

Neuroanniversaries 2026: A Journey Through Neurological Milestones

Neuroaniversários 2026: Uma Jornada Através de Marcos Neurológicos

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ABSTRACT

The year 2026 commemorates the anniversaries of eleven pivotal figures whose work fundamentally shaped the scientific, cultural, and ethical contours of modern neurology and psychiatry. While each individual has been studied extensively, a cohesive analysis that weaves together their historical, neurobiological, and humanistic legacies remains absent. This essay addresses that gap. Employing a narrative historiographical method, it synthesizes clinical history, laboratory advances, cultural interpretation, and neuroethical inquiry to reassess these contributions. The analysis uncovers three interconnected themes: the foundational scientific reforms led by neurologists and psychiatrists; the profound cultural and perceptual insights offered by artists and thinkers; and the enduring ethical ambivalences embedded in the field's progress. This commemorative synthesis argues that neurology's evolution cannot be understood apart from the broader societal values, artistic expressions, and moral conflicts that have consistently informed it.

Keywords: Neurology Psychiatry History of Medicine Neuroethics Biographies as Topic

RESUMO

O ano de 2026 comemora os aniversários de onze figuras fundamentais cujo trabalho moldou os contornos científicos, culturais e éticos da neurologia e psiquiatria modernas. Embora cada indivíduo tenha sido amplamente estudado, uma análise coesa que integre seus legados históricos, neurobiológicos e humanísticos ainda não existe. Este ensaio busca preencher essa lacuna. Empregando um método historiográfico narrativo, ele sintetiza a história clínica, os avanços laboratoriais, a interpretação cultural e a investigação neuroética para reavaliar essas contribuições. A análise revela três temas interconectados: as reformas científicas fundamentais lideradas por neurologistas e psiquiatras; as profundas percepções culturais e perceptivas oferecidas por artistas e pensadores; e as ambivalências éticas duradouras inerentes ao progresso da área. Esta síntese comemorativa argumenta que a evolução da neurologia não pode ser compreendida separadamente dos valores sociais mais amplos, das expressões artísticas e dos conflitos morais que a têm consistentemente informado.

Palavras-chave: Neurologia, Psiquiatria, História da Medicina, Neuroética, Biografias como Tema

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INTRODUCTION

Anniversaries serve as potent invitations to re-examine a discipline's foundations. The cluster of neurological commemorations in 2026 provides a unique lens through which to observe how the intertwined forces of scientific innovation, cultural context, and ethical debate have collectively forged the modern understanding of the brain and mind. These figures remind us that neurology and psychiatry possess a dual identity: they are rigorous biomedical sciences, yet they are also profoundly humanistic endeavors that interpret the nervous system within the fabric of human experience.

Scholarship has meticulously documented the individual achievements of pioneers like Pinel, Kraepelin, and Penfield, as well as the influential work of cultural interpreters such as Monet, Christie, and Foucault. Typically, however, these accounts remain siloed, separating scientific milestones from their cultural reverberations and ethical complexities. This compartmentalization obscures a richer history. For instance, the tension between Golgi's groundbreaking technique and his adherence to an outdated theory, or the troubling association of Strümpell's work with eugenic ideologies, reveals a field perpetually navigating between objective discovery and subjective human values. What is lacking is an integrated narrative that treats these dimensions not as separate threads, but as the essential weave of neurology's intellectual tapestry.

This essay responds to that need. It proposes that the 2026 anniversaries offer a compelling framework for exploring the convergence of scientific discovery, cultural interpretation, and ethical reflection. Our aim is to move beyond cataloging isolated achievements to narrating interconnected lives, showing how each contribution was shaped by - and in turn shaped - its specific historical, clinical, and intellectual environment.

To construct this narrative, the essay adopts a historiographical approach in the form of a narrative review. *Marcos Históricos da Neurologia*¹ served as the initial and principal source for identifying key figures in the history of the field guiding the preliminary selection process.

The analysis then integrates a synthesis of clinical histories, biographical studies, cultural interpretations, and neuroethical frameworks. The final focus rests on eleven figures, selected for both their seminal impact on neurology and the convergence of their major anniversaries in 2026, whose collective legacies exemplify the field's multidimensional character.

The discussion unfolds in three parts. First, it revisits the cornerstone scientific and clinical reforms established by major neurologists and psychiatrists. Second, it analyzes how artistic and philosophical figures reframed the relationship between brain, perception, and society. Finally, it confronts the ethical and epistemological tensions that have shadowed the field's progress, arguing that an honest engagement with these ambivalences is

crucial for a mature, historically informed practice.

Scientific Legacies

Philippe Pinel's contributions fundamentally transformed psychiatry by merging humanitarian reform with scientific methodology. While his celebrated role in removing physical restraints from patients--a symbolic milestone often romanticized in later paintings--overshadows his scientific work, as noted by Charland², his more enduring legacy was twofold. First, he pioneered the systematic "moral treatment," a humanitarian approach rooted in Enlightenment ideals of reason and dignity that replaced punitive methods with psychological care, observation, and kindness³. Second, and crucially, he established a foundational scientific framework for psychiatry: his 1809 *Medico-Philosophical Treatise on Mental Alienation* applied a rigorous, inductive method to classify mental disorders, introduced statistical analysis to evaluate treatments, warned against polypharmacy, and emphasized detailed case histories, thereby laying the groundwork for modern evidence-based psychiatric practice².

A century later, Emil Kraepelin's classification system grounded psychiatric diagnosis in biological causation and long-term course, challenging the psychological models of his contemporaries. Emil Kraepelin, who died a century ago, remains a pivotal yet controversial figure in psychiatry. Known for his empirical approach, he revolutionized mental health diagnosis by distinguishing conditions like schizophrenia and bipolar disorder, shaping modern systems such as the DSM and ICD. His emphasis on biological factors and objective observation advanced psychiatric science but also led to ethical concerns, including his support for eugenics and racial biases reflective of his time. Kraepelin's influence spread globally, inspiring both scientific progress and ideological misuse. While his work laid the foundation for understanding neurodegenerative diseases, it also highlighted the risks of oversimplifying mental health. His complex legacy underscores the need for psychiatry to balance scientific rigor with ethical responsibility - ensuring that diagnostic precision never overshadows humanistic care⁴.

In neuroanatomy, Camillo Golgi's "black reaction" established the first method capable of revealing the fine structure of individual neurons. Despite this methodological breakthrough, Golgi defended the reticular theory (a network theory of brain connectivity) throughout his life, staunchly opposing the neuron doctrine that was being compellingly advanced by contemporaries like Santiago Ramón y Cajal. Ghosh⁵ emphasizes that Golgi's paradox - modernizing technique while holding to outdated concepts - epitomizes the nonlinear character of scientific change.

Within this scientific lineage, Adolf von Strümpell also made enduring clinical contributions, particularly through his systematic descriptions of motor pathway

disorders and hereditary spastic paraplegia, which helped consolidate neurological semiology and bridge internal medicine with emerging clinical neurology at the turn of the twentieth century⁶.

Sir Gordon Morgan Holmes (1876-1965) was a foundational figure in modern neurology (Sak et al., 2018). An Irish neurologist based at London's National Hospital, his work was profoundly advanced by studying soldiers with head wounds in WWI, which allowed him to map the visual cortex. He challenged unitary theories of cerebellar function, co-describing the still-used Stewart-Holmes test for cerebellar rebound⁷. His name is preserved in Gordon-Holmes syndrome (a spinocerebellar ataxia) and Holmes-Adie syndrome (tonic pupil). A renowned teacher and editor of Brain, Holmes helped found the Association of British Neurologists. His meticulous clinical observations left a lasting legacy in neurological diagnosis and understanding⁷.

The twentieth century expanded these foundations. Wilder Penfield's epilepsy surgery and cortical mapping transformed functional neurology. Feindel's biography⁸ details how the Montreal Procedure (a surgical technique for epilepsy) and the development of the cortical homunculus reshaped understanding of cerebral localization.

Antônio Austregésilo Rodrigues de Lima is a defining figure in Brazilian medicine - a visionary who laid the foundations of neurology in the country⁹. As Brazil's first professor of neurology (1912), he established the Neurological Pavilions, which later evolved into the nation's first Institute of Neurology under Deolindo Couto, and co-founded the Brazilian School of Neurosurgery. His clinical innovations, such as the Austregésilo-Espasel sign and groundbreaking research on movement disorders like dystonia, chorea, and Parkinson's syndrome, revolutionized treatment approaches, including the use of scopolamine. Austregésilo served as a bridge between disciplines, such as neurology and psychiatry, through his clinical practice, including his role as a physician at the former National Asylum for the Insane. His scholarly contributions - such as *Clínica Neurológica* and *Manuel de Psychothérapie Pratique* - and literary explorations, like *Perfis de Loucos*, showcased his ability to merge science, culture, and humanism. His influence extended also to public health policy as a federal deputy and leader of both the National Academy of Medicine and the Brazilian Academy of Letters. His studies on "tropical" neuropsychiatry, though innovative, were framed within colonial discourses, reflecting the era's tendency to exoticize non-European medical knowledge. Austregésilo's greatest contribution, however, lies in his pursuit of Brazilian medical autonomy. He actively adapted European models to Brazil's unique realities, integrating local clinical observations and cultural contexts. By founding national institutions, he created independent spaces for Brazilian medical practice and research. His interdisciplinary approach, especially in works like *Perfis de Loucos*, demonstrated a holistic vision - one that transcended

colonial frameworks and embraced a culturally sensitive understanding of human care. In this duality, Austregésilo endures not only as an institution-builder but also as a symbol of the negotiation between imported knowledge and local innovation - a legacy that continues to shape Brazilian medicine today.

Marian Diamond's discovery of experience-dependent neuroplasticity and her analysis of Einstein's brain¹⁰ advanced the notion that the nervous system remains dynamic throughout life. Her public science education efforts--later exemplified by her well-known lectures--bridged laboratory research with broader societal understanding of the brain. Diamond's work has had a lasting impact on modern therapies, such as stroke rehabilitation and cognitive training, which rely on the brain's capacity for lifelong adaptation.

Table 1 outlines the shift from Pinel's reforms to Penfield's interventions, summarizing key figures and their 2026 anniversaries. Figure 1 displays images of these foundational figures.

Table 1. Scientific and Clinical Pioneers: 2026 Anniversaries

Individual & Anniversary Details	Key Contribution & Context	Representative Work	Lasting Legacy
Philippe Pinel (French, 1745-1826; 200th death)	Instituted humanitarian, observation-based asylum care, marking a turn from punitive to medical psychiatry.	<i>Traité médico-philosophique sur l'aliénation mentale</i> (1801)	Architect of psychiatric reform; established foundational clinical ethics.
Camillo Golgi (Italian, 1843-1926; 100th death)	Developed the "black reaction" staining technique; lifelong proponent of the reticular theory vs. neuron doctrine.	<i>Sulla fina anatomia degli organi centrali del sistema nervoso</i> (1885)	Pioneer of modern neurohistology; 1906 Nobel laureate; exemplified paradigm conflict.
Adolf von Strümpell (German, 1853-1926; 100th death)	Early descriptions of hereditary spastic paraplegia; influential clinician with early eugenic associations.	<i>Lehrbuch der speziellen Pathologie und Therapie der inneren Krankheiten</i> (1883)	Key figure in motor pathway disorders; legacy complicated by ideological entanglements.
Emil Kraepelin (German, 1856-1926; 100th death)	Created a biological, course-based classification of mental disorders (e.g., dementia praecox vs. manic-depression).	<i>Compendium der Psychiatrie</i> (1883). Multi-edition magnum opus, <i>Psychiatrie. Ein Lehrbuch für Studierende und Aerzte</i>	Founder of modern psychiatric nosology; central to nature-nurture debates.
Antônio Austregésilo (Brazilian, 1876-1960; 150th birth)	Founded Brazilian neurology; advanced study of movement disorders and tropical neurology in a regional context.	<i>Clínica neurológica</i> , 3 vols., 1917, 1923 e 1945.	Pioneer who established neurology in Brazil against European-centric models.
Gordon Holmes (Irish, 1876-1965; 150th birth)	Mapped the visual cortex through WWI soldier studies; challenged cerebellar function theories; co-described the Stewart-Holmes test.	<i>Disturbances of Vision by Cerebral Lesions</i> (1918)	Eponymous syndromes (Gordon-Holmes, Holmes-Adie); founder of the Association of British Neurologists; enduring influence on neuro-ophthalmology.
Wilder Penfield (American-Canadian, 1891-1976; 50th death)	Developed the Montreal Procedure for epilepsy; created the cortical homunculus through electrical stimulation.	<i>Epilepsy and the Functional Anatomy of the Human Brain</i> (1954)	Revolutionized epilepsy surgery and functional mapping of the cortex.
Marian Diamond (American, 1926-2017; 100th birth)	Demonstrated experience-dependent neuroplasticity-groundbreaking research, often conducted with colleagues at the University of California, Berkeley; analyzed Einstein's brain, renowned science communicator.	"Chemical and Anatomical Plasticity of Brain" (1964) - Seminal paper on neuroplasticity	Pioneer of neuroplasticity research and public engagement in neuroscience.

Regarding race/skin color, most patients were classified as White (25,581; 54.3%), followed by Brown or mixed race (15,641; 33.2%), Black (1,762; 3.7%), Yellow (323; 0.7%), and Indigenous (9; 0.02%). Cases with missing data totaled 3,839 admissions (8.1%), mainly during the earlier years of the series, indicating progressive improvement in data completeness by 2024–2025.

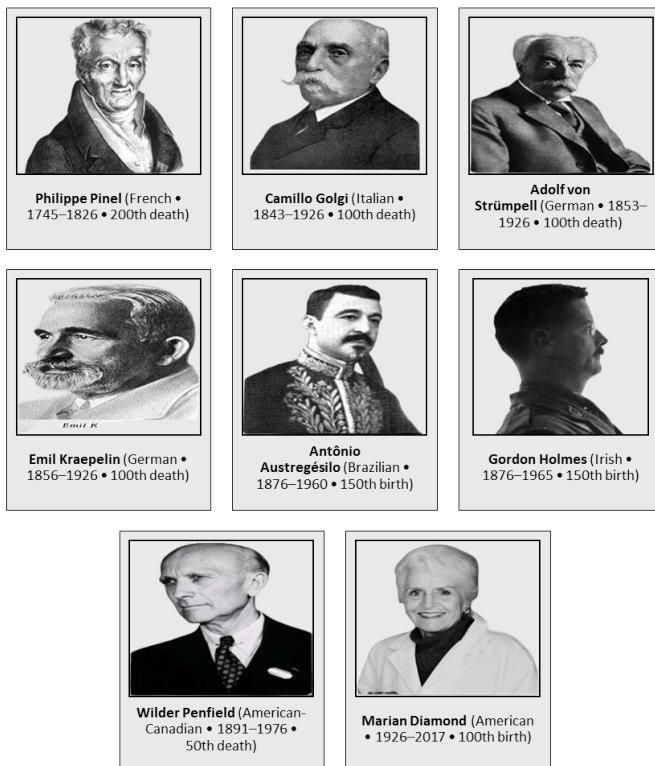


Figure 1. Foundational Figures in Neurology and Psychiatry (1745-2017). Portraits of the clinicians and neuroscientists here commemorated, illustrating developments from early clinical observation to modern neurobiological frameworks. Figures represented include Philippe Pinel, Camillo Golgi, Adolf von Strümpell, Emil Kraepelin, Antônio Austregésilo, Gordon Holmes, Wilder Penfield, and Marian Diamond. Images from Wikimedia Commons, licensed under public-domain or free reuse terms (the last, adapted): https://commons.wikimedia.org/wiki/File:Philippe_Pinel.jpg; https://commons.wikimedia.org/wiki/File:Portrait_of_Camillo_Golgi_-_Wellcome_L0011979.jpg; [https://commons.wikimedia.org/w/index.php?search=Adolf+von+Str%C3%BCmpell](https://commons.wikimedia.org/w/index.php?search=Adolf+von+Str%C3%BCmpell;); [https://commons.wikimedia.org/wiki/File:Emil_Kraepelin-Portraits_-_Wellcome_L0001859_\(cropped\).jpg](https://commons.wikimedia.org/wiki/File:Emil_Kraepelin-Portraits_-_Wellcome_L0001859_(cropped).jpg); https://pt.wikipedia.org/wiki/Ant%C3%B4nio_Austreg%C3%A9silo; https://en.wikipedia.org/wiki/Gordon_Morgan_Holmes#/media/File:Silhouette_portrait_of_Gordon_Holmes_Wellcome_L0027401.jpg; https://commons.wikimedia.org/wiki/File:Wilder_Penfield.png; <https://news.berkeley.edu/2017/07/28/marian-diamond-known-for-studies-of-einsteins-brain-dies-at-90/>

Culture, Sensation, and Neurological Perception

If the first group of figures sought to map the brain’s structure and pathologies through scientific method, the second group embodies and interrogates its functions through other mediums: art, narrative, and critical theory. Their work demonstrates how neurological insight is refracted through - and shaped by - cultural perception.

Neurological conditions have long shaped cultural expression, and few examples are more iconic than Claude Monet's late work. Claude Monet's work is often cited as a foundational historical precedent for using an artist's oeuvre to gain insight into their perceptual experiences¹¹. Monet's evolving cataracts altered his perception of color and light, leading to the blurred forms and shifted palettes described in ophthalmologic analyses¹². Monet's case provides a clear visual record of perceptual change over time; his series paintings of subjects like the Japanese footbridge and water lily pond (c. 1899-1922) document a progressive darkening, blurring, and shift toward browns,

yellows, and muddy reds, directly mapping the progression of his nuclear cataracts¹¹. Such distortions anticipated current neuroaesthetic discussions on how visual impairment influences artistic style and perceptual processing. As discussed by Hyatt and Blom¹¹, Monet’s late work exemplifies distortions arising from peripheral ocular disease, in contrast to the centrally mediated metamorphopsias characteristic of Alice in Wonderland syndrome. Monet famously resisted cataract surgery for years, which delayed the restoration of his vision and further influenced the evolution of his artistic style during this period.

Agatha Christie's firsthand work as a pharmacy dispenser during the World Wars gave her expertise in poisons, which she embedded into her detective fiction. She employed neurotoxins - strychnine, coniine, atropine, and cardiac glycosides - to design murders masquerading as accidents or natural causes: strychnine in whiskey (Death on the Nile) triggered convulsions, while hemlock-derived coniine (Five Little Pigs) induced paralysis. Even routine medicines became lethal tools - physostigmine administered via eye drops (Curtain) or digitalis-laced tonics (Appointment with Death) - blurring the line between cure and killer¹³. Her deep pharmacological knowledge enabled her to transform therapeutics into narrative weapons across her novels, where substances such as thallium and cyanide produced accurately depicted neurological symptoms¹³.

Although he was not a clinician, Michel Foucault offered conceptual frameworks that continue to shape contemporary reflections in neuroethics. As discussed by Silveira et al.¹⁴, his examination of clinical and correctional institutions reveals how power is exercised through the regulation of bodies, sensations, and disciplinary practices. Viewed from the perspective of current technological developments, these ideas find renewed relevance in debates on neurotechnology, autonomy, and psychiatric authority, particularly in ethical discussions surrounding neural implants, cognitive enhancement, and AI-based predictive practices, which echo Foucault’s enduring concerns about power, autonomy, and the technological governance of the human body.

Table 2 provides a synopsis of the contributions of these cultural figures, while Figure 2 offers a visual commemoration of their anniversaries and legacy.

Table 2. Cultural Interpreters: Perception, Narrative, and Thought

Figure & Anniversary	Domain / Training	Neurological, Perceptual, or Scientific Context	Influence on Work & Style	Legacy & Modern Relevance
Claude Monet (French, 1840-1926; 100th death)	Painting (Left Ecole des Beaux-Arts)	Progressive cataracts altered color perception and contrast sensitivity (Hyatt & Blom 2024).	Led to blurred forms, abstracted detail, and shifted palettes in late works (e.g., <i>Water Lilies</i>).	Transformed the study of light and perception in art; a key precedent for using art to study perceptual distortion.
Agatha Christie (British, 1890-1976; 50th death)	Literature / Writing; Pharmacy Dispenser	Expert pharmacological knowledge gained as a pharmacy dispenser during the World Wars	Used poisons to craft murders, transforming everyday medicines into plausible narrative weapons.	Defined the forensically-detailed modern detective novel.
Michel Foucault (French, 1926-1984; 100th birth)	Philosophy / History (Ecole Normale Supérieure)	Personal experiences with illness sharpened his focus on the body and institutional regulation.	Developed concepts of "biopower" and the "medical gaze"	Provides critical frameworks for neuroethics and power dynamics in psychiatry.

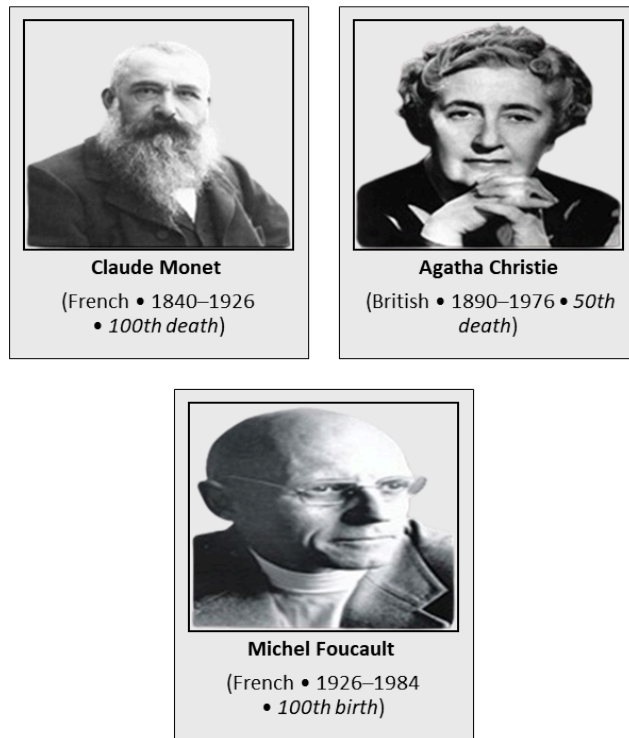


Figure 2. Artists, Writers, and Thinkers Who Reframed Perception and Culture (1840-1984). Portraits of Claude Monet, Agatha Christie, and Michel Foucault, illustrating how sensory, cognitive, and embodied experiences shaped innovations in artistic, narrative, and philosophical thought. Images from Wikimedia Commons, licensed under public-domain or free reuse terms: https://pt.wikipedia.org/wiki/Claude_Monet; https://pt.wikipedia.org/wiki/Agatha_Christie; https://ro.wikipedia.org/wiki/Michel_Foucault

Ethical and Epistemological Reappraisals

The figures commemorated in 2026 exemplify the tensions inherent to scientific progress. Golgi's steadfast defense of the reticular theory illustrates the resilience of established paradigms even in the face of mounting contradictory evidence⁵. Adolf von Strümpell, although a key contributor to neurology, appears in Engmann et al.⁶ as a figure whose early association with eugenics complicates any uncritical celebration of his achievements. While Strümpell's eugenic views were influential among some of his contemporaries, they were also contested by others in the medical community, reflecting the broader ideological debates of the era.

Contemporary debates, for example regarding the ethics of deep brain stimulation or biases in neurodata interpretation, echo these past conflicts between innovation, authority, and human dignity. For instance, the ethical challenges posed by AI-driven diagnostics in neuroscience--such as algorithmic bias and patient privacy--mirror past tensions between scientific innovation and the need to uphold human dignity and equity.

These contrasting legacies highlight an important reality for neurologists: scientific practice unfolds within social, cultural, and ideological contexts that can shape, constrain, or distort intellectual trajectories. A historically informed neurology must therefore recognize both its achievements and its entanglements.

CONCLUSION

This study set out to explore how the neurological anniversaries of 2026 illuminate the intertwined scientific, cultural, and ethical forces that have shaped the field's evolution. Revisiting these figures collectively reveals that neurology's development has never been a linear progression of discoveries, but rather a richly human narrative marked by innovation, creativity, conflict, and reinterpretation.

Synthesizing the major arguments demonstrates that foundational reforms--from Pinel's humanitarian psychiatry to Kraepelin's biological nosology, and from Golgi's histological advances to Penfield's cortical mapping--formed the scientific spine of modern neurology. Equally, the perceptual distortions in Monet's late work, Christie's pharmacologically grounded narratives, and Foucault's critique of medical power show how neurological insight emerges not only from the clinic and laboratory but also from art, literature, and critical philosophy. At the same time, the ethically complex legacies of Strümpell remind us that scientific authority operates within ideological and social frameworks that demand continuous scrutiny.

These reflections hold practical significance: they encourage a historically informed neuroethics attentive to the interplay of scientific aspiration, cultural influence, and moral responsibility. For instance, understanding the dual use of pharmacological knowledge exemplified in Christie's narratives can directly inform modern ethics training for neuropharmacologists, highlighting the moral responsibility inherent in their research. While this narrative synthesis cannot exhaust the full complexity of each figure's contribution, it offers a cohesive perspective that foregrounds their shared role in shaping the intellectual architecture of neurology. The collective lesson of the 2026 cohort is that neurology progresses not through the accumulation of disembodied facts, but through the dialectical engagement of human agents - scientists, artists, critics - whose technical innovations, cultural perceptions, and ethical conflicts are inseparable from the knowledge they produce. The field's history is thus a permanent dialogue between the interior world of the brain and the exterior worlds of society and value, a dialogue in which every discovery is simultaneously a cultural event and an ethical proposition. Future work may deepen this interdisciplinary approach by integrating analysis of emerging neurotechnologies, AI-driven diagnostics, and contemporary cultural expressions of brain and mind. Ultimately, these anniversaries call for a vision of neurology that embraces its past with critical clarity and shapes its future with ethical commitment, reminding us that the story of the brain is, above all, the story of humanity.

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