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EMIL KRAEPELIN'S INAUGURAL LECTURE IN DORPAT: CONTEXTS AND LEGACIES

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Abstract. In his inaugural lecture delivered at the University of Dorpat in 1886, the German psychiatrist Emil Kraepelin presented one of the most concise accounts of the state of psychiatric research in the late nineteenth century. In his lecture, Kraepelin criticized the patho-anatomic research of contemporary neuropsychiatrists and argued that psychiatric research needed to be augmented by a new emphasis on experimental psychology. This article explores the historical contexts that informed Kraepelin's research agenda in experimental psychology. It argues that Kraepelin's early experimental research in Dorpat served as a catalyst for his later clinical research in Heidelberg in the sense that it evoked recognition of the importance of disease course and prompted him to expand the breadth of available information about patients beyond what laboratory research could provide. Kraepelin's experimental research can therefore neither be dismissed entirely, nor posited as the wellspring of his nosology, but needs instead to be viewed as a crucial tool of accurate diagnostic practice.

Keywords: Emil Kraepelin, experimental psychology, psychiatric nosology, history of psychiatry, Estonia, Wilhelm Wundt

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1. Introduction

The psychiatrist Emil Kraepelin (1856–1926) is today best known for having distinguished between what we have come to call schizophrenia on the one hand, and manic-depressive illness on the other. This basic dichotomy has been enormously influential in the history of twentieth century psychiatry. Over the past several decades, with the rise of biological psychiatry and – especially in the United States – the displacement of psychoanalytic psychiatry, Kraepelin has become an icon. His legacy has been appropriated by so-called neo-Kraepelinian psychiatrists who have repeatedly evoked his name in support of efforts to

strengthen the biomedical model of mental disorders and to reinforce psychiatry's status as a research-based medical specialty within the mental health professions (Mayes and Horowitz 2005, McCarthy and Gerring 1994). Indeed, what some have described as a 'revolutionary' (Compton and Guze 1995, Klerman 1989:31) paradigm shift toward 'biological psychiatry' in the late twentieth century has gone hand-in-hand with recourse to Kraepelin's work. In the words of a former editor of the American Journal of Psychiatry, in moving forward, psychiatric research has found itself "returning to the past and coming back full circle to the work of Kraepelin" (Andreasen 1997:108).

Emil Kraepelin's enormous influence in psychiatry is commonly put down to his clinical methods and nosology. According to advocates and detractors alike, his empirical research techniques and unique powers of observation were decisive factors in the delineation of schizophrenic and manic-depressive forms of mental illness. So it is hardly surprising – and certainly not without justification – that we have come to view him as a grand clinical nosologist.

But in the 1880s, Kraepelin was not yet the clinical nosologist that he later became. Rather, a far more apt description of him at that stage in his career would be an experimental psychologist. Kraepelin worked in the famous laboratory of Wilhelm Wundt (1832–1920) in Leipzig, where he conducted psycho-physical experiments on the effects of various pharmacological and other stimulants. And over the course of his entire career, Kraepelin strove to establish the Wundtian psychological experiment as part of psychiatry's diagnostic repertoire. He created laboratories for psychological research at the university clinics he headed in Dorpat, Heidelberg, and Munich, as well as at the German Research Institute in Munich which he founded in 1917. For well over forty years, up to the very end of his career, Kraepelin conducted psychological research and remained convinced of its importance and usefulness in the development of psychiatric science (Kraepelin 1920:359–360, Kraepelin 1983:218).

In general, historians of psychiatry have tended to ignore Kraepelin's laboratory research and it has come to be seen as little more than an awkward appendage to his clinical work (Gaupp 1939:68, Birnbaum 1928:42, Gruhle 1929:46, Ackerknecht 1985:78). From the perspective of clinical medicine, Kraepelin never succeeded, as he had hoped, in integrating psychological research into his broader nosological scheme. His enormously influential textbook *Psychiatry* was all but silent on the relevance of experimental psychology in psychiatric practice. Hence, it is not surprising that it has been largely purged from historical memory, while at the same time his pragmatic taxonomy was readily canonized by clinical psychiatry. My aim in this article is to reflect on Kraepelin's research in experimental psychology and its relationship with his nosology. Much of his early experimental research took place at the University of Dorpat, where from 1886 to 1891 he was a member of the medical faculty and director of the psychiatric clinic. In his inaugural lecture of 1886, he articulated the significance of experimental psychology in his early research agenda (Kraepelin 1887a).

2. Historical contexts: unitary psychosis and neuropsychiatry

To fully appreciate the importance of Kraepelin's inaugural lecture, it is worth recalling two especially noteworthy historical contexts. The first concerns the doctrine of 'unitary psychosis' (*Einheitspsychose*) which dominated much mid-nineteenth century German thinking about madness (Vliegen 1980, Trenckmann 1988:121–161, Janzarik 1972:596). The doctrine posited the existence of but one single mental illness rather than distinct disease entities. According to this doctrine, mental illness evolved through different stages, beginning with melancholy and then proceeding through states of mania and more severe delusional/psychotic conditions (*Wahnsinn/Verücktheit*) before culminating in the complete dissolution of the mental personality (*Dementia*). This model of mental illness situated emotional disorders in the early or 'primary' stages of insanity and nineteenth century asylum psychiatrists – so-called 'alienists' – believed that patients treated in these early stages had a better chance of being cured and were less likely to evolve into chronic conditions. Changes in mood were, in many respects, the early sentinels that warned of potentially more devastating mental incapacity: "Emotions are the most sensitive signs of all inner changes. In mental illness therefore, it is usually precisely patients' emotional accent (*Gefühls-betonung*), their emotional disposition (*Gemütsleben*) that initially manifests the most obvious disruptions" (Kraepelin 1909/15 vol. 1: 338). Throughout much of the nineteenth and early twentieth century, the specter of further decline into debilitating chronic conditions drove widespread efforts to recognize these prodromal symptoms and have patients institutionalized as early as possible.

By the late 1860s, however, the doctrine of unitary psychosis was beginning to collapse. A growing number of studies had revealed internal contradictions and suggested the existence of several different kinds of mental illness that did not necessarily evolve from melancholy. Emil Kraepelin's research agenda and his efforts to classify psychiatric disorders as discrete pathological entities can be interpreted as a response to the collapse of the unitary psychosis and the nosological limbo in which it left psychiatric practitioners (Kendler and Engstrom 2016, Janzarik 1979, de Boor 1954:10–19).

The second important historical context concerns the preeminence of neuro-psychiatry in the 1870s and 1880s (Engstrom 2003:88–120, Schmitt 1983). During these decades, psychiatrists held out great hope that pathological anatomy and physiology would provide a somatically grounded explanation of mental illness. No one did more to encourage this belief than Wilhelm Griesinger (1817–1868). Griesinger's dictum that mental illness was brain disease inspired an entire generation of academically trained laboratory scientists, including Theodor Meynert (1833–1892), Carl Westphal (1833–1890), and Karl Wernicke (1848–1905). For this generation of cerebral pathologists, the cause of mental illness lay in physical changes in the local anatomic structure and physiology of the brain. They were deeply skeptical of clinical empiricism and began relocating their science away from the mental asylums and into university laboratories. But their high hopes of

fusing mind and brain, of anchoring the psyche in neurological processes, were soon dashed for lack of reliable evidence and therapeutic applicability. Undaunted, however, they advanced a range of theories that extrapolated from their patho-anatomic laboratory results to the clinical symptoms of madness.

3. The inaugural lecture of 1886 and Kraepelin's psychological research

In his own research, Kraepelin was trying to distance himself from this tradition of cerebral pathology by drawing on the work of Wilhelm Wundt's experimental methods in order to rehabilitate a psychological dimension to psychiatric research – a dimension that he believed had gone missing in a decidedly neuro-psychiatric era. Herein lies the historical significance of Kraepelin's inaugural lecture in Dorpat in 1886. Kraepelin believed that neuropathologists had made two fundamental errors. First, they had been too eager to draw clinical conclusions from histopathological research. The result had been highly speculative claims about the causal linkage between psyche and soma. Second, Kraepelin criticized those brain-researchers who had blazed a trail into neuropathology, but who had never found their way back to psychiatry. In his view, the failings of romantic medicine (metaphysics, psychology) had driven many psychiatrists to opposite extremes and led them to adopt positions of 'naive materialism'. As a result, much of their patho-anatomic research had become irrelevant or only peripherally significant to psychiatric practice.

Kraepelin's explanations of mental processes were – as his critique of neuro-psychiatry suggested – more somatically restrained and psychologically informed than those of other contemporary neuropathologists. Kraepelin was not so much dismissing neurophysiology outright, as underscoring the need to study mental processes without recourse to dubious linkages between patho-anatomic and clinical evidence. Adopting the psycho-physical parallelism of his mentor Wilhelm Wundt (Wegener 2009), Kraepelin sought to sever those linkages and to argue that psychological experimentation represented a more promising strategy for studying the mind. He argued that because Wundt had transformed psychology into a natural science, psychiatrists could now embrace it unreservedly and thus move the study of psychological processes to the forefront of psychiatric research.

During his tenure in Dorpat, Kraepelin began laying the groundwork for this experimental research agenda (Burgmair 2003:41–53).[1] He set up a laboratory in his own living quarters and in the department of physiology headed by Alexander Schmidt (1831–1894). The laboratory was equipped with instruments that he had

[1] Kraepelin's programmatic statement on psychological experimentation did not appear until 1895 in the first volume of his own journal Psychologische Arbeiten under the title "Der psychologische Versuch in der Psychiatrie" (Kraepelin 1895). Although in the 1880s and 1890s he had published several articles on psychological experiments, it was not until the publication of his Psychologische Arbeiten that his efforts to secure a safe harbor for Wundtian experimental psychology within psychiatry became more systematic.

brought with him from Germany, as well as with instruments that he either built himself or in collaboration with the university's machinist. Kraepelin's instrument of choice was Hipp's chronoscope, but he also measured motor functions using the ergograph and designed special instruments to measure the depth of sleep and the pressure applied in handwriting (Weber and Burgmair 2009, Schäfer 2005). He began recruiting students and colleagues to join him in his endeavors, establishing a small circle of researchers and producing a number of dissertations on themes relating to experimental psychology.

Kraepelin employed many of the same experimental instruments and methods that he had observed as a student in Wilhelm Wundt's laboratory in Leipzig. At the core of his laboratory work in the 1880s stood the measurement of basic psychological reaction times. In countless stimulus and response experiments he sought to quantify various mental processes. Slow response times or false starts could provide important clues about a nervous constitution or a disorder of sensory or neural functions. He sometimes concatenated experiments in an elaborate sequence designed to measure fatigue, attention-span, or memory. Experimental subjects were called upon to add numbers, to memorize random syllables, or to estimate intervals of time and physical stimuli. One of these tests – monotonous addition of single integers – was named in honor of Kraepelin (the Uchida-Kraepelin test) and is still used in psychiatric practice.

Ultimately, the aim of this research was to develop a "quantitative individual psychology [*messende Individualpsychologie*]" (Kraepelin 1895:43) capable of grasping the basic mental characteristics of an individual.[2] To Kraepelin's mind it should have been possible to use a battery of psychological tests to establish the 'status psychicus' (Kraepelin 1884:829) and 'status praesens' (Kraepelin 1895: 65ff) of his mentally ill patients, in the same fashion that general medicine used chemical and physical tests. Those tests, he hoped, would allow a "rapid psychological mapping (*Kennzeichnung*) of the individual" (Kraepelin 1895:69). Kraepelin went so far as to outline in detail a five day sequence of experiments which would test and evaluate the basic properties of personality (Kraepelin 1895:75–76).

This research agenda had a number of professional advantages. By mimicking the rigor of the natural sciences, psychological research was a bid to legitimize psychiatry's disciplinary practices and to advance claims of parity alongside other branches of medical science. Furthermore, in institutional terms, an effective battery of diagnostic tests was of great use in steering hospital admissions and in managing the distribution of patients within a larger system of institutional care. And finally, as a diagnostic tool, Kraepelin's 'quantitative individual psychology' had the potential to speed up diagnostic procedures and thereby optimize the conditions under which he could pursue his clinical research.

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[2] Kraepelin alsoused terms such as 'persönlichen Grundeigenschaften' (Kraepelin 1895:41–65) and 'psychische Grundeigenschaften' (Kraepelin 1899:281).

But in spite of these advantages, did Kraepelin follow through on the promises of his inaugural lecture in Dorpat? Did he in fact distance himself from the somatic preoccupations and anti-psychological bent of his contemporaries? And was he able to reconcile his research agenda in experimental psychology with the nosological challenges posed by the collapse of the unitary psychosis? In addressing these questions, it is instructive to turn to Kraepelin's general views on clinical psychopathology and nosology.

4. Clinical psychopathology

Kraepelin's attitude toward Wilhelm Griesinger is especially insightful. Unlike the vast majority of his colleagues, Kraepelin rejected Griesinger's efforts to weld psychiatry and neurology together. Griesinger had insisted that, because psychiatric disorders were essentially only a subgroup of neurological ones, the two fields could not be separated from each other. But Kraepelin disagreed, arguing that they were completely separate spheres of medicine. Speaking at the inauguration of the university psychiatric hospital in Munich in 1904, Kraepelin decried the fact that Griesinger's paradigmatic attempt to unite neurology and psychiatry had led to an "alienation between university hospitals and mental asylums" and that neurology had very little to offer alienists in the way of practical, hands-on therapeutic advice (Kraepelin 1905:34–5, Kraepelin 1983:132–133).

Turning to the successive editions of his psychiatric textbook also adds nuance to our understanding of the trajectories and contexts in which Kraepelin saw his own research evolving. In the early editions, he insisted vehemently that if psychiatry was nothing more than a special branch of neuropathology, it would never be able to deliver on its promise of a comprehensive understanding of mental disorders (Kraepelin 1887b, 1889, 1893:1–3). No explanation of 'brain mechanisms' alone could entirely incorporate mental processes. Consequently, psychiatric research had to pursue not just the somatic foundations of mental illness but also – using the tools and methods of the clinical sciences and experimental psychology – the phenomena of mental life. Only if cerebral pathology was 'intimately linked' with psychopathology would it be possible to explore the "laws governing the interrelationship between somatic and mental disorders".

Kraepelin never really deviated from these fundamental convictions in subsequent editions of his textbook. The important, but consistently meager results of patho-anatomic research made it paramount that scientific research be conducted

> *not just on the somatic conditions of the cerebral cortex, but also the mental manifestations of those conditions. In this way we obtain two closely intertwined, but fundamentally incomparable strands of evidence of somatic and mental phenomena. The clinical picture is a product of the causal relationship of these strands to one another* (Kraepelin 1896:6–7).

Contemporary reviewers of Kraepelin's textbook believed that he had adopted a decidedly psychological standpoint that appeared to challenge psychiatry's hard-won anatomical foundations. Early critics lamented the central importance of psychological terminology drawn from the German philosophers Wilhelm Wundt and Johann Friedrich Herbart (1776–1841), arguing that it was "neither useful nor agreeable" (Möbius 1888). Later, when the fifth edition of the textbook was published in 1896, colleagues roundly criticized it as being "psychiatry without the brain" (Weygandt 1927:449). By the time the seventh edition was published in 1903, however, it was being praised for its grounding in psychology: "Throughout [the book, Kraepelin] proceeds from purely psychological premises and incorporates observations on the normal psyche" (Weygandt 1903/4:412).

5. Clinical nosology

And so it seems that Kraepelin was not quite the brain-based, anti-psychological psychiatrist that we have come to associate with his name. But what about Kraepelin the clinical nosologist? If nothing else, his classification of psychiatric disorders must surely be counted among the most influential nosologies of the twentieth century. This is certainly how his psychiatric heirs have often described it. And even many of Kraepelin's own contemporaries were full of praise for his efforts to classify mental disorders. For example, the renowned neurologist Oskar Vogt (1870–1959) went so far as to compare him with the renowned eighteenth century Swedish botanist, Carl von Linné (1707–1778), describing Kraepelin as "psychiatry's Linné" (Bouman 1928:200).

In spite of such praise, however, if we ask how Kraepelin himself viewed his nosological efforts and what importance he attributed to them, it appears that he was not as nosologically sure-footed as subsequent commentators have assumed. Turning again to his textbook, we find that the inflated legacy of his nosology fits awkwardly alongside Kraepelin's own assessment of his work. For one, and contrary to Oskar Vogt's claim, Kraepelin himself had regularly and explicitly insisted that it was necessary to "abandon for all time a systematic demarcation of mental disorders along the lines of Linné" (Kraepelin 1889:236, Kraepelin 1893:240).

Kraepelin was skeptical about whether he had in fact delineated natural disease groups. In his most explicit remarks on nosology – located in the textbook's evolving section on special pathology – he early on expressed reservations about the shortcomings of his categories: he readily conceded that they were based on "anything but uniform principles" and because he believed that all contemporary nosologies were "necessarily provisional", he chose simply "to compile a number of purely empirically derived disease categories" rather than attempt a "true classification" (Kraepelin 1887b:208 and 211). He even insisted that his categories could make no claim to general validity and that, indeed, they were of "no further scientific value". Their relevance was explicitly practical and didactic:

> *Experienced observers will not fail to notice that the validity of the definitions of specific groups presented here can in no way claim to be unanimously accepted. Consequently, they are of no further scientific value; but they might – due to their emphasis on certain practically important fundamentals – help give students an overview of the diversity of closely related clinical cases* (Kraepelin 1887b:212).

Over time, Kraepelin's remarks on his nosology grew in scope and skepticism (Kraepelin 1889:235–239, Kraepelin 1893:239–244). He maintained that his own push to reconcile somatic and mental symptoms would "most likely bring to light the impossibility of any comprehensive delineation of mental disorders." Experience had shown that what at first appeared to be sharp clinical boundaries had become ever more blurred and that a "thorough differentiation between normal and pathological conditions" was an impossibility. In many cases, a satisfactory demarcation was an "entirely unsolvable task" because of the "fundamental obstacle of squeezing life-processes into sharply defined categories". There was "naturally no point in imagining sharp boundaries between congenital and acquired, between inner and external causes of disease because in both cases experience had demonstrated completely seamless transitions".

In later editions of the textbook (Kraepelin 1909/15, vol. 2/1:v and 2–3), Kraepelin remarked that it was becoming harder and harder to present the "burgeoning growth of clinical psychiatry" in "textbook form". Confronted with "doubt" and "uncertainty" at every turn, Kraepelin believed that no one sensed more urgently than he just how "highly unsatisfactory" his nosology was.

It is important to note, however, that such skepticism never put Kraepelin's nosologic ambitions to rest. While it may have tempered his expectations, it never undermined his deep-seated convictions about the importance of careful, discerning clinical observation and differential diagnosis. Indeed, it seems that Kraepelin was ultimately more concerned about empiro-clinical and diagnostic accuracy than he was about taxonomic validity (Kraepelin 1909/15 vol. 1:3–4 and vol. II/1:11–12.). From the outset therefore, he underscored and expanded upon his views about the fundamental importance of direct clinical observation for the construction of "clinical disease forms". Exploiting every means of clinical observation at his disposal became a fundamental nosological "principle".

And so it seems that Kraepelin took his nosology to be a useful diagnostic tool more so than the last word on natural disease entities. This interpretation is further underscored in an appendage that Kraepelin added to his introductory remarks on special pathology in 1893 and retained in all subsequent editions of the textbook:

> *In closing I must emphasize that several of the categories I delineate are mere preliminary attempts at depicting a certain part of the clinical evidence in textbook form. Clarity as to the true significance and interrelationship of those categories must await additional, detailed study. Furthermore, it's beyond dispute that today, in spite of our best efforts, we are entirely unable to classify many cases as one of the known forms of the 'system'. Indeed, in some areas the number of such cases has grown so much that scientific confidence has been replaced by uncertainty and doubt. This fact is certainly a bit unsettling for*

> *students; for researchers it simply means a break with the traditional vagueness of our diagnoses in favor of more precise terminology and a deeper understanding of clinical experiences* (Kraepelin 1893:245).

6. Reconciling clinical nosology and experimental psychology

One might have expected that Kraepelin's laboratory research would have blunted his nosological skepticism. Couldn't the exacting, quantitative results of his psychological experiments be put to effective use in refining psychiatric nosology? Kraepelin's own contemporaries didn't think so. Within his own lifetime, Kraepelin's efforts were viewed skeptically by many of his colleagues. Wundt himself had early on expressed reservations about the applicability of experimental methods in the field of psychiatry (Wundt 1881). After the First World War, one psychologist believed that Kraepelin's experimental endeavors had become mired down and had contributed nothing decisive to psychiatry. In Kraepelin's hands, psychological experimentation had remained "a mere appendage to the psychiatric clinic, where it [had] failed to be integrated in a creative symbiosis" (Hellpach 1919:340). And even such favorably disposed commentators as the sociologist Max Weber criticized the methodological shortcomings of Kraepelin's endeavors, arguing that they never managed to escape the hermetic ivory tower of the academic laboratory (Weber 1908).

Nor did Kraepelin's death in 1926 prompt commentators to arrive at any more favorable judgment of his experimental work. One of his students noted that Kraepelin had failed utterly in efforts to introduce the concepts of experimental psychology into his clinical nosology (Gruhle 1929). And several years later another was still more explicit in his assessment, believing that Kraepelin had overestimated the significance of Wundt's methods and had been biased in applying them. As a result, Kraepelin's nosology had had virtually nothing to do with his laboratory research (Gaupp 1939). This interpretation has – at least implicitly – been supported by more recent research that has interpreted experimental psychology simply as a "guarantee for the scientific status of psychiatric research" and thus marginalized its role in the development of Kraepelin's nosology (Hoff 1992:121).

Nevertheless, in assessing the significance of Kraepelin's psychological research, some historians – far from discounting its importance – have tended to stress its formative influence on his nosology. Unlike those who admire Kraepelin as a great clinical nosologist, their aim has been to downplay the clinical side of Kraepelin's nosology and emphasize instead its origins in premises drawn from laboratory practice. According to one historian of psychology, for example, Kraepelin's nosology was theoretically possible only within the framework of psychology either Wundtian or something else. By this interpretation, Wundt's concept of apperception was essential in the construction of Kraepelin's nosological category 'dementia praecox'. By implication, Kraepelin's entire system of

psychiatric classification "resulted from the adoption of a model of [Wundtian] experimental psychology" (Hildebrandt 1993:24–25).[3] By another account, Kraepelin's experimental research resulted in him ignoring socio-cultural and biographical determinants in the classification of mental disease, i.e. ignoring those causal factors which remained invisible to his experimental methodology. As a consequence, it has been argued, Kraepelin's nosology was inherently biased in favor of somatic disorders (Roelcke 1999).

What's striking about all of these interpretations is that they are, in a manner of speaking, "retrospectively nosological" (Engstrom 2015:156). That is to say, the significance of Kraepelin's experimental research in Dorpat in the 1880s has been assessed against the monumental backdrop of what his nosology *later* became. By interpreting experimental psychology's significance – or lack thereof – simply in relation to Kraepelin's nosology, these interpretations have, to some degree, fallen victim to hindsight, i.e. to the inflated legacy of that nosology.

For what these interpretations tend to miss is that – as I have shown – Kraepelin was rather skeptical about the prospects of demarcating natural disease entities. In his inaugural lecture, he lamented the "labyrinth of clinical signs" and the sharp "divergence of efforts at clinical classification" that plagued psychiatric practice (Kraepelin 1887a:20–21). And so he argued that, for the immediate future, research efforts would best be directed not toward the construction of disease categories, but rather toward the supposedly more modest goals of delineating clinical symptoms and breaking complicated psychological processes down into their component parts.

Another striking characteristic of the inaugural lecture of 1886 is the fact that he paid very little attention to the course of a patient's illness over time. In Kraepelin's later clinical work, the course of an illness became one of the chief defining characteristics of his psychiatric nosology, so much so that Kraepelinian psychiatry has often been nicknamed 'course psychiatry' or *Verlaufspsychiatrie*. By contrast, Kraepelin spent considerably more time in his lecture speaking about the merits of Wundtian experimental psychology.[4] This discrepancy suggests that by the early 1890s Kraepelin had come to recognize the limits of the laboratory methods he had espoused in his early career – methods that could capture only a snap-shot of symptoms at one given moment in patients' lives and that depended on those patients' cooperation for success.

But far from constricting his clinical perspective, these limitations led him to widen his later research agenda in Heidelberg to include more exacting anamnestic and catamnestic – i.e. pre- and post-hospitalization – assessments of his patients'

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[3] It is one thing to find in Kraepelin's concept of dementia praecox affinities with Wundt's idea of apperception and quite another to claim – as Hildebrandt does – that Wundt's experimental methods (as practiced by Kraepelin) generated the category. Hildebrandt makes a plausible case for the first claim, but the second claim remains entirely unproven.

[4] The language barrier that Kraepelin faced vis-à-vis his Estonian patients was undoubtedly another factor in his strong emphasis on experimental psychology in the late-1880s (Kraepelin 1983:45–46, Burgmair 2003:48–49).

symptoms (Engstrom 2005, Weber and Engstrom 1997, Berrios and Hauser 1988). In other words, Kraepelin's early experimental research was probably a catalyst for his later clinical research in Heidelberg in the sense that it evoked recognition of the importance of disease course and prompted him to expand the breadth of available information about patients beyond what laboratory research could provide. Accordingly, a more apt interpretation of the origins of Kraepelinian psychiatry would have experimental psychology neither dismissed entirely, nor posited as the wellspring of his nosology, but instead viewed as a necessary, though insufficient precondition of accurate diagnostic practice.

7. Conclusion

From the outset, Kraepelin's legacy has been the bone of bitter contention. And over the years, his life and work have been put to use in the service of various causes. Often he stands passively, simply as an icon for biological psychiatry, for a dichotomous classification of the psychoses, or for empirical and quantitative methodologies. He has also been cast in various plots about the validation or falsification of contemporary diagnoses. At times, his role appears similar to that of other iconic figures such as Philippe Pinel (1745–1826) or Sigmund Freud (1856–1939), simply serving as a backdrop or prop for an altogether different narrative drama. As such, Kraepelin has become a kind of touchstone of professional loyalties: He has been put to dramatic use in the strategic organization and apportionment of disciplinary resources, power, and knowledge.

In this article, I have implicitly suggested that we momentarily suspend judgment on what came of Kraepelin's nosology. I have asked that we become blissfully ignorant of his legacy and approach his early experimental work on its own merits. I have done so not least to restore a dimension of complexity and contingency to our historical understanding. I have not disputed that, in Kraepelin's eyes, experimental psychology held considerable nosological promise for psychiatry. But I have tried to escape from beneath his twentieth century legacy to explore some of the subtler significance and meaning of his early experimental research in Dorpat.

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