ADOLF MEYER
A MODERNIZER FOR OUR TIMES

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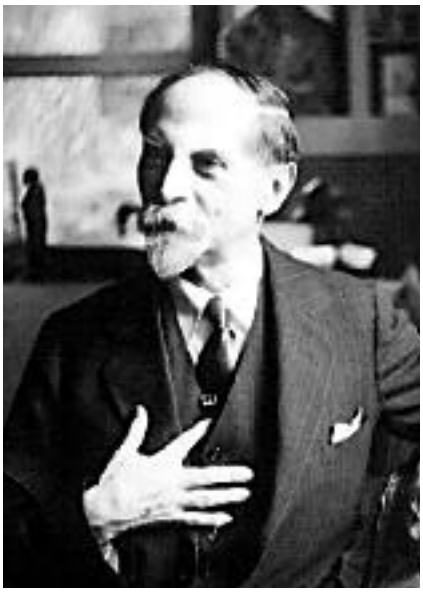
In 1982, a young Swiss man of 25 arrived in Chicago and promptly advised the medical faculty of Rush College they needed a neuropathology laboratory. In fact, he offered to start this for them. Undeterred by their rejection, he continued to explore opportunities and after serving as the pathologist at Worcester Lunatic Asylum and New York State Pathological Institute, he accepted the offer to become the Director of a new psychiatric clinic at the Johns Hopkins University Medical School in 1908.



Adolf Meyer

Adolf Meyer (1866-1950) belongs to the group of eminent men who gave direction and purpose to psychiatric practice at the dawn of the 20th century. Born and educated in Switzerland, he chose to train as a physician like his uncle but closely followed the values of his father who was a Zwinglian minister and follower of common sense philosophy. After further training in neuroanatomy and neuropathology, he migrated to the United States for better career options. Before settling in the US, he had travelled twice to the UK where he met great physicians such as Hughlings Jackson, Horsley, Ferrier and Gowers, and made lasting impressions on them.

While working as a pathologist for more than 10 years in lunatic asylums, he took active interest in the management of living patients and very soon started teaching the staff in these institutions. He made radical changes in the clinical practices to treat the patients in humane and holistic ways. By the time he was appointed director of Phipps Clinic at Johns Hopkins, he was in a position to establish an undergraduate curriculum and a structured training programme in psychiatry that continues to influence psychiatric practice to this day. He was a visionary who espoused values in routine clinical practice that are the cornerstone of the Recovery Model of managing chronic mental disorders in the 21st century. His wife helped him explore the family, social and environmental issues affecting his patients through home visits well before the concept of social worker was invented.

Meyer's clinical approach was radically different for his time: he emphasised the individuality of the patient as the centre of the clinical work. He insisted on detailed understanding of patients' personalities and life experiences, the stresses they had experienced, and their responses to them. In this process, highlighting the personality strengths and achievements was as important as noting problems and setbacks. This he managed in an era when psychiatric practice was emerging from the shadows of hereditary degeneration as the main etiological model, but also expectedly waiting for an imminent breakthrough in biological understanding of mental illnesses within the paradigm of infectious diseases. Psychoanalysis had recently reached American shores and was being embraced enthusiastically.

Meyer showed disdain and contempt to the enthusiasm for the biological models that fitted patients into prevailing diagnostic categories notwithstanding what life stories they had to tell. He also showed healthy skepticism towards

psychoanalytic approaches being able to explain the etiology of mental disorders. He insisted that physical and mental processes were inseparable in the human body. He taught and practiced an alternative clinical approach that he called psychobiology and 'common sense' psychiatry. In his own words, “psychobiology as thus conceived forms clearly and simply the missing chapter of ordinary physiology and pathology, the chapter dealing with the function of the total person and not merely the detachable parts.”

He demanded a willingness to use data about a patient's life on its own terms without persisting in seeking something behind and beyond experiences. He proposed that humans reacted to social and psychological adversity in a limited number of ways and explained mental disorders in terms of these reaction types. Although his proposed classification, termed **ergasias** , did not gain currency, the concept was incorporated as reaction types into later US and British textbooks as well as the *Diagnostic and Statistical Manual of Mental Disorders*.

What makes this contemporary of philosophers, sociologists, psychologists and psychiatrists like Kraepelin, Freud, Dewey, James, Meade and Peirce different is that Meyer did not systematically develop a clearly defined school of psychiatry. He did, however, influence teaching and practice in the United States and Britain to the extent that his influence can still be seen in routine clinical practice. The chronological case history, the detailed personal history, the life-chart, the close examination of the pre-morbid personality, and their integration in common place terms in the formulation of a case, all come directly from Meyer. His contribution has become so much a part of psychiatric practice that its origin has been obscured.

Almost a century after Meyer became the dean of American psychiatry, the pendulum has swung back and biological psychiatry is again the ruling paradigm. In this era of the human genome project and the hype created by the pharmaceutical industry, clinical practice is unduly focused on diagnoses whose etiologies we do not know and/or cannot establish. It is necessary, perhaps essential, that we relearn the lessons that Meyer taught over 40 years ago.