CULTURE AND THE PROVISION OF CARE:
FRONTIER NURSING SERVICE
1925-1940
by
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I have read the dissertation of Barbara Ann Criss in its final form and have found that (1) its format, citations, and bibliographic style are consistent and acceptable; (2) its illustrative materials including figures, tables, and charts are in place; and (3) the final manuscript is satisfactory to the Supervisory Committee and is ready for submission to the Graduate School.

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ABSTRACT

The purpose of this ethnohistorical research was to study the first fifteen years of the Frontier Nursing Service in Hyden, Kentucky, the years 1925 to 1940. This time span was chosen for several reasons. First, the founding of the Kentucky Committee for Mothers and Babies (the name was changed to Frontier Nursing Service in 1928) occurred in 1925. Second, by 1940, the agency had met the challenges posed by three major events: the devastation of the economy caused by the depression and drought of the thirties, the return of the British nurse-midwives to their homeland and the closure of nurse-midwifery educational programs to foreign nurses upon that nation's entrance into the Second World War, and finally, the opening of the Graduate School of Midwifery at Frontier Nursing Service.

This study began with several basic questions. What caused the founder of the Frontier Nursing Service, Mary Breckinridge, to initiate a health care agency? For what reasons did nurse-midwives go to work at Frontier Nursing Service? What were the early work experiences encountered at Frontier Nursing Service? What were the responses of public agencies to the establishment of a philanthropic work to deliver health
care? Perhaps, most significantly, what was the status of health care at the time, and specifically, what role did establishment of a philanthropic nursing service play in the broader issue of health care delivery?

This research examined these aspects and integrated these findings with the data available from other studies and sources and synthesized this material into an ethnohistorical framework. The findings may be used to analyze, plan for or implement health care delivery systems. The study demonstrated the significance of economic, social and political factors upon the health care delivery system and had as its goal contributing nursing knowledge in the specific area of health care delivery.
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ACKNOWLEDGMENTS

To my committee I have a sense of personal indebtedness that can only be fulfilled by the contribution of this piece of work to the body of nursing research. Each member has made unique contributions to my research and to the more difficult task of interpreting the data revealed by that research. I have particular comments to make about the importance to me of the contribution of each member and how they challenged my intellectual endeavors in individual ways.

Dr. Peter Morley had that most difficult task of creating and supporting an environment that cultivated the unique universe of this study. Of equal importance to me were his insightful comments that positioned all events, both those occurring in the educational setting and those related to the research, in perspective and that helped me keep not only my focus but also my sense of humor. No study would have been worth the loss of that component of my world view.

Dr. Ronald G. Coleman contributed from the earliest days of his involvement in this study by continually asking me to be self-reflexive. Whether his sagacious words were suggesting ways to proceed with the actual process of research or helping me examine difficult
areas of interpretation, they were valued. At one point, when I was bitterly disappointed by a research finding that answered one of the initial questions, I wanted to quit. Dr. Coleman gently suggested that I might need to acknowledge my own prejudices; that I not let them influence my interpretation of this finding and that I utilize this knowledge in the examination of the data of the study. It was a painful time. The advice served me thenceforth and I trust will not be forgotten in the future.

Dr. Pat Albers listened from the first moment I mused about conducting research of this Nursing Service. She shared my good news of being permitted access to the Service and archival data. She listened as attentively when my considerations were unclear as when they were well-organized. That seems to me a highly undervalued contribution to a student's growth—the notion of being able to try all ideas, the well-considered along with the insubstantial, in dialogue with one's professor. It served my thinking well to be able to verbally explore ideas. This seems so rarely permitted within academic settings. Dr. Alber's pragmatic knowledge of the type of archival material with that I would be dealing provided anticipatory guidance that made it possible to effectively use the time in the Appalachian Archives.

Dr. Theresa Overfield's sense of humor and
perspective and unswerving faith in the contribution of this research to nursing was a steadfast influence. I'll not forget her particular expenditure of time, her ability to communicate confidence in a nurse's ability to conduct research in a tangential area, nor her confidence in the calibre of that effort. Her commitment to rigorous research, her confidence in the product of that research and her support of nurses undertaking such research are extraordinary.

Dr. Jan Thompson has had that most difficult, yet most essential task, that of the offsite consultant. The contribution of the offsite member seems critical in the relatively new universe of nursing research. The quality of this work was certainly favorably influenced by telephone conversations with her and by her written comments on the material. Dr. Thompson has such personal dedication to rigor and integrity in any approach to an examination of matters of nursing's philosophic and historical roots that this judgment is conveyed to those blessed enough to have her as a mentor. To see commitment to intellectual rigor conveyed in such an integrated construct provides a role model for lifelong commitment.

There is a personal debt owed by me in the writing of this dissertation to the following former and present Frontier Nursing Service nurse-midwives. They are Molly
Lee, Dr. Gertrude Issacs, Joan Fenton, and Ruth Blevins. They participated in the formulations that evolved into the chapters dealing with the roles of the Frontier Nursing Service staff nurse-midwives. They bear no responsibility for any weaknesses but deserve all the credit if this is a worthy interpretation of the place of the Frontier Nursing Service nurse-midwife in the expanded role of nursing.

The most unpleasant feature of writing has been the decision to delete hundreds of pages because the material did not directly relate to the years selected for this study, the years of 1925 to 1940. The majority of oral interview data I collected was withheld for that reason. It is hoped a future researcher will write a scholarly biography of the life of this spectacular woman who founded the Frontier Nursing Service, Mary Breckinridge, for her accomplishments merit no less recognition than that accorded her grandfather John C. Breckinridge.

Most importantly, I give thanks to my family and friends who made the many contributions with which the completion of this work became a reality. My family have encouraged in many ways. Thanks are due friends Essie White Face, Linda Pavel, Cherryi Povey, Chris Jones, Bob Jones and Shirley Tapio. Two tireless allies were there in good times and in bad; they are my son W.
Gordon Criss and John Hoffman. My gratefulness to them is limitless.

The archivist of the Appalachian Archives, Anne G. Campbell, who introduced me to the Mary Breckinridge Papers at the University of Kentucky, was cooperative beyond measure. Being permitted access to the Mary Breckinridge Papers and experiencing the helpfulness of those with whom I dealt there were gratifying. The tape recorded interviews in the Frontier Nursing Service Oral History Project, Department of Special Collections and Archives, University of Kentucky Libraries were utilized.

The dedication of this piece of work is to my own dear Mother, Mary Ann Sims Wilson Criss. She merits a work of her own; in her unpresumptuous way she was a woman whose accomplishments in the face of grief and difficulty were no less admirable than those of Mary Breckinridge.

There are two other families I wish to mention. One is the Breckinridges. It is incomplete, and perhaps impossible, to examine even a segment of an individual's life without becoming aware of the influence of the entire family. Such was the case in this study of the early days of Frontier Nursing Service and its founder, Mary Breckinridge. Though I know no Breckinridge personally, through this study I have learned that they
have permitted researchers at all levels to have access to their papers. Their willingness to allow the public to see them in such a fashion is rare among individuals in our society. I wonder if they know how often they are representative of the best of so much in our nation’s heritage? I suspect they do. They seem so likeable, so human, so usual in their human frailties, so unswerving in the face of adversity and so principled that I suspect that they and the people with whom they identified within the populace of Arkansas and Kentucky will be standing and defending their beliefs until their final breath and managing to do so diplomatically and graciously. The Breckinridges do not seem a perfect people. In fact to borrow a colloquialism descriptive of their contentiousness, "they would stomp on their own foot" but they do believe in filial loyalty, patriotism, service and tenacity. They are a family who have been repeatedly defeated, who have not wavered, who when knocked down have gotten up again and who have been so often more admirable in defeat that have their victors in their time of glory.

The second family to whom I feel a debt is that of Mabel May Wagner. Years ago a recognition from that family gave me the incentive to undertake the return to an educational setting. The designation of the Mabel May Wagner Award to a nurse in clinical practice in a
United States Public Health Service facility seems as revolutionary and as visionary as were many of those made by individuals involved in the early years of Frontier Nursing Service. My thanks to that family for the award named after their Mother, Mabel May Wagner, another midwife. The honor of being its first recipient will never dim.

Lastly, this study has revealed what we so often disavow in our assessments and that is that this Service survived some tremendously difficult times because there were individuals making sacrifices of salary, of personal time and pursuits and of individual recognition. These individuals were often those who received minimal public acknowledgment for their efforts, yet without them Frontier Nursing Service could not have survived. I am proud to number among them those above mentioned nurse-midwives.
CHAPTER 1

INTRODUCTION

The purpose of this ethnohistorical research is to study the first fifteen years of the Frontier Nursing Service in Hyden, Kentucky, the years 1925 to 1940, and to explore the life of its founder, Mary Breckinridge. This time span was chosen for several reasons. First, the founding of Frontier Nursing Service\(^1\) occurred in 1925. Second, by 1940, the agency had met the challenges posed by three major events: the devastation of the economy caused by the depression and drought of the thirties, the return of the British nurse-midwives to their homeland and the closure of the nurse-midwifery educational programs in Great Britain to foreign nurses upon that nation's entrance into the Second World War and finally, the opening of the Graduate School of Midwifery at Frontier Nursing Service.

For purposes of this study Frontier Nursing Service is often referred to as "FNS" or the "Service." The Frontier Nursing Service could properly be called an agency, a philanthropic association, or a public health

\(^1\)The name was Kentucky Committee for Mothers and Babies until 1928.
nursing organization but none of these terms encompasses the overarching ideology of its founder as completely as does "Service."

This study began with several basic questions. What caused Mary Breckinridge to initiate a health care agency? For what reasons did nurse-midwives go to work at the Service? What were the early work experiences encountered at the Frontier Nursing Service? What were the responses of public agencies to the establishment of a philanthropic work to deliver health care? Perhaps most significantly, what was the status of health care at the time, and specifically, what role did establishment of a philanthropic nursing service play in the broader issue of health care delivery?

This research seeks to examine these aspects and integrate the findings with the data available from other studies and sources and synthesize this material into an ethnohistorical framework. The findings may be used to analyze, plan for or implement health care delivery systems. The study demonstrates the significance of economic, social and political factors upon the health care delivery system and has as its goal contributing nursing knowledge in the specific area of health care delivery.

Significantly, Teresa Christy in her address at the 15th Annual Stewart Conference on Research in Nursing,
March 1977, at Teachers College Columbia described nursing history as incomplete without the consideration of the same factors:

Nursing history cannot be studied as if it happened in a vacuum; social, economic, cultural, political, and philosophical forces important to the era must be considered.²

Nearly a century before Christy's remarks the historian Frederick Jackson Turner denoted the same factors as contributing to the unique character of Americans. He identified the features of those we determine as living on a frontier.

Thus the advance of the frontier has meant a steady movement away from the influence of Europe, a steady growth of independence on American lines. And to study this advance, the men who grew up under these conditions, and the political, economic, and social results of it, is to study the really American part of our history.³

Most significantly, the matters identified as being important were examined for another reason. As nurses, and particularly as women, it seemed possible that part of what would have been acknowledged more prominently had it been the work of men had not been extensively researched but it had been recorded in detail. Thus, there were data available both about the work of women


and about the accomplishments of women. The reason for the study was even more basic; history helps us understand our present situation better.

Selected Nurse-midwifery History

The history of midwifery and nurse-midwifery has been of recent interest to nursing scholars. Wanda Caroline Hiestand in a dissertation entitled Midwife to Nurse-Midwife: A History. The Development of Nurse-Midwifery Education in the Continental United States to 1965 creditably documented the political and educational issues surrounding educational preparation of lay midwives and nurse-midwives in the United States until 1965. Hiestand's study made use of archival data from, among others, the Maternity Center Association, New York, the National League for Nursing, New York, and

In addition to this increase in scholarly attention, there is attention from the American lay, political and professional public. They express concerns about the spiralling costs of medical care and its inaccessibility to vast segments of the populace. They challenge the fact that the provision of care to populations disadvantaged by virtue of their politics, economics or site of residence is sporadic; they protest the provision of health care through a system that is based solely upon the medical model. Not unrelated is the equally distressing increase in issues of litigation, surgical intervention in a nonsurgical area and the obtaining of liability insurance coverage for nonphysician health care providers.

the National Organization for Public Health Nursing. The addendum to this work contains a chronologically ordered entry entitled: "Major Events Affecting the Development of Education for Midwifery". It will serve not only as a collection of vital information on the history of midwifery and nurse-midwifery education but also as a guidepost that will be available for nursing scholars to utilize in the development of an ongoing analysis of the factors that influenced nurse-midwifery education.

A volume of nursing history that provided extensive data about the status of women and the importance of this relationship to nursing as women's work is Barbara Melosh's book *The Physician's Hand*. In meticulous detail Melosh documented evolutionary stages in nursing. Pertinent to this study of the public health based agency, the Frontier Nursing Service, was the glimpse given in the following quote from *The Physician's Hand* of the significance of the public health movement in America to the profession of nursing:

> The public health movement of the early twentieth century drew its special character and ideology from a range of reform and medical activities, and nurses self-consciously claimed this diverse heritage as their own.  


7Melosh, 115.
Maria Snihurowycz, in a dissertation entitled *The Frontier Nursing Service and Its Antecedents in Public Health Nursing*, presented a concise description of the public health nursing component of the care provided by the Frontier Nursing Service as well as mentioning early public health nursing programs in America. This document grounded the work of the Service solidly within the sphere of public health nursing.

Helen Tirpak's dissertation entitled *The Frontier Nursing Service: An Adventure in the Delivery of Health Care* detailed the work of the Service from its inception to 1971. Tirpak divided these years into the following developmental segments: 1925-1935, 1935-1965 and 1965-1971. This expansive study included deeds to the hospital and the eight nursing centers, copies of records and forms used by the Service and Articles of Incorporation of the Frontier Nursing Service. Tirpak focused on many of the quantifiable activities of the Service and provided tables compiled from Annual Reports of the Frontier Nursing Service containing data on: inoculations, midwifery cases and people for whom

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9 Helen Tirpak, "The Frontier Nursing Service--An Adventure in the Delivery of Health Care" (Ph.D. diss., Univ. of Pittsburgh, 1974).
nursing services were provided. This dissertation will continue to have impact for its depth in presenting details regarding the acquisition of property for Service work and the display of statistics compiled by the Service.

Nancy Dammann, in a book entitled *A Social History of Frontier Nursing Service*, examined the same time period as the Tirpak dissertation but brought the discussion forward another four years by including the work of the years 1971 to 1975. Dammann's work included an extensive bibliography. Dammann is one of the first to use the FNS Oral History Project interviews in her analysis of the work of the Service.

Two other writers, both of whom published their work in *The Register of the Kentucky Historical Society*, made extensive use of the Frontier Nursing Service Oral History Project interviews and were themselves interviewers for the project. Carol Crowe-Carraco's article "Mary Breckinridge and the Frontier Nursing Service" discussed the uniqueness of Frontier Nursing Service as a philanthropy providing health care rather than education. Anne G. Campbell in "Money to the

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Mountains: The Frontier Nursing Service and City Committees" discussed the success of Frontier Nursing Service as a philanthropic organization as being based, in part, upon the effective courier system utilized by Mary Breckinridge. This system introduced upper class young women to the Service and its activities and often led to an individual's lifelong involvement with the Service that was then passed from mother to daughter. The reader is directed to this excellent work for details of the fund raising aspects of the "city committees." Further study of the varied roles of these couriers, both at the time they were couriers and in subsequent years, could contribute valuable knowledge of the voluntary contributions of young women to a health care endeavor. The work of the couriers could serve as comparative data both to the work of young men

12 The couriers were more than messengers, as the title may connote. They were essential in the early years in keeping the horses used by the nurses fit, in escorting staff and visitors and in serving in a vital role of providing a communication link between the centers and the headquarters at Wendover and later between the hospital as well. The courier was often a skilled horsewoman, a lay veterinarian, an ambassador and companion. Later, during the years of the second World War they were responsible, in no small measure, for keeping the hospital running by their willingness to attend patients at a time when there was limited nursing staff.

in philanthropic organizations and to determine the relevance to the funding of the Service in later years.

Opposition to Nurse-Midwifery

In 1927, Sir George Newcomb visited the United States and remarked on the much better maternity mortality rates in his country, England. This he attributed to the utilization of qualified nurse-midwives in England. Use of the nurse-midwife in the United States, however, had never realized the support of the medical community that was present in Europe. To demonstrate that the resistance to midwifery in this country has been consistent two comments made fifty years apart are presented. The first comment that "it was the midwife or nothing" was made by a committee of the Virginia State Medical Society in 1932. It was identical to a quote of Donna Diers made in 1982:

In general, the poor and underserved have not had the choice of midwifery as an alternative to another form of care; it was midwifery or nothing.


15 Louis Reed, Midwives, Chiropodists, and Optometrists (Chicago: Univ. of Chicago, 1932), 19.

Opposition to midwifery was present in the founding days of Frontier Nursing Service despite all the favorable statements, studies and recommendations of committees studying the problems of maternal and child health care. Reed included this statement.

Danger lies in the possibility of attempting to educate the midwife and in licensing her to practice, Dr. Charles E. Zeigler, of the University of Pittsburgh, has declared, for it thereby gives her legal status, which perhaps later cannot be altered. If once she becomes a fixed element in our social and economic system, as she is in the British Isles....we may never be able to get rid of her. She is a menace to the health of the community, an unnecessary evil, a nuisance, and I am opposed to any plan which seeks to give her a permanent place in the practice of medicine.17

Reed commented that he considered the aforementioned view to be an attitude of "indifference and hostility" which could be replaced by a recognition of the necessity for programs of instruction and the need for development of mechanisms for supervision of midwives.18 Yet one wonders if Reed himself experienced, if not hostility and indifference, at least ambivalence as expressed in this statement.

Whether a logical place exists for an educated and highly trained practitioner of the type of the trained midwife of Europe or the midwife-nurse of England is a more contentious question.19

17 Reed, 19.
18 Reed, 19-20.
19 Reed, 20.
Reed included a comment in a footnote about Frontier Nursing Service. His comment was preceded by this lengthy quote, which covered some of the less than altruistic motives for supporting the notion of the use of midwives:

> I believe (states Dr. B.P. Watson, of the College of Physicians and Surgeons of Columbia University) that the maternal mortality in this and in every other country would be very materially reduced if the practice of obstetrics were in the hands of thoroughly trained midwives working in conjunction or with and under the direction of properly trained doctors.

> Or to put it another way, every doctor practicing obstetrics should have associated with him one or more trained midwives who would conduct the delivery of his normal cases.

> I believe that such a system would work out not only to the benefit of the patient, but to the economic advantage of the doctor. To the latter would belong the whole responsibility of prenatal care and the determining of the ability of the patient to go through a normal labor. He would be called upon if any difficulty arose in labor, if any injury required repair, or if any complication arose in the puerperium. He would examine for and correct any abnormality, such as a retroversion, two or three weeks after delivery. This is not theory, it is being worked out in practice. One Scottish doctor informed me that since he conducted his work in this way, he had reduced his operative deliveries to 3 per cent, he has fewer puerperal complications, he has time for reading and attendance at medical meetings, which he never had before, and he is financially better off.20

Reed identified, with an asterisk, a comment referred to in the aforementioned footnote that related

20Reed, 23.
to the work of Frontier Nursing Service. The comment described the early work of the Service:

An example of the program envisaged by Dr. B.P. Watson, though with certain changes made necessary by local conditions, is the Frontier Nursing Service which, under the direction of Mrs. Mary Breckinridge, R.N., provides nursing and obstetrical service in three sparsely settled, backward counties of Kentucky. In its six years of existence the nurse-midwives of this service have delivered 1,818 patients—with but one maternal death. The nurses operate from various 'centers' and reach their patients either by foot or on horseback. They deliver all normal cases, and render the prenatal and postnatal care. In complicated, abnormal cases, a physician is called...The cash income of the inhabitants of this area is estimated to be less than $143 per capita per year. In one contiguous area of three counties served, there live 15,000 people and not one registered physician. The nearest doctor is from six to twenty horseback hours away.21

It is noteworthy that Reed failed to credit the nurse-midwives with the positive statistical outcomes in this unequivocally high risk population. Reed stated that a physician was called in abnormal cases. He failed to state that a physician never saw an uncomplicated patient, that many consultations were by letter and that only patients at great jeopardy were sent either to the hospital or out of the mountains to a consultant in Lexington. Nor did he directly mention that the financial incentive was nonexistent in rural settings. This fact was made explicit by the research

21Reed, 23.
of an individual employed by the Service. Mary B. Willeford, a Frontier Nursing Service nurse-midwife and the first American nurse to earn a doctorate, found while conducting her doctoral research that the "modal money income for 400 families to be $183.53." She made it explicit by the calibre of her work that this area was unequivocally depressed economically.

The concern with and the discussion of the provision of maternal and child health care by nurse-midwives prevailed on both sides of the ocean. Dr. John S. Fairbairn writing in the January 8, 1927 issue of the British Medical Journal described the maternal mortality statistics of the Midwifery Service of the Queen Victoria's Jubilee Institute:

Throughout the years for which figures are available the mortality in the midwives' cases is under half that of the general rate for England and Wales, and its variations diverge little from those of the Registrar-General's returns. The consistently lower mortality rate may be accepted as demonstrating the value of the services of a well-trained corps of midwives in this country and as bearing out the evidence of the lower maternal mortality in those European countries, such as Holland, Italy, and the Scandinavian nations, which have had for

22Mary B. Willeford, Income and Health in Remote Rural Areas (New York: Frontier Nursing Service, 1932), 21-22. This was the doctoral dissertation of one of the staff nurses from FNS. It is a noteworthy piece of work for its scholarly achievement and its emphasis on statistical methods during a period when calculations were laborious. It is a validation of the emphasis placed by Mary Breckinridge upon her staff obtaining further education.
generations a well organized midwifery service. 23

Mrs. Breckinridge was steady in her pursuit of information relating to the effectiveness of nurse-midwifery programs. A letter in the Appalachian Archives on this letterhead Queen's Institute of District Nursing written by its nursing superintendent discussed the statistics of this famous public health nursing and midwifery program.

I will send you a copy of a small report on the work of our midwives during 1927 as soon as we are able to get it out but, meanwhile, perhaps you would like to know that in 1926, in 56,868 confinements, there were 90 deaths, making a rate of 1.5 per 1,000, and that in 1927 in 55,900 confinements there were 73 deaths, making a rate of 1.3 per 1,000. As those are less than half the general maternal death rate, I think they speak well for the work of midwives. 24

Mrs. Breckinridge revealed an early awareness that the nurse-midwives were taking care of all members of the populace. Mary Breckinridge evidenced knowledge of the significance of this information when she discussed the cost of a rural nurse-midwifery service in Great


24A. M. Peterkin, General Superintendent, Letter to Mrs. Breckinridge, 15 May 1928, Mary Breckinridge Papers, Appalachian Archives; Univ. of Kentucky, Lexington.
Britain upon which Frontier Nursing Service\textsuperscript{25} had been modeled.

We are not doing a midwifery service exclusively. Specialization has no place in rural work. We are doing a midwifery service AND a generalized public health nursing service combined, and the costs have to be considered in relation to the whole work and not any part of it, although, of course, we can, when the accountants and statistician have done their job, estimate what proportionate cost is borne by each part.

The Queen's nursing work includes all branches and that is what we are following as our model, and the costs of such service are not excessive, although, of course, always somewhat higher than similar work in cities, because of the amount of time spent in travel.\textsuperscript{26}

The matter of public health in Kentucky received equal attention at this time. The support of Dr. Arthur T. McCormack, who was the first dean of the University of Louisville School of Public Health, was crucial in the establishment of the Service. State and federal programs to treat the ubiquitous diseases of hookworm and trachoma were active. Dr. McCormack supported the establishment of the Service to address the high maternal and infant mortality rates.

Mrs. Breckinridge sagaciously preceded the establishment of the Service by conducting a survey of 

\textsuperscript{25}A the time this letter was written in 1927, the name was Kentucky Committee for Mothers and Babies.

\textsuperscript{26}Mary Breckinridge, Letter to Jessie Carson, 1 Jan. 1927, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
the region. She interviewed local midwives to obtain baseline data regarding the care available to the inhabitants of the area. Whether the decision to conduct the survey was most influenced by her own prior personal and professional experiences or whether by her contacts with the professors, course work and or peers at Teachers College, Columbia University during the years of 1923-4 is a matter of conjecture at this point in time. The survey is included in Appendix B. While widely accepted and quoted as being a useful document regarding the status of midwifery in the specified three county area of eastern Kentucky, the survey did not always receive an understanding reception.

A January, 1931 letter led to conjecture that not all members of the State Board of Health of Kentucky were supportive of the endeavor to provide health care in Leslie County. Mary Breckinridge had anticipated that the survey would find publication through the Kentucky Bureau of Child Hygiene. The controversy surrounding that expectation is reflected in part in these two communications between Mary Breckinridge and Dr. Annie Veech of that state agency. First Dr. Veech is quoted.

Your suggestion, that the report of your observations of the midwife condition in our mountains be published by us, was very unexpected. I told you I would have it printed before I realized it was your intention to broadcast this report. It seems
to me our distressing midwife problem is our own, and does not concern the great public. Our mountain people are hypersensitive - already they have been greatly exploited. I feel much distressed that in the eighteen months our Bureau has been functioning, we have been able to do so little for them, though we have had two workers continuously there for six months of their time, and we already put on several full time health nurses. Broadcasting such a report as yours is like making public, family skeletons or shouting our sorrows on the housetops. I fear in your enthusiasm to be of service, you failed to get this viewpoint. Your report has not yet been sent to our state printer, because he has work ahead for several months. If we have it printed, please understand that I shall consent to it going out only to those few who would understand and know how to help...27

There must have been a great deal of personal hurt in all of this controversy. Mrs. Breckinridge, however, seemed undaunted. It appeared she had become by this time single minded in her approach to establishing a nurse-midwifery service in Kentucky. To have the lack of support of the State Board of Health was disturbing enough but this was made more so by Dr. Veech's acted upon threat of direct interference. By this time Mary had determined that her plan would be initiated and her determination was clearly reflected in her reply. Breckinridge said she would print the survey herself. She seemed particularly sensitive regarding

27 Annie Veech, Letter to Mary Breckinridge, 31 Oct. 1923, Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
the matter of 'exploitation' and responded directly to that. The response from Mary Breckinridge follows.

...as to the report of my recent investigations. I wanted the Bureau of Child Hygiene of Kentucky to have the credit of that--although I personally financed it as you know. But there again if you, in the capacity of Director of this Bureau, do not want to appear as having sponsored an investigation into the midwifery conditions of the state then you shall not be embarrassed. Not for one moment. In reply to your inquiry let me add that I do not, under these circumstances, wish the report issued by the state printer. It would be unsuitable. I shall arrange for the printing of it personally--and leave out all connection with your bureau--so that you shall be left entirely free. I hope that it will reach as many as possible of the people who are racking their brains over similar questions--but the distribution will not be 'broadcast'. In fact, who would ever read such a report who was not already interested in maternal problems?

...as to 'exploitation' of our mountain people. The problems of midwifery in America is not peculiar to the Kentucky mountains--or even to the similar sections of the Appalachian range with its five million people. The question is therefore not a local one--and it can never be solved, and our shameful maternal and infant death rate lowered, if each section treats it as its own peculiar 'family skeleton'. Never fear that I shall exploit any section of my country, less the South, least of all Kentucky--with whose welfare my family have not been altogether unconcerned in the past, and are not now unconnected.28

The difficulty of establishing a Service during such a time of controversy regarding the role of the trained midwife must have been extraordinary.

28Mary Breckinridge, Letter to Annie Veech, 14 Nov. 1923, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
Compounding the difficulty of the situation was the obvious lack of support of the highest physician in the Division of Child Hygiene, Dr. Annie Veech. Dr. Veech was concerned that deleterious information that might affect the image of the state of Kentucky must be restricted.

Mary Breckinridge's distress over any adverse publicity related to the Service lasted throughout her life. The concern about the appearance of adverse statements seemed justified in the face of the aforementioned confrontation. It was evident that Mary Breckinridge was quite concerned three years later in this 1926 letter:

My attention has been called to a notice in an evening paper which appeared about ten days ago, here in New York, and is so worded as to read like an interview with me...

We are acting here upon the same principle as we follow in Kentucky, namely that publicity at this time is not advantageous and may be harmful. I am in New York to get money for my work in Leslie County, from among my friends and the friends of my friends. But I am speaking entirely among private groups and no reporter has ever been admitted to a single meeting. I know that you will approve this policy, and I am all the more grieved that in spite of it, at least one vulgarly worded and inaccurate description has found its way into the Press.²⁹

²⁹Mary Breckinridge, Letter to Dr. Arthur McCormack, 21 Jan. 1926, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
The profundity of the vision of health care for mothers and babies held by Mrs. Breckinridge seemed to have permitted her to proceed undeterred in the founding of Frontier Nursing Service.

While support from Dr. Veech may have been difficult, it seemed to have been consistent from Dr. A. T. McCormack, the State Health Officer. Not only are letters in the Appalachian Archives supportive of the work in Leslie county but also he provided a letter of introduction when the Ozarks survey was being undertaken in 1930 by Frontier Nursing Service. He wrote using his title as Secretary of the Kentucky State Medical Association to the Secretary of the Missouri State Medical Association:

A letter just received from my friend, Mrs. Mary Breckinridge, the Director of the Frontier Nursing Service, informs me that she is to attend the meeting of your Council shortly to discuss a survey of certain regions of the Ozarks, with the idea of extending the work she is doing in the mountainous sections of Kentucky to that region...

Mrs. Breckinridge has cooperated in every possible way with the medical profession. I know it is unnecessary to commend her personally to you further than to say that she is a member of the family which has contributed notably to the history of your State and Arkansas, as well as Kentucky. She is absolutely dependable and one of the most capable, self-sacrificing public servants I have ever known.30

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30 Dr. A.T. McCormack, Letter to Dr. Edward J. Goodwin, M.D., 14 October 1930, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
This survey made at the request of the St. Louis Committee of Frontier Nursing Service was mentioned in The Quarterly Bulletin of the Frontier Nursing Service:

Miss Peacock, Miss Willeford, and Miss Duvall returned in December from the Ozarks, having spent two and a half months there making a survey of seven counties: three in Northern Arkansas, and four in Southern Missouri. Reports on the survey are now being completed.31

Another survey conducted by Frontier Nursing Service staff was made of numerous reservations in the Southwest in anticipation of the arrival of two American Indian registered nurses who were to obtain training as nurse-midwives and return to work in the Indian Service in Wyoming and Nevada.32 It is likely that the Service was asked to conduct the survey, in part because of her father's previous political assignments. As mentioned in Chapter 2 he served both as a Commissioner to the Five Civilized Tribes and on the Dawes Commission. The survey conducted by Frontier Nursing Service has this foreword:

This report does not cover the actual study made for the Indian Bureau and sent to Commissioner Collier. The complete study which we have neither the authorization nor the space to print in full was made with a twofold purpose in mind. First: to enable the Frontier Nursing Service to plan a year's...


graduate work in midwifery and remotely rural techniques for two Indian graduate nurses, with some knowledge of the reservations where they would ultimately be placed; and second: in order to help the Indian Bureau to integrate the work of these and other Indian nurses (who may later be similarly equipped) with their general medical and nursing program.\textsuperscript{33}

To obtain a representation of the position of midwifery in the United States in the 1920s and 1930s a volume of the time was closely surveyed. Louis Reed in *Midwives, Chiropodists, and Optometrists: Their Place in Medical Care* discussed the status of these three groups of nonphysician health care practitioners in 1932. Reed reflected the uncertain support expressed by analysts of the times when he discussed the utilization of practitioners of nurse-midwifery. The position commonly stated was that health care was lacking in rural areas and was unavailable or difficult to obtain for the lower socioeconomic classes. Ambivalence was typified even by writers who acknowledged the problem and who pointed out the maldistribution of health resources in one statement and who later stated or inferred that nonphysician health care providers were not desirable. The fact that this ambivalence persisted over a long time regarding the profession is a

certainty. Reed expressed his general feeling toward the position of midwives, chiropodists, and optometrists:

Existing as they do in response to a demand for services which physicians are either unable or unwilling to perform at equivalent fees, these secondary practitioners at present play a necessary and legitimate part in medical care. 34

Reed was generally supportive of the utilization of nurse-midwives and trained midwives. One is led to speculate this may have been, at least in part, because neither nurse-midwives nor midwives posed a significant economic threat to physicians in any segment of the country; therefore nurse-midwives were viewed less apprehensively than the other groups of nonphysician health care providers. Speaking specifically about midwives Reed wrote:

Though the aggregate amount spent for midwives' services is relatively small, the group is important because of the nature of the care it renders. 35

Reed hastened to add that utilization of midwives, while it posed no present economic peril, was less favored than that of physician care.

Regarded as a temporary stop-gap until that time when all obstetrical patients would be delivered by physicians, the midwife has until comparatively recently been left to go her way...Lacking education and training,

34 Reed, 1.
35 Reed, 2.
American midwives as a group do not possess professional or even quasi-professional status.36

The training of midwives was of concern not only to health reformers but also to health providers of the period. The Committee on Prenatal and Maternal Care of the White House Conference on Child Health and Protection gave the following recommendations:

Recognized institutions for the training of midwives, which would assure preliminary education and proper training, must be established if present conditions are to be permanently improved. The establishment of such institutions is a local responsibility. They should be located in sections needing the services of midwives and where they will not conflict with the obstetric teaching work of medical schools. It is felt that midwives trained in or near their own communities will be more likely to stay in those communities where their services are needed.

Inasmuch as the need for midwives seems greatest in those communities having a large colored population, it would seem wise to establish institutions for the proper training of colored midwives in the South where a wealth of controllable clinical material is available.

There should be provision for postgraduate courses for keeping midwives up-to-date.37

One must question what motivated the aforementioned concern regarding the training of midwives. Was it that the standard of care provided by these

36Reed, 2-3.

practitioners was substandard or were there other interests? Was it the generic issue of opposition on the basis of economics? Was there protection of a populace for medical students and medical practitioners to consider? Was there racism as reflected in the comments saying the need is greatest in areas with "colored" populations? Rarely have populations receiving the care of a midwife been affluent. 38

Reed seemed more of an advocate of the utilization of trained midwives when he wrote of the following:

In Philadelphia, a midwife must have received a suitable course of training in an approved school before she is allowed to practice. Close contact with her is maintained by the bureau. Four midwife inspectors, physicians with special training in obstetrics, instruct and supervise all midwives. Each midwife must send to her inspector a report on each case written 48 hours after the delivery, and the inspector subsequently visits the case within a few days. If complications appear, the midwife must call a physician. The results achieved under this system of supervision have been excellent. In 51,693 deliveries there have been only 62 deaths, a little more than 1 per thousand. 39

38 Individual answers to these questions are avoided by this researcher, in part, because these are concerns that recur unto this day when the topic of nurse-midwifery education and utilization in the United States is discussed but primarily because this research is focused upon examining how one woman achieved the introduction of nurse-midwifery into the United States. While this research does not seek to address more generic issues regarding the opposition to nurse-midwifery, future research exploring these issues would vastly augment the body of nursing knowledge.

39 Reed, 15.
As is often encountered when reading about nurse-midwifery statistics today, Reed hesitated to completely credit the midwives. Reed did this by identifying the population the midwives served as being lower risk than that cared for by physicians. Based upon the locale of the midwives and the populations which utilized their services there is a high degree of probability that some of the patients delivered by midwives were indeed as high risk as those whom the physicians delivered.\(^4^0\) The asterisk relates to that used by Reed in the above quote.

*In considering this low mortality rate, it should be remembered that these midwives, because of legal and other factors, attend selected groups of cases, i.e., normal, uncomplicated deliveries and less than the normal quota of primipara.\(^4^1\)

This issue of midwives accruing better statistics because their patients were from a lower risk population will be discussed in greater depth in relation to the population of Frontier Nursing Service when discussing the work of the Service.

There was controversy at this very time over the matter of regulation of midwives. Two articles from the era are cited. Anna Rude wrote in a 1923 article:

\(^4^0\)In point of fact, the similarity makes it necessary for one to be reminded that the quote was written in 1932 rather than very recently.

\(^4^1\)Reed, 15.
While existing legislation gives the midwife recognition but controls her ineffectually, if at all, the problem still to be solved is whether adequate provision shall be made for medical attendance at every confinement and the midwife abolished, or whether midwives shall be trained and practice under strict supervision and control. Obviously there is no point in eliminating even the untrained midwife without making qualified substitutes available.42

In another article appearing in JAMA six years later there seemed little acknowledgement of Dr. Rude's cautionary note that the midwife not be removed until there was a suitable substitute.

An investigation made by the health commissioner indicates that the midwife is gradually passing...The decrease appears to be partly the result of restricting immigration, as only patients of foreign extraction desire the service of a midwife...

The need for midwives has passed, the commissioner concluded. The people of New York must be encouraged to demand a higher type of service which will mean greater protection to the mothers and babies.43

The controversy over the use of the trained midwife encompassed decades as has the debate over the use of nurse-midwives.

The American Social Context: The 1920s

The philanthropic endeavors of Americans have puzzled not only themselves but visitors as well.


Perhaps the best known and conceptualized of these statements was made by Alexis de Tocqueville during his visit to America in the first third of the nineteenth century.

These Americans are the most peculiar people in the world. You'll not believe it when I tell you how they behave. In a local community in their country a citizen may conceive of some need which is not being met. What does he do? He goes across the street and discusses it with his neighbor. Then what happens? A committee comes into existence and then the committee begins functioning on behalf of that need, and you won't believe this but it's true. All of this is done without reference to any bureaucrat. All of this is done by the private citizens on their own initiative.

Americans of all ages, all conditions, and all dispositions consistently form associations...to give entertainments, to found seminaries, to build inns, to construct churches, to diffuse books, to send missionaries to the Antipodes....

The health of a democratic society may be measured by the quality of functions performed by private citizens.44

The American emphasis on philanthropy has evolved in various forms, influenced by social needs and, at times, by political forces. An important fact, however, is the dearth of women considered as founders of a foundation or large organization. An example of this surfaces in a table in Philanthropy's Role in Civilization which shows that during the time Frontier Nursing Service was studied seventeen foundations were

begun with only three of the founders listed as female.\textsuperscript{45}

Since the turn of the century, in America, there had been interest in the delivery of health care to rural populations. Factors present then remain as problems that must be considered even today when designing care for rural areas; factors such as the high incidence of chronic illness and incapacitation and the high infant mortality that often occur in rural populations. The crisis dimensions of health care in the 1920s, as in the 1980s, are exemplified by high maternal and infant mortality rates in the United States and by the difficulty many high risk groups have in gaining access to prenatal, intraconceptual care and wellness care. Maternal mortality and infant neonatal mortality rates are sensitive indicators of the economy and the state of health care of a population in any decade, the 1980s as in the 1920s.

Herbert Hoover, in 1929, instructed a Presidential Commission to prepare a report for the purposes of formulation of national policies. The result was the book \textit{Recent Social Trends in the United States}, published in 1932.\textsuperscript{46} This massive work clearly

\textsuperscript{45}Marts, 147-148.

\textsuperscript{46}Recent Social Trends in the United States (New York: McGraw-Hill, 1933), xxix.
documented the crises in the system of immigration that favored certain nationalities and discriminated against others, in maldistribution of income, services, industrial and economic development, "the terror of unemployment" and the inequalities in living between rural and urban sectors.

The following quotes from Recent Social Trends in the United States were chosen not only for their portrayal of life in America at the time of the founding of Frontier Nursing Service, but also for comparison with factors impinging upon aspects of health care planning today. Those who are health care consumers and planners as well as those who make laws related to health care seem faced confronted with comparable situations.

The Problem of Economic Balance.--In the halcyon days of 1925-1929, there were many who believed that business cycles had been 'ironed out' in this favored land. Everyone now realizes that we have been suffering one of the severest depressions in our national history...

Reflection upon this range of ideas leads to more fundamental issues. The basic feature of our present economic organization is that

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47 Recent Social Trends, xxiv.
48 Recent Social Trends, xxix.
49 Recent Social Trends, xxxvi.
50 Recent Social Trends, xl.
51 Recent Social Trends, xxix.
we get our living by making and spending money incomes. This practice offers prizes to those who have skill at money making; it imposes penalties on those who lack the ability or the character to render services for which others are willing to pay...52

Labor in Society.--Death rates are still much higher in the lower income groups than in others. Until a point is reached where the death rate does not vary according to income, it seems paradoxical to claim that wage earners are receiving a living wage....53

Rural Trends and Problems.--The plane of living in many far outlying rural sections has been but slightly affected by recent improvements...The idea of a national minimum standard--in health, in education, in culture as well as in income--below which citizens should not be allowed to fall is applicable to localities as well as to individuals.54

An issue being examined during this time was the emerging sense of social responsibility concerning access to education and health care in particular. After all, one of the fundamental concepts upon which the United States had been founded was the equality of all members of the populace. By the time of the mid-twenties it was blatantly apparent that equality occurred in name only. This awareness was responsible, in part, for the increase in the number of federally and state funded programs to address the needs of specific

52Recent Social Trends, xxx.
53Recent Social Trends, xxxv.
54Recent Social Trends, xl.
segments of the population. It led, too, to an examination of the social components of health care.

The awareness in modern times that medicine is, by and large, a matter involving social interaction was not made acceptable until a noted medical sociologist, Henry E. Sigerist, presented a paper entitled "The Place of the Physician in Modern Society" to the American Philosophical Society, April 18, 1946. In this paper Sigerist stated:

> From a private relationship between two individuals, medicine is rapidly becoming a social institution. It is one link in a great chain of social welfare institutions. Medicine, usually regarded as a natural science, actually is a social science because its goal is social. Its primary target must be to keep individuals adjusted to their environment as useful members of society, or to readjust them when they have dropped out as a result of illness. In combatting disease the physician uses methods of the natural sciences every day, but to a social end.\(^5^5\)

Peter C. Morley denoted this same relationship in *The Social Logic of Health*.

> The really fundamental sine qua non of medicine in both traditional and modern industrial societies is that it is a social phenomenon and can only be fully understood as such.\(^5^6\)

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Sigerist spoke before the Milbank Fund in 1934, and anticipated that socialization of medical care would soon be a reality. He stated, "The modern state has recognized the conservation and maintenance of public health as a primary function of the government."\(^{57}\) He predicated this belief upon the enactment of the Federal Emergency Relief Administration in 1933. In fact, national access to health care did not occur in any major government sponsored form until the passage of Medicare legislation in the 1960s.

The literature reviewed here and in specific portions of the investigation helped frame the questions posed by this research. The historical texts examined provided the data that indicated that midwives were perceived as second class providers of care by the professional establishment. This was in spite of the fact that the care of the midwife was documented to be as effective as that of the medical establishment and often was better. Additionally, the response of philanthropy to this situation has present ramifications when there is political motivation and rhetoric that calls for "volunteerism" to address many present social ills. Volunteerism seemed in this context to have origins of historical roots in philanthropy. Lastly, the effect of philanthropy on long term health care

\(^{57}\)Sigerist, 26.
needs will be addressed by this research. Then, as now, philanthropy will be viewed as insufficient to address issues basic to human survival that are predicated upon social, economic and political exigencies.
CHAPTER 2

MARY BRECKINRIDGE: THE EARLY YEARS

Mary Breckinridge was born in 1881 into a wealthy,\(^1\) socially prominent Southern family. Her
great great grandfather was a U.S. Senator from Kentucky
and subsequently Attorney General in the cabinet of
President Thomas Jefferson. Her grandfather
Breckinridge, after a meteoric rise, had been elected as
the youngest Vice President of the United States.\(^2\)
Kentucky, perhaps, had been kindest to the
Breckinridge's but Mary's immediate family on the
Breckinridge side had lived and served others world­
wide. Her youthful days were spent in her father's
households in Washington, D.C. while he was a
Congressman and businessman; in St. Petersburg, Russia
while he was the United States Minister; and in Arkansas

\(^1\)This is one matter of relativity. By the
standards of most the family would have been considered
wealthy but Mary Breckinridge's immediate family often
was financially strained. She alluded to this in her
autobiography when making mention of a move made by the
family during their years in Washington, D.C. as likely
to have been necessitated by financial reasons. During
her father's years in Russia as U.S. Minister, it was
necessary for one of the Lees' relatives to lend them
money to finance the activities of the Mission.

\(^2\)Stephen Hess, America's Political Dynasties from
Adams to Kennedy (Garden City, N.Y.: 1966), 239-271.
in her early years, later on family visits and when her father accepted an appointment from President McKinley to be a member of the Commission to the Five Civilized Tribes in the old Indian Territory, now known as Oklahoma.

Her father was identified by James Willis in "An Arkansan in St. Petersburg: Clifton Rodes Breckinridge, Minister to Russia, 1894-1897" as "one of the ablest American diplomats of his era". While often referred to as Colonel Breckinridge in the volume Arkansas and Its People, Clifton Breckinridge was hailed for his fairness during campaigning successfully for Congress from Arkansas while "sometimes sharing...with him [his opponent] both room and bed, and not one unpleasant incident...to disturb their relations". Additionally he was noted as being "among other lawyers who have borne the portfolio of the American Government in foreign courts." He was active in domestic affairs as well and served on the Dawes' Commission.

Called Major Clifton R. Breckinridge in an article titled "Breckinridge: An Arkansan at the Court of the


5Thomas, 534.
Tsar," he was cited for his major activities during his three years at President Cleveland's appointed Minister to Russia. Breckinridge dealt with the problems of running a small embassy and the following specific problems:

...several problems arising from the condition of the Jews in Russia...the arrest of American sealers on Robben Island; the right of foreigners to own real estate and to do business in Russia; and the right of asylum for missionaries on Russian soil.6

The Breckinridge family seems always to have had a more influential name than bank balance. This incongruity is not uncommon and the Breckinridge's always were careful with money, both their own and those they managed for others. The matter of the family financial status was best adjudged from a magazine article written towards the end of his years of tenure in Washington, D. C. while serving as a U. S. Congressman from Arkansas.

In 1870 he went from college to Arkansas, and became a cotton-planter and a commission merchant. He lived at Pine Bluff, and there for thirteen years he was a respected citizen and merchant. Probably he was fairly prosperous, for he is a careful and prudent man; but fortunes were not made in Arkansas by cotton-planters and commission merchants in those thirteen years, and it is evident that Mr. Breckinridge is not rich. Outwardly his life has no more comforts, certainly no more luxuries, than those enjoyed by a department

6Dorsey D. Jones, "Breckinridge: An Arkansan at the Court of the Tsar," Arkansas Historical Quarterly 1, no. 3 (September, 1942): 194.
clerk who is in receipt of from $1200 to $1800 a year. He lives in a small house in an unfashionable quarter of the city. He is educating his children, and he is devoting himself to his public duties. He has rigid Puritanic virtues, industry, economy, and integrity, but he is not afflicted with Puritanic uncharitableness.

To learn of the early influences upon Mary Breckinridge it was necessary to rely almost exclusively upon her autobiography for in her later years she destroyed her personal papers and diaries. There was the implication from her autobiography that she experienced an uncomplicated life of social and educational advantage with summers spent in Canada, happy experiences in boarding schools in Europe and the United States and a warm, devoted nuclear and extended family. She was active in visiting relatives, in riding horse and participating in the activities of a large family. Yet, as a twenty year old she wrote:

Much as I loved my people and much as I enjoyed the life I led...I chafed at the


8Only a few of the personal papers remain in the collection of her papers housed at the Appalachian Archives at the University of Kentucky.

9Personal papers that do remain in the collection at the Appalachian Archives implicate that despite the appearance of fulfillment that there was a longing for devotion of a spiritual or giving nature.
complete lack of purpose in the things I was allowed to do.\textsuperscript{10}

It is unlikely that Mary Breckinridge was alone in her feelings. This was an unusual time in American history. Harold Faulkner described the time period in American history clearly.

At the turn of the century, however, conspicuous waste and conspicuous leisure were more obvious than at any other time in American history. Extravagance was tasteless, blatant, and unremitting.\textsuperscript{11}

Mary's parents, in particular her father, bore scars of the Civil War. It was possible that to his generation this was a period of comfort, of almost acceptance. Because of the great privation so many had endured during the 1860s what may have seemed boring and aimless to the young may have been deemed blessed relief by their elders. That coupled with the belief of her mother of the negative influence of education upon the life of a woman led to disapproval of collegiate education as an avenue of self-attainment for Mary.

She begged her mother's permission to attend a summer session at the University of Tennessee and found the intellectual stimulation there that had been lacking her life. This was a brief respite from the

\textsuperscript{10}Mary Breckinridge, Wide Neighborhoods (Louisville, Kentucky: Univ. of Kentucky Press, 1981), 45.

above described daily feeling of lack of purposefulness.

As the seasons of my aimless girlhood passed, I tried to effect a reconciliation between the life I longed to live and the life allowed me.\textsuperscript{12}

Shortly after this period she married. The brief marriage, which she described as totally happy, ended in widowhood and it was to be five years before she remarried.

Nursing as a career never attracted Mary at any time in her girlhood, though she described a realization of not being fitted to be of service to anyone.\textsuperscript{13} She knew that nursing could provide the background to acquire skills that would enable her to be of use to people.\textsuperscript{14} After consulting a physician who was a family friend she entered nurse's training at St. Luke's Hospital in New York.

In 1910 after completing the three year course and state examinations, she returned at her mother's request to Arkansas to help with family duties. There Mary met and married Richard Thompson, her second husband, the father of both her children Breckie and Polly and the president of Crescent College, a small girls junior college in Eureka Springs, Arkansas. This tiny mountain

\textsuperscript{12}Brekinridge, \textit{Wide Neighborhoods}, 46.
\textsuperscript{13}Brekinridge, \textit{Wide Neighborhoods}, 51.
\textsuperscript{14}Brekinridge, \textit{Wide Neighborhoods}, 52.
resort community became the locale not only of her motherhood but also of her active involvement in the affairs of the college and in the Arkansas Red Cross nursing organization and related public health activities.

Her first child was "Breckie," an adored son who flourished until his sudden death at age four. The second, a daughter Polly, was born prematurely and lived only six hours. Very shortly after her son's death she wrote a book titled Breckie about the life of her young son Breckinridge Thompson who died from peritonitis and that included mention of her thoughts on the brief six hour life of her premature daughter, Polly. Tragically, this woman whose actions were to save the lives of so many mothers and babies suffered the loss of her own two children. It convinced her of her membership in the society of other mothers who had suffered losses. She eventually translated these

15Among the Mary Breckinridge papers at the Appalachian Archives is the privately published volume entitled Breckie, which she wrote shortly after the death of this beloved son. In it she meticulously described the "scientific" upbringing of her son, alluded to her plans for his "greatness," and described his death as that of a "good soldier." She shared her feelings surrounding the loss of her six hour old daughter, Polly, and conveyed the attachment a Mother can develop to an unborn child. It is a human, wrenching story and yet conveys the powerful courage of a woman, a mother, who endured during this time of loss.

16Mary Breckinridge Thompson, Breckie: His First Four Years (N.p.: n.p., 1918).
feelings into what she described as "spiritual motherhood." This she distinguished as being demonstrated in caring for children who do not die, in loving children enough not to hold them to oneself and having as a goal to set them free as unique individuals. Following their deaths she wrote:

"There is work to be done—the work which seeks to raise the status of childhood everywhere, so that finally from pole to pole of this planet all of the little ones come into that health and happiness which is their due."

The time in Eureka Springs, Arkansas was fulfilling from the point of motherhood and from her contribution to the college and her involvement with the Red Cross. A bulletin published in July 1918 outlined a course in Child Welfare offered to students at Cresent College. This bulletin must be considered because of its merit for future research is the matter of determining the significance of another event. Within a decade of Mary Breckinridge's death a communal group in a neighboring state published a book entitled Spiritual Midwifery. In all likelihood neither the group nor those associated with Frontier Nursing Service would choose to acknowledge similarities in ideologies but this researcher suspects that at a number of points congruence of ideologies among the two organizations might be found. Examination of two nonreligious, nonprofit private organizations which share a component of providing health care would further the body of knowledge of private health care delivery in this country. Such information is presently limited and undeniably has been undervalued in research related to health care delivery.

17 Of merit for future research is the matter of determining the significance of another event. Within a decade of Mary Breckinridge's death a communal group in a neighboring state published a book entitled Spiritual Midwifery. In all likelihood neither the group nor those associated with Frontier Nursing Service would choose to acknowledge similarities in ideologies but this researcher suspects that at a number of points congruence of ideologies among the two organizations might be found. Examination of two nonreligious, nonprofit private organizations which share a component of providing health care would further the body of knowledge of private health care delivery in this country. Such information is presently limited and undeniably has been undervalued in research related to health care delivery.

18 Breckinridge, Wide Neighborhoods, 66.

19 Breckinridge, Wide Neighborhoods, 74.
pertinence to the work of Breckinridge for it gave an introduction to her ideology of health care that was fully translated into action with the founding of Frontier Nursing Service almost a decade later. The bulletin delineated a two year course of training and described student visiting in homes planned so observation could be made of the instruction that mothers received. The inception of this program was related to the Children's Bureau observation of Baby Week. A letter from Julia Lathrop, Chief of the Children's Bureau, is quoted from the Cresent College bulletin:

I read the report of your Child Welfare course with great appreciation and I heartily wish that such work could be put into every school for young women in this country.20

The Cresent College bulletin introduced a concept that was to be cardinal to Mary's work at Frontier Nursing Service. Here appeared the first reference made by her to the significance she placed upon a connection she made with the frontier, that of pioneering. The points of emphasis in the bulletin closely paralleled those appearing in public health publications of the time and would eventually appear in articles in the Quarterly Bulletin of the Frontier

20Cresent College Bulletin (Eureka Springs, Arkansas: Cresent College, 1918), 1.
Nursing Service.\textsuperscript{21} If one did not know that this excerpt appeared in the Cresent College bulletin it would sound as if it were from the Frontier Nursing Service Quarterly Bulletin or other Frontier Nursing Service literature relating the work of the Service. The segment below alluded to the emphasis Breckinridge placed on pragmatism; the fact that the program was workable and got results. Her philosophy was reflected in the following excerpt from the bulletin:

\begin{quote}
Our claim is but that of all pioneers—\textquoteright{}that we have made a beginning, have marked out and followed a workable program and have gotten results.\textsuperscript{22}
\end{quote}

Additionally this Cresent College bulletin offered statements that expressed the views of Mary Breckinridge about the role of motherhood much as she discussed it in the book Breckie. The following quote by Mary Breckinridge from the Cresent College bulletin was made in 1918.

\begin{quote}
Several [students] are marrying this year and these will perhaps appreciate their preparation the most of them all. If some of our little citizens of the coming generation find their march through life's early years a less experimental and painful process than it has been from the dawn of history to nearly all children everywhere, we shall feel that our course in Child Welfare has justified itself a thousand fold.\textsuperscript{23}
\end{quote}

\textsuperscript{21}This publication will hereafter be referred to as the FNSQB.
\textsuperscript{22}\textit{Crescent College Bulletin}, 1.
\textsuperscript{23}\textit{Crescent College Bulletin}, 1.
A marriage that was less than gratifying and worries about money were also part of the experience of life in Eureka Springs. The isolation of the area was reduced by the frequent presence of her parents visiting from nearby Fort Smith, Arkansas but the isolation was a formidable factor for someone so used to a busier world. Mary remained active in the public health scene in the state of Arkansas. The influence of this commitment was seen when reading the materials she kept in her papers. Less than five years after this bulletin was written, Breckinridge offered additional insights into her conceptualization of public health nursing through having chosen the following article to save among her personal papers. The article she saved not only addressed the development of the nursing care delivery system that she helped administer for the Red Cross in France but also reviewed a training program offered in England for public health nurses that began in 1920. The training was portrayed in the following quotes from the article "The International Course of Training for Public Health Nurses" in The British Journal of Nursing.

...when the League of Red Cross Societies was founded it was decided that, of all things in connection with its aims, the most necessary was a greater knowledge of the art of nursing in those countries where it was practically non-existent. It was therefore decided to found an International Course of Training for Public Health Nurses, and
England was selected as the country in which it should be carried out. The present was the second course. The first year the course was taken by 18 students from 17 countries, this year there were 12 students from 12 countries...\textsuperscript{24}

The experience she had later with the Red Cross nursing system in France had many components that were translated to the program of health care delivery implemented by Mrs. Breckinridge in Kentucky. Transposed also were some of the more philosophical aspects of the training. These are explicated by a Professor Gunn who addressed the graduates of the aforementioned public health nursing course and who stated:

> When they began to study numerous diseases from the Public Health view, they found they were very largely due to social and economic conditions, and it was necessary to base propaganda concerning their causes on an educational campaign. Thus was developed the great need for women engaged in Public Health Nursing.\textsuperscript{25}

That these views sound like many advanced today was further confirmed by Professor Gunn in his remarks, which described the idealism he proposed as required of these young women and of their good fortune in being able to serve others. Professor Gunn (1920) said.


\textsuperscript{25}"The International Course of Training," 38.
...you have a very wonderful and extraordinary opportunity of being pioneers. What a difficult thing it is to be pioneers, but what a glorious thing it is to be successful pioneers.26

Even the difficulties of which the graduates were forewarned by Dr. Gunn were to be overcome by the nurses commitment to idealism. It sounded much like an exhortation to a group known to be about to face a formidable foe:

They included opposition from a part of the medical profession, apathy on the part of Governments, and indifference on the part of the public, but they would find these could be overcome, as they had been in other countries.27

The mention of this obscure fact of the emphasis upon idealism is included both because Frontier Nursing Service employees have been portrayed in like fashion and some modern health planners continue to select individuals for educational programs or employment based on this notion.28,29 In Chapter 7, the significance of

26"The International Course of Training," 38.

27"The International Course of Training," 38.

28John H. Finley, Editor, New York Times is quoted in the FNSOB Spring, 1931, Vol. VI, No. 4, p. 3, "It is the women and children of the frontier who suffer most from the lack of woman's nursing, and it is the outstanding work of Frontier Nursing Service, Inc., to go to them with their ministries of mercy and healing. It is incidentally a service of angelic adventure."

29Quincy George, interview with author, 10 July 1984.
this emphasis upon idealism to the profession of nursing will be discussed.

The Work in France

Mary Breckinridge made two changes quite uncommon for a woman of her times following the deaths of her two children. First, she divorced her husband, a highly unusual event in the early 1900s and resumed her maiden name and she claimed Kentucky as her home state though she had infrequently resided there. She had planned to work for the war effort but peace was declared. She lectured for the Children's Bureau and after some delay went to work as a nurse for the Red Cross in post-World War I France. There she felt she could be of use to children. She wrote:

In France I felt, as I was to feel later in the Kentucky mountains, that a program for children should begin before the children are born and should place special emphasis on the first six years of life.\(^{30}\)

Mary Breckinridge's approach to the French people was instructive for its relationship to the later work in Kentucky. It avoided the condescension and manipulation present in many social programs. The following quote demonstrated how she approached her work.

I believe that the best asset I bring to my work here is not my training and

experience, although I couldn't do the work without them, but the fact that I can and do appreciate the appeal of the people themselves, that I love and admire them and realize they are worth saving. The world needs France. 31

Her method of valuing the local populace was apparent when later founding the Frontier Nursing Service. In fact, the above statement could be reworded, substituting for France the word Kentucky, and still retain its accuracy. Her own thoughts of work she could accomplish in the United States she described as being in the process of formulation during this period.

The work with the American Committee for Devastated France encompassed more than health care delivery though the devotion with which the nurses fought disease and death was deemed remarkable by Breckinridge. The work included reestablishing agriculture, forming groups of boys scouts and establishing rehabilitation efforts. 32 The work in France culminated in the decision by Mary Breckinridge that direct work with little children was her source of health, enthusiasm and happiness. 33

One of the essential preparatory elements in the development of the Frontier Nursing Service was formulated in France.

31Breckinridge, Wide Neighborhoods, 90.
32Breckinridge, Wide Neighborhoods, 105.
33Breckinridge, Wide Neighborhoods, 100, 102.
I learned then that it is wise to begin small, take root, and then grow. I also formed a habit, indispensable in new undertakings, of learning all I could about native customs so that new things could be grafted on the old. Finally, I gained respect for facts—old and new—with the knowledge that change is not brought about by theories.34

In France she encountered English women who had training both as nurses and as midwives. Breckinridge determined the nurse-midwife was the care-giver the young child in rural America could benefit from the most. Breckinridge's philosophy of giving care to the unborn, care through the peril of delivery and care during the critical first six years of life she envisioned as best addressed by the nurse-midwife.

When she returned from France, she took courses in education, psychology and nursing at Teachers College, Columbia University in New York. Two papers she wrote for a course in education remain among her papers. One paper entitled "Program of work in organizing a Nursing System in a rural section of the Devastated Areas in France—described in terms of Geographical, Historical, Racial, Industrial and Economic Forces" had this comment handwritten by her professor, "I mark this A since I have not the honor to confer a Distinguished Service Medal." The second titled "Description of a Rural Community Known to me" was marked by the

Professor, "A. Could not be improved in the space allowed."35

She spent the summer following this course work in Kentucky before she embarked upon the journey to England and her studies in midwifery. During that summer of 1923 Mary Breckinridge completed a survey of the midwifery in the eastern Kentucky mountains.36

The study she made of the Scottish Highland and Islands Medical and Nursing Service in 1924 occurred following completion of her midwifery studies in England. She credited this deeply creative experience as being responsible for the evolution of the Frontier Nursing Service in its form. The "combination of social, economic and geographic difficulties characteristic of remotely rural areas" was found both in the mountains of eastern Kentucky and in the Scottish

35Both papers are included in Appendices A and B. The former is presented for its description of the work in France and to demonstrate its influence upon Breckinridge soon after her return. The latter is included because it presents aspects of her childhood not discussed in other of her writings. Two additional writings by Breckinridge that are found in the Breckinridge Papers at the University of Kentucky are notable for portraying events of her childhood and young womanhood. Both were submitted for publication during a time of financial need for the Service; both were rejected for publication. Breckinridge, in her ever pragmatic way, used one rejection letter as the format to respond to the second rejection letter. The two articles are: A Paper Doll Book and Organdie and Mull.

36The entire account of this survey appears in Appendix B.
Highlands. Frontier Nursing Service is located in a remote, mountainous area in southeastern, Kentucky. When the Service was founded in 1925 there were no roads within fifty miles of Hyden, the county seat. There were no paved roads in 1940. There were no hospitals, no licensed physicians, inadequately constructed and poorly supplied one room school houses and little money and no industry. The area had the highest rates of maternal and infant death in the country and a very high birth rate. Into this region, Mary Breckinridge introduced the use of nurse-midwives to deliver health care. This was the first use of nurse-midwives in the United States. The care was provided from decentralized district clinics situated so that no family was more than an hour's ride away by horseback (five or six miles). A hospital and physician services were available for additional care by the late 1920s.

The Appalachian chain, a mountainous chain that stretches from Nova Scotia southward to Alabama, included the area in southeastern Kentucky where the Frontier Nursing Service is located. It is not far from

37 Breckinridge, Wide Neighborhoods, 131.

38 Women administered and almost completely staffed the Frontier Nursing Service for its first fifty years. It appears that there was a degree of deliberateness in this, for even the couriers were young women. One or two young men served in this capacity, but only in the earliest years and only because of family ties to Mary Breckinridge.
the Cumberland Gap, a region which contained individuals whose forbearers began arriving in this isolated region of eastern Kentucky in the mid to late 1700s. The early Breckinridges had been among those earlier settlers who had ventured from Virginia to Kentucky. There had been a preponderence of lawyers, some clergy and always politicians in the family. They were part of the majority of settlers who claimed their old country heritage as being Scottish-Irish; no group thrived under the adversities of frontier life as did their descendants. They brought with them features of their society that rooted in their new country. Estimates are that one-third of the Protestant population of Ulster emigrated to America between 1717 and 1775. Arthur K. Moore stated they arrived:

...carrying with them their determined Calvinism and democratic inclinations as well as a fierce hatred of England, aristocracy and Catholicism.39

These people were attracted to the Kentucky back country by cheap or free land and minimal restrictions. Moore said that the realities of disease, inadequate food and intemperate weather that deterred many other settlers seemed "merely to have conditioned the

Presbyterian Irish for the herculean task of seizing an empire from the Indians. "40 Moore wrote:

J.R. Commons placed a high estimate on their contribution to the new nation: 'Trained as they were in the representative democracy of the Scottish kirk, thrown on their own resources in the wilderness, mingling with the pioneers of many other races, they took the lead in developing that Western type which in politics and industry became ultimately the American type; yet they retain their original character, and the American today is more at home in Glasgow than in London'. 41

Moore wrote that by 1792 when Kentucky entered the Union, its wilderness had been thoroughly subdued. Jamestown and other early American settlements remained on the east coast, while a new race developed in one hundred twenty-five composed:

'largely of Scotch-Irish and English stocks...not only breached the Appalachian barrier but drove all the way to the Pacific...Though called Scotch-Irish, they were not Irish and only slightly Scottish...Their original home was the Lowlands of Scotland...A good many of the more belligerent Scots, who were bred to fight, not to farm' had been among those originally shipped to Ulster beginning in 1610. It was from this stock the Ulster emigrants who came to America arose. 42

Two traits consistently used to describe the Breckinridges' relate to their ability as public

40Moore, 53.

41Moore, 52.

42Moore, 50-51.
speakers and to their bearing. The following quotes addressing these attributes are from America's political Dynasties from Adams to Kennedy. The first referred to Mary's grandfather.

'The bearing of a Scottish Chieftain' was the way one observer described John C. Breckinridge...43

The next referred to the family ability as public speakers.

...the Breckinridge ability as public speakers: no one who heard them could ever resist them reliving the experience.44

In some ways the Appalachian descendants of these Scotsmen remained untouched by the outside world. The remoteness of their mountain dwellings made contact with the outside world difficult until early in this century. Their speech and songs today retain remnants of the origin of their Scotch-Irish-English ancestry. When exposure to the outside world did occur it was often limited to that conveyed back to the mountains by its men who returned from fighting in the wars of their country.

These people were the inhabitants served in 1925-40 in the 1000 mile square area covered by the Frontier Nursing Service. In fact the inaccessibility created by mountains was important in its being selected for the

43Hess, 239.
44Hess, 239.
establishment of Frontier Nursing Service. Mary Breckinridge felt if the demonstration she envisioned could be conducted in Kentucky it could be duplicated anywhere. This area was chosen for another reason. Fifteen thousand people lived in a thousand square mile areas without benefit of one resident state-licensed physician.

Branch committees, patterned after the District Committees of the Scottish Highlands and Islands Medical Service, were established by Frontier Nursing Service to enlist the aid, support and advice of the local residents. Committees were formed outside the mountains to help in fund raising. Accurate records were kept from the beginning. Eventually grants from the Carnegie Corporation and the Metropolitan Life Insurance Company provided monies for the statistical reviews.

America in the mid-twenties, at the time of the founding of Frontier Nursing Service, was enjoying a period of unheralded economic growth. The spirit of the country was optimistic. A world war had been fought and won. America had been a victor and had managed this without invasion of its own soil. This was the war to end all wars. Nations would not repeat their mistakes and would not have to ever enter another war. Nations would peacefully coexist with their neighbors. The
cost was simply too great to repeat their mistakes. Nations had learned from this war.

Mary Breckinridge returned to this optimistic milieu from her experience in post-World War I France determined to make use of her time. Her two children had died during the years of World War I. She had had many sadnesses in her privileged life: the inability to have children during a brief, happy first marriage, the death of her beloved first husband, a divorce ending a second marriage, the death of a mother and the death of close friends; but it was the death of her children that left an unrelenting pain. Daily presence of this pain existed for seven years. Margaret Gage, speaking in an Oral History interview, related a description provided by Mary Breckinridge of what occurred when she met, during the time of her midwifery training in England, an Episcopal anchoress, Sister Adeline, a nun living as a solitary:

'I found myself telling her everything about Breckie. And how I had this sort of rock in my heart, as if a jagged heart were there. I never...I always had that pain in my heart.'...And so Sister Adeline looked...very earnestly and said, 'Will you give it to me?'

45Margaret Gage Interview, TS, 29 November, 1979, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 37.
Gage asserted that it was the association with Sister Adeline that assuaged Breckinridge's grief over the loss of her beloved children and permitted her to devote her attention to the work necessary to the founding of the Service unencumbered by her burden of concern for the well-being of this son, Breckie. Gage later related that the prayers of Sister Adeline for the success of Frontier Nursing Service sustained Mary Breckinridge for the remainder of Sister Adeline's life.46

And Sister Adeline used to say to her, 'Now you don't have time in your busy life. You're an active person. I am a contemplative. You and I will work together for the Frontier Nursing Service.' And Sister Adeline held that in her prayers and in her thought always through her until she died herself.47

Further, Sister Adeline was contacted with very pragmatic requests by Mrs. Breckinridge.

'You don't have time for long prayers; just short little ones is all you have to. I'll do the long prayers.' And of course she helped Mary tremendously when her back was broken. She immediately telegraphed to Mary and said, 'I'm with you. You're going to be all right. And we'll work this out together.' And Mary felt her presence and help and was able to do a tremendous amount of work from her bed, I remember.48

46 The nun died in India during the Second World War.

47 Margaret Gage Interview, 39.

48 Margaret Gage Interview, 39-40.
The influence of the times and these particular experiences occurring in England had long lasting effects upon the founder and, oftentimes, the staff of the Frontier Nursing Service.

While the cultural background of the eastern Kentucky mountaineer had been widely addressed by researchers from many disciplines, few researchers addressed maternal and child health care. In 1925, the Frontier Nursing Service, Hyden, Kentucky, was founded by Mary Breckinridge with its focus care for pregnant woman and her unborn child. However, from its initiation, Frontier Nursing Service provided health care to the entire family. It had, from the first day, placed emphasis on the significance of preventive care and public health nursing. Coupled with this emphasis on preventive care was the significance placed upon gathering data for the purpose of research.

The Service: A Window to the Future

Broadening of conceptions of health and illness to include sociological, economic, and political factors was identified by Drietzel as a problem often met with strong resistance.49 The crisis dimensions of health care both during the time of the establishment of Frontier Nursing Service and now are undeniable. The

crises are exemplified by high maternal and infant mortality rates in the United States and the difficulty in access to prenatal and intraconceptual care and wellness care by high risk groups. Maternal mortality and infant neonatal mortality have been identified as being sensitive indicators of the economy and the state of health care of a population.\textsuperscript{50} Antonovsky wrote of the life long influence of class upon one's chance of staying alive - beginning in utero, following one throughout life and largely determining when one will die.\textsuperscript{51}

Diers and Burst identified that studies conducted as early as the 1920s supported the delivery of health services by nurses.\textsuperscript{52} These studies conducted at Frontier Nursing Service by Metropolitan Life Insurance company demonstrated that nurse-midwifery care dramatically reduced infant and maternal mortality. Of

\textsuperscript{50}Barbara Criss, "Infant Mortality in Utah: a state with low rates," unpublished paper, 1984. This paper substantiated that neonatal mortality increased in Utah in the 1980s as the economy worsened.


noteworthy comment was that nurse-midwifery services developed with relative lack of resistance in areas where the childbearing population might be thought of as most at risk.  

Frontier Nursing Service was established in an area with no physician coverage. The limited choices of the poor are discussed.

It is not difficult to understand how nurse midwives have so increased access to care among the underserved or unserved populations, whether people are underserved by geographic limitations, socioeconomic status, or general undesirability in an academic medical care system where the essentially normal patients may be seen as uninteresting at best. In general, the poor and underserved have not had the choice of midwifery as an alternative to another form of care; it was midwifery or nothing.

Mary Breckinridge and the staff of Frontier Nursing Service demonstrated an awareness of the impact social and economic factors that affected the clients and the delivery of health care to them. This study was concerned with events impinging upon the lives of the settlers in this remote area of Kentucky as well as upon the individuals working for the Service and upon the health care delivery system itself. It is pertinent today to pose these same questions regarding how social,  


54 Aiken, 277.
political and economic factors affected the health of individuals and acted upon the Service.
CHAPTER 3

FRONTIER NURSING SERVICE: THE FOUNDING

The description of the organization of Frontier Nursing Service will be brief. Several previously cited works are devoted to a discussion of this material. However, for purposes of clarifying some of the material discussing the work of the Service, items from the Quarterly Bulletin of the Frontier Nursing Service,\(^1\) will be utilized to describe the early work. This bulletin was known by the same name as that of the Service during the first three years of publication, The Kentucky Committee for Mothers and Babies. The February, 1928 edition of the publication announced that the name had been changed to Frontier Nursing Service. The proposal to change the name was presented to trustees in a letter from the Chairman, Executive Group.

The reason for this suggestion lies in the fact that our work is not local in its application. The conditions we are endeavoring to meet in Eastern Kentucky exist among millions of Americans in isolated areas in a number of other states, where the difficulties of a frontier existence still prevail. More than half of our financial support during the past year has come outside Kentucky, and the interest in what we are doing is rapidly becoming nation-wide. It is

\(^1\)Hereafter the Quarterly Bulletin of the Frontier Nursing Service will be referred to as the FNSQB.
even strongly urged that within another year we start a second demonstration, to run parallel with this one, at the same rate of growth, in quite another area, as for instance, the Ozark country of Southern Missouri and Northern Arkansas.²

Mrs. Breckinridge revealed an early awareness that the nurse-midwives were taking care of all members of the populace. Mary Breckinridge related this information when she discussed the cost of a rural nurse-midwifery service in Great Britain upon which the FNS³ had been modeled.

We are not doing a midwifery service exclusively. Specialization has no place in rural work. We are doing a midwifery service AND a generalized public health nursing service combined, and the costs have to be considered in relation to the whole work and not any part of it, although, of course, we can, when the accountants and statistician have done their job, estimate what proportionate cost is borne by each part.

The Queen's nursing work includes all branches and that is what we are following as our model, and the costs of such service are not excessive, although, of course, always somewhat higher than similar work in cities,

²Alexander J.A. Alexander, Letter to Mrs. S. C. Henning, Breckinridge Papers, 24 February 1928, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington. The information in The Quarterly Bulletin of the Kentucky Committee For Mothers and Babies was identical to that in the letter with the exception that the Bulletin's last sentence ended with "to run parallel with this one." The letter to the trustees discussed specifically where future work sites might be located.

³At the time this letter was written in 1927, the name was Kentucky Committee for Mothers and Babies.
because of the amount of time spent in travel. 4

In the early years, the FNSOB listed a great deal of information related to the functioning of the Service. For instance, membership of the Executive Group and its employees, the Chairman and Vice Chairmen of the Frontier Nursing Service District Committees, the nursing staff, and the following: Medical Advisory Committee, Nursing Staff, Trustees in Kentucky, New York Committee, Boston Committee, Cincinnati Committee, Baltimore Committee, Chicago Committee, Pittsburgh Committee, Detroit Committee, Minneapolis Committee, St. Louis Committee, St. Paul Committee, Cleveland Committee, and the Philadelphia Committee, was given.

Annually, in these early years, a detailed audit was included in an issue of the quarterly bulletin. This audit included not only monetary contributions, but also those of clothing, toys and supplies. While it is to be expected that these reports would be presented in as positive a fashion as possible there seemed to be justifiable reason for the confident introduction to the report of 1929.

We are but four years old, and we have a territory of 350 square miles fully covered from five nursing stations, one of them also a twelve bed hospital and one a guest house and administrative headquarters. Our total

4Breckinridge, Letter to Jessie Carson, 1 January 1927.
investments in property, equipment, and our nineteen horses, represent a value of well over $100,000, without lien. We have also in hand, or already promised, the first $50,000 of our endowment. We have loyal district committees carrying on the work in the field, and supporting committees, besides the Kentuckians, in twelve large cities. We have many, many friends. Their financial support this year has exceeded by more than ten times that of three years ago when we made our first annual report. 5

The Financing of the Work of the Service

While Mrs. Breckinridge seemed to enjoy stating in her autobiography that her poor abilities in math were due to her acquisition of education primarily through private sources one must not be deceived into thinking that she was anything less than astute in keeping meticulous records, in having her accounts audited annually and in knowing the exact cost of the Service and its care delivery. 6 She perceptively distinguished differentials between costs for urban versus rural nursing services. In point of fact her tone was of one incensed when she discussed a comment made by the nursing director of a nurse-midwifery service in New York City, Hazel Corbin:

I don't know why Miss Corbin should say the cost is high, since she really knows nothing about it, but of course, if she is

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6 Breckinridge, Letter to Jessie Carson, 1 January 1927.
estimating that the expense of the whole is to be divided among maternity cases only, she might well make that remark....Miss Corbin's work is maternity only, but that wouldn't be satisfactory in anything but a big city.7

Mrs. Breckinridge revealed her knowledge not only of contributions but also of the impact of timing the reporting of these funds for maximal impact in another letter to Miss Carson:

Do you think there is any likelihood [sic] of ... giving her nine hundred before the first of May so that it could be included in our annual report? This gift ... brings our total contributions in the last 23 months to over $50,000 something over $40,00 [sic] of which has been given in the last year.8

While these reports are accurate, precise and detailed, the matter of funding was a ubiquitous problem that was rarely dealt with explicitly. It seemed to have been considered as poor manners to mention money directly. Mrs. Breckinridge and others had remarked that she never asked for money. However, the central purpose of the annual speaking tours conducted by Mrs. Breckinridge was solicitation for resources essential to the daily operations of the Service.

Several donors sponsored the work of an individual nurse-midwife. For that purpose, Mrs. Breckinridge was

7Breckinridge, Letter to Jessie Carson, 1 January 1927.

8Mary Breckinridge, Letter to Jessie Carson, 22 April 1927, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
able to supply a cost estimate for one year's work as indicated in this quote.\textsuperscript{9,10}

\textbf{Now in regard to the estimates of cost.}\n
Tell Miss Morgan that the complete cost of a nurse is as follows:

\begin{center}
\begin{tabular}{ll}
Salary & $1,800  \\
Horse & 360  \\
Supplies & 600  \\
\hline
Total & $2,760
\end{tabular}
\end{center}

\textbf{Such details were provided to all readers of the FNSQB, yet it was congruent with Breckinridge's conviction to never directly request money. Several of the Nursing Centers had been endowed in perpetuity and all so endowed bore the name of women. The bequest form in the 1930 bulletin included the price lists which follows:}

\begin{itemize}
\item $50,000 will endow a field of the work in perpetuity.
\item $12,000 will endow a Frontier hospital bed.
\item $5,000 will endow a baby's crib.
\item $10,000 will build and equip a Frontier center for the work of two nurses.
\end{itemize}

\textsuperscript{9} It should be noted that at this time Mary Breckinridge is signing letters to friends simply "T." This stands for Thomphy, the nick name by which many in France and at Teachers College Columbia knew her. This was the shortened version of her then last name, that of her second husband, Thompson. For further discussion of this matter of females adopting male sounding names, the reader is referred to Barbara Melosh, \textit{The Physician's Hand} (Philadelphia: Temple Univ. Press), p. 63. Melosh attributes this to being a method of handling the gender conflict encountered by nurses who were assuming new work roles "outside" those traditionally ascribed to females.

\textsuperscript{10} Breckinridge, Letter to Jessie Carson, 1 January 1927.
$15,000 additional will provide for the upkeep, insurance, repairs and depreciation on this center, $25,000 will build and maintain in perpetuity a center.\textsuperscript{11}

Public Funding

Money to fund health projects was available from public sources in the 1920s. Mary Breckinridge applied for these funds from the outset. Contrary to the facts, employees of the Frontier Nursing Service often deduced that Mary Breckinridge wanted no public funds. One of the deficiencies in many of the writings of and interviews with Mary Breckinridge is the absence of information reflecting the difficulties she encountered when applying for public funding. The focus was upon her rightly recognized ability as a public speaker and upon her ability as a fund raiser from private sources. The obvious as well as the subliminal reasons that a woman might have encountered difficulties when seeking funding for a health care delivery system, particularly one founded by a woman, and staffed by women, in the 1920s have rarely been mentioned. Whether Breckinridge's lack of comment upon the matter of funding related to what she said was her family heritage of never saying anything unkind about people, whether it was a matter of such sensitivity that she chose not to

\textsuperscript{11}"Form of Bequest," \textit{Frontier Nursing Service Quarterly Bulletin} VI, no. 1 (Summer, 1930): 74.
relate it to others, or whether she never felt it was anyone's business, is not known and will remain unanswered until such time as documentation regarding the matter becomes available. It has been posited by others who write about this time that the nature of early endeavors to bring education and health programs to lower socioeconomic groups was solely philanthropic in nature. This seems, if not arguable based upon the current information, to be a matter compelling future research.

Items of correspondence in the Breckinridge papers offered insight into the experiences encountered by Mary Breckinridge when she sought to obtain public funding. It is significant that these early efforts, which met with much opposition, have infrequently been mentioned. This was made more remarkable by the fact that many of the Frontier Nursing Service staff had little knowledge of the early efforts to obtain public funding and often commented that Mrs. Breckinridge preferred funding from private sources.

One of the obvious sources of support for funding had been the Bureau of Child Hygiene. Its director during the founding years of Frontier Nursing Service was Dr. Annie Veech. The entire business of the support provided by Dr. Veech was enigmatic. The relationship between Dr. Veech and Mary Breckinridge seemed to have
been initially supportive and then to have radically altered. The first presentation found in the Mary Breckinridge Papers was a letter of introduction to the county doctors and citizens of Owsley county, one of three counties in the initial survey conducted by Mary Breckinridge.

This letter is to introduce Mrs. Mary Breckinridge who wishes to meet physicians and other public spirited citizens who can put her in touch with conditions surrounding child birth in your county. Please give to her all the help you can, that will put into her hands true information, either good or bad. Help her to meet the midwives in your locality, and any others who may assist her.

Kentucky is working toward better health standards for mothers and children. Mrs. Breckinridge's task is to find out the real need for such work. She is working in co-operation with the Bureau of Child Hygiene of the State Board of Health of Kentucky.

Faithfully yours, Annie Veech, M.D.,
Director Bureau of Child Hygiene

The manner of communications had altered dramatically by the time of the following October 31, 1923 letter from Dr. Veech to Mary Breckinridge. One is again reminded of the single mindedness of Mary Breckinridge in promoting her concept of a health care delivery system focusing on the care of mothers and babies. Dr. Veech emerged as somewhat territorial and possessive in these remarks. How much concern is for the benefit of the population for whom care was planned

12Annie Veech, Letter to Owsley County Citizens, 27 July 1923, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
and how much was for the image of the State Board of Health in Kentucky is unclear. What can inferred is that a serious divergence in the relationship between Dr. Veech and Mrs. Breckinridge had occurred. The difficulty in obtaining public funding, whether channeled through state agencies or federal ones, was apparent as Dr. Veech wrote:

You speak in your letter of our last conversation, and say you felt a bit troubled over my anxiety about anything you might say in regard to our work in Kentucky. I think I know the people in Kentucky quite well, having lived here all my life. In putting on a child health program such as we have, I have had to consider the physicians, the intelligent public and the public that is not so intelligent... We have closely worked with the National Children's Bureau and the American Child Health Association, besides all of our state organizations. Each one has been willing to take absolutely our outlined policy for work in the state. They have not come to us suggesting how we should do things, but knowing our experience here have come asking how they could help to do the things as we thought best... Neither these outside organizations, the ones within the state, nor anyone in my own department has laid down for me a policy and plan such as yours in our mountains. In talking with you I was almost swept off my feet by the flow of your effervescent enthusiasm. My sensations were those of one who is in deep water catching at a straw. Time and again since you have been in the state, I have had people come to me and tell me of what you were going to do in Kentucky. I hardly knew how to answer them...

I am quite sure that you will intentionally do nothing that will embarrass our Bureau, and that you mean to work absolutely in cooperation with us. It may be that I seemed lukewarm when you were so enthusiastic about your ideas for a mountain demonstration. I would very heartily endorse a program for mountain work, but I do not feel
that I can accept the plan as you outline it, because I do not think it practical. Nor do I believe that the Child Health Association will see it just as you do. I feel that its branches will have to be pruned and well trimmed before they would be willing to consider it. I rather am inclined to think too, that they would in a measure regard my views in the matter.\footnote{Veech, Letter to Mary Breckinridge, 31 October 1923.}

There are components that sounded much like a threat in the concluding sentence of the preceding paragraph. How much personal factors, such as the overpowering presentation by Mary Breckinridge or the mention of the possible lukewarm reception on the part of Dr. Veech, contributed to the outcome can only be surmised at this distance. However, one is led to suspect the threats were not idle because Frontier Nursing Service never received direct support from this Bureau.

It was interesting to find elements of Breckinridge's demeanor, enthusiasm and persuasive speaking mentioned in a disapproving fashion by Dr. Veech as these very elements were viewed as advantageous in another letter from the Breckinridge Papers. In a letter to the Chairman of the American Committee for Devastated France, the Director of the Boston Instructive District Nursing Association wrote:

> Mrs. Thompson has a remarkable enthusiasm and interest in public health nursing....
> Perhaps Mrs. Thompson's rarest gift is an

\footnote{Veech, Letter to Mary Breckinridge, 31 October 1923.}
unusual ability to speak in public. This, taken in connection with her approach to people and with her technical knowledge and with her thorough familiarity with the French language, should make her an invaluable worker in France at this time.  

Mary Breckinridge wrote her response to the Veech letter from the British Hospital for Mothers and Babies where she was by now a pupil midwife. While all these interchanges are noted to be exceedingly polite, Mary Breckinridge seems terser than usual in responding:

...as to the demonstration. Not for anything would I urge your reluctant cooperation. It is not usual, I know, for public interests to take the initiative in pushing forward with new ideas. Private initiative nearly always blazes the trail. I had hoped, and, until recently thought, that it would be otherwise with your Bureau but I appreciate the reasons for your hesitancy. It would have been discourteous not to have given you the opportunity to sponsor this demonstration. But if you do not want it you shall not be importuned again. I think, too, with you, that the American Child Health Association would not care to undertake a child saving demonstration without the State Board of Child Hygiene—and I am therefore writing them at once that, in view of your letter, I withdraw my appeal. And since you have sent them a copy of your letter to me I am enclosing them a copy of this reply. The demonstration will go forward but under other auspices.  

Dr. Veech had followed through on her threat to

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14Mary Beard, Letter to Chairman, American Committee for Devastated France, 15 January, 1919, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

15Breckinridge, Letter to Annie Veech, 14 November 1923.
contact the granting agency, the American Child Health Association. As if assessing the possibility of funding being obtained from these sources as being no longer achievable, Breckinridge utilized the same method of communication as Dr. Veech. Breckinridge sent a copy of her letter to Dr. Veech to the American Child Health Association.

In her correspondence, Mrs. Breckinridge identified a factor she deemed central to the acceptance of the health care delivery system, that of her personal southern heritage and knowledge of the area. An example of one of the appeals for funding made to public sources is this letter which Mary Breckinridge wrote from shipboard as she traveled to England to obtain her nurse-midwifery training.

...I am greatly hoping it will receive favorable consideration from your association at an early date...While I want more than I can express for your Association to assume the responsibility for this demonstration and the far reaching outcome to maternity and childhood,—I have not in any event the smallest doubt but that it will be put over. It is unthinkable that it should not be for the points it emphasizes, which seem radical today, will be the commonplace of another decade. By pushing forward now we can anticipate the inevitable and save many thousands of lives.

An asset which I could not very well name in the memorandum, but which I know you recognize as one not to be despised, is my own enthusiasm for this crusade, and knowledge of the people and situations. No plans, however well laid, can afford to overlook the essential personal equation. It counts for so much in the South that I hope you are allowing
for it in your Tennessee and Georgia projects. A few people, like you, are universal more or less, but most of us spend a lifetime, and sometimes many lifetimes, getting at the heart of an old and conservative form of society with all the intricacies of civil war and post war complications supervened. I would be too doubtful of success to push this project in Vermont or Michigan, but I know I can put it across in Kentucky—and probably anywhere in the South. 16

Mrs. Breckinridge was quite accurate in her prediction that what seemed radical at the time would be commonplace in another day. The concepts she proposed for decentralized health care delivery, increased access to health for the poor and the rural dweller, the provision of care by nurses in an expanded role and the emphasis on preventive health are all currently proposed as being new answers to the many dilemmas facing health care planners and providers of the 1980s.

The reference made to the Breckinridge family heritage may sound pretentious but it was likely to be highly accurate. The loyalty of the populace to her ancestors is well-documented. 17 Although her paternal grandfather, after a meteoric rise to political power culminating with his election as the youngest Vice-

16 Mary Breckinridge, Letter to Miss Crandall, 20 October 1923, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

President this nation has ever had, lived in exile in Europe and Canada for several years following the defeat of the South during the Civil War and was only permitted to return to his beloved Kentucky by an Act of Congress, the people of Kentucky welcomed him back as a hero. Mary's father had served thirteen years as a United States Senator from Arkansas. He was then appointed by President Grover Cleveland as the last U.S. Minister to Russia.\(^{18}\) He witnessed the coronation of Nicholas and Alexandra, ran an embassy faced with the grave difficulties of critical underfunding and understaffing, and rightly is credited with predicting the forthcoming worsening of relations between the United States and Russia.\(^{19}\)

At the time Mrs. Breckinridge wrote this statement about the family influence in Kentucky a cousin, Desha Breckinridge, was a prominent newspaperman, the son of another famous Kentucky legislator to the U. S. Congress. Desha's wife was prominent in women's rights.\(^{20}\) The Breckinridge family by this time had been


\(^{20}\)Melba Dean Porter, "Madeline McDowell Breckinridge: Her Role in the Kentucky Women Suffrage Movement, 1908-1920," \textit{Register of the Kentucky
prominent and constant in the life of their fellow Kentuckians since the days of the founding of the state. The love of the populace for her grandfather was such that though he had fought on the side defeated during the Civil War and though his pardon was longer in coming than that for the president of the Confederacy, the citizenry of Kentucky collected the sum of $10,000 to erect a statue in his honor upon his death. As previously declared, Mrs. Breckinridge's judgment of the family's position in the eyes of the people was not likely overstated.

Mary Breckinridge did not rely singularly upon the family name, however. An example of her keen observation of what may appear mundane follows. She noted, in a handwritten comment appearing on a letter regarding funding, that the letter head had been changed, in a matter of eight days, from CHILD HEALTH COMMITTEE For the Supervision of Three Child Health Demonstrations dated February 16, 1923 to AMERICAN CHILD HEALTH ASSOCIATION dated February 24, 1923. The more recent letter listed officers of the association and the President of the organization was Herbert Hoover.21,22

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21Courtenay Dinwiddie, Letter to Mary Breckinridge, 16 February 1923, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
Hoover served as president of the organization during the time he was Secretary of Commerce. The implications of obtaining funding by a family member of prominent, ambitious and staunch Democrats from equally prominent, ambitious and staunch Republicans can only be a matter of conjecture. Nevertheless, Mrs. Breckinridge considered the change of name a significant enough fact, for whatever reason, to have included her handwritten notation.

The response in the second letter contained a denial for the funding sought by Mary Breckinridge. It may be contended that while it is politely and obtusely worded this letter closed with sentences that could be interpreted as sounding both condescending and paternalistic.

At the meeting of the committee of demonstrations under the Commonwealth Fund, I brought up your memorandum concerning the need for a demonstration in health work with particular emphasis on maternal care in a rural area of the South, with an especial recommendation that this be in Kentucky.

Every member of the Committee was intensely interested in your proposal, and felt that you had made a very able presentation of the need for such work as proposed. The Committee was of the opinion that, with reference to its own plans, it should decide upon the general conditions upon which to select a community for a complete demonstration of child health work in which, of course, maternal care would be given

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22 Courtenay Dinwiddie, Letter to Mary Breckinridge, 24 February 1923, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
full consideration. It is not at this time prepared to consider any individual communities until it has announced its plans generally, and applications have been received from the general area chosen.

Whether or not some rural area of Kentucky may be chosen for the Committee's demonstration, we are anxious to see your plan backed up by the funds to make it effective.

As soon as the Committee's general plans have been announced, I shall be glad to have you take up the matter of an application from any of the Kentucky counties which might be interested. Then if none should be successful in their application, I should consider it a privilege to help you in furthering your plans. 23

It may be construed that Mary Breckinridge was being told that the project for which she requested funds would be considered only when all other project applications had been evaluated. The preferred application, in the eyes of the committee, would be from a county. These stipulations virtually precluded an application from Frontier Nursing Service since its plan was designed, for geographic reasons, to span three counties. No evidence of further correspondence with this fund appeared in the Breckinridge papers during the next fifteen years.

Eight years did not appear to have altered the earlier discussed negative view of the effort by Mrs. Breckinridge held by the Director of the Bureau of Child Hygiene for the state of Kentucky, Dr. Annie Veech. In

23 Dinwiddie, Letter to Mary Breckinridge, 24 February 1923.
writing to a physician who sought information about working in child health in Kentucky, Dr. Veech stated that Frontier Nursing Service had no need of physicians and emphasized its lack of relationship with the State Board of Health. Dr. Veech was inaccurate in stating that the service did not employ physicians.

The piece of work of which you speak is conducted by a volunteer agency, and is not in any way connected with the State Board of Health. They do not employ physicians, and apparently have no use for them. The group working in Leslie county is made up entirely of nurses, mostly British nurses who have been trained in midwifery in England.24

Interestingly, a portion of the letter written by Dr. Annie Veech had implications of sexism, racism, and ageism.

At the present time the State Board of health is considering putting in women full time County Health Officers, - in some of our counties where such service of a woman would be acceptable...At the present moment there is no position open, but we are likely to have from time to time a number of such counties wanting women physicians. If you are interested in this I shall be very glad to have you send us a recent photograph, together with your credentials and the date of your birth.25

Dr. Veech's request for a recent photograph may have been innocuous and likely was required by the

24 Annie Veech, Letter to Dorothy Hewitt, 28 January 1931, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

state, but this requirement had, at times, been used to screen applicants on the basis of race.

**Life at Wendover**

Mary Breckinridge's father lived with her at Wendover, the Headquarters of the Service. He was referred to by the staff as Major. Mary Breckinridge was frequently away from the mountains on speaking tours to obtain the private funding that kept the Service operational. Sometimes the Major remained at Wendover and at other times he traveled to visit his other children. The Major's presence revealed something of the manner Mary had in perceiving circumstances. Principally, the reader is directed to the differing views of this family situation, one stated by a staff member, MPB, and the other by Mrs. Breckinridge.

MPB: That was the summer Ann James spent the summer, that was the major's sister... You could hear them out on the porch, argue. 'Clifton, I tell you it was not on the 3rd of May that mother baked the cake, it was on the 4th... then Mary would come down and go into tea and put an arm around you. 'Isn't it lovely for these two dear old people in the sunset of life to have this gorgeous, harmonious, time together.' Well it would just break me up completely...²⁶

It seemed that Mrs. Breckinridge had a view of the way two older family members, her Father and aunt in

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²⁶Martha Prewitt Breckinridge Interview, TS, 30 March 1979, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 5.
this instance, were to interact and that view was maintained regardless of the reality of the situation. Dialogue at Wendover also became heated when Mrs. Breckinridge entered into political discussion during which she always identified herself as a "Jeffersonian democrat."27

I was trying to argue with her that there was no difference between her Jefferson democrat and a more liberal republican and she and I got into a flying argument and ... neither one of us would give an inch and I think we must have done this twenty-five minutes after the supper bell and you know, when the Wendover supper bell rings, I mean that's like the good Lord calling you to heaven; you go... I also used to have a lot of fun with her at tea time because I obviously didn't think tea was one of the most hightst [sic] priorities in the world and yet it was high priority at Wendover, come hell or high water we always had tea.28

While this speaker sounds unintimidated by Mrs. Breckinridge, she related in the same interview that she used to be "scared to death" when she had to see Mrs. Breckinridge and make a request.29

Several letters in the archives indicated that Mary Breckinridge was contacted to lend her support to

27The reader is reminded that Mary Breckinridge's great great grandfather was Attorney General during the administration of Thomas Jefferson.

28Kate Ireland Interview, TS, 1 November 1979, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 11.

29Kate Ireland Interview, 11.
political causes. In 1928 she was contacted by the President of the College League for Alfred E. Smith and declined on the grounds that she was not a college graduate and because she represented "a philanthropic organization which derives its support from both political parties and whose trustees are about equally divided between the two."\(^{30}\)

When contacted by Grace Abbott from the School of Social Service Administration, The University of Chicago about joining a Roosevelt Committee she again declined with a discernible regret.

> It fairly breaks my heart to have to refuse you when all my desires are with you. But when I took up philanthropy as my life work I closed the door forever on more public channels of usefulness.\(^{31}\)

While Mary Breckinridge may have closed the door to politics she did not forego her astuteness of matters political. She sent a copy of the letter to Miss Abbott to Eleanor Roosevelt.

> At your leisure please read this correspondence with Grace Abbott, but do not take the time to acknowledge it. When my father was dying, during one of his conscious moments I said to him, 'Roosevelt's victory is overwhelming.' His

\(^{30}\)Mary Breckinridge, Letter to Mr. Frank L. Polk, 21 September 1928, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

\(^{31}\)Mary Breckinridge, Letter to Miss Grace Abbot, The School of Social Service Administration, University of Chicago, 24 July 1936, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
face lit up and he replied, 'That is glorious news.' We shall have the same news next November. 32

Incredibly seven days later Mrs. Roosevelt replied.

Thank you very much for your letter. I understand your position perfectly and would not expect you to do anything different. I hope everything is going well with you. 33

This political astuteness appeared not to have diminished any of her effectiveness in accomplishing local work. The clearest message of the view of her beginning work and its relationship to those of the contribution of the Breckinridge family to the state was given early on in a letter to her father from the treasurer for the Kentucky Committee for Mothers and Babies.

Your daughter has sent to me as Treasurer of the Committee your cheque for $210. for the balance of your annual subscription of $250. and on behalf of the Committee I thank you most cordially for this generous gift.

At a meeting of the Committee held in Louisville last winter, a speech was made by a native of Leslie County attempting to express the gratitude of the natives for the work that is being done by Mrs. Breckinridge and her corps of assistants. In it he said that the Breckinridge family had always been doing something for the good of Kentucky ever since the state was heard of, and that he and those for whom he spoke were always ready to follow

32Mary Breckinridge, Letter to Mrs. Roosevelt, 24 July 1936, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

33Eleanor Roosevelt, Letter to Mrs. Breckinridge, 31 July 1936, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
wherever they might lead. I am confident that the historian of Kentucky in after years will record the work that is being done by your daughter in Leslie County as not the least of the services rendered by the Breckinridge family to the state. 34

This closing prediction was indeed insightful. As one small example of its accuracy the researcher offers the finding that while one of Mary's siblings attained the rank of general, of the four children of Clifton Rodes Breckinridge, it was Mary alone who was acknowledged in "The Breckinridge Dynasty" chapter of America's Political Dynasties from Adams to Kennedy. 35

A picture emerges of Mary Breckinridge as manifesting a combination of aptitudes. She was an astute handler of difficult situations and people, proud beyond measure of her family background, politically discerning, unyielding on many points, canny about costs, unaware of obvious conflicts in her personal space and dedicated to the unswerving notion of initiating a health care delivery service. She seemed able to perceptively use this wide combination of aptitudes and employ them appropriately in her progress toward attaining her goal of establishing a work to provide health care for mothers and babies.

34 C. N. Manning, Letter to Hon. Clifton R. Breckinridge, 27 April 1927, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

35 Hess, 241.
CHAPTER 4

THE WORK OF THE SERVICE

The Daily Work

Mary Breckinridge annually made regular rounds to the nursing centers. She was an expert horsewoman who rode rapidly. This created some anxiety on the part of staff members less skilled in horseback travel.

Her visits to the Centers were regarded virtually as state visits. At times, the two nurses assigned to a nursing center were in conflict on how to treat their "Chief" during the time of these visits. An elderly woman I interviewed had worked at the Brutus Nursing Center as a sixteen year old. She recalled the disgust expressed by one of the nurse-midwives at the Center when her co-worker chose to serve Mrs. Breckinridge salmon loaf instead of something that the nurse-midwife considered more appropriate, like steak. The respondent recalled having to learn, as one of her early duties as maid at the center, the proper serving of tea. She was instructed that when Mrs. Breckinridge visited she was not to pass the tea tray through a window connecting the kitchen and dining room as was the customary practice, rather she was to carry the tray from one room to the other. The maid recalled that Mary Breckinridge was an
early riser who got up before the staff and played solitaire until they arose for their day's work.

Staff were to be prepared, during these visits by Mrs. Breckinridge, to respond to questioning on a wide range of topics, which included inquiries not only about the health care the nurse provided but also questions about maintenance of the house and grounds, pump and well conditions and the ubiquitous inquiries into the care and feeding of the horses. Often corroboration would be made that the 'horse routine' compiled by Mary's father, Major Breckinridge, and distributed to the staff was able to be found at the individual Nursing Center.¹

The Major had, at times, proposed routines that seemed to give more attention to the needs of the horses than to the needs of the nurses. These were neither uniformly welcomed nor implemented by the staff as the statement below inferred. The comment related to a directive that accompanied the distribution of nosebags for the horses.

¹It is pointed out that the titles of Clifton Breckinridge change over his life. When he was in Arkansas, and successfully campaigning for the office of U.S. Senator, he was called "Colonel." When he came to live with his daughter in Kentucky he is referred to as "Major." As a teenager he had served both as a midshipman and in the Confederate Army. There is no explanation available to reveal why this change in title occurred.
When they were out in the middle of the day, the nurse might not get home for lunch but the horse was to have his lunch. That didn't last very long as the nurses just found it so impractical that they decided if they could do without lunch, the horses could, too. The oats were measured with a measuring cup and they get [sic] just so much. Oh, it was minutely put down, and Mrs. Breckinridge checked on it.²

Lengthy letters were also written to the staff concerning the purchase of fodder for livestock and regarding the care of the animals. It quickly became apparent that the nurse was called upon to provide care to her nonhuman charges along with her varied duties to humans. One may deduce from the number of memoranda written on the topic of animal care and feeding that either the nursing staff had little previous experience to prepare them for these duties or that Mary Breckinridge had a particular interest in animals. In all likelihood, both deductions are apt to be correct and to have encouraged the number of letters on the subject. Additionally, the Major, supported her every effort to enlighten the staff regarding the care of the animals. Of necessity only a few of the memoranda are quoted here.

Horses, mules, and the other animals of the Service were frequently topics of articles in the FNSOB. One of

²Agnes Lewis Interview with Joan Fenton, TS, 28 June 1973, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 6-7.
the earliest land purchases made by the Service was for acreage to permit the horses to have relaxation. The matter of the horses' health was included in the publication of the Service. Other evidence is available from the FNSQB that clearly indicated that nurses were harder than horses and therefore the latter were required in larger numbers. There is little doubt that the horse was indispensable yet one can empathize with the staff who viewed them largely beasts of burden. Some of the writings in the FNSQB document the splendid treatment of the horses.

The F. N. S. has just bought forty-seven acres between Hyden and Wendover for a pasture for horses when they are off duty. We have found it necessary to keep more horses than nurses, because horses haven't the resistance of nurses and are out of condition much oftener. They badly need a little green, especially in the spring, and a place where they can relax occasionally.

A page long letter written in November, 1931 discussed not only the purchase price of corn, but also the type of corn to be bought (shelled versus corn on the cob). The directions for feeding "to avoid the danger of colic" included instructions regarding mixing

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3 Land on which the Centers were located was frequently donated by the local inhabitants. This donation was often viewed as an indication of the local residents interest in having a Center in their community.


5 "Field Notes," 6-7.
the corn. The staff were to "...mix the shelled local corn half and half with brought-on corn which is dryer." This memorandum discussed the effect of the drought on corn prices and emphasized the desire of Frontier Nursing Service to buy locally as much as possible and to pay a "fair price." Mary Breckinridge made the decision to pay seventy-five cents per bushel.

Of course, we could get it for less, but 75 cents is about what we used to pay before the price went up during the drought year...we do not want to take advantage when the market has dropped out.  

Though fodder is mentioned as being available for as low as 2.5 cents a bind, Mary Breckinridge stated "I am willing to pay 4 cents everywhere as the people need the money" and she advised staff to not feed the fodder to the horses prior to mid-December.

In the preceding month nurses had been advised by the Frontier Nursing Service Secretary of Orders, to see if they could find a memorandum written the previous year by Mary Breckinridge entitled "Memoranda in regard to Stable Supplies" and to request another copy if it had been misplaced or was too worn. Additionally, staff

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6Mary Breckinridge, Letter to Nurses, 28 November 1931, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

7Breckinridge, Letter to Nurses, 28 November 1931.

8Breckinridge, Letter to Nurses, 28 November 1931.
were to check the following supplies of medicine for horses:

- Neatsfoot Oil
- Fiebing's Saddle Soap
- Bickmore's Gall Salve
- The Blue Lotion and the Blue-Gray Powder
- Two Quarts of Raw Linseed Oil
- One Pound Glauder's Salts
- Small Quantity Worm Powders
- Three or four bottles Colic Remedy
- Sweet Spirits of Nitre—about 12 oz.  

A month later, the secretary wrote to advise the nurses that Mary Breckinridge suggested keeping worm capsules for puppies and dogs at the nursing centers and selling them at cost.

The Record Routine that had been compiled in June, 1930 was revised and published as a small detailed handbook in November, 1934. Nurse-midwives both at the hospital and at the outlying clinics were to follow the instructions explicitly. The only time a deviation was permitted was after consultation with a physician. It contained the particularized information about record keeping and midwifery care delivery that the letters contained regarding the care and feeding of horses. In actual fact, this was a predecessor of the category of

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9Rosalie Edmondson, Letter to Nurses, 27 October 1931, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

10Rosalie Edmondson, Letter to Nurses, 28 November 1931, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
handbooks that one sees ward physicians carrying today and used as pocket reference guides.\footnote{11}

Articles contained in the FNSOB document the conditions encountered during the work day of the nurse-midwife. While indication of the author of articles in the FNSOB is mentioned infrequently, it is evident that Mrs. Breckinridge was directly involved in all aspects of its production from the selection of the material that was incorporated in the articles to the format of the publication.\footnote{12}

Breckinridge discussed the design of the Service in the forward to this article by a Frontier Nursing Service nurse-midwife.

The nurse-midwives live in centers located within a radius of not more than five miles, and cover a population of not more than

\footnote{11}{Record Routine for the Use of the Frontier Nursing Service, Committee on Records, 2nd ed. (Wendover, K.Y.: Frontier Nursing Service, 1934).}

\footnote{12}{It is important to recognize the cardinal importance of this publication. Prior to the wide distribution of the FNSOB some letters of Mrs. Breckinridge's were nine to twelve, single spaced, typewritten pages. After publication of the FNSOB, the personal letters remaining among the collection at the Appalachian Archives are much briefer in length. The FNSOB served as a vibrant instrument of communication between Mary Breckinridge and her friends and supporters, the alumna of the corps of couriers, the graduates of the school and the former members of the Service worldwide. The FNSOB had, in addition to articles by staff, listed contributions and needs of the Service and mentioned marriages, deaths, news of former couriers and employees. Communication via the FNSOB was used as a replacement for the tours when illness prevented her travel.}
eight hundred to each nurse-midwife. Their work is carried forward on horseback through a country without telegraph, telephone, bridges, automobiles or railroads. The county area is 373 square miles of rugged highland, occupied by 10,097 people...of whom 313 live at the county seat of Hyden, the only town...
The system is adapted from that prevailing in rural Great Britain, (Queen's Nurses) and especially in the Scottish Highlands and Islands.13

Managing Complicated Patients

Many of the staff concerns dealt with the complexities related to providing health care to a very high risk population. A letter in the archival collection dated 1929 referred to some of the difficulties encountered by the nurse-midwives regarding the management of complicated patients. Mary Breckinridge wrote to members of the Frontier Nursing service staff after having consulted with two physicians in Lexington about the suggested care for a client who refused to leave Leslie county. The difficulties of managing the care of a client who the staff felt needed to be referred out and who refused to go were discussed. "He" refers to Dr. Scott Breckinridge, a specialist in obstetrics and gynecology and a close relative of Mary Breckinridge, who practiced in urban Lexington. Dr. Breckinridge was often the physician to whom a

13Mary Breckinridge, "Enter,—the Nurse-Midwife: Forward," American Journal of Nursing, 27, no. 3 (March, 1927), 159.
complicated patient was referred when sent out of the mountains to Lexington. He was the one who provided consultation for and held obstetrics and gynecologic clinics at the Frontier Nursing Service hospital. He appeared to be an unswerving advocate of the Service and provided a great deal of assistance and consultation. This seems characteristic of many of the contributors to the Service.

...although he feels it is very important for her to get out, at the same time he does not want us to give up the case, or ever to give up any case because they refuse to do what we advise, even if the result will probably be disastrous—unless there are other resources to which they can appeal. In other words, if .......... goes to Dr. ...... at his hospital, that's all right. And he says we must never give up trying to get her to come out, but that we cannot adopt a paternalistic attitude in which we say that our decisions must be met... But we must tell the patient the probable results if those decisions are not met and then must stand by the patient no matter what the outcome, because we cannot coerce the patient's will. He says in this case if she won't go to Lexington and will go to Hyden, to take her there and send for a Hazard doctor when she is in labor. In spite of her measurements the baby may be born normally, and if not, the doctor can affect some sort of a delivery. He said that even if she dies, it is better for her to die with us attending her and trying to help her than to die alone at Beech Fork with nobody. His idea is that as there is no alternative we will have to do the best we can, even though we are in the right and she is in the wrong, because it is her life and she has the right to make the decision herself. He thinks, however, that if you point out that the chief danger is to the child, as she wants the child, she will probably concur in a plan which will almost certainly insure her a living baby. He says
continue to visit her, as she might become toxic and die of that!

As he is our obstetrical advisor, that is the position we must take in this and similar cases. We will discuss all its bearings from every angle at a later time. Scott assumed the responsibility, in executive session, for the opinion he has given. He also says (and I quote him again) that to give up a case under those circumstances looks too much as though we were working for statistics.14,15

This letter and the philosophical stance it reflects made it clear how Mary Breckinridge was able to dispatch those criticisms that presumed that good statistical outcomes of Frontier Nursing Service were the result of refusing to provide care for the high risk population. There is a need for this to be consistently recognized when future researchers examine this Service and other health care demonstrations.

Referral physicians often recognized that the patient population was anything but low risk. Below is the comment made by a physician summoned to a complicated case from twenty-five miles away. He wrote to Mrs. Breckinridge.

I sure was glad to hear about both patients getting so much better. Also was glad to find Mrs. Woods' better when I got there. If Miss Caffin had not had the nerve

14Mary Breckinridge, Letter to MacAlpen, 11 January 1929, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

15It is clear from the above quote that either Dr. Breckinridge held the same philosophy advocated by Mrs. Breckinridge or that these are her words ascribed to Dr. Breckinridge. The conundrum remains.
to plunge and take hold she would have been a
dead patient by the time I got there.
So we certainly have to commend her
bravery and I think she deserves a medal more
so than Lindberg. 16

The criticism of that day, which continues
unabated, was that the low risk nature of the population
for whom nurse-midwives provided care explained the
better outcomes their statistics reflect. 17 These
examples would indicate that the population served by
Frontier Nursing Service was indeed high risk.

Concern for the Staff

At times, Mary Breckinridge seemed remote from her
staff. She asked them to supervise the completion of
buildings when they had no building experience. She
required that they conduct surveys of available food
supplies when they had no agricultural background. She
compelled them to follow detailed "horse routines" and
provide medicine for puppies and dogs when they had no
veterinary training. Yet, she appeared to have found it
easier to express her concern for the welfare of the

16 Dr. J. P. Boggs, Letter to Mrs. Breckinridge, 23
July 1927, Mary Breckinridge Papers, Appalachian
Archives, Univ. of Kentucky, Lexington.

17 It is doubtful whether nurse-midwives ever served
the low risk populations they are universally purported
to have served. What was made clear at Frontier Nursing
Service was that this incorrect statement could not be
made because the entire populace who requested care was
accepted. The circumstances of the geographic
conditions of the area often made any other alternative
unavailable.
Frontier Nursing Service staff to those with whom she corresponded. Why she foreswore any open indication of compassion for the staff is unclear. The aforementioned concern for the well-being of the staff and her willingness to credit others with the success of functioning the Service was expressed in this excerpt from a letter to a woman named Julia.\(^{18}\) In writing to Julia, Mary Breckinridge discussed her concern about the welfare of one of the staff nurse-midwives.

> My own strong feeling is that...should go to you, all the more because she is so tired that she feels that if she once lets go she can't pick up again. But she is mistaken there. A week's rest and tranquility will not, of course, take the place of the two months she needs and can't have until October, but it will reorientate her more than she has any realization of.

> I am not going to let the nurses go a full year without any holiday any more. All of the high-keyed ones, and they are my best, who give themselves out endlessly in their work, are on the ragged edge before their vacations come. The week in the spring which we provide must in the future be taken when it is due, if we have to keep an extra nurse for nothing but relief.

> Of course, in the case of ..., the need for an occasional change is greater than for any of the others, because she carries such heavy responsibility. It is really she and not I who carries the life and death

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\(^{18}\)It is unclear from the internal evidence in this communication whether the letter is to Julia Stimson, Julia Henning, Julia Lathrop, or possibly another Julia. The importance of the material being discussed, however, is not altered by lack of knowledge of the recipient. The significant fact is the concern Mary Breckinridge is expressing for the Frontier Nursing Service staff member.
Notwithstanding the credit Mary Breckinridge gave the Frontier Nursing Service staff for dealing with problems of daily activities, she merited recognition for addressing certain issues herself. An early example of her participation in addressing difficult matters appeared in her reply to a letter written by a visitor, a committee member from Louisville, who Mary Breckinridge described as many years her junior. The letter suggested disharmony existed between the staff of six nurse-midwives and the mountain people. Portions of the response by Mary Breckinridge and that of Miss Peacock, the Frontier Nursing Service staff nurse-midwife, appear below. Mary Breckinridge preceded her discussion of the visitor's comments by carefully establishing her approval of the letter written by the staff nurse-midwife, Miss Peacock. Mary Breckinridge meticulously worded her response and inferred that she was adding to the comments of the staff member solely in those areas where the staff member, who was new to the Frontier Nursing Service, may have lacked information regarding a particular matter. It is of interest that Mary Breckinridge closed this statement with a Biblical

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19Mary Breckinridge, Letter to Julia, 13 July 1929, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
parable. Whether this is an evidence of the integration of religion into the personal philosophy of Mary Breckinridge, as some would defend, or whether it is a specific use of material to which the young woman would relate is indefinite.

Ist. Your statement, not withdrawn, of an atmosphere of ridicule among the Hyden nurses, and of taking no part in community interest except to laugh at them. This, I hope to show you, is totally mistaken view, and your brief stay of one night at Hyden would hardly qualify you to form a correct one.

On the other hand, my father and I have lived six months in the Hyden center, during which I often visited the people with the nurses, and followed after them, and numberless times watched their meetings at the center—and of the ridicule and lack of community interest of which you speak, there was none whatever. True, the nurses can see the humor of the day's incidents and joke about them among themselves at home. Mercifully so. They could hardly stand the isolation and hardship and tragedy of the life otherwise. I remember once last winter when neither Miss Caffin nor Miss Rockstroh had time to undress for 48 hours. But fun among ourselves is not ridicule among the people.

...Miss Caffin has a brilliant record of public service in nursing behind her. She was chosen from the Henry Street staff in New York to help start the Maternity Center Association, and left them (after five years) to come to us for a lower salary than they gave her, because she believed that the rural mother and baby needed the skilled care now rarely obtainable for any but the city mother and baby. In the interim, she did a year's service as supervisor for the nursing organization of our old American Committee for Devastated France in its reorganization period of tying up with a French Committee, and took her midwifery in England. The Maternity Center Association takes a strong interest in us because she is with us...
So highly do the Leslians regard Miss Caffin's work, and that of Miss Rockstroh, that in the first year of their service over 60 mothers booked with them for confinements, their clinics are thronged, classes of older school children come to them for classes in home hygiene and baby care, the leading citizens of Hyden (formed as a district committee) meet with them monthly to discuss their nursing problems, and the local drive for their permanent quarters netted nearly $800.00 in money, labor, and gifts...

5th and last. Your statement to me that the nurses 'do not understand the mountain people'. Do you? Surely you mean that we do not understand people, any people. Who does? Mountain people, like lowlander, are just people, men, women, and children—not so different in essentials the world over. I have lived, in periods covering eight years, in Russia, Finland, Switzerland, France and England—and also in many sections of our own land, and in Canada, and in widely varied walks of life—lived as a dweller, not a tourist—and I quite honestly can say that I don't understand people. Did I understand them better I would be writing you today more wisely and tenderly, my dear, than my own imperfections permit. Had you understood them you would never have written the letters you did. We are veiled from one another—so we stumble on, making our mistakes and learning a little more with each one. In the parable of the talents the man with one was not blamed for not using it as ten. He was only blamed for not making use of the one he had. In this hard and so needed work for mothers and children, upon which we have adventured, we have made and have yet to make many mistakes, for we are human, but we have not made the mistake of sparing ourselves.20

This riposte from Mary Breckinridge seems adequate to address all the concerns expressed by the visitor.

However, the nurse-midwife also replied. The response

20Mary Breckinridge, Letter to Elizabeth, 23 September 1926, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
of Miss Peacock, the Frontier Nursing Service staff nurse-midwife, is understandably more distant than that of Mary Breckinridge, but contains some valuable insights into the daily life of the Frontier Nursing Service staff. Closing comments are included in the quote because they refer to the reliance the staff had to place upon their horses whether or not they felt competent in using this mode of travel.

...I have been in contact for nearly a month now with the work at Hyden--and can only say that I have the highest admiration and respect for both Miss Caffin and Miss Rockstroh in their work here.

...Their sympathy--tact and loyalty to the Mountaineers here is extraordinary. Had you gone with either of them on their rounds and sat through a clinic of 20 or 30 patients with them, I think you would perhaps have realized the real sympathy that they have for these people and how they are both loved--welcomed and appreciated in every home they go into--and with every patient with whom they come in contact.

As to the 'jokes' about the people--I think one should go a little deeper than just surface talk, they have been through a desperately cold winter and boiling summer--facing all the hardships inconvenience and difficulties--and the courage with which they have done it and are still willing to do for another winter without a grouch--alone should prove that there is no mocking ridicule of the natives in their minds...

I certainly appreciate all your help and kindness to me with regard to the horses--to help me gain a little confidence in them. Remus is adorable--he brought me home in the dark the other night after a long case not even a moon...21

21Miss Peacock, Letter to Miss Bruce, September, 1926, Mary Breckinridge Papers, Appalachian Archives, Univ of Kentucky, Lexington, Kentucky.
Daily matters of importance to the staff were addressed in the course of running the Service. One memorandum referred to a staff member's desire for more frequent visits from supervisory personnel so that problems could be discussed.\textsuperscript{22} Mary Breckinridge related the possibility that problems cannot always be anticipated during visits just as sick cases "crop up right after you have made the health visits." Staff were urged not to hesitate to ask for visits and they were advised that when they phoned about a matter which they wished to discuss privately that they could say they "have something in mind" and request that Mary Breckinridge or the supervisor come by the Center.\textsuperscript{23} The manner of the letters did indeed seem to be focused as to exhibit an awareness of the problems and difficulties faced by the staff in the day to day operation of the clinics.

The Emphasis on Education

In a memorandum to Nursing Staff written in August, 1929 Mary Breckinridge wrote of books she was sending to form the nucleus of the professional library to be

\textsuperscript{22}This response has such direct significance to comments made to management today that it is hard to recall that it was made more than fifty years ago.

\textsuperscript{23}Mary Breckinridge, Letter to Nurses at Hyden Hospital, 16 November 1938, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
established by each nurse-midwife working in the
district. The books mentioned are *The Nurse in Public
Health* by Mary Beard, *The Health of the Run-About Child*
by Lucas, *Nutrition of Mother and Child* by Moore,
*Materia Medica*, Fairbairn's *Midwifery*, and Stevens'
*Practice of Medicine*. Mrs. Breckinridge recommended
reading the *American Journal of Nursing* and *The Public
Health Nurse*. She stated if one of the journals was
subscribed to by the nurse-midwife, the Frontier
Nursing Service would subscribe to the other. If
subscriptions were not received staff were to contact
her. Staff was further advised to keep current by
reading the books being sent to form the library. She
sounded almost pedantic when she stated:

...For this reason I am going to ask you
to read the three books that are being sent
you, in whatever order you prefer, as quickly
as possible after they reach you. In order to
focus your own mind on their salient points,
I am going to ask also that you send me a
description, in approximately five hundred
words, of the points in each which you think
most useful for a nurse in our service...At
the same time, please tell me what type of
books should be the next ones that we buy.
Do you want a textbook for instance, on care
in emergencies, as a reference? Or do you
want one on how to feed the family? Or do you
want a more general one on public health?...

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24Mary Breckinridge, Letter to Member of the
Nursing Staff, 5 August 1929, Mary Breckinridge Papers,
Appalachian Archives, Univ. of Kentucky, Lexington.

25Breckinridge, Letter to Member of the Nursing
Staff, 5 August 1929.
The farsightedness of Mary Breckinridge in this matter of education must not be lost in the imperatives of the directive. Contained in this same communication is this statement.

Now, it is part of the policy of the Frontier Nursing Service, as you know, to help each nurse to advance as far as possible in her professional education. To that end, we give a nurse her full salary when she takes a post-certificate course of which we approve; or a week in New York to get Rectal Analgesia; or the time spent in attending the International Convention in Montreal. And we allow her several months' leave, to pursue special post-graduate studies, as in the course of Miss Peacock and Miss Willeford this spring. 26

There is ample evidence that Mrs. Breckinridge planned an affiliation of the educational program with the University of Kentucky. This is one of the matters most directly affected by the change in the economy during the founding fifteen years. There was a direct result of being unable to pursue development of this program due to the economic constraints of the times.

The Locale of the Work

The isolation of the area during the time was well described by courier Dorothy Caldwell who came to Service in 1935.

There were mines and all the property around there was owned by the Ford people and they leased the surface land for oh, very minor timber operations; but none of the mines

26Breckinridge, Letter to Member of the Nursing Staff, 5 August 1929.
had been opened. You see, there was no railroad in Leslie County. and there were no roads. There was absolutely no way in which they could participate in life outside of the mountains.\textsuperscript{27}

Part of the allure of providing medical care to the Service by physicians was the distinctiveness of the experience—the patients, the nurses and the setting. Dorothy Caldwell whose father was a surgeon who conducted clinics in Hyden persuaded other physicians to provide care there. In this comment there was discussion of a patient referred to Cincinnati by the Frontier Nursing Service.

They were all Cincinnati doctors and not one of them had been on a horse in his life before... Dr. Kylie had been the first one to go, and it was he who had persuaded the other two to go with him subsequently. They had sent a patient out to him. And he got such a kick out of going to see this patient at Christ Hospital and having these visitors come in riding clothes and boots and mud and saddle bags over their shoulders. He just enjoyed it thoroughly and he persuaded these other two that they would enjoy it thoroughly, and they did.\textsuperscript{28}

Other staff would remark that they had attended well-known schools in the United States expecting to find a student body from diverse backgrounds only to discover that their classmates were quite homogenous.

\textsuperscript{27}Dorothy Caldwell Interview, TS, 18 January 1979, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 2.

\textsuperscript{28}Dorothy Caldwell Interview, 21.
When they came to the Frontier Nursing Service they described "meeting the world at the dinner table."\textsuperscript{29} Dorothy Caldwell confirmed the same experience happened in 1935.

Well, you were asking me how the people, how the nurses and people happened to go there. I think his chief source of wonder was the dinner table conversation. There would be at the hospital the largest accumulation of these foreign-born nurses. They would all sit around the table after they'd had their dinner and just anything would come up in the conversation, but Dad spoke of one conversation in which a nurse had said something about how aggravating her horse was, because it would always swell up. She would get the girths as tight as she could and then, it wouldn't be very long after she'd gone out that the girth was loose and the saddle was slipping and she had to tighten it up again...Another one proceeded to tell what you did when you had difficulties in harnessing your dog team in Labrador. And another one talked about the trials of having to ride a camel. That was the sort of lives that they had all had...\textsuperscript{30}

The image of the Service was enhanced by the diverse background of the staff. Their casual conversation included reference to fascinating experiences. Sophisticated as the physician providers might seem, the nurses speaking with an English accent, telling stories of exotic places and wearing a distinctive uniform all must have contributed to the

\textsuperscript{29}Agatha Brown, interview with author, 4 July 1984.

\textsuperscript{30}Dorothy Caldwell Interview, 21-22.
allure of volunteering in an area where patients were appreciative and charmingly direct.

**Staff Motivation for Coming**

The reasons that staff came were varied but often staff mentioned the sense of adventure and the influence of the mountain people as being chief among the reasons for their interest. One staff member said, "...when she told me that it was horseback riding in a rural area it sounded very exciting to me." Another staff member who had been with the Frontier Nursing Service 35 years stated:

> It didn't take me any time to realize that it was a marvelous adventure she was organizing and she, I think everybody recognized, was years ahead of her time. 'Can't' was not in her vocabulary and she worked as hard as anybody could work and we admired her and we believed in what she was doing. Of course, I soon became very fond of the mountain people. I wouldn't have stayed a year if they hadn't helped me. They always did, and I didn't mind asking them. They thought I knew a lot more about what I was doing than I did. Many times I didn't have a clue about what should be done about buildings, plumbing, electricity and all that. If I would ask them enough questions, they would put their minds on it and I got the answer. They innately knew things.\(^{32}\)

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\(^{31}\)Helen E. Browne Interview, TS, 26 March 1979, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 19.

\(^{32}\)Agnes Lewis Interview with Joan Fenton, 8-9.
Both the helpfulness of the mountaineers and the expectations of Mary Breckinridge were apparent in other quotes. Here Mrs. Breckinridge's secretary related the feelings she had after riding to Beech Fork Nursing Center on a bitterly cold November day and finding the roof not constructed as expected. Her fatigue, frustration and concern were voiced.

I was scared to death, I couldn't face Mrs. Breckinridge. I was gonna have to leave, take off if the roof wasn't on....Well, I rode into town, and they were at the bank cashing their checks. And, I went down there and I said, 'You know you've got to...'

'Well, we ain't going to Marthee, they ain't no sense in it....'

I was so tired, so exhausted I burst into tears and I don't think they had ever seen a woman cry before, certainly not that way. And they said 'Marthee, if you'll just stop making that noise, we'll work.'

The experience of working at the Frontier Nursing Service was frequently described as one of growth. Job assignments and people could be trying at times but there was development as well. Martha Prewitt who was Mary Breckinridge's secretary in the early years and who later married Mary Breckinridge's nephew recounted such views.

I was scared to death of her really, the first year I was terrified. I would go back to my room and scream, I was so scared. The tension of being with her and trying to do things her way, she was a driver, I mean she really could drive. And I loved to work, so that didn't bother me. But, but this mania

33Martha Prewitt Breckinridge Interview, 33.
for perfection has always bothered me... To me it was a very terrific experience, I think I probably grew a great deal at that time... I am crazy about the people and the work. I felt terrifically important... I think Mary probably was person stretcher, too, which, is good.\textsuperscript{34}

Helen E. Browne, who became director of the Service upon the death of Mrs. Breckinridge, spoke of her initial experiences, which sounded very similar to the above described experiences that had occurred a decade earlier. The events Miss Browne described occurred in 1938 at Wendover, the headquarters of the Frontier Nursing Service.

In those days, you never argued with Mrs. Breckinridge, really. If she said something was to be done, it was done come hell or high water. This was my impression as a newcomer.\textsuperscript{35}

The \textbf{Uniform}

One of the most effective tools used by Mrs. Breckinridge was the uniform worn by the staff member. Mary Breckinridge placed great emphasis upon the uniform. She wanted the nursing staff of the Service to be clearly identified. It is a premise of this research that the mystique of the Service was enhanced by the distinctiveness of attire of its members. The addition of the saddlebags, while solely pragmatic, made

\textsuperscript{34}Martha Prewitt Breckinridge Interview, 43, 46.
\textsuperscript{35}Helen Browne Interview, 27.
for instantaneous recognition. Correspondingly, the knee length boots were worn solely for their utility but were impressive nevertheless. When films of the work of the Service were privately shown at openings, one or more uniformed staff would be present to add to the aura of the occasion. The uniform was described as "military" by some writers.36

Nurses were required to purchase their uniforms which for district work meant blue summer riding uniforms and wool gray winter riding uniforms. Additionally, leather coats could be purchased through Gimbel's in New York for $28 dollars and rain cloaks for $11. Items were kept on display at Wendover. Sweaters were sold for 50 cents at Wendover. All selections of new models occurred after obtaining the opinion of the six nurses who were nearest and could be called in to make the decision.37,38

Some conjecture was made that the uniforms were summer blue to represent the Union and winter gray to


37Mary Breckinridge, Letter to Member of the Nursing Staff, 18 June 1930, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

38Mary Breckinridge, Letter to Member of the Nursing Staff, 16 November, 1938, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
represent the Confederacy. Thus far, no written document provides insight that would permit a conclusion to be drawn on this matter. However, confirmation of the fact that the Civil War was fought again at the dinner table is available in the Oral History Program documents.\textsuperscript{39}

The Time of the Nurse-Midwife

An article in the FNSQ\textsuperscript{b} that was most revealing about the daily work of the Service during the early years was "How the Frontier Nurse Spends Her Time." The article was coauthored by Dr. Mary B. Willeford and Marion Ross, the statistician also employed by the Service. They identified from the work records that the district nurse-midwife spent 26.8\% of her time in travel and care of the horses, 26\% of her time in midwifery, 16.3\% in office, 13.6\% in public health, 9.0\% in administration of the center, 5.1\% in other activities, and 3.2\% in sick nursing.\textsuperscript{40}

The nurse-midwifery time was divided in the following percentages: postpartum required 65.1\% of the time of the nurse, prenatal visits 29\% and delivery

\textsuperscript{39}Agnes Lewis Interview with Dale Deaton, TS, 5 January 1979, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 112, 114.

\textsuperscript{40}Mary Willeford and Marion Ross, "How the Frontier Nurse Spends Her Time," Frontier Nursing Service Quarterly Bulletin XII, no. 4 (Spring, 1937): 3-10.
The matter of the time difference required for prenatal and postpartum visits was discussed. Prenatal visits occurred in the clinic at the nursing center and there was a convenient site for examinations. Postpartum visits were made to the homes and travel time was considerable.

Displayed in table form in the same article is the information comparing statistics of the United States in 1934 with those of the Frontier Nursing Service from May 1925 to May 1935. The maternal mortality rate for the United States was 5.9; for the Frontier Nursing Service it was .8. The still birth rate for the United States was 3.6 and for the Frontier Nursing Service was 2.4.

The responsibility of the nurse-midwife was clearly defined. Not only were the number of prenatal visits prescribed but also there were to be daily postpartum visits paid for the first ten days following delivery. This entailed much travel time for the nurse-midwife. One purpose served by having a maid hired for each of the district nursing centers was to have someone available who knew of the nurses' travel plans for the

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41 Willeford and Ross, 3-10.
42 Willeford and Ross, 3-10.
43 Willeford and Ross, 10.
day and who could receive and relay messages to her.
The realities of the demands of a district nurse seemed
evident from this quote in the article.

She may have her work planned for the day
and have all of it cancelled by a midwifery
call. She may have done a full day's work and
only just returned to her center and be
immediately called out again to a woman in
labor. She is on call for deliveries twenty-
four hours every day, seven days every week,
regardless of tide or drought, heat or cold,
snow, or ice. A primipara may keep a nurse
from her center for twenty-four hours or
longer; a prenatal with an abnormality may
require endless work and worry to get her into
the hospital for necessary care under the
Medical Director; a postpartum who makes a
poor recovery may require a daily visit for
weeks.44

The grueling schedule could explain why the nurses
were not quite happy about using their weekends to
complete paperwork that the staff at Wendover were
dedicated to obtaining.

Emphasis on Statistics

Little of the work, effort or time devoted to the
establishment of the Frontier Nursing Service would be
known today were it not for the extraordinary attention
applied by Mary Breckinridge to data collection. Years
after the founding of the Frontier Nursing Service such
record keeping is ubiquitous but such was not true in
1925.

44Willeford and Ross, 3-10.
The material quoted from the following letter indicated that during the earliest days of the Service the completion of a census of the territory was being covered by the Frontier Nursing Service. Mary Breckinridge was distressed over the fact that data could not be kept locally by the nurses during the time they were participating in census taking. The emphasis she placed upon statistics even preceded the formal provision of services by Frontier Nursing Service. In this early letter she wrote of her concerns about lack of statistics.

What grieves me to the soul is that we have no records of all this wonderful nursing you have been doing, but I found so many changes on the proofs--the printing people had not gotten it all clearly that I did not dare authorize the printing until my return to Lexington and another personal interview explaining, and, in some instances, another proof. But of course the maternity cases are entered in the Registers...

Mrs. Breckinridge discussed record keeping with the Frontier Nursing Service staff in 1932 at the time when the midwifery cases were sent to the Metropolitan Life Insurance Company for analysis. She instructed the staff, in a two page memorandum, to complete full name of the local midwife(if one was used by the patient), to note how much of a fee was paid (in money or in kind)

45Mary Breckinridge, Letter to Miss Caffin and Miss Rockstroh, 1 September 1925, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
and to include the name of the doctor providing the patient examination, the reason a postpartum visit was not made during the mandatory first ten days (e.g., because of tide or ice or sickness), the reason a doctor did not come in an abnormal case (e.g., he was called and refused or called and could not arrive), the distance in miles to the patient and an explanation of every infant death in the first month of life.

Mary Breckinridge believed so thoroughly in the success of the work of the Frontier Nursing Service that she made clear to state that these data would be scrutinized by "the American public." These two quotes taken from the memorandum further explicated her emphasis on the value of records.

Bear in mind with all your records that the American public will have access to them eventually—but this is more true of the midwifery and baby records than of any others. Our records are the most precious possession the Service owns. In case of fire bear in mind that they are the first things to save and have them together and handy so they can be taken out easily. This includes the daily report book, but not the old daily report books which have been covered in the monthly reports, and these are fireproof in Lexington.46

In an interview, one of the earliest clerical employees remarked that the stress placed on collection and recording of the data was not always welcomed. Lack

46Mary Breckinridge, Letter to Frontier Nursing Service Staff, 13 April 1928, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
of enthusiasm for record keeping was discernible from the statements she made. Mrs. Breckinridge had just departed on one of the speaking tours that were essential to the fund raising that kept the organization running. A picture of the demanding schedule of the nurse-midwives emerges.

The next time she went on tour, later in the Fall, she told me to go to all the Centers and get family folders copied. I simply couldn't do what she expected me to do at Wendover and go to the Centers on week days. Her mail came every day and it had to be forwarded and there was no one else around the place to look after the men, the women, the maids and what have you. So I set it up for going on the week-ends and took the clerk in the record department to help. The poor nurse-midwives—being out all week, night and day, a good part of the time—really didn't enjoy us doing office work over the week-end. But we did it...Of course, the nurses didn't like records any more in that day than they like them in this day and time. I learned right then and there that nurses should have their weekends off if possible.47

Little imagination is required to perceive that a nurse with such a demanding schedule might be less than receptive to any infringement upon her small amount of "free" time, however compelling the need for data collection might be viewed by others.

Early Funding

In the early years, the Service depended entirely upon private contributions for its funding. Mary

47Breckinridge, Letter to Frontier Nursing Service Staff, 13 April 1928.
Breckinridge made several speaking trips annually for the purpose of fund-raising. She used slides to accompany her presentations even in the twenties. Later she used the films that were made to show the work of the Service. One film made by a cousin, Mary Marvin Breckinridge in 1929, was entitled The Forgotten Frontier. Notwithstanding the value of the slides and films produced for use with these lectures, without Mary Breckinridge's renowned ability to speak, the showing of the media items would have achieved little. Here a teacher from Bennet College described these early speeches:

But she made it so vivid, you know, I mean we sort of felt we kind of knew the people and realized their problems. She was very, very remarkable. She could project her...enthusiasm and feeling about it and her compassion for the people. And it was very thrilling. Everybody was moved by her. We loved her very much.48

An ancillary purpose served by the trips was to encourage young women to apply as couriers. It is unclear how calculated this move was. What is assured is that Mary Breckinridge soon realized that this was a superb method to develop a lifelong involvement among these young women with the Service and its work. It is certain that she was not long in acquiring this knowledge. The real possibility exists that this

48 Margaret Gage Interview, 2-3.
concept was based upon her experience with the drivers used in France by the Comité Americain pour les Régions Devastées de la France (C.A.R.D.).

Throughout her career Mrs. Breckinridge demonstrated a remarkable ability to see what was effective in one setting and translate that concept to another. In this day when only what is new is viewed as innovative and valuable, one must question which was the wiser approach. Mrs. Breckinridge appeared to have had few failures in translating these concepts utilized by others to settings of her own. From France she borrowed the family health records and the use of couriers; from the Scottish Highland and Islands Service she borrowed the saddlebag supplies to be carried to deliveries, the decentralized design of the service and the community involvement via committees in the districts. Her pragmatism permitted her to recognize success in innovation wherever she traveled. It was Breckinridge's distinctive ability to determine what worked in one area which could be effective in another that contributed to the exceptional universe of her work.

49Mary Breckinridge referred to this committee as the American Committee for Devastated France.

The Use of Nurse-Midwives in Kentucky

Nursing offered innovations in health care in the early years of the twentieth century within two areas: the provision of antenatal care and the immunization against communicable disease. Both were largely the result of the implementation of new programs by public health nurses. It is the premise of this research that it was Mary Breckinridge's utilization of nurse-midwives and nurses in a public health nursing role at the Frontier Nursing Service that heralded the American nursing movement into practice in advanced nursing roles. Today that role is labeled the nurse practitioner. The nurse-midwives who worked in Kentucky were the first nurse practitioners in the United States.

Mary Breckinridge was motivated to seek nurse-midwives to provide care in Kentucky based upon her experience in post-World War I France. There she was introduced to British women trained in both disciplines of nursing and midwifery who were able to provide comprehensive care to mothers and their young children. The nurse-midwife through her focus on preventive health seemed ideally suited to the remote, mountainous area in which Mary Breckinridge wished to establish the Frontier Nursing Service. Mary Breckinridge felt the best care provider for the young child in rural America would be the nurse-midwife. Her
concept of health care delivery to provide care to the unborn, care to the mother through the hazard of delivery, and care during the critical first six years of life she felt could best be provided by the nurse-midwife. 51

The nurse-midwife in Kentucky was, in fact, a public health nurse who was able to perform deliveries as were the nurses in Great Britain employed by the Queen's Institute who had both midwifery and public health training. Kalisch and Kalisch acknowledged this role at the Frontier Nursing Service as utilization of nurses in expanded roles. 52 Interestingly, when Loretta Ford and Henry Silver initiated a pediatric nurse practitioner program forty years later and three-fourths of a continent away from Kentucky, they sought as their first students public health nurses.

During the summer of 1923, Mary Breckinridge conducted a survey of the midwifery conditions in the mountains of southeastern Kentucky where she planned to establish a nursing service. She interviewed fifty-three midwives. Their average age was sixty years old. Many of these women had undertaken midwifery duties after the rearing of their own families in order

51 Breckinridge, Wide Neighborhoods, 111.

to help neighbor women who otherwise would be alone. Mary Breckinridge respected them despite their practices, some of which she labelled medieval.⁵³ Following this survey, Mary Breckinridge obtained the nurse-midwifery education she sought prior to the initiation of the Frontier Nursing Service. She departed by steamship for England in October, 1923 where she undertook her nurse-midwifery studies.

As a nurse, she had traveled extensively for the Children's Bureau following her son's death and spoken at countless events throughout the midwest and west. Samples of the written reports from this tour appear in the documents section. This work she credited with helping her endure this great loss.

Mrs. Breckinridge had been active in the Red Cross activities while she was a wife and mother in Arkansas. She had organized and taught child health courses at the Junior College where her husband was president.

She had administered a very successful program for the American Red Cross in post-World War I France. Though she had never practiced clinical nursing beyond providing care for those stricken during the wartime flu epidemic in Washington, she entered a clinical nursing program in midwifery at the British Hospital for Mothers and Babies for the first time since her graduation from

⁵³This survey appears in its entirety in Appendix B.
St. Luke's Hospital School of Nursing. She was actively seeking funding for the Service that she envisioned and she had already encountered the resistance of those in administrative positions to her proposed work. She was forty-two years old. In all likelihood there were potential funding agencies who considered her to be a poor risk. She was a woman in her forties, a divorcée, one who had never worked in the field of her preparation and one who was embarking at this juncture on both a new professional training program and upon the establishment of a health care delivery agency. Ultimately she was to succeed in every endeavor except in her quest to obtain public funding for the beginning of the Service.

Following completion of midwifery studies at the British Hospital for Mothers and Babies in 1924, Mary Breckinridge made a study of the Scottish Highlands and Islands Medical and Nursing Service. This experience was responsible for the pattern of the Frontier Nursing Service. The "combination of social, economic, and geographic difficulties characteristic of remotely rural areas" was found both in the mountains of eastern Kentucky and the Scottish Highlands.54

In fact, the inaccessibility of the Kentucky mountains were important in the selection of the area.

54Breckinridge, Wide Neighborhoods, 131.
Mary Breckinridge felt if the demonstration she envisioned could be conducted in Kentucky it could be duplicated anywhere. This area was also chosen for another reason; it was sparsely settled and it lacked a single state licensed physician.\(^5\) The rugged terrain and the lack of licensed medical practitioners were not the only obstacles faced by the Service. The words of Mary Breckinridge described the conditions in Kentucky in 1925:

> Not even in the war-devastated areas of northern France have I known greater poverty than we had in the Kentucky mountains in our early days, at a time when living conditions beyond the mountains were good. It just wasn't possible for a man to raise enough to feed his family on steep land, utterly unsuited for any kind of crop but timber. Families without bottom land, and they were the most in number, went hungry and ill-clad.\(^6\)

Typhoid and diphtheria were endemic, in 1925, in the territory covered by the Frontier Nursing Service. Typhoid provided the avenue for the introduction of public health practices that became the cornerstone of the Frontier Nursing Service health care delivery. Diphtheria was a disease of such dread proportions that nurses feared it along with patients. When immunization

\(^5\)Purely a matter of conjecture is that perhaps some of the support from the medical establishment to the founding of Frontier Nursing Service was that this was considered as an effort to displace the unlicensed physician.

\(^6\)Breckinridge, *Wide Neighborhoods*, 266.
against it became available it was welcomed by nurses and Kentucky families alike.

While the emphasis was placed upon the care of the mother and the small child, health care was delivered to the entire family. From the beginning, it was recognized that prevention of illness reduced both human suffering and the costs of health care.

These seem little different from many of the recommendations for healthful living as they related to diet and exercise advocated by Florence Nightingale. They are little different from the recommendations emerging from studies of this day that relate to creating a healthful environment through the assurance of a safe water supply, the proper handling of excrement and the maintenance of a fresh air source from that of Miss Nightingale. Likewise the emphasis placed on the importance of the statistical analysis of one's work was also very like that of Florence Nightingale. What was advocated then is being heralded today as new and innovative by many disciplines in health care.

Mary Breckinridge stated that the utilization of the midwife in America for the first time could not have occurred without the cooperation of many leaders in nursing. Those who helped reads like a list of Who's Who in American Nursing. Annie Goodrich, Lillian Wald and Mary Roberts were leaders in the American Red
Cross Nursing Service, and Hazel Corbin was Director of Maternity Center Association. It was these nurses who were identified as being among the leaders who supported the plan for rural health care delivery conceived by Mrs. Breckinridge.

Mary Breckinridge had met many of these people during her work with the American Red Cross in France or during her days of course work at Teachers' College Columbia. She seemed to have the ability to maintain long term relationships because correspondence from these people spanned a long time period, for decades in many cases. Another confirmation of Mary Breckinridge's capability to motivate loyalty was the fact that every arriving nurse-midwife was met at the ship by a member of the American Red Cross. The nurse-midwife would be taken to a place where she could bathe prior to boarding the train to Kentucky and then would be escorted by the Red Cross nurse to the train station. This circumstance may seem negligible now, but following a long ocean voyage, a lengthy exit via customs and faced with the prospect of a lengthy train ride, many of the newly arrived the Frontier Nursing Service staff must have welcomed the appearance at dockside of the Red Cross nurse.

In 1931 when a nurse-midwife was needed to help establish the first nurse-midwifery school in the United
States, Rose McNaught, one of the American nurses whose education was funded by the Service, was sent from Frontier Nursing Service to be the first supervisor for the school established by The Maternity Center Association. Nurse-midwifery students from Maternity Center Association were trained in the settlement house areas of New York City.

Eight years later, in 1939, the Graduate School of Midwifery was founded at the Frontier Nursing Service. Today it is the oldest of the nurse-midwifery schools still in operation in the United States. Mary Breckinridge had planned for a school from the inception of the Service, but the ubiquitous problem of funding prevented it. Establishment of the school was accelerated when the British nurse-midwives returned to their homeland to assist in the war effort. The need became imperative to educate nurses-midwives in Kentucky.

Though the original intent of the Graduate School of Midwifery was to prepare nurse-midwives to work in Appalachia, what evolved was education not only to address local needs, but also to serve worldwide needs. The Frontier Nursing Service graduates have now worked in fifty-five countries worldwide. The emphasis remains today, as in the founding days, on the

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preventive aspects of care, the early recognition of problems, the appropriate referral of the complicated patient and primary care of individuals in their home setting.

The Nationality of the Staff

While intended that the staff would be half American and half British, there was an almost sole reliance upon British nurse-midwives. This posed no problem until Great Britain entered World War II in September, 1938. Within months of Britain's entry into the war, thirteen British nurse-midwives had returned home. By November, 1939 the Frontier Nursing Service training course was opened.58 During this same time Miss Buck specified there were "visitors from fifteen states and the Philippines" and that "visitors came from all over the world--Mexico, China, South Africa, Afghanistan, Scandinavia."59

What is it that draws nurses, doctors, sociologists, students, newspaper men? The answer is found in two heard frequently in connection with the Frontier Nursing Service: 'pioneer' and 'demonstration'. We are a demonstration of what can be done to give a country of poor people and difficult travel an inclusive nursing program.60

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58 Dorothy Buck, "The Nurses on Horseback Ride On," American Journal of Nursing 40, no. 9 (September, 1940): 993.

59 Buck, 995.

60 Buck, 995.
Not all who left the Service to return to aid in the British war effort felt that it was a wise decision. One nurse-midwife who left Kentucky during the war years said that it had been "a waste really." She related that since she was a midwife she was assigned to a maternity home for the duration of the war. She felt she would have been of much greater use had she remained in Kentucky.

For those who did remain the load was enormous. Helen E. Browne related events surrounding assignment to be hospital midwife and supervise not only the clinical training of the nurse-midwifery students in the Graduate School of Midwifery but also to keep the hospital operating with a staff who by now were primarily volunteers. These volunteers, which Browne credited as being the determining factor in keeping the facility operational, were, by and large, couriers who had taken the Red Cross nurses' aide course.

The First One Thousand Deliveries

By 1932, Mary Breckinridge had received the Metropolitan Life Insurance Company analysis of the first one thousand deliveries conducted by members of the Frontier Nursing Service staff. It is a

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62 Helen Browne Interview, 27.
confirmation not only of the excellent work by the staff of the Frontier Nursing Service, but of the wisdom of Mary Breckinridge to have collected meticulous data. This remarkable material has been widely quoted in both lay and professional literature. It introduced the American laity to the value of services that trained nurse-midwives could provide. It provided statistical analysis of these services that was irrefutable by the professional groups who might, for reasons of self-interest, wish to portray less favorable images of care provided by nurses-midwives. Further, though not mentioned in many of the quotes, this provided statistical data related to a nurse-midwifery population that was irrefutably high risk. Any articles that reflected the positive outcomes of nurse-midwifery or midwifery services had always previously hastened to qualify that nurse-midwives worked with only "normal" populations. In fact, the majority of populations served by nurse-midwives had multiple high risk factors and virtually all were high risk due to their socioeconomic status. This erroneous statement could not be made when discussing the population served by Frontier Nursing Service for there all were attended. The letter reporting the analysis of these first 1000 deliveries is so significant that it is quoted here in its entirety.
This study covers the tabulation of the first one thousand midwifery cases of the Frontier Nursing Service. All of these women registered with the service during pregnancy and were cared for during delivery and were followed up for one month after delivery.

The patients cared for were, for the most part, young women. Seventeen per cent were under age 20 and 28 per cent between 20 and 25 years. A total of 45 per cent were registered under age 25.

Eighteen per cent of the cases receiving care were primiparas, that is, were bearing their first children. Among the 167 women under age 20, 109 were in their first pregnancy. Two hundred eighty-seven women, or 29 per cent, developed one or more puerperal abnormalities during pregnancy and in 130 cases, the service of a doctor was called for. This proportion of abnormalities is lower than is usually found in the general population and is lower than in other series where excellent care in pregnancy has been available. Only two of the thousand cases developed eclampsia, although there were 172 cases with toxic symptoms which might have developed seriously without the care which the nurses rendered. Delivery complications occurred among 366 women, of which the commonest were hemorrhage, prolonged labor, and laceration. The number of these cases, however, is much less than usually occurs. In only 52 cases was it necessary to obtain the service of a physician during labor. Forceps were used 9 times.

The most important single result of this work is that not one of the women died as the direct result of either pregnancy or labor. There were two deaths in the series; but in one of these, the cause of death was chronic heart and kidney disease and in the other, it was chronic heart disease. Neither of these two cases could properly be ascribed to the maternal states. They would probably have occurred under ordinary conditions.

Another important result is the small number of stillbirths. There was a total of 26 stillbirths among the 1,015 babies. This figure is one-third less than occurs usually in the general population of the United States. Another end result is the number of babies that die within one month after birth. There were 25 such deaths out of 989 babies.
born alive. In the general white population of Kentucky, there occurs 36 such infant deaths in 1,000 live births, which represents a saving of one-third from that in the general population.

Finally, it is important to note that the mothers and babies were discharged at the end of the month in good health. Out of the thousand women who were visited up to within four weeks after delivery, 96 per cent were reported by the nurse as in satisfactory condition.

The study shows conclusively what has in fact been demonstrated before, that the type of service rendered by the Frontier Nurses safeguards the life of mother and babe. If such service were available to the women of the country generally, there would be a saving of 10,000 mothers' lives a year in the United States, there would be 30,000 less stillbirths and 30,000 more children alive at the end of the first month of life.

The study demonstrates that the first need today is to train a large body of nurse midwives, competent to carry out the routines which have been established both in the Frontier Nursing Service and in other places where good obstetrical care is available.63

Here the reality of the better outcomes of pregnancies managed by nurse-midwives is clearly acknowledged. It did not follow that acknowledgment of the better outcomes led to better funding. Just as Mrs. Breckinridge experienced problems in the funding of the Service, it remains the same today. Any public or private endeavor to provide care to mothers and babies was difficult to fund.64

63Louis I. Dublin, Letter to Mary Breckinridge, 4 May 1932, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky.

64This is another of the comments that seems pertinent to today.
A friend of Mary Breckinridge, Julia Lathrop, had been prominent in a grants-in-aid program that made money available to the states to establish programs to aid mothers and infants. Congressional bills regarding maternal and child health programs failed the two previous years, but in 1921 the first Sheppard-Towner Act was passed. This money was appropriated, in part, because of the studies done by the Children's Bureau that showed:

...the clear correlations between infant mortality and ill health, on the one hand, and low wages, crowded housing, parental ignorance on the other.66

The dilemma of the outcome of this period of reform rests upon two incongruous yet related events. Grace Abbott succeeded Julia Lathrop as director of the Children's Bureau.67 In June, 1929, the Sheppard-Towner Act was allowed to lapse. Both these events had significant impact upon the care of mothers and babies and the systems which provided their care. Clarke quoted in Seedtime of Reform from Florence Kelley, the battlehorse from the days when women sought

65Clarke A. Chambers, Seedtime of Reform: American Social Service and Social Action 1918-1933 (Minneapolis: Univ. of Minnesota Press, 1963), 50-51.

66Chambers, 50.

67Mary Breckinridge had traveled extensively for the Children's Bureau during the summer following the death of her son in January, 1917. Letters commenting on this trip are included in Appendix B.
enfranchisement who went on to direct her energies to the liberation of children:

Why are 'seals, bears, reindeer, fish, wild game in the national parks, buffalo, migratory birds, all found suitable for federal protection; but not the children of our race and their mothers?' 68

It is worthy of mention that the passage of this legislation occurred in the wake of the powerful lobbying by women to obtain the vote. 69

The second incongruity was the position played in this drama by Herbert Hoover who is credited by Clarke in Seedtime of Reform with being conspicuous in the founding of the American Child Health Association, serving as its president while he held the cabinet post in commerce. 70 One may question if the politics of the applicant for funds, Mary Breckinridge, may have played a part in the decision regarding the refusal of the organization to fund the work in Kentucky. Such speculation merits consideration despite the inability of present documents available to this researcher to confirm such influence. Until passage of the Social Security Act six years later, no bill addressed maternal and child needs.

68 Chambers, 51.

69 Melosh, 119.

70 Melosh, 119.
The following chapter will discuss the impact of the economy upon the founding years of the Service. There was an impact upon the Service and significant consequences for the employees as well.
CHAPTER 5

ECONOMIC CONTEXT

To characterize one image of the depression in the United States is fraught with difficulty though patterns with regional reality can emerge. Thomas Gordon and Max Morgan-Witts in their introduction to The Day the Bubble Burst spoke of these conflicting views.

We have tried to look at the effects on all strata: on the one hand there is Winston Churchill, who lost money, a member of J. P. Morgan and Company whose wife dismisses the Crash as no more than the rattle of tea-cups; on the other there is a young flapper, and a vivacious bootlegger—both in a sense 'in the mark'—who, like so many others, are scarred forever by men they never met and decisions over which they had no control.¹

Lester Chandler wrote in America's Great Depression 1929-1941 of the impact of the predepression years on farmers. There was a feeling that the general prosperity of the twenties had bypassed the rural section of the country. Taxes, especially property taxes, were felt to be inequitably distributed to the farming community with farmers paying proportionally more for rural holdings than urban businessman. America was still an agrarian society though it seemed daily

that the onslaughts against the farmer mounted.

Chandler stated:

However, great numbers of farmers were already in difficult economic positions. Among these backward farming methods, and those heavily in debt. Not only these but many others as well proved to be highly vulnerable in face of the depression.²

It is interesting to note that there is a disagreement among authors about the actual years of the depression. Lionel Robbins in The Great Depression wrote:

There have been many depressions in modern economic history but it is safe to say that there has never been anything to compare with this. 1929 to 1933 are the years of the Great Depression.³

Not only is there disagreement about the years of the depression but there is also controversy about the interventions sought by politicians to address the issue. Goronwy Rees in The Great Slump described one of these matters:

It was not the result of hardheartedness; it was the product of a system of ideas, held with the absolute conviction of dogma, which rendered Mr. Hoover incapable of action: of the belief that Federal intervention in business was an evil that must be restricted to a minimum, that the self-interest of businessmen was the only reliable guide in economic affairs, that the depression was the inevitable result of immutable economic laws.


which would one day, equally inevitably, provide their own cure for it.4

While it appeared that President Hoover sought the counsel of businessmen it seemed equally apparent that President and Mrs. Roosevelt encouraged citizens to write directly to them. Robert S. McElvaine discussed this phenomenon in Down and Out in the Great Depression.5 He stated that these letters of the thirties provide a direct means to learn of the individual impact of the economy on the lives of people. These letters to the Roosevelts numbered as many as 5,000 to 8,000 per day.6

The conundrum of economics during times of crisis was apparent in the thirties. There was great poverty and suffering and there was wealth. McElvaine concurred with those saying the depression had an inconsonant effect, writing that "most of the rich remained quite comfortable."7,8 The convictions of groups other than


6McElvaine, 6.

7McElvaine, 17.

8This may explain, in part, why Frontier Nursing Service continued to sponsor its annual fund raising cruises into the early years of the depression. It appears they were discontinued due to diminishing subscribers for the annual cruises. Whether the
businessmen had repercussions that affected the poor. Some politicians proposed health care privileges for the poor which formerly were the sole prerogative of the financially secure.

Roosevelt had wanted medical insurance, but the American Medical Association was so implacably opposed that the Administration did not even make a try for it.  

Those not rich faced difficult times in more than an economic sense. Many of the options that were developed to meet their dire needs forced them to make choices that went against deeply held philosophic beliefs. Again McElvaine commented:

Rural and small town people in the 1930s were, of course, steeped in the American values of individualism, self-reliance, hard work, and thrift.

The relentlessness of nature added to the economic uncertainties coincided in Kentucky in the thirties to create a unique circumstance. The usual pattern of personal decline in fortunes of the Frontier Nursing Service subscribers contributed to this reduction in the profits or whether there were those who felt it unwise to continue such expenditures during a time when the majority of the populace was undergoing economic privation or for another reason remains a speculative matter.

This would be congruent with Hoover's thoughts that business should not be interfered with by government if one views the practice of medicine as a business. That determination will be left to the reader.


McElvaine, 69.
response to drought is migration. This pattern was followed in America during the thirties. However, the customary method of those who left the mountains to secure work was to return when jobs no longer existed. As the industries closed in the cities people did return from Cincinnati and Detroit. While the actual numbers of those returning may have been small it was enough to exert significant impact in the face of the second insult, the drought.

Mary Breckinridge wrote of the distinctive attributes of the depression faced by the dwellers in the areas served by Frontier Nursing Service in an article appearing in the journal Survey in August, 1930 in an article aptly titled "The Cornbread Line." She described the particular circumstances faced by men, and their families, who had lost jobs at coal companies in adjacent counties, in paper mills, in railroads and in manufacturing. She recounted that these often more skilled laborers returned to the depressed mountain region and displaced the less skilled local laborers. Breckinridge demonstrated her singular ability to describe a major event that had wide consequence and make it understandable in terms of its impact upon the

individual. She astutely abnegated an argument often proffered to deal with dwellers who choose to remain in isolated areas:

> We are constantly told by people outside the Appalachian range that the solution for the poverty of that region lies in bringing the mountaineers out. Well, thousands have gone out and today their only hope of livelihood rests with their friends who stayed at home. In the mountains there is at least a shelter without rent to pay, and a meager living can be wrested from the ground.13

Breckinridge showed that her views were in juxtaposition to the aforementioned views of President Hoover.

> It will be seen that the mountain country is having troubles of its own. Is it fair that it should be asked to shoulder the cities' unemployment as well? The industries which entice labor away from the mountains, and keep it employed through years of clamant prosperity, should help tide these workers over the leans days. But they have drawn the labor out and used it, and now they cast it back upon the mountain country which did not share the prosperity of the city, and which is now asked to add the cities' unemployment problem to its own struggle for existence against the forces of nature.14

Breckinridge's observations of the impact of the depression on conditions were corroborated by a recent scholar of the era. George T. Blakey wrote in Hard Times & New Deal in Kentucky 1929–1939 of these times:

> As a predominantly agricultural state,


Kentucky did march in step with the nation's unhappy agricultural situation...Kentucky's farmers had to work harder for these meager results than did farmers in neighboring states.  

While Breckinridge seemed to place responsibility upon the industries for providing for workers others looked toward the government as having responsibilities previously presumed to be those of the individual. The pervasiveness of the feeling that government must aid in the solution of some problems seems solidified by the end of World War I. Robert Wiebe writes in The Search for Order:

Somewhat more slowly, private leaders had come to believe that they also could not function without the assistance of the government, increasingly the national government.

Additional forces at work outside the mountains left little choice to the unemployed mountaineer living in the city but to return to his hollow. Ray Ginger writing in Age of Excess acknowledged that America by the second decade of the twentieth century was a "Land of Progress" but this had been obtained at a heavy price for it was also a "Land of Flight." Immigrants from

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around the world had arrived, often providing a work force for the expansion of industry, but creating a populace that had no home of origin to return to in times of economic struggle.

John Garraty in *The New Commonwealth* advanced the supposition that just prior to entering the twentieth century America had undergone "a basic transformation." He described industrialization as being responsible for moving Americans from dealing with problems individually to dealing with them collectively.

As with any generalization there are exceptions and thus the mountaineer who had gone to the city to work, who had lost his means of employment and returned to the mountains became once again unique during this difficult time. So often it is unique circumstances and events with which designed systems of intervention are unable to cope.

Theodore Roosevelt's influence during the first decade of the twentieth century had prompted consideration of matters for the first time from a view divergent from the preceding two centuries of American political thought. George Mowry in *The Era of Theodore* ❄️

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19 Garraty, xiii.
Roosevelt cited this as a move away from "rural answers to urban problems" that had dominated all prior examinations of the changes being wrought in American society.\(^{20}\) This move may have served those well who lived in urban areas but it is less certain that it benefited those remaining in or returning to rural residence.

Local irony was not lacking regarding the event of the depression. It is necessary to recall the baseline poverty of the populace to appreciate that in a November 15, 1934 issue of the local newspaper, Thousandsticks,\(^{21}\) the Thanksgiving dinner menu appearing in an article entitled "The Simplified Thanksgiving Dinner"\(^{22}\) was listed as being:

- Chilled Fruit Cocktail
- Salted Almonds
- Celery
- Olives
- Turkey


\(^{21}\)These are samples of the "fillers" used both by small and large newspapers of that day and often continued to this day. However, the stark contrast with the reality of the situation in Kentucky during this time merits its special mention. Small papers had as their "bread and butter" the publication of tax notices, deliberations of the school boards and other public groups. The fillers were used when local news items or civil matters requiring publication were limited. As Breckinridge identified, these were times of cornbread not feasts.

\(^{22}\)"The Simplified Thanksgiving Dinner" *Thousandsticks*, 15 November 1934: 2.
A populace faced with the demands of the times was not likely to have benefitted from such newspaper advice.

The Depression and Drought of the Thirties

Many of the individuals who were interviewed often used the same words to say, that while they were unaware of any significant impact that the depression had on their lives the consequences of the drought of the thirties were enormous. The crops withered and died. Not only was there no fodder for livestock for the winter, but there was so inadequate a crop it could not be used to meet daily needs.

The lead article in the Spring, 1931 issue of the FNSQP indicated that the serious nature of the situation continued. The article was untitled but was undoubtedly written by Mrs. Breckinridge.

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23Mary Gardner, interview with author, 2 July 1984.
About seventy per cent of our families are on Red Cross relief, families who never in their lives were on relief before. During the six years since the Frontier Nursing Service began its work we could count the people who have asked us for charity on the fingers of two hands. But famine is no respector of persons--the proud and self-respecting suffer most...

Upland pastures were parched to brown ruin as the months went by without rain; grass withered to yellow straw, corn in the ear wizened in misshapened shocks, cows went dry, many were killed, many driven away to be sold for whatever they would bring...Back to this stricken land swarmed thousands who had lost their jobs at the mines or in industry, or on the railroads, back where the margin of living is never far above hunger level, back to swell the cornbread line...26

During this time timber was still being rafted down the Kentucky River. With the coming of the drought this became an impossibility. Not only was income lost, but there was also in many locations a critical shortage of water for daily human and animal consumption. The economy of Leslie county had always been subsistence level for the populace as a whole and during the drought these limited resources were taxed to the utmost.

Mary Breckinridge had nurses conduct surveys of the families' needs and assess the ability of the family to survive. A Frontier Nursing Service employee spent an entire summer collecting data that Mary Breckinridge used in presenting a report to the American Red Cross on the needs of the people of the area. The employee and

the accuracy of the data he collected are discussed in this chapter. It is important to comment here that the entire cash income for the average size family of five was $36.70 a year.

The border between maintaining an adequate existence and failing had always been fragile in this region burdened with the difficulties of isolation, of lack of a transportation system to markets, of lack of development of its natural resources and a rugged mountainous topography with little level land. On the other hand, the endurance, tenacity and sense of willingness of the mountaineer to help a neighbor were formidable forces in his favor, and in fact, were utilized during this time.

Nan Elizabeth Woodruff wrote of the times in *As Rare As Rain*:

The areas suffering the most within these states were in the plantation counties in the Arkansas and Mississippi River Deltas and the Appalachian Mountain counties in Kentucky and West Virginia. Nature could not have found a more desperate region to inflict its vengeance upon...²⁷

Woodruff described the particular onslaughts wrought by the events of the times upon the residents of Appalachia.

The small farmers and coal miners of Kentucky and West Virginia had fared little

²⁷Nan Elizabeth Woodruff, *As Rare As Rain* (Urbana: Univ. of Illinois Press, 1985), ix.
better as they had seen their land gutted by timber and coal companies, suffered displacement from their land, and seen wages decrease. The drought came as a final blow in a sequential chain of natural and economic misfortunes.  

When the relentlessness of the drought continued, Mary Breckinridge feared that the local populace was faced with the prospect of starvation. A staff nurse-midwife, Mary B. Willeford, described in her doctoral dissertation the data collection initiated by Mrs. Breckinridge during this time:

Lee Morgan, a mountaineer...had previously collected figures in Leslie County for the Frontier Nursing Service to present to the Red Cross in the hope of securing relief for the people during the drought [sic] winter of 1930-1931. Figures showing the amounts of food that each family would have available until the new crop was harvested were collected in August and September by Morgan. From these, estimates were made as to the date when each family would run out of food and become absolutely dependent on Red Cross relief. The estimates for the spring months made from figures collected in the fall months were found to fall short of the actual conditions by only 2%.  

How did Frontier Nursing Service view its activities? Did it view its area of concern as strictly nursing matters? Did it see itself as separate from community events? The drought of 1930 provides insights into the response and involvement of the Frontier Nursing Service. The magnitude of the drought was

28 Woodruff, ix.
29 Willeford, 15.
staggering. The Frontier Nursing Service undertook a study to determine what the food supply would be from the fall of 1930 until the next harvest in the fall of 1931. Armed with these data, Mary Breckinridge took this report to the American Red Cross in Washington. Disaster was impending on a vast scale. The Red Cross intervened in January of 1931.

By then one-fifth of our people had no food. They had been carried for four months, unaided, by a population of which less than 8 percent had a surplus sufficient to last until the next harvest. It was a record characteristic of a proud and independent people, and it would have been hard to match in the world's history.30

Private as well as public sources were sought to aid in relief. The Borden and Pet Milk Companies donated dry and evaporated milk and private individuals contributed large sums for milk. There continued to be the annual requests for funds and clothing. The Red Cross was also called upon to provide the same relief that was being given throughout the South. Sixty percent of the population served by the Frontier Nursing Service was obtaining an allowance from the Red Cross by 1931. The allotment was $2.50 in Leslie County and $2.00 in Clay County.31

30Breckinridge, Wide Neighborhoods, 260.

31Mary Breckinridge, Letter to Mrs. Thurston Ballard, 13 March 1931, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
Mary Breckinridge was concerned that the allotment was not large enough. Yet, there was ambivalence on the part of others, primarily prominent local residents, about accepting aid for these mountain people who so highly valued independence and self-reliance. That concern is expressed in part in this quote:

Mr. Mitch Begley was our lawyer on the Hyden Committee. He was also on the Red Cross Committee...He said: 'The people in here have always helped each other and they've gotten by.' What he really didn't want was for them to become dependent on outside help. He didn't want them to be robbed of their pride and wanting to make it on their own. In a way, he was right, but during that time Mrs. Breckinridge was not a bit happy about how things were going. The allotments were not raised to what she thought they should be and I wrote her a letter after talking to Mr. Mitch Begley and thought I would ease her mind. I told her what he said—that they still had canned goods and potatoes and that we thought they would get by on that. She was furious! I received a three page letter which started out: Dear Agnes: I do not want your opinion. I want facts! With a trained mind and my experience, I'll draw my own opinions. I don't remember the rest of it, but she went on and on. In it she said I should go on Red Cross rations and see how I would be...\(^{32}\)

Though Breckinridge sounded quite formidable the staff member related that upon her return when she found the staffer to actually be following the suggestion of going on short rations she reacted to protect the staff member:

...they never did raise the allotment to what Mrs. Breckinridge wanted. I kept on

\(^{32}\)Agnes Lewis Interview with Joan Fenton, 5.
getting letters telling me to go on Red Cross rations which I knew she didn't really mean... When Mrs. Breckinridge came back, she looked around... and said 'Where's Agnes?' The staff replied 'She doesn't eat with us; she's on Red Cross food rations.' That stunned Mrs. Breckinridge but she didn't say anything. In two or three days she came in to me and said she was going to make complete rounds of the nursing stations to discuss the Red Cross business and she wanted me to go with her. I knew the only reason she was taking me with her was one way to get me off those Red Cross rations. She did thank me for going on the rations because if I hadn't, she was going to do it when she came home.33

This same secretary who remained an employee of the Service for thirty-seven years described the conflict she felt during her early years.

... I did resign I think the second summer I was there... I told her I thought she, I should tell her that I was not in anyway fitted for work and was not the person she needed, would she please find someone to replace me, and with those big blue eyes she let the tears come and she said 'child impatience is my besetting sin but by the grace of God and in my secretaries I will learn patience', well if she knew that was her besetting sin and tried to do something about it I felt like who was I who couldn't control my own besetting sins to hold her responsible for hers as long as she tried.34

Mary Breckinridge often let her facade of autocracy lapse and her empathy emerge when writing to those not involved in the daily work as in this letter to the Chairwoman, of the Service, Mrs. Ballard.

33Agnes Lewis Interview with Joan Fenton, 6.
34Agnes Lewis Interview with Dale Deaton, 71.
Mrs. Breckinridge felt that not all was done to seek available help.35

Yesterday, when I was in Mitch Begley's office, a pale, lean, hungry, tired-looking man, with one arm, came in. I remembered him. His arm was blown up by a shotgun and he was operated on at our hospital about a year ago, and nearly went crazy because he didn't know how he could make a living. He said, slowly and quietly, "Mitch, do you reckon you can increase the allowance a little bit? We can't make out." Mitch said, "I will see what I can do." Mitch is the chairman of the local Red Cross chapter, and one of our trustees, as you know, and a dear. Then the one-armed man said, "My fodder is give out for the mule. Can I have a little fodder for the mule?" Mitch replied that the Red Cross wasn't feeding mules. Then I spoke up and reminded him that in exceptional cases they would, and the man with one arm was certainly an exceptional case. Then he said that he would see about it.

Cases like these could be given you over and over. These are just the two of yesterday. Nobody is feeding the mules. The government wouldn't. Nobody in here can borrow anything. The Red Cross claim that feeding the mules is beyond their scope. The poor creatures are starved and how they can plow the spring crops is beyond my comprehension. Many of them have had nothing but the wintry forest for weeks. Some of the cows have gotten sick and died and others have gone dry, all for lack of food. But the Red Cross is now feeding the cows in Leslie. Up until now, the chapter in Clay County had not done so. I am going over to Manchester to see about it. In fact, I am going out on rounds this afternoon and will be in the

35Again, there is a striking similarity with today. Officials say there is little hunger in America. It is said the only failure identified is that of the people who decline to apply for available food through various government or social programs. This attitude has implications of victim blaming. While victim blaming seems greater in the 1980s, there are similarities with the 1930s.
saddle eight days, visiting all of our stations. This part of the world was always heart-breaking. You can imagine what it is like now.³⁶

There are other instances of the involvement of Mary Breckinridge in matters of local economics among the letters in the Mary Breckinridge Papers. One example of her participation related to the matter of the federal crop loan program. In the letter quoted below, she wrote about two people who had loans administered by the Farmers' Seed Loan Office in St. Louis, Missouri. All the letters were written in February, 1932. She thanked the administrator who responded both in a personal and in a business letter to her regarding her inquiries. Mrs. Breckinridge pointed out the difficulty which she knew must be inherent in administration's job of managing a district office with 27,000 individuals. Then she went on to present the cases clearly. She thanked him for sending a list of Clay and Leslie counties. From the internal evidence of the document and from its location with other files concerning the Federal crop loans it is surmised that these are lists of individuals who had such loans.

As I glance through them I see the name of J.H...who has paid his $50.00 loan in full. I happen to have been talking to him in November, and he said to me then that if he had to pay his loan in full that it would take

³⁶Breckinridge, Letter to Mrs. Thurston Ballard, 13 March 1931.
two-thirds of his crop and that he could not
manage through the winter on the remaining
third. In order to allow him to make some
payment on the loan, I remitted a debt of
$10.00 which he owed the FNS. This man
happens to be a member of our district
committee in that section and an exceptionally
upright and honorable
person. That is one of the instances, of which
there are so many...37

The Administrative Officer in Charge of the United
States Department of Agriculture Farmer's Seed Loan
Office in St. Louis, R. H. McElveen, responded.

We note from our field agent's report
that Mr. J.H. produced approximately two
hundred bushels of corn, forty gallons of
syrup, and several tons of hay. Mr. J. H.
informed our representative that he would make
a payment on January 13th, and by reason of
receiving $15.00, we are sure that he has paid
to the extent of his ability.38

Mary Breckinridge rebutted and rather than
passively accept the comment that the federal agency
felt that the individual had "paid to the extent of his
ability," she asserted that she felt that even a fifteen
dollar payment was unreasonable in light of the man's
social situation, which she eloquently outlined.

...another thing that I personally
know....This particular man has a wife and
eleven children and the infant left by his
dead daughter, and his wife is expecting
another baby. This is fifteen people to feed

37Mary Breckinridge, Letter to R.H. McElveen, 12
February 1932, Mary Breckinridge Papers, Appalachian
Archives, Univ. of Kentucky, Lexington.

38R.H. McElveen, Letter to Mary Breckinridge, 9
February 1932, Mary Breckinridge Papers, Appalachian
Archives, Univ. of Kentucky, Lexington.
for one year out of the two hundred bushels of corn you enumerated, to say nothing of live
stock. I think you will readily see that two hundred bushels of corn divided by the number
of these individuals and by the number of days of the years, are not going very far. It
is almost a starvation ration. You will also see that the two hundred bushels of corn sold
at 30 or 40 cents a bushel, would bring in at the outset only $80.00. Your total lien is
$50.00. It would not take all of J. H.'s corn, hay and syrup to pay that loan, but to
pay even a small part of it has taken an essential part of the livelihood upon which a
family of young children depend. You could not have given a better instance of the
absolute injustice of the collection the Government loans at the present prices of
agricultural products. I will be able to give you a great many other such instances.\footnote{Breckinridge, Letter to R.H. McElveen, 12 February 1932.} \footnote{Two tangential issues seem appropriate to be raised at this time. One issue is the similarity between events in the 1930s and the 1980s and one is led to question how much what occurred in 1932 varies from the situations of farmers of today when faced with repayment of federal loans. The amount of the loan may vary a great deal from 1932 to 1988 but the impact upon the individual would appear to vary little. The second issue is that Mary Breckinridge responded from Lexington, Kentucky to this letter dated only three days earlier from St. Louis, Missouri. Mrs. Breckinridge gave these Federal Crop loan letters top priority as indicated by her prompt response, as manifested by the date of the answer. The other remarkable feature is that the mail service appears to have been quite efficient in 1932.}

Mrs. Breckinridge seemed neither restrained in her willingness to comment upon inequitable situations nor hesistant to persist in her efforts. She manifested tenacity in all pursuits related to the work of the Service. Her unflagging confidence in the success of

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the work seemed matched by her persistence as an advocate for these mountain dwellers.

Salary Deferments

The commitment of the staff of Frontier Nursing Service can be measured in many ways in willingness to often leave one's country of birth, in willingness to live in an isolated area, in sacrifice of personal time and interests, in separation from family and friends; yet one of the most exceptional ways this was demonstrated was in the salary deferments made by the staff during the depression. This event was of such magnitude that in a 1984 interview, a staff member of the times still spoke feelingly of the personal adversity it inflicted.41

As early as October, 1931, Mrs. Breckinridge communicated her concern about finances with a staff member. She indicated she would be writing to all the staff about salary deferments.

Below is the first of the letters that discussed the financial matters:

October 10, 1931

Dear Agnes:

our New York committee has decided to postpone its drive until spring because of the tremendous lot of local drives and the

41Carol Kimball, interview with author, 8 August 1984.
impossibility of raising money at the present time. After our Britannic cruise they feel that we can go over big with the drive, especially as the city charities will not be raising money at the same time. That means that the money we have been counting on for the next six weeks will not be coming in until spring. November, December and January are our best financial months from old subscribers and we expect them to carry themselves as usual, but for the moment, we are short of cash.

I am writing the older nurses and secretaries who have been with us some time to know if under the circumstances you can let your salaries go until the November payments. This will enable us to use such money as we have coming in to get our fall campaigns under way in the various cities so that our regular subscribers will not fall out during our most critical months.

If you can do this, will you please say so on the bottom of this letter and return it to me at the New York office, 63 East 57th Street. If you cannot, will you say so with equal frankness, as of course, we can pay some of the salaries or half of any that need their money at the present time—as I imagine some will who are going on vacations. I know that those of you who can do this will be very glad to help the organization to tide over this decision of the New York committee—a decision made at the advice of the fund-raising organization which is backing the campaign and which does not believe that we could possibly make a success of it this fall, and is willing to wait until the spring for its fees.

As you perhaps know, three-fourths of our expenses each month are in salaries, because we believe in service above everything. Therefore, to enable us to carry on at full steam and not close down any of our work (as so many organizations are doing) or cut any part of the salary scale which we consider essential to good service, (which even more organizations are doing during the depression) an agreement on the part of most of our older people to let their salaries ride over a month will be more helpful in holding down expenditures until November than any other method we could pursue. It will also give
each member of the organization an
opportunity to help us maintain our present
standards in the full scope of our work—an
objective which each of us holds equally in
common. 42

This initial letter to staff regarding finances
discussed in a businesslike fashion the financial
situation of the Service. 43 Later there would be a
request made to sacrifice, as in war time, an appeal to
the notion the filial alliance of members of the
Service, and an appeal to idealism that was lacking in
this October, 1931 letter. It is possible at this early
date that the duration of the financial difficulties was
underestimated. The staff member made a suggestion
that, it will later be seen, was quite astute. That
suggestion regarded the payment to the nurses of the
petty cash. The access these nurses had to this fund
made subsistence for the staff nurse-midwives in the
districts possible. Again, it was apparent that the
degree of faithfulness exceeded that which would
ordinarily be expected. Several responses are quoted
here as they demonstrate the sense of obligation of the
staff.

42 Mary Breckinridge, Letter to Agnes Lewis, 10
October 1932, Mary Breckinridge Papers, Appalachian
Archives, Univ. of Kentucky, Lexington.

43 Mary Breckinridge, Letter to Agnes Lewis, 10
October 1931, Mary Breckinridge Papers, Appalachian
Archives, Univ. of Kentucky, Lexington.
...I am not sacrificing at all by staying on the staff... As for finances. I think I can manage here as long as the petty cash comes in. People around here have been very good about paying their bills with potatoes, coal, and chickens. One man just finished cutting weeds about the center to pay for his new son. I have had eight new babies (in less than a month). Four boys and four girls. There are seven more expected in August. The depression is not hurting the birth-rate in this community.44

A local employee spoke about the influence of mountain people in her decision to remain.

My desire to remain with the Frontier Nursing Service is twofold: my interest in the Service as an organization, and the welfare of the mountain people. I remember too well the difficulties and tragedy we faced without proper medical attention before you came to the mountains. My willingness to stay with the Service through the crisis is unbounded. Please let me thank you for giving me this opportunity to try to express my appreciation, to you, the Executive Committee and the Service, for the marvelous work that has been done for the people here, which are, truthfully speaking, my own.45

In The Physician's Hand, Melosh gave insight into the culture and ideology of nursing that may have influenced the decisions made by many of the staff to remain. At this time all of the staff were graduates of diploma schools of nursing and Melosh characterized many

44Lois Harris, Letter to Mary Breckinridge, 6 August 1932, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.

45Grayce Morgan, Letter to Mary Breckinridge, 10 August 1932, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
of the attributes of that environment as having the potential to provide the antecedent information from which the nurse-midwives made their decisions.

For these nurses, apprenticeship culture nurtured the intense commitment to work that is more commonly associated with professional training and practice...few other institution in the twentieth century could provide young women with a comparable experience of female autonomy. Seldom explicitly feminist in their ideology, the schools nonetheless empowered young nurses as women by expecting much of them and by denying the cultural contradiction between femininity and commitment to work.46

The financial crisis was not as brief as Mrs. Breckinridge anticipated or as she inferred. Mrs. Breckinridge sent a letter to each Frontier Nursing Service staffer that contained a similar core component but that was individualized to each recipient. Mrs. Breckinridge made use of a theme, (that of dedication as if in a military endeavor), in the following letter.

In commenting on the staff's willingness to accept salary deferments she stated, "There has not been a waver in the battle line on any front."47 She described the Service in terms of family relationships as well. Yet, Breckinridge's ever present sense of business and economy was manifested when she requested the

46Melosh, 66-67.

47Mary Breckinridge, Letter to Dougall, 1 August 1932, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
staff to respond using the enclosed envelope. The letter revealed another element of her personality. Though a response was mandatory, she phrased it as a request. Of particular significance is the mentioned intake of $800,000 for the work of the Service over seven years. There is no evidence to indicate that prior to this time mention of the income of the Service was made to the staff in such a direct fashion. Whether reference to it at this period was intended to show the support of private contributors to the work of the Service, to indicate that Mrs. Breckinridge was offering a "safe" risk or for a less calculated reason is not apparent. The fact that Mrs. Breckinridge mentioned the application for funding "available for philanthropic purposes"\(^{48}\) should add credibility to those asserting that she did apply for funding from other than private sources.

The letter below, to Dougall, represents the letter sent to the older staff nurses:

August 1, 1932

Dear Dougall,

I am writing to each member of the Service - first, to express to you each, individually and personally, my unbounded appreciation of the way in which you are carrying on in the Service during this difficult financial strain. In a sense, I feel a deep humility in giving expression to

\(^{48}\)Breckinridge, Letter to Dougall, 1 Aug. 1932.
this appreciation. The Service is so much a corporate thing, and those of you who chose to stand by and see the period of depression through, when you might have left with everything paid up in full, have by this very act so integrated yourselves into the Service that you are an essential part of it. It is, therefore, really hardly becoming on my part for me to presume to thank you; it is almost as though one member of a family were to thank another member of the same family for upholding the solidarity of family relationships.

It is proper, however, for me to congratulate you and the Service on the superb way in which you are carrying on under the double strain of added responsibility and work and uncertain income. There has not been a waver in the battle line on any front. I want you each and all to know of my intense admiration. I am choosing this time to write you of it because the late summer and September are the stiffest period through which we must pass. So far as human vision can foresee, the strain will lighten in our own circumstances when the autumn is under way, whatever the conditions of the outside world. Meanwhile, we are putting everything in motion that we can possible (sic) envisage to get our share of whatever funds there are available for philanthropic purposes, and to keep everyone on a maintenance basis, our credit liquid, and allow for holidays as they fall due. I want every one of you to let me know your personal situation if any special difficulty comes up, so that we can gather our resources to meet it.

I also want to tell you in advance that Willeford, Mac, and I are going away on the 11th of August to be back on the last day of August, for a holiday in Virginia in the car. We think that is the best time to be away, so that we will have all of September to line up the winter's work, both on the financial and outside and in the field. I had not intended taking a holiday this summer, but I know that I won't be equal to the heavy winter's strain unless I have one, and my elder brother is giving it to me as I am personally without funds. While we are gone, Betty and Bucket, on the field end, and Edith Marsh at the hospital, will carry on and most every
emergency as it comes up. Dr. Whitehouse, of Lexington, is, as you know, relieving for Dr. Kooser's vacation.

Lastly, I want to add that the Executive Committee of the Frontier Nursing Service, at its last meeting, when Mrs. Ballard agreed to advance the money to pay all who were leaving the Frontier Nursing Service up to date, and in full, asked me to express to the members of the staff, nurses and secretaries alike, who elected to remain with the Service during the financial strain, their very deep appreciation, both of the difficulties they were facing and the spirit in which they were facing them. They also asked me to tell this to each member of the staff in writing, as well as individually, and to ask each one to write me in return of her willingness to share the crisis. Will you, therefore, please acknowledge this letter in the enclosed envelope?

Now, in conclusion, I can only add that I know we are headed for brighter times and that I think, personally, that the strain through which we are passing together is going to enrich the Service more than all the money (over $800,000) it has received during the past seven years. Through fidelity in facing sacrifice and want together, in the pursuit of our ideals, we are founded on a rock of so enduring a substance that its subsequent growth will be beyond anything even we have dreamed.

Yours, with very real affection,
Mary Breckinridge

By March, 1933 the situation was bleak indeed when Mrs. Breckinridge's secretary wrote a letter to her which described the impact of "bank holidays" upon the financial situation which was already strained. The Kentucky Bank holiday had been declared just days before Roosevelt's national declaration.50

49Breckinridge, Letter to Dougall, 1 August 1932.
50Blakey, 2.
Just a note about our present financial situation. Since March 1st we have received only $481.92 of which $350.00 was...regular contributions...

The urgent needs now are the expense accounts for the outside offices which were due the first of this month and part-salary checks for the district nurses.51

The reduction in salary became a permanent rather than a temporary measure. Salaries at Frontier Nursing Service, which had been comparable to those offered by outside agencies employing nurse-midwives, became permanently reduced. Never again were the salaries of nurses at Frontier Nursing Service to approach those outside the mountains. The matter of the salary deferments was not one that Mrs. Breckinridge could ever bring herself to resolve. The following quote is taken from an interview in the Appalachian Archives at the University of Kentucky. AL is Agnes Lewis who is being interviewed by JF, Joan Fenton.

AL: It was awfully hard for Mrs. Breckinridge to cut back. It was hard for a lot of people. Wages and salaries were cut back immediately. It had to be done. Mrs. Breckinridge couldn't bring herself to face a permanent cut. We just could not meet the salaries. She decided to pay just whatever money came in. The bookkeeper and I had to keep a record of what everyone's salary was supposed to be. Finally, it was necessary to cut them by one third. She tried to keep up with that arrangement. The staff was supposed to get two thirds of the original salary. We couldn't meet that...Mrs. Breckinridge could

51Agnes Lewis, Letter to Mary Breckinridge, 13 March 1933, Mary Breckinridge Papers, Appalachian Archives, University of Kentucky, Lexington.
not admit that she could never be able to do it. She would often say that she was going to pay those salaries back...I think it was in the fifties when we finally decided that we could 't go on doing that any more. While Mrs. Breckinridge was away, Helen Browne was Associate Director. Browne, Betty Lester, Lucille Hodges and I, the older members of the staff, got together and decided that we would do away with all the back salary business; everyone would be on just so much--whatever we could pay, and that was the salary situation. Period! When Mrs. Breckinridge came back, we explained what we had done. She was stunned, but I think she was very grateful.

JF: Yes. Did you often get together, the five of you and handle matters this way?

AL: No, that was the only time we ever did that, but we just couldn't cope with that any more. She realized she was never going to pay it. She also realized that we couldn't think that that money could ever be paid back.52

While Mrs. Breckinridge repeatedly demonstrated her ability to plan and to revise those plans when circumstances required, it is apparent that she was relieved to have this painful decision concerning the matter of the salary deferment cancellation made by others in the Service whom she trusted.

A Health Care Demonstration

Frontier Nursing Service was planned as a demonstration project from its commencement. Mary Breckinridge had conceptualized Frontier Nursing Service as being a model of health care delivery that could be implemented in other places in the United States during

52Agnes Lewis Interview with Joan Fenton, 7-8.
her lifetime. By 1930 a survey had been conducted by two of the Frontier Nursing Service staff members in the Ozarks. This was done in anticipation of establishing the model of nurse-midwifery health care delivery in use at Frontier Nursing Service in the isolated areas of the Ozarks.

The impact of the depression on the work of the Service may not have been as immediate as in outside settings but was significant nevertheless in curtailing planned future expansion as an August 14, 1929 letter in the Appalachian Archives indicates. Mary Breckinridge, in this letter to her friend, the sister of the Episcopal anchoress Sister Adeline, discussed the remarkable surgery that saved a twenty-one year old patient who had been "shot at his moonshine still by a deputy sheriff".

The hospital is demonstrating every day the need for an emergency place of that sort at strategic points in this mountain country. We have now decided to have every seventh or eighth of our stations an emergency hospital.

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53 In fact, health care delivery models were implemented patterned on Frontier Nursing Service during Mrs. Breckinridge's life. What did not occur, ironically, was the establishment of such services in the United States.

54 Records of this survey were lost during a fire in an office building, The Garden House, at Wendover. Agnes Lewis Interview with Dale Deaton, 45-46.

55 Mary Breckinridge Letter to Miss Maud M. Cashmore, 14 August 1929, Mary Breckinridge Papers, Appalachian Archives, Univ. of Kentucky, Lexington.
and to subsidize a doctor sufficiently for our own work to enable him to live in the region. This broadens our scope enormously and will, of course, add heavily to the budget.56

This pattern of care never did materialize for the Service for the impact of the depression lasted far beyond whatever years that scholars may use to define the era. It is possible that contributors' willingness to donate to a philanthropic organization takes far longer to revive than the immediate period of the economic recovery. Secondly, this economic recovery was predicated in no small part on the entry of the country into a second world war. During the time of the war, citizens were urged to contribute money otherwise directed to charitable and philanthropic endeavors to their country by purchasing bonds for the war effort. All these matters are likely to have affected income that might have come to Frontier Nursing Service and thus curtailed any plans for expansion.

Plans to expand the concept of delivery of health care implemented at Frontier Nursing Service were severely hampered both by local and world events. The drought, the depression and soon after the Second World War made realization of these plans for expansion of the Service impossible.57

56Breckinridge Letter to Miss Maud M. Cashmore, 14 August 1929.

57Lewis, Letter to Mary Breckinridge, 13 March 1933.
A postulate of this research has been that Mary Breckinridge's use of nurse midwives and nurses in a public health nursing role at the Frontier Nursing Service was the first step toward the movement of nursing in the United States into advanced nursing roles. Today that role is labeled the nurse practitioner. The purpose of this chapter will be to present a historical introduction to the education for and the practice of the nurse practitioner role, to place the educational and practice components of the role at Frontier Nursing Service within this framework and to briefly examine what nursing leaders postulate as problem areas regarding the role.

Nurses have at various times and in diverse settings practiced in expanded roles. However, one of the consequences of the adoption of the Nightingale model was that it allowed formalization of a system of health care, thus making it possible for the physician to become the director of the delivery of health care. This was accomplished through the educating of a group of health care practitioners, trained nurses, whose goal
was not curative but rather was supportive and restorative. It was apparent almost from the inception of physician directed care that the episodic care provided by the physician failed to assure the recovery of the patient to the extent that round the clock skilled nursing care did in the preanesthetic and prepharmacologic era.

Having the physician as director of the health care team was not what Nightingale intended; rather the physician was to serve as a consultant in the Nightingale schemata. Nurses were to function independently within a framework of health care that included nursing assessment, planning, intervention and evaluation. Midwifery was included in this representation of nursing, which permitted great independence of the practitioner of nursing in a system that called upon the physician only when deviations from "normal" care existed.

Mrs. Breckinridge chose to become trained as a midwife in a renowned English school, the British

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1It needs to be mentioned that other scholars of Nightingale disagree with this researcher's interpretation. Irene Sabelberg Palmer, "Nightingale Revisited" Nursing Outlook 31:4 (July/August, 1983): 229-233.

2When nursing education and the practice of educated nurses was transposed to settings outside of Great Britain divergence from this model of Nightingale's occurred.
Hospital for Mothers and Babies. During the tour of the Scottish Highlands and Islands Nursing Service following completion of her midwifery studies in England she was equally impressed with those she saw practicing the role of the nurse-midwife in remote, rural setting of Scotland. She not only returned to the United States with plans to begin a nursing service, but also to begin a nurse-midwifery educational program. Of importance to the presentation of Mary Breckinridge's influence on nurse-midwifery is her contribution to nursing education program design in America. An issue in comparison of any model of nursing education in the United States is whether or not the education program shows features of Nightingale's model or the American adaptation made by the majority of schools of nursing in the United States. Table 1 presents an adaptation of the chart developed by Jerome Lysaught, which compared the Nightingale model of nursing education and practice with the American adaptation.

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3 She was so influenced by this experience that when the Frontier Nursing Service Hospital was dedicated in 1927, Sir Leslie Mackenzie, the public health official in charge of this program in Scotland, was invited to come to Kentucky to give the dedicatory address. His speech, as well as a later article about his wife, Lady Mackenzie were included in issues of the Quarterly Bulletin of the Frontier Nursing Service.

Table 2
Breckinridge Adaptation of Nightingale Model of Nursing Education

Nursing Practice

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<th>Nursing Education:</th>
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<tbody>
<tr>
<td>1. Students and faculty were carefully selected</td>
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<td>2. Nurses were autonomous</td>
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<tr>
<td>3. Frontier Nursing Service was financially independent</td>
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<tr>
<td>4. Careful contractual agreements existed with other institutions</td>
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<tr>
<td>5. Precise records were maintained for the purpose of research from the beginning</td>
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<td>6. Emphasis was placed both on continuing education through the establishment of</td>
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<td>libraries at each Center as well as the funding of education sought beyond the</td>
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<th>Nursing Practice:</th>
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<td>1. Care was client/family centered</td>
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<td>2. Preventive health was identified as preeminent</td>
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<td>3. Sick nursing care was a component of health delivery</td>
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<td>4. A scientific approach was effected through nursing management</td>
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adapted from reference 5
Lysaught distinguished that neither Nightingale's model nor its American adaptation was very complete.

Nightingale's plan was never implemented to her complete satisfaction in England, and although some of the American hospital schools evolved in ways that are approximations to her ideals, the general level of adaptation was poor. 5

In general, Nightingale envisioned a nursing controlled and directed program. The program would incorporate the ability to carefully select students, to have the teaching done by nurses, to carefully contract for work settings for students, to encourage research, and to provide care that was holistic, patient centered and had a preventive component. 6 The American adaptation had features that indicated that selectivity of students was limited, that education was service oriented and there was no emphasis on research as a component of nursing practice, that nurses were actually intermediaries in education and were submissive to their employers, the hospital. Concomitantly the delivery of care by nurses trained in the American model was illness oriented, thus making the hospital the focus of nursing care delivery and limiting the emphasis on preventive care. 7

5Lysaught, 11.
6Lysaught, 11.
7Lysaught, 11.
As noted, the Breckinridge model more closely approximates the Nightingale model. In the area of nursing practice the Breckinridge model restores the holistic influence of nursing. The holistic influence at Frontier Nursing Service was discernible not only in its application to the individual, but also in its recognition of the importance of the influences of family, environment, food supply and transportation upon the health of the people and upon the system of health care delivery designed to meet the needs of those people. Janet Heinrich in an article entitled "Historical Perspective on Public Health Nursing" identified the Frontier Nursing Service as being among only a few nursing demonstration projects that confirmed that nurses providing primary care in the expanded role could successfully achieve health improvements.  

From the outset the Breckinridge model differed from the American adaptation in nursing education. At Frontier Nursing Service nurses were autonomous. Students and faculty were carefully selected. The Frontier Nursing Service was financially independent and careful contractual agreements existed from the outset with hospitals in Cincinnati, Ohio and Lexington, Kentucky for the referral of children to the former and

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adults to the latter. Precise records were maintained so on-going and episodic research studies could be conducted.

The Breckinridge model is client centered. The Service was initially established because of client needs resulting from the absolute lack of health care. Preventive health was identified as being essential from the outset. It was implemented in the sanitary measures instituted to deal with trachoma and typhoid and the immunizations for diphtheria. The sick nursing component of care led to the early establishment of a hospital. The emphasis was, however, on caring for the well in their home and community setting and utilizing the hospital for the ill. The client in the community had been the center of the orientation even when that client had been a family member on a remote mountain creek.

The scientific component of nursing practice was assured with the establishment of the educational programs at the Frontier Nursing Service that have expanded over the years to include graduates in family nurse practitioner programs as well as nurse-midwifery. The physician has never been the focus of the institutional or nursing activities as is the case of the American adaptation of the Nightingale model. The dramatic shift in recent American nursing from assisting
the physician to assisting the patient had been the conventional practice at the Frontier Nursing Service. The Service patients frequently saw the physician only for the most extraordinary events.

In the area of education in America, Mary Breckinridge established the longest running nurse-midwifery school. She founded the American Association of Nurse-Midwives, which later merged to form the American College of Nurse-Midwives. This is the body that today accredits nurse-midwifery educational programs, administers the certifying examinations to nurse-midwives as well as being the official representative of nurse-midwives.

Did the outstanding contributions of early nurses, in this instance Mary Breckinridge, serve to avoid present day professional issues? Indeed, not! If anything the seeds of today's controversies were sown in the independent, patient oriented systems advocated by Mary Breckinridge and Florence Nightingale. Nor is their sphere of activity to be criticized. Today's leaders are calling for a return to these roots.

One cannot help but wonder if the lack of interference in the establishment of the work of Mary Breckinridge was because it addressed needs of the individual who was poor and a rural resident. One cannot help but wonder if the lack of interference in
the work of Florence Nightingale in Crimea was because it served the soldier in a remote setting who was likely from a low socioeconomic class. This is corroborated by the fact that upon her return to England, Nightingale resumed hospital work with the poor.

Health care of these Appalachian mountaineers is no longer fifty years behind the rest of the country, as was the case when Frontier Nursing Service was founded though problems unique to dwellers of rural areas do remain. The influence of these problems on the outcome of health of individuals and upon the design of the health care delivery system was one of the study components.

While the Frontier Nursing Service serves as a model of rural health care throughout the world its contribution is often ignored in the United States in this time of technological emphasis. The fact that maternal and child health arose from the worst in the country to the best, all without intrusive innovations, is not recognized by a society that places emphasis on the artificial, the plastic, the technological and the mechanical. A society that emphasizes "things" cannot be expected nor may it wish to recognize the contributions of nontechnologic approaches.

It can be said that the Frontier Nursing Service is better known worldwide than it is in the United States.
Though this study did not address the issue specifically, one wonders if there is a subliminal motivation for denying recognition of a successful endeavor because its preponderant contribution has been made by females and nurses.

Virtually every nursing text addressing public health nursing during the time of the early years of the Frontier Nursing Service included mention of the Service. Characteristically the section mentioning the work of the FNS included remarks on the public health services provided by the nurse-midwives and the reduction in maternal and infant mortality. Of interest, quotes made today often share very similar content.

From 1925 to the present the Frontier Nursing Service nurse-midwives have practiced in an expanded role. In interviews with informants, many mentioned this as a factor in their coming to the Service.

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9Helen Frederick Hansen, Professional Relationships of the Nurse (Philadelphia: Saunders, 1948), 286.


12Louise Morris, interview with author, 8 August 1984. She related that she had worked in Canada prior to coming to Frontier Nursing Service. She said, "You know, Barbara, I've been permitted to practice the full range here where I would never have been able to do so in England or in Canada." It is of interest that
Nurse-midwives were involved in health maintenance and preventive health measures largely through the emphasis and utilization of public health nursing interventions and in patient participation. The public health activities ranged from discussing the need for building privies, the importance of gardening, the testing of water supplies, the need for screening of windows, the importance of immunization and the staffing of eye clinics, especially those to treat trachoma.

Loretta Ford related that the first nurse practitioner program was conceptualized from "trends in practice, education, and research in nursing and health care." Ford's statement introduced the pediatric nurse-practitioner program developed at the University of Colorado. Ford and Silver, the architects of this program, envisioned the ideal student as one with a master's degree in public health nursing. Ford cited the barriers to initial progress as being their own colleagues and the designation of the nurse-practitioner as a physician extender "creating illusions that medicine and nursing were on a hierarchical continuum of preparation and practice...."13 She identified the problem areas as existing, in part, because of vested

several staff members have previously worked in Canada, some for the Grenfeld Mission, others in the territories.

13Ford, 236.
interests, and listed them as reimbursement, legal constraints, educational support and underuse in practice settings. Ford related that these tensions are manifested by professional groups as:

...resorting to legal and political strategies to secure their territorial boundaries, to ensure their financial future, and to control the health care delivery system.

These are barriers that continue to be utilized to limit the access patients to a specific group of care deliverers, and of care givers to patient populations, to educational programs and to sources of financing for health care education and health care delivery that do not conform to the traditional medical model.

As we look specifically at nurse-midwifery, Diers noted its position as "the oldest of the specialized practice roles for nurses" as instructive. Diers articulated that nurse-midwives, while not providing traditional medical care, were often viewed as agents of threat to physicians not only because of the usual difference in gender, but also in part because of a perceived "role invasion." The data support another interpretation Diers made about the type of populations

14 Ford, 244.
15 Ford, 245.
served by nurse-midwives. Nurse-midwives serve ten
times more than rural communities, under 10,000, than do
physicians. Diers explicated that nurse-midwifery
shares with the other nursing specialties the reality
that they are assigned the patients who are the most
sick, the poorest, the most complicated, the most
socially undesirable, the most socially at risk...." Yet, on a level that is not logical except when viewed
economically, medical practitioners are often threatened
by the delivery of health care to these individuals when
it does not conform to the medical model.

Barbara Hackley identified this issue of
independent reimbursement as the one central to
independent practice. She wrote that its absence
jeopardized the ability of the nurse midwife to
establish nursing practice roles independent of the
medical model. She stated:

At the crux of the reimbursement issue is
the struggle to gain recognition; recognition
by the insurance companies and the government
that nurse midwives provide safe cost
effective care; recognition by physicians and
health care institutions that nurse midwives
have the right, as professionals, to direct
remuneration; physician care.

20 Barbara K. Hackley, "Independent Reimbursement
From Third Party Payors to Nurse Midwives," Journal of
Other scholars postulated that as long as nurse midwives and nurse practitioners worked in underserved rural and urban settings there would be little furor from the medical community.21

Barbara Bates expressed concerns the physician could have in regard to the expanded role nurse:

...the physician may believe that the nurse is usurping his responsibility and authority. His resistance to transfer of functions increases when he sees these functions as comprehensive rather than technical and routine, and when he views the transfer not as delegation, but as surrender.22

Choi identified the term nurse practitioner as being laden with controversy, confusion and conflict since its introduction in the 1960s.23 Many nurse practitioner educational programs adapted into traditional models of medicine. In fact, it is expansion into clinical medical practice that "receives the reward of heightened esteem from medical colleagues."24 While traditionalists in nursing may deplore the nurse practitioner who is a "junior doctor"

21Ford, 264.


24Choi, 521.
the health care system applauds the pathophysiologically oriented and technologically competent nurse. A good nurse becomes the one who is familiar with machinery and body chemistry. Little recognition comes to the nurse with another orientation to the patient.

Ingeborg Mauksch described today's shifting role of the nurse as from one of assisting the physician to one of becoming his colleague and jointly practicing in the delivery of health care. She identified this new nurse as a risk taker and one who accepts accountability for her own actions.\(^\text{25}\) This posed another threat to medical practitioners in that nurse practitioners frequently wish to practice with increased professional autonomy and organize a model of interdependent practice with medicine. These nurse practitioners, as with nurse midwives, find they are often viewed as competitors by physicians.\(^\text{26}\) Thus, nurses who are overwhelmingly female in numbers challenge predominantly male physicians in two direct ways. Nurses threaten physicians in the realm of economics and power when they seek independence. Secondly, nurses violate the cultural norms ascribed to women that they be

\(^{25}\) Ingeborg Mauksch and Martha E. Rogers, "Nursing is Coming of Age ... Through the Practitioner Movement," American Journal of Nursing 75 (1975): 1839.

\(^{26}\) Diers, "Future of Nurse-Midwives," 281.
economically dependent and have power in circumscribed situations (e.g., in child rearing and home care).

Complicating the matter further is the issue raised by Diers that even in areas of physician oversupply, consumers may view nurse midwifery care as offering desirable components of care lacking in the medical health care delivery model, thus adding to the concern of those who already fear being economically threatened.27 Studies of nurse-practitioners show that patients "demonstrated increasing functionality, fewer untoward symptoms of disease, and more efficiency in the use of the health care system...."28 Ford stated that early findings consistently demonstrated:

(1) acceptance by patients; (2) a quality of care, as determined by process measure, that was at least equal to that provided by physicians; and (3) outcomes of care that were equal to or superior to those achieved by physicians.29

Ford also predicted nursings' involvement in the political process as necessary if the public need was to be served. This is in juxtaposition to the position of Mary Breckinridge, which avoided partisan participation on the grounds that her financial support came from those of multiple political persuasions.

27Diers, "Future of Nurse-Midwives," 274.
28Ford, 236.
29Ford, 242.
There are writers expressing concern that nursing's sensitivity to groups ignored by medicine; the chronically ill, the well, mothers and children, the poor and the aged is being challenged now that a physician surplus is developing.\textsuperscript{30} The greater willingness of physicians to now assume salaried positions and to work in previously ignored fields is diminishing territorial distance between patient populations with whom nurses and physicians work.\textsuperscript{31}

In order to shift the image of nurse practitioners from a role that emphasizes the curative aspects of medical care, and thus the doctoring role, to that of a nurse who is eminently qualified and who exemplifies the evolving role of the professional nurse in assuming joint management of the care of patients, particularly preventive in health care, nursing must continue to practice in a variety of settings. In order to achieve such a model of nursing involved in preventive health care there is a need for the profession of nursing to become responsible in providing settings for the work of this nurse outside of traditional, hierarchically oriented medical models. As a profession, nursing must support and at times educate other professions and consumers about its long standing heritage of practice.

\textsuperscript{30}Ford, 242.

\textsuperscript{31}Ford, 245.
in nontraditional settings and demonstrations (e.g., the Frontier Nursing Service). Upon such a matter the viability of the profession may rest, for individuals and groups that are adaptable are those that survive.

Though analysts of professional growth differ in their assessments of the influence of economics on the development of professional groups, it is precisely this atmosphere of uncertainty that this researcher considers may be productive for the formation of new models of education and practice in nursing. This circumstance, along with the realities of legislative cost containment efforts, the demand of consumers, and less importantly, professional involvement in legislation, may all serve to create an environment in which the nurse practitioner can survive. Admittedly, with the current physician oversupply and the continued economic constraints, survival may be all that is achievable for nurses in expanded roles who practice in the medical model. More viability is expected for nurses practicing in expanded roles who remain within nursing services and conduct their practice as clinical nursing specialists.

Even the emphasis implied in the founding of the Frontier Nursing Service that the nurse-midwives must be dedicated to their "calling" is now reemerging in the professional literature.
It may be interpreted as a sign of professional maturity that today's leaders have called for a return to these roots. Marjy Borchers stated:

The essential components of professional nursing are care, cure, and coordination. The care aspect is more than 'to take care of'; it is 'caring for' and 'caring about' as well.\footnote{Marjy Borchers, "A Professional Dilemma", \textit{Washington State Journal of Nursing} 49 (Spring, 1977): 5-6.}

The connection has been established between the nurse-midwife of 1925 and today and the nurse practitioner. From the day in 1925 when Mary Breckinridge established the Service until the present, the focus of nurse midwives has been patient teaching in public health, maintenance of health, self-care, and patient self-determinism and participation. This application seems congruent with the care of those practicing in the many evolving roles of nursing today.
CHAPTER 7

LESSONS FOR TODAY--RESEARCH FOR TOMORROW

The founding of this philanthropic endeavor, the Frontier Nursing Service, was the result of a woman's quest for meaning in her life. Mary Breckinridge's attempt to assuage her grief through the initiation of an all encompassing work differed little in motivation from the founding of other philanthropic movements. What was unique was the implementation of a program emphasizing preventive health care, including the introduction of nurse-midwives to the United States and the design of that program to be one of decentralized health care.

The Frontier Nursing Service as a rural health care delivery program utilizing nurse-midwives and nurses as primary health care providers has worldwide recognition. Its demonstrated, dramatic reduction in maternal and infant mortality has been unparalleled. This has occurred despite grinding poverty, lack of physician provided medical care and isolation. The success seems to be derived from its being a service that was a culturally acceptable method of delivery of health care. In addition, its proven cost effectiveness makes information from research studies addressing
factors relating to the success of the Frontier Nursing Service in terms of acceptance and benefit to patients relative to the problems facing health care delivery in general today. Finally, the study could be used to provide information for current and future health care programs designed to reach socially, economically, or politically deprived populations. These groups occur in our own country and across the world and are not restricted to countries that are considered to be Third World. These data could provide useful instruction and direction to programs of health care delivery broadly. By turning to study the development of the Frontier Nursing Service we may avoid some of the frustrations, difficulties and delays that represent potential roadblocks in our current nursing deliberations. Newton said an awareness of this history could eventually increase the possibility of success of our endeavors.¹ As positive as the outcome of the work of the Frontier Nursing Service has been, it was evident, even during its initial fifteen years, that philanthropy was unable to meet the needs of the Service. It was then; it remains so today. There was inadequate funding to expand the Service both within Kentucky and in the Ozarks. There was inadequate funding to finalize

affiliation with the University of Kentucky for a program to train nurse-midwifery students. Finally, there was inadequate funding to pay the staff salaries and the Service survived only through the sacrifice of individuals on the staff.

The historical issue presented has been that Mary Breckinridge shaped American nurse-midwifery by establishing the Frontier Nursing Service in Leslie County, Kentucky. The concepts relating to health and the provision of decentralized care proposed by Mary Breckinridge sound as current as those proposed as innovative in this age.

I think that her whole philosophy was that you go into the home you see what the environment is, then you teach, you take good care according to need and teach what the family can't do for them, you do to the best of your ability with the resources you have; but you also teach them how to take care of themselves so they will not be ill. She thoroughly believed in all preventive care and cleaning up the environment, safe water, safe food, adequate nutrition, and preservation of food. 2

These concepts are similar to those emphasized by another nursing leader. That nursing leader was as visionary as Mrs. Breckinridge and as committed to the delivery of nursing care to populations in need. She remains today as an example of nursing's involvement

2Dr. Gertrude Isaccs Interview, TS, Frontier Nursing Service Oral History Project, Appalachian Archives, Univ. of Kentucky, Lexington, Kentucky, 3.
from its inception in research and its quest for determining factors associated with health, illness and mortality patterns. As Tripp-Reimer wrote:

Since Nightingale (1860) an association between the concepts of nursing and health has been identified.\(^3\)

The early emphasis of traditional public health nursing services on maternal and child health care continues today.\(^4\) Public health nurses in France, Scotland and Kentucky have worked successfully in both traditional and nontraditional settings. This concept has survived the trial of time. The early favorable response by physicians to the use of public health nurses was in part influenced by the population this group worked with most often. This group of nurses was often prepared by working with poor in urban and rural settings.\(^5\)

It seems important once more to state that criticism has surrounded midwifery even in the face of data that could not be explained away. A closing comment demonstrating that this knowledge was available, 


prior to the founding of the Frontier Nursing Service, is presented below. Dr. Julius Levy in his address to the American Public Health Association meeting on October 18, 1922 made these statements:

A careful analysis of still-births, puerperal deaths and deaths under one month indicates:

1. That the mortality rates are not unfavorably influenced by the percentage of births attended by midwives.
2. That the lowest rates are frequently found in cities and counties with the highest percentage of births attended by midwives.
3. That even among primipara the puerperal death rate is lower among women attended by midwives.
4. That the puerperal death rates by nativity of mother are lowest among those groups that have the highest percentage of births attended by midwives. 6

It appears that Dr. Levy's remarks were not considered by health planners of the day. In deliberations about health planning, then and now, rarely is mention made of the need to incorporate the care of the midwife or a trained nurse-midwife into the provision of care. The parallel with today seems clear. Research that demonstrates that nurse-midwifery care equals or is better than medically provided care is either discredited, denied or ignored.

The life of Mary Breckinridge, her work in the founding of the Frontier Nursing Service, as well as the

lesson of history seem to be that survival in the face of obstacles is conceivable. Nursing must be aware of the great expenditure required both on an individual and a professional level. Nursing must be astute about the impact of social, economic and political factors upon the health care field.

History teaches us that the survival of nursing specialty groups is possible. The challenge for today seems to include integration of the awareness of the importance of consumer and legislative demand for the service of these nurses working in the evolving fields of nursing.

In the time of Mary Breckinridge, one of the most significant aspects of the political events took the form of the entry of countries into World War II. The economic impact took the form of the depression of the thirties. The social impact took the form of the unavailability of disposable income to contribute to the operation of a private philanthropic endeavor, in this instance the Frontier Nursing Service. As one notes, these are not clear distinctions. The dichotomy is false between economic and social factors. It was the economic impact that often formulated the ultimate social consequences. The intricacies of the political involvement are not as direct but had repercussions upon the other two factors.
Today political influence may take the form of legislative support for the development of liability insurance funding that excludes all health care providers but physicians. Economic influence is crippling when third party reimbursement is limited to care provided by physicians. Social impact seems to have varied little in a system where the poor, the non-urban dweller, the less educated continue to receive unequal care or have unequal access to care. In fact, equality of care is not likely to be realizable. What might be realized is a system that permits the best possible care within the limiting circumstances of the realities of economic and political climates.

The need for future research to expand the body of nursing knowledge in this realm is great. There is a need to study the matter of the voluntary redistribution of disposable income. All of the large contributors to the work of the Service, and in fact, almost all the contributors, were women. This matter of redistribution of wealth by women has only been examined in a general fashion. Specific examination of this factor in relation to a particular "institution" would provide worthwhile information. There is a need to examine the matter of the Frontier Nursing Service personnel. Were the benefits and salaries the same for British and American staff? By what manner were staff recruited?
What was the average length of stay of an employee and the average salary?

Further research of the first 1,000 deliveries might include a detailed descriptive study of the delivery complications identified. The meticulous record keeping of the nurse-midwifery staff would permit detailed material for comparative analysis of home versus hospital delivery complications and could be compared both with 1,000 cases of deliveries in the hospitals of the early thirties, and 1,000 deliveries of a hospital in the eighties. The reporting of nurse-midwives has always been closely scrutinized. What remains is to compare these data with local, regional, and national data from the time period.

The Philosophy of the Service and of Nursing

Margretta Styles writes today of a nursing ideology that is useful historically and presently, as long as one is alert to avoid that component of society that would utilize such a philosophy for the exploitation of nursing. Her ideal is much the same as that explicated by the works of Florence Nightingale and Mary Breckinridge. Here Styles writes:

...if we were to regain our footing, we must reinstate the service ideal in its proper primary relationship to our science and
practice...and to our legitimate claims to self-determination and reward...  

While the contributions of Mary Breckinridge to the founding of the Frontier Nursing Service must in no way be minimized it was the finding of this research that the Service was able to survive during the time of the depression predominately through the individual financial sacrifice by forfeiture of one-third of their salaries of the nurse-midwives employed by the Frontier Nursing Service. This neither diminishes the relinquishment made by Mrs. Breckinridge of her own financial resources nor minimizes recognition that some nurse-midwives may have made their choice considering that they had limited alternatives. Evidence was discovered that the decision regarding the inability to repay the nurse-midwives salary deferments was of such distressing magnitude to Mrs. Breckinridge that she could not directly address the issue herself.

Future researchers could profitably examine nurses and nursing at the Frontier Nursing Service within the conceptual frameworks of feminism, the roles of women or its service ideology either singly or in combination. If these seem emotionally charged areas,  

7Margretta Styles, On Nursing (St. Louis: C. V. Mosby Company), 60.

8Women seem particularly unprotected from this criticism of emotionalism. Ironically, it is often a label applied to them by other women. Females may have
the words of a current leader in nursing, Donna Diers who said nursing is a:

...metaphor not only for the struggles of women for equality, visibility, and respect, but also is calling into question convenient assumptions about health service delivery, health care economics, and public policy.

Susan Reverby added to this analysis comparing nursing and feminism.

Feminism, in its liberal form, appears to give nursing a political language that argues for equality and rights within the given order of things. It suggests a basis for caring that stresses individual discretion and values, acknowledging that the nurses' right to care should be given equal consideration with the physicians' right to cure. Just as liberal political theory undermined more paternalistic formulations of government, classical liberalism's tenets applied to women have much to offer nursing.

Barbara Melosh furthered the discussion by writing that rarely do nursing leaders acknowledge any personal

contributed to a culture in which women label analyses made by other women as being emotional. The skewing of the use of the label of emotionalism in our culture makes the writing and writer vulnerable when the author is a woman. Reportorial writing by women on topics of inequity such as hunger, access to health care and political topics may be dismissed with the label of emotionalism. Women may find they are permitted to express views and avoid the charge of emotionalism only when addressing, either verbally or in writing, audiences that are predominantly male. Men may be considered sensitive, astute and wise beyond expectation when reporting in the same manner.


liaison with feminism as influencing their philosophies. This was certainly true in Breckinridge's era.

Although most nursing leaders did not identify themselves as feminists, their commitment to work and their efforts to claim professional privileges did implicitly challenge and unsettle traditional constraints on women in the workforce. 11

Mary Breckinridge, like an earlier nursing leader Florence Nightingale, focused not only on the health care needs of the economically disadvantaged but also utilized successful strategies of health care planning and delivery from other settings. 12

Of equal importance to the presentation of Mary Breckinridge's influence on nurse-midwifery was her contribution to nursing education program design in America. What evolved, from the Graduate School of Midwifery at the Frontier Nursing Service, was education not only to address local needs, but to serve worldwide needs. Graduates of the Frontier Nursing Service now work in countries worldwide. Mary Breckinridge lived until 1965. She watched the nursing service she founded in 1925 develop from a small project to one that covered much territory. At that, the impact of this small demonstration project is astonishing. Visitors continue to arrive from all parts of the globe to

11Melosh, 28.

12M. Patricia Donahue, Nursing: The Finest Art (St. Louis: Mosby, 1985), 351.
observe and study the implementation of a model of rural health care delivery. The emphasis remains today as in the founding days on the preventive aspects of care, the early recognition of problems, the appropriate referral of the complicated patient and the primary care of that individual in their home setting. Recognition has been present from the beginning that prevention of illness reduces both human suffering and the costs of health care.

Health care of these Appalachian mountaineers is no longer fifty years behind the rest of the country, as was the case when the Service was founded, though problems unique to dwellers of rural areas do remain. The influence of these problems on the outcome of health was one of the study components.

This examination was of the first fifteen years of the establishment of the Frontier Nursing Service and of the significant events that marked these years. It was an examination of: a woman establishing women's work, the initiation of a unique health care delivery system, the choosing of a work to assuage a woman's grief over the death of her two children and the beginning of a nurse-midwifery service in the United States. Yet, it is more than these individual parts. This research revealed that the manner in which the Frontier Nursing Service was presented as an organization incorporated a
concept familiar to and unique to this nation, that of the frontier. Mary Breckinridge combined this concept of the frontier with that of a nursing health care delivery system and created an ideologically congruent approach that was useful both for fund raising and recruitment of staff.

Frontier Nursing Service and its staff, including its founder, were involved in the story of the emergence of women in the United States, the emergence of nursing and nurse-midwifery leadership roles and the emergence of independent practice roles for women.

Concurrently, Mary Breckinridge and the staff of the Frontier Nursing Service demonstrated an awareness of the impact social and economic factors that affected the clients and the delivery of health care to them. This study was concerned with events impinging upon the lives of the settlers in this remote area of Kentucky as well as upon the individuals working for the Service, and upon the health care delivery system itself. It is pertinent today to question how social, political, and economic factors affected the health of these individuals and acted upon the system that provided their health care.

Delivery of health care to rural populations has been of interest to health planners and providers for many years. The high incidence of chronic illness and
incapacitation and the high infant mortality that often occurs in rural populations are problems that must be faced when designing care of rural areas.¹³ This study addressed a rural health care delivery system that was planned based upon an awareness of these considerations.

Mary Breckinridge lived as she wrote. She translated the aforementioned concepts into action. In the years 1925 to 1932 the organization of the Frontier Nursing Service—inside the mountains and beyond—had been completed. Nursing outpost centers had been established along the tributaries nine to twelve miles apart so that nurses might live close to the populations they served. Even the Graduate School of Midwifery had been planned, though money for its establishment was not available. The eight local committees of leading citizens each supported the work of the nursing centers.

Most of the first 9,000 babies delivered by the Frontier Nursing Service nurse-midwives were born in their mountain cabins. When the Service was established this section of Kentucky led the nation in numbers of maternal and neonatal deaths and in the rate of births.

It is a matter of pride that in fifty-five years and nearly 19,000 deliveries, the

FNS has lost only eleven mothers, two of whom were cardiac victims, and since 1951 not a single mother has died in childbirth. Even in the early years the infant mortality rate was under three percent. In 1979 the rate was zero. 14

From 1925 to the present nurse-midwives at the Frontier Nursing Service were involved in health maintenance and preventive health measures largely through the emphasis and utilization of public health nursing interventions and in patient participation. 15

Nor can a study of the work of the Frontier Nursing Service ignore that nursing has a history of service to the poor. 16 This has been nursing's heritage even before its formal establishment by leaders such as Florence Nightingale and Mary Breckinridge. 17, 18, 19, 20

14Breckinridge, Wide Neighborhoods, xv.
15Breckinridge, Wide Neighborhoods, 9-10.
16It is important to acknowledge that implicit in any discussion of the relationship of nursing to independent practice is the awareness that the population to whom nurses provide their care will be disadvantaged. It is not hyperbole to state that the unchallenged independent practice of nursing is permitted only when the preponderance of patients are from a low socioeconomic strata.
17Ehrenrich and English, 18-20.
History teaches us that the survival of nursing specialty groups is possible. The challenge for today seems to include integration of the awareness of the importance of consumer and legislative demand for the service of nurses working in the evolving fields of nursing. Most fundamentally it is the need to be of service that seems to have contributed to the survival of the Service during these early years. That this may be true for nursing today deserves further analysis.

One of the lessons of history, as demonstrated in the life of Mary Breckinridge in the founding of the Service, is that survival in the face of obstacles is possible. Nursing must continue its awareness of the great expenditure required both on an individual and a professional level to survive. Nursing must be astute about the significance of social, economic and political factors upon the health care delivery system.

It requires more than a chapter to discuss the impact of this small Nursing Service on nurse-midwifery in this country and, indeed, in the world. This influence seems inconceivable in a society that values "greatness" and large numbers. Hyden, Kentucky in 1925 had a population of about 300; it remains at that number today. The Service has rarely varied from its "baby a

day" level of deliveries. Yet when the International Congress of Midwives met in the United States in 1972, it was this small Service that received more requests for visits than any other in the country. Because words are meager when one tries to describe the significance of the Service, it is appropriate to close with the motto and the object statements that appeared on the back page of every edition of the FNSOB. Its motto is:

He shall gather the lambs with his arm and carry them in his bosom, and shall gently lead those that are with young.

Its object is:

To safeguard the lives and health of mothers and children by providing and preparing trained nurse-midwives for rural areas, where there is inadequate medical service; to give skilled care to women in childbirth; to establish, own, maintain and operate hospitals, clinic, nursing centers, and midwifery training schools for graduate nurses; to educate the rural population in the laws of health, and parents in baby hygiene and child care; to provide expert social service; to obtain medical, dental and surgical services for those who need them at a price they can afford to pay; to ameliorate economic conditions inimical to health and growth, and to conduct research towards that end; to cooperate with individuals and with organizations, whether private, State or Federal; in pursuit of these objects; and through the fulfillment of these aims to advance the cause of health, social welfare and economic independence in rural districts with the help of their own leading citizens.21

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21This first appears in the Autumn 1931 issue of the Quarterly Bulletin of the Frontier Nursing Service on the last page 84, in Vol. VII, No. 2.
The story of Mary Breckinridge is one that parallels the emergence of American womanhood from the sheltered, protected, compliant mold to one of independence of thought, activity and contribution to society. It parallels, too, the emergence of American nursing from its totally dependent role to its independent role at the Frontier Nursing Service. The study of the Frontier Nursing Service revealed not only the development and achievement of an individual but also the growth and achievement of a Service and of the profession of nursing.
This study is first and foremost an ethnohistorical study of the Frontier Nursing Service. The choice of a research method using ethnohistory is based upon the writer's concurrence with the view expressed by Robert M. Carmack in the first volume of the Annual Review of Anthropology that the dichotomy between history and anthropology has its origins in Aristotelian concepts of man as segmented and that research methods that create a division between the disciplines of history and anthropology are perpetuating this Aristotelian view of the world, and that such an approach can portray only one facet of man or his culture, ignoring other segments of importance.¹

Alfred L. Kroeber was one of a group of scholars in the late forties who became interested in examining the relationship between history and anthropology. He addressed these issues follows:

The writing of history is perhaps the oldest of scholarly pursuits. Moreover, it has persisted with minimal alteration for more than two thousand years, and across changes of language....They [historians] write the language of total and dignified communication of their day, without technical terms or jargon, less even than philosophers employ....

And they operate with a nontechnical psychology, a psychology of generic experiences and common understanding. And similarly they operate with an untechnical common man's causality, intelligible on its face; and a similar common morality. Basically this still holds true as it did two or more millennia ago.

Anthropology is not wholly a historical science, but large areas of it are historical in interest.  

Kroeber added to this comparison of history and anthropology. He underscored the common infrastructure between the disciplines.

Unique formulations predominate in history as in anthropology. Generalizations are fluid, not strict laws; results stress significance rather than strict causal determinations.  

Sturtevant outlines three components as generally characteristic of ethnohistory:

Three dimensions are thus most important for characterizing ethnohistory, even though they alone are not sufficient to delimit the field: concentration on the past or the present; the use of written or nonwritten 'documents'; and a diachronic or a synchronic emphasis.  


3Kroeber, 163.

Pelto and Pelto\textsuperscript{5} describe the broad domain of anthropology as inclusive of "historical description and analysis," and further, as being relevant to understanding adaptive processes of humans and cultures. The overarching framework utilized in this research, inclusive of both "scholarly oral history" and written documents, is that of ethnohistory.

\textbf{Selection of Informants}

The target population of this study for purposes of oral history interviews was composed of people who resided in the territory encompassed by the Frontier Nursing Service. The special target group was health care consumers and providers who recalled the early days of the Service. A random sampling technique was not considered because not all people were willing to discuss the topic with an outsider and because some persons needed to be selected for their particular knowledge. Information obtained included economic, political and social situations at the time of establishment of the Service as well as health conditions and contributions of the Service to care.

Initial contact with study participants was made through a nurse-midwife who had worked at the Frontier

\footnotesize{\textsuperscript{5}Pertti Pelto and Gretel Pelto, \textit{Anthropological Research} (Cambridge, Massachusetts: Cambridge Univ. Press, 1978), 22.}
Nursing Service since 1955. She introduced me to people willing to be interviewed. It was anticipated that these people would refer me to others who might be willing to participate. This, in fact, occurred. Other avenues pursued included senior citizen's groups, church societies, hospital employees and their parents and grandparents.

The format selected closely followed that recommended as being the "scholarly" model for doing oral history research as outlined by Dr. Edward Ives, University of Maine, and explicated in Oral History by Thad Sitton, George Mehaffy, and O.L. Davis, Jr. Written primary sources were utilized within the historical framework described by Barzun and Graff.

All participants were given the informed consent statement approved by the University Review Committee for Research with Human Subjects. I read it while they considered signing it. Upon receipt of an agreement to be a participant, the interview proceeded. I expressed a willingness to meet people at times convenient to them. Scheduled and unscheduled contacts were utilized.

6Thad Sitton, George L. Mehaffy, and O. L. Davis, Oral History (Austin, Texas: Univ. of Texas, 1983).

Informal interviewing was also carried out. Data were gathered through participant observation as well. The focus was on the collection of oral history data, the use of the Frontier Nursing Service Oral History Project interviews, Department of Special Collections and Archives, University of Kentucky Libraries and upon the Mary Breckinridge Papers in the Appalachian Archives at the Margaret I. King Library at the University of Kentucky, Lexington.

**Formal interviews.** The topic area, what life was like in this area in the horseback days of the Frontier Nursing Service, was discussed. A formal interview guide was used as a guide during the interview session; most worthwhile were open-ended question and answer periods. Some interviews were tape recorded and became a part of the primary source material used in the study.

**Informal interviews.** As anticipated, as I became better acquainted with study participants several preferred "drop-in" visits. The content of these interviews was expected to be more variable and it was anticipated that these interviews would be infrequently tape recorded.

**Participant observation.** This technique was utilized in conjunction with interviewing. The researcher was working in nurse-midwifery clinics and performing deliveries and providing hospital nurse-
midwifery care. Mountain and rural people seem to value
the opportunity to observe those they identify as
outsiders. This provided the local participants a
chance to assess the investigator. Further, local
residents came to be aware that their needs deserved to
be addressed equally with the investigator's needs. I
concurred with this viewpoint.

Unobtrusive measures. Data were collected from
primary sources. Secondary sources, while not major,
were utilized in the form of local newspaper stories,
health statistics and patterns of attendance at the
local Service committee meetings.

Fieldnotes. Throughout the study, fieldnotes were
kept on all interviews and observations. These were
completed as soon as possible after the event or
activity.

Instruments. Pelto and Pelto⁸ identify the
ethnographer herself as the primary research instrument.
No formal interview guide was used by this researcher.

Data Gathering Techniques

The principles and processes of the modern
historical research method as defined by Barzum and
Graff⁹ were utilized for research aspects of a

⁸Pelto, 67.

⁹Barzum & Graff.
historical nature. Whenever possible, data were related to primary sources. Three primary sources of significance not studied in recent research concerning the Frontier Nursing Service were studied in depth. The first was the 1923 survey made by Mary Breckinridge of the practices of "granny" midwives.\(^\text{10}\) The second was the Frontier Nursing Service survey conducted during the severe drought of the 1930s. The purpose of this survey was to document the available food supply to provide data that were presented to the American Red Cross detailing food supplies from the fall of 1930 until the harvest of 1931. The third was the doctoral dissertation written by Mary Willeford in 1932 researching income in the area.\(^\text{11}\) Other primary sources of data included: interviews with nurse-midwives, local board members and local recipients of care who know of the early years of the Frontier Nursing Service, photographs of the Frontier Nursing Service, vital statistics of the Frontier Nursing Service.

\(^\text{10}\)It is important to recall that the term "granny" was used to designate the indigenous midwives. Yet, this researcher noted as recently as 1970, that nurse-midwifery students and staff for whom the local staff felt esteem were called "granny women" as a term of admiration and respect, absent of any negative connotations. This is in contrast to the negative aspects of the term in the minds of the majority of professionals both in the time of Mary Breckinridge's initial survey and in the present day.

maintained by the Records Department, vital statistics of Kentucky kept during the same period, Metropolitan Life Insurance Company studies from 1925 to 1940 of every 1000 births, the Articles of Incorporation and Subsequent Revisions of the Frontier Nursing Service, minutes of meetings, annual reports, brochures, summaries, previous research studies conducted at the Frontier Nursing Service, previous books and articles and the two documentary films about the Frontier Nursing Service—*The Forgotten Frontier* and *The Road*.

The overarching research method of ethnohistory was used because it incorporated the techniques for gathering, preparing and analyzing oral and written traditions. Ethnohistory permits an analysis of researcher and participant interaction within a framework of historical position. It should be remembered that this method encompassed what is more popularly known in qualitative research as content analysis.

**Interpretation**

Health care research in the United States, regardless of the investigator's domain of interest, has traditionally followed the biomedical, reductionist, positivistic model and furthermore has failed to address sociocultural, political and economic factors
influencing health. I have deliberately chosen the life history methodology as:

...an interpretive framework through which the meaning of human experience is revealed in personal accounts, in a way that gives priority to individual explanations of actions rather than the methods that filter and sort responses into predetermined conceptual categories. 12

The belief of this ontological position is that "knowledge is grounded in the everyday, common-sense world." 13 The epistemological position required is that the process of analysis must be interpretive rather than normative. The questions asked in this type of research are asked within a context of the social phenomena, as opposed to the normative inquiry, which asks questions from outside the context. 14 The task in interpretative inquiry is to evolve an analysis that is congruent with participants, yet recognizing "the researcher's own influence on the situation." 15 The strength of the process is that it allows individuals to give an account for their actions and situations. This has been denied


13 Jones, 149.

14 Jones, 150.

15 Jones, 151.
health consumers too often and almost never is offered
to health care providers.

Interpretive interactionism asserts that meaningful interpretations of human experience
can only come from those persons who have thoroughly immersed themselves in the
phenomenon they wish to interpret and understand. 16

I concur with Keat and Urry that humans have the capacity to extend their own experiences by a
"perceptive and sensitive presentation to them of other people's experiences"; and therefore, it becomes
important that modes of understanding and their epistemology be examined. 17

Keat and Urry refer to hermeneutics as being central to interpretation. Rowan and Reason agree:

All understanding is hermeneutical, taking place, and to a very large extent determined by, our finite existence in time, history, and culture. 18

Hermeneutic understanding in interpretive social science cannot be applied from the outside. It is assumed that the interpreter "knows" to some degree the


phenomena she seeks to understand.\textsuperscript{19} Autonomy of the object is required. The interpreter must not project her views onto the phenomena under study. Meaning must be derived from the phenomena. To provide interpretation that is maximally reasonable it is necessary that the interpreter explore, identify and relate the historical roots of the phenomena. The interpreter has a twofold task in achieving the greatest possible familiarity with the phenomena. First, they must have experiential knowledge in which to root the interpretation. Secondly, they must relate the meaning of the phenomena to their own situation. Nothing can be interpreted apart from one's personal history.\textsuperscript{20}

The experiential knowledge I gained during two previous work experiences at the Frontier Nursing Service, as well as that acquired during this period of study, increased familiarity with the situation of the Appalachian mountain dweller. This can be related to my personal history, both by my fifteen years of practice as a nurse-midwife and also by my own background as a southern rural mountain dweller.

In trying to identify the grounds on which explanatory and interpretive modes of understanding are different one is led to dialectical thinking;

\textsuperscript{19}Reason and Rowan, 134.

\textsuperscript{20}Reason and Rowan, 134.
contradiction and change are inherent. Here are opposites, explanatory and interpretive, which are found within each other, which demand each other and which display a unity.\textsuperscript{21} Keat and Urry reflect this dialectical thinking in summarizing their remarks "interpretation of meanings is partly perceptual" and "perception is partly interpretive".\textsuperscript{22}

Finally, a dialectical process of understanding was sought.

Understanding...consists of relationships between whole and parts, between what is known and what is unknown, between the phenomena itself and its wider context, between the knower and the known.\textsuperscript{23}

Scientific knowledge has been limited to empirical knowledge, but in the achievement of scientific knowledge the researcher by virtue of her humanness is required to use nonscientific knowledge. As Rychlak points out:

...the internal consistency of arguments, the plausibility of assumptions based on sociocultural, identifies the proofs of introspective feeling tones, the weight of logic in arguments from definitions all shall have to exert a major influence upon man...we would be naive in the extreme to assume that validation (of sense data) is the only test

\textsuperscript{21}Reason and Rowan, 134.

\textsuperscript{22}Keat and Urry, 240.

\textsuperscript{23}Reason and Rowan, 135.
of knowledge that has worth or import in the story of mankind. 24

It was the aim of the study to achieve an understanding of the people in the area of the Frontier Nursing Service, both local dwellers and nurse-midwives. To do so the dialectic of the hermeneutic circle was aspired to via utilization of explanatory and interpretive modes of understanding.

To quote Rowan and Reason, this "hermeneutic circle is not a vicious circle which we need to avoid, but is an essential aspect of understanding." 25 In plainer terms it was the endeavor to see the world of this portion of Appalachia in the view of its inhabitants and its health care providers. As can happen, I found that those whom I interviewed learned as much about me as I learned of them.


25Reason and Rowan, 135.
On train somewhere in South Dakota.

My darling mother:

My address from the eleventh to
the eighteenth will be

Care Mrs. R.H.Devine,
518 Fifth St.
Wahpeton, North Dakota.

I think I wrote you that, it is safer for all mail
to go in her care and for her to reach me with it
than to try to follow schedule which may be changed
from day to day, at this distance. My address from
the twentieth to the twenty eighth is

Care Miss Margaret Hughes,
Child Welfare chairman Montana council of defense,
Helena, Montana.

Unfortunately I do not know her street address and
judge that it will be necessary to have it. When it
comes I will wire you or write it if there is time.
If I wire another address for a given date it will
be safe to use it.

Mr. Bailey is right in his statement about copy
right. He will get the copyright for me and give me
evidence of it when I am back in New York. He can't
get it until book is published and he sends copies
to Washington. No contract is necessary since he is
not a publisher and is asking nothing out of sales
which don't exist. He is just doing the work of printing
and binding for me as a paid job and all business
between us ends when the books are finished and paid
for. Be making up a list of the names of people you
want them sent to and I will do likewise and we can
approve lists when we meet and strike out duplicates.

I was so interested in Carson's letters and so
glad to have the little pictures, I received both
your letters in Pierre and just now in passing
through Yankton to which I return Monday for two days
at the state fair,

Pierre is another place from Fort Pierre, which
is tiny and just across the river from Pierre. The Fort i
is the oldest settlement is South Dakota and in the picturesque bute part. The butes are hills in the prairie, nothing but rolling country and so much more picturesque than a flat prairie. It is covered with Buffalo grass on which vast herds of cattle feed exclusively. There is only one doctor in the county and he often answers calls seventy-five miles off. It is too lonely for the women on the ranches when their babies are born. The men are cow boys and look like moving pictures and there are Indians. There is cactus and there are sage bushes in the buffalo grass, everything that ought to be there. Fort Pierre is on the Black and Yellow trail cut to Yellowstone and marked by government sign posts. Even Buffalo are there, but tame ones kept to keep them from extinction.

Spoke at the county fair to the women salons and then to the Grand Stand between the blooded bulls exhibited with their blue ribbons and the bucking bronchies, in the same ring, but I had it to myself while I spoke.

Dear love for you and Aunt Jane,
Devotedly.
A report of a tour of a six parts of South Dakota made for the Children's Year Program of the Children's Bureau.

It took twenty-seven hours to get from Montevideo, my last stop in Minnesota, to Pierre, South Dakota. I traveled on four different trains and lay off at several little towns and stations, finally arriving, September fifth, on the through train from Minneapolis I had hoped to anticipate.

My train was several hours late, too late for me to speak that day at the fair at Fort Pierre, so I learned from Mr. Robertson and Mrs. Hopkins when I succeeded in getting in touch with them. I spent the night in Pierre, crossing the river (the Missouri) to Fort Pierre, a village of about four hundred people, early the next morning. Here I was met by the people who had the fair in charge, Mr. Peabody, the president and Mr. Robertson the secretary, Mrs. Florence Hopkins of Hayes, in charge of the Better Babies Contest, and Dr. and Mrs. Morrissey. He is the only physician in the county and she a trained nurse, but not able to help him because of having a young baby.

All of these people were most cordial to me and told me a lot about conditions in Stanley county. It is part of a sparsely settled country, given over to cattle raising, with buffalo grass, sage brush, and cactus as almost its only crops. The ground is rolling with numerous picturesque elevations called "buttes," the colors everywhere are charming and the air intoxicating. The "Black and Yellow Trail," with government sign posts, passes through Fort Pierre, which is the oldest settlement in the state, though not suggesting it in appearance as the old parts have been torn down and it is just like any other crude, dusty village. The people in the county live on remote ranges and conditions among the women and children are suggestive of the Wyoming reports to the Bureau. Dr. Morrissey told me he had to answer calls as far as seventy-five miles distant and Mrs. Hopkins (an Arkansas woman who was a trained nurse and took up a homestead in Stanley county before her marriage, coming out to get rid of tuberculosis in which she succumbed), said that she had attended alone over one hundred confinement and constipated and other emergencies. She asked me what she did in case of complications and she told me of one case where the baby could not be born normally, hours and passed, no doctor could possibly be secured and the mother's strength was fast going. In desperation she took two spoons, boiled them and applied them like forceps to the baby's head. She saved both mother and child.

Needless to say Stanley county has no public health nurse, although Mrs. Hopkins acts as one in many ways, though without salary. She has however three children who take much of her time. Hayes, her postoffice, forty miles from Fort Pierre, consists of only a ranch house and store. Fort Pierre is the only settlement in the county so. Pierre is in Hughes county. Mrs. Hopkins had a store building open at Fort Pierre and a decent looking, comfortably stout woman in it, as nursery and nurse for the babies in from the ranchers for a fair week. It was not very well patronised however, as the mothers seemed rather fearful of leaving their babies and mostly dragged them around with them, feeding them cream cones and soft drinks, after the usual fashion of mothers at country fairs. In this building Mrs. Hopkins also

The original is available in the Mary Breckinridge Papers, Appalachian Archives, University of Kentucky, Lexington, Kentucky.
held, with the doctor's help, the old type of "Better Babies Contest." No one to whom I spoke in Stanley county knew much about the children's year program, if they had so much as heard of it, there was no woman defense or child welfare chairman and of course no weighing and measuring had been done.

I spoke in the morning in the fair nursery, as had been arranged; to a group of about forty women, but I told Mr. Robertson I had not come such a vast distance out of my direct route to reach only the women, who have no deciding voice in the government of the county. I told him there were some things I had to say to the men and for him to arrange for me to speak to them all together at the grand stand at the fair. This was when I first met him and he deurred for fully five minutes, saying the people didn't like speaking at the fair, they wanted regulation attractions, the governor had spoken the day before and everybody got impatient, and I was a woman, etc. etc. Then he said I might have two minutes. But I thought of those isolated women and children and said: "Make it twenty," which he did.

I was introduced in the ring before the grand stand between the display of blooded Hereford bulls with blue ribbons and the bucking bronches ridden by cowboys. It was not a large grand stand and I did easily reach the ranchers and their wives with what I wanted to tell them about the special needs of mothers and babies on their picturesque but isolated butties. They didn't get impatient and I hope I accomplished enough to justify having gone there. It was most out of the way of my general route.

Early in the evening I went over to Pierre to spend such of the night as there would be before getting up at three AM to take a train to Aberdeen, via Huron, following Mrs. Notestein's instructions. Mrs. Hopkins went with me as far as Huron where she was to supervise the Better Babies Contest at the State Fair. I consider her a useful, self-sacrificing and in many ways an able woman, as well as a very likeable one, but I was shocked to find that she is not in touch, as she should be, with the correct principles of feeding children. I found this out at supper in Pierre when I saw her give her three year old baby, who had hardly tasted its cereal and milk, part of an omelet made with green peppers, fried potatoes, and followed by candy. The child shows it has defective nutrition by being underweight for its size, having two large a stomach and lacking vivacity.

On August seventh I went to Aberdeen, meeting Mrs. Notestein for a few moments at Huron while changing trains on route. I got there a little after noon and was set by Mrs. Brown, the county chairman, the child welfare chairman, Mrs. Highland, being absent. It had not been arranged for me to speak until the next day, Sunday; when, however, I spoke three times in the morning to the Episcopal Sunday school, at three in the afternoon to a small group of women, and at eight that night to men and women in the Methodist church.

Brown county had done good work with the weighing and measuring, about fifty per cent of the rural babies weighed and over ninety per cent of the city ones having and an examination by a physician. Aberdeen has two city nurses (the population is only fifteen thousand) and Brown county a full time health officer, Dr. Holtz, whose time, however, is chiefly given to
Aberdeen as the county has not yet learned to use him. He holds a free clinic every Saturday at the Municipal Building, where he showed me through his excellent labor.tory. Free dental clinics are also held in Aberdeen. Brown is a prosperous prairie county where enough wheat seems to be raised to feed the world. An interesting child welfare enthusiast I met there, on a suffrage mission, was Miss Alice L. Dally of the Women's State Normal at Madison, South Dakota.

On September ninth I went back to Huron and was met by Mrs. Notestein and Miss Edna Conner, the county nurse for Beadle county and Huron. The latter drove me out to the fair ground where the utmost confusion prevailed about a place for me to speak. Mrs. Notestein and Mrs. Hopkins had asked for permission for me to use the Red Cross tent and been refused. It was really the only suitable place in the ground and the outdoor porch of the Woman's building, on which they had compromised, was swept by a bleak gale and lacked an uninviting;

that rainy day I did not wonder no living soul came near it during the twenty minutes in which Miss Conner and I hung about waiting. We then decided to see the Red Cross officials ourselves about the tent and went to the State chairman, Hon. W. H. Burks, and the chairman of the local chapter, Mr. Beach, who in less than five minutes had agreed to let us have the tent twice next day morning and afternoon, immediately after the first aide demonstrations of Mr. Fisher.

On the ninth was another wasted day as far as appointments in South Dakota were concerned, but on the tenth I spoke twice, as Miss Conner and I had arranged with the Red Cross for me to do, and the first time about fifty and the second over a hundred people were present. They all seemed most interested in the things I had to tell them, although the barest handful had come primarily to hear me. One woman, however, Mrs. May Stevens from New field in Spink county, defense chairman for that county, said she had come just to hear me, that her county was indifferent to child welfare and interested chiefly in hogs, as it was "a good country for hogs." Mr. Burks came both times and offered me the tent in the nicest way for every succeeding day of the fair if at whatever hour I would use it if I would stay on. He said I was a "guyser."

Miss Conner and I took dinner with Mrs. Notestein that last evening and I got together some data on the work in the state. Miss Conner had already told me that Beadle county had no full time health officer but had supported a nurse for some time, not however, even in part, from county funds. The weighing and measuring had been done in nearly all the townships, although two or three had turned it down, some of it by physicians and some by Miss Conner. Huron with a population of nine thousand has no playground apparatus, but several of the rural schools in Beadle county have, notably Holsey, attendance of five hundred, which has excellent apparatus.

Mrs. Notestein told me South Dakota has sixty-five counties of which fifty-two have child welfare chairman, of whom thirty-eight or thirty-nine are active and have begun weighing and measuring if they haven't yet carried it through. Minnehaha county and Sioux Falls (largest county and largest town) found about a third of their children with weight below normal for height. She says that the Missouri river is the "dividing poverty line" in that state and that she means that the part east
of the river is a prosperous agricultural prairie belt and that
west the butte country, most sparsely settled, with a reservation,
pine trees, etc. One county, Benton, has neither a doctor nor a
nurse. The child welfare chairman there, Mrs. Eula Wilkinson,
who lives twenty-five miles from a railroad, has to act as a
practical nurse, attend confinements, illnesses, and generally
play good Samaritan. She has gotten much weighing and measuring
done despite distance and a letter from her describing her
work has been forwarded to Dr. Peixotta.

Mrs. A.C. Hovettt is another child welfare chairman
in a county without a railroad, "west of the river," who has done
wonderful work although she describes herself as frail.

Mrs. Metzstein says that as follow-up work it is
planned to distribute widely a "Mother's Book" issued by the
State Department of Health to the mother of every baby weighed
and measured, and also to get the names of expectant mothers
and send them to Washington to have forwarded to them copies
of the prenatal care pamphlets.

South Dakota is much more interested in its live-
stock and crops than its babies. In fact I never saw anywhere
such universal interest in livestock and crops. By way of
illustration I enclose a bulletin of the State institutions which
suggests something as much as a series of schools of agriculture
and husbandry maintained, quite incidentally, by labor in the
shape of feeble-minded insane, deaf, etc. But the people in
South Dakota impressed me as being in the aggregate quite
susceptible to ideas other than their own if such are presented
to them.

Signed:
Description of a Rural Community Known to me.

The section of the Mississippi known as the Delta, and especially Coahoma County where my mother and her brothers had plantations and I often stayed in my childhood and girlhood, is an interesting one to consider because of its curious mingling of pioneer life and old traditions. At the close of the war between the States this was almost a virgin wilderness and even in my girlhood we hunted deer to hounds through forests that would have been impassable with their tall cane, swinging vines, fallen trees, masses of bracken, cypress brakes and oaky soil, even any but locally bred horses. Geographically it is rich alluvial soil through which the Sunflower river and its connecting bayous pass with hardly perceptible currents to the great river. There is no stone of any kind within miles, but the negroes turned up brick with their hoes from the graves of a primitive people whose tombs on my uncle's plantation have attracted archaeologists from the Smithsonian Institute. Flint arrow heads dropped by a later race are occasionally picked up, but no elevation other than the bluffs breaks an immense expanse of swampy country. The Mississippi is the determining geographic feature. In the early days it did not seem to have been an unceaseable as now, due, we surmise, to the fact that the forests had not been destroyed in the north west and the burning thaws were half back among the trees to us gradually. But in my girlhood we went through terrible periodic "high water" when we trembled for our vast levees and all work on the plantations was suspended, while planters with their negroes joined the engineers on the levee, guarding it with guns, raising it often with sand bags, and meeting the seepage and "boils" with the labor of hundreds of men.

Except for its remote origins, from which came the Mounds and of which we know nothing they do not reveal, the historical episodes of this region are recent. A few river villages like Vicksburg existed before the war between the States; from which was marketed the cotton of the very few plantations. The planters in my uncle's neighborhood, with holdings of from two to five thousand acres or more, had mostly come in after the war from other sections of the South, which had been too completely wrecked to be easily reorganized, buy came to the Delta instead of going west. My mother's people, for example, were from the Natchez section of Mississippi and from Carroll Parish the Louisiana side, but all this has been literally swept away, one plantation being actually engulfed by the river which his South had no money to control. My grandfather having died in the war, his widow and young sons, three of whom had served in the war and the oldest of whom was not twenty one at its close, moved to this tract of land of about four thousand acres, which they owned in the Delta and which was literally an uncleared wilderness. With them went; or later followed, a great many of their former slaves. My mother's nurse was my Nancy and her daughter later became my nurse. "Quasha" was my mother's foster brother, learned to run the gin, and "Deepee" who had been my uncle's body servant in the war, became a field hand. Many of the older, decrepit ones followed and depended on the house, as in the old days, for they never came to see that the master as well as the slaves might be free. But there were hundreds of strange negroes in the country too, and the horrors of Reconstruction, then they were inflected with carpet bag teaching (and my uncles and those of their kind had been disfranchised) live in the memories of the Delta yet.

The original is available in the Mary Breckinridge Papers, Appalachian Archives, University of Kentucky, Lexington, Kentucky.
It was a wilderness. Even in my girlhood the land was still being cleared by "deedle-ers" or settling "fines" to 1853. The vast forests with which it was overgrown, Bear wore kilted up close to the house on which a rambling six room frame house, with brick chimneys, and an open space clear through the middle, had been constructed. An office was built to one side and kitchen and wash house were connected with the back galley by a brick walk. In the older Southern fashion, between this Mount and the negro quarters, about half a mile away, stood the Manager's house. Before the war it would have been called an overseer, but now he became a manager and, even as recently as my girlhood, he belonged to a different social class, one to which the clerks of the plantation stores belonged, and which attended the rural church and school, when there got to be a school. But the planters' families still stood a little apart. Two things seem to have operated largely in leveling these barriers. The first was political and is too obvious to need explanation. The second is the better adaptation of the overseer class to the changed environment, which has gradually led to the holding of thousands of acres by those who formerly managed them for others and their corresponding rise into positions of importance and influence often far exceeding those of the former planter class.

The bachelors are almost exclusively Anglo-Saxon and African. There were not even so very many mulattoes and no foreigners whatever, in my youth. As I have not been back for several years and my people, some of whom still own and plant about half the original acreage, write that the changing of the automobile has brought good roads with it, to replace the old bushwhack ones of my youth, the population may have changed its characteristics but I think not appreciably.

The one industry was and is cotton planting. The labor is altogether negro and the planting is sometimes done on shares and sometimes with the negroes employed by the planters. A few of the more intelligent negroes now own small holdings of land, and some of the poorer white population are land owners, on a small scale, and do their own planting. It is largely because of the relative incapacity of negro labor, and the unfitness of almost any other for the terrible heat of the summer that so few planters even yet diversify their crops. My family raised some of the feed for their miles and enough hogs and sheep for the plantation, but cotton was overwhelmingly the crop. Our nearest neighbor tried to breed Kentucky thoroughbred horses at one time, but the summers were unsuitable; and my uncles once experimented with cattle, but unsuccessfully. We had cows for ourselves and a milk pitcher of yellow, glassy cream was served every day with breakfast. But the butter we used was bought in Memphis and came down by train after we had a railroad, which was not in my early childhood, the same easy-going way of living governed the table all through, which always fed the families of the negro servants. And yet, it was not because it could be afforded, for the planters were generally poor, because the commission merchants in Memphis had them so tight it was not often brought a price that could release them from this bondage. The country had been blasted by the war, and what followed, and had no capital, money could only be had at usurious rates.

After this leads up to the closing topic, the Economic Wants. We had to get almost everything at a distance or do without which we otherwise there was no doctor in the first years even when tubers come, and what was wanted was the one of my grandfather's slaves, helped him into the war. Iil health had to be borne unrelieved for the first years following the war, and malaria and the terrible hot summers...
...their toll. But after the railroad came through my people made regular use of the dentists and hospitals and shops of Memphis, which is about three hours north by train. The children of the planters had governesses or were sent away to school. I never remember any of them going to the local white schools, however impoverished their parents might be. The equipment and teaching in these schools as in those for the negroes, maintained also by taxation of the whites, were of the meagerest.

Of course right after the war the utter desolation of the South and the wildness of that region had been such that the life was almost unbelievably hard and it is impossible to describe it today without touching upon the past, so much is the South still bound by the effects of that period of her history. But in my youth the resources of civilization were somewhat available again, and we always had my grandfather's old library and good horses. So that those with a taste for reading and hunting and a love of quiet spaces found compensations which outweighed all the rest.

(Signed): Mary Breckenridge

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Imported workmen from Spain, Italy, Belgium, were all scattered over that desolate land and innumerable accidents came from among these crowded our dispensaries. But the native population was homogeneous, cruelly discriminated as to youth and infancy, but undaunted, enduring, patient, like the country bred people of all lands and all times, more or less.

**Industrially** the Alano country is mainly agricultural—best raising and wheat, with self-sufficient truck gardens and cattle. Attached to the villages, in which the people have lived from the days when they were first built to cluster about feudal castles and abbeys for purposes of defense, had of late years been erected beet factories and flour mills, all totally destroyed. A direct result of the war, industrially, which had a marked effect upon the activities of the nursing service, was the complete destruction or removal by the Germans of all live stock. There was not a cow, goat, chicken, in the whole country—nothing left but rats and carrion crows. The need of getting milk became our first predominant activity, binned or powdered or on the hoof (especially in the form of goat's milk), we brought in the milk in rest quantities, else we could never have gotten very far in rehabilitating our children and nursing mothers.

The economic aspects beggar description. With every normal function swept clean away—the industry, finance, habitation, civil government, the very land itself torn into craters and trenches and strewn with explosives—with what could a nursing service do? Nevertheless, through the American Committee, we always did connect with the French themselves, first through the army and then through the returning civil functionaries, and the Ministry of the Liberated Regions. Support was necessarily American at first but within two years there came partial French financial support and always from the first a moral cooperation, a sharing of whatever shelter or supplies they had, deep as the human heart itself, and wide as human understanding. It is like, almost, to attempt an outline a description of the nursing connections with a catastrophe so overwhelming, and my only excuse for choosing a part of the devastated area in France for this thesis, is that, from the point of view of nursing organization, it is the region I know best.

Signed: [Signature]
MIDWIFERY
IN THE
KENTUCKY MOUNTAINS
AN INVESTIGATION

The original is available in the Mary Breckinridge Papers, Appalachian Archives, University of Kentucky, Lexington, Kentucky.
In the late summer of 1923 I undertook an investigation of midwives in certain selected mountain counties of Kentucky. Leslie, Knott and Owsley were chosen for this purpose. Their area is 373, 348 and 216 square miles respectively, and their population is 10,097, 11,655 and 7,820. The largest places in each are the county seats -- Hyden with 313 souls, Hindman with 467 and Boonesville with 243, respectively. None are on a railroad and in none have the coal mines, the vast industrial power in Kentucky, yet been developed. On one edge of Knott county only (the Carr's Fork section) have a few mines been opened up and a branch railroad has penetrated about eight miles. Nor are any of these counties connected with the outside world as yet by automobile roads -- but in Leslie and Owsley such roads leading to their county seats are actually under construction. The customary mode of travel, and often the only possible one, is on horseback over such roads or trails as exist, through the creek beds, up the branches, over the gaps and ridges of the mountains.

The topography of all three counties is somewhat similar. Leslie and Owsley have each a fork of the Kentucky River traversing their length, and Leslie and Knott are both more walled in, with steeper mountains and narrower valleys, than any part of Owsley but the eastern end. It has been said that there is not enough level land in Leslie for a tennis court, but a golf course
might conceivably be located in the western part of Owsley. Although this region has been robbed of its most lucrative crop, in parts to its irreclaimable destruction, its vast primeval forests, some thousands of acres still remain and enough other natural beauty to make a summer's traveling on horseback a not unenviable experience.

The population is that homogeneous American stock so associated with the Southern mountains as to need no special description here. The 1920 census lists 2 foreign born in Leslie (1 male and 1 female) and 1 female in Owsley -- but I never found them. Of the 4 foreign born listed from Knott I met one -- the wife of a retired soldier of the regular army. There are over one hundred and fifty negroes in Knott, descendants of slaves of the white population, and a few negro families in Owsley, who are well regarded as old respectable citizens, and favorably contrasted with the "foreign" negroes brought into the mining camps in adjacent counties.

Fifty-three midwives were included in this investigation, which extended from early in July until mid-September. In order to see them in their surroundings and to get into natural conversation with them, all were visited in their homes. Of course this whole time was not spent in talking with the midwives, or even in locating them. A vast deal of it was taken up in talking with the young mothers they served, as a check upon their statements, with the doctors and pseudo-doctors, of whom there are unfortunately a number, with the county judges, the school teachers; in speaking at picnics, in the courthouses, and to lonely little schools. It is impossible for a public health nurse to
keep within the limits of an investigation. A feeding case here, a crippled child yonder, an eager young school teacher, a despairing young mother—time is consumed with all these, as well as by such emergencies as a miscarriage, a newborn baby bleeding from the umbilicus and many more.

But the finding of the fifty-three midwives themselves took up more actual time than any one can realize who is not familiar with the country. Only four lived in the county seats, and only five or six of the remaining forty-nine were found on the principal waterways. They mostly lived on the smaller and rougher creeks, on the forks of those creeks, up the branches above the forks, and at the gaps where the branches headed up. To see one midwife would sometimes require a detour of five or six hour's riding, and then again one would meet up with four in less than a day. Sometimes they were not at their homes and thrice I rode miles out of my way to locate them with patients, but was never so lucky as to find them actually functioning.

Three of the midwives in Knott county were away from home altogether and their histories gotten from married daughters whom they had attended. I got to the neighborhood of one notable old midwife in Owley only to find she had been buried the day before.

During the summer I traveled approximately 860 miles, reckoned on a basis of three miles to the hour, which is conservative as on some roads and with some mounts I made four. I rode in all thirteen different horses and three mules. Among some of them existed every variety of sore, ringbone, kidney disorder and other equine complaint. Only two were even fairly good saddles. The bridles had sometimes been plac ed out with rope and
the girths tied on with wire or string. The blanket was often a
mold sack. The question of horseshoes is a burning one. In so
rocky a country a horse should not travel after he has cast a shoe.
But blacksmiths and forges are few and far between. I soon found,
however, that nearly any one can put on a shoe if it has been
turned, so I made it my custom to carry in my saddlebags a couple
of shoes of the size worn by my horse of the hour, and turned to
fit him.

In much of my travel I was alone, but occasionally a fellow
worker went out of her way to keep me company for a day, and for
six days in Leslie county I was accompanied by Miss Caroline Whitney,
a fourth-year medical student at Washington University, spending
the summer at the Pine Mountain Settlement School and sent with me
through its courtesy. Six of the midwives were visited by us to-
gether and one by her alone, and her suggestions as to framing
questions as well as her companionship were of great value. During
the last two weeks I combined forces with Miss Ella Woodyard of the
Institute of Educational Research of Teachers College, Columbia
University. Through all of my journeyings I met with the kindest
cooperation and cordiality from the people, official and private,
whom I encountered. The hospitality and inspiration of the Hindman
and Pine Mountain Settlement Schools in Knott and Harlan counties,
the Wooton Community House, Hyden Presbyterian Center in Leslie, and
the Presbyterian Center on Lower Buffalo in Owalsy, are especially
unforgettable. Nor must I fail to add my appreciation for the
invariable welcome I received at many firesides, from the little
old log cabin on a lonely creek where I stopped at sunset to the
now from houses of the more prosperous farmers in the bottom lands. It would not have been possible to track my midwives to their remote homes could I not have counted on a shelter wherever there was a house when falling night overtook me. Of this I was always assured among my fellow Kentuckians.

In planning my tours through the three counties I tried to cover a substantial part of every section and this I succeeded in doing rather more fully in Leslie and Owsley than in Knott, which is larger. The midwives visited were thus a fair sampling of the counties as a whole, including old and comparatively young, clean and dirty, capable and shiftless. Twenty were in Owsley, seventeen in Leslie and fifteen in Knott. If reference is made to the accompanying table it will make clearer an analysis of the data obtained. (Table inserted at end of report)

Fifty-two of the midwives are white and one is colored. All are natives of the mountains, as follows:

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knott county</td>
<td>15</td>
</tr>
<tr>
<td>Owsley</td>
<td>12</td>
</tr>
<tr>
<td>Leslie</td>
<td>10</td>
</tr>
<tr>
<td>Perry</td>
<td>4</td>
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<tr>
<td>Harlan</td>
<td>2</td>
</tr>
<tr>
<td>Breathitt</td>
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<td>Jackson</td>
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<td>Lee</td>
<td>1</td>
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<td>Bell</td>
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<td>Clay</td>
<td>1</td>
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<tr>
<td>North Carolina</td>
<td>1</td>
</tr>
<tr>
<td>East Tennessee</td>
<td>1</td>
</tr>
<tr>
<td>Virginia</td>
<td>1</td>
</tr>
<tr>
<td>(colored)</td>
<td></td>
</tr>
</tbody>
</table>

Their ages range from 30 to 90 years. The total age of the 53 is 3193 years. Their median age is 57 and their average age is 61.3 years. All have been married, five of them twice and one
three times. Eighteen are widows. These are living with their
married children or alone on their own lands. The husbands of all
the midwives but one are farmers. One is a storekeeper as well
as a farmer, and one a preacher. One is a deputy jailer, the
midwife herself being the county jailer, elected on an independ­
ent ticket. She lives in the county seat and keeps a boarding
house of sixteen beds. One other midwife in another county seat
also kept a boarding house, of eleven rooms. One, the youngest,
aged 30, was the wife of a pseudo-doctor. She was the only one
in whose family farming was not the primary if not the only occupa­
tion. Of those 56 farming families all but 7 were living on their
own land—"poor, ill-favored," often, but their own. Farming with
the women is as much a matter of course as with the men, so that
practically all these midwives are farmers themselves. I found
the preacher's wife out hoeing another man's land while her preach­
er husband sat under a shade tree reading (he could read but not
write), and the children were out of school getting wood and water.
One old soul of 68 on a remote creek in Knott county came down out
of a corn patch, at an angle of 40 degrees, where she was hoeing, to
sit with me in her log cabin and tell me the one event of her life—
the time she had gone with her husband and sons to Ohio for a year
and the men had worked in a tobacco factory. "what did you do?"
I asked. "Nuthin', just kep some boarders and tuk in washin'".

All but 2 of the 53 midwives have had children and the num­
ber per midwife ranges from 1 child to 16. The 51 who are moth­
ers have had a total of 448 children, a median of 9, and an aver­
age of 8.5. Of these they have raised 332, the median raised.
being 6 and the average being 6.3. By children raised are meant those reaching maturity and not necessarily those surviving today. Two midwives were not sure just how many children they had lost. One said she "didn't rightly know whether there were 7 or 8 of them dead," and one that she "had raised 8 and lost about as many."

Their homes vary from the windowless one-room log cabin to the modern frame house which has often replaced it, but generally speaking their homes are poor as well as inaccessible. This does not mean that they are not often tidy, and gay with flowers. At least 15 homes of the 63 visited looked exceptionally neat and clean, although six of them were windowless log cabins. Their mistresses, in ages ranging from 30 to 79, matched the homes. Ten midwives, in age from 37 to 89, were filthy. So were their homes. The rest fitted in between.

Their native intelligence appears to vary as widely as their houses and persons and ranges all the way from the extremely stupid to the keenly alert. One aged 70 who could not read or write confided to me that she had always longed to be a doctor. She was one that had no children, but two of her nephews are doctors—graduates of the Medical School at Louisville—and one is now specializing in dermatology at the University of Pennsylvania. It cannot be too strongly emphasized that the question of literacy, especially with the older women, has no bearing whatever upon their relative intelligence. One remarkable old woman of 86 who had been the daughter of a schoolmaster at Boonesville could read and write and I found her reading her grandchildren's school
books without spectacles. Another of 70 claimed that she had been a "pure scholar" in her day and "knew all the words in the blue backed speller." Two in their sixties could both read and write, while a third could only read print. However, with these five exceptions, none of the midwives over 60 were literate. But 12 of all the 53 midwives could read and write, 4 could read but not write, and the claims of 3 others to read I judged doubtful. The expression of one that she "reads print tolerable well" defines perhaps the limits of achievement of all but some 7 or 8 of the younger ones. One aged 72 who could not read said proudly that she could "figger". One aged 54 who was illiterate begged for the state literature, anyway, as her children were all "scholars." A number of them wore spectacles and I asked how they came by them. One, aged 59, was using a pair that had belonged to her father. Another a pair she had gotten from a neighbor, and a third told me that they could be bought now from a man in Chicago if you sent him your age."

When it comes to their professional qualifications and practices it is difficult to classify my 53 midwives because they have in a sense no professional status, and the origin of their obstetrical practices lies in unrecorded time. As to one thing I am certain. None give any post natal care whatever, and in that differ altogether from the midwives in Europe with whose work I am familiar. When the delivery is over and the mother is "fixed up" and the baby "dressed" they go away and, unless something goes wrong and they are sent for again, or they happen to be near neighbors, they do not return. This is universal. Prenatal care is also unknown. And no nursing care, as we understand it, is given. In fact,
the mother, if she can possibly do so, usually gets up after three or four days. The results of this are broadcast for all who will to hear.

When I asked them how they happened to begin to practice I usually got the same reply: "I kept gettin' ketched"--"been ketched at places"--"I got ketched with a baseborn child"--and one that "somebody just had to be around to cotch the babies." The economic reasons entered in, of course, particularly with some of the younger women in their forties--but in the main most of the midwives did not begin their practice. It was thrust upon them. As neighbors in a lonely country they were called upon for this as well as for every other emergency.

None of the 53 had ever had any training in midwifery, and such preparation as they received came from other midwives. Practically all said that before they attended cases themselves they had gone about with older women, and 9 were the daughters of midwives. In Knott county I found a woman of 58 practicing, whose mother I visited later to learn that she had "ketched" her last baby the year before at the age of 90, a record she admitted almost worthy that of her own mother who also had been a famous midwife in her day. In Owlsley county a midwife of 58 told me with pride that her mother "dressed" her last baby the day before she died at the age of 90. She had no record of the number of cases attended by this old Spartan--but contrary to the usual custom her mother had begun the practice "before she quit breedin'," so it must have been a lengthy one. Another Owlsley county midwife aged 57 said she had learned the practice from her mother in Breathitt
county, who had it from her mother who was reported to have de-
liivered over 760 babies. Still another told me her mother "posted"
hir and that, because of her small hands, she had begun on cows and
pigs as a child and had "saved many a sow." One said she "taught
herself," and another that she learned from watching how it was
done when her own babies came. Several instanced the names of
older midwives who had instructed them, and the one colored woman
(who had belonged to a mountain family in Owse f before the war be-
tween the states) said her mistress had been a midwife and had taught
her. Two in Leslie, one 72 years old and one, the youngest seen,
only 30, said that their husbands were doctors and had started them.

But neither the husband of the older one, dead twelve years before,
nor that of the younger, were regular physicians.

One midwife in Ow se said her mother, her sister and her
husband's mother were all midwives and her father, who had been a
schoolmaster, bought "Dr. King's book and Dr.-Brown's book" and
"tuk up" being a doctor. In spite of all these advantages she her-
sel had not even learned to read. In only four instances did any
of the midwives visited profess to have gotten information from a
book. One 68 years old in Knott county, who could read but not
write, said she had studied a book an old doctor (?) gave her mother
who also had been a midwife. Another in Leslie whose claims to
read were not substantiated, had had a book. Both books were lost.

One woman 48 years old in Knott showed me with pride a Wino of Card-
ui advertising circular, and one in Ow se had a "book pamphlet"
from the State Board of Health which a doctor had given her.
The 30-year old one at the county seat had a Metropolitan Life
Insurance pamphlet on Child Care. This particular young midwife
stands out from amongst the rest, product though she is of their soil, as in some ways the most promising and in others quite the most dangerous, of them all. She is young and clean and intelligent, but married to a man who practices as a physician without any justification whatever for assuming the title of one, from whom she has learned many bad habits. I found a hypodermic syringes in her rubberized bag and a box of pituitrin, which she admitted giving for retarded labor, without any conception of the gravity of her act. She said her husband authorized its use. On the title page of a medical book lying on the table she had written both her name and her husband's with the title of doctor before each.

The question of the practice of unlicensed physicians in the mountains looms as a very grave one in connection with mid-wifery, and may as well be mentioned here. There are many such. I came upon five in Leslie alone. Naturally the midwives do not distinguish between them and their qualified colleagues—all are "doctors"—and so not only unsafe and dirty practices are propagated as by authority, but many lives are lost because the midwife sends for a pseudo-doctor instead of a real one.

One case told me by Aunt Tildy, the midwife who attended it, will serve as an illustration. The baby was "crossed." She could not reach either head or feet, and after trying all day and night Friday she sent Saturday morning for two "doctors." From then until Sunday morning she and they all tried unsuccessfully to deliver the patient, and at last after over fifty hours of labor they sent to the county seat for a doctor who "could cut." But before he reached the home the young mother had died, had it not
been for the pseudo-doctors nearer at hand Aunt Tildy would probably have sent early Saturday for the real one and there might have been one less maternal martyrdom. Aunt Tildy herself, a touchingly honest and unassuming person, seemed deeply affected by her loss. She described the despair of the dying woman at leaving her young family, how she called for her sister and told her to "take keer" of her little children, and how the terrible "miseriez" "kelp' up" until they had "kilt her."

Before closing the subject of the lack of preparation of midwives for their work it is pertinent to mention the instruction being given them today by nurses under the State Bureau of Child Hygiene in conjunction with the county health officers. Ten of the midwives among those I saw in Leslie and Knott had attended those conferences and several professed changes of method as a result. But I had every reason to think from inquiries among the young mothers that their unhygienic practices of many year's standing had not been supplanted by a few hours' instruction. The only midwives I found who appeared to have benefited by instruction were those that physicians had taken about and had made a special effort to teach.

This was notably the case in Owseley and particularly so in connection with one physician who has unquestionably saved many lives he never personally reached. I found three midwives whose he used to live whom he had had out with him over and over, who described without any promptings from me and with graphic illustrations how they scrubbed their hands, "trimmed and scraped" their nails, how they held the fundus, and one even told me how she used a "cheap tin pan" for a bedpan, as Dr. ------ showed her to do. With the younger women,
in their forties and fifties, changes are possible with pain-taking bedside teaching—and this would be even more the case were not bad practices already acquired. All of the real doctors I met in these counties were emphatic in urging the need there for midwives. "We absolutely cannot do without them," said one in Owseley—and "the midwife is a necessity here," said another.

The length of practice varied from those who were just beginning to those who were retiring after over forty or fifty years. But few felt certain in estimating their years of practice, and the figures they gave, like the ages of many of the older ones, are often approximate. The total for all 53 is 1022 years, median length of practice is 18 years and the average 19.3 years.

Except only in the vaguest way none of the midwives had any idea of how many mothers they had delivered before birth registration began. Many showed me the stubs of their certificate books and explained that the registrar had filled out the papers for them. Occasionally some other member of the family had done this for the midwife who could not write, but none had kept reliable records before registration. One midwife is Leslie aged 78 and on crutches, but still sought after, said that in her forty odd years of practice she had "dressed" over 800 babies and had "never had to have a doctor yet." Another aged 50 said she had had nearly 100 in eight years. Still another aged 76 was more explicit. She had always kept marks in a "day book" and when a neighbor had counted them up for her there were 337 in her practice of 27 years. One in Knott county aged 73 and with 40 odd years' practice behind her had also kept marks in a book, and had over a thousand to her
credit years ago when a little grandchild, who is now married and
has three children of his own, tore up the book. After that she
kept no record until she began the report officially and she showed
me the stubs of the four certificate books which the registrar
filled out for her. That Leslie county midwife aged 72 who could
"figger" and had practiced over 50 years was positive she had
"dressed" exactly 500 babies. None of the others pretended to have
any record at all of the number of their cases.

The proportion of midwives to doctors reporting births in
these counties is shown by the following figures for 1922 from the
State Board of Health.

<table>
<thead>
<tr>
<th>County</th>
<th>Doctors</th>
<th>Midwives</th>
<th>Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leslie</td>
<td>1</td>
<td>43</td>
<td>41</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>265</td>
</tr>
<tr>
<td>Knott</td>
<td>5</td>
<td>55</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>398</td>
</tr>
<tr>
<td>Owings</td>
<td>3</td>
<td>30</td>
<td>66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>163</td>
</tr>
</tbody>
</table>

An annual permit for midwife, with regulations, a copy of
which is appended to this report, had been given to those 10 of my
53 who attended the classes of instruction under the Bureau of Child
Hygiene and the County Health Officers. All the midwives sending
in birth certificates are registered with their local registrars
in accordance with the act regulating and licensing midwives in
Kentucky which was passed by the 1920 legislature and adopted July
12, 1920.
The ten instructed midwives claimed to be using the silver nitrate solution provided by the state, and two others said they were using it, one stating that a doctor had given it to her. None of the others had ever seen the solution although a few had heard of it. A number of them recalled cases of baby's sore eyes, and one in Knott county said she made "yellowroot tea" and put it in the baby's eyes. Two of the health officers told me that cases of ophthalmia neonatorum were rare in their counties—but that many evidences of venereal disease appeared in the mountains with the opening of the mines.

Equipment is a minus quantity in mountain midwifery. Among the ten who had been instructed by the Bureau of Child Hygiene Nurses seven claimed to carry bags, but of these two could not produce the bags because they were "worn out." One of these began graphically describing the articles that hers contained as we sat at her cabin door, but when I asked to see them the brush was lost, the oilcloth left somewhere, she was out of lysol, and did not have any eye drops. Of the remaining five midwives one had a small, old, dirty leather handbag with silver nitrate in it, one a similar equipment plus a paper of straight pins; a third the same plus a bottle of ergot and one of lysol, a fourth had a clean bag of striped washable cloth with her birth records, the silver nitrate, and a clean white apron in it, and a fifth was the young woman of 30 (wife of a pseudo-doctor) whose rubberized bag with flowered lining had the hypodermic syringe and pituitrin in it, as well as bottles of iodine, ergot, bichloride, the silver nitrate and some cotton.

One of the midwives taken about by Dr. --- aforementioned
told me she had a handbag with her own scissors, thread and
scorched rags (folded in), all wrapped in "white silk paper." But
I found her in the woods gathering brush, after visiting her empty
home, and did not like to ask her to return so far with me, and so
could not verify her statement. Still another midwife pulled
some roots out of her apron pocket and said she took those. None
of the rest of my 53 pretended to any equipment whatever—counting
on finding at the patient's home the hog grease which is their one
almost universal requisite.

The fees charged varied, apparently at random, in all but two
cases, from two dollars to five dollars. Several midwives said
they made one charge for neighbors and another for people farther
off, and some said they asked more when the confinement was a
long one. Only one mentioned as small a sum as $1.50, and only
one charged over $5. That is the wife of the pseudo-doctor afore-
mentioned who had a hypodermic and gave pituitrin; she charges
$10. From $3 to $5 were the usual fees.

I come now to a description of the obstetrical practices of
these midwives as they went over them with me sitting on the splint-
bottomed chairs or the steps of their homes. From some of them I
learned nothing because they were frightened or shy or extraordi-
narily reticent. Others poured out their experiences spontaneous-
ly. A very few, like Aunt Tildy, described some of their worst
cases and asked what they should have done. Several talked con-
stantly of other midwives and their mistakes. "I never had a
woman with childbirth fever—but Mrs. X. has 'em." I never lost a
woman but Aunt Nora has lost three"—"I never sent for a doctor
yer," but Bock has to send for 'em"—and so on.
In reply to my questions as to when they send for a doctor I got frequently a protest against the very idea. "Never had to call a doctor yet" is a common phrase, spoken proudly by women professing to practice from 20 to 40 years. Only 18 spoke as if they ever recognized the need for medical assistance in any but cases so exceptional as to stand out above the rest. They sent without discrimination for real or pseudo-doctors but the ones readiest in sending were on the whole the ones who could reach real medical assistance—and I think most of the pride in getting along without it came from those who had never known it. One said she never sent for a doctor because there were not any within reach. Several spoke of the cost as prohibitive—30 or 35 dollars—because of the distance. Only 7 had ever seen forceps applied. Several of the older ones, who had had hundreds of cases, said they had never had one where the woman could not deliver herself, with their assistance. Seven midwives had had a doctor, or a pseudo-doctor, or only one occasion—one in Owlsley to get an afterbirth that had "grown to the womb," one in Leslie because "the baby was dead, and had grown to her backbone, and the doctor had to put her to sleep and pull it loose." Still another because the woman had "fits"—thirteen before the doctor arrived and one after. Baby and mother lived, she added, and two other babies have come since without convulsions.

Three other midwives sent upon one occasion each for doctors because of the woman's advanced age for having the first baby. One said the mother was "right old" and added she had passed her twenty-second birthday. Questioned as to why she called that old
she replied "they calls it old." Another said her patient had been an "old girl" when she married and was twenty-two or three when the baby came and "wouldn't mind her noway." Asked for further explanation she said that sixteen or seventeen-year old girls "don't have much trouble" but a woman of twenty-two has "settled by that time." The third midwife frankly called her patient an "old woman" (in her thirties) and said the doctor used "faucets". She added as we sat in the open space of her double log house, that this hardly won baby was dying now of "flux" in its second summer from eating cucumbers.

One midwife in Leslie said that the reason her own daughter had died a few days following childbirth was because she could not get the afterbirth—and had called Dr. ------ (naming a pseudo-doctor) who "pinched off the cord" instead of "peeling hit"—and so "mortified" her daughter that she died.

All of the midwives make examinations, some of them over and over, and always, so far as I can ascertain, with greased hands. One described reaching into the uterus to grease the baby's shoulder. Asked why they examine they usually make some such reply as "to see if the baby is comin' straight"—"to see if the womb is open"—"to see if its heads an' front"—or else they give no reason. One said she did not examine if when she got there the baby's head was "even with the world." Some of the mothers told me they had been examined ten or twelve times during a brief and normal labor. When I asked one midwife if she washed her hands she replied: "Cou' se I don't wash 'em—I grosses 'em." But most of the midwives said they washed their hands first, one adding "with pot-
ash soap not lye soap." She said she used a clean towel and lard and had her hands "like I was goin' to make up a mess of biscuits."

Those midwives in Owsley county who had been taken about by the doctors described scrubbing their hands.

One cannot be sure of the extent of childbed fever, but it seems not to be frequent. Only two cases were reported in 1922 for Knott county, and none for Leslie or Owsley. The midwives are most uncommunicative on that subject. One in Leslie said there was not much fever but she "sends for a doctor if they have it." One in Owsley said she gave winter fern for it and another that she "sends to a doctor for medicine or they die." She had had it herself.

One voluble midwife declared she had seen childbed fever "a heap of times." Another told me she had never had a case, but that very day a few miles farther on I dined at the house of a young woman who had been poorly since her last baby was born four years ago because she "lay in bed two months with childbed fever." She had been attended by this same midwife.

Rarely ever did I feel that the statements given me regarding maternal deaths and stillbirths were accurate. A number of the midwives who had been practicing for years declared that they "never lost a mother or a child." One who said she had had "upwards of a thousand" deliveries had only lost two mothers. The one in Leslie who could "figger" and who had counted 590 babies in over 50 years admitted but two stillbirths and said she had lost "nary woman." One in Knott who delivered 265 cases admitted "two or three" stillbirths only. A neighbor where I spent the night told me of three recent stillbirths which the midwife had not mentioned. A favorite expression is that they have "always been blessed with good luck."
One dirty old soul in Knott county told me she "took the Lord with her" and that was why she had such good luck. In her practice of over forty years, with over a thousand cases she had never lost a mother and mighty few babies." One in Leslie told me voluntarily that she had had a maternal death from hemorrhage within the year. Another in Knott, who has the reputation of losing many mothers, and lost one of her own daughters from hemorrhage, mentioned without questioning and as though it were a complex with her, that "everybody lost women."

The midwives described several ways of getting the placenta if it did not come normally. Several said they "went in after hit." One said she reached for them and "they just come out." One aged 47 who was just beginning said with pride that she had not had but two cases and in both "the afterbirth was stuck" and she reached in and "pulled them out as good as anybody." Another said she had only had to go in after one, and that was with a woman where baby and everything had "rotted," and came out in pieces. This had happened to the same woman four times before. Several say they get the afterbirth by "peeling and working the cord" and bringing pressure on the fundus.

It is the almost universal custom among the older women to deliver their patients sitting on some one's knees—usually those of the patient's husband—"her man." Two told me they preferred her to sit in a chair without a seat, and one said she sometimes had her stand up. Perhaps the expression "catching the baby" arises from this custom. None of the midwives admitted that they got worse tears than with the patient delivered in bed. In fact one old
soul, she who "found" over a thousand babies years before registra-
tion began, had the face to tell me she "had never had a tear--
but the doctors has "em."

Several even of the older women now say they let the mothers
choose and will deliver them in bed if they prefer. As one in
Oxley expressed it "I lets 'em take their pleasure, but can wait
on 'em better sittin' up." But one in âœâœ frankly said she did
not like this new way of "ketchin' babies in bed." Another, the
midwife who never got a tear, told me she let her patients choose.

But I ascertained from a sixteen-year old mother just delivered of
her first baby that she had "cried" to stay in bed and Aunt Jane
made her get up. With the younger women and with those in touch
with the doctors the custom of delivery in bed seems rapidly super-
seding the older one.

From a number of midwives I learned of cases of eclampsia
but rarely did they report them as having happened among their own
patients. They called convulsions "fits" and no one had any reme-
dy to suggest. The experience of the older ones has included a
few cases of abnormal presentations and of these they usually boast
because of their skill in handling them, either by external version
or "turning" the baby from within. Some of them seem to have gotten
very dextrous and the whole neighborhood says of these that they
have "good luck." When I asked those of more limited practice
what they would do if they had certain complications to meet I found
that rarely had they decided beforehand on a plan of action.

"Never had hit happen yet" was the usual answer and with it they
appeared satisfied.
Several of the midwives told me of cases where the "afterbirth had come first," and one said she herself had been in bed five months because of that. A young mother with her second baby had died from hemorrhage due to this just a few hours before I rode through her neighborhood. One of the doctors told me he had been called in for seven cases of placenta previa in his mountain practice of only a few years.

Of all obstetrical complications a hemorrhage was the most frequent, calling forth the fullest information and concerning which there seemed to be the greatest variety of superstitious practices. Only three of the midwives I saw in Osceola county, one in Leslie and one in Knott had learned from doctors how to hold the fundus, and the one in Knott added "raise her hips and stuff her with cotton." But she had not tried this method herself. She had heard of cording the leg (a custom mentioned in all 3 counties by 5 of the midwives, 2 specifying the left leg and hand, 1 the left leg and arm, 1 the right leg, and 1 not specifying) but she did not believe that was much use. What she had found most helpful was just to lay her hand on the woman and repeat a verse from the Bible, which a preacher had given her. Word for word as it came from her lips I found it in Ezekiel 16:6. "And when I passed by thee, I saw thee polluted in thine own blood. I said unto thee when thou wast polluted in thine own blood, live. Yea, I said unto thee when thou wast in thy blood, live." This she said she had also tried successfully on a dehorned steer which was bleeding to death.

Remedies to be taken for hemorrhage nearly all were home-made. Two midwives in Leslie and Knott suggested ergot, one in
Knott advised paragoric and another (she whose mother had had a book from an old doctor) said laudanum was the best thing but you could not get it now. As a substitute she suggested a remedy volunteered by several—cold cloths applied locally. She added that a tea to ward off miscarriages could be made of "black gum bark mixed with sweet apple tree bark, and peeled one piece up and one piece down". Teas of this general character were recommended by several for severe bleeding. A midwife in Owesley said to use black gum bark from the north side of the tree mixed with the bark of a sweet apple tree. Some endorsed either one without the other. Yellow root tea was recommended by a midwife in Knott county, rattleweed root or service bark tea by one in Leslie, tea from "comfrey" roots by another, pepper tea by several, assafetida by one in Owesley, minted by one or two others, and the "leaves" (needles?) of the white pine in a tea by another.

Several advised spices, eaten just so, or in a tea served cold, or three grains ground into a powder. A paste of flour and cold water was recommended by other midwives and two of them told me that they had tried it successfully. One called it "flour batter dough." Tea made out of soot was endorsed in all three counties for hemorrhage. One in Owesley specified chimney soot. One in Leslie specified that it must be taken from under a pot. And one in Owesley implied how common must be the use of coal, picked up as it is all through the mountains almost by the side of the road, when she said it must be wood soot.

One old superstition that I got in both Owesley and Leslie counties from midwives as disconnected from each other as if the seven seas had flowed between, was that of putting an ax under the
bed, blade up, to stop a hemorrhage. But the Leslie county midwife, a sensible appearing woman only forty-five years old who was clean and could read, said she knew it "did no good 'cause they tried it with her sister who died anyway." And she began to "go off into faints" just as the blood soaked through the bed and fell on the upturned ax — so that some people even said it had helped to kill her. She then said that she advised stripping the woman and putting on her something dirty that somebody else had worn — as a petticoat, for instance — but it must be soiled to do any good.

A variety of things are given for other conditions — especially for protracted or retarded labor. Pepper tea, red or black, is a favorite in all three counties. Black gum bark comes in use again here, roots of the rattleweed, blueberry, raspberry, yellow spicewood and bluebell are given, all made into teas, and "witch hazel bark boiled into a thick syrup," ginger tea, tansy, peppermint, burwina, sulphur in sugar, quinine and gunpowder.

One Knott county midwife said that a tea made from the root of the rattleweed would bring on the "miseries" if the woman was at term, or check them in a premature labor. One midwife in Owsley county said the same of blueberry root tea, which "looks like rattleweed root." A slovenly younger one of 42 in Leslie got the same effect from a "powder in a box bought at the store." Another in Leslie aged 72, says that if a tea made from
"blueberry rattleweed" is given two months ahead of the date of the expected confinement the woman "finds her baby easy." One in Owsley gives "spigment" for the same purpose. These were the only instances I found of prenatal care!

For afterpains this same midwife gives "angelico root," which her mother, another midwife, calls "jellico root." She knows a patch "hid in the hills" which she won't let anybody touch. She also "gives a yarb called allenkinpana" (elecampane?) as does her old mother. Another old midwife gives "a yarb that grows low down on the branches." Pepper or ginger tea are sometimes given and pennyroyal, and "a round bottle of cordial from the store." Pepper tea is also used for chilling and to promote flow after delivery if it is checked, as is also pennyroyal. One midwife in Leslie makes a tea of a mixture of wahoo bark, spicewood and winter fern for this purpose--followed by a dose of oil and turpentine. For "risings" in the breast, if a midwife is called back on such a case, one in Leslie recommends a "catnip poultice," and another "binding the breasts tight." Most of them say they never have to meet this condition.

The care given the baby varies very little among them. Nearly all dose it with castor oil, many add catnip tea as well, some give sugared milk and some the milk of another woman. All cut the cord with unholled scissors and tie it with several strands of thread twisted together. Most of them grease the navel with lard or castor oil and then put a scorched rag over it. Practically universal is this custom of scorching the rag. One midwife in Owsley said she had given it up because the doctors did not do it, and one in Knott county it was "oldtimey." To revive a baby gave "rock its arms and
legs" but generally they put it in water. One in Osway "floats hit in cold water." One "washes hits breast." One in Knott "washes hit in camphor."

Since no postnatal visits are made the midwives claim little responsibility for the fact that nearly all the mothers get up three or four days after their babies are born. One midwife said she thought that was the reason why six of her own babies had died in the first month of life--that and working in the fields up until the confinement period. This last is also quite general. One young woman who had worked all summer in the fields and all winter "sawing wood" since her marriage, had had two fairly normal babies, then two puny ones, than a bad miscarriage. I mention her case because she was the daughter in law of one of the midwives. Similar histories are common in all three counties.

It is almost universal among the women who have borne several children, to complain of a prolapsed uterus. One of the midwives I failed to see in Knott county had gone to visit another of her tribe on a far creek and get some medicine for a "fallin' womb." A daughter of this same woman had given birth to a baby a month before on a Sunday, and on Tuesday was "up and cookin'" for a family. The sister of a midwife upon whom I called because she had a three-weeks' old baby had gotten up only two or three hours after its birth... and never gone to bed agin until night." This had been her custom with all her babies excepting only with the first, when she "stayed in bed sixty days with childbed fever." Such instances could be multiplied over and over.
It is not the purpose of this report to "point the moral" of the data collected. I had been less than human had I not pondered the problem, as I unraveled the facts, and sought its solution. Finding and applying it will undoubtedly be the work of many people and much time. None the less the story of my fifty-three midwives, will not have ended until that solution has been reached and applied.

Mary Buckminster
METROPOLITAN LIFE INSURANCE COMPANY
New York City

Louis I. Dublin
Third Vice-President
and Statistician

May 4, 1932

Mrs. Mary Breckinridge
Cosmopolitan Club
133 East 40th Street
New York, N. Y.

Dear Mrs. Breckinridge,

I am sending you herewith a brief statement covering in summary form the chief results of our study just closed of your first thousand records. I am also attaching the main tables which give the details of our study.

It was a pleasure to have the opportunity to present these facts before the splendid group at Miss Morgan's house yesterday, and I hope that you will be able to prepare a statement for the press which will have a wide appeal.

Sincerely yours,

Louis I. Dublin

Enclosures

This study covers the tabulation of the first one thousand midwifery cases of the Frontier Nursing Service. All of these women registered with the service during pregnancy and were cared for during delivery and were followed up for one month after delivery.

The patients cared for were, for the most part, young women. Seventeen per cent. were under age 20 and 28 per cent. between 20 and 25 years. A total of 45 per cent. were registered under age 25.

Eighteen per cent. of the cases receiving care were primiparas, that is, were bearing their first children. Among the 167 women under age 20, 109 were in their first pregnancy. Two hundred eighty-seven women, or 29 per cent., developed one or more puerperal abnormalities during pregnancy and in 130 cases, the service of a doctor was called for. This proportion of abnormalities is lower than is usually found in the general population and is lower than in other series where excellent care in pregnancy has been available.
Only two of the thousand cases developed eclampsia, although there were 172 cases with toxic symptoms which might have developed seriously without the care which the nurses rendered. Delivery complications occurred among 366 women, of which the commonest were hemorrhage, prolonged labor, and laceration. The number of these cases, however, is much less than usually occurs. In only 52 cases was it necessary to obtain the service of a physician during labor. Forceps were used 6 times.

The most important single result of this work is that not one of the women died as the direct result of either pregnancy or labor. There were two deaths in the series; but in one of these, the cause of death was chronic heart and kidney disease and in the other, it was chronic heart disease. Neither of these two cases could properly be ascribed to the maternal state. They would probably have occurred under ordinary conditions.

Another important result is the small number of stillbirths. There was a total of 24 stillbirths among the 1,015 babies. This figure is one-third less than occurs usually in the general population of the United States. Another end result is the number of babies that die within one month after birth. There were 85 such deaths out of 359 babies born alive. In the general white population of Kentucky, there occurs 36 such infant deaths in 1,000 livebirths, which represents a saving of one-third from that in the general population.

Finally, it is important to note that the mothers and babies were discharged at the end of the month in good health. Out of the thousand women who were visited up to within four weeks after delivery, 96 per cent. were reported by the nurse as in satisfactory condition.

The study shows conclusively what has in fact been demonstrated before, that the type of service rendered by the Frontier Nurses safeguards the life of mother and babe. If such service were available to the women of the country generally, there would be a saving of 10,000 mothers' lives a year in the United States, there would be 10,000 less stillbirths and 30,000 more children alive at the end of the first month of life.

The study demonstrates that the first need today is to train a large body of nurse midwives, competent to carry out the routines which have been established both in the Frontier Nursing Service and in other places where good obstetrical care is available.

May 5, 1932.
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