

Burrill B. Crohn (1884–1983)

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BURRILL B. CROHN (Fig.) was not the first or only Mount Sinai Hospital physician to have a disease named after him. But “Crohn’s disease” continues to resonate worldwide and probably will continue to do so even after the etiology of this enigmatic illness is discovered.

Burrill Crohn was one of twelve children born into a German-Jewish immigrant family. His father settled in New York City and earned a livelihood as a stockbroker. The children never lacked the necessities of life, but had to forego its luxuries. At age 13 (1907), Burrill entered the City University of New York; he graduated at age 18. He obtained his medical degree from Columbia University’s College of Physicians and Surgeons after four years. Having passed a comprehensive examination, he was appointed to The Mount Sinai Hospital for a two-year rotating internship and a year’s fellowship in a clinical laboratory under the direction of Emmanuel Libman (of Libman-Sachs endocarditis). This was the conventional pathway of bright young men at that time at The Mount Sinai Hospital.

In later years, Crohn wrote a short personal biography entitled *Notes on the Evolution of a Medical Specialist 1907–1963* (1). It is delightfully written and gives a picture of his development as he saw it. I had met him, of course, when I entered Mount Sinai for my own internship just seven years after the publication in the *Journal of the American Medical Association* of



Fig. Dr. Burrill B. Crohn.

the paper on regional enteritis, and was amused by the slightly skeptical medical atmosphere which surrounded the importance of this curious entity of 14 cases. (Hugh Baron’s account of the discovery of this disease, which can be found in chapter 19, is in my opinion, the most even-handed and detailed account of the road that led to its discovery.) When I returned to

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Mount Sinai in 1948, after World War II, I got to know him more closely. Indeed, when I needed office space to moonlight during the eight years I spent in Frank Hollander's laboratory, Burrill graciously allowed me his office in the evenings and on weekends. For a period of six months, I helped him in the morning sessions when he saw his patients. It became clear that his persistent and scholarly recording and substantive writing about regional enteritis had convinced his institution that his subject was going to be an important one.

Even Nobel Laureates make only one important observation. It should be noted that Crohn had already established himself as a clinical investigator in his early work on "Affections of the Stomach" (2) long before his ileitis studies. Burrill had contributed to the joint venture with the observations of Leon Ginzburg and Gordon Oppenheimer. I recall the efforts that Dr. Richard Marshak, his radiologist, made to convince Burrill that regional enteritis could also occur in the colon, but without success. Burrill eventually accepted this concept after it had been accepted by the entire world.

In 1935, he was elected president of the American Gastroenterological Association. During the brief period of my daily contact with him, he enjoyed a great clinical practice and was becomingly modest about his role in the discovery of regional enteritis. In my presence, he never used the term "Crohn's disease" which he ascribed to the writings of the English surgeon Brooke (3). He was a good general practitioner of gastroenterology, not a master of internal medicine, but his intuitive grasp of a patient's psychology made him outstanding in the handling of functional disorders of the GI tract. His approach to Crohn's disease was firmly based on detailed records of his experience, and he was an ardent

exponent of steroids for Crohn's disease as well as ulcerative colitis. He thought these disorders were infections, probably of viral origin, and saw no reason why a patient might not have both diseases, although he considered this rather rare.

He enjoyed taking care of the famous, but was compassionate and supportive of his poor patients. He looked for a son in the young men who worked for him and had difficulty in realizing why they could not accept this role. He was educated, cultured and a well-read physician. His second marriage, to Rose, was a happy and fulfilling one. After his death, his family founded the Burrill B. Crohn Research Foundation to support the research in the disease at The Mount Sinai Hospital. Shortly before her death, Mrs. Crohn endowed the Burrill B. Crohn Chair in Gastroenterology for the head of the service. David Sachar was named to be the first in the line of future holders of the chair. Mrs. Ruth Dickler, his daughter, continues to play an important part in the work of the Crohn's Foundation and his son, Sylvan (Woody) Crohn, practices medicine in upstate New York. I was particularly happy that Burrill, along with Leon Ginzburg and Gordon Oppenheimer, accepted the role of honorary chairman of the National Foundation for Ileitis, Crohn's and Colitis (NFIC) of America (now known as the CCFA) (see chapter 32).

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