

## Editorial

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# Taking a Strohl Through History: Putting Strohl Back in Guillain-Barré-Strohl Syndrome

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**Abstract.** Guillain-Barré Syndrome is a popular eponym that comes from a 1916 paper by Drs. Guillain, Barré, and Strohl. These physicians described two soldiers in the French Sixth Army during World War I who developed acute progressive motor weakness. Although Drs. Guillain and Barré have continued to be included in the syndrome's eponym, Dr. Strohl has been forgotten despite having strongly contributed to the original paper. The reasons previously mentioned for Dr. Strohl's absence appear trivial in contemporary practice and thus, his name deserves to be reintroduced to Guillain-Barré-Strohl Syndrome.

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## MANUSCRIPT

In 1916, Drs. Georges Charles Guillain, Jean-Alexandre Barré, and André Strohl worked as colleagues in the French Sixth Army during World War I (WWI) [1]. It was during this time that they encountered two soldiers who had developed progressive acute motor weakness [2]. These two patients shared similar characteristics to those described half a century prior by Octave Landry [3]. However, Guillain, Barré, and Strohl described various features of their patients' presentations that Landry did not. Specifically, they described features that are today intrinsic characteristics of the disease including areflexia, alterations in nerve conduction, and CSF analysis demonstrating albuminocytologic dissociation [1]. Eleven years after its publication, Draganesco and Claudian introduced

the eponym Guillain-Barré Syndrome in the medical literature; André Strohl's name was mysteriously absent [4].

André Strohl was born in Poitiers, France in 1887 and received his medical degree from the University of Paris in 1913. He performed a variety of medical duties during WWI, eventually pursued a career in physiological medicine, and subsequently worked as a professor of clinical medicine at the University of Paris until his retirement in 1957 [5]. He is credited with performing the myographic studies of tendon reflexes. His discussion of the myographic studies is a hallmark of the 1916 paper, and this test is still used today as a diagnostic aid for clinical confirmation in challenging cases.

Thus, having played such an integral role in the landmark paper, why was André Strohl ignored in future references to the disease, most notably, in the eponym 'Guillain-Barré Syndrome'? The proposed reasons seem trivial and inequitable when considered in contemporary practice.

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It has been suggested that Strohl's age played a role in his exclusion. He was only 29 years of age at the time of the publication, and was 35 years of age when appointed Faculty at the University of Paris. Surely, these are impressive feats at such a young age and not, as some authors pose, a sign of immaturity. In addition, his scope of interest was not limited to neurology, but instead, spanned a multitude of medical subspecialties. Some have suggested that his lack of dedication to Neurology resulted in a lack of respect by his contemporaries [5]. However, having authored over 200 publications including multiple books, he has unequivocally contributed to the body of medical knowledge and deserves genuine academic respect [5]. Perhaps in the early 20th century his age and diverse intellectual interests were frowned upon, but in retrospect, these qualities augment the notable trajectory of his career.

In addition, it has been proposed that Strohl's name and origin also contributed to his omission from future publications. Following WWI there was a prominent anti-German sentiment throughout France. Subsequently, Strohl's surname of German origin and heritage from a primarily German province of France were not well received [6]. However, what was true in the early 20th century need not be true today. Prejudices based on surname, country of

origin, race, and sex should be suppressed, and should not stifle extraordinary academic achievement. As such, these factors should not cloud our interpretation of Strohl's contribution to the landmark manuscript.

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