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1951

Diagnosis and Treatment

After her visit to Hopkins, Henrietta went about life as usual, cleaning and cooking for Day, their children, and the many cousins who stopped by. Then, a few days later, Jones got her biopsy results from the pathology lab: "Epidermoid carcinoma of the cervix, Stage I."²

All cancers originate from a single cell gone wrong and are categorized based on the type of cell they start from. Most cervical cancers are carcinomas, which grow from the epithelial cells that cover the cervix and protect its surface. By chance, when Henrietta showed up at Hopkins complaining of abnormal bleeding, Jones and his boss, Richard Wesley TeLinde, were involved in a heated nationwide debate over what qualified as cervical cancer, and how best to treat it.

TeLinde, one of the top cervical cancer experts in the country, was a dapper and serious fifty-six-year-old surgeon who walked with an extreme limp from an ice-skating accident more than a decade earlier. Everyone at Hopkins called him Uncle Dick. He'd pioneered the use of estrogen for treating symptoms of menopause and made important early discoveries about endometriosis. He'd also written one of the

most famous clinical gynecology textbooks, which is still widely used sixty years and ten editions after he first wrote it. His reputation was international: when the king of Morocco's wife fell ill, he insisted only TeLinde could operate on her. By 1951, when Henrietta arrived at Hopkins, TeLinde had developed a theory about cervical cancer that, if correct, could save the lives of millions of women. But few in the field believed him.

Cervical carcinomas are divided into two types: invasive carcinomas, which have penetrated the surface of the cervix, and noninvasive carcinomas, which haven't. The noninvasive type is sometimes called "sugar-icing carcinoma," because it grows in a smooth layered sheet across the surface of the cervix, but its official name is *carcinoma in situ*, which derives from the Latin for "cancer in its original place."

In 1951, most doctors in the field believed that invasive carcinoma was deadly, and carcinoma in situ wasn't. So they treated the invasive type aggressively but generally didn't worry about carcinoma in situ because they thought it couldn't spread. TeLinde disagreed—he believed carcinoma in situ was simply an early stage of invasive carcinoma that, if left untreated, eventually became deadly. So he treated it aggressively, often removing the cervix, uterus, and most of the vagina. He argued that this would drastically reduce cervical cancer deaths, but his critics called it extreme and unnecessary.

Diagnosing carcinoma in situ had only been possible since 1941, when George Papanicolaou, a Greek researcher, published a paper describing a test he'd developed, now called the Pap smear. It involved scraping cells from the cervix with a curved glass pipette and examining them under a microscope for precancerous changes that TeLinde and a few others had identified years earlier. This was a tremendous advance, because those precancerous cells weren't detectable otherwise: they caused no physical symptoms and weren't palpable or vis-

ible to the naked eye. By the time a woman began showing symptoms, there was little hope of a cure. But with the Pap smear, doctors could detect precancerous cells and perform a hysterectomy, and cervical cancer would be almost entirely preventable.

At that point, more than 15,000 women were dying each year from cervical cancer. The Pap smear had the potential to decrease that death rate by 70 percent or more, but there were two things standing in its way: first, many women—like Henrietta—simply didn't get the test; and, second, even when they did, few doctors knew how to interpret the results accurately, because they didn't know what the various stages of cervical cancer looked like under a microscope. Some mistook cervical infections for cancer and removed a woman's entire reproductive tract when all she needed was antibiotics. Others mistook malignant changes for infection, sending women home with antibiotics only to have them return later, dying from metastasized cancer. And even when doctors correctly diagnosed precancerous changes, they often didn't know how those changes should be treated.

TeLinde set out to minimize what he called "unjustifiable hysterectomies" by documenting what *wasn't* cervical cancer and by urging surgeons to verify smear results with biopsies before operating. He also hoped to prove that women with carcinoma in situ needed aggressive treatment, so their cancer didn't become invasive.

Not long before Henrietta's first exam, TeLinde presented his argument about carcinoma in situ to a major meeting of pathologists in Washington, D.C., and the audience heckled him off the stage. So he went back to Hopkins and planned a study that would prove them wrong: he and his staff would review all medical records and biopsies from patients who'd been diagnosed with invasive cervical cancer at Hopkins in the past decade, to see how many initially had carcinoma in situ.

Like many doctors of his era, TeLinde often used patients from the public wards for research, usually without their knowledge. Many

scientists believed that since patients were treated for free in the public wards, it was fair to use them as research subjects as a form of payment. And as Howard Jones once wrote, "Hopkins, with its large indigent black population, had no dearth of clinical material."

In this particular study—the largest ever done on the relationship between the two cervical cancers—Jones and TeLinde found that 62 percent of women with invasive cancer who'd had earlier biopsies first had carcinoma *in situ*. In addition to that study, TeLinde thought, if he could find a way to grow living samples from normal cervical tissue and both types of cancerous tissue—something never done before—he could compare all three. If he could prove that carcinoma *in situ* and invasive carcinoma looked and behaved similarly in the laboratory, he could end the debate, showing that he'd been right all along, and doctors who ignored him were killing their patients. So he called George Gey (pronounced *Gey*), head of tissue culture research at Hopkins.

Gey and his wife, Margaret, had spent the last three decades working to grow malignant cells outside the body, hoping to use them to find cancer's cause and cure. But most cells died quickly, and the few that survived hardly grew at all. The Geys were determined to grow the first *immortal* human cells: a continuously dividing line of cells all descended from one original sample, cells that would constantly replenish themselves and never die. Eight years earlier—in 1943—a group of researchers at the National Institutes of Health had proven such a thing was possible using mouse cells. The Geys wanted to grow the human equivalent—they didn't care what kind of tissue they used, as long as it came from a person.

Gey took any cells he could get his hands on—he called himself "the world's most famous vulture, feeding on human specimens almost constantly." So when TeLinde offered him a supply of cervical cancer tissue in exchange for trying to grow some cells, Gey didn't hesitate. And TeLinde began collecting samples from any woman who happened to walk into Hopkins with cervical cancer. Including Henrietta.

On February 5, 1951, after Jones got Henrietta's biopsy report back from the lab, he called and told her it was malignant. Henrietta didn't tell anyone what Jones said, and no one asked. She simply went on with her day as if nothing had happened, which was just like her—no sense upsetting anyone over something she could deal with herself.

That night Henrietta told her husband, "Day, I need to go back to the doctor tomorrow. He wants to do some tests, give me some medicine." The next morning she climbed from the Buick outside Hopkins again, telling Day and the children not to worry.

"Ain't nothin' serious wrong," she said. "Doctor's gonna fix me right up."

Henrietta went straight to the admissions desk and told the receptionist she was there for her treatment. Then she signed a form with the words OPERATION PERMIT at the top of the page. It said:

I hereby give consent to the staff of The Johns Hopkins Hospital to perform any operative procedures and under any anaesthetic either local or general that they may deem necessary in the proper surgical care and treatment of: _____

Henrietta printed her name in the blank space. A witness with illegible handwriting signed a line at the bottom of the form, and Henrietta signed another.

Then she followed a nurse down a long hallway into the ward for colored women, where Howard Jones and several other white physicians ran more tests than she'd had in her entire life. They checked her urine, her blood, her lungs. They stuck tubes in her bladder and nose.

On her second night at the hospital, the nurse on duty fed Henrietta an early dinner so her stomach would be empty the next morning, when a doctor put her under anesthetic for her first cancer treatment. Henrietta's tumor was the invasive type, and like hospitals nationwide,

Hopkins treated all invasive cervical carcinomas with radium, a white radioactive metal that glows an eerie blue.

When radium was first discovered in the late 1800s, headlines nationwide hailed it as "a substitute for gas, electricity, and a positive cure for every disease." Watchmakers added it to paint to make watch dials glow, and doctors administered it in powdered form to treat everything from seasickness to ear infections. But radium destroys any cells it encounters, and patients who'd taken it for trivial problems began dying. Radium causes mutations that can turn into cancer, and at high doses it can burn the skin off a person's body. But it also kills cancer cells.

Hopkins had been using radium to treat cervical cancer since the early 1900s, when a surgeon named Howard Kelly visited Marie and Pierre Curie, the couple in France who'd discovered radium and its ability to destroy cancer cells. Without realizing the danger of contact with radium, Kelly brought some back to the United States in his pockets and regularly traveled the world collecting more. By the 1940s, several studies—one of them conducted by Howard Jones, Henrietta's physician—showed that radium was safer and more effective than surgery for treating invasive cervical cancer.

The morning of Henrietta's first treatment, a taxi driver picked up a doctor's bag filled with thin glass tubes of radium from a clinic across town. The tubes were tucked into individual slots inside small canvas pouches hand-sewn by a local Baltimore woman. The pouches were called Brack plaques, after the Hopkins doctor who invented them and oversaw Henrietta's radium treatment. He would later die of cancer, most likely caused by his regular exposure to radium, as would a resident who traveled with Kelly and also transported radium in his pockets.

One nurse placed the Brack plaques on a stainless-steel tray. Another wheeled Henrietta into the small colored-only operating room on the second floor, with stainless-steel tables, huge glaring lights, and an all-white medical staff dressed in white gowns, hats, masks, and gloves.

With Henrietta unconscious on the operating table in the center of the room, her feet in stirrups, the surgeon on duty, Dr. Lawrence Wharton Jr., sat on a stool between her legs. He peered inside Henrietta, dilated her cervix, and prepared to treat her tumor. But first—though no one had told Henrietta that TeLinde was collecting samples or asked if she wanted to be a donor—Wharton picked up a sharp knife and shaved two dime-sized pieces of tissue from Henrietta's cervix: one from her tumor, and one from the healthy cervical tissue nearby. Then he placed the samples in a glass dish.

Wharton slipped a tube filled with radium inside Henrietta's cervix, and sewed it in place. He sewed a plaque filled with radium to the outer surface of her cervix and packed another plaque against it. He slid several rolls of gauze inside her vagina to help keep the radium in place, then threaded a catheter into her bladder so she could urinate without disturbing the treatment.

When Wharton finished, a nurse wheeled Henrietta back into the ward, and Wharton wrote in her chart, "The patient tolerated the procedure well and left the operating room in good condition." On a separate page he wrote, "Henrietta Lacks . . . Biopsy of cervical tissue . . . Tissue given to Dr. George Gey."

A resident took the dish with the samples to Gey's lab, as he'd done many times before. Gey still got excited at moments like this, but everyone else in his lab saw Henrietta's sample as something tedious—the latest of what felt like countless samples that scientists and lab technicians had been trying and failing to grow for years. They were sure Henrietta's cells would die just like all the others.