

Close to the matter

Telling the story

Like Paul Harvey's (Aurandt) "The rest of the story." Or "Plum"—P. G.

Wodehouse's (Pelham Glenville Wodehouse) columns, Or other great storytellers of the past.

After 33 years of various startups, initiatives, and experiments in the practice of medicine, I am taking on an "exciting and terrifying step" (to quote David Brooks of The New York Times)—to start one more new thing, a blissfully new chapter: "The Raconteur."

Here is to the beginning of the "Time Machine" of various Cancer Moonshots. The history of cancer, the business of cancer, and the systems built around HOPE.

This Time Machine is not an escape from the present. It is a way to see how the present was made — and how it might be remade.

The column tells the story. Conversations with Dr. ET is where we interpret what it means—for the clinic, the ledger, and the patient.

Enjoy the read.

Moving the needle to threading it

Chapter 1, Column 1

The word Cancer

From the earliest mention in the Edwin Smith Papyrus—presumed to have been written by the architect-physician-statesman Imhotep—dating back to the Pyramid Age (around 3000–2500 BC), we have the earliest description of a human tumor. James Henry Breasted's historic two-volume translation of the Papyrus, published in 1930, offers a fascinating window into the practice of medicine and early evidence of tumors in ancient Egypt.

From qualitative past to today's quantitative present.

Iterations over time: Hippocrates, 400 BC—"karkinos" in Greek. Celsus, c. 25 BC–50 AD—"cancer" in Latin. Onkos—masses, in Greek. Karkata ('crab') and Arbuda, the Ayurvedic term for malignant tumor—in Sanskrit.

The names matter to me because they show how long we have been trying to make the unknowable visible.

Big Promises: what breakthroughs have extended life—and the promise of "hope" to survive and thrive.

"The knife is the cure" era—with Dr. William Stewart Halsted, Dr. Roswell Park (whose name lives on in America's first cancer research institute), and so many great surgeons, their techniques advancing alongside anesthesia and antisepsis.

Who paid? The rich and upper class paid cash for care delivered at home, while the poor were cared for in institutions supported by philanthropy, charity, religious and local government organizations. At Mass General

Hospital (MGH — “Man’s Greatest Hospital,” as its admirers call it), that divide shaped who received institutional care and how it was supported. Then came the first attempt at corporate healthcare: Lowell Corporation Hospital, with financial support from the town’s textile employers.

All this, as the tools evolved—“from a betatron, cobalt and radium needles, and treating AP one day and PA the next, to probably treating on some sort of amazing [technology like a] TrueBeam or Elekta,” as Stacy Wentworth, a radiation oncologist at Duke University School of Medicine, put it on the Cancer History Project podcast.

The focus moved from the “tumor” to the “life” around it. A visit to the Gordon Museum in London, England —where the original Hodgkin’s lymphoma patient’s abdominal lymph nodes still reside—gives you a glimpse into that evolving systemic thinking.

Standing there, I felt the distance between specimen and story collapse.

As the world wars taught medicine their lessons, military language gave fear a usable shape.

Next week: “The War”—who decided cancer was a war, and what that thinking has cost us.

Sources

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