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Eugen Bleuler (1857-1939) is still known for his concept of schizophrenia (1908, 1911). The term was derived from Greek schizô, to split, as in affective dissociation, the leading property of this disorder. “Schizophrenia” replaced Kraepelin’s “dementia praecox” where Bleuler had shown that the term “dementia” was inadequate. Bleuler was a Swiss neuropsychiatrist, director of the Zürich university hospital for psychiatry, Burghölzli, and professor of psychiatry 1898-1927. He invented the term “autism” in 1908, and used it on bad habits of thinking in medicine in his book of 1919: Das autistisch-undisziplinierte Denken in der Medizin und seine Ueberwindung (autistic-undisciplined thinking in medicine, and its overcoming) [1, 2].

Eugen Bleuler his Patients and Psychoanalysis

Bleuler had lived in close contact with his psychotic sister in their parental family, later again close to his patients as director of the mental hospital Rheinau (1886-1898). With this background his approach to mental patients was more open and less distant than the science-minded German mainstream, the so-called “imperial psychiatry” of Kraepelin. Bleuler was interested in the content of the experiences of his patients. In 1882 he approved Sigmund Freud’s neurological work on the aphasias. In 1896 he reviewed the « studies on hysteria » by Freud and Breuer. After critical remarks regarding lack of evidence, he qualified their work as « …one of the most important publications of the last years in the field of normal and pathologic psychology ». From 1898 Bleuler became the first principal (Ordinarius) professor of psychiatry to sort out where psychoanalysis was compatible or incompatible with his own clinical findings. This opened the doors of university medicine for psychoanalysis. One side effect was the later founding of the American psychoanalytic society by Adolf Meyer’s student, Brill, who was profoundly impressed by the psychoanalytic interpretation of psychotic acts by Bleuler’s team: a woman in involution depression had poured wine into her bed; this was interpreted as symbolic replacement of her missing periods [3]. Brill was responsible for the introduction of psychoanalysis in the United States, and he became a co-founder of the psychohygienic society, with Adolf Meyer and William James [4].

Terms and Ideas

With Constantin von Monakow and Adolf Meyer Bleuler shared the style of coining new terms for neuropsychiatric findings. These neuropsychiatrists from Zürich spoke of neurobiology (Monakow), psychobiology (Meyer), Biopsychology (Bleuler). They saw memory in the widest sense as the common property of living matter, as Richard Semon had written in his « Mneme » of 1904: the faculty of recording external stimuli as « engrams » (in individual or genetic memory) and reproduce (« ekphore ») them individually as actions or informations or, genetically, as offspring. Their new terms came from Greek (Monakow`s diachisis, Bleuler`s biopsychology, schizophrenia, and autism, Meyer`s psychobiology) or Latin (Bleuler`s ambivalence) or from the vernacular (Bleuler`s « zerfahren » (dissociated)).
The term « Psychobiology » of Adolf Meyer covered the essence of his new American psychiatry for the first half of the twentieth century [5].

**Autism 1908 and 1919**

In 1908 Bleuler coined the term “autism” for the isolated way of life of a schizophrenic patient, exiled in a world of his own, derived from Greek autós, “self”. He discussed the world of autistic patients and their time patterns in a major paper in 1912. In 1919 he used the same term for uncritical assertions of physicians: “Das autistisch- undisziplinierte Denken in der Medizin und seine Ueberwindung” (The autistic- undisciplined thinking in medicine, and its overcoming). German language psychiatrists had a notorious tendency for name-calling (as in Möbius’ “the physiological feeble-mindedness of women” or the qualification as rothaariger, linkshändiger, stottern der Psychopath”, red-haired, left-handed, stuttering psychopath). But Bleuler diagnosed “autistic thinking” in the entire medical profession, a quarter century before “autism” was about to be reserved for the self-isolating behavior of children (after Kanner and Asperger) [6].

**Autistic- Undisciplined Thinking in Medicine and its Overcoming** [7, 8].

**Here Follows My Translation of Bleuler’S Own Summary from his German**

**A. Introduction**

Where experience and logic prove insufficient to cope with affect-weighted problems, one always resorts to autistic thinking which actively ignores realities and probabilities, if the problems have not already been obscured by negligent thinking, or unless wishful thinking has faked logic in favour of the desired target. No other science eliminated less uncritical forms of thinking than medicine. It is the most complex and the least easy to survey of the sciences, and it poses many insolvable problems. Again, the overwhelming need to fight against suffering and death has always provoked unbalanced « primitive reactions », magic and « supernatural », that is, incomprehensible measures.

**B. Autism in Treatment And Prevention**

In spite of the progress of modern medicine, treatment and prevention have many autistic features. Although we have given up formal magic, we still behave like primitives. The methods of drug trials for efficacy are quite insufficient. We are still treating humans with remedies of which we have no evidence at all whether they work, nor even whether they do not cause damage. We also treat diseases that heal by themselves, and those that are incurable. We do not know the cases where it would be better to do nothing at all, and we do not attempt to get to know them, e.g. in internal medicine. Where treatment is not necessary it may bring solace but also a host of heavy disadvantages. In electrotherapy there is no proof of its efficacy, in hydrotherapy we lack comprehensible indications. The benefit of the numerous artificial foods has been quite insufficiently investigated. The cavities of our body are frequently being disinfected, without proof of utility or harmlessness. We do much damage by inconsiderate prescription of idleness or rest cure. We still do not sufficiently consider the long-time effects of our advices (headache remedies, alcohol). The conception of sexuality in pathology and therapy is particularly autistic (e.g. the advice to get married in order to cure mental disease). It is from deeply autistic thinking that the theories of Semmelweis (prevention of puerperal fever by washing hands), hypnosis, and depth psychology. have been assailed with great enthusiasm, all of them things of greatest importance for medicine. The most recent influenza epidemic (1918-19) shows that the fight against epidemics is still beset with autistic nooks and crannies, even if it may have made the most progress, since every possible useless and even dangerous remedy has been recommended.

**C. Autism in Conception and Pathology**

Definitions of concepts are often quite indistinct. The very concept of disease has no useful definition, let alone things like psychopathy, degeneration, fatigue, common cold, liver cirrhosis, blood thickening, nervous breakdown. Even concepts in continuous use such as invigorating nourishment or fever diet are not clear. The doctrine of cause and effect often relies on connections that cannot be understood nor proved.

**D. Alcohol in Medicine**

Alcohol provides a particular motive for autistic superstition in medicine.

**E. Different Species of Thinking**

Autistic thinking in medicine is analogous to the astrological stage of astronomy and the alchemistic stage of chemistry. It is a relict from prescientific times. The
They are often incorrectly estimated in psychological experiments and elsewhere, except for statistics. Despite many arguments, they are not different, in principle, from others; causes and motives can not be separated in principle. Every day everybody makes a great many psychological conclusions, and is rarely wrong. Still, psychological probabilities have some peculiarities. The individual case plays a more important rôle than elsewhere; the complexity of the single problems is greater; but this can be overcome by introspection and empathy. That is why the study of mimic expression is so important in medicine. The rare occurrence of critical events has more consequence here than in other probabilities, and likewise the occurrence of adverse probabilities and concomitant probabilities. Much of this is also accessible for mathematical work on probabilities, at least for order of magnitude, provided that the observations and calculations are scientifically directed [the methodology of work of Jules Angst on the Zurich cohort can be read as a late realization of Bleuler’s ideas [9]. Here, more than elsewhere in medicine, we are dealing with mere factors of probabilities instead of complete probabilities, that is, with partial probabilities resulting from isolated relations of a whole problem. They can decide a question only ceteris paribus [if the other factors are the same]. Usually they focus on a part of the problem, then they may be used for conclusions on probability, but only after most carefully taking into account the other (less well known) factors.

H. We are Dealing with Quacks Much Too Autistically

Many of those are swindlers but this should not prevent us from taking an objective attitude. One should study them, learn from them, and not shun a certain (regulated) cooperation, for the benefit of medicine and the patients. One cannot combat them effectively by laws nor by scolding, only by surpassing them in disciplined thinking, and, if possible, in psychologic understanding.

I. Precision in Practice

Practice demands ever more precision. The new accident laws, e.g. in Switzerland, require utmost precision. In a case of sudden death one cannot be satisfied with the usual diagnosis of cardiac insult, one has to exclude or prove an accident justifying compensation. Simulation has to be considered in cases where it had not occurred before. Iniquity of the law against the individual case shall not induce us to obliging certificates. On the contrary, the great power the physician is given compels him to keep strictly to the fact and the laws.
K. The Exclusive use of Disciplined Thinking in Medicine Still Encounters Several Difficulties

The patient wants to be treated; so something must be done, often with very small probabilities of success. When one is consulted for thousands of bagatelles, it is not possible to examine the whole patient precisely, and treat him accordingly, despite the risk of missing something. The thinking of doctor and patient cannot be directed in other ways at once. However it is easier than imagined to overcome the obstacles against udenotherapy, that is, the omission of treatment where it won’t help. Again, experimenting in human medicine presents difficulties of its own, and the psychic requirements for the individual physician will be more heavy than today (1919).

L. In The Study of Medicine Special Preliminary Education is Required

But [it is provided] without evidence whether and how far it is necessary, and without having established the best methods by trials. The study of medicine proper lacks didactic processing of the material; this should be done by special scientists for the various disciplines. And the academic teachers are not criticized from outside. The lack of critique of our forensic expertises is a major deficiency.

M. The Medical Publications Leave Much to be Desired

They will improve spontaneously when thinking becomes more disciplined, but somebody should assemble the necessary tips.

Reviewer’s Commentary (2017)

Bleuler’s manifesto of 1919, a book of 169 pages, was an accusation and a cathartic, denouncing what went wrong in medicine of his day, and proposing how that should be corrected. He had been in charge of a psychiatric country hospital for 12 years, where he had no leading academic function but lived with his patients rather like a head of the family [his son Manfred said «they called him father»], and he worked alongside with them in their work therapy. He had to cope with their non-psychiatric diseases, among them, with in-house typhoid epidemics. Throughout his text he appears as a practical physician, both GP and psychiatrist, who would not tolerate unpractical illusions. Later, as head of the Zurich University hospital for psychiatry, he opened the doors of university psychiatry for psychoanalysis because it promised access to the internal experiences of his patients. That had already been a revolutionary move.

Bleuler’s manifesto of 1919 must have been another rude shock for a profession of quasi unassailable respectability. Christan Scharfetter (in : [8]) said that « in the amplification of the term [autism]…clinical usefulness was lost ». But the impact of the book was not lost, although its 5 editions from 1919 to 1962 are less impressive than the 15 editions of Bleuler’s textbook « Lehrbuch der Psychiatrie since 1916.

Bleuler’s revolutionary manifesto was not alone in his time. In Baltimore, Adolf Meyer, another neuropsychiatrist from Zürich, had published similar views, so in his JAMA declaration of 1915 where he denounced body-mind dualism as useless for medicine [10-14]. At that time Meyer was engaged in systematically reforming American psychiatry for the next decades, opening the somatic wards for psychiatry, and directing attention to the social conditions of patients. Like Bleuler, Meyer had been trained by Forel (of the Neuron doctrine) at the Burghölzli hospital. During his long U.S. career he successively replaced his neuropathological search for the organic cause of mental disease by interdisciplinary exploration of the maladjustment of the whole personality as the origin of the condition [14].

1919, a year after the end of the Great War, was the beginning of a new world order, for better or worse. In the United States, alcohol prohibition was initiated, a monumental experiment in social psychiatry, and a pyrrhic victory for rational thinking. Internationally, war prohibition was also attempted (nie wieder Krieg!- war: never again!). Clearly, this was the time for rethinking thinking.

Errors, not gaps, avert the progress of science. One of the gravest errors is the belief to know something that one does not know. We know far too little about udenotherapy (oudén in Greek: nothing). Sydenham [17th century]said that the arrival of one clown in a town was more useful than that of twenty asses loaded with drugs. Had he known the big drug industry of our time he would have spoken, instead of twenty asses, of factories” [5,6]. Bleuler’s book on autistic thinking in medicine contains not only a critique of mistakes, it offers a program for improvement which has been partly implemented since 1919, whether independently or nudged by Bleuler’s provocations, we cannot know. At least some later improvements were compatible with his proposals while many ingrained mistakes still remain. Drug trials have been markedly improved but they are nearly always planned, financed, and controlled by pharmaceutical corporations because nobody else is interested and can afford to do this. Sydenham would have spoken, instead of
twenty asses carrying drugs, of factories, wrote Bleuler in 1919, but in 2017, Bleuler’s twenty factories are replaced by the vested interest of big corporations.

References


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