

This Week's Citation Classic

Lockhart-Mummery H E & Morson B C. Crohn's disease of the large intestine.
Gut 5:493-509, 1964.
[St. Mark's Hospital, London, England]

This paper sets out clearly the clinical and pathological features of Crohn's disease of the large intestine as seen in a series of 75 patients. This combined clinical and pathological study makes it clear that Crohn's disease is a different disease from ulcerative colitis and that the two do not occur together in the same patient. [The SC[®] indicates that this paper has been cited over 230 times since 1964.]

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"Following my appointment to the consultant staff of St. Mark's Hospital in the early 1950s, I had the opportunity of working with Cuthbert Dukes in his laboratory there. At that time, colectomy for inflammatory bowel disease was beginning to be practised more frequently and many colon specimens from patients with 'colitis' were coming to the laboratory for pathological examination. The pathological changes in the large bowel produced by ulcerative colitis had never been properly studied, and there were no good accounts in the literature, except some on postmortem material.^{1,2} Although a surgeon, I thought this would be a useful field for further study and, encouraged by Dr. Dukes, examined the macroscopic and microscopic appearances of every case of inflammatory bowel disease that came into the laboratory for some years. The findings of these studies formed the basis of an MD thesis.

"At that time, most patients with inflammatory bowel disease were regarded

as having ulcerative colitis and it was thought that Crohn's disease did not affect the colon. However, from the now fairly large series of cases studied, it was apparent that some of the cases did not conform to the usual macroscopic and microscopic pattern of ulcerative colitis. Basil Morson had by then succeeded Dukes as head of the department of pathology at St. Mark's Hospital and I asked him to re-examine all the unusual specimens. He suggested that these might all be cases of Crohn's disease of the colon, a concept which opposed previously accepted teaching. We then decided to re-examine in detail the clinical and radiological features of these cases. From then on the research became more exciting as it gradually became apparent that there were in many cases clinical and radiological features as well as pathological ones that were different from those of ulcerative colitis. We first published the tentative findings in 1959 and 1960,^{3,4} but by 1963 we had a sufficiently large series, adequately studied and documented, to be certain that these were in fact cases of Crohn's disease and to publish the paper.

"Although there had been other papers suggesting that Crohn's disease could in fact affect the large bowel,^{5,6} we think that ours has been frequently cited because it was the first to present in detail the whole clinical, radiological, and pathological picture of Crohn's disease as it affects the large bowel. Therefore, this was a step forward in clarifying and classifying the several diseases which had for too long been lumped together as 'colitis.'

"It is of interest to recall that the concept of Crohn's disease of the colon and rectum and its separation from ulcerative colitis met with considerable resistance from surgeons, gastroenterologists, and pathologists for a good many years after this paper, but that it is now firmly established."

1. Wilks S & Moxon W. *Lectures on pathological anatomy*. London: Churchill. 187S. 672 p.
2. Hawkins H P. An address on the natural history of ulcerative colitis and its bearing on treatment. *Brit. Med. J.* 1:765-70, 1909.
3. Morson B & Lockhart-Mummery H E. Crohn's disease of the colon. *Gastroenterologia (Basel)* 92:168-73, 1959.
4. Lockhart-Mummery H E & Morson B. Crohn's disease (regional enteritis) of the large intestine and its distinction from ulcerative colitis. *Gut* 1:87-105. 1960.
5. Brooke B N. Granulomatous diseases of the intestine. *Lancet* 2:745-9. 1959.
6. Wells C. Ulcerative colitis and Crohn's disease. *Ann. Roy. Coll. Surg.* 11:105-20. 1952.