lives of many generations, degeneration theory could to encompass almost all mental illness and to explain it by hereditary influences (Wetzell, 2001, 37).

Though Morel’s opus magnum had never been translated into Russian, nonetheless degeneration theory earned widespread popularity among Russian professionals and the public. The concept of degeneration (which used both as *degeneratsia* and *vyrozhdenie*) gradually penetrated in scientific and public discourses and met vibrant responses. Magnan, as well as his German colleagues R. Krafft-Ebing or H. Schüle, heavily influenced on major Russian psychiatrists, such as S. Korsakov, N. Bazhenov, V. Serbsky, V. Chizh, I. Sikorsky, V. Vorob’ev, I. Merzheevsky (to name but a few), most of whom studied in main European scientific centers, like Paris or Vienna, and were thoroughly familiar with the works and practice of their foreign counterparts. But Russian commentators of Morel and Magnan deeply rethought the main body of the theory. As D. Beer argues, Russians shared point of view, which implied that an environment played a special role in the etiology of degeneration (Beer, 2008, 27-59). External circumstances were both a cause of degenerative predisposition and an impetus, which provoked it to realization, while heredity appeared to be just a medium for the transmission of environmental factors. This emphasizing of the milieu’s role in the development of degeneration reflected the overall critical attitude of Russian professionals toward the autocratic regime.

### **Urban environment and struggle for existence**

As R. Nye notes, bio-medical concepts of urban life received a broad appeal among social scientists at the turn of the 20th century (Nye, 1985, 660). The metaphor of “struggle for existence” played a crucial role in this discourse and circulated in texts of various “genres”, from hospital records, scientific and medical surveys to popular or journalistic writings. Medics, scientists and social critics considered a city as an arena of “struggle for existence”, which weakened “mental forces” of citizens and led them to mental diseases and crimes. Yet, Russian interpreters of Darwin reconsidered his core metaphor. While Darwinism implied a productive role of intraspecific

struggle between individuals, the Russian audience rejected Malthusian implications of the metaphor and accepted it rather in the sense of struggle with environment (Todes, 1989, 44). With emphasis on deleterious effect of a competition, degeneration theory, - extremely popular among Russian professionals and the public, - challenged this concept as essential part of natural selection. As D. Beer aptly observed, survival of the fittest was not the same as the survival of the fit (Beer, 2008, 82).

Degeneration and “social diseases” were regarded as immediate consequences of civilization and progress. In this case, “civilization” suggested a system of rhetorical figures and clichés, by which scientists and physicians gave their own interpretation of harmful outcomes of modernization and new urban life in post-reform Russia (Beer, 70-72). As Beer has shown, on the eve of popularity of Marxism the criticism of social pathologies gave way to the criticism of capitalism, social inequality and bad conditions of working class and, then, came to criticism of political regime (Beer, 80-88). Urban classes, — peasants, workers, paupers and vagrants, and those who did not cope with the struggle for life, with the environment, such as criminals and mentally ill, — considered by psychiatrists as “victims” of the urban environment, the unjust structure of society and “progress” (Engelstein, 1992; Beer, 2008, 118). The threats of the modern city and civilization affected all the urban classes, not just “inferior” or “poor”. Moreover, according to some psychiatrists, the proliferation of “degenerates” among the “higher” classes was as common as among the “lower” (Jakobii, 1899, 91).

In his public lecture at the First National Congress of Psychiatrists of 1887 Petersburg psychiatrist I. Merzheevsky claimed, “[conditions, favorable to development of mental and nervous diseases] are in most cases the aftermath of anomalous social conditions and heredity”(Trudy, 1887, 15). Harmful and unaccustomed environment of modern city exceeded normal abilities of human and led his to degeneration. In his speech, Merzheevsky showed himself as a social critic and expanded the question of individual diseases to sociopolitical order and health of “social body”. Such a role and rhetoric was common to many psychiatrists, when they came out from the “world” of science and medicine to the public sphere. As some of them observed, in certain cases “the causes of degeneration affected the entire classes of society and produced mass results”. As P. Rozenbah noted, the inhabitants of the factory districts are more predisposed to mental illness

because of “detrimental and unbearable conditions of their life” (Rozenbah, 1899, 46). The director of Moscow psychiatric clinic S. Korsakov wrote, that “poverty, exhaustion due to malnutrition and the burden of work play key role in the etiology of mental diseases”. And added that “pauperism generally has the utmost importance in a functioning of mental illness — the children of persons living in dire poverty, have signs of degeneration, both physical and mental, much more than other children” (Korsakov, 1901, 417).

Degeneration began to be introduced in the courts, in forensic reports and clinical practice in the 1880-s. As hospital and forensic cases show, degeneration theory proved to be extremely flexible for wide range of clinical cases, from idiocy at one end to so called “higher degenerates” on other (Tsetlin, 1917, 11). The latter group — commonly came to the attention of psychiatrists on trials, — posed the problem of the diagnosis and the responsibility of the criminal: how to distinguish such sufferer from the sane; and what measures of isolation should be take (this question will consider in the next section).

As most prominent Moscow psychiatrist S. Korsakov mentioned in his textbook, “individuals, which have congenital psychopathic constitution (or “degenerative ground”), stand on the border between the sane and the mentally ill, because their maladies manifest itself not in strong mental disorders, but in abnormality of personality and a whole range of other phenomena, which demonstrate that their mental life has not normal harmony, stability and balance” (Korsakov, 1901, 995-996). For this reason, degenerates are distinguish by their weak adaptation to external circumstances. As V. Vorob’ev noted in 1905, degenerates “harder [than normal people] to adapt to conditions of life and in struggle for life they do not always know how to use only means permissible by law” (Vorob’ev, 1905, 3-5). Accordingly, under “unfavorable circumstances [degenerates] easily become criminals, but if their life develops more favorably, they could to live whole their lifetime without clashes with the law”. Their pathologies could remain “dormant”, but they continue accumulating a dangerous potential for his descendants.

The notion of “degenerative ground” already appeared in the famous case of Praskovia Kachka who was accused in murder of her lover in 1879. She had not visible symptoms of mental illness that led official experts on the trail to dispute on the question was she under affect at the time of committing the crime or not. In the result, the jury acquitted her. The Moscow Preobrazhensky



hospital convened a special conference, where most of experts found her suffering from hereditary degeneration “in a form of sublime sensibility and hysteria, developed under influence of hereditary predisposition, inappropriate education and bad living conditions” (TsGAMOS, 217, 1, 88). The analysis required not just to list the symptoms (which were extremely controversial), but to explore the whole life of the defendant and her genealogy.

Most of clinical cases show similar scenarios. The 1900 case of psalm-reader, which accused for a murder of his wife, the conclusion of doctors was that “A. has hereditary predisposition to nervous diseases, he started to abuse alcohol and because of his degenerative nature he suffered from of intoxication of nervous system by alcohol” (TsGAMOS, 217, 1, 2848). In another case of 1902 young factory worker, who was indicted in the arson of the factory, was acclaimed “a degenerative person, whose condition on border between norm and pathology”, though his mental state was clear (TsGAMOS, 179, 58, 423).

The Moscow Preobrazhensky mental hospital archives demonstrate the gradual conceptual shift in clinical practice in the 1880s and the 1890s, when in place of old symptomatological paradigm came new “organicist” one. This model considered a disease not only as a set of stable signs (symptoms), but as a complex process which may evolved in different and unpredictable ways. In particular, it was connected with expansion of degeneration concept. The study of patients, their records and histories of disease became for doctors a searching for alcoholics, the mentally ill and criminals in their genealogies. The replacement of diagnostic tools accompanied this conceptual shift. For example, if before the late 1880s the hospital records (“skorbnie listy”) included only the basic social information about patient (such as origin, occupation, social rank and education), at the turn of the 1890s they were entirely modified by introduction of narratives of patients’ past or ancestry, heredity and “signs of degeneration”. In the Moscow psychiatric clinic records appeared expanded tables “for study of hereditary degeneration”, which included family tree and detailed descriptions of patient’s relatives diseases. The diagnostics was upgraded by the introduction of tools for surveying physical traits, including measurement of skulls, shape of faces.

By introducing the concept of degeneration in clinical practice and public trials, psychiatrists revealed the extensive class degenerates and “psychopaths”, whose emergence they saw as a result of degeneration of masses and in conditions of urban society.

## **Pathological criminals and coercive treatment**

In the last decade before First World War, this concern about “socially dangerous” and risks, which the deviant posed to the rest of society, took the crucial place in medical and legal debates. Should they to be treated in general hospitals with “normal” patients, isolated in special institutions or imprisoned as regular criminals? In contrast to the Italian school of criminal anthropology, Russian psychiatrists believed in the treatability of the deviant and considered measures of social defense as something definitely in the interests of the criminal. While Lombrosians insisted that criminals were fatally predisposed to crimes, their Russian counterparts argued that degenerative predisposition could remain inactive and the main task of society and correctional institutions to inhibit the conversion of this predisposition into criminal act.

These discussions pursued not solely an academic interest. The public and medics expressed the serious anxiety, concerning with expanding degeneration in society. The interest in degeneration theory among Russian intellectuals spread at a time when Russia was experiencing dramatic changes, caused by drastic urbanization, the inflow of migrants in largest cities and the advent of “disruptive” urban life. The author of the popular brochure cited threatening figures: the numbers of mentally ill in Russian asylums increased from 29 thousands in 1904 to 45 thousands in 1910 (Posse, 1912, 81). Patients, including different kinds of criminals, overcrowded mental hospitals. The Nikolaos the Wonderworker Hospital in Saint Petersburg (the former prison) had more than 2000 inmates in 1911. The Moscow Region Hospital confined approximately 1200 patients in the same year, while Alekseevsky Hospital in Moscow almost 800. As the materials of city hospitals show, peasants and “lower” urban classes were main cohort of patients in the preiod from the 1870s to the 1900s (Iudin, 1951, 292). Undoubtedly, professionals and the public had serious reasons to be worried about expanding asylums population.

There was also administrative “dimension” of the question, related with the permanent presence of criminals in asylums. Any patient could get into psychiatric institution through two main ways - “voluntary” or coercive (by police or courts). In the last quarter of 19th century it could be seen a growth of coercive admissions. As J. Brown indicates, the police was responsible on average for the 33% of admissions in city hospitals, sometimes even up to 60% (Nrown, 1987, 315). For instance, more than half of Odessa hospital’s patients in the 1890s and the 1900s were

put by the police. In Moscow the numbers of patients, accepted by “private” statements, had fallen from 80 to 40% in period between 1884 and 1898. Simultaneously, ratio of coercive from the police for the same period had risen from 5% to 40% (TsGAMOS, 217, 1, 348). In addition, administrative and judicial authorities forced hospitals to admit “dangerously insane” offenders. Thus, there were numerous conflicts between officials and psychiatrists over the committal of patients, over the presence of police and jailers in asylums. Paradoxically, but despite the burgeoning prestige of mental science and psychiatrists’ attempts to convince city dwellers in their own professionalism, in late imperial period city hospitals functioned rather as social control institutions and tried to cope with growing inflow of migrants in the streets. Nevertheless, the professional community required the government to create special hospitals for criminals and to rid general hospitals from the duty to admit them. As asserted Pavel Jakobi in his work “The foundations of administrative psychiatry” (1900) that modern mental hospitals in Russia combined both medical and punitive functions (Jakobii, 1900).

Finally, there was also a legal question about “socially dangerous” degenerates. Appeared as a medical category, this clinical group had not a judicial equivalent, despite the fact that psychiatrists most often encountered with them in a court. The existed legal framework put experts before the unsolved dilemma: to find a degenerate responsible for crime, that meant to imprison and to subject him or her useless and unjust punishment; or to accept him or her irresponsible and release or bring in mental hospital. Trying to resolve this issue, legal scholars and psychiatrists put forward the concept of diminished responsibility (*umenshenaya vmenyemost’*) (Heific, 1905; Pustoroslev, 1907). It was envisioned for those criminals who do not fit nor in a category of “normal” healthy persons neither mentally ill (Morozov, 1976, 126-128).

For Russian psychiatrists, “socially dangerous” degenerates were the outcome of progressing degeneration of human race, and measures taken seemed to be ineffective for some of them. In his article “Pathological criminality and diminished responsibility”, Petersburg psychiatrist G. Reits argued that there was an urgent need to establish special institution for pathological criminals: “it could be much effective to protect our society, by sending individuals with diminished responsibility, usually dangerous, in institutions which are more humane, than prisons, but more reliable in a sense of protecting society, than hospitals” (Reitc, 1912). Simultaneously, there was an

authoritative group of medics, who had completely opposite point of view. At the Third National Congress of psychiatrists in 1910 V. Svetlov disapproved the concept of diminished responsibility and the idea to confine “insane” criminals in prison-like hospitals. He asserted, “mentally deficient persons, even dangerous for society, must be subjected to a psychiatrist, not a prison warden” (Trudy, 1911, 273-277). The famous Moscow psychiatrist N. Baznenov also rejected special psychiatric institutions for «dangerous mentally ill» and asserted, that “concentration of persons with antisocial psychopathic behavior within separated and isolated institution could create an unbearable situation” (Morozov, 1976, 121).

Anyway, the administrative practice followed its own logic. Though special institutions for “pathological criminals” had not been open until the early the 1920s, there was another institutional trend in the pre-revolutionary period. The problem where to put mentally ill criminals or accused persons was solved after long debates between professionals and officials: since 1911 criminal “insane” throughout the Empire had to be treated in regional hospitals (*okruzhnye lechebnicy*), which financed and managed by the government. As the circular of the Ministry of interior vaguely mentioned, “these institutions are intended for all those patients (dangerous), the treatment of which requires special measures and not coincides with the measures of treatment in the modern general psychiatric hospitals” (Iudin, 1951, 301). It is obvious, that this measure was rather connected with administrative, than scientific or medical needs. As reports of Moscow Region Hospital, opened already in 1907, demonstrate, classification of patients in this institution followed managerial logic, not scientific, curative or clinical (Otchet, 1910) The archaic legislation of coercive treatment and the obsolete institutional system led to the increasing tension between professional community and authorities, as well as to the growth of violence incidents in hospitals (Morozov, 1976, 119-125).

## **Conclusion**

The above analysis reveals that the medical language of degeneration theory, which gained the significant popularity in late imperial Russia, provided the public and the professionals by an explanation model for description of modernization and “regression” of society. In the era of explosive urban growth and influx of migrants in the largest cities, the degeneration theory supplied clinicians with particular narrative structure, argumentative base and conceptual framework for

picturing the changes and “damaged” individuals. Psychiatrists emphasized potentially decisive role of the environment. In their view, the urban milieu, its extreme conditions and demands exceeded normal human abilities, leading to inherited mental disorder. Thanks to the interpretative potential of degeneration theory, psychiatry played a role of “urban science”, giving “scientific” explanations of social pathologies. However, there were different contexts of concept usages. In courtrooms, this concept was almost exclusively rhetorical. Also, in numerous public lectures by psychiatrists the using of “degeneration” had abstract and generalizing connotations, while in literary and journalistic texts it applied as a cultural category. Contrariwise, it served as a research and diagnostic tool in the clinical practice.

The concept of degeneration was underlying for a new group of “socially dangerous”. According to psychiatrists, degenerates were the “reserve of criminals’ army” - they potentially had criminal “predispositions”. Moreover, the increase in crimes was due exclusively to the growth of the degenerates in society. However, on the contrary to the Lombrosian concept of “born criminal”, these predispositions could remain inactive under favorable circumstances. The status of this group of pathological criminals was disputable, but legal and administrative systems labeled them as the rest of mentally ill. Although just before the war the government began to open regional hospitals, designed, particularly, for “socially dangerous insane”, the psychiatrists got a chance to implement their ideas and to create completely new institutions for degenerates and criminal mentally ill only after the revolution.

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