

PROGRESS

by James Reston, Jr.

Not long ago, at a small specialized hospital outside Front Royal, Virginia, I was invited to witness a rare medical procedure on the frontier of medicine. The experience seems to me to bring this question of progress into high relief. The operation that day fell into the brave, new world of fertility and reproduction, and thus, my briefing began in the laboratory. There, a post doctoral specialist from Australia treated me to a short lecture in the new science of cryobiology, on the fundamentals of ovulation, in the procedures for calibrating sperm count, and in past and present methods of cell culture. Then, as special treat, she prepared a few slides for me, taking droplets from her tray of vials, dimming the light, and directing me toward a florescent microscope. In an incredible fish pond of virile tadpoles the live and dead cells of the anonymous male donor had been stained with different colors. Therefore, it was possible to determine how many tens of thousands of active sperm cells would be inserted in the patient's womb a few minutes later. The numbers of these impressive little critters ran into the tens of thousands, but only one, well-placed, was enough for a score. It would not be as easy as it appeared.

Then came the announcement. The patient (who, for obvious privacy reasons, I will call Shawntee Williams) had been safely put to sleep and all was ready. Outside the operating room, the doctor in charge of the procedure greeted me warmly, for he was glad to speak to an outsider about this new and revolutionary work. Quickly, he realized that my appreciation of medical nomenclature was virtually nil, and so he stuck an ultrasound image of Shawntee's ovary in front of me. This was all a bit elemental for me, as he explained how the insertion of

the sperm cells would proceed, what the chances of success might be, and what the implications were for the long range, world-wide uses of these techniques into the next century and the next millennium. With great pride he announced that in the previous year his team had achieved five successful pregnancies.

In the simple operating suite more than a dozen experts crowded around the operating table. Among them was a specialist from China, an odd presence, I thought to myself, given his country's overpopulation. As I pressed against a back wall, feeling like an interloper at this almost sacred moment, my host whispered to me about who each person was and what his or her role was in the procedure. The normal complement of high tech medical machines was ready at hand, beeping and flashing, especially the pulse oximeter which monitored Ms. William's pulse and heart rate as well as her blood pressure. A tube protruded from the vicinity of her leg, the intravenous drip that carried a saline solution and whose function was to ensure a quick recovery in the post-operative phase. The anesthesiologist---the real point man here, since it was his job to make sure that all life signs were strong and stable---had come from Children's Hospital in Washington. He sat grim-faced by the patient's head, mopping her brow and watching the various monitors keenly.

I was impressed and touched. This was remarkable work, laudable in every way, impossible, for a number of reasons, only a few years ago, and replete with implications for the next century. And so I stepped back, restraining my curiosity and my loquaciousness, and let them get on with it.

I suppose I should mention that Shawntee Williams is a smitar-horned oryx. She has an exotic background, with roots in a lost tribe of African antelopes that has suffered virtual genocide in the past century and now exists only on reservations like this high fenced preserve in the hills above Front Royal. Only about 1200 of her fellow creatures survive. The purpose of the effort is to increase the number of this endangered species, along with such other exotics like the black footed ferret, to the point, ideally, where they can be reintroduced into the African wild.

The only problem is that there is virtually no African wild left into which Shawntee's brood might be introduced. Even if there were, in a perfect place, say, like the highlands of Tunisia, there are no administrators or specialists there to manage and nurture the herd, much less to protect it from poachers and other hazards of man's inexorable encroachment. .

And so here in this magnificent, vulnerable beast, with its banded, curved, sadly obsolete horns pressing against its fur-lined backbone was the dilemma of progress incarnate. The amazing techniques of modern medicine are harnessed to a poignant lost cause: to preserve exotic animals from extinction even though there really is no place for them anymore on the face of the man-wasted earth. Toward what purpose? Only to satisfy the needs of the world's zoos, it seems, to ensure that more children around the world might be able to gawk at one of these imprisoned throwbacks behind bars, and more adults might ponder with sadness the question of how diverse and wondrous the biology of the world once was.

Outside the operating room the doctor pronounced his ultimate irony. The advances in human fertility: test-tube babies, invitro fertilization, the ability to recover and preserve human embryoes, were paying great dividends for their work with endangered species. "Come back in eleven months," the doctor called after me as I was leaving, "and we'll let you know if we were successful today." I wished him good luck.

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The idea of progress is a devilish puzzle. Even its origins are obscure. Did this notion of forward motion begin with the Renaissance? Does it come from Christian theology? In Puritan England, perhaps. My Calvinist father might have argued that the Depression of the 1930s and World War II gave rise to the idea, certainly in this century, since his generation faced such dreadful adversity and overcame it so heroically.

Forget its origins. How should the thing even be defined? Human happiness. Greater comfort. Faster speed in transportation and communications. Reduction in human suffering.

.My first book, my first wife, my first child: these were achievements, a kind of progress. But would there be more. Yes, more books, more children, only one wife.

.After my first child is born, I stand in a plowed field of Jonestown, two weeks after the event, amid discarded potties and baby bottles: that represented a kind of progress, neutral anyway, because I went crazy only for a week or so and later recovered my sanity.

.And now we wait for a transplant for our third child. Waiting is hard, yes, and it is true that waiting is longer since the level of generosity in the population is less. But we also know that thirty years ago, Hillary would have been long since dead. Science and freedom sometimes go together. In Hillary's case, science means freedom from death. But there is a price.

Annie Dillard once asked an excruciating question, far more excruciating than perhaps she knew when the answer is not abstract but concrete. "If sanctioning the death of strangers could save my daughter's life, would I do it? Probably." To receive the gift of a human organ usually involves the death of a stranger. To think about that is almost unbearable for the recipient. So progress in the real world is rarely a pristine question of cold mathematical calculation.

Pondering the question from the long view and from the vantage point of this moment, from the global to the personal, I tilt on the side of progress. It is in my nature, to be sure. Perhaps there is no City on the Hill, no promised land, no ultimate state of perfection....and no inevitable forward motion. And at the same time, I reject the notion that good and evil will always stay in the same balance the same no matter what happens.