



ARTISTS WHO HAD CANCER

Works from the Hillstrom and Shogren-Meyer Collections

September 14 through November 8, 2020



Hillstrom Museum of Art

ON THE COVER

Dorothea Lange (1895–1965)

Part of the daily lineup outside State Employment Service Office, Memphis, Tennessee, 1938

Gelatin silver print, 10 1/8 x 13 1/4 inches

Lent by Shogren-Meyer Collection

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ARTISTS WHO HAD CANCER

DIRECTOR'S NOTES

The Hillstrom Museum of Art is pleased to present *Artists Who Had Cancer: Works from the Hillstrom and Shogren-Meyer Collections*. The exhibit and a concurrent one titled *Cancer Never Had Me: Views by Artists* are presented in conjunction with the 2020 Nobel Conference of Gustavus Adolphus College, titled "Cancer in the Age of Biotechnology."

The commonality of the 32 works included in *Artists Who Had Cancer*, beyond their being by prominent American artists and dating mostly from the first half of the 20th century, is that they are all by artists who succumbed to cancer. For some of the 16 individual painters, printmakers, and photographers, published biographical information indicates the specific type of cancer the artist had. For those artists, some discussion of their careers, their type of cancer, and, when possible, the impact the disease had on their lives and work, is presented. Part of this information has been contributed by Laura Burrack, co-chairperson of the 2020 Nobel Conference and a faculty member in the College's biology department. Burrack's texts present particulars of the specific types of cancer and compares available treatments for those types during the artists' lifetimes and today. These texts, presented in conjunction with the works by the specific artists, consider liver cancer, esophageal cancer, prostate cancer, lung cancer, and pancreatic cancer. We thank Burrack for her insightful contributions to this exhibit.

The works in the exhibit are drawn from the collection of the Hillstrom Museum of Art and from the collection of Dan Shogren and Susan Meyer, who lent 15 photographs by prominent American photographers. We thank Meyer and Shogren for the generous loans of these engaging and beautiful photographs.

Donald Myers
Director
Hillstrom Museum of Art

Works from the Hillstrom and Shogren-Meyer Collections



Esther Bubley (1921-1998)
Houses and Grain Elevator, Duluth, Minnesota, 1947
Gelatin silver print, 9 1/8 x 13 1/8 inches
Lent by Shogren-Meyer Collection



Esther Bubley (1921-1998)
***Tug Pushing a Loaded Grain Vessel
Away from Farmers Cooperative,
Superior, Wisconsin, 1947***
Gelatin silver print, 10 3/4 x 7 3/4 inches
Lent by Shogren-Meyer Collection

ARTISTS WHO HAD CANCER



Aaron Bohrod (1907-1992)

Brighton Road, Pittsburgh, c. 1947

Gouache on composition board, 12 ¾ x 18 ½ inches

Hillstrom Museum of Art, gift of the Reverend Richard L. Hillstrom



Aaron Bohrod (1907-1992)

Refreshment, 1930

Oil on paper, 10 ¼ x 12 ½ inches

Hillstrom Museum of Art purchase with endowment acquisition funds

Works from the Hillstrom and Shogren-Meyer Collections

AARON BOHROD (1907-1992)

Aaron Bohrod, born in Chicago, studied at the School of the Art Institute there, later studying in New York City at the Art Students League. At the League, he was particularly influenced by John Sloan (1871-1951; also included in this exhibition), whom he described as “dynamic” and who encouraged Bohrod’s exploration of the people and imagery of the city. Sloan was known for his paintings and etchings of New Yorkers of all levels of society, on rooftops of tenements or in posh art galleries, and when Bohrod later returned to his hometown, he wanted to “do in my own way with my own city what Sloan had done with New York.”

Bohrod recalled showing some of the many color sketches of cityscapes and other views that he brought back from New York in an outdoor exhibition in Chicago’s Grant Park outside the Art Institute. He and his wife spread the works on the lawn and he sold color sketches for two dollars each.

The artist frequently painted urban images in the 1930s and 1940s. He left Chicago for an artist-in-residence post at Southern Illinois University, Carbondale in 1941. Around that same time, Bohrod was one of a group of artists commissioned by the American Tobacco Company in North Carolina to paint images of all aspects of tobacco production. During World War II, he served as an artist for the U.S. Army Corps of Engineers in the Pacific Theatre and later as an artist-correspondent for *Life* magazine in Europe. In 1948, he was appointed artist-in-residence at the University of Wisconsin, Madison, a post he held until his retirement in 1973.

Bohrod was active as an artist into the 1990s. He expanded his urban and rural scenes to include depictions of Wisconsin, and he also painted elsewhere in the U.S., including Pittsburgh and Allegheny County in a series of paintings for Gimbel’s Department Store’s Pennsylvania Art Collection. Bohrod became active in painting *trompe-l’oeil* still-lifes starting in the mid 1950s. A number of these include death imagery such as skulls, and one, a 1958 homage to fellow Chicago painter Ivan Albright (1897-1983), references fleeting life and depicts cigarette butts, because of his friend’s predilection for smoking.

CANCER OF THE LIVER

The liver is the largest internal organ and has essential roles in digestion and use of nutrients, in breaking down toxins and drugs, and in making the clotting factors in blood that prevent excessive bleeding. The most common type of liver cancer starts in the hepatocytes, which are the cells responsible for the metabolic processes and detoxification that occur within the liver. There are many different risk factors for liver cancer such as genetic predisposition and alcohol use, but worldwide, the biggest risk factor is chronic infection with either hepatitis B virus (HBV) or hepatitis C virus (HCV). Therefore, receiving the vaccine to prevent HBV and/or treating HCV infections are ways to significantly reduce risks of developing liver cancer.

What did treatment for liver cancer look like in 1992? At this time, patients with earlier stage cancer restricted to the liver had the option of effective surgery methods to remove the tumor from the liver. Liver transplantation was also well-established as a treatment for some patients with localized tumors and low overall liver function. For patients whose tumors could not be treated with surgery, oncologists prescribed chemotherapy regimens. One commonly used chemotherapy treatment was Doxorubicin (Adriamycin). Doxorubicin works by inhibiting an enzyme called topoisomerase II. Topoisomerase II helps maintain DNA structure in the cells, especially during cellular replication. Therefore, while cancer cells are particularly sensitive to the effects of topoisomerase inhibitors, other fast replicating cells in the body such as immune and intestinal cells are also affected by Doxorubicin leading to significant side effects of chemotherapy treatment.

What does treatment for liver cancer look like now? For patients with localized tumors, surgery or liver transplantation remain viable options. For patients with inoperable liver cancers, there are now several different targeted therapies and immunotherapies that can be used in combination. In addition to the increased effectiveness of these new drugs overall, the large number of different treatment options has improved outcomes because there are now more alternative approaches available when a patient’s tumor develops resistance to a given therapy. A typical treatment plan for a patient with advanced liver cancer might start with an immunotherapy drug called Tecentriq that activates the patient’s own T cells in their immune system, combined with a targeted therapy drug called Avastin that prevents the formation of blood vessels within the tumor which in turn prevents oxygen and nutrients from reaching the cancerous cells. — Laura Burrack, Co-chairperson of the 2020 Nobel Conference of Gustavus Adolphus College, “Cancer in the Age of Biotechnology”

ARTISTS WHO HAD CANCER



Russell Lee (1903–1986)

Farm Security Administration Clients at Home, Hidalgo County, Texas, 1939

Gelatin silver print (printed 1970s), 9 3/4 x 13 1/8 inches

Lent by Shogren-Meyer Collection



Russell Lee (1903–1986)

Washington Lumberjack, 1935

Gelatin silver print, 12 1/4 x 9 inches

Lent by Shogren-Meyer Collection

Works from the Hillstrom and Shogren-Meyer Collections



Guy Pène du Bois
(1884-1958)
Connoisseurs, 1938
Watercolor on paper
13 5/8 x 11 5/8 inches
Hillstrom Museum of Art,
gift of the Reverend
Richard L. Hillstrom



Guy Pène du Bois
(1884-1958)
Portrait of Marian Bouché
c. 1939
Mixed media on paper
12 x 10 inches
Hillstrom Museum of Art,
gift from the Estate of
Jane B. Strong

ARTISTS WHO HAD CANCER



Dorothea Lange
(1895–1965)
*Drought Refugees from
Abilene, Texas [cars on
the road], 1936*
Gelatin silver print
7 5/8 x 7 1/2 inches
Lent by Shogren-Meyer
Collection



Dorothea Lange
(1895–1965)
*Part of the daily lineup
outside State
Employment Service
Office, Memphis,
Tennessee, 1938*
Gelatin silver print
10 1/8 x 13 1/4 inches
Lent by Shogren-Meyer
Collection

Works from the Hillstrom and Shogren-Meyer Collections



Dorothea Lange
(1895–1965)
***The Three Churches:
Catholic, Baptist,
Lutheran, Dixon, South
Dakota, 1941***
Gelatin silver print
10 ¼ x 10 ⅝ inches
Lent by Shogren-Meyer
Collection

DOROTHEA LANGE (1895–1965)

Dorothea Lange is recognized as one of the most important American documentary photographers. Her famed *Migrant Mother* from 1936 was selected for *Time* magazine's publication in 2018 of the 100 most influential photographs. That iconic image, one of many she did under Federal New Deal relief programs, is considered to have done more than any other to humanize the hardships of the Depression. Lange had studied photography with Clarence H. White (1871–1925) at Columbia University's Teachers College, and she established her own photography studio in San Francisco in 1919.

Lange was diagnosed with inoperable esophageal cancer in August, 1964, but she had had numerous significant health issues over the years, especially in the last two decades of her life, including suffering from post-polio syndrome from when she was seven, the disease permanently affecting her gait. To address her cancer, she endured twice-weekly dilations of her esophagus to try to make it possible for her to eat, and also undertook cobalt radiation therapy. Her biographer Linda Gordon has outlined her suffering. By that winter, she could only eat ice cream and liquids, though at times her energy level would rebound enough to lead some to think she might beat the cancer. By March 1965 she noted that she was "losing ground everyday a little."

The photographer prepared carefully for her own death. She dictated to her husband a list of people she wanted to receive photographs and other artworks, and she tried to arrange for him to be invited on a big trip to someplace such as Yemen after her death. Lange likened the effects on her body of dying to how a silver Navajo bracelet she'd had for decades had worn away, diminishing to a much lighter weight. In her last year she helped organize a major retrospective exhibition of her work at the Museum of Modern Art in New York, which, however, opened after her death.

Lange insisted on remaining in her home as long as possible, but on October 8 she told her husband, "We're licked." She entered the hospital, where she died three days later.

CANCER OF THE ESOPHAGUS

The esophagus allows passage of food from the mouth to the stomach. Most esophageal cancers are divided into two main categories. Squamous cell carcinomas start in the lining of the esophagus, while adenocarcinomas of the esophagus occur in the cells near the bottom of the esophagus that produce the mucus that aids in swallowing. In the 1960s, squamous cell carcinomas made up 90 percent of esophageal cancer patients. More recently, total rates of esophageal cancer have increased in the United States, and the two types of cancer occur at approximately equal rates. Treatments for both of these types of cancer are similar, but some of the recently developed targeted therapies work better for one specific type of esophageal cancer.

What did treatment for esophageal cancer look like in 1965? In the 1960s, treatment options for esophageal cancer were limited, and the prognosis for patients diagnosed with esophageal cancer was usually poor. Surgical methods of treatment were developed in the early 1900s, but unfortunately patient mortality from the surgery itself was frequently high due to the difficulty in removing a portion of the esophagus while maintaining nutrition for the patient. Radiation and chemotherapy approaches for treating esophageal cancer were in development around this time, but effective methods of treatment were not available for most esophageal patients.

What does treatment for esophageal cancer look like now? Advances in surgery, radiation, and chemotherapy have improved the prognosis for esophageal cancer, although the five-year survival rate is still only 19 percent. There are many ongoing clinical trials to improve treatment for esophageal cancer. One newer treatment option is called photodynamic therapy. In this approach, photosensitive drugs are given and then specific wavelengths of light are applied to the site of the esophageal cancer. The light activates the drugs to specifically kill the cancerous cells in the esophagus. Immunotherapy and targeted therapy drugs are also in clinical trials for esophageal cancer. — Laura Burrack, Co-chairperson of the 2020 Nobel Conference of Gustavus Adolphus College, "Cancer in the Age of Biotechnology"

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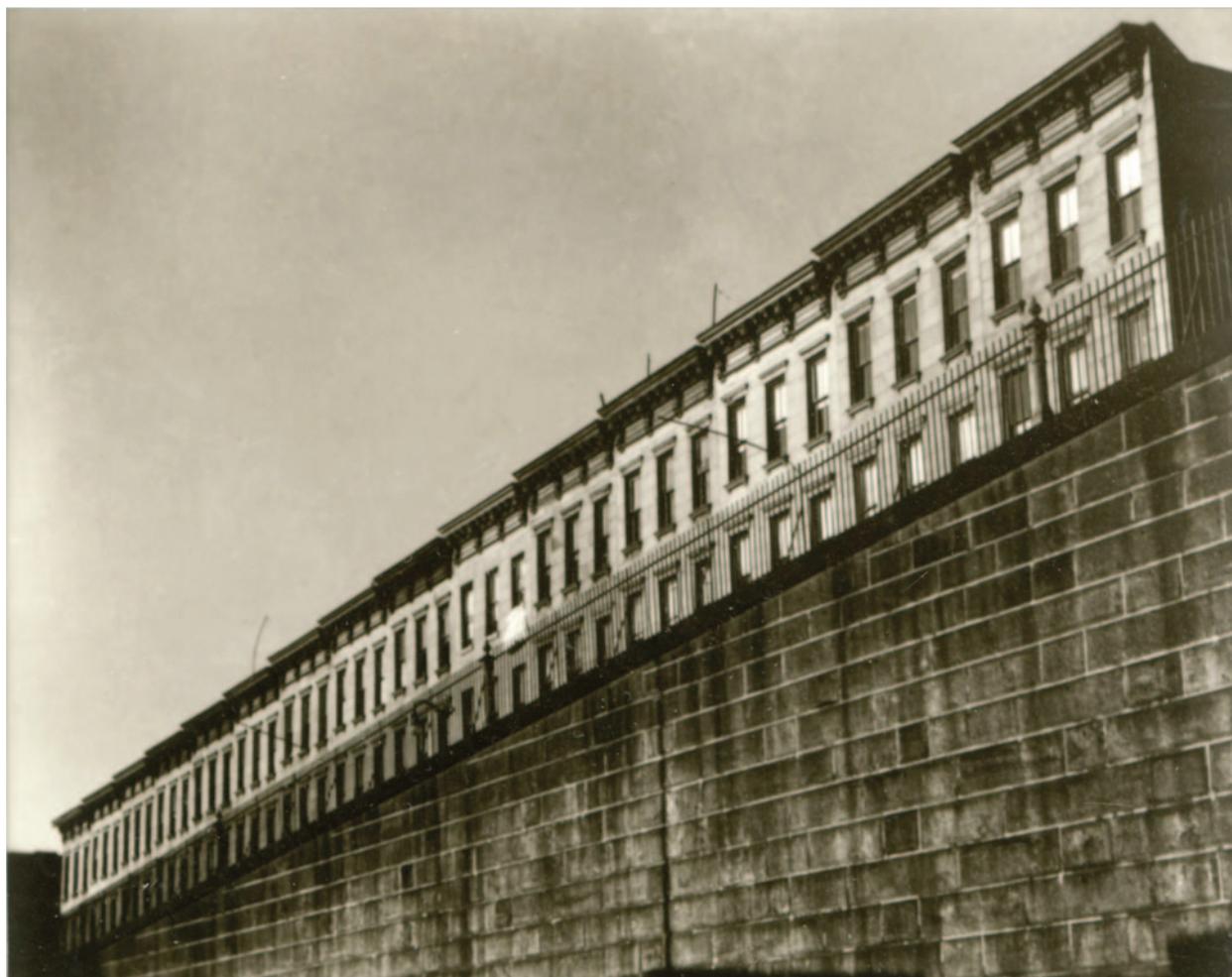


Arthur Rothstein (1915-1985)
Coal Miners, Birmingham, Alabama, 1937
Gelatin silver print, 8 $\frac{3}{8}$ x 5 $\frac{3}{4}$ inches
Lent by Shogren-Meyer Collection



Arthur Rothstein (1915-1985)
Dust Storm, Cimarron County, Oklahoma, 1936
Gelatin silver print (printed early 1940s), 8 $\frac{3}{4}$ x 12 $\frac{3}{4}$ inches
Lent by Shogren-Meyer Collection

Works from the Hillstrom and Shogren-Meyer Collections



Ralph Steiner (1899–1986)

The Wall, 1940

Gelatin silver print, 3 ½ x 4 ½ inches

Lent by Shogren-Meyer Collection

ARTISTS WHO HAD CANCER



Gordon Parks (1912–2006)
Frisco Railway Station, 1949
Gelatin silver print, 10 1/16 x 12 1/2 inches
Lent by Shogren-Meyer Collection

Parks was also a successful movie director, including the 1971 success *Shaft*. And he was active in music, having played piano as a jazz performer. His song *No Love* was performed on national radio by Larry Funk and his orchestra. And Parks wrote a 1989 ballet, *Martin*, dedicated to Martin Luther King, Jr.

Parks was also a prolific author. His 2005 autobiography, *A Hungry Heart*, describes encounters with death, or near-death in the case of an incident in which he almost drowned when three white boys in his native Fort Scott, Kansas threw him in a river, knowing he couldn't swim. The artist was a teen when his mother died, and before being sent to St. Paul, Minnesota, to live with a sister, his father gave him life advice, telling him "get yourself ready to die well," counsel Parks heeded throughout his life. In his later years, he coped with the death of his son Gordon, Jr., a movie director, like his father, who had made *Superfly* in 1972 and was making another movie on location in Africa in 1979 when he died in a fiery plane crash. When Parks himself died, a lengthy memorial was published by the *New York Times* the following day.

GORDON PARKS (1912–2006)

Gordon Parks, 93 when he died, is the longest-lived of the artists in this exhibition. His multi-faceted career included as a photographer for the U.S. Farm Security Administration during World War II, for which he created his best-known image, *American Gothic, Washington, D.C.* The 1942 photograph parodies Grant Wood's famed painting of similar name and was one of his many images delving into the African-American experience. Parks, after hearing of his model Ella Watson's experiences with racism—including her father having been lynched—posed her holding a mop and broom and standing in front of an American flag. Parks later commented that "What the camera had to do was expose the evils of racism by showing the people who suffered most under it."

A few years later, Parks became the first African-American photographer for *Life* magazine. His long association with the periodical led to him photographing not only everyday African-American life but also portraying celebrities such as Muhammad Ali, Barbra Streisand, Malcolm X, and Gloria Vanderbilt. The latter became a close companion to Parks, whose love interests also included three wives. Vanderbilt's son, journalist Anderson Cooper, paid tribute to Parks when he died, citing him as a personal hero.

CANCER OF THE PROSTATE: Robert Henri (1865–1929) and Gordon Parks (1912–2006)

Prostate cancer is the second most common cancer among men in the United States. Prostate cancer occurs when the gland cells that secrete prostate fluid into the semen start to grow out of control. For many men, such cancer is slow growing. Currently, in the United States, there are 3.1 million men who have been diagnosed with prostate cancer but are still alive today. However, for a subset of patients, the cancer grows more rapidly, spreads to other organs, and causes the potentially lethal form of the disease.

What did treatment for prostate cancer look like in 1929? In the first part of the 20th century, surgery and radiation treatment for prostate cancer were in the early stages of development. The first radical prostatectomy surgery as a treatment for prostate cancer was performed in 1904. Radium implantation as a method of radiation-based treatment was first developed in the 1920s. However, both of these treatment methods were localized to the prostate itself. At this time, no treatment for prostate cancer that spread to other organs was available.

What did treatment for prostate cancer look like in 2006? In addition to surgery and radiation treatment improvements, a number of other options for prostate cancer patients existed in 2006. Many prostate cancers depend on sex hormone signaling pathways triggered by androgens, such as testosterone. For these prostate cancers, a first line treatment option is to use anti-androgen drugs that block these signaling pathways and prevent growth of the tumor. These therapies can work on metastatic cancers that depend on the hormone signaling as well. Additionally, by the early 2000s several different chemotherapy-based treatments for prostate cancer were well established for cancers that stopped responding (or never responded) to the anti-androgen therapies.

What does treatment for prostate cancer look like now? There are many different types of treatment for prostate cancer available based on the stage of the disease, rate of growth, and specific mutations in the tumor. In the last decade, improvements have particularly been made in the development of new types of anti-androgens that work on cancers that are resistant to standard hormone therapy options. One of these drugs approved in 2012, Enzalutamide (Xtandi), was co-invented by one of the Nobel Conference 2020 speakers, Dr. Charles Sawyers. There have also been significant advances in immunotherapy for prostate cancer. One of these immunotherapy approaches, called Provenge, is a type of cancer vaccine. However, instead of injecting immunogenic molecules directly into the patient, a subset of a patient's immune cell repertoire is removed from the blood, activated in the lab to better recognize the cancer, and then infused back into the patient. — Laura Burrack, Co-chairperson of the 2020 Nobel Conference of Gustavus Adolphus College, "Cancer in the Age of Biotechnology"

Works from the Hillstrom and Shogren-Meyer Collections



Robert Henri (1865–1929)
Figure in Costume, undated
Oil on paper, 15 ¾ x 9 ¼ inches
Hillstrom Museum of Art, gift of
the Reverend Richard L. Hillstrom

ROBERT HENRI (1865–1929)

Robert Henri, a prolific painter and highly influential as a teacher, is also celebrated as the leader of The Eight, modernist artists who in 1908 broke away from the conservatism of the National Academy of Design and became the initiators of the so-called Ashcan School, which eschewed romantic imagery and subjects for a gritty, often urban realism. Henri's work included depictions of individuals, often common, street people rather than the upper crust who were more likely to commission portraits. The artist was also active in landscape painting, and he tended to paint loosely, in a style that was deemed more modern, especially in comparison to the tight, highly-realistic approach that characterized conservative tendencies in American art of his time.

Henri's artistic activity remained vital into his 63rd year. In November 1928, he entered the hospital for an attack of neuritis that he blamed on having been caught by a violent storm while out fishing on a lake, which caused him to catch a cold. He complained of pains in his left hip, not knowing that a radiologist report had revealed prostate cancer that had spread to his pelvis and lower spine. Still hospitalized halfway into 1929, he complained in late June when his doctor went on vacation and, in Henri's mind, was neglecting him by being absent. According to a letter written by his wife Marjorie, the doctor assured him that he would not have left except that he knew Henri was on the mend, noting that Henri had the heart and vital organs of a man of 35. Marjorie continued in her letter: "Robert believed him, and had been happy and reassured ever since. I almost believe him myself—until we go out the door together and I see how [the doctor] wilts and says "My God—it breaks my heart to lie to him, but I've got to do it."

Henri died less than three weeks later, never having left the hospital and never having been told of his cancer. Less than a year later, his widow Marjorie—who had started to walk with a limp and told her friend "As long as I don't have cancer I don't care what I have"—died of cancer.



Robert Henri (1865–1929)
Holland Sky (Haarlem), 1907
Oil on panel, 5 ⅛ x 6 ⅜ inches
Hillstrom Museum of Art purchase
with endowment acquisition funds

ARTISTS WHO HAD CANCER



Everett Shinn (1876–1953)
Magician with Shears, c. 1907
Oil on canvas, 12 x 9 $\frac{7}{8}$ inches
Hillstrom Museum of Art, gift of
the Reverend Richard L. Hillstrom



Everett Shinn (1876–1953)
Woman Dressing, c. 1904
Chalk on paper, 17 x 13 inches
Hillstrom Museum of Art purchase with
endowment acquisition funds

Works from the Hillstrom and Shogren-Meyer Collections



John Sloan (1871-1951)
Kraushaar's, 1926
Etching on paper, 4 x 5 inches
Hillstrom Museum of Art purchase
with endowment acquisition funds



John Sloan (1871-1951)
***Study of a Young Woman,
Seated***, undated
Sanguine on paper, 11 x 10 $\frac{3}{8}$ inches
Hillstrom Museum of Art, gift of the
Reverend Richard L. Hillstrom

ARTISTS WHO HAD CANCER



Marion Post Wolcott (1910–1990)

Bennie's Grocery, Sylvania, Georgia, 1939

Gelatin silver print, 11 x 14 inches, Lent by Shogren-Meyer Collection



Marion Post Wolcott (1910–1990)

Coal Miner's Child Carrying Home a Can of Kerosene, Scotts Run, West Virginia, 1938

Gelatin silver print (printed 1983), 11 x 14 inches, Lent by Shogren-Meyer Collection

Works from the Hillstrom and Shogren-Meyer Collections

MARION POST WOLCOTT (1910–1990)

Marion Post Wolcott is renowned for her Depression-era photography as a Farm Security Administration photographer, a position to which she was hired on the recommendation of fellow famed photographers Paul Strand (1890–1976) and Ralph Steiner (1899–1986; also included in this exhibition). Wolcott noted that as an FSA documentary photographer, she was committed to “familiarizing Americans with the plight of the underprivileged, especially in rural America,” noting that photos by her and others were an important part of the social revolution of the 1930s. Many of her works commented on race relations, and her daughter suggested that Wolcott was particularly empathetic to African-Americans because of her youthful close relationship to a woman named Reasie who was hired as a housekeeper for the Post family. Wolcott made a number of images of West Virginia coal miners and their families, including extended stays in mining communities in 1938, her first FSA assignment. She left her position after her 1941 marriage so she could concentrate on raising her family. Although she never held a professional position again, she continued to pursue photography, often with a socio-political quality and including images of American Indian children in New Mexico and of the 1970s counter-culture in California.

Wolcott’s biographer Paul Hendrickson, who met her not long before she died, relates an anecdote about the infirm artist’s proud delight over some snapshots taken on a drive with her husband. The biographer noted that she was temporarily lifted from the weariness of poor health, telling him “I found out I could still click the shutter at nearly the right moment.” Wolcott’s inoperable lung cancer, along with malignancies in her brain, led to the last year or so of her life being very reduced. She told him of a dream in which a friend with cancer, who died not long after, had told Wolcott that she was leaving and asked her to come with her. In the dream, Wolcott told the friend that she couldn’t come, and she spent a great deal of her remaining energy in that final year trying to help prepare for a retrospective exhibition at the International Center of Photography in New York that opened just months before her death. Her poor health prevented her from attending the opening of the exhibition.

CANCER OF THE LUNGS: Wanda Gág (1893–1946) and Marion Post Wolcott (1910–1990)

More than 200,000 cases of lung cancer are diagnosed each year in the United States. Lung cancer causes symptoms such as coughing, chest pain, and shortness of breath. Lung cancers are grouped into several different types with the most common (c.85 percent) and more treatable type being non-small cell lung cancer (NSCLC). NSCLC usually starts within the cells of the lung that secrete mucus or those that line the airways of the lung, but it can spread to other parts of the body, which decreases the effectiveness of treatment. Overall, lung cancer causes approximately 25 percent of all cancer-related deaths in the United States.

What did treatment for lung cancer look like in 1946? In the first half of the 20th century, lung cancer was considered untreatable for most patients. For a fraction of patients with localized tumors, a surgical procedure called pneumonectomy was an effective treatment option. Pneumonectomy was performed successfully for the first time in 1933, but for most patients, radiation was the only treatment option in 1946. Radiation was used as a method to slow growth of the tumor and prolong the life of the patient, but it was primarily used as palliative care rather than as a direct treatment for the cancer. Artist Wanda Gág received radiation for her lung cancer.

What did treatment for lung cancer look like in 1990? Treatment options in 1990 had expanded to include chemotherapy along with improvements in surgery and radiation treatment approaches. In particular, platinum-based chemotherapy agents such as cisplatin were used to cause DNA damage to tumor cells causing them to stop replicating and die. Throughout the 1980s several clinical trials found that combinations of platinum-based chemotherapy drugs with several different plant-derived compounds inhibited processes such as cell division that further reduced the ability of the lung cancer cells to replicate and enhanced patient survival, albeit with sometimes quite severe chemotherapy side effects.

What does treatment for lung cancer look like now? Treatment for lung cancer is now much more specialized to the exact type of lung cancer, stage at diagnosis, and genetic mutations within the tumor. Surgery, radiation, and chemotherapy approaches are still used, but many other options exist as well. For patients with specific tumor mutations, the first-line treatment is likely to be a targeted therapy. For example, tumors with mutations in the *ALK* gene, have changes in the signaling pathways in the cells that cause the cell to replicate too often. Several *ALK* inhibitors have been developed and approved to target cancers with these mutations. Compared to traditional chemotherapy approaches, *ALK* inhibitors are more effective at stopping progression of the cancer and cause fewer side effects. For other patients, there are several immunotherapy options. The immunotherapies approved for lung cancer are called “checkpoint inhibitors.” Lung cancer cells activate checkpoints that turn off immune cell functions in the region of the tumor. Checkpoint inhibitors release the immune cells from the checkpoints, enhancing recognition and destruction of the tumor by the patient’s immune system.

— Laura Burrack, Co-chairperson of the 2020 Nobel Conference of Gustavus Adolphus College, “Cancer in the Age of Biotechnology”

ARTISTS WHO HAD CANCER



Wanda Gág (1893-1946)

Still Life—Vase of Flowers, 1929

Ink wash on paper, 8 ½ x 8 ½ inches

Hillstrom Museum of Art, gift of Colles and Dr. John Larkin in honor of Ruth Carlson, class of '53

Works from the Hillstrom and Shogren-Meyer Collections

WANDA GÁG (1893–1946)

Wanda Gág is renowned for both her work as writer and illustrator of children's books and in printmaking and drawing. Her Newbery-honored *Millions of Cats* (1928) is recognized for being the oldest American picture book still in print. Gág drew constantly starting in her childhood, and she made over 120 lithographs, etchings, and other prints in her relatively short lifetime. In her many still-lives, landscapes, cityscapes, and interior scenes, the artist invested great energy in the objects depicted, a phenomenon noted in 1940 by *New York Times* critic Edward Alden Jewell: "A room will writhe and twist and lurch, its furnishings as with some terrific inner compulsion, animate."

Gág's health was declining by the late 1930s. Her doctors were unable to determine the cause of her various complaints, which included a lack of energy, dizziness, and general physical discomfort, and the artist believed many of her symptoms related to menopause. An indirect cancer scare affected her when long-term partner and soon-to-be husband Earle Humphreys, a smoker, developed a throat tumor in 1943 that was initially believed to be malignant.

The artist's 1944 diary entries recorded that she often had to rest from her art because she'd feel shaky. In February 1945, Gág was hospitalized in New York City and the following month, exploratory surgery revealed lung cancer. Her husband was told she had three to six months to live. Humphreys did not tell her about her cancer, nor did he inform any of her sisters, but he did tell her brother and her brother-in-law. Nevertheless, Gág surmised she had cancer, noting in her diary that x-ray treatments she was being given must indicate that a removed tumorous mass had been malignant.

The artist held on longer than expected. In late 1945, she and Humphreys drove to Florida to avoid New York's winter. She wrote to a friend after her return in April 1946 that the time there had been good for her, but complained "Isn't it maddening that people like you and me who would be willing to work ourselves to a frazzle, always have to be limited by our strength or lack of it, while so many others have a lot of vitality and don't need it?" In late May, she was helping with gardening, and she was still writing letters as late as June 20th. But a few days later, Gág was critically ill, was hospitalized, and died on the 27th.



Wanda Gág (1893–1946)

There is a Green Hill Far Away—Sewer Pipes in Central Park, 1929

Brush and ink on sandpaper, 10 x 14 $\frac{3}{4}$ inches

Hillstrom Museum of Art purchase with endowment acquisition funds

ARTISTS WHO HAD CANCER



John Vachon (1914–1975)
*Kalispell, MT—Lawrence
Thompson, FSA Borrower,
Manager of Co-op Sawmill, 1940*
Gelatin silver print, 3 $\frac{7}{8}$ x 2 $\frac{7}{8}$ inches
Lent by Shogren-Meyer Collection



John Vachon (1914–1975)
Snow and Students, 1956
Gelatin silver print, 10 $\frac{3}{8}$ x 17 $\frac{1}{4}$ inches, Lent by Shogren-Meyer Collection

Works from the Hillstrom and Shogren-Meyer Collections



Raphael Soyer (1899–1987)
Grazzini and Son, 1961
Watercolor, graphite on paper
13 ⁵/₁₆ x 10 ³/₁₆ inches
Hillstrom Museum of Art, gift of
the Reverend Richard L. Hillstrom



Raphael Soyer
(1899–1987)
Waitresses, 1954
Hand colored lithograph
on paper
11 ¹/₂ x 9 ¹/₂ inches
Hillstrom Museum of Art
purchase with endowment
acquisition funds

ARTISTS WHO HAD CANCER

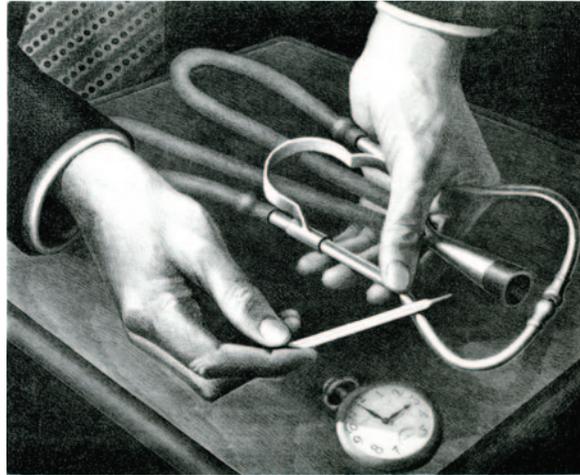


Grant Wood (1891-1942)
Portrait of a Young Woman Wearing Kerchief, c. 1932-1933
Pencil on paper
12 x 7 ½ inches
Hillstrom Museum of Art
purchase with funds
donated by Reverend
Richard L. Hillstrom in
memory of his brothers
Leland and Rodney



Grant Wood (1891-1942)
Sultry Night, 1938
Lithograph on paper
9 x 12 inches
Hillstrom Museum of Art
purchase with endowment
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Works from the Hillstrom and Shogren-Meyer Collections



Grant Wood (1891–1942)
Family Doctor, 1941
Lithograph on paper
10 x 11 ¹⁵/₁₆ inches
Hillstrom Museum of Art,
gift of Dr. David and
Kathryn Gilbertson

GRANT WOOD (1891–1942)

Grant Wood was celebrated for his Regionalist approach, depicting rolling, fertile Iowa landscapes, and images of his fellow lowans—such as his iconic 1930 *American Gothic* painting of a dour farmer and his sour daughter—that were sometimes satirical, sometimes fond, sometimes both.

Wood's fame led to him being hired to teach at the University of Iowa, Iowa City. Other art faculty were jealous and their efforts to oust him included complaining to the administration of the widely-known secret of his closeted homosexuality. Wood's sister Nan, a model for *American Gothic*, guarded the artist's reputation after his death, squashing any further consideration of his sexuality, which has only been explored in the last couple of decades.

The artist had been suffering from poor health for about a year before his death. His doctor advised him to cut down on smoking his three packs of cigarettes per day, and to chew gum instead. Wood didn't just cut back but quit entirely. He made a vacation to Key West, Florida, for rest and relaxation, but even after that respite, didn't feel well.

He traveled to North Carolina in the fall of 1941 to discuss, ironically, a possible commission from the American Tobacco Company. In late November Wood met with his doctor, A. W. Bennett, who sent him for consultation at the University of Iowa hospital. The doctors there told him his stomach, heart, and lungs were healthy but thought he might have an infection that was causing liver problems. The artist agreed to exploratory surgery on the condition that he be told the results. The day before the operation, he made out a will leaving everything to his sister.

The surgery revealed extensive cancer, including in the liver where it had spread. Wood was told it was terminal. When Nan hurriedly arrived from California, she expressed to Wood's assistant Park Rinard that Wood should not be told, but he disagreed, saying "Grant is a man, and a brave one, and he's entitled to know what ails him." When Nan saw her brother, he smiled serenely, and when she said they shouldn't have told him, he answered "I should know."

Wood remained hospitalized until his death, just a couple hours short of his 51st birthday. He had hoped to paint while there but never did, although he signed the examples of his *Family Doctor* lithograph, based on Dr. Bennett's hands, from his hospital bed.

CANCER OF THE PANCREAS

The pancreas sits behind the stomach and secretes numerous enzymes that aid in digestion. Cells within the pancreas also secrete hormones that regulate blood sugar such as insulin and glucagon. Cancer of the pancreas causes symptoms such as abdominal pain, jaundice, and unexplained weight loss, but unfortunately these symptoms typically only appear after the pancreatic cancer has spread throughout the body. Due to these issues with delayed diagnosis, pancreatic cancer is one of the most difficult to treat cancers. According to the American Cancer Society, approximately 57,600 people will be diagnosed with pancreatic cancer and 47,050 people will die of it in the United States in 2020.

What did treatment for pancreatic cancer look like in 1942? At the time of Grant Wood's death, surgery was the primary treatment for pancreatic cancer. Allen Whipple performed the first successful Whipple procedure in 1940, a method of surgery still sometimes used today for operable pancreatic cancer. However, in the 1940s and today, only a small fraction of pancreatic cancers are diagnosed early enough for surgery alone to be an effective treatment.

What does treatment for pancreatic cancer look like now? There are now many more options for pancreatic cancer treatment, but pancreatic cancer still has a high death rate compared to other common cancers. Despite treatment advances, the five-year survival rate for pancreatic cancer patients is still only nine percent in 2019. Depending on how advanced the cancer is at the time of diagnosis, treatment may include surgery, radiation, chemotherapy, specific targeted inhibitors of pancreatic cancer, and/or immunotherapy. One of the new targeted inhibitors of pancreatic cancer, Tarceva, works by blocking a specific signaling pathway used by cancer cells called the Epidermal Growth Factor Receptor pathway. Other targeted inhibitors are also approved for patients with specific mutations causing pancreatic cancer. Immunotherapy approaches to improve treatment of pancreatic cancer are in development. One of the most promising approaches is use of a vaccine called GVAX to stimulate the immune system and help it recognize the pancreatic cancer cells. There are currently five different ongoing clinical trials to test the effectiveness of GVAX together with other immunotherapy approaches.

— Laura Burrack, Co-chairperson of the 2020 Nobel Conference of Gustavus Adolphus College, "Cancer in the Age of Biotechnology"



RAPHAEL
SOYER



Raphael Soyer (1899-1987)

Waitresses, 1954

Hand colored lithograph on paper

11 ½ x 9 ½ inches

Hillstrom Museum of Art purchase with
endowment acquisition funds



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