Greek verb *schizein*, indicating splitting. The second part of the word goes back to the Greek *phren*, originally denoting ‘diaphragm’ but later changing to ‘soul, spirit, mind’.\[^{5}\]

In this context, ancient Indian views about health deserve a special mention. Hindu descriptions in Atharvana Veda, one of the four Vedas, date back to approximately 1400 BC. Vedas are backbones of Hinduism. In these writings, it has been hypothesized that health is the result of a balance between five elements (*Bhuthas*) and 3 humors (*Doshas*) and that an imbalance between these various elements might result in mental illness. This exemplifies a special reference to mysticism in our postulations of various illnesses especially those related to mind. Later Bleuler’s followers such as Carl Jung took to Eastern Philosophy in their writings.

In 1911, Bleuler wrote “I call *dementia praecox* schizophrenia because, as I hope to show, the splitting of the different psychic functions is one of its most important features. In each case there is a more or less clear splitting of the psychological functions: as the disease becomes distinct, the personality loses its unity”. He recognized that *dementia* was not a usual characteristic of *dementia praecox*, suggesting the term schizophrenia (splitting of the mind) for the disorder. Bleuler introduced the concept of primary and secondary schizophrenic symptoms; his four primary symptoms (the four As) were abnormal associations, autistic behavior and thinking, abnormal affect and ambivalence. The central symptoms of the illness are the loss of association between thought processes and emotion and behavior. In his view depending on the individual’s adaptive capacity and environmental circumstances, this fundamental process...
could lead to secondary disease manifestations such as hallucinations, delusions, social withdrawal, and diminished drive.\cite{3,5}

Professor Bleuler had a special interest in hypnotism, especially in its “introspective” variant. He became interested in Sigmund Freud’s Studies on Hysteria. Like Freud, Bleuler believed that complex mental processes could be unconscious. He encouraged his staff to study unconscious and psychotic mental phenomena. Influenced by Bleuler, Carl Jung and Franz Riklin used word association tests to integrate Freud’s theory of repression with empirical psychological findings.

This short note would not be complete without a small note on the relationship between Eugen Bleuler and Sigmund Freud. Although this relationship has been reported as ambivalent,\cite{6} it appears very clear that Eugen Bleuler always was very cautious about his enthusiasm toward Freudian psychoanalysis. Although he embraced it with open arms and introduced psychoanalysis into his Hospital, he did not agree with the meaning of libido and other concepts. Bleuler also was not enthusiastic about the attachment of sexuality to some of the phenomena and felt it was too premature to accept without scientific proof. Eugen Bleuler always believed that schizophrenia was an organic illness and that it could be inherited. Professor Bleuler used the concepts of psychoanalysis to explain the coloring of symptoms rather than attributing etiological importance.

Professor Bleuler’s son, Manfred Bleuler, continued his work with respect to familial (hereditary) aspects, early intrafamilial environment and personalities, long-term outcome, and therapeutic interventions. In the summary of this work by Modestin et al. schizophrenic illness remains heterogeneous with regard to illness course and outcome even when narrowly diagnosed with the help of modern operationalized diagnostic criteria. Manfred Bleuler mentioned that the diagnosis was made according to the original concept of Eugen Bleuler and that the illness was considered as a syndrome. They found that the differentiation between schizophrenic and schizoaffective disorders is prognostically valid. One interesting thing was a better agreement of the diagnosis between DSM (diagnostic and statistical manual of mental disorders)-III-R, DSM-III-R, international classification of diseases (ICD) and research diagnostic criteria (RDC) whereas there was much less agreement with Bleuler’s and Schneider’s criteria.\cite{7}

In the obituaries of Bleuler, one of his students, Robert Gaupp, wrote “the short, delicately built man with his expressive features was intellectually active to the last”. According to Binswanger, Eugen Bleuler always displayed broad tolerance, though he was not without traces of fanaticism. Eugen Bleuler knew of only two tasks, to which he devoted himself with the entire strength of his unique personality: to be a rational psychiatrist and a genuine human being until his death in 1939.

Foot note
Although there are some excellent reviews and translations in the German language about the history of schizophrenia and Eugen Bleuler’s life, due to the space constraints, only a few of the important references have been cited.\cite{8}

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