In the early twentieth century, it was still customary for European physicians who wanted to learn about psychotherapy to consult neurologists, not psychiatrists, most of whom worked in mental asylums.\(^1\) In the 1930s and 1940s, a practising nerve doctor in Stockholm or Gothenburg was still probably trained in neurology at the Serafimer’s Nervklinik, where a great many Swedish neurologists and psychiatrists worked as interns and assistants from a period of six months to a few years. The lack of psychiatric clinics in Sweden before 1929 naturally increased the importance of the Nervklinik for young doctors interested in milder mental disorders. The medical profession also started to pay more attention to neuroses during and after World War I, which had produced a huge number of ‘psychiatric casualties’.\(^2\) Sweden remained a neutral country during the war, and Swedish physicians did not have an acute need to pay close attention to ‘war neuroses’ (krigsneuroser). Accordingly, only a few articles on the war neuroses—reviews of ‘war literature’—appeared in the Swedish medical journals during and after World War I.\(^3\)

The Great War taught the mental health professionals two crucial lessons. First, so-called war neuroses appeared to be psychological wounds caused by an emotional shock. Second, these wounds could, at least in principle, be healed by psychotherapy. These two wartime lessons had wide implications for the development of the psychosciences in the twentieth century, for if neurosis was indeed a mental wound, then the right person to take care of the wounded individual was someone whose area of expertise was mental illness: the psychiatrist. The dramatic phenomenon of war neurosis paved the way for the expansion

---

1. See, for example, Alfhild Tamm, “Om psykoanalys,” *NMT* 5 (1933): 713.
2. On the war neuroses in World War I and World War II, see Shephard, *A War of Nerves*.
of psychiatric expertise, from the dark and intellectually dissatisfying field of severe psychoses, mental defects and dementias to the more rewarding field of mild mental disorders which were amenable to psychotherapy and other forms of ‘soft’, non-disciplinary treatment. War neuroses helped psychiatrists find alternatives to a professional life in a mental asylum, while neurologists became specialists in the study of the nervous system. In the first half of the century, a final ‘division of labour’ between neurology and psychiatry took place in western medicine, when clinical neurologists, aided by an increasingly sophisticated technology, restricted their domain of expertise almost exclusively to malfunctions in the brain and in the nervous system, while psychiatrists assumed the role of experts in the clinical domain of personality disorder.

The diminishing neurological interest in the ‘functional nervous disorders’ can be illustrated by a survey of conference programs. For example, of thirty-one presentations given at the Second Scandinavian Congress of Neurology in Uppsala in 1924, neurosis was discussed in only one presentation, and even that particular talk had a purely physiological approach to the illness (“Calcium in the treatment of neurasthenia”). The only other presentation that was in any way linked with neurosis was the nerve doctor C. V. Söderlund’s talk on Freud (“Freud’s doctrine from the neurological point of view”).4 At the Fifth Nordic Congress of Neurology held in Stockholm six years later (in 1930), none of the forty presentations dealt with neurosis (the special theme of the congress was epilepsy).5 And when the Third International Congress of Neurology was held in Copenhagen on the eve of World War II, there were special sessions devoted to the emerging field of endocrinology, hereditary nerve diseases and the peripheral nervous system, whereas, once again, none of the presentations focused on neuroses.6

There was a Cartesian dualism in twentieth-century mental medicine: on the one hand, it was recognised that there were diseases of the brain and the nervous system, but, on the other hand, it was obvious that there were also illnesses of the mind. The fundamental problem was that it was often anything but clear whether a particular illness,