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# Historical Hints on the Dormant Cancer Cell

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### **Abstract**

A topical issue is the "dormant" cancer cell. On December 14, 1953, a massive lecture was delivered on it without a historical example. It is well, therefore, to cast the mind as far back as March 7, 1874, when it had cropped up. Propitiously, The Pathological Society of London event was opened by Campbell de Morgan, while Sir William Jenner was in the Chair. Both of these two events are such that light should be beamed on them in the literature.

Keywords: Cancer; Cells; Dormant; History

### Introduction

The dormant cancer cell remains a topical issue [1]. On December 14, 1953, the Kettle Memorial Lecture was delivered with the bold Title of "THE DORMANT CANCER CELL". See how Geoffrey Hadfield, the Sir William Collins Professor of Pathology, introduced it [2]. In sum, he averred in his own words that the dormant state was conceivable thus:

For the sake of brevity in choosing a title for this lecture I have used the word "dormant" to describe malignant cells which, although remaining alive in the tissues for relatively long periods, show no evidence of multiplication during this time, yet retain former and vigorous capacity to multiply.

However, he did not dwell on historical elements. Instead, such elements featured during a DISCUSSION ON CANCER. This was held on March 7th, 1874, under the Chairmanship of the famous Sir William Jenner by the Pathological Society of London. It was Campbell de Morgan, a famous surgeon, who opened it. His concept merits extensive documentation [3].

## **Historical Texts**

### The author abridged his cogent concepts sequentially thus

Admitting that cancer like other infecting tumours is reproduced by the growth of germs, which have been conveyed from it to distant parts, the question arises? How can we account for the fact that after removal there may be no reproduction for years? Can it be imagined that during all this interval the germs of disease deposited from the original tumour have remained inactive?

My conviction is that cancer and other tumours may remain in a rudimentary state for an indefinite length of time. In the case of recurrent cancer we often see that an enlarged and hard gland which is left after the removal of the main tumour will remain quiescent for years, and that then active growth will set in.

Cancer has been there potentially for years, but its time has not come. Such I believe is the explanation of the fact that cancer germs

which have wandered from the parent tumour may remain quiet for an indefinite length of time.

While I believe it probable that the germs of cancer may thus remain in a sort of dormant condition for long periods of time, I would by no means imply that there is not in cancerous patients a special disposition to tissue change, located in some but not in all the structures of the body.

### Discussion

Having myself opted to put dormant in bold letters above, let me go further to furnish de Morgan's own conclusion, seeing that it has a merit of its own as follows:

I have however, the satisfaction of feeling that, without reference to my shortcomings, they will afford ample material for discussion by those who differ from or who agree with me, and who will, by giving us the aid of their experience, their observation, and their reflection, throw a light upon the nature of this fearful enemy, and thus open the means by which we may accomplish its overthrow.

Surely, to conclude here, the above old comprehension of dormancy is reminiscent of the modern lecture delivered by Sir Michael Woodruff [4]. This authority entitled it "Cancer - the elusive enemy". In this context, there is no doubt that there was a Presidential order entitled "War on Cancer" [5]. How has it gone? Elsewhere, I have expatiated on the medical masters of yester years with reference to their belief in the need to explore Nature's norms. Indeed, they considered that such norms point to present prospects as regards the target therapy of cancer [6]. I am persuaded that there may be a Natural Factor whose replication in translational laboratories will go a long way to conduce to cancer cure [7].

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