

PSYCHOSOMATIC MEDICINE¹

A HISTORICAL PERSPECTIVE

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Psychiatric problems have always been considered more or less controversial. The partisan of extreme psychological orientation still finds himself in closer kinship with the philosophical and especially metaphysical premises from which the earliest psychiatric views originated many centuries ago; the partisan of that which we call today extreme organic orientation still finds himself more intimately at home in the purely physiological speculations from which medicine originated in the age of Imhotep or Hippocrates. As far as psychiatry was concerned, the dichotomy body and mind (or soul) remained the cornerstone of medicine for ages. As late as the close of the eighteenth century it was still the philosopher who claimed psychiatry as his domain, while the medical man studied the body and the body only, shying away from psychology and perennially attempting to deal with psychopathology by means of pharmacology or purely physical agencies.

Of recent years a solution has been sought in the form of a synthesis of what psychopathology has learned and what physiology has taught us, and finally the term "psychosomatic medicine" appeared, marking an attempt to bridge the gap between psychopathology and general medicine and seeking for a unified approach to the clinical problems involved.

It is no longer novel to point out that this approach is actually not a new one. The problem of the relationship between body and soul is almost as old as human thought, and at any rate as old as medicine itself.

Aristotle, in *De Anima*, stated explicitly: "Probably all the affections of the soul are associated with the body—anger, gentleness, fear, pity, courage and joy, as well as loving and hating; for when they appear the body is also affected. There is good evidence for this. Sometimes no irritation or fear is expressed, though the provocations are strong and obvious; and conversely, small and

obscure causes produce movement, when the body is disposed to anger, and when it is in an angry mood. And here is a still more obvious proof. There are times when men show all the symptoms of fear without any cause of fear being present. If this is the case, then clearly the affections of the soul are ideas expressed in matter. Their definitions therefore must be in harmony with this; for instance, anger must be defined as a movement made by a body in a particular state, or by a part, or by a capacity of such a body roused by such a cause, with such an end in view."²

Thus Aristotle. And from the days of the peripatetic philosopher to Julian Huxley, medical science and biology have been struggling to find an integrative formula, an approach which would offer both a methodological unity and an empirical coherence to our clinical studies.

This problem was not fully crystallized until the beginning of the nineteenth century, when the first true attempt at a synthesis was made. Before that time the physician interested in psychological problems faced the choice of borrowing heavily from the philosopher or remaining within the narrow confines of anatomy and a rather rudimentary neurophysiology.

The concept of personality was slow in developing, since it was only in the latter part of the sixteenth century that the individual was discovered. No working concept of emotions existed. They were called passions, a term which in addition to being descriptive carried with it a connotation of opprobrium, or at least philosophical and ethical condemnation. Descartes (1596–1650) was the first to express preference for the more objective-sounding term "emotion," but it took almost another hundred and fifty years before this term acquired its rights of citizenship in the scientific psychological literature. The general approach to mental disease was strictly ethical if it was not anatomico-physiological; Heinroth (1773–1843), at the turn of the nineteenth century, and a number of psychiatrists up to the late 'forties of that century, still sought the cause of mental disease in the

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² Aristotle: *On the Soul*, 1, 1.

badness and sinfulness of man. To be mentally ill meant not only to think wrongly but to be fundamentally in the wrong in relation to the religious and moral precepts of life.

Even as late as 1842, as Helmholtz testified, there were no clinical laboratories; the conception of physical diagnosis was rather diffuse and the practice of it desultory. Medicine, and particularly psychiatry, was learned primarily from books and not from patients.

Physicians who seemed to have gained true insight into psychological phenomena were disregarded on the whole and relegated to the pile of more or less queer doctors who had wandered off into philosophy and had therefore been forgotten. Georg Ernst Stahl (1660-1734), whom we may rightly call the originator of many a modern psychobiological idea in medicine, left no scientific issue, except a rather thin line of scientific followers from Langermann (1768-1832) to Ideler (1795-1860), whose influence on medical psychology did not begin to tell until the twentieth century, and then only in a rather anonymous way.

As a result of many world-shaking events, such as the French Revolution and the Napoleonic Wars, it was Germany that became for a considerable time the center in which new and brilliant psychiatric ideas began to be fermented and distilled. It was there that the battle between the extreme somatologist and the extreme abstract and moralistic psychologist was fought.

This battle is full of fascinating details; it has been told more than once and it need not occupy us here. Only some of the earlier attempts to bring about an empirical, clinical synthesis between psychology and biology will be briefly recorded.

By the end of the fourth decade of the nineteenth century the issues were drawn with utmost sharpness, with the weight of academic victory definitely pulling in favor of the more aggressive and self-assured somatologists, among whom the most typical and most brilliant medicopsychological "stand-patter" was Johannes Baptista Friedreich (1796-1862). His *Handbuch der allgemeinen Pathologie der psychischen Krankheiten*, embracing 670 pages, was published in 1839. Six years later Griesinger (1817-1868) published his textbook, reasserting that "mental disease is brain disease"; he also spoke with considerable prophetic insight of "cerebral reflexes." Griesinger did not depart from Friedreich's dictum that "Every mentally ill

person is also physically ill." While speculating along broad philosophical lines on will, imagination, and sensation, these men sought the ultimate cause of mental diseases in the bodily pathology, particularly that of the brain; there was little in their views that suggested a functional, unitary concept of man. The term "nervous diseases" dates from this period; it was used interchangeably with the terms "psychic" or "mental" diseases. "Personality diseases" or "disturbances", a designation introduced by Ritgen (1787-1867), was not yet in use.

One year before Friedreich's textbook appeared, Ernst von Feuchtersleben (1806-1849) published his *Zur Diätetik der Seele* (1838). The very title implies a new orientation; it is suggestive of what we would call today mental hygiene. The book was extremely successful and went through fifty editions. Feuchtersleben insisted that the consideration of psychological factors is of much greater value than the fancy apothecary mixtures. He insisted as early as 1842 that psychiatry be taught to senior medical students, and when he was granted permission to give a course on mental diseases so many of the medical students came to hear him that the other professors of medicine and surgery complained that their classrooms were deserted. He was the author of the first Austrian textbook on medical psychology, which he published in 1845; this book was so successful that it was translated into English, French, Dutch, and Russian. It was Feuchtersleben who first spoke of the "psychophysical totality of man."

The time was apparently growing ripe for a new and more comprehensive scientific conception of man. "Whenever abnormal psychic manifestations are present," said Feuchtersleben, "we deal with a mental disease. It has its root in the psyche in so far as the latter uses the sense organs; it is also rooted in the body in so far as the latter is the organ of the psyche."

Since the organ monopolizing the functions of the psyche was considered to be the central nervous system, Feuchtersleben was also led to state that every psychosis is also a neurosis, because no change in psychic life comes to expression without nerves; but not every neurosis, that is to say, not every organic disease, was considered a psychosis—a mental disease.

What Feuchtersleben had to say toward the middle of the nineteenth century did not come, of course, suddenly, nor was it represented by an

isolated individual. Like all psychiatry, this orientation was created and nurtured by medical science, which ultimately succeeded in annexing the field of psychopathology from the philosopher and poet, the great masters and lords of this territory who, like all masters and lords, ruled supreme without true understanding of their own kingdom. It was the generation of German medicine which matured by the time Europe became liberated from the Napoleonic turmoil that was particularly keen in its search for a new and more scientific understanding of medico-psychological problems.

Those concerned with the problems of psychosomatic medicine today owe a great deal to that generation, particularly to Nasse and Jacobi.

Christian Friedrich Nasse (1778-1851) was by far the more original of the two men. Both were interested in the same problems and to both goes the credit for the earliest, most scientific attempts to establish definite views on child psychiatry. But Nasse was so much more active a research worker and clinician that some of his contemporaries and many later historians of medical psychology were inclined to believe that most of Jacobi's ideas were borrowed from Nasse. Nasse was a medical physiologist and ardent clinician; it was he, more than anyone else of his time, who established on a scientific footing and perfected the art of physical diagnosis. Auscultation, percussion, and the use of the clinical thermometer were not new in his day, of course, but Nasse raised their use to their proper integrative, scientific role. He correlated the clinical findings; he invented a special percussion cylinder and spoke of "cylinder symptoms"; he invented a special thanatometer ("death measurer") to record the temperature inside the stomach, believing that the fall of the temperature in this region was indicative of the approaching lethal exodus. He made it a rule, in his course of medicine, to demonstrate daily to his students, in groups of five or six, several mental patients. This was not an easy task. He had no hospital at his disposal in the University of Halle and would go to see the mental cases in the cellar of the city jail, where the patients were kept. He would examine the excreta of the patients, using also the microscope for this purpose.

In short, Nasse had organized a laboratory for physical diagnosis. As early as 1818 he started a journal, "Zeitschrift für psychische Aerzte." He tried to make some observations on what appeared to him to be mental diseases in animals. He not

only sought to understand the relationship between mental illness and the physiological economy but introduced an original note which is particularly familiar to the present-day psychiatric clinician, in stating that any physical disease produces a disturbance in the relationship between the psyche and the soma.

His contemporary and friend Jacobi (1775-1858) had been thinking along the same lines and for a while was engaged in a serious discussion as to whether the term "mental disease" or "mental disturbance" should be given preferential usage. He favored the latter. He came out with a sharp protest against the use of bloodletting, emetics, purgatives, and similar drastic measures which had been in vogue for almost fifteen hundred years, stating that "hundreds of patients are sacrificed every year to the stormy and unintelligent measures which seek to quiet the patients by most aggressive means."

In 1838 Nasse and Jacobi founded a new publication bearing the name "Zeitschrift für die Beurteilung und Heilung der krankhaften Seelenzustände." Only one volume of this journal appeared. The previous year Jacobi had started the publication of the "Annalen der Irrenheilanstalt." In the opening issue of this latter journal Jacobi pointed out that psychiatry was still very young and that its methods of treatment were still undeveloped. He saw no better way to further greater development of this branch of medicine than the publication of carefully prepared case histories. Jacobi himself proceeded to practice what he preached and published twenty-three very detailed histories of mental cases. It was strictly as a clinician that he formulated his psychiatric concepts. In the first and only issue of the "Zeitschrift für die Beurteilung, etc.," Jacobi published three articles: one on the construction of a mental hospital in the Grand Duchy of Baden and on a few public mental institutions in England; another on certain observations of kleptomania in mentally ill; and a third bearing the title, "Further discussions of the foundation of somato-psychic medicine."

As far as I know this is the first formulation of a concept and of the intent of psychosomatic medicine, which is therefore over a century old.

It is of interest to note that the Jacobi-Nasse conceptions were born at a time when medicine had fallen into the extremes of organic orientation. Under the influence of the rapidly developing sci-

ences of chemistry, anatomy, and physiology, medicine rejected with considerable fervor anything psychological, while psychology, steeped in metaphysics, attempted to introduce into medical psychology a kind of panpsychological, panethical, mystical philosophy. This sharp cleavage for a while threatened to impede the development of psychiatry almost fatally; it was finally clinical medical science that sought and found a proper synthesis.

Mutatis mutandis our times are not dissimilar from the days when Jacobi and Nasse began to practice psychiatry. The overpopularization of certain psychological discoveries made at the turn of the nineteenth century has created a reaction against psychology and psychiatry. At the same time medicine, by way of the same reaction, tended

to become extremely somatological. The reappearance of the term "psychosomatic medicine" and of the concept of the psychobiological unity of the human being mark a renewed attempt to produce a synthesis of the total reactions of the human personality, a process started one hundred years ago with less scientific equipment although with great clinical intuition.

Whether psychosomatic medicine in this its revival, as an attempt to integrate psychopathology with heretofore isolationist biology and physiology, is to be considered a new specialty or a new form of medicine is a question that only the future can decide. Certain it is that, judging on the basis of historical precedent, only the true psychological enlightenment of general medicine will bid fair to produce a true scientific synthesis.