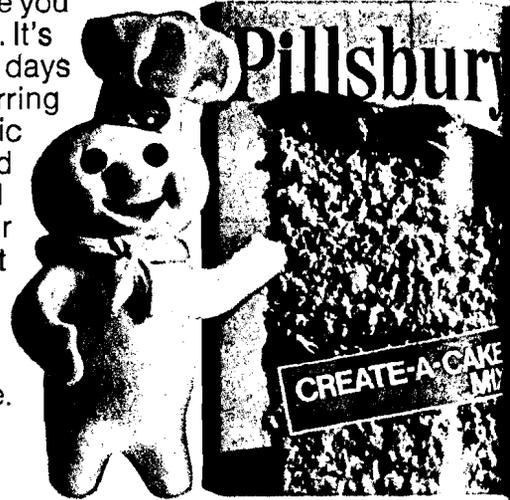


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\$40,000, Stanford advisers assured the trustees that the sum would be sufficient for Becky's surgery. The town's continued solicitude makes it easier for the Howlands to tolerate the wait. "In Hermiston you don't feel you're all alone," Maxine says gratefully.

Last June, Becky developed pneumonia again. She had barely recovered when she was rushed back to the hospital with another attack in August. And again in October. To her parents, she seemed near death, but each time, after a night in which she fought for every breath, she awakened chipper and cheerful. Maxine sat stoically by her side, but Elton couldn't stand watching her suffer. "When Becky is real sick," he says, "I just get a hurt feeling inside and it stays with me. I have to keep myself from going to pieces."

Maxine took it hard when Dr. Philip Blaiberg died on August 17, nineteen and a half months after his transplant surgery. "I just kind of felt like the bottom fell out," she says. Elton thought that the heart-transplant program might be stopped. "I was afraid they would feel that it was way ahead of its time and they shouldn't be doing it." Both were relieved when Dr. Shumway performed his eighteenth transplant operation on September 14.

The months following Blaiberg's death have been a period of re-evaluation for transplant surgeons all over the world. Some have stopped performing the operation; only ten teams are

still active out of 56 which have attempted the surgery. In many areas donors have become hard to find, and on occasion potential recipients have refused surgery when the time for decision came. The number of operations, which reached a peak of 26 in the month of November, 1968, has now declined to two or three a month. Statistics gathered ten weeks after Blaiberg's death were bleak: 28 survivors out of 147 transplant recipients, with survival on the average lasting only six weeks.

Until the rejection problem is licked,

transplant surgeons now admit that the operation can only be considered a palliation, not as cure. They agree that more stringent standards are required: no patient should be eligible unless his life expectancy is limited to weeks or months; no donor heart should be used if it is not reasonably close biologically to the recipient's own tissue. With these limitations, the remaining surgeons are moving ahead cautiously. They plan fewer operations, but they hope in the third year of the heart-transplant era to chalk up more solid victories.

How does Becky Howland fit into this sober picture? Her family physician, Dr. Johnson, is not confident that she can survive long without heart surgery. Because weakened heart action no longer keeps her lungs clear of fluid, further attacks of pneumonia are inevitable. "Whenever she sneezes, we just about have to put her in the hospital," he says. "Although the heart tracings don't show much change, I'm convinced that she's losing ground. It's my opinion that if she lasts a year, we'll be lucky."

Essentially, the final decision is up to Dr. Shumway. He has urged the Howlands to have the patience of a Job, but he himself needs the judgment of Solomon. A doctor of the highest ethical standards, he must decide whether surgery is more likely to help or harm Becky, and when. "This little girl

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