

The position of nervous diseases between internal medicine and psychiatry in the XIXth Century

M.V. Shterenshis

Summary

It is frequently said and believed that the history of clinical neurology of the 19th century has much in common with the history of psychiatry. Though neurology and psychiatry are neighbouring clinical disciplines, the development of clinical neurology differs from that of psychiatry in 19th century Europe. The history of bedside neurology is that of a gradual separation of nervous diseases from other internal diseases. Despite the efforts of the German psychiatrists, any influence of psychiatry on that process was very limited.

Résumé

Il est d'usage de dire et de croire que l'histoire de la neurologie clinique du 19e siècle est liée à l'histoire de la psychiatrie. Bien que la neurologie et la psychiatrie soient des disciplines cliniques voisines, le développement de la neurologie clinique diffère de celle de la psychiatrie en Europe au 19e siècle. L'histoire des soins en neurologie est celle d'une séparation graduelle des maladies nerveuses par rapport aux autres maladies mentales. Malgré les efforts des psychiatres allemands, l'influence de la psychiatrie sur cette discipline a été très limitée.

Neurology, as an independent clinical and educational discipline began at the very end of the 19th century. Until then, with very few exceptions, nervous diseases were part of general medicine, together with other internal diseases. These few exceptions were related to psychiatry. It does not mean however that the development of European psychiatry of the 19th century significantly affected the history of clinical, i.e. bedside, neurology .

Psychiatry has its own history. In the 19th century psychiatry was involved in the "no restraint" movement, in the improvement of asylums and in quarrels between psychicists ("psychiatric diseases are disorders of the soul") and somaticists ("psychiatric diseases are disorders of the brain and the body"). During the *Natur-Philosophie* period of the 18th and the first third of the 19th century, psychiatry was still

located somewhere between philosophy and medicine.

The question can be asked whether psychiatry helped neurology to become an independent clinical discipline or not ? To answer it we have to investigate the ties between neurology and psychiatry and compare them with the relationship between clinical neurology and internal medicine.

Tables of contents of medical manuals of the 19th century are full of examples showing that neurological and psychiatric nosologies were frequently mixed in classifications. This mixture is understandable. Since the time when the brain was conceived as "the seat of the soul" it became common medical understanding that neurological and psychiatric diseases had the same anatomical basis, comprising the brain and the central nervous system. The term *neurosis* was therefore applied to both psychiatric and nervous disorders.

Nevertheless, in clinical practice there was a clear differentiation and separation between these two disciplines. Psychiatric patients were placed in asylums, apart from all the other patients. Neurological patients, with the exception of epileptics and hysterics, were admitted into general wards.

In the first half of the 19th century the treatment of the insane was largely in the hands of the chief warders, not in the hands of medical doctors. Psychiatrists themselves were treated as inferior to other physicians, as it had been with surgeons a century earlier. Some psychiatrists were not medical doctors, like F. Groos (1768-1852) who was primarily a philosopher and then became a psychiatrist (1). Physicians tried not to make psychiatry their only specialization. Pinel, so famous for his improvements of French psychiatry, was firstly a general practitioner and only secondly a psychiatrist. Pinel was more involved in administrative than in medical improvements ("no chains !"). But administrative problems were indeed most important for psychiatry of the first half of the 19th century. Therefore special laws were directed by government authorities for the administration of mental health institutions.

The first one, enacted in England in 1828 was to bring order to the Bedlam asylum in London. The legal code for asylums in France (designed by Esquirol) was introduced in 1838. Similar legislation was made in Switzerland (1838), England (1842), and Norway (1848) (2). All these laws had one simple idea in common : the insane should not just be kept in dirty and noisy asylums, but they should also be treated there and asylums themselves should be improved.

There were no similar codes in Russia. The history of Russian psychiatry concerning administrative measures is divided into several periods: up to 1762 the insane were admitted to monasteries; 1762-1814 , the insane were kept

in madhouses (3); in 1814 the madhouses were placed under the administration of the Ministry of the Interior(4). (They were under the control of the Ministry of Police before). The latter regulation of 1814 improved the system and the number of asylums was increased. Further improvements occurred only in the 1860's.

The history of clinical neurology never faced such administrative complications. Nervous diseases, being a part of general medicine, were equal to any other branch of medicine, but they were not independent. Psychiatry had more independence as a clinical discipline but it was not yet equal to general medicine. Neurology's movement towards independence and psychiatry's movement towards equality of recognition occurred at the same time and reinforced each other.

The main arena of this concordance was in Germany and the main figure happened to be W. Griesinger (1817-1868), a brilliant physician and scientist. His manual of psychiatry, published in 1845, was the most important general psychiatric treatise produced during the first half of the 19th century (5). During his career, Griesinger obtained several professorial chairs in internal diseases, neurology and psychiatry, at the universities of Zurich, Kiel, Tubingen and Berlin. He struggled energetically against the inertia of mysticism in psychiatry and tried to introduce scientific techniques, but insufficient basic data of the time did not permit him to achieve these aims. Griesinger was an enthusiastic partisan of the confluence of neurology and psychiatry. This approach was profitable more for psychiatry than for neurology. Psychiatry, in the Germany of the 1840-s, was still somewhat apart from medicine, it was located in madhouses - *Anstaltspsychiatrie*. A confluence with the respectable part of internal medicine was indeed very desirable. Clinical neurology actually gained less profit for itself in this process. Further differentiation of these disciplines proved such concordance to be temporary.

Approximately at the same period M.H. Romberg (1795-1867) used the motor-sensor investigations of Ch. Bell and F. Magendie to improve classification of nervous diseases and, therefore, the study of them. Being remote from *Natur-philosophie*, the somaticist Griesinger used the materialistic Marshall Hall's idea of the reflex arc to put psychiatry closer to neurology. (Griesinger was Romberg's successor at the University of Berlin.)

Psychiatry was progressing in two parallel ways : administrative (asylum improvement) and scientific (anatomical, pathological and neuro-physiological investigations). Scientific achievements in neurology were important for a scientific move of psychiatry from philosophy toward medicine. After the discoveries of Ch. Bell, F. Magendie and Marshall Hall and M.H. von Romberg's organization of neural nosology, nervous diseases became more scientifically developed than psychiatric diseases; to which even Esquirol's (1772-1840) notable works did not secure a scientific basis. A pupil of Pinel, Esquirol differentiated hallucinations from illusions and started to use statistics in psychiatry, but which were not enough to achieve a really scientific approach.

Griesinger went further. He placed reflex action as a basic principle for psychiatry. Being under the influence of Marshall Hall's ideas Griesinger published his work on the psychic reflexes in 1843, (6) twenty years earlier than the famous *Reflexes of the Brain* by I. Sechenov (1829-1905). (7) Griesinger postulated that the brain is the only organ responsible for psychosis, and reflex action is the only mechanism of psychic activity. The postulated identity of mental and nervous diseases as brain diseases became the central paradigm of academic German psychiatrists. In England, for example, Elliotson quickly reached his verdict by naming his article in which he discussed Griesinger's views on "psychical-reflex-action": *Materialism in Germany*. (8)

In Germany itself Griesinger's endeavours created a conflict between internists, psychiatrists and pioneer specialists in nervous diseases that lasted nearly a hundred years. This was the reason why the institutionalization of clinical neurology was delayed in comparison with other European countries. The motives and the course of development of this dispute are beyond the main theme of this paper and have been intensively studied quite recently. (9)

In short, psychiatry, using achievements in neurology and achieving its own administrative independence, became equal to other medical disciplines, but the nervous diseases gained no status for their own independence. Psychiatry already had its own hospitals and asylums but nervous diseases had none in most European countries, or had just a few in others. In medical education psychiatry also became independent earlier. In Scotland, at the medical school of the University of Aberdeen, Robert Jamieson already lectured on Mental Diseases in 1845. (10) In Edinburgh, "Insanity" became a subject for teaching in 1859, and in the University of Glasgow, lectures on Mental Diseases began in 1880. (11) On the other hand, during the whole of the 19th century, there was no special course on Nervous Diseases in any Scottish university.

In Russia the first course on Psychiatry was established in 1835 simultaneously in St Petersburg Medical and Surgical Academy and in the Moscow University. This course was attached to the clinics of internal diseases. In 1860 the first independent department of psychiatry was established at St Petersburg. (12) The first neurological department was established in the Moscow University Medical School only in 1869. The Russian psychiatrist and neurologist V. Bekhterev (1857-1927), famous for his histo-neurological discoveries, was not involved in this psychiatric and neurological controversy. He counted himself a specialist in all brain disciplines. When he established his Brain Institute in St Petersburg, he made it a combina-

tion of scientific and clinical neurology, psychiatry, neuro-physiology and neuro-anatomy, and psychology. In private medical practice Bekhterev was mostly a neurologist.

In Germany psychiatric clinics and University departments were established mostly under the name of *psychiatrische und Nerven-klinik*: in 1840 (Berlin, Charite); in 1867 (Breslau); in 1845 (Erlangen); in 1866 (Gottingen); in 1855 (Halle); and in 1882 (Leipzig) where there had been a course on psychiatry since 1811.(13) Independent neurological clinics and departments were opened only in the 20th century. The earliest was established in Hamburg University in 1896. (14)

In Austria and Switzerland psychiatric institutionalization was also established somewhat earlier than for nervous diseases, mainly between 1855 (Bern) and 1886 (Prague): Vienna perhaps being the only city where both clinics appeared almost at the same time. In 1870 the First Psychiatric Clinic was organized for Th. Meynert and in 1874 a Neurological Polyclinic was established for M. Benedict. (15)

In France Esquirol already lectured on psychiatry in 1817, whereas the first neurological department was not created for J.M. Charcot until 1882.

There has been no branch of medicine which has been so slow in receiving an intelligent understanding as has that of mental disease. Indeed, not until comparatively recent times has mental disease even been recognized as being a medical problem, as claimed in a textbook of psychiatry in 1933.(16) This "apart from medicine" position had its own disadvantages. But at the same time it had a favorable independent position. Nervous diseases have always been recognized as being a medical problem, but their clinical independence was postponed. This can be seen clearly in the way neurology was treated in medical congresses. In 1881 at the

International Medical Congress in London (17) neurological contributions on Jacksonian epilepsy, *tabes dorsalis*, tendon reflexes and nerve stretching in locomotor ataxy were presented in the "section of medicine". But a special "section of mental diseases" was created for psychiatry. Such was the view of the British. In 1890 the International Medical Congress was in Berlin. The Germans, according to their views on the problem, had a section for "*Neurologie und Psychiatrie*". In fact, even neurological topics, such as the presentation of Horsley in his section.(18) In the next congress in Rome in 1894, the Italians presented a section of "*Psichiatria, Neuropatologia ed Antropologia criminata*". (19) Naturally, C. Lombroso (1836-1909) was its chairman. In 1897 the Russians repeated the German idea of a section for nervous and mental diseases (20).

The first independent section of neurology appeared only at the International Congress of Medicine in Paris, in 1900 (21). In 1903 the Spaniards made a replica of the Italian section of neurology, psychiatry and criminal anthropology (22). Afterwards neurology became more independent and the English recognized it in 1913 by creating a section on neuropathology (23).

In general, neurology did more for psychiatry than psychiatry did for neurology. The expression "neurologization of psychiatry" relates to the history of psychiatry. It can be applied mostly to the German psychiatry of the second part of the 19th century. Its influence in the other European countries was limited. In Russia, for example, there were two different approaches to the question of the position of nervous diseases. At the St Petersburg Medical Academy the teaching of nervous diseases was attached to the course of psychiatry, whereas at the Moscow University the nervous diseases were a part of internal medicine.

The "psychiatrization of neurology" could be relevant to the history of neurology but no such

phenomenon existed except, perhaps, a short period of Charcot's work on hysteria and hypnosis. There is no evidence that the development of psychiatry helped to speed up the independence of clinical neurology.

Notes

1. Alexander F.G., Selesnick ST. (1966) *The history of Psychiatry : an Evaluation of Psychiatric Thought and Practice from Prehistoric Times to the Present*. New York, Harper and Row, p. 143.
2. Ackerknecht E.H. (1959) *A Short History of Psychiatry* Transl. from German by S. Wolff. New York - London, Hafner, p.44.
3. The Russian Empress Catherine II signed a special Ukaz (order) "For the insane there should be madhouses" on August 8, 1762. See : *Collection of Russian Laws on Medical Management from 1640 till 1826 inclusive*, by E. Petrov (1826), St Petersburg. The Senate Press, p.viii (Russian).
4. Kannabikh U. (1929), *History of Psychiatry*. Moscow, MGP, reprint 1994, p.291 (Russian).
5. Griesinger W. (1845), *Die Pathologie und Therapie der psychischen Krankheiten, für Aerzte und Studierende*. Stuttgart.
6. Griesinger W. (1843), *Ueber psychische Reflexaktionen*. Erlangen.
7. Sechenov I. (1863), *Reflexes of the Brain*. Moscow (Russian).
8. Elliotson J., Noel R.R., "Materialism in Germany". *The Zoist*, 3(1845/46):152-156. The authors cited W. Griesinger's work "On Psychical-Reflex-Action" of 1843 and gave critical comments.
9. The recent works on the subject are : Pantel J. (1993), *Conflict regarding neurology - a study of speciality origin of clinical neurology in Germany*, Fortschr-Neurol-Psychiatr., 61 (4):144-55, (German); Berrios G.E. (1994), *Historiography of mental systems and diseases*. Hist. Psychiatr., vol 5, Pt.2, 18:175-190.
10. Comrie J.D. (1932), *History of Scottish Medicine*, p. 551.
11. *Ibidem*, pp; 631,663.
12. Lisitsin Y.P. (1961), *A.Y. Kozhevnikov and Moscow School of neurologist*. Moscow, Medgiz, p.38, (Russian).
13. Kolle K.V. *Die Grosse Nervenarzte*. 3 vols., Stuttgart, Georg Thieme Verlag, vol. 1, pp.167-77.
14. *Ibidem*, 0.211
15. *Ibidem*, pp. 268-27
16. Noyes A.P. (1933), *A Textbook of Psychiatry*, New York, The Macmillan Co., p.48.
17. *Transactions of the International Medical Congress*. (1881) 4 vols., London, Kolkmann, see contents of vols. 2 and 3.
18. *Verhandlungen des X Internationalen Medicinischen Congress* (1891), Berlin, 1890. Band 4 : Neurologie und Psychiatrie, Berlin, A. Hirschwald.
19. *Atti dell'XI Congresso Medico Internazionale* (1895), Roma, 1894. Vol.4 : Psychiatria, Neuropatologie ed Antropologia criminale. Torino, Rosenberg & Seller.
20. *Comptes-rendus du Xlle Congres International de Medecine* (1899), Moscou, 1897. Vol.4: Sect. VII : Maladies nerveuses et mentales. Moscou, I.N. Kouchnerev & Cie.
21. *XIHe Congres International de Medecine, Paris, 1900*. Comptes-rendus (1900). Section de Neurologie. Paris, Masson et Cie.
22. *XIV Congres International de Medecine, Madrid, 1903*. Comptes Rendu (1904). Section de Neuropathies, Maladies Mentales et Anthropologic Criminelle. Madrid, J. Sastre.
23. *XVIIth International Congress of Medicine. London, 1913*. Section XI : Neuropathology. London, Hodder and Stoughton, 1913.

Biography

Michael Shterensis M.D., has recently finished his Ph.D. dissertation on the history of neurology in 19th century Europe. As a research fellow of the Department of the History of Medicine, Hebrew University of Jerusalem (Israel), he is interested in the history of neurology, medicine and religious topics, and the history of medicine in Central Asia.