

What is the historical relationship between Neurology and Psychiatry?

Overview

Neurology and psychiatry began as a largely unified effort to understand “nervous” and mental disorders, split into separate specialties around the late 19th–early 20th century, and are now partly converging again. The split was driven more by concepts, methods, and institutions than by a real division in brain–mind biology.

Shared Origins and Early Unity

- For much of medical history, disorders of mind and brain were approached together, often under **neuropsychiatry** or “nervous diseases” (Price et al., 2000; Baker et al., 2002; Reynolds & Trimble, 2009; Reynolds, 2020).
- In the 17th–19th centuries, figures like Willis, Gall, Broca, Wernicke, Charcot and others treated higher mental dysfunction as brain-based and often held posts spanning both neurology and psychiatry (Price et al., 2000; Reynolds & Trimble, 2009; Reynolds, 2020).
- Epilepsy illustrates this early unity: for millennia it was seen as a mental or supernatural disorder; from the 17th–18th centuries it was reframed as a brain disease, sitting between psychiatry and emerging neurology (Reynolds & Trimble, 2009; Reynolds, 2020).

Key Historical Phases

Phase	Relationship of fields	Citations
Pre-19th c.–mid-19th c.	Largely unified “nervous” / neuropsychiatric medicine	(Price et al., 2000; Baker et al., 2002; Reynolds & Trimble, 2009; Reynolds, 2020)
Late 19th–early 20th c.	Progressive specialization and split	(Taslim et al., 2024; Martin, 2002; Perez et al., 2018; Kazamel, 2018; Price et al., 2000; Baker et al., 2002; Reynolds & Trimble, 2009; Accorroni et al., 2025)
Late 20th–21st c.	Renewed convergence via neuroscience / neuropsychiatry	(Martin, 2002; Salpekar et al., 2025; Benjamin, 2023; Reynolds, 2015; Öngür, 2019; Trimble, 2018; Accorroni et al., 2025)

FIGURE 1 Major historical phases in neurology–psychiatry relations.

Divergence into Separate Specialties

- In the **late 19th and early 20th centuries**, neurology crystallized around **localizable brain lesions and objective signs**, aided by neuropathology, refined examinations, CSF analysis, EEG, and later imaging (Kazamel, 2018; Price et al., 2000; Baker et al., 2002; Accorroni et al., 2025).
- Psychiatry moved toward **mind, unconscious processes, and psychodynamic theories**, especially under Freud and psychoanalysis, often downplaying brain pathology (Taslim et al., 2024; Martin, 2002; Perez et al., 2018; Kazamel, 2018; Öngür, 2019; Accorroni et al., 2025).
- This produced an “artificial wall” where neurologists took disorders with clear structural/physiological changes, while psychiatrists took conditions with prominent mood, thought, or behavioral symptoms but few physical findings (Price et al., 2000; Baker et al., 2002; Reynolds & Trimble, 2009; Accorroni et al., 2025).
- National histories differ: for example, France had a state neuropsychiatry qualification until 1949, then formally split training into separate neurology and psychiatry tracks in 1968 (Bassetti, 2021); similar separations occurred across Europe and the US (Benjamin, 2023; Kazamel, 2018; Öngür, 2019; Accorroni et al., 2025).

Reconnection and Modern Convergence

- From the late 20th century, advances in **neuroscience, genetics, neuroimaging, and psychopharmacology** showed that many “psychiatric” disorders have clear brain correlates and many “neurological” diseases have prominent psychiatric symptoms (Martin, 2002; Salpekar et al., 2025; Benjamin, 2023; Perez et al., 2018; Reynolds, 2015; Öngür, 2019; Trimble, 2018; Accorroni et al., 2025; Reynolds, 2020).
- Epilepsy, dementia, Tourette’s syndrome, and functional neurological disorder are repeatedly cited as **bridge conditions** that cut across the traditional divide (Martin, 2002; Benjamin, 2023; Reynolds & Trimble, 2009; Reynolds, 2020).
- Modern authors argue the separation is **conceptually arbitrary and sometimes harmful**, calling for integrated “clinical neuroscience,” dual/combined training, and revival of neuropsychiatry and behavioral neurology (Martin, 2002; Salpekar et al., 2025; Benjamin, 2023; Kazamel, 2018; Reynolds, 2015; Öngür, 2019; Gomes et al., 2025; Trimble, 2018; Accorroni et al., 2025).

Conclusion

Historically, neurology and psychiatry arose from a common study of nervous and mental disorders, split as neurology became lesion- and technology-focused and psychiatry became mind- and psychoanalysis-focused. Contemporary neuroscience is now driving them back toward an integrated understanding of brain–mind disorders, with neuropsychiatry positioned as a unifying bridge.

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