

FREDERICK CARPENTER IRVING

1883-1957

FREDERICK CARPENTER IRVING was born May 30, 1883, in Gouverneur, New York, and died in Clearwater, Florida, Dec. 24, 1957, in his seventy-fourth year. He is survived by his widow, Mary Chapman Irving, and five children.

Educated in the local high school of his home town of Gouverneur in upper New York State, Fritz Irving, as his friends called him, attended Exeter Academy and graduated from Harvard College in 1906 and from Harvard Medical School in 1910. He served as an intern on the surgical service at the Massachusetts General Hospital, following which he became a house officer and then a staff member of the Boston Lying-in Hospital. Volunteering for active duty as a reserve officer in the Army Medical Corps in World War I, Irving was assigned to Base Hospital No. 6, which was composed mostly of members of the Staff of the Massachusetts General Hospital. Following the war, he rejoined the Staff of the Boston Lying-in Hospital, and in 1925 he became Assistant Professor of Obstetrics at the Harvard Medical School. Dr. Irving became Chief of Staff of the Boston Lying-in Hospital in 1931. He held the William Lambert Richardson Chair of Obstetrics from 1933 to 1946, when he resigned to become Emeritus Professor on July 1, 1947.

In Harvard College he was intrigued by President Eliot's totally free elective system and remarked later that "the smattering of knowledge obtained about a considerable number of unrelated subjects often led the student in after life to take an intelligent interest in many different things." His favorite teacher in college was Dean Le Baron Russell Briggs, of whom he said, "In writing he believed that one should always use the right words, and as few as possible, to express one's meaning, and that this meaning should be so clear that no repetition should ever be necessary." Throughout his life Irving obeyed this precept.

Besides his textbook and other writings, his most substantial literary contribution is the book published in 1942, entitled *Safe Deliverance*. This work is partly autobiographical and partly a history of the Boston Lying-in Hospital, and contains also much practical philosophy and wisdom.

Always reveling in the classical, we find him, in his Presidential Address to the American Gynecological Society in 1951, taking a fictitious American doctor (Endymion Jones) to visit the Cumaean Sibyl at Avernus. This priestess of Apollo makes some strangely accurate prophecies regarding American medicine. Some excerpts from this address best illustrate Dr. Irving's lively spirit.

Commenting on the prevalence of hysterectomy, “. . . a woman who completes the menopause with her uterus in situ is not only possessed of an unusual degree of elusiveness, but she will also be an object of curiosity among her friends.”

“The Paleolithic mother delivered her baby by ‘natural childbirth,’ but this fact will not justify Paleolithic methods in the middle of the twentieth century.”

Concerned with some of the attitudes of self-styled child psychologists on child rearing—“. . . the young need more discipline rather than less, and this is a wise precaution to prevent them from growing up into little monsters.”

Frederick Carpenter Irving was no ordinary doctor, for not only was he an obstetrician without peer, but also he was a doctor who knew all about the care of the patient—and her husband. He was keenly aware of the pitfalls of specialization in its relationship to total patient care. This is best exemplified by his remark that “pregnant women may have any medical condition except sterility.”

Like his contemporaries, he directed his attention to developing policies which would afford maximum protection to the mother and assure that the infant would be born without handicap. He championed the conservative or non-surgical treatment of abruptio placentae, which in the severe form is regarded as the most hazardous obstetric complication. Dr. Irving was cognizant of the problems peculiar to obstetric anesthesia and was among the first to recognize the importance of and to stimulate clinical research in the analgesic drugs for lessening the pains of labor and childbirth. He and his associates developed methods which have allowed the patient to bear her infant with a minimum of discomfort consistent with safety to both.

Although Dr. Irving was in the best sense of the word a clinician, he was too well read and too reflective a clinician to deny that investigation is the guide and, sometimes, the accelerator of clinical progress. Nevertheless, one felt that his most immediate reaction to the investigator was a slightly defiant skepticism; indeed, for some undertakings in areas which were then more “preclinical” than now, his skepticism may occasionally have been tinged with irreverence. In consequence of this aspect of his character, when he did support an investigation or an investigator, he did so wholeheartedly. No research projects or people came into the Lying-in Hospital without his knowledge, and none came on trial.

One far-reaching result of the friendship and understanding between Frederick Irving and Kenneth D. Blackfan, late Professor of Pediatrics at the Harvard Medical School, was the strong and steady growth of obstetrics and pediatric cooperation at the Lying-in Hospital. It is permissible to say that in few, if any, of the obstetrical clinics in this country, and certainly in none of those outside it, has there been such constructive and free interchange of ideas concerning the pediatric and obstetric aspects of the fetus and the newborn. No one who heard Dr. Irving say—as he often did—that “a woman doesn’t come to this Hospital to get over a case of pregnancy; she comes to take home a baby,” could claim sole rights for his own specialty in any one part of such a large challenge.

Fritz Irving had an intense loyalty to the institutions which had provided him with his educational opportunities—a quality which is needed in greater abundance now than perhaps ever before. He was no glad-hander, and his brilliance and wit were double edged in that they charmed many and alienated some. This carried over to his impact on his medical colleagues and students, some of the latter being captivated by his personality whereas others were uneasy, if not downright frightened, in his presence.

Dr. Irving was not one to be tied down by convention or tradition. His mind was open; he did his own thinking, and he was not afraid to say what he thought—even when he knew that not all of what he thought and said would be pleasing to all of his listeners. He held strongly to his convictions, expressing them freely, and at times startlingly. To many this was refreshing in an age where in academic and political debate amiability, acquiescence, and imprudent compromise are too often preferred in fear of criticism and censure.

Important as was Dr. Irving's contribution to academic obstetrics, to say nothing about his colorful personality, his superb ability as a didactic and bedside teacher, and his devotion to ward and private patients alike, his greatest attribute was his reverent belief that to be wellborn in the biologic sense is the first inherent right of the individual. He was deeply aware that medicine's greatest successes have come through the intelligent adjustment of man's environment. More properly, is not the ultimate aim of medical science to prevent disease, the first step of which is the preservation of life in its beginning? Dr. Irving possessed in abundance the quality so necessary for the obstetrician to achieve that objective which is *to treat the patient boldly when nature behaves abnormally, otherwise to employ a method of therapy which he chose to call "masterful inactivity."* His medical philosophy is best summed up by a phrase attributed to him, that "modern obstetrics should concern itself not with more babies but with better babies."

Duncan E. Reid