

William Harrison Cripps (1850-1923) – Surgeon with a Pathological Legacy

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The practice of pathology in mid-19th century Britain was largely a sideline pursuit for surgeons (and some physicians) who would undertake post mortem examinations on patients that had been under their care. Unlike much of continental Europe, there were few dedicated pathology posts (and no full-time academic chairs) and the newly opened pathology museums seemed more concerned with showing crowd-pulling monstrosities than providing opportunities for improving patient care through clinico-pathological correlation. While the achromatic microscope had been perfected in England by Lister in 1830, it was on the continent, and not in the UK medical schools, that medical microscopy was having an impact.

This worrying state of affairs prompted a group of enlightened London doctors (most of whom were FRS) to establish a 'Pathological Society of London' in 1846 "for the cultivation and promotion of pathology by the exhibition of specimens". The Society was an immediate success, with more than 100 members attending its first meeting, and it prided itself on its published *Transactions* that included careful drawings of the specimens brought to its meetings. Among these are original reports on a series of cases of rectal cancer by a young surgeon and these will be the main subject of this presentation.

William Harrison Cripps was the son of a well connected Gloucestershire family. He turned around an inauspicious childhood (a bad attack of scarlet fever left him 'weakly' and unable to go to school) to gain a place at Barts to study medicine where he qualified in 1872. He went on to spend his whole professional career there. Winning the Jacksonian Prize of the Royal College of Surgeons at the age of 26 for an essay on Cancer of the Rectum was a career-defining event that determined the future direction of his professional surgical practice.

But Cripps made signal contributions to the pathology of rectal cancer too. He embraced microscopy enthusiastically, and his meticulous drawings in the *Transactions* are exquisite in an artistic sense and remarkable for their verisimilitude. His accompanying commentaries demonstrate much insight and thought. He draws conclusions on intestinal carcinogenesis, on the spread of tumours and on metastasis that are prophetic and sometimes iconoclastic. But of greatest significance are his original illustrations of the polyp-cancer sequence, of serrated neoplasia of the large bowel, and the first recorded example of familial adenomatous polyposis – a remarkable and largely unrecognised pathological legacy.

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