

Editorial

ULCERATIVE COLITIS

THE RECENT EDITORIAL by Beaumont S. Cornell on the psychogenic factor in ulcerative colitis is exceedingly interesting. I have had long clinical experience with this disease; my first article appeared in the *Annals of Internal Medicine* in 1927. I quoted Pargen's and Logan's paper on the Etiology of Chronic Ulcerative Colitis, published in 1923. They found a Gram positive, lancet shaped diplococcus which formed colonies in the submucosa, causing the frequent recurrences of the disease. The culture of the diplococcus is difficult; it grows readily in brain broth culture, but its isolation from other bacteria requires bacteriologic skill and patience.

The *early acute cases* are limited to the rectum and pelvic colon. L. A. Buie of the Mayo Clinic gave the first accurate description of the edematous hemorrhagic membrane, followed by various gradations of ulcers, as visualized by the sigmoidoscope. This early form occurs more frequently in young adult females who have undergone some sudden psychological stress. The treatment consists in the mineral oil nightly retention enema and the Bagen vaccine. The mineral oil quickly reaches the cecum, is not a culture medium, discourages the growth of all bacteria, and is easily retained. The "Cure" results in from three to six weeks' time; the diet is bland and of high vitamin content. The *acute fulminating form* involving the entire colon is attended with very high mortality, usu-

ally terminating in perforation and acute peritonitis. This type occurs very rarely.

The diagnosis of the *chronic type* is made by the barium enema, the haustration disappears, the colon is shortened, and the feces contain much mucus, blood, and large variety of bacteria. The pathologists have described "a colonic wall very thick, with loss of elasticity and the mucosa practically absent replaced by a fibrohemorrhagic exudate" (Dr. George Ives). Treatment consists in the employment of the Bagen vaccine, mineral oil retention enema and high vitamin smooth diet, after the colon begins to show improvement in caliber and length air insufflations are given. In my book on *Clinical Gastro-Enterology* I display x-ray films of complete restoration to normal following this form of treatment.

The severe *chronic type* requires surgical intervention. *Ileostomy* is the operation of choice, and if the diseased colon continues to produce toxic symptoms, complete colectomy is performed. I have records of patients who maintain a good state of nutrition for many years following the operation.

I agree with Dr. Cornell's final statement, "In a person of sensitive temperament harboring a dormant intestinal infection, a sudden psychological stress might be expected to favor a precipitation of active inflammation."

H. W. SOPER, M.D.
St. Louis, Mo.

Obituary

ON JUNE 26, 1947, Dr. John Leonard Kantor died suddenly at the age of 57 at Mt. Sinai Hospital, New York. With his passing, the medical profession loses a great scientist and teacher; his family loses a devoted and sincere father and we all lose a friend who was always genial, thoughtful, happy and good-natured.

John L. Kantor was born on April 12, 1890, the son of Dr. William L. Kantor and Mrs. Katherine Gordon Kantor. He received his A.B. degree at Columbia University in 1908, and his Ph.D. and M.D. degrees at Columbia in 1912.

He was a diplomate of the American Board of Internal Medicine and a fellow of the American College of Physicians, the New York Academy of Medicine and the American and New York Gastroenterological Association, of which he was a former president.

Other organizations in which he held membership included the American Roentgen Ray Society, the American Medical Association, the Association of Military Surgeons, the Medical Societies of the State and County of New York and Phi Beta Kappa, Sigma Xi, Alpha Omega Alpha and Phi Delta Epsilon.

A veteran of both world wars, he retired with the rank of Colonel on August 16, 1945. He entered as First Lieutenant and Assistant Chief of Medical Service, in the U. S. Army General Hospital No. 14, in Fort Oglethorpe, Georgia. In 1918, he organized and directed the Section of Gastroenterology. In 1935 he was Commanding Officer of General Hospital No. 82. He was Chief of the Medical Service of the First Evacuation Hospital at Plattsburg Barracks in 1939. In 1940 he was Chief of Medical Service, First Evacuation Hospital at Madison Barracks. In 1940 also, he helped prepare new T/O for General Hospital for the Surgeon General, suggesting that a section of Gastroenterology be included therein and that the dietitians be also included. He was ordered to active duty on July 15, 1942. From July 15, 1942 to December 28, 1942, he was Commanding Officer of the 36th (redesignated 136th) General Hospital; he was Executive Officer of the Hospital Training Area, Camp Carson, Colorado from July 28, 1942 to October 29, 1942; he was Commanding Officer of the 49th General Hospital at Camp Carson, Colorado, from December 28, 1942, to February 10, 1943; from February 12, 1943 to January 8, 1944, he was at Chickasha, Okla-

homa; from February 28, 1944 to December 15, 1944 he was at Base A, Milne Bay, New Guinea. He retired on August 16, 1945.

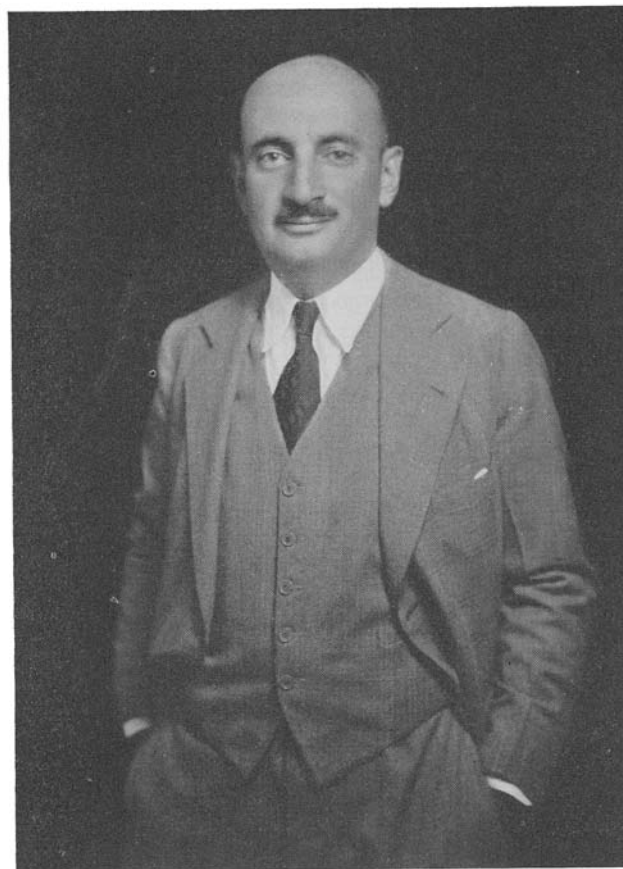
In 1919 Dr. Kantor became Chief of the clinic for gastro-intestinal diseases at Vanderbilt Clinic, Columbia University. He remained in that position until 1935. He also held concurrently many other posts, including those of gastroenterologist and associate roentgenologist at Montefiore Hospital, gastroenterologist at Beth David Hospital and consultant in the same capacity at the Will Rogers Hospital in Saranac Lake, New York, the National Jewish Hospital in Denver and Sharon (Connecticut) Hospital.

Dr. Kantor was an associate in medicine at Columbia beginning in 1924. Since 1939 he had been associate clinical professor of medicine there. In teaching gastroenterology in post-graduate courses at Montefiore Hospital he got the inspiration for his extensive literary work.

He published two books, namely "Treatment of Common Disorders of Digestion," C. V. Mosby Co. (first edition, 1924; second edition, 1929), and "Synopsis of Digestive Diseases," C. V. Mosby Co. (1937), (Spanish edition, 1941). He also contributed to Appleton's "Practitioner's Library of Medicine and Surgery," and to Portis's "Diseases of the Digestive System." In addition, he wrote many articles on gastroenterology, gastrointestinal roentgenology and military medicine. Among his chief contributions were papers on Anomalies of the digestive tract, especially the colon; functional disorders of the colon (in which he introduced the term "unstable colon" in 1931); roentgen diagnosis of ileitis (introduced the term "string sign" in 1934); roentgen diagnosis of steatorrhea (described "moulage sign" in 1939); role of digestive disease and the utilization of gastroenterologists in the U. S. Army.

He was Associate Editor (Military Gastroenterology) "Gastroenterology" (official journal of the American Gastroenterological Association).

In 1931, he gave an oration at the Southern Medical Association in New Orleans on "The Unstable Colon." He was essayist at the Fourth International Congress of Radiology at Zurich, Switzerland in 1934. He was Guest Speaker at the Postgraduate Medical Assembly of East Texas in Houston, Texas, in 1934. He helped organize the Section on Gastroenterology and Proctology for the Medical Society of the State of New York in 1937. On November 3, 1942, he delivered the Friedman Lectures at the National Jewish Hospital at Denver.



DR. JOHN L. KANTOR

In his passing the world loses a great teacher of gastro-enterology. His many associates, students and friends lose a great and inspiring leader, to whom they owe much for his suggestions, encouragement and helpful criticism. In his long and successful career in medicine he was in a measure largely responsible for the modern conception of medical education. His lectures and conversations were often interspersed with morsels of humor which he used to illuminate his point. This capacity for humor made him an invaluable after-dinner speaker.

Although Dr. Kantor has passed on, the writer, who has been closely associated with him for over twenty-two years in his clinical and teaching capacities, knows that his contributions to gastroenterology will live on.

BERTHOLD WEINGARTEN, M.D.

Book Reviews

Colloid Science: A Symposium. Pp. 208 (\$6.00), Chemical Publishing Co., Inc., Brooklyn, N. Y., 1947.

The text of this symposium was taken from a series of lectures given as a course in colloid science at Cambridge University, Cambridge, England, under the auspices of the Royal Institute of Chemistry. Its publication is justified by the growing interest in colloid

systems, polymers and macro-molecules. The study of "interfacial phases" serves as a background for attack on the more complex case of the disperse systems and for interpreting the phenomena encountered with matter in the form of films, membranes and fibers. No doubt the biological topicalness of macro-molecules and enzyme systems will prompt many physicians to read this admittedly technical treatise.