The conceptualization and organization of the first International Neurological Congress (1931): the coming of age of neurology

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The first International Neurological Congress (Berne, Switzerland, 1931), attended by individuals from 42 countries, signified a global presence of world neurology; a coming of age. The aim of this study was to trace the history of that Congress, an important episode in the emergence of our discipline. The historical literature was reviewed and a detailed study conducted of the Henry Alsop Riley Papers, Columbia University. These papers contain primary source material from the Berne conference. In 1927, two neurologists, Bernard Sachs (American, 1858–1944) and Otto Marburg (Austrian, 1874–1948) met at an Austrian spa town and began to consider the creation of a meeting with a truly international character. The Americans were to play a seminal role in the organization of the Congress. In 1928, an introductory letter from Sachs went out to the international community and, in 1929, a planning meeting was held and the general principles of the Congress were established. Several earlier attempted congresses had been thwarted by World War I and European tensions would also influence the organization of the Berne Congress. Gordon Holmes (1876–1965) wrote: ‘It would be certainly wiser to have the meeting in Scandinavia, Holland or Switzerland, as the only difficulty may be to get the French and Germans to mix.’ Interest in the congress was immense and subsequent international congresses (London, Copenhagen, Paris, Lisbon and Brussels) became a central event in world neurology. In summary, the Berne Congress brought together individuals from several continents, thereby facilitating the exchange of ideas across entire schools. More broadly, the congress reflected a growing trend toward specialization in neurology and medicine.

Keywords: history; 20th century; First International Neurological Congress; Berne; 1931
Introduction

The field of neurology originated in the second half of the 19th century, as evidenced by the establishment of professorships in neurology on both sides of the Atlantic, the emergence of neurological textbooks, the publication of neurological journals (e.g. *Journal of Nervous and Mental Diseases* in 1874; *Brain* in 1878; *Neurologische Centralblatt* in 1891; *Zeitschrift für Nervenheilkunde* in 1891; *Revue Neurologique* in 1893), the formation of neurological societies (e.g. American Neurological Association in 1874; Société Française de Neuropathie in 1889) and the establishment of neurological hospitals and training opportunities (Pappert, 1995; Pappert and Goetz, 1995; Goetz and Pappert, 1996). By 1870, virtually all of the New York City medical schools had professorships in neurology (Weisz, 2006, p.75). Despite this activity, clinical practice in many countries often remained a combination of neurology and psychiatry, and the separation of clinical neurology from both psychiatry and internal medicine was not complete (Proceedings of the First International Neurological Congress, 1932, p.360–77; Rowland, 2009, p.107–8).

Another important benchmark in the emergence of a discipline is the formal gathering together of individuals with similar interests to decide on intellectual questions of common interest. Although meetings of neurological societies had begun to take place, these were confined to the local, state and sometimes national level, so that intellectual exchanges were generally limited to regional events (McHenry, 1985; Koehler et al., 1998).

The first International Neurological Congress took place in Berne, Switzerland, from 31 August to 4 September 1931 (Minutes of the Meeting of the Program-Executive Committee of the International Neurological Congress, 1929). Perhaps as important as professorships and hospital departments, international congresses serve to legitimize medical and scientific disciplines. These meetings cement the place of a discipline by institutionalizing both its subject material and its language and by excluding unwanted material. Organized by delegates from 24 countries on four continents, the Berne Congress in many ways signified a global and durable presence of world neurology; a coming of age.

The Berne Congress served as a successful model for subsequent international congresses that were held every four years, becoming the most important event in world neurology (Curriculum Vitae of Henry Alsop Riley, 1959; Soriano, date unknown). Today, neurologists are accustomed to attending such international congresses. Indeed, this is so natural that attendees might never give a thought as to how these international meetings came about.

The papers of Henry Alsop Riley (1887–1966), one of the co-organizers of the Berne Congress, are a valuable archival source that allow for the reconstruction of events leading up to and during the congress. There is no historical analysis that has examined the primary sources from this conference. The aim here is to trace the history of the Berne Congress, an important episode in the emergence of our discipline. *A priori,* several specific questions were framed: (i) from whom or where did the idea of a congress originate? (ii) were there earlier attempts to hold such congresses? (iii) how much was the idea an American versus European one and how does this inform us about the balance and shifting roles of American versus European neurology in the 1930s? (iv) what role, if any, did nationalism play in the organization of this congress? And (v) how was the congress funded, and what were some of the central difficulties with which the organizers had to grapple?

Materials and methods

Historical medical literature was reviewed, spanning the period between 1900 and 1940, including the published Proceedings of the First International Neurological Congress (1932, p.1–440). Most importantly, a detailed study was undertaken of the papers of Henry Alsop Riley (Archives and Special Collections, Augustus C. Long Health Sciences Library, College of Physicians and Surgeons, Columbia University); these papers contain primary source material from the Berne conference.

Origins of the idea

In the summer of 1927, two prominent Jewish neurologists met at the Austrian spa town, Bad Gastein, as had been their custom for many years (Riley, 1960; Soriano, date unknown). They were the American, Bernard Sachs (1858–1944) (Fig. 1) and the Austrian, Otto Marburg (1874–1948) (Fig. 1) (Riley, 1960). During their days of rest and comradeship, there began to germinate in their minds the idea of creating a meeting that would have a truly international character (Riley, 1960). At the time, Sachs was vice president of the American Neurological Association (Transactions of the American Neurological Association, 1928; Globus, 1953). Members of the American Neurological Association had, in the spring of that year, travelled to London to participate in a joint meeting of the American Neurological Association and the neurological section of the Royal Society of Medicine (Symonds, 1927; Riley, 1960). At the next annual meeting of the American Neurological Association, the idea of an international meeting was discussed and approved (Riley, 1960). Sachs was appointed president of an American Neurological Association committee dealing with international neurological activities and Henry Alsop Riley, then the secretary of the American Neurological Association, was appointed secretary of that committee (Curriculum Vitae of Henry Alsop Riley, 1959).

On 18 February 1928, an introductory letter from the American Neurological Association committee went out to the international community: 'The council of the American Neurological Association finds the present time opportune to propose an International Neurological Congress to be held in the late Summer of 1931'. First of all, this Committee wishes to learn whether such a proposal is agreeable to our Colleagues in other countries and secondly, if this is so, which location would be the most convenient and acceptable to all. Pleased as the American Neurologists would be to receive their Colleagues in the United States, they believe that a larger attendance would be secured if the International Congress were held in some centrally located and accessible country such as Switzerland or Holland' (Sachs et al., 1928).

Enthusiasm for the Congress was high. Gordon Holmes (1876–1965), editor of *Brain*, wrote to Sachs: 'I have received the official circular with regards to the International Neurologic Congress which you propose… the idea of starting an International Neurological Congress appeals very strongly to me' (Holmes, 1928). Klaas Herman
Bouman (1874–1947) of the Dutch Society for Psychiatry and Neurology similarly replied ‘[We] greatly appreciate the initiative [sic] of the Amer. Colleagues’ (Bouman, 1928).

Earlier attempts

The First International Congress for Psychiatry, Neurology, Psychology and Care of the Insane took place in Amsterdam in 1907 (Bouman, 1928; Koehler, 1998; Müller, 2001; Keyser, 2003). There were 805 delegates from 21 countries (Koehler, 1998); however, the Congress was not specific to neurology; in fact, it was dominated by considerations central to the emerging field of psychiatry (Müller, 2001).

There had been several previous, unsuccessful attempts to organize international neurological congresses; each had been thwarted by the World War I. Thus, Kurt Mendel (1874–1946) of Berlin wrote to Riley, ‘You will be interested to hear, that a similar plan was proposed by the Gesellschaft Deutscher Nervenärzte in 1912 [sic]. The war hindered it taking place’ (Mendel, 1928). Correspondence from Klaas Herman Bouman indicated that ‘...Switzerland had already made arrangements for such a congress in 1914 which was checked by the war’ (Bouman, 1928).

Neurology had also been included as a subsection of broader medical meetings. Hence, Gordon Holmes, writing to Sachs in 1928, noted that an alternative to the proposed Berne Congress of 1931 would be to ‘revive the “International Medical Congress” and have a section of Neurology, as we had in 1913’ (Holmes, 1928). Yet, as Holmes went on to write: ‘I have spoken on this matter to some of my most senior colleagues in London, and the general feeling is that Medicine has now become so large that a Congress devoted to each individual subject would be more profitable’ (Holmes, 1928).

Organization of the Congress and emerging role of American neurology

The Americans played a seminal role in the conceptualization and the eventual organization of the Congress, although they realized that it would be best if the meeting were to be held in Europe. Americans may have been perceived as a more neutral presence, which was something of importance in any attempt to unify European countries around a common cause. In the decade directly preceding the organization of the Congress, European tensions had remained high. As a result of the Treaty of Versailles, signed after World War I, large war reparation payments were placed on Germany. France was given the power to enforce military action if those payments were not made. Germany refused to acknowledge that the territories in the East were no longer part of that country, and this was the source of additional regional tensions.

On another level, the seminal American role in 1931 may have reflected the growth of American medicine. While physicians from the United States had traditionally visited and studied in European centres (Hun, 1883, p.1–151), with German and French centres being very dominant (Hun, 1883, p.1–151), the number of European physicians who crossed the Atlantic to study in the United States grew steadily in the period between 1890 and 1914 (Bonner, 1963, p.139–56). Bonner goes so far as to say that ‘by 1914 virtually every outstanding figure in German medicine had made the long trip to America to observe, to criticize, to encourage, to envy, as the case might be’ (Bonner, 1963, p.139). Among these were physicians representing a broad array of medical disciplines (ophthalmology, dermatology, surgery, psychiatry and neurology) (Bonner, 1963, p.139–56). Some of these physicians came more than once; the ophthalmologist...
Julius Hirschberg (1843–1925) made three trips to the New World between 1888 and 1905. In 1913, 250 German physicians and surgeons undertook a *Studienreise* (study visit) to the United States (Bonner, 1963, p.144–5). During this period, prominent European psychiatrists, neurologists and neuroanatomists also visited the United States, including August Forel (1848–1931) and Sigmund Freud (1856–1939) (Bonner, 1963, p.144, 155). Physicians reported favourably on what they saw. Surgeons, for example, reported on the progress of their specialty in America. Thus, after seeing the facilities for crippled children in New York, Professor Albert Hoffa (Germany, 1859–1908) ‘wistfully expressed hope that Berlin might one day have comparable equipment’ (Bonner, 1963, p.147). Another orthopaedist, similarly impressed by what he saw, noted that the cities of Boston and Munich had approximately the same population; yet in the former, there were six times as many hospital beds available for orthopaedic cases (Bonner, 1963, p.148). Around about that time, a number of important international medical congresses were held in the United States [International Conference in Dermatology (New York, 1907), Great International Tuberculosis Gathering (Washington, DC, 1908), Social Hygiene Convention (Buffalo, 1913)] (Bonner, 1963, p.139), drawing medical leaders from around the world to the United States.

More specific to neurology, during the interbellum period the discipline in America was no longer a mere backwater but was emerging as a respected force in the world neurological community. Indeed, the American Neurological Association had been in existence since 1874 and neurological hospitals had existed since the turn of the century, with centres of neurological treatment established in New York (New York Neurological Institute, 1909), Philadelphia (Philadelphia Orthopaedic Hospital and Infirmary for Nervous Diseases, 1870), Boston (Boston City Hospital, 1855) and elsewhere (Rowland, 2009, p.4, 26, 37). Large numbers of patients were receiving specialized treatment at these centres, and the number was growing. For example, at the Neurological Institute of New York, 10,226 outpatients were seen in 1910, 1 year after its establishment and, by 1912, this number had almost tripled to 27,658 (Elisberg, 1944, p.26). The medical work and published observations of prominent American practitioners influenced European neurologists who were seeing similar types of patients; and European neurologists, travelling to the United States, were favourably impressed, bringing ideas and practices back to their own treatment centres (Koehler and Lanska, 2004; Kloe et al., 2008).

**Nationalistic considerations in organizing the Congress**

As noted above, war had already thwarted several earlier attempted congresses (Bouman, 1928; Koehler, 1998; Müller, 2001; Keyser, 2003). European tensions would also influence the organization of the Berne Congress. Although countries such as Switzerland or Holland were viewed as ‘centrally located and accessible’, another issue was their political neutrality and the allaying of German–French tensions (Sachs et al., 1928). Indeed, early in 1928, Gordon Holmes wrote to Sachs: ‘It would be certainly wiser to have the meeting in Scandinavia, Holland or Switzerland, as the only difficulty may be to get the French and Germans to mix’ (Holmes, 1928). Kurt Mendel, writing from Berlin, agreed that Switzerland should be the place of meeting (Mendel, 1928).

**Organization and basic structure**

Early in 1928, the Americans requested that delegates to the Congress be appointed from each country, preferably through local Neurological Societies: ‘The [American Neurological Association] committee would request you to give this matter due publicity through your Medical and Neurological Journals and bring the matter up for discussion at your Neurological Meetings. The Committee would also request that at the earliest possible moment at least two delegates from each country be appointed in order to discuss in detail the general plans of the Congress’ (Sachs, 1928). In many instances, complying with this request required considerable time. ‘Dear Dr. Riley’, wrote Dr. Charles Schaffer of Budapest in early July, ‘I had no chance to discuss the matter of the International Neurological Congress in the Neurological Section of the Hungarian Medical Association. I will do that in October… the appointment of our delegates is still wanting’ (Schaffer, 1928).

On 29 and 30 August 1929, a meeting of the Program-Executive Committee was held in Berne (Miura, 1930; Soriano, date unknown). Attending that meeting were one to two delegates from each of 20 countries, including the following notable figures: Paul R. Bing (Switzerland, 1878–1956), Ludo van Bogaert (Belgium, 1897–1989), Constantin von Economo (Austria, 1876–1931), Otfrid Foerster (Germany, 1873–1941), Georges Guillaume (France, 1876–1961), Knud H. Krabbe (Denmark, 1885–1961), Otto Marburg (Austria), James Purves-Stewart (England, 1869–1949), Gustave Roussy (France, 1874–1948) and S.A. Kinnier Wilson (England, 1878–1937) (Minutes of the Meeting of the Program-Executive Committee of the International Neurological Congress, 1929). At this Program-Executive Committee meeting, Dr Sachs was elected President of the First International Neurological Congress, along with eight vice presidents and Dr Riley, the Secretary-General and Charles DuBois, of Berne, as the local Secretary (Soriano, date unknown). The general principles of the Congress were also set up (Riley, 1960). The official languages were to be English, French, German and Italian (Minutes of the Meeting of the Program-Executive Committee of the International Neurological Congress, 1929). The Spanish delegation graciously stated that ‘the best interests of the Congress would be served by limiting the official languages to the four already chosen’, which was an action that ‘was very much appreciated by the members of the Congress’ (Minutes of the Meeting of the Program-Executive Committee of the International Neurological Congress, 1929).

It was ‘unanimously determined that the Congress shall be essentially neurological in character but that psychiatric conditions which have a somatic basis may be discussed at the sessions’ (Minutes of the Meeting of the Program-Executive Committee of the International Neurological Congress, 1929). Given the traditionally close ties between neurology, psychiatry and internal medicine, both in Europe and in the United States (Hun, 1883, p.54; Proceedings of the First International Neurological Congress, 1932, p.360–77; Weisz, 2006, p.202), on a conceptual level this statement signified a definite step by neurologists towards self-identification as a distinct group of medical specialists.

Many of the delegates had already submitted suggestions for subjects to be considered and the organization of sessions and symposia was now taking shape. Topics of particular interest were to be highlighted in a series of half or full day symposia and these included: Diagnostic and Therapeutic Procedures (Surgical and Otherwise) in Brain Tumours (Monday, 31 August); Muscle Tonus: Anatomy, Physiology and Pathology (Tuesday, 1 September); Acute Non-suppurative Infections of the Nervous System (Thursday, 3 September); and The Role of Trauma in the Production of Nervous Symptoms (Friday, 4 September) (Sachs and Riley, 1930).

While most delegates were eventually able to attend the 1931 Congress, local political events prevented some from doing so. Dr Sierra, from Argentina, wrote to Riley: ‘Due to the recent political
events that have agitated my country... I have not been able to occupy myself with the responsibilities of the International Neurology Congress. I should stay away from my country for some time. The revolution that started in my country on that date has brought other men to the scientific and political direction of Argentina' (Sierra, 1931).

For the large American contingent, the S.S. Rochambeau of the French Line, one of the most popular cabin-class ships in the Atlantic service, was selected as the official steamer, and a large block of attractive cabins was reserved. Two itineraries were arranged in order to offer the American delegates, their families and friends, an opportunity to visit some of the more interesting cities and resorts of Europe before arriving at Berne to attend the Congress (International Neurological Congress at Berne, Official Travel Arrangements for American Delegates, 1931). The 35-member American delegation included 13 physicians from New York, five from Chicago, four from Philadelphia, three from Boston, and the remainder from elsewhere. Included in the delegation were Henry Alsop Riley, Robert Foster Kennedy (1884–1952), James Ramsay Hunt (1872–1937) and Harvey Cushing (1864–1939).

The Congress opened at 9 am on Monday morning, 31 August, 1931 with welcoming addresses, conferring of two honorary degrees from the University of Berne, and a presidential address by Dr Sachs (Proceedings of the First International Neurological Congress, 1932, p.10–11, 17–18). Sachs declared: ‘The purpose of this congress is primarily to establish personal contact and to unite the neurologists of the entire world in the attempt to find a solution to the many important problems engaging their attention’. One of the major ‘problems’ discussed by Sachs was the failure, in his view, of neurologists to assert themselves. Sachs stated that in recent years ‘neurology contributed mightily to the startling advances in general medicine [sic] and surgery’ and that a review of the work of past and current neurologists ‘would help us to realize what medicine [sic] and the specialties owe to neurology’. He added ‘A thorough knowledge of neurology should play an important part in every medical curriculum; and in every hospital nervous disorders should be treated in special wards and by men and women especially trained and fitted for such work. We neurologists have suffered from an excess of modesty, or a wards and by men and women especially trained and fitted for such work. Neurological Congress, 1932, p.18).

Financial support and other difficult issues

One difficulty that arose was how to finance the Congress. A number of ideas were proposed, including the establishment of an international fund. Klaas Herman Bouman wrote: ‘It seems desirable that an international fund be raised from annual contributions of the neurologists. Associations of those american, asiatric and european countries in which such associations exist. Each society should establish itself the amount of its annual contribution to this fund; these contributions should be sent to a financial [sic] committee that should be appointed for the first time this year (1928); the amount thus saved should be used for the printing of the proceedings and whatever cost of printing occur. We are convinced that such a fund should be of great value to create the possibility of having international congresses in countries of small financial capacities or which on account of their geographic position or neutral attitude are often selected for this purpose. The Dutch Society for Psychiatry and Neurology has voted an annual contribution to this fund of fl. 100 - to begin with 1928’ (Bouman, 1928).

Eventually, ‘after considerable discussion’, it was decided at the 1929 planning meeting ‘to leave the matter of subscriptions to the discretion of each country, or each group of neurologists. Countries which can do so should try to raise a minimum of 500 Swiss Francs in each of the two years, 1930 and 1931’ (Minutes of the Meeting of the Program-Executive Committee of the International Neurological Congress, 1929). The issue of ‘countries of small financial capacities’ remained very real and the statement, ‘countries which can do so’ was very important (Bouman, 1928). Professor L. Puusepp, from Estonia, wrote to Sachs: ‘May I mention to you in a private way that the fee fixed on the Session of The Committee at Berne (500 Swiss Francs) is too high for a country like ours. There are only 1 200 000 inhabitants in our country the money value relatively low and the salary of an Professor-Ordinarius amounts to only 95 Doll. monthly. The number of neurologists is of course smaller than in the larger countries. For this reason I deem to be my duty, as of a representative of a small country, to draw [sic] your attention to this circumstance, since I think that other similar countries will also be in the same situation’ (Puusepp, 1930).

Interest in the Congress was immense and one problem, which became evident early on, was that the programme could not accommodate everyone and everything. This was apparent on many levels. First, there were some initial attempts at setting limits. Several countries felt that they had been unfairly overlooked and national pride was bruised. Edward Flatau (1869–1932) wrote to Riley from Warsaw: ‘In the name of the Polish committee I express my surprise and regret, that either between the vice-presidents of the congress, either between the honorary members... any polish name is visible. The polish neurologists did not rest in their work for the science during all years of the politie defendsance and they work intensively further from the time of their independence’ (Flatau, date unknown). The Soviets also felt overlooked. Indeed, M.B. Kroll (1879–1939), wrote to Riley regarding a proposal to ‘arrange a special day or session for the papers from the U.S.S.R. because no one have found place in the programme. Be so kind to support our initiative’ (Kroll, 1931). He then suggested a series of no less than 16 lectures (Kroll, 1931).

Second, the number of individuals who wished to read multiple papers was sizable, and a means of dealing with this volume had to be arranged (Senise, 1931). Eventually, there were to be 199 talks, many of which were followed by discussions run by pre-designated faculty (Proceedings of the First International Neurological Congress, 1932, p.XVIII–XXV). This involved 247 speakers or discussants from 27 countries [led by Germany (38), United States (32), France (31), Italy (29), Switzerland (17), Great Britain (15) and Austria (14)] and attendees from 42 countries (Proceedings of the First International Neurological Congress, 1932, p.XVIII–XXV). Almost as many attendees were informed that their papers might only be announced and perhaps, read or spoken before the Congress, but not published in the programme (Senise, 1931). Indeed, there were 162 such instances (Proceedings of the First International Neurological Congress, 1932, p.378–89). Other speakers were to be held in the wings and told to be prepared in case they were ‘called upon’; their papers would be published in the official proceedings but they would not necessarily be guaranteed a chance to speak (Kojernikoff, 1931; Minor, 1931; Nattrass, 1931). Most were gracious in accepting these limitations (Kojernikoff, 1931; Minor, 1931; Senise, 1931). Others were less accepting. Professor L.S. Minor, in Russia, wrote: ‘Meanwhile I received a letter from you in which you notify me that due to lack of time and place I and my son will not be admitted to read our papers. As far as the publication of our works is concerned we are
at all events entitled to wish that same should be included into the program and later published in the official records of the Congress proceedings at least in the form of abbreviated papers. We did not know that we would be refused to read our papers and we worked diligently hoping to present our work in public at the World Congress’ (Minor, 1931).

The idea of parallel sessions was raised; however, there was opposition to this idea. In a letter to Riley, Sir Charles Sherrington (1857–1952) wrote: ‘As to the question you put about the advisability of the simultaneous sessions for getting through the miscellaneous papers, Dr. Wilson and myself think that it is to be avoided so far as possible, for its risk of detracting from the “snap” and “go” of the meetings themselves’ (Sherrington, 1931).

The importance of the Congress and the rise of neurology

The Congress was a scientific event and the creation of special sessions focused on brain tumours, abnormalities in muscle tone, infections of the nervous system and trauma would ensure that the investigations surrounding these areas would receive the most discussion. The lasting impact of the science is difficult to assess; however, the majority of papers that were read at the Congress did not end with their public reading. Indeed, of the 199 talks, 120 were subsequently published as detailed scientific papers (most in 1932 but some in succeeding years) (Proceedings of the First International Neurological Congress, 1932, p.24–347). The largest number were published in the German literature (n = 44), followed by the French (n = 24), American (n = 19) and Italian (n = 15) literatures. Smaller numbers were published in the Swiss, British, Spanish, Austrian and other literatures (Proceedings of the First International Neurological Congress, 1932, p.24–347).

Aside from the scientific aspects of the Congress, one may see it as an integrative force for the field of neurology and a significant step in the direction of medical specialization. In the early twentieth century, clinical practice of neurology in many countries often remained a mixture of neurology and psychiatry (Proceedings of the First International Neurological Congress, 1932, p.360–77). Indeed, neurologists often practiced a combination of the two (Proceedings of the First International Neurological Congress, 1932, p.360–77; Louis, 2003; Rowland, 2009, p.108). One underlying factor was that, other than epilepsy, there were no other neurological conditions that could be treated effectively with a drug (Rowland, 2009, p.4, 37). Another factor was that psychiatric patients themselves felt stigmatized by psychiatric diagnoses, preferring to be admitted to a neurological hospital than a psychiatric hospital (Rowland, 2009, p.37). There was also some resistance to specialization. Many German internists, for instance, had difficulty getting used to the split of neurology from internal medicine (Weisz, 2006, p.202). Indeed, in many German universities, neurology was traditionally taught within internal medicine (Hun, 1883, p.54; Proceedings of the First International Neurological Congress, 1932, p.369–70). It was in the setting of medical departments and medical clinics in Heidelberg that Professor Wilhelm Erb (1840–1921), for example, delivered his lectures (Hun, 1883, p.54).

The forces that drive medical specialization are complex. These include medical research and education, a desire on the part of practitioners to capture and monopolize specific clinical domains, a growing belief by the general public that experts provide better care than generalists and, as in the case of the Berne Congress, the formation of international congresses (Weisz, 2006, p.227–30). Large international congresses were, by necessity, divided into more manageable specialties and subspecialties, providing a mechanism by which doctors could be organized around distinct and definable units of mutual intellectual and clinical interest, bringing them together in a common enterprise and identity (Weisz, 2006, p.229).

On the last evening of the Congress (Friday, 4 September 1931), a 2 h session was held entitled ‘Relation of Neurology to General Medicine and Psychiatry in Universities and Hospitals of various Countries’ (Proceedings of the First International Neurological Congress, 1932, p.360–77; Koehler, 2007). The seven speakers, from Switzerland, United States, France, Germany, Prague, Austria and Holland, focused their lectures on the state of neurological training and the care of neurological patients in their respective countries, the presence of separate neurological departments in their hospitals and universities, the relations between neurology and internal medicine and psychiatry and whether these should be regarded as distinct disciplines (Proceedings of the First International Neurological Congress, 1932, p.360–77). A common theme in these lectures was concern over the independence of neurology as a discipline and the desire to foster its continued development. Just prior to adjourning at 11 pm, the assembly voted on and unanimously approved the following resolution: ‘Neurology represents an entirely independent specialty in Medicine. Unfortunately, this fact has not been sufficiently recognized in various countries. The First International Neurological Congress hopes that the Universities and Hospital Authorities of the various states will take active steps to further the progress of Neurology’ (Proceedings of the First International Neurological Congress, 1932, p.376).

One manner in which the Congress may have fostered the independent development of neurology is that is may have stimulated the organization of neurology within some countries. For example, the Association of British Neurologists was established in 1932, the year after the Congress (Gardner-Thorpe, 2000). The Polish Neurological Society was founded in 1933 and a neurological chair was founded in Barcelona, Spain in that same year (Koehler, 2007).

In summary, the Berne Congress was an important episode in the emergence of our discipline. By bringing together individuals from North and South American, Europe and Asia, it facilitated the cross-fertilization of ideas across entire schools, which until that point had been operating as more or less separate intellectual cantons. Indeed, the Berne Congress served as a successful model for subsequent international congresses, which were held every four years (London, 1935; Copenhagen, 1939; Paris, 1949; Lisbon, 1953 and Brussels, 1957), and became the most important event in world neurology (Curriculum Vitae of Henry Alsop Riley, 1959; Soriano, date unknown). It was the 6th International Neurological Congress (Brussels, 1957) that gave birth to the World Federation of Neurology, the formation of which was proposed by van Bogaert on 22 July 1957 (World Federation of Neurology Newsletter, 1959).

Perhaps most broadly, the 1931 Congress reflected a growing trend toward specialization in medicine, as reflected by the first international congresses in other emerging disciplines (e.g. Ophthalmology in Brussels in 1857 and Rhinology in Vienna in 1908) (Donders, 1887; Kierzek, 2003).

References


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