Tracing Emil Kraepelin in the Nobel Prize archive

The medical historian E. Ackerknecht¹ argued that the trends of 20th century medicine are illustrated by the names of those who received the Nobel Prize for physiology or medicine. If we follow this assumption, where does psychiatry stand? To date, three Nobel prizes have been awarded to psychiatrists or in recognition of psychiatric therapies: J. Wagner-Jauregg received the prize in 1927 for his discovery of the therapeutic value of malaria inoculation in the treatment of dementia paralytica², A.E. Moniz in 1949 for his discovery of the therapeutic value of lobotomy in certain psychoses³, and E. Kandel in 2000 for his research on the physiological basis of memory storage in neurons.

As we went through nomination letters in the Nobel Prize archive in Sweden, we noticed that some scholars were disturbed by the fact that so few scientists within the field of psychiatry had been honoured. In 1958, the German psychiatrist K. Kolle, for example, stated in a nomination for K. Jaspers: "Last year I expressed my irritation that besides Wagner-Jauregg no single clinical psychiatrist has been considered prize-worthy". To give historical examples of overlooked candidates, Kolle mentioned E. Kraepelin.

Indeed, Kraepelin was nominated for the Nobel Prize eight times, over a period of 17 years. The nominators were R. Gaupp from Tübingen in 1909, E. Meyer from Konigsberg in 1911, E. Bleuler from Zurich in 1917, again R. Gaupp in 1918, O. Bumke from Leipzig and again E. Bleuler in 1923, G. Mingazzini from Rome in 1925, and W. Weygandt from Hamburg in 1926.

R. Gaupp stated that Kraepelin had not only revolutionized scientific psychiatry in theory and practice, but also that his engagement regarding the temperance movement and his ideas on how to protect the German race had to be taken into consideration. E. Bleuler argued that Kraepelin had managed to form a basis for scientific psychiatry by "cutting stairs into the mountain", so that all clinicians could benefit from his work.

W. Weygandt stated that psychiatry as a whole had been a chaotic disaster before Kraepelin, and that he had introduced experimental psychological methods to foster the understanding of mental diseases in a previously unimagined way. However, Weygandt's nomination had an unexpected twist which was also hidden in other nominations: he was not able to point

at one single discovery by Kraepelin that would deserve the Nobel Prize. Instead, Weygandt put Wagner-Jauregg up front for his work on malaria inoculation.

It is noteworthy that both Wagner-Jauregg and Moniz would no longer be regarded as prize-worthy from today's perspective. However, the significance of their contributions turned out obvious for the Nobel Prize committee. One "breakthrough" technique rather than gradual successful work or a lifetime achievement seemed to be at the root of the Nobel Prize recognition. Indeed, M. Sakel also received much attention for his insulin shock therapy, widely used in patients with schizophrenia in the 1930s, and his nominators compared him with Wagner-Jauregg, arguing that he had been at least equally influential, and that insulin shock therapy had a much wider application than malarial fever therapy. Other strong candidates were U. Cerletti and L. Bini, who introduced electroconvulsive therapy in the late 1930s.

In summary, Kraepelin's Nobel Prize sponsors were full of praise for his systematic clinical observations and classifications, experimental studies of mental processes, and for linking psychiatry with public health and racial hygiene. However, the nominations remained half-hearted, in the absence of clear practical results or solid evidence. The nominators used unspecific phrases such as "Kraepelin has completely changed the standards of psychiatry" which in the end did not make him a prime candidate. Even worse, some of the nominators after the praise of Kraepelin promoted other candidates. This explains the final negative outcome.

Nils Hansson, Heiner Fangerau

Department of History, Theory and Ethics of Medicine, Heinrich-Heine-University Dusseldorf, Dusseldorf, Germany

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