INTRODUCTION

Medical specialization evolved out of the burgeoning scientific advances of the 19th century (1). This movement was an international one, but most pronounced in France, where the celebrated Faculté de Médecine in Paris developed numerous professorial chairs to honor and prioritize advances in selective medical fields (2). Other countries echoed this movement, adapting the concept of specialization to their own medical cultures and working with the experts available in their universities. Some specialties related primarily to the emerging laboratory disciplines, such as microbiology, pathology, pharmacology, and physiology. In most instances, however, clinical specialties were based anatomically, dividing the human body by organ systems and leading to divisions like pulmonology, dermatology, cardiology, and others. Because each organ system was distinct, these specialties were largely autonomous from one another, integrating with each other only through their original base of internal medicine.

The brain posed a unique anatomical problem for specialization in being the organ system of focus for two very different evolving specialties, neurology and psychiatry. This chapter examines the early historical interfaces between these two specialties with an emphasis on 19th-century United States. As the author is a neurologist, the perspective admittedly focuses primarily on the history of American neurology and its relationship to psychiatry, rather than the reverse. As an introductory chapter to a book that emphasizes the currently close interface between the two disciplines, this chapter selects a number of topics to trace the origins of an often uneasy relationship that has been marked at times by elitism, controversy, and overt antagonism. It is not a comprehensive history, but rather a focused view of several early themes that became the historical infrastructure for the unstable, changing flux of relationship between the two disciplines during the 20th century. Whereas the two fields sometimes deferentially honored each other, they more frequently emphasized their differences with the most far-reaching polarization occurring during the mid-1900s when American psychiatry was largely dominated by psychoanalytic theory. As the 21st century opens, the emergence of a psychiatric emphasis on molecular biology and neurochemistry, as well as the increasing consciousness by neurologists of the impact on disability and impairment in neurological function by psychiatric co-morbidities, have helped to dissipate much of the dissonance that began in the 19th century. These
new-found realizations are the anchors of the positive co-dependence between these two specialties that is the core of this current textbook.

AMERICAN NEUROLOGY’S ORIGINAL DUAL ALLIANCES WITH INTERNAL MEDICINE AND PSYCHIATRY

With no patronization, it is fair to state that American medicine largely modeled itself on 19th-century European models. Most prominent physicians of the 19th century studied in Europe, traveled extensively, and thereafter brought back to the United States the images of the large and well-established medical services in Vienna, Paris, London, and Berlin (3). Europe, however, was not medically homogenous. In defining neurology in the second half of the 1800s, American physicians and universities faced two very different paradigms, the first anchored in France and the second in the Germanic medical centers of Austria and Prussia (4). In France, psychiatry was an early medical specialty, and the term “alienists” designated physicians dealing with psychiatric problems of psychosis, delirium, insanity, and retardation. Because of their disruptive behaviors, psychiatric patients were usually housed in asylums that largely isolated them from general medical settings. As a result, medical specialties, including neurology, arose out of administrative subdivisions and specialty units within the major medical hospitals without a strong vying influence of psychiatric concerns. As the most salient example, the celebrated neurologist, Jean-Martin Charcot (1825–1893) developed his interest in neurology within the general medical wards of the large Parisian hospice of the Salpêtrière where the patient population was largely dominated by geriatric patients with chronic medical illness. Charcot’s academic career started with studies of arthritic, hepatic, pulmonary, and renal diseases, but as specialty divisions in Paris drew these patients to other hospital units, the chronically disabled and largely unclassified neurological patients remained under his direct care. Out of this administrative shifting, Charcot developed a neurological wing of wide research proportions and in 1882 received the first European professorial chair of clinical diseases of the nervous system. His contact with other medical specialties remained close, but he had almost no association with alienists whose work occurred in entirely different administrative divisions. In the late 1880s, when Charcot reached the zenith of his influence, his neurological unit included a division of research psychology headed by Janet, but there were no alienists as psychiatric specialists on his staff (5).

In contrast, the Germanic medical model emphasized the fusion of neurology and psychiatry, largely based on the influential leadership of Wilhelm Griesinger (6). Writing of the Prussian concept of approaching the study of brain disorders, Griesinger articulated: “Psychiatry and neurology are not like closely connected fields, they are one field, ruled by the same laws, where everyone speaks the same language” (7). As such, when Griesinger gained his professorial chair in Berlin (1865), the title was Professor of Psychiatry and Nervous Disease. Likewise, Wernicke, the celebrated clinician scientist whose name is linked to fluent aphasias, led both the psychiatric service and the polyclinic for nervous diseases in Breslau. The Prussian model anchored itself in laboratory studies and pathology, bringing substantive advances to organic concepts of dementias and psychosis.

Against this historical backdrop, the development of American specialties varied by region and time period, and, in the case of neurology and psychiatry, the models drew from both the French and Germanic traditions. The result was an ambiguous hybrid and uneasy peace between neurology and psychiatry in the 19th century that took a full century to stabilize. Studying early university professorships, 19th-century specialty journals, and local as well as national professional societies unveils several dimensions of the uncomfortable and unresolved relationship that embodied early American neurology and psychiatry.

EARLY UNIVERSITY PROFESSORSHIPS

Harvard Medical School was the first in the United States to conceptualize a professorship in neurological science (8). In 1864, the dean initiated recruitment of CE Brown-Séquard under the title of