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Editorial

What to do after winning the Nobel Prize – Work harder!

Genius is defined in the dictionary as 'a person with exceptional ability, especially of a highly original kind.' Never has such a description been more fitting than in describing the Nobel Laureate – Sir James Black.

James White Black is a Scot who graduated in medicine in 1946 from the University of St Andrew's. He initially embarked upon a career in physiology and worked in the Universities of Singapore and Glasgow. A family tragedy stimulated his initial research in cardiology as his father died prematurely after a stress-induced myocardial infarction. It was James Black who first developed the idea of blocking beta receptors on cardiac muscle to reduce stress on vulnerable muscle. Whilst bringing his idea from concept to a marketable drug he moved into the pharmaceutical industry. The first Beta Blocker was marketed in 1963 and this class of drug is of course now used worldwide for a wide range of cardiac and non-cardiac problems. Black then applied the same approach to block excess histamine release from gastric parietal cells and was the originator of H2 receptor antagonists. The first of these, Tagamet, was launched in 1972 and led to a revolution in the management of gastric ulcers. Sir James Black was elected a Fellow of the Royal Society of London in 1976 and awarded the Nobel Prize for medicine or physiology in 1988.

Meeting him at a social function in Edinburgh recently I was struck with two things – his obvious discomfort and frustration in dealing with advanced prostatic cancer, counterbalanced by his irrepressible enthusiasm for science in general and his ongoing research specifically. His latest hypothesis concerns the development of a gastrin antagonist to control the growth of cells which express gastrin receptors. The latter are expressed by a wide range of both benign and malignant cell types leading to his hypothesis that such a

drug could have a range of applications both in oncology and other indications. Now in his 85th year, despite his ill health Sir James continues to work daily from his office at King's College Hospital Medical School in London. Recognising the challenge of fully developing his ideas for the treatment of pancreatic cancer based on gastrin receptor antagonists I encouraged him to commit his hypothesis and findings to date in the form of an essay that is published in this issue. The findings are preliminary but no-one would be more delighted than Sir James if someone reading this would wish to take forward his hypothesis and explore it in a rigorous, contemporary fashion. Who knows where that could lead them – this man has been right before – not once, but twice ... thrice?

Conflict of interest statement

None declared.

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