

Dr. W. Griyllmayr.

K. R. NAIR

Despite a lot of effort, I could get only scanty information about Dr. Griyllmayr who was elected President of NSI for the year 1956. The only mention about him was in Prof. Barucha's paper from where I have quoted most of the following information.

Dr. Griyllmayr (His name was spelt as Grillmayr also) was an Austrian Medical student and by the time he got qualified Germany had run over Austria. Second World War had by then begun and Germany had invaded Russia. On qualifying for the medical profession he was immediately drafted into a Tank regiment of the German Army and was sent to the Russian front. After the war, he became a psychiatrist and settled in Ceylon. He was appointed a neuropsychiatrist in Ceylon (Sri Lanka) at the General Hospital, Colombo and Mental Hospital, Angoda, Ceylon. His residential address was 32/3, Flower Road, Colombo, Ceylon. He used to attend the meeting of the Neurological Society of India and was elected President of NSI in 1956. Psychiatrists did not have a separate society in India at that time and they were allowed to join the NSI. There is another story that he did practice somewhere in Maharashtra for a brief period. But no one among the Maharashtra group of senior neuroscientists agreed with this.

There are a few inconvenient questions about this story. India and Ceylon were not the countries which a qualified psychiatrist of German origin during the late 1940's or early 1950's would choose for practice. A lot of Germans migrated to the other parts of Europe or UK or USA or the newly formed Palestine. Why did Griyllmayr come to Ceylon? There could be a few charitable explanations. Perhaps he might have heard that in India and Ceylon, neuropsychiatry had just begun and he could develop an excellent department. Or he had a missionary spirit to serve in these countries. Or did he belong to a persecuted minority in Germany? There is another nagging question. There was almost a witch hunt like phenomenon prevalent all over Germany then. Was that the reason? Perhaps I will get some more information about him from Sri Lanka or from Germany soon.

I had heard his name associated with a disease called "Island disease". Naturally I thought at that time it was some peculiar disease which he discovered in Ceylon. Only recently I read his papers on this topic. He had some unusual ideas about Syphilitic lesions of central nervous system. Like a large number of failed concepts in Medicine his concepts were full of theory with very little pathological back up. He did publish three papers about Island disease in Neurology India. Dr. K. S. Mani of Bangalore kindly sent me a copy of his lecture which he delivered at the 1958 Annual Conference of NSI held at Trivandrum (in association with the Association of Physicians of India). In order to give some idea about his concepts on Island disease and its investigations I quote some extracts from that paper (Neurology India-April-June 1958). Naturally the concept of Island disease had a natural death. His other papers about the same in Neurology India are the following:

Griyllmayr W. Latent Syphilitic diseases and their diagnosis, Neurology India, 1954; 2:33-36.

Griyllmayr W. Latent Syphilis. Some new aspects of its nature and its treatment. Neurology India, 1956; 4 (3) : 11-22.

The lucotest Skin reaction in comparison to other leucic evidences in serologic and

humorologic examinations

(Address delivered at the Seventh Annual Conference of the Neurological Society of India at Trivandrum in Jan 1958)

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... Originally the Lucotest skin test was introduced by Meirowski in 1908.... His theory is that certain alterations of allergic nature take place in an individual with a leucic infection. The primary and secondary state of this disease takes place in the blood and skin and is generally of a very infective nature.... since the major characteristic of this disease at this state is the positive blood reaction and infectitiousness Rottmann suggests to call these two states, the infectious state, and since the blood is the vehicle of the disease he speaks of the syphilis of the blood sphere. From the state of infectitiousness two developments are possible. One development leads to the tertiary state of the disease which among others is represented in the form of cerebrospinal Syphilis and vascular syphilis. The other development leads to the quaternary state as is well known...commonly called as neurosyphilis and is represented by GPI and Tabes Dorsalis.
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coming to talk about the Tertiary syphilis which often represents itself as focal syphilis, it is understandable that there can be positive leucic findings in the blood or CSF sphere.... Further it is possible that the size of the focus is not big enough to give a positive result when examined in the orthodox way. In this case the lucotest injection which acts as an antigen will cause a better degree of allergy, as a result of which the skin reaction will become positive.... These minor foci I have called "Islands" in contradistinction to the major foci in focal syphilis. Since the pathological focus develops remote from the blood or CSF sphere, Rottmann suggests the term, the syphilis of the Tissue sphere.....