Dr. Chester Southam was the driver of a study that injected live cancer cells into unknowing patients in the 1960s.


The stunning accusation was that Brooklyn’s Jewish Chronic Disease Hospital, a facility known for serving an elderly population and those in need of long-term physical care, was “conducting cancer experiments on unsuspecting non-cancerous patients.”

Selwyn Raab, who was a new hire at the old World-Telegram when an editor assigned him to check out a tip about some research shenanigans at a Brooklyn hospital, was admittedly “astonished” by the allegations.

“The idea that they would inject sick people with cancer cells was incredible to me,” recalls Raab, now retired. “It struck me as abhorrent. Anyone of even limited intelligence knew you couldn’t get informed consent from senile people.”

The experiments were the idea of Dr. Chester Southam, a noted immunologist at Sloan-
Kettering Hospital, who suggested a collaborative research project with the JCDH. Southam hoped to initiate an “evaluation of the immunologic status of patients with chronic non-neoplastic diseases, as revealed by promptness of rejection of subcutaneous cancer-cell homografts.”

In short, Southam wanted to see if the immunologic systems of debilitated individuals reacted any differently to the introduction of cancerous cells than in people who were healthy.

The project Southam was proposing was a continuation of cancer studies he had been doing for well over a decade. He had already worked in Africa injecting an assortment of rare and common viruses including mumps, dengue, West Nile, and Semliki Forest virus in severely ill cancer patients. Southam had also performed cancer-cell experiments on more than 100 healthy prisoners at an Ohio state penitentiary.

In his Brooklyn study, Southam and his JCDH partners decided to avoid “the phobia and ignorance that surrounds the word cancer” by telling patients “they were getting human cells growing in test tubes.”

Such deceptive practices were not unusual during the Cold War era. The concept of informed consent was still in its infancy, the Nuremberg Code was regularly circumvented and researchers and hospital personnel understood the penalty for opposing or speaking out about a piece of questionable research.

The four-decade long Tuskegee syphilis study underscores the cozy code of medical omerta that dominated human research during the last century.

All the more reason then to remember the three courageous and principled JCDH physicians who refused to take part in the study, resigned their positions, and went public that an unethical clinical trial was occurring in a New York City hospital.

Doctors Avir Kagan, David Leichter and Perry Fersko were all asked to assist Southam with his research initiative. Each one refused.

Kagan, the first to be asked, recalled in a recent interview, “There was never a question. I decided I wouldn’t do it. I couldn’t imagine approaching a patient and asking for his permission to inject him with live cancer cells. I certainly wouldn’t consider it unless we got consent. That was the key, informed consent.”

Pressure was placed on Kagan, as well as Leichter and Fersko to comply; they were told the research would advance science and association with the project would be good for the hospital. But the doctors stood their ground. Regrettably, a fourth physician agreed to carry out the experiment and 22 geriatric patients were injected with cancer cells, thrusting the JCDH case into the halls of medical research infamy.

When I tracked down and interviewed Southam in the mid-’90s, he was retired and residing on Philadelphia’s affluent Main Line. He was reluctant to talk about the JCDH case; the media firestorm it created generated painful memories.
But it could have been worse: He was never prosecuted and only received a one-year probation (a one-year suspension was stayed) from the Board of Regents of the University of the State of New York. And he was far from ostracized by his peers; Southam was elected president of the American Association for Cancer Research just a few years later. Obviously, breaching a code of medical ethics wasn’t an impediment to career advancement in the 1960s.

Thirty years later, Southam remained convinced his research was both sound and scientifically important. He was unwavering in his belief that none of the patients injected with the cancer cells would contract the disease.

When I asked, “What if they had?” he calmly replied, “If they did, we’d just cut it out.”

Over the decades there have been numerous instances of equally cavalier researchers involved in unethical experimentation. Be it in mental asylums, orphanages, prisons, hospitals or the military, the lives of ill informed and vulnerable test subjects have been routinely placed at risk. And all too often those who knew better and could have prevented or stopped egregious and injurious acts remained silent.

Pity that more doctors didn’t follow the example of three Brooklyn physicians who knew right from wrong, understood what was ethical and what was not, and had the courage to say, “No, I will not place a patient at risk.”

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