Nurse-midwifery in America: European Influences on the Frontier Nursing Service

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The American Nurse-midwife: European Influences on the Frontier Nursing Service

Abstract:

This paper and presentation will focus on the European influences on the Frontier Nursing Service, a health program established in eastern Kentucky in 1925 dedicated to improving maternal and infant healthcare for rural, low-income families. Many of the nurse-midwives who worked for the FNS in the early years were English or Scottish and all of the American nurses received midwifery training at schools in England.

More importantly, Mary Breckinridge spent three years working as a nurse in post-WWII France. In 1924, after her work in France, she received midwifery training in England and then conducted a thorough study of a rural health program in Scotland. Breckinridge's experiences in France shaped her outlook and knowledge in public health nursing. In 1925, she founded the FNS and modeled it after the Scottish health program.

Historians have not conducted an in-depth study on the European influences on the FNS. This paper adds to the historical literature on how corresponding social movements in Europe and America during the early 20th century influenced each other. I have analyzed and compared primary and secondary sources about midwifery during my period of focus from both America and England, and studying Breckinridge's correspondence and autobiography about her time in France. Sources for my paper include books, journal articles, memoirs and personal correspondence, newspaper articles, photos, FNS Quarterly bulletins, and oral interviews.*

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"Atlantic Crossings"

Since the invention of the printing press by Austrian Johannes Gutenberg in the mid-15th century, printed literature has been largely responsible for the transfer of knowledge and ideas across large distances and times. In the past, it was easier, cheaper, and safer for a book or document to cross the ocean than a person. Can you imagine Benjamin Franklin traveling to England to announce America's claim of independence? As scientific and technological advancement gave birth to the Industrial Revolution in the 19th century, improvements in transportation created a mass movement of both people and literature. People crossing from one side of the Atlantic to the other brought not only their personal beliefs and experiences with them, but also the ability and determination act upon those beliefs and experiences.

Daniel T. Rodgers's book *Atlantic Crossings: Social Politics in a Progressive Age* is a study of the relationship between the European social movements of the late nineteenth and early twentieth centuries and the corresponding movements in the United States.[1] According to Rodgers, the American social movement "lagged" behind the European movement because of distance and the tendency, stemming from the prejudices of colonial America, to separate the "new world" from the "old world."[2] Rodgers covers many of the important social issues and programs at the time, including urban planning, social insurance, labor issues, agriculture and the New Deal. One aspect of social reform that he overlooks is the issue of health care reform and rural health programs, specifically

[1] Daniel Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age* (Cambridge, Massachusetts: Belknap Press of Harvard University Press, 1998).
[2] Ibid., 69-75.

focusing on the role of the midwife on maternal and infant health care. This paper corrects this omission by addressing the issue of the "Atlantic crossing" of the midwifery movement.

By the early 20th century, the English Parliament had passed legislation which made it illegal for any midwife to practice without having first having been tested and certified by a board. The government highly regulated the profession and Queen Victoria was a strong supporter of midwives. In 1889 she established a nursing program, the Queen Victoria's Jubilee Institute for Nurses, which later became known as the Queen's Institute of District Nursing and was a sister organization to the Frontier Nursing Service.[3]

In contrast, during the same period American midwives had a dismal place in society. Many people, especially male doctors and the male medical establishment, regarded midwives as a detriment to the health profession and believed midwives caused more harm to their patients' health than good. Unlike England, the United States had no schools or training programs in midwifery. However, by the mid-20th century the position of the midwife within the American health care system had significantly changed. Several graduate schools had been founded to train nurses in midwifery techniques and skills, and the successes of midwifery demonstrations in rural America proved to the medical establishment and to American society that midwives were necessary components of a strong health care system. This change in society's attitude towards midwives was largely due to the influence of British midwifery institutions,

[3] Mary Breckinridge, "Overseas" from the *The Quarterly Bulletin of the Frontier Nursing Service*, Autumn 1932. Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

practices and beliefs on the American midwifery system.

What is Midwifery?

The midwife has served as the primary caregiver to pregnant women, young mothers, and infants for most of history. Today, the official definition of a midwife according to the International Confederation of Midwives (ICM) is a person who has received proper education and is licensed to practice midwifery. The ICM says that a midwife "must be able to give the necessary supervision, care and advice to women during pregnancy, labour and the postpartum period, to conduct deliveries on her own responsibility, and to care for the newborn and the infant."[4] Midwives must follow strict guidelines and governing bodies, such as the ICM, closely monitor their methods and attempt to streamline the midwife profession into one global institution.

The role and status of midwives has evolved throughout history. In ancient Greek society, midwives were highly respected for their knowledge and experience. However, the esteem of midwives went into decline during the Middle Ages, when much previous knowledge and writing was lost to civilization. During this time, midwives relied on magic and superstition to protect the mother and infant during childbirth, such as the use of stones to protect women from the dangers of early deliveries.[5]

By the 19th century, the Renaissance and Enlightenment had brought about the re-birth of knowledge and education. A medical field, dominated by males, was becoming more professional and specialized. Those interested in becoming nurses or doctors were required to receive training from a medical school or institution. Society was critical of midwives for their traditional practices and beliefs and their lack of institutional

[4] Judith Rooks *Midwifery and Childbirth in America* (Philadelphia: Temple University Press, 1997): 6.
[5] Jean Towler, *Midwives in Society and History* (Dover, New Hampshire: Croom Helm, 1986): 31.

education.

Midwifery practices and methods varied according to location, religion, and social values and customs. The midwifery profession in Europe grew apart from the one in America because the beliefs and experiences influenced the profession differently on each continent. By the end of the 19th century, opposing medical and social trends had created two completely different midwifery professions in Europe and America. The following sections will outline the differences between American midwifery and British midwifery at the turn of the twentieth century.

The American Midwifery Problem: Education or Elimination?

In the 1910, the United States had one of the worst infant mortality rates of developed countries: the U.S. Censes Bureau ranked the United States 22 on a list of 31 developed countries for having the best (i.e. lowest) infant mortality rates.[6] Although America was the wealthiest and most powerful country in the world, health care professionals were starting to realize that the country had fallen behind in providing basic health services to its mothers and infants. The public held midwives largely responsible for the high infant mortality rates, and a contentious debate about the American "midwifery problem" ensued. On one side were people who argued for the abolishment of midwifery and on the other, people who believed that midwives were necessary for the maintenance of the health care system. The people who recognized the necessity of midwifery understood that the future of health care for poor and rural mothers and infants was at stake.

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[6] Ella Phillips Crandall, "Report on the Section of Nursing and Social Work of the American Association for the Study and Prevention of Infant Mortality," in JStor Database (The American Journal of Nursing, May, 1922): 331.

Midwives were an integral part of the medical establishment because they gave care to patients to whom most doctors would or could not provide for. In many cases, doctors charged fees unaffordable to a large percentage of the population, and women had no choice but to turn to midwives to deliver and care for their babies. In rural areas, there might have been only one doctor and few nurses to care for thousands of patients. People relied upon midwives to handle the pregnancies and births that doctors and nurses could not attend, which oftentimes was quite a lot. A study of midwifery in the Kentucky Mountains in 1923, conducted by Mary Breckinridge, revealed that in Leslie, Knot, and Owsley counties, only nine doctors (including real and pseudo-doctors) had been present at 144 births, whereas 128 midwives had been present at 824 births.[7] A main argument for supporting the midwifery practice was that without midwives, thousands of women would be without any type of care during pregnancy. The question of whether it was better to have poor quality health care than no care at all was a main issue of the debate.

According to historian Sandra Lee Barney, people who argued for educating midwives were opposed to "lay-midwifery," or midwifery performed by women with no professional training or background.[8] Clara Noyes, General Superintendent of Training Schools at Bellevue and Allied Hospitals in New York City, described midwives as illiterate, careless, and filthy. A midwife in the south, she wrote, is a woman "who has, perhaps, increased the population some twelve or fifteen times, herself, and is, therefore, expected to 'know all about it.'"[9] This was a popular attitude at the time, especially

[7] Mary Breckinridge, "Midwifery in the Kentucky Mountains: An Investigation in 1923," printed in *The Quarterly Bulletin of the Frontier Nursing Service, Inc.* (Spring 1942), 18. Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[8] Sandra Lee Barney, *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill: University of North Carolina Press, 2000): 113.

[9] Clara Noyes, R.N., "The Midwifery Problem" in JStor Database (*The American Journal of Nursing*, March, 1912): 466.

among well-trained doctors and medical professionals who believed themselves to be superior to the lowly "granny nurse." However, some people realized that the medical system could transform midwifery into a professional career.

This career took the form of "maternity nursing" and later "public health nursing." Maternity nurses treated patients in hospitals, and doctors granted the nurses a large degree of independence to practice their profession. Maternity nurses were the first medical professionals to realize the importance of prenatal care.[10] However, it was through public health nursing that midwifery was finally able to become a respectable profession. Unlike maternity nurses, public health nurses visited patients at their homes and primarily served poorer populations who could not afford hospital or clinical care. Most importantly for this paper, maternal and infant health services and programs were the most common type of public health nursing service during the 1920s and 1930s.[11]

Arguments for the elimination of midwifery practice in the United States were widespread. One popular view was that midwives would become obsolete due to the rise of doctors, particularly female doctors. In 1911, obstetrician J. Whitridge Williams delivered a speech in which he claimed, "the remedy for the low level of obstetrical care in American lay not in licensing and legitimizing female midwifery, but in improving the skill of the doctors."[12] Similarly, some people contended that integrating midwives into the nursing education system would cause structural issues. It could prove difficult and time consuming to develop methods of integrating midwives and midwifery training into already standardized nursing programs. A review of the European midwifery system

[10] Katy Dawley, "CE Credit: The Campaign to Eliminate the Midwife," vol. 100 no. 10 (October 2000): 53.
[11] Barbara Melosh, "'The Physician's Hand:' Work Culture and Conflict in American Nursing," (Philadelphia: Temple University Press, 1982): 120.
[12] Robyn Rosen, *Reproductive Health, Reproductive Rights* (Columbus, Ohio: The Ohio State Press University, 2003): 28.

caused many Americans to declare that "the larger number of female physicians have made the midwife unnecessary, and it is well that it is so. One may attribute not a little of the unity in American nursing affairs to the absence of this fruitful source of contention."[13]

A central part of the problem was that there were no schools or training programs for midwives in the United States. Therefore, even nurses or midwives who wanted to receive an education about proper obstetric practices were unable to do so. This problem was not reflected in Europe, where many countries had well-developed midwifery training programs and regulations. An interview of 500 midwives in New York City in 1906 revealed that 40 percent had European diplomas.[14] However, the author of the same survey described only 10 percent of the midwives as capable and reliable.

It is important to note the striking differences between urban and rural midwives. Many urban midwives were immigrants who had received training in their home countries. They typically provided care to mothers and infants of the same ethnicity. For example, Japanese midwives, or *sambas*, immigrated to the Western United States and acted as both preservers of Japanese culture and as catalysts for change in their new communities.[15] In California, at least 75 percent of licensed midwives in 1923 were Japanese women who had received their training prior to emigrating to America.[16] In contrast, American midwives typically received no formal education and provided care to poor American women. Many of these midwives lived in poverty and their mothers and grandmothers passed down their knowledge from generation to generation.

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[13] Lavinia Dock, "Foreign Department," in JStor Database (*American Journal of Nursing*, May, 1905): 523.
[14] Rooks, 26.
[15] Susan Smith, *Japanese-American Midwives: Culture, Community and Health Politics, 1880-1950* (Chicago: University of Illinois Press, 2005): 2.
[16] Ibid., 51.

The general opinion of midwives at the turn of the twentieth century was negative. Clara Noyes, General Superintendent of Training Schools at Bellevue and Allied Hospitals in New York City, described midwives as illiterate, careless, and filthy. A midwife in the south, she writes, is a woman "who has, perhaps, increased the population some twelve or fifteen times, herself, and is, therefore, expected to 'know all about it.'"[17] This was a popular attitude at the time, especially among well-trained doctors and medical professionals who believed themselves to be superior to the lowly "granny nurse."

Laws governing the practice of midwifery became effective in many states between 1910 and 1920. In a speech given at the 1923 annual meeting of the American Medical Association, Dr. Anna Rude, Director of the Maternal and Infant Hygiene office of the U.S. Children's Bureau, discussed the midwifery problem in the United States. Although states adopted legislation regulating midwifery practice, registration, licensing, examining, education standards, and penalties for violations, Dr. Rude said that the states failed to enforce the laws due to distance and lack of manpower and funds. She concluded:

> 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.[18]

The adoption of legislation regulating midwifery legitimized the practice in the eyes of many health care professionals, but the laws were largely unsuccessful because they were

[17] Clara Noyes, R.N., "The Midwifery Problem" in JStor Database (*The American Journal of Nursing*, March, 1912): 466.

[18] Anne Rude, M.D., "The Midwife Problem in the United States," speech read before the Section on Obstetrics, Gynecology and Abdominal Surgery at the Seventy-Fourth Annual Session of the American Medical Association (San Francisco, June): 14. Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

impossible to adequately enforce. Therefore, the main question persisted: should midwives be educated or eliminated? The question would not be resolved until successful nurse-midwife demonstrations had proven that the midwife was a valuable asset to the American medical profession.

The English Solution: The Nurse-Midwife

Across the Atlantic Ocean, midwives were faring much better. In many countries, including England, Spain, the Netherlands, and France, midwives were experiencing greater respect and growing acknowledgment of the necessity for their profession. Educated doctors and nurses were replacing the traditional healers and lay-midwives of the past. The professional nursing movement, led by Florence Nightingale, revolutionized the profession and changed the way society viewed the role of women in the medical field. In Europe, this revolution not only paved the way for the nursing field but also helped established midwifery as a legitimate profession.

Midwifery training programs existed in Europe during the mid-nineteenth century, but most of the teaching was unsatisfactory and most midwives still received their education through apprenticeship. However, in the second part of the century, training schools were set up that possessed rigorous admission procedures, and the women received training and practical experience in clean, hygienic hospitals, and clinics. For example, in the Netherlands, medical educators established three schools in one 1861, 1881, and 1913 that provided quality education to midwives.[19]

In her book *Notes on Lying-In Institutions and a Scheme for Training Midwives*,

[19] Hilary Marland, "The Midwife as Health Missionary: The Reform of Dutch Childbirth Practices in the early twentieth century," in *Midwives, Society, and Childbirth*, edited by Hilary Marland and Anne Marie Rafferty (New York: Routledge, 1997): 153.

Florence Nightingale envisioned the midwife as

> a woman who has received such a training, scientific and practical, as that she can undertake *all cases* of parturition…. Such a training could not be given in less than two years…no training of six months could enable a woman to be more than a Midwifery nurse.[20]

She believed the midwife should be trained in all aspects of obstetrical care, not just a "midwifery nurse," but a nurse-midwife who would only need to call upon a doctor in abnormal situations or crises. It is this notion of a nurse-midwife who has a comprehensive understanding of medical procedures that sustained midwifery in Europe and, most successfully, in England.

This revolutionary idea exploded into the English medical system and in 1872 the Midwives Association was formed, followed by the Midwives Institute nine years later. Regulations governing the registration, education, and practice of midwives began emerging in the late nineteenth century, decades before American legislators enacted similar laws. The most important piece of English legislation was the Midwives Act of 1902, which created the Central Midwives Board for England and Wales. The Board had a large number of important responsibilities, including framing rules for midwives, appointing examiners to study and report on the midwives, and to compile a yearly database of all certified midwives under the Midwives Act, among others.[21]

Unlike in America, where the regulation of midwives was lax, English society expected midwives to abide by the rules governing their profession and were prosecuted for breaking the laws. The *London Times* reported fifteen such cases between 1895 and 1915. Midwife Ernstein Katz was charged with "performing illegal operations, with

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[20] Towler, 158.
[21] Ibid., 179.

intent to procure abortion."[22] Another midwife, Elizabeth Anne Telfer, had her Midwife's Certificate cancelled after a court found her guilty of assisting in the management of a "disorderly house."[23] Although fifteen cases in twenty years may seem insignificant, the *Times* reported only a sampling of the more important cases, and many of the crimes and charges against midwives were not covered by the newspaper. These examples show how English courts enforced the midwifery the midwifery regulations, as compared to the negligible enforcement of similar laws in America.

Another important organization that contributed to the permanent establishment of the nurse-midwife was the Queen Victoria Jubilee Institute of Nursing, which was incorporated by a royal charter in 1889. Nurse-midwives received an incredible boost of support and respect from the endorsement of the royal family in England. The Queen's Institute was instrumental in the creation of district nursing, a type of public health nursing where officials divide cities or areas into districts and assign nurses to certain districts to care for the people residing within them.[24] This type of nursing was later incorporated into many successful nurse-midwife programs, including the Highlands and Islands Rural Medical Program of Scotland and the FNS.

Queen's Institute nurses were required to have at least two years of training in an approved hospital or infirmary. Furthermore, in many cases the nurses were required to have additional training in a maternity hospital,[25] effectively transforming themselves into nurse-midwives. A comparison between the average maternal morality rate of women in

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[22] "At THAMES, ERNSTEIN KATZ, 48, a midwife of Gertrude," *The London Times*, 10 September 1900, p. 10.
[23] "The Picadilly Flat Case: Midwife's Certificate Cancelled," *The London Times*, 7 November 1913.
[24] Amy Hughes, "The Origin, Growth, and Present Status of District Nursing in England," in *The American Journal of Nursing* (February 1902): 337-340.
[25] Ibid., 342.

England and Wales and the average maternal mortality of women attended by Queen's Institute nurse-midwives from the years 1905 to 1931 shows the implications of a midwife with a strong background education in nursing. The average maternal mortality rate of women in England and Wales was approximately 40 maternal deaths per 10,000 births. The average maternal mortality rate of births presided over by Queen's Institute nurse-midwives was approximately 20 maternal deaths per 10,000 births,[26] or half that of the average rate of all maternal mortality deaths. These statistics justify the supplemental training of nurses with midwifery skills, and nurse-midwives eventually formed the backbone of many district and rural nursing programs throughout the world.

Mary Breckinridge

American medical professionals were aware of the corresponding trends and practices in European and English medicine. Doctors and nurses traveling across the Atlantic witnessed the well-established system and governance of midwifery in England. They returned to America with ideas of how to adapt and model the American system after what they saw in Europe.

One such woman was Mary Breckinridge, a trained nurse from a prominent Kentucky family. Ms. Breckinridge's grandfather, John C. Breckinridge, was Vice-President of the United States under the President James Buchanan. Her father, Clifton Rhodes Breckinridge, was an Arkansas Congressman and later United States Minister to Russia.[27] Breckinridge lived abroad for much of her childhood, and it was in Russia at her younger brother's birth that she had her first experience with a midwife. She

[26] Marland, "Figure 8.1" in *Midwives, Society and Childbirth*, 186.

[27] For more information about the history of the Breckinridge family, see the book "The Breckinridges of Kentucky" by James C. Klotter, (Lexington, The University Press of Kentucky, 1986).

describes this encounter in her autobiography "Wide Neighborhoods" as an event that "made an early impression on my young mind and was to lead long afterward to my realization of the kind of nurse we needed for the Frontier Nursing Service—a nurse who was also a midwife." [28] This early experience shaped Breckinridge's views of midwives throughout her life and, as she wrote in her memoirs, prompted her realization of the necessity of well-educated nurse-midwives.

Breckinridge's early marriage in 1904 to a lawyer from Arkansas, Henry Ruffner Morrison, ended when Morrison died only two years later.[29] Breckinridge was unsure about what to do with her future. It was during this period in her life that Breckinridge realized she wanted to be a nurse. She visited family friends who had started a girls' school in North Carolina, and she recalled "as I sat by a child with typhoid fever, as helpless as his own stricken mother to help him, it came over me that if I took training as a nurse I could be of use to such children."[30] This realization changed the rest of Mary Breckinridge's life. Breckinridge left the school and traveled to New York City, where she met with another family friend, this time a doctor, who suggested that if she wanted to become a nurse she should attend St. Luke's Hospital of Nursing, in New York.[31] Breckinridge attended the school, which at the time offered a three-year program in nursing. Breckinridge spent her third year at the New York Lying-In Hospital, which is where she first received training in obstetrics and infant care.

In 1910, Breckinridge finished her three-year training program, and returned to live with her parents. Although Breckinridge considered using her nurses education, she

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[28] Mary Breckinridge, "Wide Neighborhoods: The Story of the Frontier Nursing Service," (The University Press of Kentucky, 1981): 2.
[29] Klotter, 253.
[30] Breckinridge, 52.
[31] Ibid.

was not compelled to leave her family and begin working. She was remarried to Richard Ryan Thompson, the college president of a school in Arkansas. They had their first child, a son named Breckie, in 1914. Breckinridge writes in her autobiography that "my part in the Frontier Nursing Service cannot be told without telling the story of Breckie."[32] Breckinridge loved her son dearly and was devastated when he died unexpectedly at the age of four. She also suffered the death of a daughter, Polly, who died six hours after birth when Breckie was just two years old (1916). The death of her two children instilled in Breckinridge a passion for the welfare of infants and young children and a desire to prevent other mothers from suffering the pain that she had underwent after the death of her two children. Furthermore, Breckinridge discovered that her husband was cheating on her. Without any children to hold their marriage together, they divorced in 1920.[33] This ended any personal commitments that might have restrained Breckinridge from the ambitious plans that she set for herself after Breckie's death.

The American Committee for Devastated France

After the death of her son Breckie in 1918 at the age of four, Breckinridge enlisted as a volunteer in the American Committee for Devastated France (CARD). CARD was an American relief agency following World War founded by Anne Morgan, the daughter of financier J. Piermont Morgan. CARD's initial purpose was to provide emergency services to French refugees returning to their war-torn villages. The organization later expanded to provide social, agricultural, educational, and health

[32] Ibid., 60.
[33] Klotter, 255.

programs for the same people.[34] In her autobiography, Breckinridge wrote that she wanted to go to Northern France because "Northern France was a part of the world where I felt I could go to be of use to children in 1918."[35] However, while planning to serve in Northern France, the government passed a decree that no sisters of any American men serving in the military would be permitted to travel to work in war areas. Because Breckinridge's brother served in the military, this meant that she would have to wait until the war ended before she could began her service in Northern France.

In the meantime, Breckinridge accepted a three-month job with the Children's Bureau, which was part of the Child Welfare Department of the Council of National Defense. Her job was to travel throughout the American West (as far West as Montana, Wyoming, and New Mexico), collect reports on the welfare of the children in those states, and make speeches on behalf of the children. She then proceeded to serve as a nurse in the Washington, D.C. hospitals during the influenza epidemic in 1918. Following further delays in her departure for France, she also spent time at the Boston Instructive District Nursing Association, "for the special training and experience in public health and visiting nursing of which [she] stood greatly in need."[36] Although Breckinridge does not spend much time discussing these events in her autobiography, they are evidence of her serious commitment to the health of children. Furthermore, Breckinridge's open acknowledgement of her lack of training in public and visiting nursing and her demonstrated desire for further education highlights the importance that she, and through her the Frontier FNS, placed on higher education and specialization in

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[34] Anne Campbell, "Mary Breckinridge and the American Committee for Devastated France: The Foundations of the Frontier Nursing Service," *Register of the Kentucky Historical Society*, 260.
[35] Breckinridge, *Wide Neighborhoods*, 75.
[36] Ibid., 75-76.

the nursing field.

Breckinridge left for France after the armistice was signed and began her work for CARD in February of 1919. She spends a significant amount of time in her autobiography (four chapters) describing her work in France and how it later shaped the FNS. In Paris, while waiting to travel to her first post in Vic-sur-Aisne, Breckinridge spent time learning about CARD and the important reconstruction work it was doing. In a letter to her mother, written February 21, 1919, Breckinridge recounted:

> Seldom have I been as moved by anything as the simple unadorned statistical reports of our committees. They give the plain facts in the files of village after village…One reads the story of the village and then of each simple village family in it. Population six hundred before the way, now twenty three mostly old men and women and a few children. Husband of one family missing at the front, wife and sixteen year old daughter deported by the Germans and for three months with nothing to eat but the herbs by the roadside. Three little children left with an old grandmothers and the entire village destroyed by the retreating army…. All of this over and over with each simple village, one after another. I found myself several times bending over the files with streaming eyes, and yet nothing was given but plain statistical facts.[37]

This letter gives a vivid description of the devastated nature of the French countryside after the War. Breckinridge's realization of the importance of statistical reports to tell a story influenced her own methods of organizing and documenting her work, both at CARD and later on at the FNS. Historian Anne Campbell makes a similar argument, writing in her article "Mary Breckinridge and the American Committee for Devastated France: The Foundations of the Frontier Nursing Service," that statistics would "prove to be a useful and valuable method of establishing the importance of her efforts both in France and later in the Kentucky mountains."[38]

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[37] Mary Breckinridge to Katherine Carson Breckinridge, February 21, 1919, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[38] Campbell, 263.

CARD nurses spent their first several months in France providing clothing, bedding, some household utensils, and most importantly food to the returning refugees. These services were complicated because of the destruction by Germany of many of the bridges, roads, and railroad tracks during the war and occupation. Breckinridge recalls that in some instances the supplies had to be dropped to villages by airplane because transportation routes into and out of the village were completely destroyed by bombings. She also gives credit to the CARD chauffeurs, who delivered by car any supplies that could be brought in by railroad to the villages. In her autobiography, Breckinridge claims that the CARD chauffeurs were responsible for the spring wheat planning in 1919 because they were the only transport service in the entire region of France and therefore were solely responsible for delivering the seeds to the farmers.[39] Later, when Mary Breckinridge was formulating and organizing the FNS, she would use the CARD chauffeurs as a model for the FNS couriers, who were responsible for the care and maintenance of all the horses of the FNS.[40]

CARD also influenced the uniforms that came to symbolize the FNS nurse-midwife. CARD nurses wore military jackets, ties, and skirts in horizon blue, the color of the uniforms of the French military.[41] Breckinridge wrote to her mother that it was a remarkable honor to be allowed to wear the same color as the military, and that the honor had been granted by General Petain (the World War I hero) himself.[42] Breckinridge later chose the same recognizable color for the FNS uniforms.

This is just one example of the importance and deference that Mary Breckinridge

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[39] Ibid., 78-79.
[40] Ibid., 272.
[41] Ibid., 81.
[42] Mary Breckinridge to Katherine Carter Breckinridge, April 12, 1919, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

gave to wealthy, influential people. Because she herself came from a prominent family, Breckinridge felt she was part of a privileged society whose duty it was to look after the less fortunate. She believed that the societal class of a person was very relevant to the nature of that person, and she always recounted the family history and standing of a person of relevance. For example, Breckinridge recalls that while serving in CARD she became acquainted with Miss Celia du Sautoy, "an Englishwoman with a distinguished nursing career," and her partner Lady Hermione Blackwood, daughter of "the famous English statesman, Lord Dufferin."[43] By claiming familiarity and association with these 'distinguished' and 'famous' woman, Breckinridge sought to improve the reputation not only of herself but also of the FNS. Furthermore, Lady Blackwood and Miss Sautoy were, according to Breckinridge, the first women Breckinridge met that were both nurses and midwives.[44] Breckinridge was drawn to the nurse-midwife, therefore, not only because she realized the benefits of having a professional nurse trained in obstetrical care, but also because she realized that this profession could win the favor and support of the wealthy, respectable classes as well as the poor people the nurse-midwives would serve.

Late in the Spring of 1919, after several months of organizing emergency services and facilitating the return of the French refugees back to their villages in the countryside, Breckinridge was granted permission to begin planning and organizing for "a baby hygiene campaign…weighing and measuring all children under six and definitely seeking to work to build up those that are underweight, getting food for the nursing mothers, fresh milk if it can be humanly done for the bottle babies…."[45] This was the type of program

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[43] Breckinridge, *Wide Neighborhoods*, 93.
[44] Ibid., 93.
[45] Mary Breckinridge letter to unknown person, April 17, 1918l, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

that, as mentioned earlier, Breckinridge felt most called to organize and direct. In the same letter to her mother, she continued, "I want to do and mean to do a definite thing for these little babies and young children and their mothers and the committee [CARD] will back me. Of course after all it is only public health nursing stretched to meet the exigencies of a war torn land." Breckinridge first demonstrated her commitment to public health nursing when she attended the Boston Instructive District Nursing Association. Furthermore, although rural Kentucky was not 'war torn' it was still remote and poor, similar to the post-World War I conditions in France. The public health nursing experience that Breckinridge received through her volunteer work in CARD further prepared her for the work she would later conduct in Kentucky.

In a report prepared by Mary Breckinridge soon after the CARD initiated the Child Welfare program, Breckinridge describes the work that the program has accomplished so far and provides statistics that highlight the urgency of the need for medical care in the region. As of July 19, 1919, the program had already established six regular baby clinics and nurses had begun to visit the homes of pregnant and new mothers to educate them about proper infant care techniques, including advising to breast-feed their babies and use supplemental bottle-feeding if necessary. When supplies were available, CARD provided mothers with powdered milk, malted milk, and goats to provide additional sources of nutrients for the infants.[46] Breckinridge includes that providing milk was an important service of CARD because "thousands of babies in the occupied districts did starve slowly to death because they had little or no milk, and the majority of all children under fourteen are distinctly subnormal, that is one or more years

[46] Mary Breckinridge, "Program Child Welfare in Four Cantons of the Aisne," *Comite Americain pour les Regions Devastees de la France* (19 July, 1919): 3. Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

behind their age in general development."[47] The nurses determined whether the children were "distinctly" subnormal by weighing and measuring the children, and comparing the results with the standard height and weight of children the same age, determined by the United States Federal Children's Bureau. According to the statistics included in the report, the nurses determined that 148 out of 186 children (79 percent) children were subnormal.[48]

Fundraising and gathering support for her programs was an important skill that Breckinridge first learned during her time with CARD. Breckinridge organized a successful goat campaign in which Americans or other wealthy persons could donate a goat to a family in France. Goats provided the best milk to the undernourished mothers and infants until the French could reintroduce cows to the countryside.[49] Breckinridge relied on donations of gifts such as the goats to help improve the livelihoods of the French peasants and also to lessen the dependence that they had on the nurses and relief agencies for their needs.

For the FNS, Mary Breckinridge imitated CARD's successful attempts to promote its work by using newspapers and movies. According to Anne Campbell, "the committee seized every opportunity to cooperate with journalists and filmmakers, with hopes of obtaining expanded coverage" in America.[50] On March 29, 1918, the New York Times reported on a CARD entertainment benefit in which movies were shown depicting CARD nurses "putting in furniture in the half ruined houses, others were fitting shoes to the aged refugees."[51] According to the article, the benefit raised $20,000 for CARD's work.

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[47] Ibid., 2.
[48] Ibid.
[49] Breckinridge, *Wide Neighborhoods*, 84-85.
[50] Cambell, 270.
[51] "Miss Morgan Raises $20,000 in the Theater," *New York Times* (29 March 1918): 11. Accessed 2 April

Besides raising funds for the organization, the increased coverage also help generate recognition among health care professionals in America and abroad of the importance of the work CARD was performing and its significance for the fields of public and rural nursing. In a letter written by Mary Breckinridge to an unknown recipient in July, 1920, Breckinridge talks about how she hosted the Director of the Bureau of Independent Children of the Philippine Government, who studied and observed the Child Welfare program in order to implement a similar program in the Philippines, hopefully with the same successful results.[52] It should be recognized that although newspaper articles and films appealed to the emotional nature of supporters, the hard statistical data that Breckinridge dutifully collected is what gave real substance to CARD's work and provided the credibility necessary to generate support and large sums of money. Therefore, the importance of a good public relations and communications exponent for organizations was not lost on Breckinridge when she began planning for the FNS.

Although Breckinridge gives credit for the success of her Child Welfare and Public Health programs to her training and education experience, she also acknowledges that it would not have been possible if she did not understand and care for the people of France. In a letter to her mother, Breckinridge confessed that "the best asset in what I am about is the fact of my appreciation of the people for whom I am working."[53] A sense of compassion is a necessary component of humanitarian and relief efforts because it drives people to be committed and work their hardest to help the people that they love and respect. Breckinridge understood that this was a necessary component to success, and

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2008 via ProQuest Historical Newspapers at American University.

[52] Mary Breckinridge to unknown recipient, July 14, 1920, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[53] Mary Breckinridge to Katherine Carson Breckinridge, undated letter, Ibid.

therefore when she was planning the Frontier Nursing Service, she chose to locate it in a region of America that she herself felt personally tied to and responsible for the welfare of her fellow Kentuckians.

One of CARD's main long-term goals was to help establish a health care system that French nurses and doctors could to maintain and continue to build upon after CARD and other relief agencies finished their work and returned to their home countries.[54] Breckinridge wrote to her mother that she wanted the work she was doing in France to "hold its own without me and prove a beginning for other similar work in other rural sections."[55] However, after working with French medical personnel Mary Breckinridge and the other CARD nurses realized that the French nurses were severely under-trained and were incapable of providing adequate health care to the population. She recalled in her autobiography that she found it odd that "in France where the training of midwives was excellent, and constantly improving, the training of nurses should be neglected." [56] Dr. C.E.A. Winslow, a professor of Public Health at Yale University, elaborated on the poor quality of French public health nurses in a letter to Mary Breckinridge in May of 1922. Dr. Winslow refers to the "almost total lack of trained nurses in France," and claims that poor nursing is a problem not only in the rural country where Breckinridge worked but also in the major hospitals in Paris, where nursing was conducted "by employees of a class frequently below that of domestic service in education and morality."[57] Mr. Winslow's concern for the societal class of the nurses echoes

[54] Another similar relief agency was *The American Fund for French Wounded*, which sent five nurses in 1917 to "help save the lives of French babies." (New York Times Article "To Save French Babies," 28 October 1917, accessed on 2 April 2008 from ProQuest Historical Newspapers at American University)..
[55] Mary Breckinridge to Katherine Carson Breckinridge, undated letter, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.
[56] Breckinridge, *Wide Neighborhoods*, 95.
[57] C.E.A. Winslow to Mary Breckinridge, May 15, 1922, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

Breckinridge's own tendency to favor supporters and nurses from the middle or upper classes, as well as disregard any nurse without professional medical training.

The purpose of Mr. Winslow's letter to Mary Breckinridge was to ask CARD's help to improve medical training programs in France. Mr. Winslow was in charge of organizing an American Committee or nurses and medical professionals that would build and maintain a professional, five-year training school in France. A committee of prominent French doctors pledged to build a well-equipped hospital that would be staffed by French graduates of the training school if the school was implemented successfully.[58]

Besides helping to create well-organized training schools for French nurses, CARD also was responsible for providing hands-on training in public health to graduates of the training schools. In the "Annual Report of the Department of Public Health Nursing for the American Committee for Devastated France, 1920-1921," Breckinridge and fellow CARD nurse Evelyn Walker reported that the most important work their department had accomplished all year was "taking the French graduates of the only real Hospital-School of Nursing in France—Dr. Hamilton's of Bordeaux—giving them such a demonstration of public value of trained nursing that a standard has been fixed, both in work and in ethical relations with physicians…."[59] Therefore, by establishing training programs for French nurses and providing the opportunity for the same nurses to practice their new skills in a public health setting, CARD was largely responsible for helping to revitalize and reestablish the French medical system after World War I. Although this paper deals with the influence of European medical practices and beliefs on the American medical system, this is an example of how an American movement helped shape a similar

[58] Ibid.

[59] Mary Breckinridge, R.N, and Evelyn Walker, R.N., "Annual Report of the Department of Public Health Nursing, American Committee for Devastated France, 1920-1921." Ibid.

—but belated—movement in France.

Breckinridge concluded the summary of her work in France by explaining in her autobiography that:

> The reason why I have covered my years in France so fully—is not for old affection's sake, although that would be reason enough to me…I try to tell of the things which prepared me for the work that lay ahead in the Frontier Nursing Service. Nothing better prepared me for this than my years in France. 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 a respect for facts—old and new—with the knowledge that change is not brought about by theories.[60]

Breckinridge's experience volunteering for CARD prepared her with the knowledge and organization skills that she would later need to plan for and then successfully implement the FNS. Many of friendships that she made through CARD would last her entire life. Many of the nurses that she stayed in touch with were active in the FNS when it began, either through serving as a nurse or organizing fundraising events and committees in their hometowns. As Breckinridge learned through her experience, networking skills are very important to the success of an organization. She took advantage of the connections that she made in France to inform people, especially others in the medical profession, about her work in the Kentucky Mountains and the impact that the FNS was had on maternal and infant health in the region. Although many of these friends were in the United States, she also was able to spread the word about the FNS to supporters and acquaintances in France and England as well.

American Interlude

Breckinridge had begun planning for what eventually became the Frontier Nursing Service while still a volunteer in France. In her autobiography she explains that,

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[60] Breckinridge, *Wide Neighborhoods*, 109.

through her work in France, she realized that she could implement a similar program in rural America. Breckinridge left CARD and returned to America in 1923, determined to use the skills she had gained through her experience to improve the health care for children and mothers in her home state of Kentucky. After the death of her mother, she spent a year studying public health nursing and allied subjects at the Teachers College at Columbia University. She outlined a course of action for her planned program, which was to demonstrate to Americans the value of the educated nurse-midwife, using statistics and reports to prove the credibility of the demonstration. Breckinridge believed that only after this was accomplished would the "American Midwife Question" be solved.[61]

After she finished her education at Columbia University, Breckinridge realized that she would need further specialized training in midwifery and obstetrical care if she was to implement a nurse-midwifery program in America. Because there were no post-graduate midwifery training programs in America at the time, she realized that she would have to travel to England for this training. However, before leaving for England, Breckinridge needed to learn more about the region in which she wanted to establish the FNS.

Breckinridge returned to Kentucky to study and observe the health conditions and the midwifery situation. As discussed earlier, Breckinridge spent the summer of 1923 on horseback, traveling throughout Hyden County in Eastern Kentucky, making specific notes about the geographical, medical, social, and economic conditions of the county. Breckinridge interviewed 53 midwives about their lives, education, and midwifery practices. Out of these 53 midwives, 34 were illiterate, 19 could read, and only 12 could

[61] Ibid., 112.

read and write. The average number of children born to the midwives was 8.4, although the average number of children reared was only 6.3. Breckinridge also rated the cleanliness of each midwife, an important factor in determining the safety and quality of the care provided by the woman. Of the midwives interviewed, 16 were determined to be clean, 27 to be fair, and 10 to be dirty.[62] These statistics were used to prove the seriousness of the midwifery problem in rural Kentucky and to support the need for a nurse-midwifery demonstration in the region. Furthermore, the study provided credible reporting and statistics that the FNS would use to determine and prove the success of their public health demonstration.

Breckinridge worried that the statistics would not be enough to prove to doctors and other "thoughtful people" that her planned public health demonstration would be able to solve infant and maternal health crises in the region. Although the statistics proved definitely that a problem existed, Breckinridge thought that some people might believe that the crises was caused by a "lack of native intelligence" rather poverty and isolation.[63] In order to prevent this belief from spreading, Breckinridge asked a friend that she met while studying at Columbia University, Dr. Ellie Woodyard, to travel to Kentucky to study and report on the intelligence of the children. In an interview with Betty Lester, an English nurse-midwife who started working for the FNS in 1928, Ms. Lester recalled the results of the study. The study proved that "the children in this area were as bright, and their IQ's were just as high as the IQ's of…any of the children outside. And if they had proper education they could do just as well…as the children who were outside."[64] The

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[62] Mary Breckinridge "Midwifery in the Kentucky Mountains—An Investigation in 1923," Reprinted in the *Quarterly Bulletin of the Frontier Nursing Service* Spring 1942,15, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.
[63] Ibid., 4.
[64] Betty Lester, interview by Jonathon Fried, Hyden, Kentucky, March 3, 1978.

reports of this study conducted by a professional, well-educated doctor reinforced the purpose and mission of the FNS and dispelled any doubts that the program could be successful if implemented correctly.

Breckinridge chose Kentucky to be the place of her nurse-midwifery demonstration for many reasons, including her prominent family name and history in the region and the many friends and family she already had in the area who would support her project. Most importantly, Breckinridge felt that the location was remote enough to prove, if the FNS was successful, that nurse-midwives could be successful in the most remote areas of the country and the world. In a letter to Dr. Veech of the Bureau of Child Hygiene of Kentucky, Breckinridge wrote

> The problem of midwifery in America is not peculiar to the Kentucky mountains….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."[65]

Breckinridge saw the FNS as a demonstration to the United States of the benefits of educated nurse-midwives, and therefore as an answer to the midwifery question that had been plaguing the medical profession for decades.

Breckinridge proposed her idea for the FNS to Dr. Veech. Breckinridge hoped that the Kentucky Bureau, as well as the American Child Health Association (ACHA), would be interested in sponsoring the program. However, Dr. Veech was reluctant to commit and funding to the program, and therefore Breckinridge was forced to withdraw her application for funding from the ACHA as well because it would not support her program if the State Bureau did not support it as well. Therefore, in 1925 Breckinridge used her own money to start the FNS until she could organize and generate money from

[65] Mary Breckinridge to Dr. Veech, 14 November 1921. Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

fundraising committees.

Breckinridge chose Hyden County for the starting place of the FNS because the people residing in the county were very poor and had little access to good health care. As evidenced earlier, Mary Breckinridge's 1923 study of midwifery in the Kentucky Mountains revealed only nine doctors or "pseudo-doctors" in the entire region, compared to 53 midwives. Furthermore, Breckinridge reveals that none of the midwives had any professional training in midwifery and that none gave any type of postnatal care to ensure the health of the newborn child and mother after the birth. [66] However, the people living in the region had few other options, and in many instances they did not realize the risks that uneducated midwives posed to their health or the health of their children. Historian Sandra Lee Barney argues in her book *Authorized to Heal: Gender, Class, and the Transformation of Medicine in Appalachia, 1880-1930* that the persistence of lay-midwifery was "motivated by the tradition of community-based healers that had shaped rural life since European settlement in the mountains."[67] Lay-midwives passed down their knowledge from generation to generation, and people living within the communities had respect for the knowledge that had brought their parents and grandparents into the world.

Improvements in medical technology had drastically changed obstetrical care and highlighted many of the faults and dangers of lay-midwifery. These changes bypassed people living in rural poverty. In an article titled "A Study of First Causes…Leads to a Better Understanding of the Social Problems in the Kentucky Hills," sisters of the Alpha Omicron Pi sorority argued that the people living in rural Kentucky still believed in many

[66] Mary Breckinridge, "Midwifery in the Kentucky Mountains: An Investigation in 1923", 12, Ibid.
[67] Barney, 68.

of the same ideas that their forefathers did when they moved to America.[68] They ask:

> Can you also see how years…seeing over and over again women dying in childbirth without means to prevent it…can you see the stoic fatalism that that sort of thing engenders… when it becomes, as it inevitably does, a part of the group's spiritual inheritance? [69]

The Mountaineers believed they had no other option but than to continue following the midwifery traditions and scientific "unverified observations," that had sustained the community since the eighteenth century.

The communities in rural Appalachia were indeed isolated; there were no roads and people traveled on horseback between the county seat of Hyden and their log cabins in the mountains. Breckinridge recounts that during her investigation she sometimes had to travel between five and six hours riding on horseback between midwives, a long distance for people to have to walk for urgent medical care.[70] None of the homes had electricity or running water, and in many instances the homes were unclean and unsuitable for the home births that occurred within them. Regardless of tradition and sentimentality, many women may have opted for professionally trained doctors and nurses if they were available and affordable, but they were not.

Breckinridge acknowledged that other actions such as the Shepherd Towner Act of 1921 "paved the way" for public health demonstrations like the FNS to exist, but she ultimately believed that public health nurse-midwives would have the most success in reducing maternal and infant mortality.[71] This strong belief in public health nursing was

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[68] The Alpha Omicron Pi sorority was a strong supporter of the Frontier Nursing Service and held yearly fundraisers for the organization.

[69] "A Study of First Causes…Leads to a Better Understanding of the Social Problems in the Kentucky Hills" reprinted in the Autumn 1934 edition of *The Quarterly Bulletin of the Frontier Nursing Service*, Autumn 1934, from the Alpha Omicron Pi Magazine "To Dragma" of March 1934, 13. Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[70] Breckinridge, *Wide Neighborhoods*, 118.

[71] Mary Breckinridge, "Memorandum Concerning a Suggested Demonstration for the Reduction of the

born out of Breckinridge's nursing experience in France after World War I. After completing her investigation, Breckinridge returned to Europe, this time to England, and enlisted in a four-month nursing program at the British Hospital for Mothers and Babies. Upon completion of the program, Breckinridge traveled to rural Scotland to study the established public health program for rural mothers and infants in the region. In England, Breckinridge received graduate training in midwifery which would be required for all FNS nurses, and in Scotland she studied the structure and organization of the rural Highlands and Islands Medical Program, which later served as the model for the FNS. Breckinridge carried these ideas of nursing and nurse-midwifery back to American and rural Kentucky with her, facilitating the "Atlantic crossing" of progressive health care ideas and transforming the nature of midwifery in America.

Education in England and the Islands and Highlands Rural Medical Program

Breckinridge had heard about the well-organized midwifery and obstetrical training programs in England from teachers and medical professionals in America. She also became familiar with many English nurses, doctors, and nurse-midwives through her experience in CARD. She wrote in her memoirs that

> In France midwives were not nurses. In America nurses were not midwives. In England trained women were both nurses and midwives. After I had met British nurse-midwives, first in France and then on my visits to London, it grew upon me that nurse-midwifery was the logical response to the needs of the young child in rural America.[72]

Therefore, in the fall of 1923, after Breckinridge completed her study of midwifery in the Kentucky Mountains, she sailed to England to receive further training in midwifery.

Infant and Maternal Death Rate in a Rural Area of the South," Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[72] Breckinridge, *Wide Neighborhoods*, 111.

After writing to several English nursing friends, Breckinridge decided to attend the British Hospital for Mothers and Babies on the advice of an acquaintance, Miss Paget.[73] The required course length for students who had already received their nurses training was four months (for untrained women the course was 12 months). The training was comprised of hands-on experience in the mothers' wards, nurseries, the labor wards, the prenatal clinics, and the districts. In order to become a certified nurse-midwife, each student was required to be observed performing at least 20 normal births, as well as observing numerous other delivers, both normal and abnormal.[74] After the four-month training course, the nurses were required to wait one month and then take an examination administered by the Central Midwives Board in order to become a legally certified midwife. Breckinridge became an English certified, American nurse-midwife in early 1924.[75]

While at the British Hospital for Mothers and Babies, Breckinridge heard of a public health program that had been established in rural Scotland. The name of the program was the Highlands and Islands Medical and Nursing Service. After Breckinridge received her midwifery certification, she wrote to the Board of the Service asking if she could be invited to observe and study the program and how it was organized. The Board responded that no invitation was necessary, and that they would gladly receive her and provide her with all the assistance she needed.[76] Breckinridge left soon after for Scotland to initiate her study. Of her leaving, she writes "When I went to Scotland in mid-August 1924…I knew that weeks of enchantment lay ahead of me, but I

[73] Ibid., 124.
[74] Ibid. 125.
[75] Ibid. 129.
[76] Scottish Board of Health to Mary Breckinridge, August 21, 1924, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

could not know until it happened what it would be like to enter a strange country and feel at once that I had come home."[77] This marked feeling of unity with Scotland would have a profound impact in Breckinridge and the FNS.

The medical problems of the Highlands and Islands in Scotland were very similar to the problems in Kentucky because they resulted from the same geographic and economic conditions. In 1912 a Committee was established to study the medical situation in the Highlands and Islands of Scotland and recommend a program to improve the medical services that were available in the region.[78] The Committee described the geography as "rugged, roadless, and mountainous."[79] The weather conditions of Scotland only worsened the problems, and in many instances, doctors and nurses were delayed for hours and days because of severe storms. Furthermore, the majority of the people in the Highlands and Islands were poor and unable to pay for adequate health care throughout most of the year.[80]

In response to these conditions, the Committee suggested changes that could be made to improve the medical situation of the region. The Committee included that the major problems were not a shortage of doctors or medical attendants (although this was more of a concern in some areas than in others), but in transportation, communication, the doctors' income, and other issue areas.[81] However, the most urgent recommendation of the Committee was to increase the number of nurses serving the population. The

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[77] Breckinridge, *Wide Neighborhoods*, 131.

[78] Highlands and Islands Medical Service Committee, "Report to the Lords Commissioners of his Majesty's Treasury," (London: Published by his Majesty's Stationery Office, 1912), Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[79] Ibid., 4.

[80] Ibid., 4-6.

[81] Ibid.. 13-20.

Report quotes several doctors who claimed that the high infant and maternal mortality rate of the region was due to the lack of trained midwives. [82] The Committee urged that all nursing associations working in the area (such as the Queen's Nurses) be organized into a district nursing system, that the total number of nurses working in the region be increased, that the nurse be recognized as an important and integral part of the medical service, that the nurses be provided appropriate living arrangements, and that an effective and reliable form of communication be established for the nurses to use.[83] Most important for the FNS, the doctor's interviewed in the report emphasized the need for "fully-trained nurses who would be ready to continue long at work in isolated and difficult areas, and, though strongly of opinion that only those women who had passed through three years' training should be regarded as having full right to the title of "Nurse,"…a year's training in midwifery and general medical and surgical work was a more attainable ideal."[84] These recommendations were considered by the Scottish Board of Health and implemented into the Highlands and Islands Rural Medical and Nursing Service.

When Breckinridge traveled to the Highlands and Islands to study the medical service in the fall of 1924, she observed an organization that had already been demonstrating the positive effects of a well established and trained nurse-midwifery program in an isolated region for several years. She recorded all of her observations into a black notebook to take back with her to Kentucky. This notebook and a similar one that she kept while at the British Hospital for Mothers and Babies are in the Frontier Nursing Service Collection at the University of Kentucky in Lexington, Kentucky. Unfortunately,

[82] Ibid., 23.
[83] Ibid., 24-25.
[84] Ibid., 22.

Breckinridge's writing is indiscernible and the ink has faded, so that it is impossible to glean any direct information about her studies from these notebooks.[85]

However, one can discern from her autobiography that the most important observation that Breckinridge made while studying the Highlands and Islands Medical and Nursing Service was how to successfully implement a system of district nursing center. Breckinridge modeled the FNS on the district nursing system that she observed in Scotland. The Service was organized into districts that were staffed by nurse-midwives. The Service provided the nurses with comfortable lodgings and the Committee created regional hospitals to provide care in emergencies. She also copied from the Service the method of payment for the services of the doctors and nurses. Because the people in both Scotland and Kentucky were extremely poor, in most cases they could not afford the services of a professionally trained medical attendant, either nurse of doctor. Therefore, they paid small sums that they could afford, and the rest of the fees were paid by either the FNS (in Kentucky) or money from a crown grant (in Scotland).[86]

Breckinridge spent six weeks traveling throughout Scotland, visiting different nursing districts and centers. In Perthshire she observed the effectiveness of local committees comprised of wealthier landowners who lived in the area. These committees provided for their own local nurse.[87] In other areas she met and talked with nurses about their work, accompanied them on home visits, and studied the conditions of the children who were being provided for by the nurse-midwives.

When she felt that she had seen and studied all that she could of the region, she

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[85] Mary Breckinridge's Personal Notebooks, Ibid.
Ibid., 150.
[86] Breckinridge, *Wide Neighborhoods,*133.
[87] Ibid., 134-135.

returned to London to become a post-graduate student of nurse-midwifery at the York Road General Lying-In Hospital. She wrote that "if I were going to organize and direct nurse-midwives I should know more about midwifery than it was possible to get in the four months' course I had taken—good as that was."[88] Because she was already a certified midwife, she spent the majority of her time attending to "cases on the district."[89] During this time she also traveled to the county of Hertfordshire, which she had heard had a very well-organized nursing and midwifery program. The Report of the Medical Officer of Health for 1923 described the nature of the work that the nurses and midwives were performing in the county, including "midwifery service which is practically complete for the county; health visiting, including the supervision of children up to five, attendance at maternity and child welfare weighing centres, school nursing and attendance at school clinics, tuberculosis nursing and attendance at tuberculosis clinics…"[90] Further evidence of the success of nurse-midwives in Hertfordshire was that during 1923, there were only six maternal deaths out of 2, 685 cases (less then one percent). Breckinridge studied this work and referred to it in her autobiography as "sensible and effective."[91]

Breckinridge remained in Europe for six weeks after she visited Hertfordshire. She returned to France and was reunited with some of her old friends and acquaintances of CARD. On January 14, 1925 she left Europe for America, prepared with the knowledge she had received from her training in London and her observations in Scotland to begin the Frontier Nursing Service.

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[88] Ibid., 147.
[89] Ibid., 148.
[90] As quoted in "Hertfordshire, 1923," *Nursing Notes* (September 1924), Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.
[91] Ibid., 150.

The Frontier Nursing Service

Breckinridge began to organize support for her plan for a nurse-midwifery demonstration in Kentucky as soon as she returned to America. She sent copies of the study of midwifery in the Kentucky Mountains that she conducted in 1923 to friends, family, and medical professionals in order to alert people to her plans and earn their early support. One such letter sent to Dr. Winslow, with whom Breckinridge had corresponded regarding the creation of training school for French nurses. In a letter to Dr. Winslow dated March 6, 1925, Breckinridge informs him that her plan is to "try out the English-Scotch rural nurse-midwifery system on a county basis, supported in small part by the county and individuals and local agencies in it, and in large part by a strong state committee acting on a voluntary basis."[92]

Only two months later, the first meeting of the Kentucky Committee for Mothers and Babies was held on May 28, 1925 in Frankfort, Kentucky. They outlined the plan for the FNS, including where it would be located, the educational requirement for the nurse-midwives, keeping accurate records, and providing for an annual audit. The participants established several committees, including a local committee, a central committee, and a Kentucky committee, with different duties assigned to each. The articles of incorporation were written and adopted the following year.[93]

The committee realized early on that in order to determine the success of the FNS, they would have to conduct an in-depth survey to of all births in deaths in Leslie County (where the FNS originated) since 1911, when the registration of births and deaths became legal. Breckinridge wrote to her Scottish friend Sir Leslie MacKenzie to inquire about

[92] Mary Breckinridge to Dr. Winslow, March 6, 1925, Ibid.
[93] Breckinridge, *Wide Neighborhoods*, 160.

the woman who had conducted a similar study in the Highlands and Islands when they were beginning their public health service.[94] Through MacKenzie, she was able to acquire the services of Miss Bertram Ireland, who traveled to Kentucky in the summer of 1925 to conduct the survey.[95] However, the area that needed to be covered in order to have a complete survey of the area was too large for Miss Ireland to cover on her own. Therefore, when the first two nurse-midwives arrived in mid-July from England, the Committee enlisted them to help Miss Ireland complete the survey.

The first two nurse-midwives were Edna Rockstroh and Frieda Caffin, both English nurse-midwives. Breckinridge met Rockstroh and Caffin while she was visiting her former CARD members in France. In an interview, Rockstroh told Betty Lester, another FNS nurse-midwife, that Breckinridge asked them what they planned to do when they left CARD. Rockstroh and Caffin were planning on going to London for graduate training in nurse-midwifery, and then to work in New York. Breckinridge met the women again when they were studying in London, and after she told them of her plan for the FNS, they decided that they would like to work in Kentucky instead of New York.[96] With the help of nurses Rockstroh and Caffin, Miss Ireland was able to complete the survey by September. These statistics, like the ones used by Breckinridge in France, proved invaluable to determining the success of the FNS in later years.[97]

During the first 15 years of the Frontier Nursing Service, the majority of the nurse-midwives were English or Scottish women who had heard about the FNS in some

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[94] Breckinridge began corresponding with MacKenzie when she was planning her trip to Scotland. MacKenzie was a member off the Committee that reported on the medical problems in the Highlands and Islands. Breckinridge and MacKenzie remained close friends until his death in the 1930s.

[95] Breckinridge, *Wide Neighborhoods*, 161.

[96] Edna Rockstroh, interview by Betty Lester, Santa Cruz, California, September 22, 1977.

[97] Breckinridge, *Wide Neighborhoods*, 163.

manner and became enchanted by the nature of the work. The rest were American nurses who received scholarships from the FNS for graduate midwifery training in England or paid for the training in England themselves. One of the earliest British nurses was Betty Lester (mentioned previously). Betty Lester was a British nurse who was attending the York Road Lying-In Hospital to receive graduate midwifery training. While there, Lester recalls that she met one of her peers, Alice Logan, an American nurse who was on a scholarship from the FNS to receive her midwifery training. After learning more about the FNS from Logan, Lester decided that she wanted to work for the FNS after she completed her studies, and in July 1928, Lester traveled to Kentucky to start her work with the FNS. She was the fifth British nurse-midwife to start work at the FNS that year.[98]

Another major concern at the first meeting of the FNS was how the project would be financed. Breckinridge provided a large portion of the start-up funds from her own personal wealth. The FNS also received early contribution from Breckinridge's family and friends. However, the decision to begin producing a *Quarterly Bulletin*, which would include stories of the work of the FNS and the progress it was making, ensured that the FNS would not go unnoticed for long.[99] The Committee sent copies of the report to friends, family, and anyone to whom they thought would be interested in the work of the FNS. Friends of Breckinridge, many of them from CARD, supported her work and invited her to speak at their homes to raise awareness of the FNS. The earliest meetings in Boston and New York in the winter of 1926, were the first "tours" which Breckinridge would continue to perform for six to eight weeks almost every year for the remainder of

[98] Betty Lester, interview by Dale Deaton, Hyden, Kentucky, July 27, 1978.
[99] Breckinridge, *Wide Neighborhoods*, 160.

her life.[100]

Another important source of income for the FNS came from the non-profit organization Daughters of the Colonial Wars (DCW). The DCW was founded in 1917 to honor and remember the British men and women who died to protect and preserve the American colonies.[101] Ms. Louise Ackerman, a former President of the DCW, discussed in an interview the ties between the DCW and the FNS. The two organizations were similar because they were each organizations for women, but most importantly because each had strong British ties. The DCW recognized the significance of its British-oriented sister organization and contributed grant money and scholarship funds to support the FNS.[102]

Through her experience in CARD, Breckinridge understood the impact that a successful public relations campaign and use of media could have to generate funds and support for the FNS. From the inception of the FNS, she wrote articles for well-respected magazines and journals to spread the message of the FNS. One year after its founding, the FNS received an award for $250 from the Harmon Foundation. Breckinridge entered an article titled "An Adventure in Midwifery: The Nurse-on-Horseback gets a "Soon Start," in a contest for the best account of an experiment in public health.[103] Breckinridge also wrote another article for *The Women's Journal*, titled "The Nurse on Horseback: The Story of the Frontier Nurse-Midwifery Service in the Kentucky Mountains where Swollen Rivers and Rock Trails make Life-Saving a Hazardous Adventure."

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[100] Ibid., 182.

[101] "National Society Daughters of Colonial Wars," Accessed April 6, 2008, www.nsdcw.org.

[102] Louise Ackerman, interview by Tony Horwitz, Mary Breckinridge Hospital October 6, 1978.

[103] Mary Breckinridge, "An Adventure in Midwifery: The Nurse-on-Horseback Gets a "Soon Start," *The Harmon Foundation Quarterly Award*, Reprinted from Survey Graphic (October 1, 1926), Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

Breckinridge discusses the importance of the work that the FNS nurse-midwife was pursuing in Kentucky:

> We have found by patient study that the fifteen other nations with lower death rates than ours had no better medical or nursing services, if as good, in their centers of civilization, but had one and all something which we totally lacked, and that was a skilled service of trained midwives for every peasant mother in Pyrenees and Alps, Highlands and Apennines. These midwives, trained in the centers of civilization by the obstetricians, and supervised, are able to reach the remotely rural mother, who is otherwise without skilled care.[104]

She also highlighted the origins of the FNS and the influence of Scottish and English training and medical services on the organization. Breckinridge used these popular sources of news media to educate people about the success of English nurse-midwifery in the mountains and the impact that it could (and was) having on the maternal and infant mortality rates in the United States.

As mentioned earlier, Breckinridge also incorporated the system of payments for medical service by the local population to the FNS. She realized that the people would not be able to pay significant sums of money for the services that they desperately needed. In the first bulletin of the Kentucky Committee for Mothers and Babies, printed October 1, 1925, Breckinridge suggested that the FNS should use a payment plan similar to the one that she observed in Scotland. The plan was that the local population would be responsible for a small percentage of the obstetrical fees. The rest of the money would come from annual subscriptions requested of every householder by the local committee.[105] However, in many cases the $5 obstetrical care fee and the $1 annual general nursing fee were too high for the local population, who were unable to pay for the

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[104] Mary Breckinridge, "The Nurses on Horseback: The Story of the Frontier Nurse-Midwifery Service in the Kentucky Mountains where Swollen Rivers and Rock Trails make Life-Saving a Hazardous Adventure," *The Women's Journal* (February 1928), Ibid.

[105] *Quarterly Bulletin for the Kentucky Committee for Mothers and Babies* vol.1, no. 1 (1 October 1925), Ibid.

fees in cash. The FNS therefore accepted fees in the form of food, labor, and other gifts.[106]

After laying out the groundwork for the FNS, Breckinridge oversaw the building the FNS headquarters at Wendover. The "Wendover Big House" was built in an isolated area along a stream in the midst of the poor population that the FNS would be serving. Breckinridge began actively recruiting nurse-midwives for the FNS. Two of the nurse-midwives, English nurse Gladys Peacock and American nurse Mary B. Willeford, resided at one of the earliest (if not the first) district nursing centers, the Jessie Preston Draper Memorial Nursing Center, which started in 1926.[107] All of the nurses had received, on their own, graduate midwifery training in England. Dr. McCormack, a founding member of the Kentucky Committee for Mothers and Babies, arranged to give licenses to practice midwifery to all of the nurse-midwives, so that their work could be approved by the Kentucky State Board of Health and therefore seen as legitimate and credible.[108] Breckinridge summarized the work of the FNS up until the end of the summer of 1926 in a letter to a friend from CARD:

> I think I could sum of our chief difficulty under the heading of housing, and that reminds me constantly of the beginnings of the nursing service in the Aisne [France]…To find the money for our budget has not, of course, been easy, but we have always managed to do it. On the other hand, we must build a center from the ground up whenever we start it, and that means large sums of cash, to be produced at once, as needed, and it is the hardest thing in the world. By the end of this summer we will have three centers going strong, with five nurses, all graduate midwives and a supervisor working in and from them. But I sometimes think that they are being built with our life's blood instead of with stone and logs and rough lumber.[109]

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[106] Breckinridge, *Wide Neighborhoods*, 202.

[107] Ibid., 190 and 198.

[108] Ibid., 189.

[109] Mary Breckinridge to Mademoiselle Oelker, Director of the Association d'Hygiene de lAisne, (2 July 1926), Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

In the same way that the nurses in CARD had to "reconstruct" society and the devastated French countryside after World War I, the nurse-midwives of the FNS had to began building their public health demonstration with no foundation or previous health infrastructure to guide them, except for Breckinridge's ideas and plans.

Between the years of 1927 and 1930, six district nursing centers were built, including the Jessie Draper center staffed by nurse-midwives Peacock and Willeford. The most important aspect of the district nursing system was that it was decentralized because, according to Breckinridge, "it is not a question of the patient's distance from his nurse but of how long it takes her to reach him."[110] In rural Kentucky, as in the highlands and islands of Scotland, the time it took to reach a patient varied depending on the weather conditions, the paths that were clear and available for the nurse to travel, and the quality of the horse she had. Therefore, each center was built in the middle of a five-mile radius, and the nurses could reach almost all of the approximately 1,000 residents living within that radius in an hour by horseback.[111] This decentralized system allowed the nurses to provide accessible care to the most amount of people.

The next big building plan for the FNS was a hospital. The building of the Hyden Hospital and Health Center, as it came to be known, was supervised by British nurse-midwife Alice Logan and modeled after the Scottish fashion.[112] Two prominent Kentucky citizens donated the money for the hospital. When the hospital was completed in June of 1928, it had twelve patient beds and was home to both the hospital and district nurses. For Breckinridge, one of the greatest joys was having Sir Leslie MacKenzie of

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[110] Breckinridge, *Wide Neighborhoods*, 228.
[111] Ibid., 229.
[112] Breckinridge, "The Nurses on Horseback," Ibid.

the Highlands and Islands Rural Medicine and Nursing Service travel to Kentucky to give the dedication address. In his speech, MacKenzie discusses the similarities between the Highlands and Islands of Scotland and rural Kentucky, drawing specific comparisons between the poverty of the people, the urgent need for improved maternal and infant health care, and the difficulties the geography of both regions posed for the doctors and nurses. He said, "I have been speaking of Scotland, but I have been thinking of Kentucky. With you, as with us, the mother and child demand intensive care. With you, as with us, there is the ever-recurring tragedy of hardship and death…To preserve the life of the mother and child is the problem before the Frontier Nursing Service."[113] This is the same problem that faced the doctors on the planning committee for the Highlands and Islands Rural Medical and Nursing Service ten years earlier.

These ties between the FNS and Scotland and England helped avoid tensions that might have existed between the local populations and the nurse-midwives. Many people, including Dr. Veech, Director of the Bureau of Child Hygiene of Kentucky, felt that some people it believe that the nurses were "exploiting" the mountain people, or using them as "guinea pigs" for their public health demonstration.[114] They were also concerned that the "mountain people" might reject the help from the nurse-midwives because they were unfamiliar and because they were comfortable with their midwives and their traditional medical practices. English nurse-midwife Betty Lester recalled in an interview that many of the people were hesitant about receiving medical advice and care from the nurses. She said at first the local women were nervous because the nurses were young and had no children of their own, but that after the first baby was born with a

[113] Sir Leslie MacKenzie, "Dedication Address," *Quarterly Bulletin of the Frontier Nursing Service*, vol. 4, no. 1 (June 1928): 5. Ibid.
[114] Mary Breckinridge to Dr. Veech, November 14, 1923, Ibid.

nurse-midwives assistant, they began to realize that the nurses were educated and able to help.[115] Furthermore, according to Breckinridge the fact that most of the mountaineers were of Anglo-Saxon descent facilitated the acceptance of the British, Scottish, and American English-trained nurses into the society.[116]

In the fall of 1928, after the dedication and opening of the Hyden Hospital, the nurse-midwives working at FNS organized and founded the Kentucky State Association of Midwives, Inc. There were sixteen original members of the Association, whose stated purpose was to "foster, encourage, and maintain a high standard of midwifery with special reference to rugged, difficult, and economically poor areas…to raise the standard of midwives and nurse-midwives…to a standard not lower than the official standards by first class European countries in 1929."[117] The Association therefore made as one of its goals to improve the quality and education of midwives in America until they reached the same level of quality as those in Europe, primarily in England.

However, if society judged the quality of nurse-midwives by the maternal mortality rate, than American midwives had a lot of work ahead of them in order to compete with the British midwives. An article from the New York Times in 1927 (reprinted in *The Quarterly Bulletin*) quoted a Yale lecture as saying that, as of 1925, the maternal mortality rate in America was 7.5 per 1,000 births, as compared to the British rate of 3.8 per 1,000 births.[118] These and other corresponding statistics alerted Americans to the major problems in maternal and infant health care. The FNS nurses used these

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[115] Betty Lester, interview by Jonathon Fried, Hyden, Kentucky, March 3, 1978.
[116] "Waiting to Serve," *Quarterly Bulletin of the Kentucky Committee for Mothers and Babies* vol. 3, no. 3 (November 1927), Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.
[117] Quoted from "Kentucky State Association of Midwives, Inc.," in the *Quarterly Bulletin of the FNS* vol. 15, no. 4 (Spring 1939): 19, Ibid.
[118] "Warns Americans of Maternal Loss," *New York Times*, 26 May 1927, p. 52.

statistics to create a growing awareness of the problem of maternal mortality in America and to demonstrate the successes of that their nurse-midwifery program could have in solving this crisis. After the first nine years, FNS nurse-midwives had delivered over 2,000 patients, paid 161, 832 home visits, and received 115, 601 patients at the district nursing centers. Furthermore, out of the over 2,000 babies delivered, only 48 had been still-births and there had been no maternal deaths due to obstetrical causes.[119]

These statistics proved to the American society and especially the medical profession that they could successfully integrate educated nurse-midwives into the health care system and were valuable resources in improving the maternal and infant mortality rates in the country. This idea began to take root in the late 1920s and continued to grow during the 1930s and 1940s. For example, in 1939 the Kentucky State Association of Midwives changed its name to the American Association of Nurse-Midwives, which was more representative of the organization because many nurse-midwives were joining who did not reside in Kentucky. In 1939, only 16 of its 41 members resided in Kentucky. Of the other 29 members, 12 lived in England or Scotland and the rest in other American states. However, most of these nurses currently were or previously had been affiliated with the FNS.[120] By 1944, the membership had more than doubled in size to 86 nurse-midwives. Out of the 86 members, 28 were former FNS staff living abroad and 18 were nurse-midwives who had never worked for the FNS.[121] These numbers illustrate the expanding nature and scope of the FNS and the nurse-midwifery profession in America.

Another example of the growing recognition of midwifery as a legitimate and

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[119] Report of the FNS after the close of the 9th Fiscal Year, *Quarterly Bulletin of the Frontier Nursing Service* (1934): 21, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[120] "Kentucky State Association of Midwives, Inc: List of Members for 1939," Ibid.

[121] "Members of American Association of Nurse Midwives, Inc., Sept. 1944," Ibid.

respectable nursing profession was the establishment in 1931 of the first midwifery clinic in America, the Lobenstine Midwifery Clinic in New York City. The stated mission of the clinic was to provide quality obstetrical care to any mother who wished to have a homebirth, as long as the nurse-midwives expected that the birth would be normal. The first nurse-midwife supervisor was Rose McNaught, whom the FNS loaned to the clinic because she was able to practice under the midwifery regulations in New York City at the time.[122] One year later, the School of the Association for the Promotion and Standardization of Midwifery also opened in New York City. The curriculum for the school was modeled largely after the curriculum of similar schools in England, although Weistand argues that there were differences between the midwifery professions in American and in England at the time that eventually necessitated the evolution of a different midwifery-training program. [123]

The outbreak of World War II sparked a crisis for Mary Breckinridge and the FNS. According to Weistand, "World War II closed off both the supply of British nurse-midwives and the educational opportunities in Britain of training American nurses in midwifery."[124] American nurses could no longer travel to London for training because it was not safe. British nurses would no longer be interested in working for the FNS because they wanted to stay in England and serve their country. The outbreak of the war seriously impacted the FNS because the British nurse-midwives that made up the majority of the staff at the time wanted to return to England to serve their country. In

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[122] Wanda Caroline Hiestand, "Midwife to Nurse-midwife: A History of the Development of Nurse-midwifery Education in the Continental United States to 1965," (P.h.D. Diss., Teachers College, Columbia University, January 24, 1976), 154-155.
[123] Ibid. 156-157.
[124] Ibid., 163.

1940 alone, 11 midwives left the FNS to return to England.[125]

Therefore, in 1939, the war forced the FNS to start its own midwifery-training program in order to meet its urgent needs for qualified nurse-midwives. This school became known as the Frontier Graduate School for Midwifery. Although Breckinridge had envisaged a training program since before she founded the FNS in 1925, she had never been able to implement it due to a lack of funds.[126] However, the shortage of nurses resulting from the War meant that Breckinridge had no choice but to start the program in order to ensure an adequate number of well-trained midwives for her staff. Breckinridge modeled the course of study after similar courses in Britain. The curriculum consisted of "medical lectures, classroom instruction, visits to expectant and postpartum mothers on the districts, attendance at large prenatal clinics, and a minimum of twenty normal maternity cases delivered by each student under the supervision of her instructors…as was required by the British Central Midwives Board.'[127] The esteem that Breckinridge and the other English-trained American nurse-midwives had for the British nursing system and training programs was not undermined, even as their British counterparts left to return to England.

Conclusion

Mary Breckinridge possessed courage and determination that is unequalled in all but a few of the most famous women of the past. These characteristics allowed her to see

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[125] Breckinridge, *Wide Neighborhoods*, 326.

[126] "Training Frontier Nurse-Midwives," *Quarterly Bulletin of the Frontier Nursing Service*, vol. 15, no. 2 (Autumn 1939): 23-25, Frontier Nursing Service records, 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Libraries, Lexington.

[127] Breckinridge, *Wide Neighborhoods*, 327.

beyond the barrier of the Atlantic Ocean and to understand that, with faith and hard work, she could implement the European systems of midwifery in America, with the same degree of success. Furthermore, the programs that Breckinridge and the other CARD nurses established in France helped to rebuild the French medical system and its facilities and infrastructure after World War I. Breckinridge saw in CARD a way for American nurses to spread their knowledge and education to the women of France. Therefore, American nurses transferred progressive reforms in both nursing and midwifery not only from Europe to America but from America to Europe as well.

This paper has definitively established that English nurse-midwives and the English midwifery had a major impact on the corresponding profession in the America. However, although the majority of the women in the early years of the FNS were English and although the service was based on a Scottish/English midwifery system, the social and cultural aspects of the rural Kentucky Mountains also shaped the FNS. The nurses of the FNS were marketed as the "Nurses on horseback," drawing attention to the lack of roads and the underdeveloped mountains that cars or railroads could not penetrate. The FNS couriers, who were young women over the age of 18 who cared for the horses and managed other administrative or caretaker tasks, were modeled after the CARD chauffeurs. Both groups of women were integral to the efficient and successful implementation of the public health programs they served, but each was tailored to suit the needs of the particular region in which it served.

The establishment of the Frontier Graduate School for Midwifery, as well as other American midwifery-training programs such as the Lobenstine Clinic in New York, symbolized the gradual acceptance of the nurse-midwife as the solution the "midwifery

question" of the early twentieth century. From the FNS onward, the field of nurse-midwifery would become increasingly professionalized and therefore earn (sometimes grudging) respect and acceptance within the medical field.

The greatest testament to the success of the FNS is that the organization is still in existence today, although the nature and environment of the work has changed drastically. The nurse-midwives now provide care and perform deliveries both at local hospitals and at homes, if requested by the mother. Furthermore, professional midwifery services are available throughout the United States. These educated midwives have contributed to making the maternal and infant mortality rates of the United States some of the lowest in the world, as compared to only a century ago.

The FNS has inspired nurses and doctors from all medical fields. According to Kimberly Raines, "the challenges that faced Mary Breckinridge, such as the demonstration of need, reimbursement, funding, and public access to nursing care, are the same challenges that face today's nurse-managed care."[128] These challenges are certainly visible in the less developed countries of the world, but they also still exist in the more developed nations, including the United States. Currently, a debate is raging among American medical professionals, the U.S. government, and the interested public about how to best meet the health care needs of the growing population. Societies are fighting similar battles in countries throughout the world. In order to successfully meet the challenges to today's global health care crisis, nurses, doctors, and politicians should turn to the FNS as a model for providing quality medical attention to the people have the least access to it but need it the most.

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[128] Kimberly Harrison Raines and Astrid Wilson, "Frontier Nursing Service: A Historical Perspective on Nurse-Managed Care," *Journal of Community Health Nursing* vol. 13 no. 2 (1996): 126.

Essay on Sources

Secondary Sources

The main argument of my paper, that the Frontier Nursing Service (FNS) was

largely influenced by English and Scottish systems of midwifery and Breckinridge's volunteer experience in France, was built upon primary resources and Breckinridge's personal autobiography, *Wide Neighborhoods: The Story of the Frontier Nursing Service.*" Several important secondary sources helped shape my paper and provide background information on Breckinridge and midwifery in America and Europe at the turn of the 20th century. Although not relevant to the substance and research of my paper, Daniel T. Rodger's book *Atlantic Crossings: Social Politics in a Progressive Age* influenced my argument about the transatlantic nature of the midwifery profession.

Expanding on Rodger's thesis, I used books and articles to compare and contrast midwifery in Europe and America. Scholars have written much literature about these topics. The book *Midwives in Society and History*, by Jean Towler, provides an excellent history of the evolution of midwives in England. Most important for my thesis, Towler discusses the introduction of the nurse-midwife into English society and the impact that nurse-midwives had on the health of mothers and young children. *The Physician's Hand: Work Culture and Conflict in American Nursing* by Barbara Melosh presents information about the transformation of American nursing and the development of public health nursing during the period my paper focuses on. Katy Dawley's article "The Campaign to Eliminate the Midwife," provides more detailed information than Melosh's book about the state of American midwifery at the time.

The secondary source that was most relevant to my argument about the European Influences on the Frontier Nursing Service was Anne Campbell's article "Mary Breckinridge and the American Committee for Devastated France."[129] Campbell is an employee of the University of Kentucky and therefore had access to the same archival

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collection as myself. However, my paper expands upon her limited focus to study compare and integrate Breckinridge's experience in CARD with her observations and studies in England and Scotland. Another informative source was James Klotter's book *The Breckinridges of Kentucky* gives a detailed account of the history of the Breckinridge family and its most famous members, including Mary Breckinridge. Two chapters in the book present an objective and scholarly interpretation of Mary Breckinridge's life and the Frontier Nursing Service.

Primary Sources

Primary sources were integral to forming and substantiating my argument about the FNS. As I mentioned earlier, I found many articles via online databases such as JStor to augment my discussions of midwifery in America and Europe. However, the most important primary sources for my paper were Breckinridge's personal autobiography, *Wide Neighborhoods: The Story of the Frontier Nursing Service*, and the Frontier Nursing Service collection at the University of Kentucky in Lexington, Kentucky. Mary Breckinridge's autobiography is an important source because of the author's close relationship with the FNS. Breckinridge modeled the FNS after her experiences and observations of midwifery systems in Europe, and therefore she is able to describe the importance and exact nature of these experiences in detail. However, it is not a scholarly work and is biased towards the FNS. Furthermore, Breckinridge does not expand in detail about the effect that the FNS had on the nature of midwifery in America and the public and medical profession's opinion of the nurse-midwife.

The FNS collection at the University of Kentucky provided a variety of primary

sources related to Breckinridge and the FNS, including reports, articles, correspondence, and Quarterly Bulletins. The report of the Highlands and Islands Medical Service Committee was valuable source that allowed me to study in detail an organization that scholars have not researched but that had a large impact on the American health care system. Another important series of documents that I found at the University of Kentucky were the documents pertaining to the established of the Kentucky State Association of Midwives, which later became the American Association of Nurse-Midwives. The growth of the association from a regional membership to a national membership demonstrates the growing acceptance of nurse-midwives in America and the success of the FNS nurse-midwife demonstration. Finally, the Quarterly Bulletins of the FNS provide a wide spectrum of information about the FNS and allows researchers to trace the evolution of the FNS from a mostly English nurse-midwife (or American English-trained) staff to the American nurse-midwives educated at the FNS Graduate School for Midwifery. The FNS Quarterly Bulletins provided a forum where Breckinridge could include articles she found in other journals or magazines, such as the article, “The Nurses on Horseback: The Story of the Frontier Nurse-Midwifery Service in the Kentucky Mountains where Swollen Rivers and Rock Trails make Life-Saving a Hazardous Adventure,” from the Women’s Journal. Finally, Breckinridge published studies relevant to the FNS (and my paper) in the Quarterly Bulletin, including her 1923 Investigation of Midwifery in the Kentucky Mountains.

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