

Nicholson Joseph Eastman

1895-1973

By Harry Prystowsky, Hershey, Pennsylvania

NICHOLSON Joseph Eastman died in Baltimore, Maryland, on Friday, Sept. 28, 1973. He was 78 years of age.

He was *my* Professor. I adored him. I copied him. I write of him with tears in my eyes. What type of man was Dr. Eastman? What were his accomplishments?

Dr. Eastman was born in Crawfordsville, Indiana—population 8,000—on Jan. 20, 1895. His middle name is of especial significance, for it was the name of his grandfather Joseph, a physician who practiced surgery, gynecology, and obstetrics in Indianapolis; he performed the first operation for abdominal pregnancy in the United States in which both mother and infant survived. Young Eastman spent his early years in Indianapolis, attended grade and high schools there, and at the age of 16 received his first introduction to obstetrics.

At that time county hospitals did not exist and, moreover, people living about the countryside did not like the idea of entering hospitals. Accordingly, many surgeons performed major operations in farmhouses, taking all necessary equipment with them, a nurse, and assistants. Dr. Eastman's first experience in obstetrics came when he held an oil lamp for his father, the physician, while the latter performed a cesarean section in a farmhouse in rural Indiana.

Undergraduate, graduate, and medical education were obtained at Philips Andover, Yale University (1916), and The Indiana University School of Medicine (1921), respectively. He received his house staff training at the Indianapolis City Hospital.

Then Dr. Eastman went to the Peking Union Medical College in Peking, China—the first of two terms at this institution. The stay at Peking was of real importance, for it was here that “Associate” Eastman learned a considerable amount about clinical obstetrics, especially the graver complications. One might consider the title of “Associate” a misleading one, for, in essence, Dr. Eastman was a chief resident for four years. The clinical service was not only active but also full of ill pregnant women since one third of the patients were referred by poorly trained Peking nurse midwives and were in desperate condition. Of this group of individuals, there was a maternal mortality rate in excess of 10 per cent, i.e., 35 to 40 deaths per year, the majority secondary to eclampsia and abruptio placentae. During the night he handled all of these bad cases personally and the same was true of the majority of them in the daytime. Dr. Eastman also participated in a rather unique home delivery service in that he had the opportunity of following many complicated cases in which no treatment whatsoever was permitted. The above is mentioned, for it clearly demonstrates that Dr. Eastman had received a full and rich clinical experience; it served him well in his career as an educator.

In 1928, Dr. Eastman went to Baltimore and served on the senior staff of Dr. J. Whitridge Williams, Professor of Obstetrics at The Johns Hopkins Medical School. It was at this time and at the age of 33 that he carried out the truly beautiful and original research on human maternal and fetal

bloods. The series of reports entitled *Fetal Blood Studies* are classics today; they clearly show that this man was thinking way ahead of the times; they establish him as one of the pioneers of clinical research in Medicine. But, as important, Dr. Eastman made observations in the human subject that physiologists, working with animal species, had not achieved. Most significant is the fact that he and Sir Joseph Barcroft, renowned British physiologist, are believed by many to be the real pioneers in the field of reproductive medicine and biology. It was these two men who demonstrated the marked similarity between the human and animal species in the area of gaseous exchange across the placenta.

Following the death of Dr. Williams, Dr. Eastman returned to Peking in the capacity of Professor of Obstetrics and Gynecology (1933-1935); then (1935) he was named Professor of Obstetrics in The Johns Hopkins University and Obstetrician-in-Chief in the Johns Hopkins Hospital, a position he held with great distinction for 25 years, and during this tenure he earned the title of "Mr. Obstetrics" in America.

Throughout his career Dr. Eastman was active in local, state, national, and international obstetrics. Some of the honors he achieved include: President of the American Gynecological Society, President of the American Association of Obstetricians and Gynecologists, President of the American College of Obstetricians and Gynecologists, Chairman of the Section on Obstetrics and Gynecology of the American Medical Association, Chairman of the Expert Committee on Maternity Care of the World Health Organization, honorary membership of many societies, Director of the Passano Foundation. Of particular significance to the "Professor" was the Honorary Doctor of Science degree awarded to him by the University of Chicago.

There was one other honor which I believe pleased Dr. Eastman; it was clearly related to his research concerned with fetal oxygenation. As a result of his experimental effort, Dr. Eastman became interested many years ago in the obstetric factors in the

etiology of cerebral palsy. He was about the first obstetrician to emphasize this important aspect of obstetrics—a founder of perinatal medicine. For a number of years he was the only obstetrician who was a member of the American Academy for Cerebral Palsy. Then he served as President of that organization—a real honor, because it bespoke the fact that 300 members, not one of them an obstetrician, appreciated the importance of obstetrics in the etiology of the disease.

In the field of education, Dr. Eastman stands alone and there will not be another like him for many, many years. He was *the* teacher of obstetrics. He was *the* scribe of the discipline. As an academician and scholar, he contributed in a number of ways.

First and foremost, his chief interest during the 25 year tenure as Professor at Hopkins was in educating the house staff in clinical obstetrics. He was on call 24 hours a day and seven days a week. The calls received from the resident staff always meant a great deal to the "Professor"; in turn, one can well imagine how much his "boys" appreciated this intimate relationship. Dr. Eastman produced a group of sound and practical obstetricians; that was his main objective. There was another unique Baltimore activity; I always considered it an outstanding talent of the Professor: "Monday conference." It was conducted by him and constituted excellent graduate and postgraduate tutelage. It was attended week after week by 40 to 50 obstetricians from the Baltimore area; they were at various stages in their development.

On the national scene he has served as a teacher to most of the medical students and residents in the United States over the past decade or so via the three editions of *Williams' Obstetrics* over which he presided. *The Obstetrical and Gynecology Survey*, geared to continuing education, served a useful purpose. In 1946 Dr. Emil Novak and Dr. Eastman founded this periodical. The editorial notes constitute a fairly good-sized volume. They have been read by many men throughout the country who have learned much from them.

It is truly remarkable that a single man was capable of having such a considerable impact on the continuum of medical education; i.e., student, resident, practitioner. All this is even more remarkable for it was coupled with his educational effort in regard to the consumer. *Expectant Motherhood* has instructed and assuaged the fears of millions of mothers in America.

After retirement, Dr. and Mrs. Eastman moved to Towson, Maryland. There they were near their children—Tom and Libby—and their grandchildren. The family was a

close-knit one. The Eastman home, presided over by the charming, devoted, gracious Mrs. Betty Eastman, was a warm one. Love and devotion have always been part and parcel of the Eastman household. The Professor was blessed; he had a *real* family and he enjoyed family life. He did well as husband, father, and grandfather.

To my way of thinking, there will never be another Nicholson Joseph Eastman. We do well to pay tribute to him and to honor his name. We ought to be proud that we lived in his time.

Nicholson J. Eastman

1895-1973

WHEN Nicholson J. Eastman died in his seventy-eighth year on Sept. 28, 1973, there passed from the medical world a physician who combined the rare qualities of an academic investigator and an excellent clinician. Dr. Eastman wore each hat equally well. While interested in and working on a research problem, he was never too selfishly absorbed to change hats at the request of a member of the resident staff or attending staff to consult on an acute clinical obstetric problem. He made it clear to his staff that his door was always open. This quality alone put him in a special class of professors, not too commonly encountered today.

Nicholson Eastman came from a distinguished medical family. His paternal grandfather, Joseph, served in the Union army as a blacksmith. Severely wounded, he was nursed back to life by the Daughters of Charity of St. Vincent de Paul in Washington. It was while in the hospital that he was inspired to study medicine. He received a medical degree from Georgetown in 1865 and another from Bellevue in 1871. Joseph Eastman eventually became head of the medical school at Indianapolis and achieved an obstetric first in delivering a living child from a mother with an abdominal pregnancy.

Joseph Eastman had two sons, both of whom became accomplished surgeons. The elder son, Thomas, became the father of Nicholson. He was associated with his illustrious father in the operation of a private hospital in Indianapolis. As a child Nicholson frequently accompanied his father to the hospital, where he had his first contact with medicine.

Born in Crawfordsville, Indiana, on Jan. 20, 1895, Nicholson Eastman was educated at Phillips Andover Academy and at Yale University. After graduation from Yale, he lived in New York with three of his Yale

classmates for a year, contemplating a career in writing. On or about 1917 he sold a short story to a magazine called, *Snappy Stories*. The title was *Sounding Brass*. Unfortunately, the publication of the magazine has long since stopped, and the story cannot be located. However, perhaps the year spent as an embryo writer was not entirely lost, for during his productive years of medical writing he displayed a style far superior to that of most medical authors.

After a year in New York he decided to study medicine and received his M.D. degree from the University of Indiana in 1921. He had his internship and residency training in the City Hospital of Indianapolis. Following this he became an associate in obstetrics and gynecology at Peking Union Medical School. His chief there was the distinguished English obstetrician and gynecologist, J. Preston Maxwell. It was there that Dr. Eastman came in contact with a vast amount of difficult clinical material and where he received his baptism of fire in clinical medicine.

In 1928 Nicholson Eastman returned to the United States and worked in the obstetric laboratory in the clinic of J. Whitridge Williams. During his 5 years in that position he did much of his basic research and apparently made a decision to spend his life in academic medicine. It seems apparent that Dr. Williams had him in mind as his successor; for he advised him to return to China for a while, telling him that department heads were seldom promoted from the ranks at Hopkins. He served at the Peking Union Medical College as professor for another 2 years.

Nick told me an amusing story of an event which occurred while he was serving under Dr. Williams. Dr. Williams drove a large and elegant Pierce Arrow. Nick and Betty, who were subsisting on a meager Hopkins salary, had a second-hand Chevrolet. Nick was tak-

ing a Saturday afternoon drive on a road just outside of Baltimore. He was barely moving behind a truck which was slowly grinding up a hill. Finally, becoming impatient, he took a chance and attempted to pass the truck on the two-lane road. No sooner did he get opposite the truck than a Pierce Arrow appeared over the crest of the hill headed toward him with Prof. Williams at the wheel. Both cars swerved and missed a collision by only a few inches. Nick remarked to Betty that she had better begin packing, for he was sure his days at Hopkins had come to an end. The next morning on meeting Nick, Dr. Williams said, "Eastman, I was driving on Hillen road Saturday afternoon and popped over a hill when to my amazement there was a fool driver with an old rattletrap of a car on the wrong side of the road and directly in front of me. He almost wrecked my car and might have killed me." Nick agreed that Prof. Williams had indeed encountered a foolish driver. When he told me this story many years later, he said he never knew whether Dr. Williams had recognized him, but he was very sure that he had recognized Dr. Williams.

In spite of the above near calamity, Dr. Eastman was called from Peking in 1935 to take the chair at Hopkins, which he filled with distinction until he retired in 1960, having attained retirement age of 65.

In his almost quarter century as chairman of the department at Hopkins he was the author of three books, all of which ran through many editions, and many scientific papers. Undoubtedly, his most scholarly attainment was his editing of *Williams' Obstetrics*. After Dr. Williams' death the editing of this classic volume was undertaken by Henricus Stander, who carried it through its ninth edition. Taking on the editorship of this work was one of the hardest decisions of Dr. Eastman's life. At that time he had a contractual obligation with an other publisher to write an obstetric textbook. He was torn between this obligation and the opportunity to carry on the work of his old chief. Fortunately, for the training of future obstetricians, he decided to edit Dr. Williams'

text. His own text certainly would have been of high caliber, but Williams' text had been pre-eminent in the field for such a long time that any new text would have had a difficult time in gaining wide acceptance.

Eastman's *Expectant Mother* has been a best seller for many years. Whereas *Williams' Obstetrics* by Eastman is an academic classic, it is debatable whether it or *The Expectant Mother* has been of the greatest benefit to womankind. Several books with the same purpose have appeared on the market since, but none has supplanted it. The third great literary achievement of Dr. Eastman was his creation and co-editorship with Dr. Emil Novak of the *Obstetrical and Gynecological Survey*. It has had a tremendous influence in keeping obstetricians and gynecologists updated on all current literature. Perhaps the literary world at the level of *Snappy Stories* was the loser when Nicholson Eastman decided to study medicine, but the obstetric world gained much from his literary achievements.

Dr Eastman held membership in many scientific societies, too numerous to be recorded in this short sketch of his life. He was president of the American Gynecological Society in 1964, president of the Academy of Cerebral Palsy in 1957, and president of the American Association of Obstetricians and Gynecologists in 1953. In 1962 he held the presidency of the American College of Obstetricians and Gynecologists and was a fellow of the Royal College of Obstetricians and Gynecologists. In 1968, he received a Doctor of Science degree from the University of Chicago. In 1965, he received an LL.B. from Indiana University and in 1968 was given a Doctor of Science degree by the New York Medical College. He held honorary membership in many medical societies at home and in South America.

Following Dr. Eastman's retirement from Hopkins he was visiting professor at the University of Minnesota for a year during John McKelvey's absence. Then he spent two years in New York as consultant to the population program of the Ford Foundation.

In 1925, Nicholson Eastman married Lo-

retta Rutz. They had been sweethearts in Indianapolis while Nick was a house officer and she a nurse. She traveled 8,000 miles to China where they were married and where they spent the first 3 years of their married life. Two children were born to them, both of whom are married and live in Baltimore.

Thomas, the son, is a successful lawyer, having broken the family tradition of a medical career. The Eastmans retired to a lovely home in Towson, a suburb of Baltimore, where they lived quietly, enjoying their children and grandchildren.

RICHARD W. TELINDE

After Office Hours

A Visit with Dr. Nicholson J. Eastman

"The aim of education is merely the development of good taste in knowledge and good form in conduct. To have good taste or discernment requires a capacity for thinking things through to the bottom, an independence of judgment, and an unwillingness to be bulldozed by any form of humbug. An educated man, therefore, is one who has the right loves and hatreds. This we call taste, and with taste comes charm."—Lin Yutang

ONE QUESTION was uppermost in the mind of the visitor going up in the elevator to Nicholson J. Eastman's fourth floor office in the obstetrics building of Johns Hopkins Hospital: Will the departments of obstetrics and gynecology, traditionally separate at Johns Hopkins, remain separate or will they be combined and integrated under one head when Dr. Eastman and Dr. Richard W. Te Linde retire as the respective heads of these departments in July, 1960? Currently, no one knows the answer, except perhaps members of the committee set up for this purpose, and the committee has not given its verdict.

I had just left the gynecologic office, on the ground floor, and so was well aware of Dr. Te Linde's firm stand for separate but cooperating departments, and his reasons for it. Also, I knew that Dr. Eastman stood just as firmly for united departments and a single head. Here was a strong difference of opinion on an important subject by two of the foremost authorities. There was no room for a compromise: it had to be decided one way or the other, and the decision was bound to influence the teaching and practice of ob-

stetrics and gynecology—and not only at Johns Hopkins. I was anxious to hear Dr. Eastman's views while Dr. Te Linde's were still fresh in my mind.

"Nick" Eastman's office, like "Dick" Te Linde's, consists of two rooms. There the resemblance ends. The outer cubicle is crowded with a few articles of office equipment—a filing cabinet, desk, typewriter—and chairs, a refrigerator, and coats hanging from hooks behind the door. At first glance the large room into which I was shown by a cheerfully informal receptionist, seemed equally cluttered. Periodicals and papers covered the huge desk in the center of the room, and in front of Dr. Eastman there was a large ashtray piled high with cigarette stubs. Behind him on a long table under the far windows there were more papers, magazines, and books; a drawing board; a camera; a Polaroid enlarger; and a coffee percolator.

Dr. Eastman's greeting was friendly, informal. He is a man of average height and build. His accomplishments, position, and professional standing raise him to a towering eminence.

Directly the problem of the moment was raised, he said: "I have taken the stand that the two departments here should be combined and integrated into a single unit, not just combined in the catalogue under single administrative control but actually integrated and dovetailed into one department. The reasons for my opinion are many and I will limit my comments to just a few aspects of the problem.

"From the viewpoint of underlying sci-

ence, obstetrics and gynecology deal with the same set of organs; hence, the gross and microscopic anatomy is the same. Likewise, the physiology involved is common to both fields. For example, a certain change in the interrelationships between the two hormones, estrogen and progesterone, causes both the onset of menstruation and the onset of labor. Similarly, aberrations in female endocrinology are responsible for some of the most frequent disorders met in both areas. Ovarian dysfunction, for instance, is responsible for functional bleeding, one of the most common conditions encountered in gynecology. It is also responsible for spontaneous abortion, one of the most common complications in obstetrics.

"The pathologic anatomy of the reproductive tract is also shared by both fields. For example, myomata uteri in the nonpregnant state constitute a part of gynecology, whereas in the pregnant state they constitute a part of obstetrics. From a clinical viewpoint there is also a large common area. Here at Johns Hopkins Hospital, cases of sterility, of habitual abortion, and of ectopic pregnancy are regularly handled both by the obstetricians and the gynecologists. If a patient has a myoma, or an ovarian cyst, and is pregnant, she is managed and, if necessary, operated upon by the obstetricians; whereas if she is not pregnant, by the gynecologists. This means that all the more common gynecologic operations, such as hysterectomy, oophorectomy, and operations for ectopic pregnancy are performed in both departments. The same is true, but to a lesser degree, of therapeutic abortion, curettage for incomplete abortion, and tubal sterilization. In cases of mistaken diagnosis, regrettably not infrequent, obstetricians sometimes have to deal at the operating table with pelvic inflammatory disease or some other gynecologic condition in a nonpregnant patient, while gynecologists are occasionally faced at the operating table with an early intrauterine

pregnancy, with or without gynecologic pathology.

"These circumstances have been surveyed by way of raising the question whether obstetrics and gynecology, in view of the large area common to both, do not constitute a single specialty; that is, a single canon of medical knowledge. This may sound theoretical but it seems to me a basic issue. For myself, I would be inclined to answer this question in the affirmative."

As a matter of fact, Dr. Eastman indicated, this represented "a pretty skimpy survey" of his feelings on the subject. One practical aspect which is particularly pertinent to the Johns Hopkins School of Medicine, he said, deserved additional comment.

"Among the many objectives of a department or departments of obstetrics and gynecology is to provide outstanding leaders in academic obstetrics and gynecology for other medical schools, especially department heads," he said. "Here at Hopkins we feel that we have an obligation to provide leaders in our specialty. I refer particularly, of course, to professors of obstetrics and gynecology in various medical schools throughout the country. Now, on this point I feel very strongly, and it is one point about which I am sure I am right. It is that if the Johns Hopkins University School of Medicine expects to turn out future professors of obstetrics and gynecology, a combined department is mandatory. The great majority of medical schools in this country do have combined departments. With separate departments we cannot hope to provide candidates for combined chairs of obstetrics and gynecology. It is true that at the conclusion of his residency training here a man is fairly competent both in obstetrics and gynecology, but if he goes into full-time work in either department then within four or five years he is no longer competent in the other field. This is known throughout the country, and committees which select professors of obstetrics and gynecology give little consideration to



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Hopkins men because they consider them to be unilateral in experience and skill.

"It is true that quite a number of our men are now professors in obstetrics and gynecology in other medical schools, but only fortuitous circumstances have made this possible. Almost all good chairs are combined, and the heads of such departments must be prepared to handle important clinical, teaching, and operative responsibilities in both fields. Among other reasons, there would be much saving of time because of reduplication of work in each department, reduplication of teaching; and certainly there would be advantages from the viewpoint of house-staff training."

CLINICS

It was noon. Promptly at 12 o'clock the resident came in to report to Dr. Eastman and to discuss the problems on the obstetrical wards.

In conjunction with the State Health Department, Johns Hopkins conducts 55 obstetric clinics, scattered throughout the rural areas of Maryland. Major complications are sent to the hospital, which receives about one case a day from these outlying clinics. These often present very serious problems. Also many cases are referred by local physicians. Consequently, the ratio of abnormality is quite high.

"The ward service is run by the house staff, with my consultation and advice," Dr. Eastman explained. "For the past 24 years the residents have called me on every major complication, and sometimes on minor complications. This noon-time conference with the resident is part of our routine. In addition, he calls me at all hours, so that there has been maintained, over the years, close contact with the men of the residency staff."

He pointed to a wall on which hung framed photographs of 33 former residents. "You may wonder why there are 33 when I have been here just 24 years," he said. "During the war, in order to meet the special need

for doctors, we stepped up our residency program and turned out two residents a year." Continuing on this subject, he said, "These former residents are my greatest pride. Most of us can't expect to make any tremendous contribution to obstetrics and gynecology except through the men we turn out, who go forth and by precept and example further the development of what we consider to be the best patterns of maternity care."

After a brief discussion of the complicated cases, Dr. Eastman, the resident, and I went downstairs to the delivery floor. There "the Professor" examined several patients and then discussed diagnosis and management. The room used for this purpose seemed small, perhaps because it was filled to capacity with house-staff, nurses, and visiting physicians.

We returned to Dr. Eastman's office for coffee and sandwiches. While we were eating he obliged with a brief personal narrative.

PERSONAL

Nicholson Joseph Eastman was born January 20, 1895, in Crawfordsville, Indiana. His mother went home to this small town (about 8000 population) to give birth to her baby. Nicholson grew up in Indianapolis. His father and grandfather practiced surgery and gynecology in Indianapolis, so he was brought up in a medical atmosphere. After grade and high schools he went to Philips Andover for one year, and then to Yale University, graduating with an A.B. degree in 1916. He returned to Indianapolis to matriculate at the Indiana School of Medicine. On becoming an M.D., in 1921, he served two years on the house staff of the Indianapolis City Hospital, receiving his initial training in obstetrics and gynecology. In 1924 he went to Peking Union Medical College, in Peking, China. One year later LoRetta Bernice Rutz came to China from Indianapolis to marry Nicholson J. Eastman.

They were married in Shanghai, July 7, 1925.

Dr. Eastman started as a junior staff member with the title of Associate in Obstetrics and Gynecology. Peking was a city of a million population and the Peking Union Medical College, built and supported by the Rockefeller Foundation, had the only modern hospital. "We had a fantastic wealth of clinical material in obstetrics and gynecology," Dr. Eastman recalls.

From Peking, in 1928, Dr. Eastman went to Baltimore "to work under Dr. J. Whitridge Williams." The death of Dr. Williams in 1931 was responsible for Dr. Eastman's return to China. He was Professor of Obstetrics and Gynecology at the Peking Union Medical College from 1933 to 1935. Then he was offered the chair that had been vacant since the death of Dr. Williams. In 1935, Nicholson J. Eastman became Professor of Obstetrics in the Johns Hopkins University and Obstetrician-in-Chief to the Johns Hopkins Hospital.

It is interesting to note that in 1955, for five months, Dr. Eastman was Visiting Professor of Obstetrics at Hong Kong University. He did "everything that a professor usually does: teaching, operating, ward rounds, seeing patients." "After that," Dr. Eastman said, "Mrs. Eastman and I made a fairly extensive tour of Southeast Asia. We spent several weeks in Japan, Formosa, Vietnam, and Thailand; then we went to Burma, spent several weeks in Rangoon, a month in Indonesia, and finally to the Philippines."

The ten-month leave of absence over, he returned to Baltimore and Johns Hopkins.

WORLD HEALTH ORGANIZATION

Dr. Eastman has been active in the World Health Organization and serves as Chairman of the Expert Committee on Maternity Care.

The World Health Organization (WHO) is a subdivision of the United Nations. "The United States has committed itself to help

the underdeveloped countries in the world to undertake broad programs to improve agriculture, communications, roads, schools, and medical care," he explained. "One of the important phases of this great endeavor lies in the field of maternal care. This includes the training of midwives, development of prenatal clinics and of hospitals. It envisions a broad public health program which starts with the pregnant woman, her safe delivery, postnatal examination and the care of the newborn infant. From this it widens to 'measures aimed to promote the health and well-being of the young people who are potential parents, and to help them to develop the right approach to family life and to the place of the family in the community.'"

The quote is from the First Report of the Expert Committee on Maternity Care. The meeting was in Geneva, from November 5 to 9, 1951. Dr. N. J. Eastman was unanimously elected chairman. Indicative of the international status of the committee was the election of Dr. S. Pandit, of New Delhi, India, as vice-chairman; and Professor W. C. W. Nixon, Director of the Obstetric Hospital, University College Hospital, London, as rapporteur.

Again in 1955, Dr. Eastman was chairman of a World Health Organization Committee. This was the Expert Committee on Midwifery Training. The sessions were held in The Hague, from August 2 to 7. The vice-chairman was Miss N. Goffard, Sage-femme monitrice, Institut Edith Cavell-Marie Depage, Brussels, Belgium; rapporteur, Miss P. M. Dickens, Principal Matron, Medical Serfice, Ministry of Health, Khartoum, Sudan.

Dr. Eastman emphasized the fact that "in a broad public health program midwives are extremely influential. More than any other public servant, they have the esteem and affection of the people they serve. They deliver the baby in the home, and they stay two or three days, cook, clean, do everything for the mother, baby, home."

The lack of medical and trained midwifery personnel in large areas of the world was discussed by the committee. The traditional birth attendant, untrained; the auxiliary midwife, slightly trained, are being used to help make up this deficiency. Among the conclusions: A program must be set up that "will result in a gradual evolution from the use of the traditional birth attendant to that of the auxiliary attendant and the fully qualified midwife. The increase in personnel, however, will not provide better protection of the women of childbearing age unless the training of the midwife is broadened to include sufficient knowledge and understanding to enable her to give prenatal, perinatal and postnatal care. This necessitates some knowledge of public health and certain nursing skills."

CEREBRAL PALSY

"Now I would like to talk to you about one of my main interests," Dr. Eastman said. "It is the area in obstetrics which, it seems to me, is the most fertile over the next two decades; namely, the role of obstetric factors in the causation of cerebral palsy and neuropsychiatric conditions. Twenty or thirty years ago the great concern of obstetrics was saving mothers' lives. Through the efforts of the specialists in the field, through the good offices of various agencies, and through a combination of various factors, maternal mortality in the United States has been reduced dramatically. There are still unnecessary maternal deaths, but that's not the big problem today. Interest has shifted from the loss of the mother's life to loss of the baby's life. That problem has by no means been solved. It is a very important area of obstetrics. In the United States, 10 per cent of all deaths—all ages, all causes: automobile accidents, cancer, hypertension, whatever you can think of—occur in infants, either as death in utero or in the neonatal period. That's about 150,000 deaths a year, occurring in association with or as a direct result of the reproductive process. Those are tragic

losses. But equally tragic, at least, is the case of the baby that is born and everything seems all right, but it does not develop those cerebral centers which are necessary for coordination, speech, intelligence. This is what we call cerebral palsy."

There are about 20,000 such babies born each year. The causative factors? "Something happens in utero to that baby," he said. "Heredity is responsible for a small minority of cases only. Something happens between conception and delivery, some injury. It may be a viral injury, like German measles; or serologic injury, like Rh incompatibility; or traumatic injury. I think that the most important advances in obstetrics in the next 20 years will be the discovery of the etiologic role of various factors in the production of these conditions. This will be of far greater importance than improvements in obstetric technics because, if these factors, about which we know very little, can be ascertained and established, it is quite probable that the result will be a different type of obstetric practice which will, in certain instances, prevent cerebral palsy."

The basic research in this field, cited by present-day investigators, goes back to the 1920's and early 1930's. It consisted of oxygen and carbon dioxide dissociation curves, lactic acid production as determined from umbilical cord blood at birth; acid-base equilibrium in blood from eclamptics; transfer of gases between mother and fetus; and studies of fetal and neonatal anoxia. "The uncanny part of it," said Dr. André Hellegers, Assistant Professor of Obstetrics at Hopkins and a man who has spent three years in physiology, to whom I spoke later, "is that every time you get an exciting idea in this field and you look up the literature, you find that Dr. Eastman did the basic work 30 years ago."

"Mount Everest in Utero," Nicholson J. Eastman's Presidential Address before the American Association of Obstetricians and Gynecologists should be read by everyone

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interested in the biochemical or clinical phases of this great problem. Its freight of information, gathered from many sources—mountain climbing, balloon ascension, aviation medicine, physiology—is conveyed with superb literary craftsmanship. In this sense “Mount Everest in Utero,” except that it is a short essay, reminds one of clipper ships which carried their precious cargo swiftly under a great spread of sail. They were a delight to behold, and “Everest” is a delight to read and re-read.

Dr. Eastman's great interest in this subject finds expression in the work of the American Academy of Cerebral Palsy, of which he was the president in 1957, and in which he remains currently active.

BOOKS

This felicity of expression in the hands of an outstanding authority on obstetrics produced another literary phenomenon, the little book entitled *Expectant Motherhood*. This grew out of mimeographed sheets Dr. Eastman prepared years earlier in Peking for his private patients. Each year, when copies ran out he added a little. “Finally,” he said, “Little, Brown and Company inquired if they could have it for a book. So I rewrote it, augmented it a little, and they published it in 1940. About a year ago sales of *Expectant Motherhood* passed the million mark. I gave the millionth copy to my wife.” He is pleased that it has been a helpful guide to a million or more mothers, answering simply their questions and relieving their fears. “These young girls may keep a stiff upper lip,” he says, “but they are scared to death. There are so many old wives' tales about obstetric catastrophes that they need reassurance and a simple explanation of what is going on.”

J. Whitridge Williams published his *Textbook of Obstetrics* in 1903. Before his death, in 1931, he had seen it through six editions. Henricus J. Stander prepared the seventh, eighth, and ninth editions. Then he died, and

in 1949 Nicholson J. Eastman was asked to take over. The present, eleventh edition, Dr. Eastman dedicated “with affection and gratitude” to the residents, assistant residents, and interns who have served in the department of obstetrics at the Johns Hopkins Hospital since its inception in 1896 to the present day. The twelfth edition will be out in 1961. It is still a standard text, used in almost all schools.

Zabriskie's *Handbook of Obstetrics for Nurses* is another standard text of which Dr. Eastman is currently the author.

THE “SURVEY”

The result of fertile collaboration between Emil Novak and Nicholson Eastman, “The Obstetrical and Gynecological Survey” is a scholarly and successful abstract journal which covers the world literature. “We felt that if we could select what seemed to us the outstanding articles and then comment upon them, it might be of some value,” Dr. Eastman said. “So we went to Williams and Wilkins Publishing Company and we made arrangements for starting this periodical. The first issue was in February, 1946. It has gone on through the years. When Dr. Novak died in February, 1957, all of us who were connected with the “Survey,” including the publisher, were distraught. We felt that we could never replace Dr. Novak. His enormous prestige, the authority with which he spoke, his enviable way of writing and his humor, were without equal. After a good deal of thought we invited Dr. Howard Jones and his wife to take over jointly the editorship for gynecology. We are very pleased with the way they are doing. All the comments I have heard have been most complimentary. It seems to me that their editorial notes are scholarly, practical, and lucid, and I think that they are of great value to the practicing gynecologist.”

PASSANO FOUNDATION

In his capacity as Director of the Passano

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Foundation, Dr. Eastman has a leading part in its annual award.

"We try to select a man who has made the most important contribution to medicine," he said. "The nearest we got to obstetrics was when we gave the Passano award to Philip Levine and Alexander Weiner for the discovery of the Rh factor."

HONORS

Nicholson J. Eastman, President of the American Association of Obstetricians and Gynecologists in 1953; President of the American Academy for Cerebral Palsy in 1957; Chairman of the Section on Obstetrics and Gynecology of the American Medical Association, 1958-1959; Honorary Doctor of Science, University of Chicago, 1958.

These are some of his many honors. "You go around and give talks," Dr. Eastman said, "and you get a diploma, or you are elected to honorary membership in the society. That's very nice, and I am grateful."

However, this does not explain how he became an admiral in the Texas navy.

HOBBIES

Dr. Eastman insists that he has not had much time to devote to hobbies. But "for a number of years" he has been interested in philately and he has "very nice collections of Newfoundland and early United States stamps."

And several framed pictures on the walls of his office testify to his interest and skill in photography. There are photographs taken in China and in Hawaii. Of a particularly arresting night scene Dr. Eastman said, "It is a picture of a little cottage we had on the Hudson River. I had no experience in taking moonlight pictures, so I set my tripod, exposed the film for five minutes and then turned it off. It came through and I made this enlargement. It got an honorable mention in a national photographic contest."

Also, "one of my hobbies, if you want to call it that, is forensic obstetrics. There is no

field in medicine that has as many contacts with the law as obstetrics has. There's disputed paternity, alleged traumatic abortion, artificial insemination, birth control, sterilization: all of these have important legal implications. And of course there's obstetric malpractice. For years I have been collecting court decisions and other material on such subjects, and I have hundreds of cases. Let me give you an example. I have a letter, from a lawyer in Chicago, about a case of a married couple. The husband is in the Navy and he gets a tour of foreign duty which keeps him away from his wife for 340 days. When he comes home he finds that his wife is pregnant, and the next day she delivers the baby. He brings suit against her, charging adultery. She denies the allegation, swears that this is his baby, conceived just before he left. The court must decide if this contention is admissible."

About 10 years ago Dr. Eastman was called to Boston as an expert witness in a case in which the disposition of a million dollar estate depended on the answer to the question, "Is it possible for a 55-year-old woman to have a baby?" It was this case that stimulated Dr. Eastman's interest in the entire field of forensic obstetrics.

THE FUTURE

After he retires, Dr. Eastman will have more time for hobbies. With his son, Thomas B., now in his third year at Virginia Law School, and perhaps with the assistance of another lawyer, Dr. Eastman hopes to arrange his material and get out a book on forensic obstetrics.

To sum up the activities and accomplishments of Nicholson Joseph Eastman one can hardly do better than to quote the judgment of his peers. From his presentation to the Chancellor of the University of Chicago, as a candidate for the honorary degree of Doctor of Science, I quote the following:

"A physician of great note, Dr. Eastman

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blends the exacting talents of teacher, investigator and clinician. In all his work he has combined with superb creativity experimental and clinical methods in the pursuit of new knowledge. His scientific studies on the environmental relationships of the fetus and its mother have resulted in noteworthy contributions to our understanding of the physiology of reproduction as well as in major improvement in maternity care. Through his classic textbook on obstetrics, his numerous publications, lectures and seminars he has interpreted the phenomenal

progress in the medical sciences in general, and obstetrics in particular to students and scholars everywhere. He has been a leader in bringing health education and knowledge to the less privileged peoples of the world. He has influenced a generation of students in medicine and the sciences to explore the intricacies of mammalian reproduction and to bring forth new truths for the everlasting benefit of mankind."

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