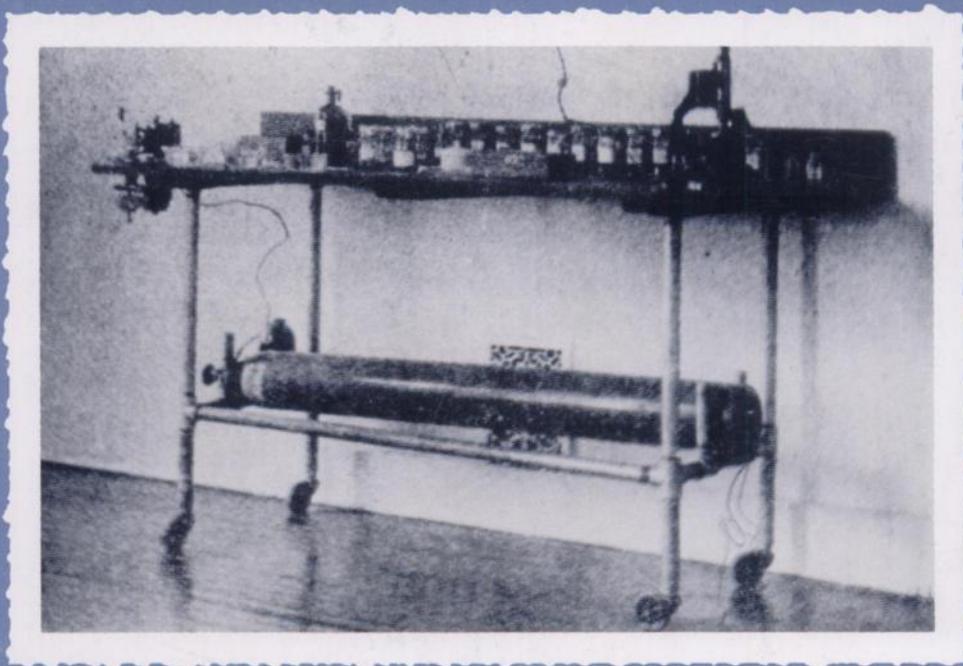




Cancer Research

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This space contributed as a public service.

“YES, THERE IS LIFE AFTER BREAST CANCER. AND THAT’S THE WHOLE POINT.”

—Ann Jillian



A lot of women are so afraid of breast cancer they don't want to hear about it.

And that's what frightens me.

Because those women won't practice breast self-examination regularly.

Those women, particularly those over 35, won't ask their doctor about a mammogram.

Yet that's what's required for breast cancer to be detected early. When the cure rate is 90%. And when there's a good chance it won't involve the loss of a breast.

But no matter what it involves, take it from someone who's been through it all.

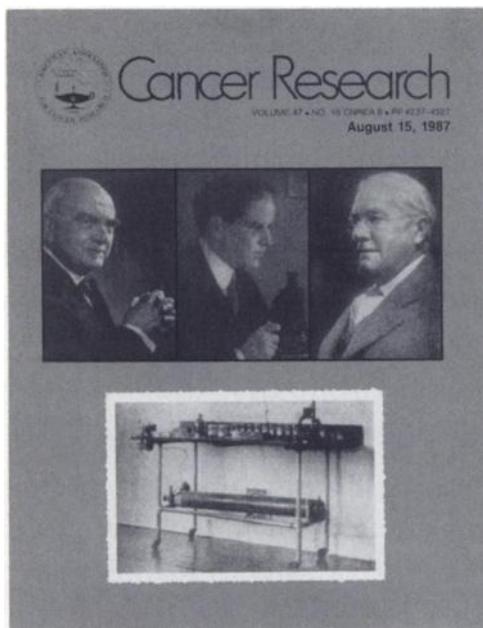
Life is just too wonderful to give up on. And, as I found out, you don't have to give up on any of it. Not work, not play, not even romance.

Oh, there is one thing, though.

You do have to give up being afraid to take care of yourself.

 **AMERICAN CANCER SOCIETY®**
Get a checkup. Life is worth it.

COVER LEGEND



Rapid frozen tissue sections allowed histological diagnosis to be made during operative procedure for the guidance of the surgeon. James R. Wright, Jr., has reviewed the history of the development of the technique (*Bull. Histol. Med.*, 59: 295–326, 1985).

Pathologists in Germany, England, and the United States contributed to the development of the technique. Paramount credit is extended to pathologists at the Johns Hopkins Hospital and the Mayo Clinic.

The first is Thomas S. Cullen (1868–1953), head of

gynecological pathology at Johns Hopkins, who first published on the rapid frozen section procedure (*Bull. Johns Hopkins Hosp.*, 6: 67, 1895).

The second is Louis R. Wilson (1866–1943), head of pathology at the Mayo Clinic, who popularized the technique. In 1905 he published a procedure used at the Mayo Clinic (*JAMA*, 45: 1737, 1905).

The third is Joseph C. Bloodgood (1867–1935), head of surgical pathology at Johns Hopkins. Bloodgood believed that hospitals in which cancer surgery was performed should be required to have a pathologist able to perform and interpret frozen sections for intraoperative diagnosis. He promoted this concept effectively (*JAMA*, 88: 1022, 1927) and devised a portable table with a freezing microtome, staining materials, and a two-headed microscope which could be wheeled into the operating room.

The American College of Surgeons and the American Society of Clinical Pathologists also played key roles in the dissemination of the intraoperative frozen section technique.

Pictured are, *left to right*, Cullen (from J. Robinson, *Tom Cullen of Baltimore*, London: Oxford University Press, 1949); Wilson (from H. Clapesattle, *The Doctors Mayo*, Minneapolis: University of Minnesota Press, 1941); and Bloodgood (from front cover, *Clin. Med. Surg.*, 38: June 1931). The photograph of Bloodgood's portable frozen section table is from *South. Med. J.*, 21: 179, 1928.

We are indebted to Dr. Wright for the material and the illustrations.

M.B.S.