Lurian Journal. 2021. Vol. 2, No. 1. P. 109–153.
DOI 10.15826/Lurian.2021.2.1.7
УДК 57.024

Luria in Kisegach. Part 3

Tatiana V. Akhutina
Natalia M. Pylaeva
Lomonosov Moscow State University,
Department of Psychology,
Moscow, Russia

Лурия в Кисегаче. Часть 3

Татьяна В. Ахутина
Наталия М. Пылаева
Московский государственный университет имени М. В. Ломоносова,
факультет психологии,
Москва, Россия

Corresponding author. E-mail: akhutina@mail.ru

Abstract. This is the third part of the article about the work and life of A. R. Luria in Kisegach which presents a unique document *The Work Diary*. A notebook with this name served him for daily records of studies of patients. It is kept in the family archive of Luria. This part publishes entries in the Diary from January 8 to June 22, 1943. The afterword to the notes tells about the generalization of clinical materials collected in Kisegach in the scientific works of A. R. Luria, about the perception of the scientist by his patients. It also supplements the history of the relationships between A. R. Luria and A. V. Zaporozhets according to the memoirs of the wife of Zaporozhets T. O. Ginevskaya (2005) and the daughter of L. S. Vygotsky G. L. Vygodskaya (2005). For this purpose, the materials of Luria's book *The Lost and Returned World* or *The Man with a Shattered World* (1971/1972) and the book of memoirs about A. V. Zaporozhets (Paramonova, 2005) have been employed. In general, the article shows an intense and fruitful work of scientists in the Kisegach hospital.

Keywords: *A. R. Luria; neuropsychology; aphasia; war trauma; the rehabilitation of brain functions; L. S. Vygotsky; A. N. Leontiev; A. V. Zaporozhets; L. A. Zasetsky*

Аннотация. Это третья и последняя часть статьи о работе и жизни А. Р. Лурия в Кисегаче, которая представляет уникальный документ «Дневник работы». Общая тетрадь с таким названием служила ученому для ежедневных записей о проведенных исследованиях больных. Она хранится в семейном архиве Лурия. В данной части впер-

вые публикуются записи в «Дневнике» с 8 января до 22 июня 1943 г. В послесловии к записям говорится об обобщении собранных в Кисегаче клинических материалов в научных работах А. Р. Лурия, о восприятии ученого его пациентами, более полно раскрывается история отношений А. Р. Лурия и А. В. Запорожца. В своей работе авторы опирались на воспоминания жены Запорожца Т. О. Гиневской (2005) и дочери Л. С. Выготского — Г. Л. Выгодской (2005), использовали материалы книги А. Р. Лурия «Потерянный и возвращенный мир» (1971/1972) и воспоминания Л. А. Парамоновой о А. В. Запорожце (2005). В целом в статье показана интенсивная плодотворная работа ученых в госпитале Кисегача.

***Ключевые слова**: А. Р. Лурия; нейропсихология; афазия; военная травма; восстановление мозговых функций; Л. С. Выготский; А. Н. Леонтьев; А. В. Запорожец; Л. А. Засецкий*

The third part of the publication of A. R. Luria's *The Work Diary* includes his records in the year of 1943 from January 8 to June 15, and another last entry of July 22. There is one break in the records: no records in May, when the scientist "prepares for his dissertation" and prepares and holds a conference. During the conference, he makes a report on the rehabilitation of mental functions in aphasia. Unlike the previous parts, we will first present the pages of the Diary, and then we will comment on this part and the entire document as a whole.

In the text below, comments from the right pages appear immediately after the records to which they relate. There are many abbreviations in the text; all of the abbreviations are expanded in this publication. In obvious cases they are not specifically marked, but in the most difficult places the disclosure is given in [square] brackets. Illegible words are marked with <angle> brackets. All of the author's underlines are preserved.

1943

8.1.43

1) Chernyshev.[1] Stuttering after aphasia due to the left hemisphere injury in the left-hander.
2) Yugov. Iterations[2] in aphasia — the phenomenon of the irritation of subcortical nodes.

On the right side: NB: Nurkhiragov and others.

11.1.43

1) Popov (28376) — the essence of the distribution of functions and the fate of the hemispheres during retraining.

[1] A. R. Luria describes patient Chernyshev in detail mentioned repeatedly in the records in January and February in *Traumatic Aphasia* (see 1947, pp. 344–348 / 1970, pp. 453–457; Luria, 1963, pp. 188–244 / 1966).

[2] Iteration is a pathological arousal characterized by the tendency to repeat the same movement or a complex motor act, a word, a part of a phrase, etc. without any noticeable emotional colouring of the actions performed (Pokrovsky, 2001).

2) Abdukhamedov. Functional deepening of primary aphasic symptoms.

On the right side:

To 1). **NB.** The problem of the hemispheric dominance has become **a method** for studying the order and limits of retraining of brain functions after their impairment.

To 2). Organic and functional in aphasia.

12.1.43

1) Abramov: General syndrome of frontal aphasia: 1) violation of the internal scheme, hence violation of the integrated W[3] of the storyline, the impairment of a spontaneous narrative speech, etc. 2) the general impairment of denervation (counting 100–7, repeating pairs of words, in writing). 3) A salient frontal lobe syndrome <4 illegible letters, the first is "s"> of memory (disturbances in spontaneous speech rather than in persevered speech).
2) Zyankin: a left-hander, concussion syndrome → a short impairment of speech.
3) Balakin: a stable preservation of the left temporal lobe in the re-trained right-hander.

13.1.43

1) V. I. Chernyshev — early injury to the premotor region: THE PREMOTOR SPEECH IMPAIRMENT SYNDROME (Stockung)[4] and THINKING PROCESSES (the disruption of thinking) with the corresponding Sl <the abbreviation is illegible>.

On the right side (*see Figure 1*):

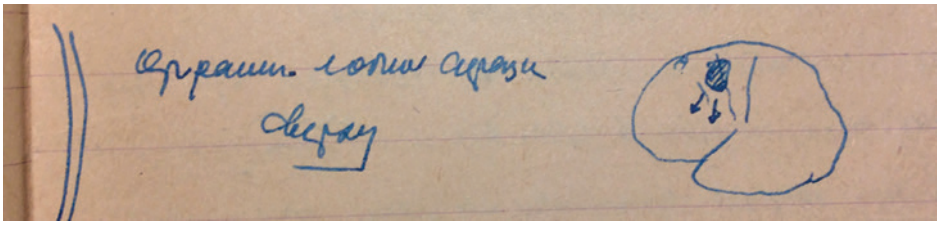

Figure 1. The delimitation of frontal aphasia from the superior brain zones

2) Pertsov — A residual temporal aphasia with a disturbed internal image <a word is crossed out, atop phasis> of the phasis of words (without any impairment of speech comprehension!).

14.1.43

1. Chernyshev 1) The kinetic melody in rhythms is absent.
2) The rhythms are dependent upon the external scheme.
2. Mirsalyamov — Aphasia with no residue,[5] left-handers in the family.

[3] W — *Wahrnehmung* [?] (Ger.) — perception.
[4] *Stockung* (нем.) — stagnation.
[5] *Residue* (Lat., Eng.) — the remnant, heredity. Herein: no impact.

15.1.43

N i h i l[6]

(the unsuccessful observations of the left-handers: Sereda, Mirsalyamov, Bychkov, Ramadin)

16.1.43

1) Chernyshev: The influence of the exercise to develop motor melodies in the premotor zone **injury**.

2) Bursyanin: The temporal lobe → compensation by the accent but not by time (pause); spontaneous, from the spot establishment of a kinetic melody, but
   a) unconscious,
   b) without any ability for pauses, intervals.

On the right side (*see Figure 2*):

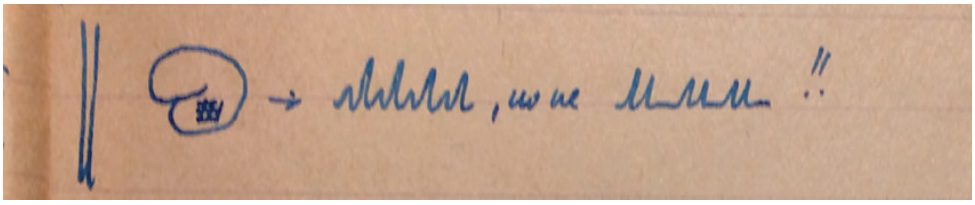

Figure 2. The picture to the right of the entry dated 16.1.43. There are words *but not* between the curves, i. e. the first is possible, but not the second

3) Lomov (the frontal-premotor injury with access complex)[7] the acquisition of the kinetic melody but the inability to refrain from increasing the tone.

On the right side (see *Figure 3*):

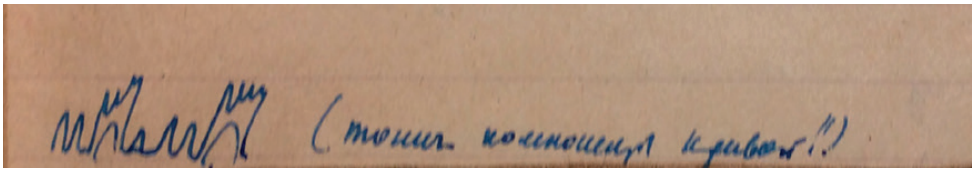

Figure 3. The picture to the right of the entry dated 16.1.43 and words *tonic components of the curve*!![8]

NB: To introduce a motor method as an indicator of local brain lesions!!

---

4) Larin: The semantic aphasia!!

[6] *Nihil* (Lat.) — nothing.

[7] The access complex implies special surgical manipulations to reach the future operating area of the patient.

[8] Curve — perhaps Luria means the curve of the hardware recording of tone.

18.1.43

1) Motor experiments with temporal lobe patients. Easy mastering of the kinetic melody (easy to use!).
2) Id.[9] — Kulichkov: the delimitation of the frontal aphasia syndrome without premotor disorders.
3) Yaneev (?) Aphasia on the background of the frontal syndrome.
4) Batsuro: A peculiar form of amnesia when a bullet passes from the frontal to the occipital region (*see Figure 4*).

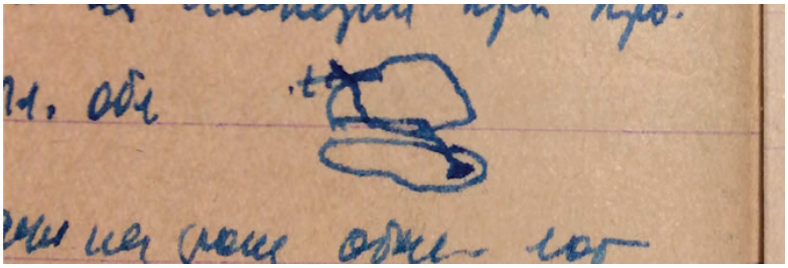

Figure 4. The picture near the entry dated 18.1.43, depicting the path of a bullet

5) Volkov p/o [post-operative] impairments of denervation on the background of the general frontal lobe syndrome.

19.1.43

Motor trials (1) symptoms of a latent paresis; 2) of <the most intimate> cortical-subcortical regulation.

On the right side: **NB.**

20.1.43

1) The experiment with Khristov — once more to the motor symptoms of the temporal lobes (the impossibility of training rhythms — pauses).
2) The experiment with Chernyshev — the inability to internalize rhythms.

21.1.43

1) Lomov — misunderstanding of the meaning (sense).
2) Experiment with proserin — destructed and inhibited zones.

(Disease)

1.II.43

Chernyshev — checking the inability to internalize rhythms.

[9] *Id.* (Lat.) — the same.

2.II.43

1. Chernyshev — premotor symptoms in the intellectual processes (the inability for a dynamic transfer!).
2. The right frontal lobe syndrome in the motor skills.
   1) Kozhevnikov — a full inability to recognize his mistakes in rhythms, etc.
   2) Nadezhdin
   3) Shavshin — the inability to notice the mistakes.

On the right side:

The right frontal lobe syndrome — the disturbance of SELF-perception of the defect: compare
1) the disturbance of W [perception] of rhythms,
2) slight slipping with a disturbance of error recognition (100–7, etc.),
3) too fast <judgment> — there is no corresponding evaluation.

3. NB. The disturbance of W [perception] of rhythms in the right frontal defects.
   Shavshin! Agambaev (?). Kozhevnikov
4. The right occipital region syndrome: the presence of metamorphosis <"ps" and 2–3 illegible letters> in the subjective W [perception], in the absence of constructive apraxic phenomena in the actual sphere. Antonov.

3.II.

Abramov: A dynamic impairment of praxis.

4.II.

1) Chernyshev. The interiorization of rhythm.
   The disturbance of the dynamics of cognitive processes.
2) Abramov: The perseveration of stamps.

8.II.

1) Chernyshev. Experiments with retelling
   (a) The disturbance of the internal scheme of retelling, hence → the disturbance of its fluency.
   (b) The difficulty of cumulating the meaning (sense) in a single scheme.
2) Abramov — an impaired serial organisation in the <optics> and speech.

(Kaufman)[10] Sytovets — pure culture of "training" (no systemic development of speech)

9.II.

Experiments with Tsyganok, Baykalov and Petrov:
1) The right frontal lobe syndrome: 1* The disturbance of W [perception] of rhythms,
   2* The intactness of the rhythm performance,
   3* Impulsivity with insufficient criticality.

[10] O. P. Kaufman — the hospital's psychologist.

2) Differentiation of the frontal pole in motor skills.

10.II.

1) Experiments with Koretsky, Tyukov, Vovchenko — the right frontal lobe syndrome (the disturbance of W [perception] of rhythms, slipping in 100–7 and "not immediately" in the grasp of the story).

On the right side:

NB The right frontal lobe syndrome

2) Rasskazovtin — the left frontal lobe.
The phenomenon of denervation difficulties in constructing a story.

3) Gusev: the left temporal lobe disorder without any speech impairments, left-handers in the family.

11.II.43

1) An experiment with Samorodov — complete impairment of serial organisation (on the border of aphasia and frontal disorders!).

On the right side:

NB!! The inability to transfer the meaning of a story and a long phrase <and so on> — in general, the frontotemporal syndrome (even if it occurs without any speech symptoms) is a kind of the impairment of serial organisation close to frontal aphasias!

2) Kozhevnikov. The right frontal lobe syndrome (uncriticality against the background of Kurzschluss[11] and behavior in terms of direct impressions and a conduct in the form of an immediate impression, effortless behavior, without operant behaviour).[12]

3) Rhythms: the right frontal lobe syndrome: the disturbance of W [perception] of rhythms, with the intact performance of them.
the left frontal lobe syndrome: the intact W [perception] of rhythms,
the inability to perform them based on
akinesia, extra movements, etc.

12.II.43

1) Samorodov — rhythms:
(a) Extra impulses — not always with a clear awareness,
(b) the counting helps, an external scheme helps,
(c) no internalization.

[11] *Kurzschluss* — the short circuit. This expression was used by Luria (and Zeigarnik) to refer to impulsive reactions.

[12] Operant behavior means active actions, actions that are directed to achieving the desired goal (according to B. Skinner).

On the right side:
Rhythms: 1) deautomatization, the lack of the kinetic melody —
Groups: the premotor syndrome — Chernyshev,
2) extra impulses with their awareness: prefrontal, subcortical
3) lack of awareness with extra impulses: the right frontal lobe.
2) Ba[tintsev] — severe extra pressing (a subcortical impulsivity).
Experiment with proserin.
3) Chernyshev: an experiment with an external scheme in retelling a story.
A bridge to agrammatism!!

13.II.43
1) Chernyshev: The inability to immediately perceive the inner sense (of a fable).
A bridge to the disturbance of W [perception] of SENSE.

On the right side (opposite to the both records about Chernyshev):
NB! A single frontal syndrome is created:
from the frontal aphasia — with agrammatism
from the premotor syndrome — with a disturbed internal scheme
— to the FRONTAL syndrome (*see Figure 5*)

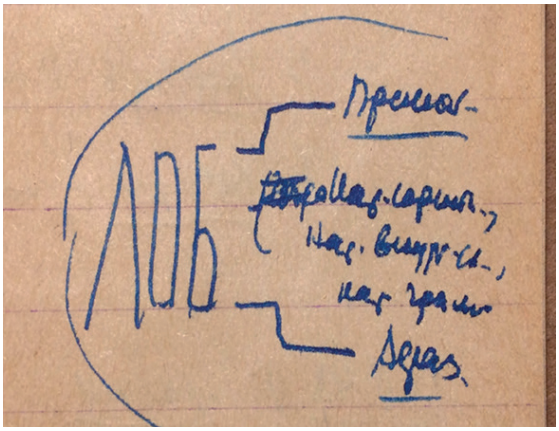

Figure 5. The scheme of frontal lobe syndrome

	Premotor
	impairment of serial organization,
FRONTAL LOBE	impairment of internal links,
	impairment of grammar
	Aphasia

2) Abramov: Rhythms: the frontotemporal syndrome: the disturbance of W [perception] of complex texts
3) Smorechanev — Id. (the same)
4) Shilov — Id. (the same)

On the right side (opposite records 2)-4)):
The **F**ronto**T**emporal syndrome

5) Bursyatin: Unstable W [perception] of rhythms: their lability
(when included in a series, the rhythms disintegrate!!)

On the right side: NB!!

15.II.43

1) Chernyshev. Experiments with sensory skills.
2) …The frontotemporal syndrome in motor skills (the inability to reproduce rhythms).
3) To the right hemisphere syndrome: an <isolated> disturbance of W [perception] of rhythms. Patient Serevdin.

16.II.43

1) The experiment with Chernyshev — the training the sensory skill | difficulties <mast.> (*see Figure 6*)

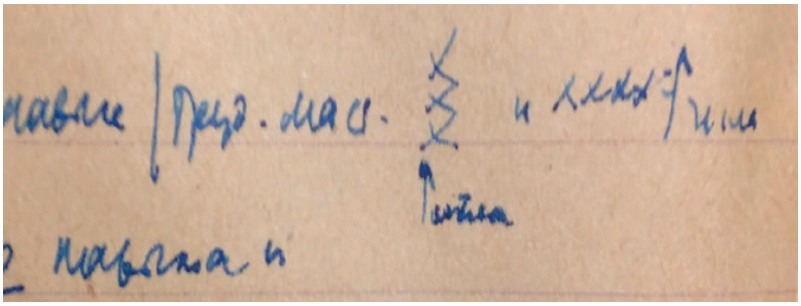

Figure 6. Scheme of the experiment for training sensory skills: under xxx there is an up arrow ↑ and a word *dog*, next to xxxx an up arrow ↑ and a word *needle*

2) The experiment with Derevyankin: reproducing an external skill, and the inability to develop an internal one in 3 months.
3) Gordeev: near-premotor impairments of movements.

17.II.43

1) Chernyshev. Experiment with proserin.
2) Derevyankin — Id (the same).

18.II.43

1) Chernyshev: (a) checking the experiment with proserin.
(b) Grammar: the difficulty to ask abstract grammatical questions.
A path to agrammatism.
2) Sheremetov, Trotsky — negative cases of premotor syndrome. | |

3) Kadyrov — 1) «posterior» paresis — without any impairment of dynamics in the movement,
2) the disturbance of W [perception] and repetition of complex rhythms!

19.II.43

1) Chernyshev: He has completely lost the multiplication table, division operations, etc. — The dynamic disturbance of numerical schemes.

On the right side:

NB!! Dynamic acalculia — the lack of the internal field in the counting!!

2) Tarasov, Stratienko. 1) Syndrome **T1**[13]
2) the disturbance of W [perception] of the rhythms of the temporal type.

On the right side:

T1 ---- Syndrome **T1**: the phonemic hearing impairment, literal paraphasias, writing disorders, etc.
while maintaining the ability for bi-bo-ba,[14] no amnestic syndrome and etc.

Temporal disturbances of W [perception] of rhythms: in the transition from single to serial taps, there is a severe disturbance of W [perception] of rhythm!!!

3) Derevyankin. Premotor syndrome: A kind of disturbance of skills (inability to work according to an internal scheme).

4) Svyatenko — The intactness of rhythms in the motor aphasia.

5) Simonov — the temporal impairment of rhythms || || || → |||||| (with no inter<vals>)

On the right side:

To 4) Limited motor skills — the aphasic syndrome (the intactness of rhythms).

To 5) The temporal syndrome of motor rhythms: disturbed intervals while maintaining intensity (compare with Bursyatin!).

20.II.

The right hemisphere — difficulty W [perceiving] rhythms.
Loading syndrome (loss of rhythm when included in the series!!)
(Statistical Information!)

[13] **T1** is the superior temporal gyrus.

[14] *Bi-bo-ba* is a test for repeating series of syllables.

22.II.

1) Chernyshev. The fact of disturbance of internal representations, the internal vision, etc. — and the internal plan.
2) Ogirenko (injury to the posterior zones of the left temporal zone --- left-handers in the family; no symptoms!).

23.II.

1) Chernyshev. The use of "Glossary of Text Connectors"[15] — and its **effect!**
2) Samorodov — the training stamps.
3) The current work on rhythms.

On the right side:
To 2). Compare Abramov.

24.II.

1) Lomov — injury to the frontal lobe → a splinter in the left temple — stamps, especially in stories based on a picture, in **writing**.
2) Rasskazov — a perforating wound of the left temple → the frontal lobe → an abortive form of the frontal dysgraphia.

On the right side:
On 1). Perseverations in <a word of 7 letters> series. Compare Abramov!

3) Portsev: the frontotemporal syndrome.
   An impaired serial organisation (in a weak form); **a severe impairment of the internal speech** (the inability to produce counting with no fingers and external speech!!)

On the right side: NB!!

25.II.

Experiments with rhythms in the Frontotemporal syndrome.

Samorodov	1) No internal structuring of rhythms.
Abramov	2) Echoed (immediately repeated) rhythms (corresponding movements) do not help the assessment.

[15] "Glossary of Text Connectors" is a method proposed by A. R. Luria to help patients construct a text using words connecting parts of it. The patient is presented with a list of "opening and transitional" constructions. For instance: "Once…", "When…", "While…", "At this time…", "After that…" (Luria, 1947, p. 345 / 1970, p. 454).

On the right side:

The Frontotemporal syndrome:

Samorodov	1) A low threshold for grasping rhythms, the inability to evaluate complex rhythms.
Portsev	2) An echoed (immediately repeated) reproduction of rhythms does not help the assessment.
Abramov	3) Difficulty mastering simple rhythms, especially pauses.
Simonov	4) Sometimes — impossible to grasp also complex rhythms
<C+ 6 letters>	(no internal scheme).

26.II.

1) Experiments with Khuday-Berdiev (the Uzbek — order bearer).
   (a) A key to the plateau in the memory research (Anspruchsniveau[16] stamps)
   (b) Perseverative mechanisms in counting.

The conflict of the personal preservation ---- with aspontaneity.

2) Chernyshev: failure to grasp a passage as a whole, and absent — agrammatism, punctuation disturbances, etc.

3) Vaskovsky — the tendency to echopraxia in the frontal lesion.

At night — projects of experiments: experience with distraction (for the right frontal patients!).

2.III.

Chernyshev — experience with the representation: clock (inverted): the inability for a serial transposition.

3.III.

Chernyshev — pseudo-semantic aphasia: difficulties in distinguishing between "the brother of the father" — "the father of the brother", etc., as a result of the difficulty in generating the representation. The differentiating feature is the presence of transfer and the potential.

4.III.

1) Chernyshev — checking for artillery tasks: 1) the unevenness of the suffering of representation and spontaneity, 2) old knowledge is destroyed less than the ability to acquire new knowledge. 3) the whole process of solving professionally related tasks is dis-automated and requires jolts.

2) Shilov (with a frontotemporal injury) — 1) the theory of frontotemporal rhythms disturbances (difficulties in the acoustic schematization, the receptor basis for disturbances in the performance of active rhythms, the visual scheme does not help but the fixing count helps). 2) the right temple: speech disorders: stumbling + subjective disorders!!

---

[16] *Anspruchsniveau* (Ger.) — the level of aspiration.

On the right side:
|**B!!** The Frontotemporal syndrome (The right hemisphere).

5.III.
Chernyshev — further exercises in arithmetic.

6.III.
A large series Posterior temporal impairments (T_3)
1) Cerebellar motor symptoms and paresis symptoms!
2) Cerebellar disorders do not eliminate the rhythm (||*** and *|*).
3) The theory of posterior-temporal zones (they are closer to P than to F).[17]

On the right side:
|**B!**

8.III.
1) Chernyshev. In the lessons on his own in artillery — a disturbed order of actions.
2) Samorodov: With frontotemporal lesions — serial processes, both optical and acoustic — are equally inaccessible.
(NB: in temporal (posterior temporal) lesions — only acoustic processes are unavailable).

A report in the laboratory — about erased symptoms and gravitational zones.

9.III.
1) Chernyshev — the inner speech in the counting (the exclusion of the inner speech — a full inability for any counting).
2) The experiment with rhythms — Goldobin — an erased frontotemporal syndrome.

10.III.
The observation over Chernyshev. Artillery lesson. The analysis of errors (missing links, <the separation> of representation from the formal reasoning).

11.III.
A series of temporal patients — experiments with rhythms.
The fact of the preservation of inner speech in severe temporal aphasia — patient Osipov!).

On the right side: **NB!!**

12.III.
A series of hemiplegics — experiments with rhythms.

[17] P and F are parietal and frontal lobes.

The fact: in hemiplegics, the other hemisphere gives symptoms of disinhibition!

Further data in favour of a latent left-handedness. The patient has symptoms of the latent left-handedness and mild residual (residual effects) of aphasia.

13.III.

1) Portsev — the frontotemporal syndrome. The inner speech impairment during the trial for rhythms.

2) Experiment with proserin — Nikitin!

14.III.

1) The cases of aphasia with injuries to the right hemisphere in the presence of left-handers in the family (Ponomarev, Semenov).
2) A case of rapid reverse development of aphasia with stigmata of left-handedness in the subject: Ryzhov.
3) A case of a rapid reverse development of aphasia with left-handedness in the genotype: Sergeev.

On the right side: NB

14.III.

4) Unconscious extra pressings in the right temporal lobe syndrome!

15.III.

Further experiments with motor skills and the inner speech in the frontotemporal syndrome (Samorodov, Portsev).

16.III.

1) Portsev — experiments excluding the internal scheme.

2) Istratov — first experiments with motor skills.

Preparing the demonstration of Ponomarev and Semenov (a latent left-handedness).

17.III.

Chernyshev. The <roots> of spelling and syntactic difficulties.

Message about left-handedness!

18.III.

Chernyshev. Further experiments with the narration.

(a) transition from a series of pictures to a single picture,

(b) spelling and syntax.

19.III.

IMPORTANT RECORDS: EXPERIENCE WITH THE DISINTEGRATION OF WORD SERIES

1) Samorodov — the decay of a simple series — everything is in the speech!

2) Portsev — id (the same) but everything — in the immediate motor skills.

3) Abramov — mixed.

On the right side:

BB The plan of an article about Lashley:[18] On the pathology of serial processes.

1. The initial: the memory paradox: The state of memory curves — and a disturbed serial organisation.

2. The principle — the disturbance of serial organisation.

3. Types of the disturbance of serial organisation.

Three portraits

22.III.

Samorodov. Experience with delayed series (the disturbance of W [perception] of serial organisation).

23.III.

Making current rounds on patients

The frontal syndrome: Firsov.

The latent left-handedness — and negative cases (Cherednin, Dotsur…).

24.III.

1) Chernyshev — a disturbed scheme of the actual thought,

— method of mediation: bringing not a scheme, but the process of schematization outward!!

2) Portsev — an experiment with the retention of series.

25.III — 5.IV.

Writing an article for the Achievements of the Soviet Medicine.[19]

6.IV.

Chernyshev — an impaired counting due to the inner speech impairment.

7.IV.

Chernyshev — experiments with a semi-written counting (interiorization).

[18] Karl Spencer Lashley (1890–1958), the American neuropsychologist. In 1951, he published his famous article *The problem of serial order in behavior*.

[19] There is no such article in the bibliography of A. R. Luria.

8–9.IV.

1) Chernyshev — left-handedness! anamnesis! understanding and the role of inner speech in it.
2) Portsev — further experiments with the serial organisation.

13.IV.

1) Avdeev | 1) the right frontal lobe syndrome in the motor skills (does not notice extra
2) Shityakov | impulses, mastering is possible through realising mistakes).
2) The role of the blurred symptoms of left-handedness in S[20] in the dominant hemisphere (Zundelevsky, Avdeev).

17.IV.

1) Portsev — the frontotemporal syndrome (a temporal mild aphasia cannot be compensated due to the frontal lobe!).
2) Osipov — the mechanism of the alienation of words and the phonemic disintegration.

19.IV.

1) Osipov — a further context helps compensate for the initial unsteadiness of words.
2) Lektichev — T_3 — the impairment of an acoustic serial organisation.

20.IV.

Stratienko — syndrome T[21] (T2?) which differs from the usual T1 (the alienation of words without any phonemic disintegration).

21.VI.

1) Portsev — strong stereotypes.
2) Osipov, Stratienko (writing).

29.IV.

1) Baskakov — afferent motor syndrome P3.
2) Kornilov — Sizov — Ponomarchuk
The disturbance of succession in T3 lesion.

On the right side:

| Syndrome **P**sup:[22] The impairment of afferentations leads to the disintegration of motor skills!
|! After all, the thesis about the general disturbance of succession in the lesion of the temporal systems is correct! See Brodsky.

[20] S is for a left-hander.

[21] T — the temporal lobe, T1 — the superior temporal lobe, T2 — the middle temporal lobe, T3 — the posterior temporal lobe.

[22] Psup — the superior temporal lobe.

30.IV.

The experiment with Baskakov: the role of the kinaesthetic afferentation and different levels of afferentation in overcoming kinaesthetic apraxia.

May

Preparation for the dissertation.

Preparation for the conference. I made the report: The rehabilitation of functions and aphasia.

8.VI. — 9.VI.

Shelenok, Shturman, Shchipkin

1) Dysarthria.

2) Central aphasic-like effects (the asthenia of the sound composition of the word — dysgraphia).

On the right side:

NB: The entire series of articulatory-aphasic disorders (PHASIC aphasias): from a total afferent motor aphasia — till the asthenia of the sound composition of the word (with effects of dysgraphia)

11.VI.

The Right hemisphere injury (with motor symptoms) and functional changes of speech: 1) |*, 2) Shanin.

14.VI.

1) Kolesnikov. A frontal lobe reading. The dynamic syndrome on the frontal lobe background.

2) I. I. Ivanov — the temporal-parietal aphasia.

15.VI.

1) Prusskikh — PHAS-ASTHENIA

(an impaired clarity of the sound-motor structure of speech — "not immediately" in the motor skills of speech!!)

2) Petrov: Frontal aphasic mixt (the residue of articulatory aphasia on the background of the frontal aspontaneity).

On the right side: NB

22.VII.

1) Artvolov — left-handers in the family → the dissociation of paresis and aphasia in the cardiovascular impairment.

2) Skvortsov — experiments with changing of the visual field in hemianopsia.

The end of the records

Dear reader,

You have already finished reading an extraordinary document — the work diary of A. R. Luria in 1942–1943. You have also seen how intensively the scientist worked in the neurosurgical rehabilitation hospital in the village of Kisegach. He made daily neuropsychological examinations of patients, performed extensive organizational and administrative work, fulfilled educational work in his hospital and in the region and continued the scientific work on the mechanisms of aphasia and methods to overcome them.

This epilogue does not pretend to generalize the scientific observations recorded in the Diary: it may become a subject of a special serious study in the future. But already from the presented material and its comparison with the 1947 book *Traumatic Aphasia* it becomes obvious that working with patients in Kisegach and comprehending this experience became for Luria the foundation for building scientific aphasiology and neuropsychology in general. Even now in the 21st century, Luria is considered to be the most experienced investigator with regard to aphasia (Lenneberg E. H. & Lenneberg E., 2014). The editors of the 692-page anthology *The Handbook of School Neuropsychology* write about him in the preface to the book: "The most notable among all the neuropsychologists, A. R. Luria is considered by some to be the most referenced psychologist in the world" (D'Amato, Fletcher-Janzen, & Reynolds, 2005, p. ix).

Nevertheless, today there are such young psychologists who dare to write that Luria's methods of diagnosis and rehabilitation cannot be considered "evidence-based." Let's figure it out! Of course, in Luria's work we do not find sophisticated modern statistics. But he followed the rules of rigorous scientific analysis. In his *Traumatic Aphasia*, each of the sections about the topical syndromes of aphasia presents data on the number of patients with that syndrome, describes general and individual features of mental processes (not only speech!) of patients. For every group, the other described groups are groups for comparison. In general, Luria's book presents the analysis of aphasia syndromes in 394 injuries of the left hemisphere (Luria, 1947, p. 8/1970, p. 28). Unfortunately, now the education of neuropsychologists not so rarely begins and ends with the study of the work of the last 10–15 years, such specialists are most susceptible to the influence of fashion.

A. R. Luria made a primary generalization of the clinical experience collected in Kisegach in *Essays on the Theory of Traumatic Aphasia* (1943). A typewritten bound version of the *Essays…* has been preserved in the family archive of A. R. Luria (see *Figure 7*). There are 138 pages in the book.

The title page reads:

The Rehabilitation Branch of the Neurological Clinic
of The All-Union Institute of Experimental Medicine
The Neurosurgical Rehabilitation Hospital of VTsSPS[23]

A.R. Luria
Essays on the Theory of Traumatic Aphasias
Kisegach
1943

On the last page of the book: Kisegach, 11/VIII-43.

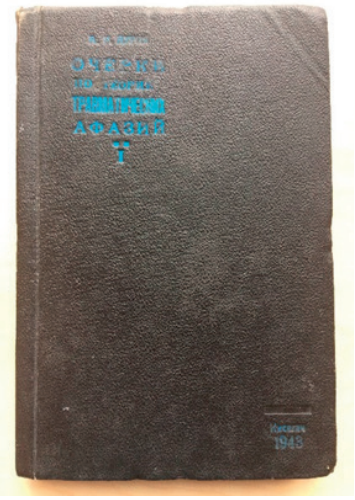

Figure 7. The book *Essays on the Theory of Traumatic Aphasia*

The titles of all the three parts of the book (essays) coincide with the titles of the sections in *Traumatic aphasia*: (1) The dynamics of aphasic syndromes at the successive stages of the traumatic illness… (2) Factors of the spontaneous rehabilitation of speech… (3) Topical syndromes of traumatic aphasia…

Luria repeats the contents of the first two essays rather close to the text in the 1947/1970 book, and he significantly expands the third essay. In addition to the *Essays…*, Luria prepares other materials with detailed descriptions of patients. For instance, in the *Diary* of 1943, one may often find the patient's surname Chernyshev (see the records from January till April), he is described in detail on three pages in *Traumatic Aphasia* (1947, pp. 344–348/1970, pp. 453–457). Luria writes about him in a more detailed way in his special article *The Psychological Analysis of Premotor Syndrome* published in his book *Human Brain and Psychological Processes* (1963, pp. 184–244/1966). In the introduction to the article, Luria writes that he prefers "a thorough study of the whole complex of symptoms in one patient to the description of individual symptoms in a large number of patients" (Luria, 1963, p. 185/1966; see *Figure 8*).

[23] VTsSPS — The All-Union Central Council of Trade Unions.

A detailed description of the syndrome found in the patient (case study) brings this article closer to the "romantic essay" about the patient Zasetsky, the hero and co-author of the widely known book *The Lost and Returned World* (1971), the English translation *The Man with a Shattered World* (1972). Oliver Sacks in his introduction to the English-language edition of 1987 quotes A. R. Luria from his letter to Sacks of July 19, 1973:

Figure 8. The book *Human Brain and Psychological Processes* in different languages

Honestly speaking, I like the style of a "biographical" research very much, like the works about Shereshevsky (mnemonist)[24] or about Zasetsky… First, because this is a kind of "a romantic science" that I want to be engaged in, and secondly, because I am absolutely *against* the formal statistical approach but for a qualitative study of personality but I am for any attempt to find the factors underlying the structure of personality… (Sacks, 1987, p. VII–XVIII; see also Sacks, 1990).

The book, co-authored with Zasetsky, gives us a unique opportunity to find out the opinion of a patient at the hospital in Kisegach about his studies there and personally about Luria.

Lev Zasetsky was admitted to the hospital in May, 1943. Based on the *Diary*, in May, Luria was doing his doctoral thesis. Olga Petrovna Kaufman conducted diagnostics and rehabilitation work (see about her in part II of the article). Zasetsky met Luria at the end of May. Let us give the floor to L. A. Zasetsky:

> In the beginning, with writing, things went exactly the same way as with reading, i. e. I could not remember the letters for a long time, when I already seemed to know them, doing the same

[24] Shereshevsky is a hero of another "romantic essay" by Luria, *A Little Book about a Vast Memory (the Mind of a Mnemonist)* (Moscow, 1968), in English *The Mind of the Mnemonist: A Little Book about a Vast Memory* (New York, 1968).

> procedure, in order alphabetical.[25] But suddenly during the lesson, the Professor, who is already familiar to me for his simplicity of addressing me and other patients, comes up to me and asks to write not by letters but immediately, without taking my hand with a pencil off from a shit of paper. And (I re-asked, of course, twice) I repeat the word "blood" several times, and finally, I take a pencil and quickly write the word "blood," although I did not remember what I had written because I could not read the written thing. (Luria, 1971, p. 58/1972)

This technique enabled Zasetsky to master writing, and he was so excited about this event that he decided to write a diary.

Figure 9. Lev Zasetsky and Alexander Luria

L. A. Zasetsky did not break ties with A. R. Luria (see *Figure 9*) until the scientist's death. He regularly went to the Clinic of Nervous Diseases in which he received supportive therapy and classes with a psychologist. T. V. Akhutina was one of those psychologists. Under the guidance of A. R. Luria, she gave rehabilitation lessons to L.A. and conducted research which is reflected in the article *Riddles of Semantic Aphasia* (Akhutina, 1992, pp. 46–65; 2014, pp. 221–233). Lev Alexandrovich (Zasetsky) was a modest, benevolent, intelligent person who willingly took part in the classes and diligently performed all the tasks. So, he wanted to help himself and science. He was always happy to meet A. R. Luria and told us how grateful he was to the "Professor." He always congratulated Luria and us, psychologists, on all the holidays.

Before finishing this afterword, we would like to share some new information about the interaction and relationship between A. R. Luria and A. V. Zaporozhets, his

[25] We keep the word order of Zasetsky.

employee in Kisegach. The second part of the article shows the external outline of their relationships. When writing the third part, the book of memoirs about A. V. Zaporozhets *A. V. Zaporozhets — a Man and a Thinker* (Ginevskaya, 2005; Paramonova, 2005) became available to us. The memories of T. O. Ginevskaya show her husband's life from the inside. The memories of G. L. Vygodskaya (a daughter of L. S. Vygotsky), V. P. Zinchenko and many others add the finishing touches to his portrait.

Tamara Osipovna says that the call to work in Kisegach saved the life of A. V. Zaporozhets.

Here is how it was. When the war began, A.V. went to volunteer corps. T. O. was waiting for him at home in Kharkiv. Kharkiv was bombed daily and nightly. Both institutes where A.V. and T. O. worked, had been evacuated. The shops were closed, and T. O. did not have any money. There was a rumor that the volunteer corps was surrounded. "A few days later, my husband came from the defense work with a shovel in his hands… He was thin, pale and yellow-faced… He was developing jaundice of traumatic origin." With the help of the Idashkin couple, the Zaporozhets got on the last evacuation train. It was September 22, 1941. On that day, half an hour after they left home, a bomb hit their house — the text of a doctoral dissertation and numerous scientific materials, everything was lost. While waiting for the train in the station square, where there were no people, all the people hid, and bombs fell, sick A.V. sat, not moving or flinching even from the explosions of the bombs.

The train ran for a long time, nearly two months, it was bombed. "The winter was coming. Sasha was very ill already."[26] Idashkin and another person got off the train in Sol'-Iletsk to find a place to live in and work. A job was found in Magnitogorsk. In two weeks, they returned to take the Idashkins and the Zaporozhets. Idashkin worked alone. Frost reached –45 Celsius.

> Sasha was pale, silent and very ill. All the gold that I managed to take from Kharkiv, I gave to the store… to buy only sugar. We treated Sasha with this sugar. We had lack of money, and the Idashkins fed us for some time… And suddenly, A. R. Luria found us… We said goodbye to our dear saviours and found ourselves soon in one of the most beautiful places in the southern Urals — Kisegach. Sasha cheered up and told me: "I will still be engaged in science…" (*Figure 10*)

A.V. began *studying the possibilities of restoring movements of the upper extremities*. The development of the methods of work therapy began. Professor S. G. Gellerstein, who arrived later, was appointed a head of the workshops. He served as a scientific supervisor on the work therapy for all the hospitals of the VTsSPS system (1942–1943). T. O. wrote:

> The work was in full swing. But Sasha grew gloomy more and more. Gellerstein did not understand and did not take seriously the new things that Sasha introduced into science, and began to interfere with him. And one more thing: Sasha missed A. N. Leontiev, with whom he

[26] Sasha is a diminutive of the name Alexander.

was already connected by great friendship and complete mutual understanding. He needed a like-minded person. (Ginevskaya, 2005, p. 27)

Figure 10. T. O. Ginevskaya and A. V. Zaporozhets on the background of a vase in the park of the Kisegach sanatorium. 1942

In the autumn of 1942, A. N. Leontiev together with Ya. Z. Neverovich (B. M. Teplov's student) found a rest house for the clinic in Kaurovka, seven kilometers from Sverdlovsk, "among marshes and forests," as Ginevskaya wrote (Ginevskaya, 2005, p. 28). In addition to the rest house and a few small houses for the staff, there were several other huts of peasants expelled to these areas. P. Ya. Gal'perin was one of the acquaintances in Kaurovka.

> What a hard life it was — difficult housekeeping, poverty, hunger — against the background of mighty mountains and the furious Chusovaya river… We lived very amicably… Yes, it was not Kisegach, — a swamp, logs were laid over it. On this road, Sasha went twice a week to Sverdlovsk, where he gave a course in psychology for 3–4 students and went to the Leontievs who lived in Sverdlovsk… And what an amazing inner life we had! What an intensive work we carried out then, and what a pleasure Alexander Vladimirovich (Zaporozhets) had, when working. So many ideas, hypotheses and experiments there were. So many scientific discussions of experiences and much satisfaction with this great work (after the war, the book

"The Rehabilitation of Movements" written by Sasha together with Leontiev was published; and many articles on these issues were published). (Ginevskaya, 2005, pp. 28–29)

On October 3, 1943, the Zaporozhets returned to Moscow.

The relationship of A. R. Luria to A. V. Zaporozhets is reflected in the memoirs of Gita Vygodskaya, L. S. Vygotsky's daughter, who did very much to keep the memory of her father:

I became a student of Alexander Vladimirovich Zaporozhets at the suggestion of A. R. Luria. The fact is that even during the war, when a schoolgirl, I worked for Alexander Romanovich (Luria) in the rehabilitation department. My duties included helping research fellows fulfill examinations of patients with traumatic brain injuries. Alexander Romanovich was happy with my work. Communication with him developed naturally, easily, and then it seemed to me that this direction was interesting to me.

Then I entered the University [*Figure 11*]. The student life captured me so much that I did not even think about the specialization for some time. Once Alexander Romanovich came to our house (he needed a mother). For some reason, he started talking about his work. He spoke so fascinatingly that I, holding my breath, listened without stopping. Fascinated by his story, I, myself amazed at my courage, asked him when I could start my specialization with him. The answer sounded like a bolt from the blue, and it was so unexpected that I did not even understand his rejection. He said: "I will not take you to work with me." However, when he saw my confusion and disappointment, he was adding: "This is not for you. For instance, in the evening, I make the plan for working with a patient, and in the morning, when I come to the clinic, I find out that he died at night. No, it's not for you." He said this in that way that it was useless to argue with him trying to prove anything. I tried to hide my disappointment as much as possible and only asked him what he would advise me to do. He said: "I see two very important and necessary fields in psychology. One thing is what I do. And the second is what Sasha Zaporozhets does. This is very serious, necessary and interesting." (Vygodskaya, 2005, pp. 93–94)

Figure 11. Gita Vygodskaya as a student

Alexander Vladimirovich Zaporozhets had great scientific achievements and great plans which he could not realize because of the administrative work. Already in the 70s of the 20th century, Luria once invited A.V. and "asked (rather demanded) him to tell in detail what he had been doing during the day. Having listened to the 'report,' he angrily said that only in our country, they hammered nails with gold watches" (Zinchenko, 2005, p. 53).

The story of G. L. Vygodskaya about the care of A. R. Luria allows us to better understand the motives of her father, when Vygotsky, after hesitation, refused to move to Kharkiv. The reason (or one of the reasons) was a cruel famine of 1932–1933 in the Ukraine, the Volga region and Kazakhstan. Here is what T. O. Ginevskaya writes about the famine in Kharkiv.

> At that time, the Ukraine experienced almost the most difficult time after the revolution. There was hunger. There was a bakery in our street. The village "went" to the city for bread. We lived on the 5th floor without any lift. Going to work early in the morning, we could barely make our way down the stairs to the exit: this all was full of people, including the dead. They were people from the queue at the bakery. (Ginevskaya, 2005, p. 21)

The assumption that the famine in Ukraine was one of the reasons for Vygotsky's refusal to move to Kharkiv is also confirmed by the memoirs of Gita Vygodskaya, cited by Elena Luria in her book:

> I remember the discussions at home about moving to Kharkiv. The fact is that there was a dreadful famine in the Ukraine at that time. Newspapers wrote that people were dying straight on the streets, corpses were lying. My parents discussed it, and I was frightened and rushed to my papa and said: don't, don't go there! And my father always told my mother: "There are comrades there, and we need move there." (Luria E. A., 1994, p. 73)

Our story about Alexander Romanovich Luria in Kisegach often turned into the story about his confederates and friends, about the past and the next. It's naturally. Everything that was done in Kisegach was not Luria's work alone but that of his team. However, Luria showed incredible persistence and energy in the work, in diagnosing patients, in processing data, in preparing publications; and his heroic efforts inspired others. The fruit of that work was the book *Traumatic Aphasia* published in 1947 in Russian, and later in many languages of the world (see *Figure 12*).

The book has not lost its scientific significance even by now, three quarters of a century after its publication. In spite of the prohibition of printing and distributing L. S. Vygotsky's works, Luria repeatedly mentioned the name of his teacher and friend in that book. He mentioned him carefully, "undercover", simultaneously referring to other scientists (see Akhutina, 2019), but he did not let the world forget the name of Vygotsky, and showed that many of the statements of his book were based on his teacher's ideas (*Figure 13*). *Traumatic aphasia* is a monument to the work in Kisegach but at the same time it is a monument to the joint efforts of L. S. Vygotsky and A. R. Luria to establish neuropsychology (see Akhutina, 2003).

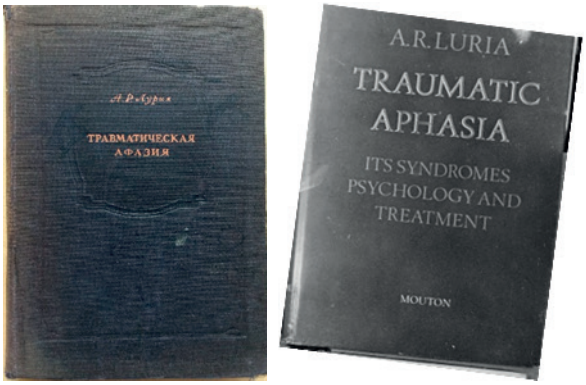

Figure 12. Traumatic Aphasia. Russian and English editions

Figure 13. Lev Vygotsky and Alexander Luria

The international recognition of *Traumatic aphasia* and other works by Luria is widespread. Roman Jakobson, the Russian and American linguist, used the classification of aphasia given in *Traumatic aphasia* as the basis for his structuralist typology of aphasias (Jakobson, 1964; see also about it Akhutina, 1999; 2014, pp. 148–171). The interest in the understanding of aphasias proposed by Luria is still strong today (Akhutina, 2016;

Ardila, Akhutina, & Mikadze, 2020; Bormann, Wallesch, & Blanken, 2008; Christensen, Goldberg, & Bougakov, 2009; Dragoy, Akinina, & Dronkers, 2017; Goldberg et al., 2016).

Dear Reader! We hope that you have learned something new about Alexander Romanovich, about his hard work in Kisegach, his friends and colleagues. We hope that the *The Work Diary.* has given you material for thinking about neuropsychology. Look at the portrait of A. Luria in the 1970s (*Figure 14*) and imagine that you are visiting a scientist (*Figure 15*). Luria invites you to his study and offers you to choose a chair or a sofa near the desk, and he himself takes a seat in the pulled armchair…

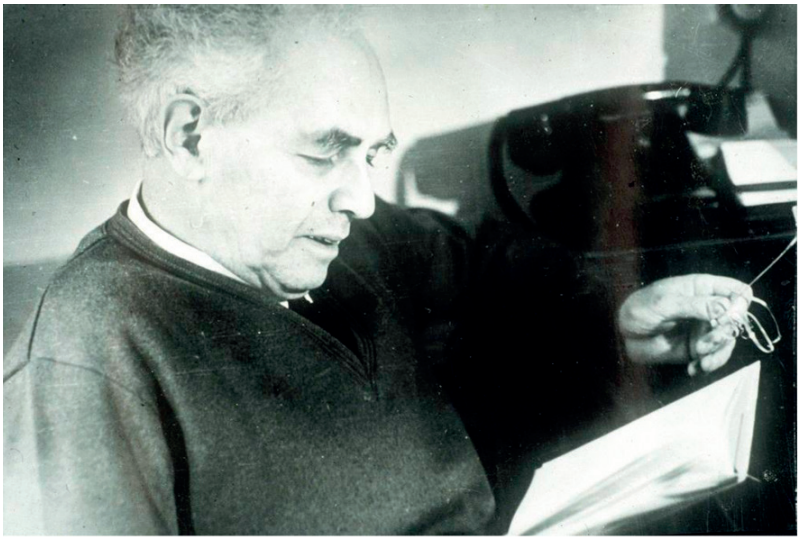

Figure 14. A. R. Luria. 1970s

Figure 15. Luria's home office. Photo by Yu. V. Mikadze

Acknowledgements
Translated by V. Shchinov.

References

Akhutina, T. V. (1992). Riddles of semantic aphasia. *Moscow University Bulletin. Ser. 14, Psychology, 2,* 46–65. [In Russian]

Akhutina T. V. (1999). Roman Yakobson and the development of Russian neurolinguistics. In H. Baran & S. I. Gindin (Eds.), *Roman Yakobson. Texts, documents, studies* (pp. 382–401). Moscow: Russian State University for the Humanities. [In Russian]

Akhutina, T. V. (2003). L. S. Vygotsky and A. R. Luria: Foundations of neuropsychology. *Journal of Russian and East European Psychology*, *41*(3–4), 159–190.

Akhutina, T. V. (2014). *Neuro-linguistic analysis of lexis, semantics and pragmatics*. Moscow: Languages of Slavic culture. [In Russian]

Akhutina, T. V. (2016). Luria's classification of aphasias and its theoretical basis. *Aphasiology, 30*(8), 878–897. https://doi.org/10.1080/02687038.2015.1070950

Akhutina, T. V. (2019). On revisionism in Vygotskian science. Commentary on "In August of 1941" by Yasnitsky and Lamdan (2017). *The Russian Journal of Cognitive Science*, *6*(1), 70–79. [In Russian]

Ardila, A., Akhutina, T. V., & Mikadze, Yu. V. (2020). A. R. Luria's contribution to the study of the brain organization of language. *Neurology, Neuropsychiatry, Psychosomatics, 12*(1), 4–12. https://doi.org/10.14412/2074-2711-2020-1-4-12

Bormann, T., Wallesch, C. W., & Blanken, G. (2008). Verbal planning in a case of 'Dynamic Aphasia': An impairment at the level of macroplanning. *Neurocase, 14*(5), 431–450. https://doi.org/10.1080/13554790802459478

Christensen, A.-L., Goldberg, E., & Bougakov, D. (Eds.). (2009). *Luria's legacy in the 21st century*. New York, NY: Oxford University Press. https://doi.org/10.1093/acprof: oso/9780195176704.001.0001

D'Amato, R. C., Fletcher-Janzen, E., & Reynolds, C. R. (Eds.). (2005). *Handbook of school neuropsychology*. Hoboken, NJ: JohnWiley.

Dragoy, O., Akinina, Y., & Dronkers, N. (2017). Toward a functional neuroanatomy of semantic aphasia: A history and ten new cases. *Cortex, 97,* 164–182. https://doi.org/10.1016/j.cortex.2016.09.012

Ginevskaya, T. O. (2005). Memories of A. V. Zaporozhets. In: L. A. Paramonova (Ed.), *A. V. Zaporozhets — A Man and A thinker: Memoirs of Colleagues, Students and Friends. Materials of the International Jubilee Scientific Conference Dedicated to the 100th Anniversary of the Birth of A. V. Zaporozhets* (pp. 5–46). Moscow: Karapuz-Didactics. [In Russian]

Goldberg, E., Akhutina, T. V., Melikyan, Z. A., Mikadze, Yu. V., Mervis, J. E., & Bisoglio, J. (2016). History of neuropsychology in Russia. In W. B. Barr & L. Bieliauskas (Eds.), *Oxford handbook on the history of clinical neuropsychology*. New York, NY: Oxford University Press. doi: 10.1093/oxfordhb/9780199765683.013.10

Jakobson, R. (1964). Towards a linguistic typology of aphasic impairments. In A. V. S. De Reuck & M. O'Connor (Eds.), *Disorders of language: Ciba foundation symposium* (pp. 21–46). London: John Wiley.

Lashley, K. S. (1951). The problem of serial order in behavior. In: L. A. Jeffress (Ed.), *Cerebral mechanisms in behavior* (pp. 112–146). New York, NY: Wiley Press.

Lenneberg, E. H., & Lenneberg, E. (Eds.). (2014). *Foundations of language development: A multidisciplinary approach* (Vol. 1). New York, NY: Academic Press.

Luria, A. R. (1943). *Essays on the theory of traumatic aphasia.* Kisegach. Unpublished manuscript. The E. G. Radkovskaya archive, Moscow. [In Russian]

Luria, A. R. (1947/1970). *Traumatic aphasia.* The Hague: Mouton. https://doi.org/10.1515/9783110816297

Luria, A. R. (1963/1966). *Human brain and psychological processes.* New York, NY: Basic Books.

Luria, A. R. (1968*). The mind of the mnemonist: A little book about a vast memory*. New York: Basic Books.

Luria, A. R. (1971/1972). *The lost and returned world*. Moscow: Moscow University Press. [In Russian] (English translation: Luria, A. R. (1972). *The man with a shattered world*. New York, NY: Basic Books.)

Luria, E. A. (1994). *My father A. R. Luria*. Moscow: Gnozis. [In Russian]

Paramonova, L. A. (Ed.). (2005). A. V. Zaporozhets — A man and a thinker: Memoirs of colleagues, students and friends. *Materials of the International Jubilee Scientific Conference Dedicated to the 100th Anniversary of the Birth of A. V. Zaporozhets*. Moscow: Karapuz-Didactics. [In Russian]

Pokrovsky, V. I. (Ed.). (2001). *Encyclopedic dictionary of medical terms* (2nd ed.). Moscow: Medicine. [In Russian]

Sacks, O. (1987). Foreword to the book *The man with a shattered world,* by A. R. Luria (pp. VII–XVIII). New York, NY: Basic Books.

Sacks, O. (1990). Luria and "romantic science." In: E. Goldberg (Ed.), *Contemporary neuropsychology and the legacy of Luria* (pp. 181–194). Hillsdale, London: Lawrence Erlbaum Associates.

Vygodskaya, G. L. (2005). Memories of A. V. Zaporozhets. In: L. A. Paramonova (Ed.), *A. V. Zaporozhets — A Man and A thinker: Memoirs of Colleagues, Students and Friends. Materials of the International Jubilee Scientific Conference Dedicated to the 100th Anniversary of the Birth of A. V. Zaporozhets* (pp. 91–104). Moscow: Karapuz-Didactics. [In Russian]

Zinchenko, V. P. (2005). Memories of A. V. Zaporozhets. In: L. A. Paramonova (Ed.), *A. V. Zaporozhets — A Man and A thinker: Memoirs of Colleagues, Students and Friends. Materials of the International Jubilee Scientific Conference Dedicated to the 100th Anniversary of the Birth of A. V. Zaporozhets* (pp. 47–70). Moscow: Karapuz-Didactics. [In Russian]

Appendix
Приложение

Это приложение мы решили дать, поскольку текст «Дневника работы» представляет собой личные записи. Перевод такого текста на иностранный язык не исключает возможность субъективной интерпретации написанного. Чтобы избежать этого риска и позволить читателям самим ознакомиться с первоисточником, в приложении мы публикуем записи на языке оригинала. В тексте «Дневника» содержатся сокращения. Их объяснение дано в квадратных скобках. Неразборчивые слова заключены в угловые скобки. Все подчеркивания автора сохранены.

1943

8.1.43

1) Чернышев[1]. Заикание после афазии при ранении в левое полушарие у левши.

2) Югов. Итерации[2] при афазии — феномен раздражения подкорковых узлов.

На правой стороне: NB: Нурхирагов и др.

11.1.43

1) Попов (28376) — сущность распределения функций и судьба полушарий при переучивании.

2) Абдухамедов. Функциональное углубление первичных афазических симптомов.

На правой стороне:

К 1). **NB.** Проблема доминантности полушарий стала **методом** исследования порядка и границ переучивания мозговых функций при их поражении.

К 2). NB: Органическое и функциональное в афазии.

12.1.43

1) Абрамов: Генеральный синдром лобной афазии: 1) нарушение внутренней схемы, отсюда интегрированного W[3] сюжета, нарушение спонтанной повествовательной речи и т. д. 2) генеральное нарушение денервации (в счете 100–7, в повторении пар слов, в письме). 3) Яркий синдром лобного нарушения <4 буквы неразборчиво, первая "с"> памяти (нарушения в спонтанной речи, а не в инертной речи).

2) Зянкин: левша, коммоционный синдром → краткое нарушение речи.

3) Балакин: стойкая сохранность левой височной доли у переученного правши.

13.1.43

1) Чернышев В. И. — раннее ранение премоторной области: СИНДРОМ ПРЕМОТОРНОГО НАРУШЕНИЯ РЕЧИ (Stockung[4]) и ПРОЦЕССЫ МЫСЛИ (перерыв мысленного процесса) с соответствующей Sl <сокращение раскрыть не удалось>.

---

[1] Пациент Чернышев, многократно упоминаемый в записях с января по апрель, подробно описан Лурия в «Травматической афазии» (Luria, 1947, pp. 344–348 / 1970, pp. 453–457; Luria, 1963, pp. 188–244 / 1966).

[2] Итерация — патологическое возбуждение, характеризующееся тенденцией к повторению одного и того же движения или сложного двигательного акта, слова, части фразы и т. д. без заметной эмоциональной окраски совершаемых действий (Pokrovsky, 2001).

[3] W — *Wahrnehmung* (нем.) — восприятие.

[4] *Stockung* (нем.) — застой.

На правой стороне (*см. рис. 1*):

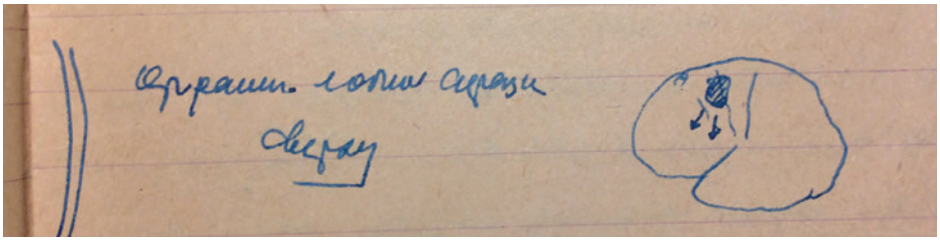

Рис. 1. Отграничение лобной афазии сверху

2) Перцов — Остаточная височная афазия с нарушением внутреннего образа <слово зачеркнуто, сверху фазиса> фазиса слов (без нарушения понимания речи!).

14.1.43

1. Чернышев 1) Регистрируется отсутствие кинетической мелодии в ритмах.
   2) Зависимость ритмов от внешней схемы.
2. Мирсалямов — Афазия без residue[5], в роду — левши.

15.1.43

N i h i l[6]

(неудачные наблюдения над леворукими: Середа, Мирсалямов, Бычков, Рамадин)

16.1.43

1) Чернышев: Влияние упражнения на установление двигательных мелодий при **ушибе** премоторной зоны.
2) Бурсянин: Височная доля → к о м п е н с а ц и я акцентом, а не временем (паузой); спонтанное, с места установление кинетической мелодии, но
   a) неосознаваемое,
   b) без возможности пауз, интервалов.

На правой стороне (*см. рис. 2*):

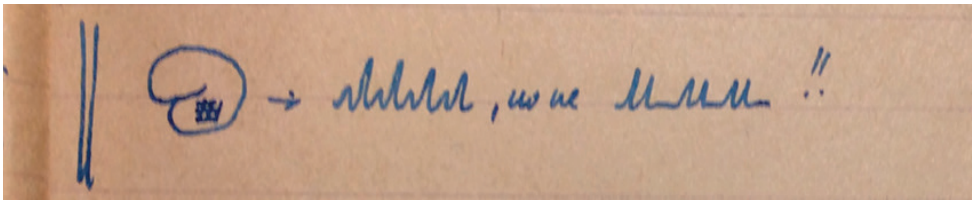

Рис. 2. Рисунок справа от записи от 16.1.43. Между кривыми есть слова *но не*, т. е. первое возможно, но второе нет

[5] *Residue* (лат., англ.) — остаток, наследство. Здесь: без последствий.
[6] *Nihil* (лат.) — ничего.

3) Ломов (лобно-премоторное ранение с подходным комплексом[7]) усвоение кинетической мелодии, но невозможность удержаться от втягивания тонуса.

На правой стороне (*см. рис. 3*):

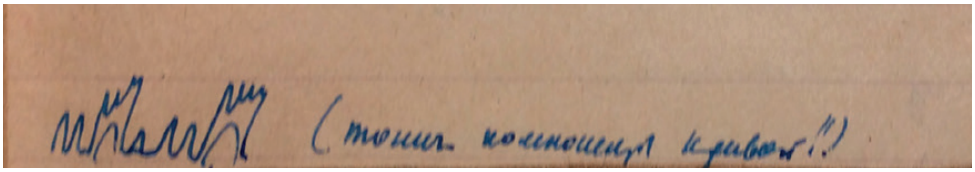

Рис. 3. Рисунок справа от записи, датированной 16.1.43, и слова *тонические компоненты кривой!!*[8]

NB: Ввести моторную методику как индикатор локальных поражений мозга!!

4) Ларин: Семантическая афазия!!

18.1.43

1) Моторные опыты с височными больными. Легкое овладение кинетической мелодией (легкое врабатывание!).
2) Id.[9] — с Куличковым: отграничение синдрома лобной афазии без премоторных расстройств.
3) Янеев (?) Афазия на фоне лобного синдрома.
4) Бацуро: Своеобразная форма амнезии при прохождении пули из лобной в затылочную область (*см. рис. 4*).

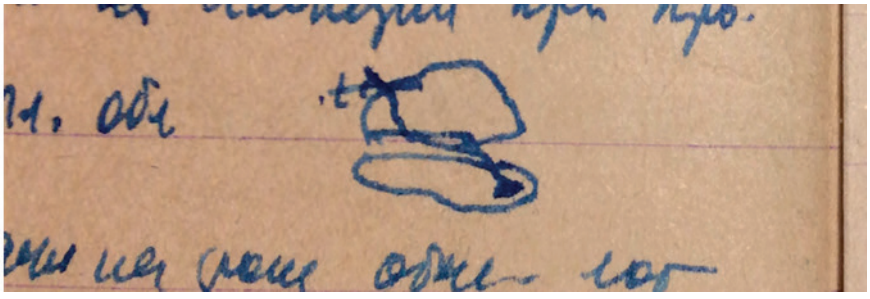

Рис. 4. Рисунок рядом с записью, датированной 18.1.43, изображает путь пули

5) Волков п/о [постоперационные] нарушения денервации на фоне общего лобного синдрома.

[7] Подходный комплекс — возможно, комплекс доступа, что подразумевает специальные хирургические манипуляции для достижения будущей операционной зоны пациента.

[8] Кривая — возможно, Лурия имеет в виду кривую аппаратной записи тонуса.

[9] *Id.* (англ.) — то же.

19.1.43

Моторные пробы (1) симптомы латентного пареза; 2) <интимнейшей> корково-подкорковой регуляции.

На правой стороне: **NB.**

20.1.43

1) Опыт с Христовым — еще к моторным симптомам височных долей (невозможность воспитания ритмов — пауз).
2) Опыт с Чернышевым — невозможность вращивать ритмы.

21.1.43.

1) Ломов — непонимание смысла.
2) Опыт с прозерином — разрушенные и заторможенные зоны.

(болезнь)

1.II.43

Чернышев — проверка невозможности вращивать ритмы.

2.II.43

1. Чернышев — премоторные симптомы в интеллектуальных процессах (невозможность динамического переноса!).
2. Синдром правой лобной доли в моторике.
   1) Кожевников — полное неосознание своих ошибок в ритмах и др.
   2) Надеждин
   3) Шавшин — невозможность заметить ошибки.

На правой стороне:

Синдром правой лобной доли — нарушение САМОвосприятия дефекта:

Ср. 1) нарушение W [восприятия] ритмов,
2) легкое соскальзывание с нарушением опознания ошибок (100–7 и др.),
3) слишком быстрое <суждение> — отсутствует соответствующая оценка.

3. NB. Нарушение W [восприятия] ритмов при правых лобных дефектах.

Шавшин! Агамбаев (?). Кожевников

4. Синдром правой затылочной области: наличие метаморфозы <“пс” и 2–3 буквы неразборчиво> в субъективном W [восприятии], при отсутствии конструктивной апраксических явлений в актуальной сфере. Антонов.

3.II.

Абрамов: Динамические нарушения праксиса.

4.II.

1) Чернышев. Вращивание ритма. Нарушение динамики познавательных процессов.

2) Абрамов: Застревание штампов.

8.II.

1) Чернышев. Опыты с пересказом.

(a) Нарушение внутренней схемы пересказа, отсюда → плавности его.

(b) Трудность кумуляции смысла в единой схеме.

2) Абрамов — нарушение серийности в <оптике> и в речи.

(Кауфман[10]) Сытовец — чистая культура «тренировки» (нет системного развития речи)

9.II.

Опыты с Цыганком, Байкаловым и Петровым:

1) Синдром правой лобной доли: 1* Нарушение W [восприятия] ритмов,
2* Сохранность выполнения ритмов,
3* Импульсивность с недостаточной критичностью.

2) Отдифференцировка лобного полюса в моторике.

10.II.

1) Опыты с Корецким, Тюковым, Вовченко — синдром правой лобной доли (нарушение W [восприятия] ритмов, соскальзывание в 100–7 и «не сразу» в схватывании рассказа).

На правой стороне: **NB** Синдром правой лобной доли

2) Рассказовтин — левая лобная доля.
Феномен денервационных трудностей в построении рассказа.

3) Гусев: левое височное нарушение без речевых расстройств, с левшами в роду.

11.II.43

1) Опыт с Самородовым — полное нарушение серийности (на границе афазии и лобных нарушений!).

На правой стороне:

NB!! Нарушение передачи смыслов рассказа, длинной фразы <и пр.> — в общем лобно-височный синдром, даже протекающий без речевых симптомов — есть разновидность нарушения серийности, близкая к лобным афазиям!

---

[10] О. П. Кауфман — психолог госпиталя.

2) Кожевников. Синдром правой лобной доли (некритичность на фоне Kurzschluss'ов[11] и поведения в плане непосредственного впечатления, поведения без усилия, оперантного поведения[12]).
3) Ритмы: синдром правой лобной доли: нарушение W [восприятия] ритмов,
при сохранении выполнения их.
синдром левой лобной доли: сохранение W [восприятия] ритмов,
нарушение выполнения их типа
акинезии, лишних движений и пр.

12.II.43

1) Самородов — ритмы:
(a) Лишние импульсы — не всегда с ясным осознанием,
(b) счет помогает, внешняя схема помогает,
(c) вращивания нет.

На правой стороне:
Ритмы: 1) дезавтоматизация, осутствие кинетической мелодии —
Группы: премоторный симптом — Чернышев,
2) лишние импульсы с осознанием их: префронтальные,
подкорковые
3) отсутствие осознания с лишними импульсами: правый лоб.

2) Ба[тинцев] — грубые лишние нажимы (подкорковая импульсивность).
Опыт с прозерином.
3) Чернышев: опыт с внешней схемой в передаче рассказа.
Мостик к аграмматизму!!

13.II.43

1) Чернышев: Невозможность сразу воспринять внутренний смысл (басни).
Мостик к нарушению W [восприятия] СМЫСЛА.

На правой стороне (напротив обеих записей о Чернышеве):
NB! Создается единый лобный синдром:
от лобной афазии — с аграмматизмом
от премоторного синдрома — с нарушением внутренней схемы
— к ЛОБНОМУ синдрому (*см. рис. 5*)

[11] *Kurzschluss* (нем.) — короткое замыкание. Так Лурия (и Зейгарник) называли импульсивные реакции.

[12] Оперантное поведение — это активные действия, акции, которые направлены на достижение желаемой цели (по Б. Скиннеру).

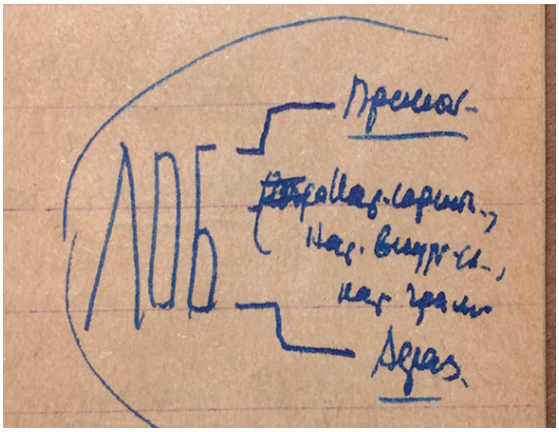

Рис. 5. Схема синдрома лобной доли

ЛОБ
Премоторный
нарушение серийности,
нарушение внутр. св.,
нарушение грамматики
Афазия

2) Абрамов: Ритмы: лобно-височный синдром: нарушение W [восприятия] сложных текстов
3) Сморечанев — Id. (то же)
4) Шилов — Id. (то же)

На правой стороне (напротив записей 2) — 4)):
Лобно-Височный синдром

5) Бурсятин: Неустойчивое W [восприятие] ритмов: их лабильность
(при включении в серию ритмы распадаются!!)

На правой стороне: NB!!

15.II.43

1) Чернышев. Опыты с сенсорными навыками.
2) …Синдром лобно-височный в моторике (невоспроизведение ритмов).
3) К синдрому правого полушария: <изолированное> нарушение W [восприятия] ритмов. Больной Серевдин.

16.II.43

1) Опыт с Чернышевым — воспитание сенсорного навыка |трудности <маст.> (*см. рис. 6*)

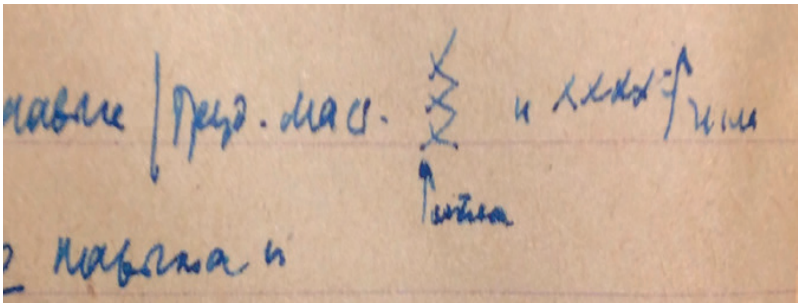

Рис. 6. Схема эксперимента по обучению сенсорным навыкам: под ххх стрелка вверх и слово *собака*, рядом с хххх стрелка вверх и слово *игла*

2) Опыт с Деревянкиным: воспроизведение внешнего навыка и невозможность выработки внутреннего через 3 месяца.

3) Гордеев: около-премоторные нарушения движения.

17.II.43

1) Чернышев. Опыт с прозерином.

2) Деревянкин — Id (то же).

18.II.43

1) Чернышев: (a) проверка опыта с прозерином.

(b) Грамматика: трудность задавать отвлеченные грамматические вопросы.

Путь к аграмматизму!

2) Шереметов, Троцкий — отрицательные случаи премоторного синдрома. | |

3) Кадыров — 1) «задний» парез — без всякого нарушения динамики в движении,
2) нарушение W [восприятия] и повторения сложных ритмов!

19.II.43

1) Чернышев: У него полностью выпала таблица умножения, операции деления и пр. — Динамическое нарушение числовых схем.

На правой стороне:

NB!! Динамическая акалькулия — отсутствие внутреннего поля в счислении!!

2) Тарасов, Стратиенко. 1) Синдром **T1**[13]
2) нарушение W [восприятия] ритмов височного типа.

[13] **T1** — верхняя височная извилина.

На правой стороне:

Т1 ---- Синдром **Т1**: нарушение фонематического слуха, литеральные парафазии, нарушение письма и пр.
при сохранении: би-бо-ба[14], отсутствии амнестического синдрома и пр.

Височные нарушения W [восприятия] **ритма**: при переходе от единичных ударов к серийным — грубое нарушение W [восприятия] ритма!!!

3) Деревянкин. Премоторный синдром: Своеобразное нарушение навыков (невозможность работы по внутренней схеме).

4) Святенко — Сохранение ритмов при моторной афазии.

5) Симонов — Височное нарушение ритмов || || || → |||||| (без интер<валов>)

На правой стороне:

К 4) Ограниченность моторики — афазический синдром (сохранение ритмов).

К 5) Височный синдром моторных ритмов: нарушение интервалов при сохранении интенсивности (ср. Бурсятин!).

20.II.

Правое полушарие — затрудненное W [восприятие] ритмов.
Синдром нагрузки (утеря ритма при включении в серию!!)
(Статистический материал!)

22.II.

1) Чернышев. Факт нарушения внутренних представлений, внутреннего видения и пр. — и внутреннего плана.

2) Огиренко (ранение задних районов левой височной области --- в роду левши; без симптоматики!).

23.II.

1) Чернышев. Пользование «словарем связок»[15] — и его **эффект**!

2) Самородов — Воспитание штампов.

3) Текущая работа по ритмам.

На правой стороне:

К 2). Сравни Абрамов!!

---

[14] «Би-бо-ба» — проба на повторение серий слогов.

[15] «Словарь связок» — предложенный А. Р. Лурия прием помощи больным в построении текста: больному предъявляется список формул «начала и перехода», который включал такие слова, как «Однажды…», «Когда…», «В это время…», «После этого…» (Luria, 1947, p. 345 / 1970, p. 434).

24.II.

1) Ломов — ранение лобной доли → осколок в левом виске — штампы, особенно в рассказе по картинке, в **письме**.
2) Рассказов — сквозное ранение левого виска → лобной доли → абортивная форма лобной дисграфии.

На правой стороне:
К 1). Персеверации в <слово из 7 букв> серии. Сравни Абрамов!

3) Порцев: Лобно-височный синдром.
Нарушена — серийность (в слабой форме); **грубое нарушение внутренней речи** (невозможность давать счет без пальцев и внешней речи!!)

На правой стороне: NB!!

25.II.
Опыты с ритмами при Лобно-Височном синдроме.

Самородов Абрамов	1) Нет внутреннего структурирования ритмов. 2) Отраженные ритмы (соответствующие движения) не помогают оценке.

На правой стороне:
Лобно-Височный синдром:

Самородов	1) Низкий порог схватывания ритмов, невозможность оценить сложные ритмы.
Порцев	2) Отраженное воспроизведение не помогает оценке.
Абрамов	3) Трудное овладение простыми ритмами, особенно паузами.
Симонов	4) Иногда — невозможно схватить и сложные ритмы (нет внутренней схемы).
<С+ 6 букв>	

26.II.
1) Опыты с Худай-Бердиевым (орденоносец — узбек).
(a) Ключ к плато при исследовании памяти (Anspruchsniveau[16] штампы)
(b) Персевераторные механизмы в счете.
Конфликт сохранности личности ---- с аспонтанностью.
2) Чернышев: Нарушение схватывания отрывка целиком, отсутствуют — аграмматизм, нарушения пунктуации и т. д.
3) Васьковский — тенденция к эхопраксии при лобном поражении.

Ночью — проекты опытов: опыт с отвлечением внимания (для правых лобных!).

[16] *Anspruchsniveau* (нем.) — уровень притязаний.

2.III.

Чернышев — опыт с представлением: часы (перевернутые): невозможность серийной транспозиции.

3.III.

Чернышев — псевдо-семантическая афазия: затруднения при различении «брат отца» — «отец брата» и т. п. в результате трудности вызывания представления. Дифференцирующий признак — наличие переноса и потенциальная возможность.

4.III.

1) Чернышев — проверка на артиллерийские задачи: 1) неравномерность страдания представления и спонтанности, 2) старые знания разрушены меньше, чем способность приобретать новые знания, 3) весь процесс решения профессионально близких задач дезавтоматизирован и требует толчков.
2) Шилов (при лобно-височном ранении) — 1) теория лобно-височного нарушения ритмов (затруднения в акустической схематизации, рецепторная основа нарушения выполнения активных ритмов, зрительная схема не помогает, но фиксирующий счет помогает), 2) правый висок: нарушения речи: спотыкание + субъективные нарушения!!

На правой стороне:
|**B!!** Лобно-Височный синдром (Правое полушарие).

5.III.

Чернышев — дальнейшие занятия по арифметике.

6.III.

Большая серия Задне-височные нарушения (T3)

1) Мозжечковые симптомы в моторике и симптомы пареза!
2) Мозжечковые нарушения не устраняют ритма (||*** и *|*).
3) Теория задне-височных зон (они ближе к P, чем к F[17]).

На правой стороне:
|**B!**

8.III.

1) Чернышев. В самостоятельных занятиях по артиллерии — перемещение звеньев.

2) Самородов: При лобно-височных поражениях — серийные процессы, как оптические, так и акустические — одинаково недоступны.

[17] P, F — теменная и лобная доли.

(NB: при височных (задне-височных) поражениях — только акустические процессы недоступны).

Сообщение в лаборатории — о стертых симптомах и зонах тяготения.

9.III.

1) Чернышев — внутренняя речь в счете (исключение внутренней речи — нарушение всякой возможности счета).

2) Опыт с ритмами — Голдобин — стертый лобно-височный синдром.

10.III.

Наблюдения над Чернышевым. Занятие по артиллерии. Анализ ошибок (выпадение звеньев, <отделение> представления от формального рассуждения).

11.III.

Серия височных больных — опыты с ритмами.

Факт сохранности внутренней речи при глубокой височной афазии — больной Осипов!

На правой стороне: **NB**!!

12.III.

Серия гемиплегиков — опыты с ритмами.

Факт: у гемиплегиков другое полушарие дает симптомы расторможенности!

Дальнейшие данные к скрытому левшеству. Больной с признаками латентного левшества и легкими residual (остаточными явлениями) афазии.

13.III.

1) Порцев — лобно-височный синдром. Нарушение внутренней речи при пробе на ритмы.

2) Опыт с прозерином — Никитин!

14.III.

1) Случаи афазии при ранении правого полушария при наличии левшей в роду (Пономарев, Семенов).
2) Случай быстрого обратного развития афазии при стигматах левшества у субъекта: Рыжов.
3) Случай быстрого обратного развития афазии при левшестве в генотипе: Сергеев.

На правой стороне: NB

14.III.

4) Неосознаваемые лишние нажимы при правом височном синдроме!

15.III.

Дальнейшие опыты с моторикой и внутренней речью при лобно-височном синдроме (Самородов, Порцев).

16.III.

1) Порцев — опыты с исключением внутренней схемы.
2) Истратов — первые опыты с моторикой.
Подготовка демонстрации Пономарева и Семенова (скрытое левшество).

17.III.

Чернышев. <Корни> орфографических и синтаксических трудностей.
Сообщение о леворукости!

18.III.

Чернышев. Дальнейшие опыты с изложением текста.
(a) переход от серии картинок к одной картине,
(b) орфография и синтаксис.

19.III.

ВАЖНЫЕ МАТЕРИАЛЫ: ОПЫТЫ С РАСПАДОМ СЕРИЙНЫХ РЯДОВ
1) Самородов — распад простого серийного ряда — все в речи!
2) Порцев — id (то же), но все — в непосредственной моторике.
3) Абрамов — смешанное.

На правой стороне:
ВВ План статьи, посвященной Лешли[18]: К патологии серийных процессов
1. Исходное: парадокс памяти: Состояние кривых памяти — и нарушения серийности.
2. Принцип — нарушение серийности.
3. Виды нарушений серийно [организованных процессов]

Три портрета

22.III.

Самородов. Опыт с отсроченными сериями (нарушение W [восприятия] серийности).

23.III.

Текущий обход больных
Лобный синдром: Фирсов.
Скрытое левшество — и отрицательные случаи (Чередниин, Доцур…).

[18] Лешли — Karl Spencer Lashley (1890–1958), американский нейропсихолог. В 1951 г. опубликовал известную статью *The problem of serial order in behavior*.

24.III.

1) Чернышев — нарушение схемы текущей мысли,
— прием опосредствования: вынесение не схемы, а процесса схематизации наружу!!
2) Порцев — опыт с удержанием серий.

25.III — 5.IV

Писание статьи для Достижений Советской Медицины[19].

6.IV.

Чернышев — нарушение счета вследствие нарушений внутренней речи.

7.IV.

Чернышев — опыты с полуписьменным счетом (вращивание)

8–9.IV.

1) Чернышев — леворукость! анамнез! понимание и роль в нем внутренней речи.
2) Порцев — дальнейшие опыты с серийностью.

13.IV.

1) Авдеев | 1) синдром правой лобной доли в моторике (не замечает лишние
2) Шитяков | импульсы, овладение возможно через овладение осознанием ошибок).
2) Роль стертых признаков левшества у S[20] в доминантном полушарии (Зунделевский, Авдеев).

17.IV.

1) Порцев — лобно-височный синдром (височная легкая афазия не компенсируется из-за лба!).
2) Осипов — механизм отчуждения слов и фонематический распад.

19.IV.

1) Осипов — дальнейший контекст помогает компенсировать первичную зыбкость слов.
2) Лектичев — Т3 — нарушение акустической серийности.

20.IV.

Стратиенко — синдром T[21] (T2?), отличающийся от обычного T1 (отчуждение слов без фонематического распада).

---

[19] В библиографии А. Р. Лурия такой статьи нет.

[20] S — левша.

[21] T — височная доля, T1 — верхневисочный отдел, T2 — средневисочный отдел, T3 — задневисочный отдел.

21.IV.

1) Порцев — сильные стереотипы.

2) Осипов, Стратиенко (письмо).

29.IV.

1) Баскаков — афферентный моторный синдром Р3.

2) Корнилов — Сизов — Пономарчук

Нарушение сукцессивности при поражении Т3.

На правой стороне:

| Синдром **Psup**[22]: Нарушение афферентаций ведет к распаду моторики!

| ! Все-таки положение об общем нарушении сукцессивности при поражении височных систем верно! См. Бродский.

30.IV.

Опыт с Баскаковым: роль кинестетической афферентации и разных уровней афферентации в преодолении кинестетической апраксии.

Май.

Подготовка к диссертации.

Подготовка к конференции. Делал доклад: Восстановление функций и афазия.

8.VI. — 9.VI.

Шеленок, Штурман, Щипкин

1) Дизартрия.

2) Центральные около-афазические явления (астения звукового состава слова — дисграфия).

На правой стороне:

NB: Вся серия артикуляторно-афазических расстройств (ФАЗИЧЕСКИЕ афазии[23]): от полной афферентной моторной афазии — до астении звукового состава слова (с явлениями дисграфиии)

11.VI.

| Правополушарное ранение (с моторной симптоматикой)
| и функциональными изменениями речи: 1) |*, 2) Шанин.

---

[22] Psup — верхние отделы теменной области.

[23] Противопоставление фазической и семической сторон речи было заимствовано А. Р. Лурия у Л. С. Выготского как противопоставление слышимой и произносимой речи и ее значимой стороны.

14.VI.

1) Колесников. Лобное чтение. Динамический синдром на лобном фоне.

2) И. И. Иванов — височно-теменная афазия.

15.VI.

1) Прусских — ФАЗ-АСТЕНИЯ
(нарушение четкости звуко-моторной структуры речи — «не сразу» в моторике речи!!)

2) Петров: Лобно-афазический микст (остаток артикуляторной афазии на фоне лобной аспонтанности).

На правой стороне: NB

22.VII.

1) Артволов — левши в роду → диссоциация пареза и афазии при сосудистом страдании.

2) Скворцов — опыты с психическим обусловливанием поля зрения при гемианопсии.

Конец записей

Original manuscript received October 09, 2020
Revised manuscript accepted October 20, 2020
First published online February 08, 2021

To cite this article: Akhutina, T. V., & Pylaeva, N. M. (2021). Luria in Kisegach. Part 3. *Lurian Journal, 2*(1), pp. 109–153. doi: 10.15826/Lurian.2021.2.1.7