Continuum - Summer 2020

Follow this and additional works at: https://openworks.mdanderson.org/hrc_continuum

Recommended Citation
"Continuum - Summer 2020" (2020). Continuum - A Newsletter from the Historical Resources Center. 3. https://openworks.mdanderson.org/hrc_continuum/3

This Article is brought to you for free and open access by the Historical Resources Center at OpenWorks @ MD Anderson. It has been accepted for inclusion in Continuum - A Newsletter from the Historical Resources Center by an authorized administrator of OpenWorks @ MD Anderson. For more information, please contact rml-help@mdanderson.org.
Summer 2020 Update

Greetings from the Historical Resources Center of the Research Medical Library. While the library and archives are still closed to the public for COVID-19 precautions, we are working remotely to help ensure that the MD Anderson Cancer Center community can access our wealth of knowledge and expertise while social distancing.

Working with historical images

Recently, the archives received a request regarding permission to use a historical image of a piece of medical equipment from MD Anderson's past. While the request seemed simple enough, the approval process is just one step in an entire system that makes the institution's historical documents available for all to use. The image below is of a radiotherapy unit called the Cobalt-60, which was developed at MD Anderson by Drs. Gilbert Fletcher and Leonard Grimmett. The Cobalt-60 used ionized cobalt to create a beam of gamma rays to kill cancerous cells. Like any new therapy, it required thousands of hours to develop. The developers had to acquire the radioactive materials, build infrastructure to handle them, develop the machines, developing and test treatments before the Cobalt-60 was ready to use in treating patients.

The posed nature of the image suggests that it was taken either educational, informational, or promotional purposes. MD Anderson's visual history contains several examples like this that have been used in a variety of works including annual reports, news articles, and presentations. This image was most likely maintained by the
Medical Graphics and Photography department or the Communications department. Since this image contains a great deal of historical value to the institution, it was stored for posterity and eventually digitized. Its continued use as an archival artifact led to its transfer to the Historical Resources Center, the official archival repository of the University of Texas MD Anderson Cancer Center.

The mission of the archives is to preserve and make all sorts of items that contain historic or artifactual information for the institution. Even though the HRC did not digitize this particular image, the archives has the equipment to digitize a wide variety of photographic material from prints to 35mm slides to the original negatives. Donating is the first step toward preserving an archival item. The accessioning process includes creating a preservation file, assigning descriptors to help researchers find the item online, and uploading the image to an online repository.

Once an image has been accessioned and digitized, several ethical and legal considerations that need to be addressed before it can be accessed. Copyright -- or whether the institution has the right to use the image, is an important one. Also, the archives cannot disclose patient information without their written consent. It's almost impossible to determine if the person in the image was an actual patient or a model hired to depict a patient. Fortunately, the person's face in the image is obscured enough to prevent accidental disclosure of health information. These time-consuming steps are necessary to make sure the image can be discovered for years to come.

The image of the Cobalt-60 unit represents numerous hours of work at MD Anderson: from developing the device to developing the image depicting it. We are working to ensure this image, and thousands more like it, are available for the public to enjoy.
New oral history interview available

Marshall Hicks, MD
Division Head, Division of Diagnostic Imaging

Faculty Art as Medicine

The Faculty Engagement Program contacted the Research Medical Library and the Historical Resources Center to request our expertise for this year’s Faculty Art Exhibit. This project provides the opportunity for MD Anderson faculty to submit art for a virtual exhibition. This year, participants are encouraged to submit art related to COVID-19 and how it has affected them.

The library is hoping to help create the online exhibition and to preserve selected items in a digital archive for people to experience for years to come.

Accessing Collections Online

- ArchivesSpace
  - The HRC invested in a new collection management platform called ArchivesSpace. Developed by the archival community, this software provides the tools to both manage the HRC’s collections and make it easy for researchers to discover them. Currently, the ArchivesSpace implementation is still a work in progress, but most collections will be updated soon.
  - One of the benefits of ArchivesSpace is the ability to publish collection information quickly. Normally it takes years for a collection...
to become discoverable, but this new program will make it easier to access this once-hidden collections.

- **RML Institutional Repository**
  - The Research Medical Library licensed a new institutional repository. The main purpose is to collect educational documents created by MD Anderson faculty, students, and staff. By providing a stable home for this vast amount of scholarship, the library will help the institution disseminate its contributions to the greater academic community.
  - Potential projects include: a place for students to publish their academic posters, a collection of historical newsletters and journals, and creating an academic journal for the institution.

---

### New Finding Aid for the Burnout Collection

Earlier this year, the archives was fortunate to host Texas Women’s University student Jolene Blaylock, who lent her time to help create an archival finding aid for the collection *Beyond Resiliency Training: Organizational Strategies to Alleviate Burnout and Increase Wellness in Academic Medicine*.

As part of her training, Jolene uploaded digital content to one of the archives’ online repositories, created descriptors to help searchers discover the individual interviews and presentations online, and created a guide to connect all the information in one space.

Ms. Blaylock exceeded all expectations by making a collection more accessible. Her work can serve as a model for future collections and future internships.

---

### In memoriam

Three members of the MD Anderson family passed away recently. Hear their stories for the *Making Cancer History® Voices Oral History Collection*

- **Norman Leeds, MD**
“I’m working to educate the newer generation to be as good as they can be, to advance diagnosis, and education, and stimulate them to do work on research. I’m enjoying it, so I think this is the other benefit is that I’ve enjoyed it so much that I like passing on the knowledge to the next generation, hopefully to make it better, smarter, and more advantageous to the patient.”

Norman Leeds, MD
June 20, 2017

Isaiah J. Fidler, DVM, PhD
Professor, Cell Biology
1936 - May 8, 2020

“Why. That’s the question a child asks. Why. Give me a reason. And maybe they were patient with you. ‘Because you have dirt on your hand.’ Why.

… The why is the question in medicine. Why is there metastasis? Not how. When. If. Seventeen different ways of doing a technique... But why leads to a hypothesis.”

Isaiah J Fidler, DVM, PhD
1936 - 2020

Gerald Bodey, Sr. , MD
Professor, Infectious Diseases
May 22, 1934- June 22, 2020
"The year that I was leaving the National Cancer Institute, there was a man by the name of Matthews—T.M. Matthews—who developed the protective environment, which was a bed with a plastic tent around it. Then you had some chambers on the bottom where you could put things in and take things out and sleeves on the side. And you had a filtered air system so this would expand, and it had a bed in there. The patient could get up off the side of the bed, but he wasn’t going to be able to go anywhere. So it was protective enough. They were protected against the environment and the air and everything else ... The objective was to make it as germ-free an environment as possible. This was the first type of unit. It was called a Life Island. ... I became responsible for them. We had two of these Life Island units. It was difficult for the patients. Suddenly they couldn’t go anywhere. There was plastic so they could see what was going on. It was very inconvenient, but it did reduce the risk of infection."