

The Fisherman

ELIZABETH BRAN

The calmness of the lake was shattered by the put-put of an outboard as it rounded the bit of land at the edge of the bay and came in toward the boathouse.

The stocky figure at the end of the boat waved as he cut the motor and brought the boat in. He lifted the catch on high and then started about the business of gathering box, tackle, and the rest of the gear together. Having assembled all this, he lifted himself laboriously to his feet to start the long slow trudge uphill to the house. A heavy iron brace tugged and pulled at his leg as he began to climb. He was a gray-haired veteran of nearly seventy years, and the iron had unsuccessfully tried to retard his march through life for something like sixty years of that slow but diligent progress. He had been school-teacher and postmaster in the little town

which was his home, and his driving spirit had touched many lives whose braces were weighing minds and wills instead of withered legs. No one who knew him could feel without shame the feeble handicaps of life, for he had surmounted them all. His huge head and shoulders lifted above those iron-clad limbs proved, without a doubt, the mastery of "will to do."

He was kind, generous, and almost gay. We who knew him best always felt as if we should hail his approach with waving banners.

This summer "he slipped his anchor and sailed away" into the great unknown. I am sure that when he reached that far-away shore, he waved and called once more. "Ahoy on shore! A good day—a fine catch!"

A Five Minute Decision

BETTY RIPPY

"Frozen section in Surgery 12." Those are familiar words to anyone in the laboratory at one of the local hospitals. Behind those five words lie one of the many services offered to the patients while there. They very seldom if ever hear of it; yet on this may depend the extent of their surgery or their very lives.

What does it mean? It means that while operating, the surgeon's keen eye has noticed something unusual. It may

mean that during his preoperative examination, he has discovered an enlarged lymph node or a suspicious area. He immediately asks for a frozen section.

Perhaps that simple little mole on the neck will not look so innocent when cut into. Perhaps that node under the arm is a metastasis. Where did it come from, and what story does it tell? Is that little ulcer on a patient's lip just a cold sore, or is it dreaded skin cancer? Is that mass in the

right breast malignant? If so, what grade is it, will X-ray help, will extended surgery help, or will the surgeon mark the chart "case inoperable?" The frozen section in just a few minutes will tell the answer.

When she hears those words, the tissue technician immediately stops whatever she is doing and goes to surgery. There in the small green lab off main surgery she will find the pathologist awaiting her and examining grossly the piece of tissue the nurse has brought. He will hand her a small piece of the suspicious tissue measuring approximately one-half inch in diameter and one-eighth inch in depth. This she will lay in a dial about the size of a quarter. To this has been attached a tank of carbon dioxide, the same gas you find at the nearby drugstore. By turning a little lever she releases the gas, and in a few seconds the tissue is thoroughly frozen. Then taking a medicine dropper, she drops a few drops of clear water on the tissue and also on the keen edged blade which is hinged immediately above the tissue. Then she will adjust the blade so that it will come to the edge of the tissue. She will slide the blade across the tissue repeatedly until she has cut into the block and has a good cross section of tissue. It will be about fifteen microns thick, depending on the type of tissue. If it shreds and goes to pieces, she will make thicker ones. Upon obtaining a satisfactory section, she will moisten her finger in water and with a sweeping motion pick up the tissue from the blade and with a similar motion deposit it in a petri dish of tap water. By the aid of a glass rod she will begin the

tedious task of straightening out the wrinkles. Again with the aid of a glass rod, she will transfer the flimsy tissue to a dish of methyl blue stain. Upon being left in the blue stain about twenty seconds, all the nuclear structure will become stained a dark blue. By this the pathologist can read the slide and give an accurate diagnosis. Then it is washed carefully in two dishes of normal salt solution. This will remove the excess stain and the remaining wrinkles. It is transferred carefully to a dish of glucose and by careful manipulation with a needle is placed on a clear, clean slide. Then a drop of extra glucose is dropped on the tissue. This will further smooth it out and also make the glucose slip, which is to be placed on the tissue, stay in place. Then she wipes off the excess glucose and hands the finished slide to the pathologist. The technician's job is finished and all await the finding of the pathologist.

All of this can be done in about five minutes. In the meantime the patient is on the operating table still under the anesthesia and the surgeon is waiting the report so he can continue his course of operation.

You are no doubt wondering if such a diagnosis can be accurate. Yes, it is. The final report will be given out after permanent sections are made, but this frozen section is of untold value to the surgeon and to the patient. It will answer many questions for the surgeon, sometimes save the patient another operation, and if time is a determining factor, it will save the patient's life.