The year 2008 marks psychiatry’s 200th birthday. The word ‘psychiatry’ was first introduced in 1808 in the University of Halle in central Germany (today Martin Luther University Halle–Wittenberg). Its originator was Johann Christian Reil, professor of therapy at that university.

Johann Christian Reil was born in 1759 in Rhaude, north Germany. He studied medicine and qualified in 1782. In 1787 he was appointed professor of medicine at the University of Halle and stayed there for 23 years. At the same time he was the official physician of the city of Halle (Stadtphysikus). Towards the end of his career, in 1810, he moved to the newly founded Berlin University. Three years later he died in Halle from typhus which he contracted during duty as a military physician near Leipzig during the Battle of Nations, one of the most crucial battles of the Napoleonic Wars. Even today, Reil is honoured in many parts of the town of Halle: there are a Reil street, a Reil corner, a Reil mountain (the site of his grave), Reil baths, a Reil pharmacy, a Reil medical centre and a Reil statue.

In a 118-page treatise, Johann Christian Reil presented the reasons why the creation of a medical discipline, which he named ‘psychiatry’, was an urgent necessity. He argued that psychiatry as a specialty of medicine and outlined the reasons that people who were mentally ill should not be treated by experts of other disciplines, but by physicians; moreover, he presented strong arguments that it could only be the very best physicians who would have the skills to become psychiatrists.1–3 These opinions arose from his concept of mental illness, which he had elaborated 5 years before in his impressive book Rhapsodies über die Anwendung der psychischen Carumethode auf Geisteszerrüttungen (Rhapsodies on the Application of Psychic Treatment Methods to Mental Disturbances).1 As well as being the originator of the name of the specialty, Reil has an important place in the history of several aspects of the discipline. He was dubbed the ‘German Pinel’ for his efforts to have psychiatry recognised as an integral part of medicine, as well as for his work on behalf of the mentally ill.1 Johann Christian August Heinroth, the first professor of psychiatry in Europe and perhaps in the world,4 referred to Reil as the ‘creator of psychic medicine in Germany’, and more than 150 years later other historians such as Leibrand and Wetley described him as the ‘creator of real psychiatry’ (psychiatry as a medical specialty).5

Reil wrote books on, and made important contributions to, several medical and physiological topics. In addition to his key contributions to psychiatry, Reil can be considered as one of the founders of neurology,4 as a result of his fundamental brain studies regarding the cingulum radiatum, insula Reil, sulcus circularis Reil, trigonum lemnisci and vallecula Reil. He also had a major influence on other fields and was one of the most influential physiologists of his time. His books on fever and the treatment of diseases made him one of the leading internists of the 18th and 19th centuries. All his studies in psychiatry, physiology, neurology and anatomy coalesce in his theory of the ‘soul organ’ (Seeleorgan), his model that brought together psychiatric and physical illness.

The first time in history that the word ‘Psychiaterie’ was used (changed a few years later by Reil to ‘Psychiatrie’) was in the journal Beiträge zur Beförderung einer Karmethode auf psychischem Wege (Contributions to the Advancement of a Treatment Method by Psychic Ways), in Reil’s 118-page paper ‘Über den Begriff der Medizin und ihre Verzweigungen, besonders in Beziehung auf die Berichtigung der Topik der Psychiaterie’ (On the term of medicine and its branches, especially with regard to the rectification of the topic in psychiatry) (Fig. 1).

The creation of the word ‘psychiatry’ was not in any way serendipitous or even accidental, but was the result of a considered discussion following many theoretical and practical arguments, which are documented in his paper. Reil’s two essential reasons for establishing a new medical discipline to be named ‘psychiatry’ were, first, the principle of the continuity of psyche and soma, and second, the principle of the inseparability of psychiatry and medicine. According to Reil’s arguments, the causes of human diseases cannot be distinguished into purely mental, chemical or physical ones, but rather there is an essential interaction among these three domains.

‘Therefore we will never find pure mental, pure chemical or mechanical diseases, in all of them one can see the whole: an affection of the one process of life, which sometimes accentuates this and sometimes that side.’2

Reil was convinced that psychiatry was one of the three major branches of medicine, the others being surgery and pharmacy – the latter being what we would now call internal (or general) medicine – and he tried to persuade others to accept this view. He suggested that medical schools should award three medical doctor degrees: Doctor of Pharmacy, Doctor of Surgery and Doctor of Psychiatry.

The ending ‘-iatry’ (from the Greek iatros, ‘physician’) was important for Reil because it demonstrated that psychiatry is a core medical discipline and not a philosophical or theological one. He warned philosophers (by which term he was mainly
referring to the psychologists of his day) not to try to subsume mental illnesses into a form of philosophical psychology. Further, he emphasised that psychosomatics and medical psychology belonged to the comprehensive new discipline of psychiatry.

After the publication of Reil’s paper in 1808 the use of the term ‘psychiatry’ spread only slowly. In 1810, Reil’s pupil and successor Christian Friedrich Nasse lectured on psychiatry at Halle University – the first university worldwide to offer lectures on this subject (Psychiatrievorlesungen). Ten years later Heinroth was the first to use the term in a book. An interesting philological observation is that, rather than ‘psychiatry’, the term ‘psychiatrike’ is actually the most correct word in a linguistic sense, and this is, indeed, the term used today in the Greek language. Nevertheless, as we know, it was not the linguistically correct ‘psychiatrike’ but the somewhat incorrect ‘psychiatry’ that was the term adopted through most of the world.

Reil’s Rhapsodies as a basis of the word ‘psychiatry’

The concepts and arguments rehearsed in Reil’s treatise of 1808, in which he argued for the creation of an independent medical discipline called psychiatry, were mainly based on his earlier book Rhapsodien über die Anwendung der psychischen Carumethode auf

Geisteszerwühungen. Many of his arguments are key to our current thinking about psychiatry. He discussed psychotherapy as an essential treatment for mental and somatic diseases and as having equivalence with pharmacological and surgical methods. He addressed issues of counteracting stigma, and argued for humane mental hospitals and a greater responsibility of society and government for their mentally ill citizens. The major issues addressed by Reil in his ‘Rhapsodies’ which are key to his concept of the specialty of psychiatry are summarised in the Appendix.

Two hundred years later

Psychiatry, in most parts of the world, is a significant medical specialty today. The psychopharmacological revolution of the middle of the 20th century and the development of elaborated psychotherapeutic methods have changed the lives of millions of people and improved the reputation of psychiatry and of psychiatrists. Nevertheless, we must never forget that psychiatrists in some countries in the past destroyed lives by allowing themselves to become the instrument of political systems. We must remember also that although Johann Christian Reil launched his anti-stigma campaign 200 years ago its objective is far from being accomplished. Our efforts to avoid stigmatisation of patients need to be continued. Reil wanted hospitals and institutions for the mentally ill to fulfil the best standards of humanity. Unfortunately, this has yet to be turned into reality in many places in the world – perhaps, indeed, in most countries. Reil hoped to understand and to treat mental disorders by postulating a ‘soul organ’. We do not yet have anything approaching a full understanding of the causes and mechanisms of mental illness, but the ongoing significant advances and success in biology, genetics and psychology suggest we are moving towards a level of understanding of which Reil would have approved.

Finally, we note that in trying to define the ideal psychiatrist of today, we can still find an excellent starting point in Reil’s description of the ‘psychiatrist, the precious physician’ characterised by him in his ‘Rhapsodies’ and in the paper that gave birth to the word ‘psychiatry’ 200 years ago.

Happy birthday, psychiatry, and congratulations on your 200th anniversary. We wish you a successful future and hope you will renew your efforts in carrying forward Johann Christian Reil’s original visions.

Reil’s key points about psychiatry

Mental illness

(a) Mental diseases are universal. Everybody can get them.

(b) It should be examined whether the criminal responsibility of mentally ill people is diminished or even non-existent during the illness.

(c) An anti-stigma campaign is required, and humanity should be primary in the treatment of the mentally ill.

Treatment and care

(a) Humane mental institutions are the basis of high-quality care.
(b) Lunatic asylums should be changed into mental hospitals.

(c) Prevention in free intervals: supportive measures and avoidance of 'high-expressed emotions' and of over- and understimulation.

(d) Psychotherapy ('psychic therapy') is an equivalent therapy method – in addition to surgery and pharmacotherapy – for mental as well as for somatic diseases.

(e) Mental problems may cause somatic disorders (psychosomatic disorders).

Psychiatry

(a) Psychiatry is a pure medical specialty. Philosophers and psychologists shall not be allowed to press for 'incorporation'.

(b) Only the best physicians shall become psychiatrists.

(c) A medical psychology specific to the needs of the physician shall be fundamental to medical training.

(d) Psychiatry, psychosomatics and medical psychology are closely allied.

References


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