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"A Cage of Ovulating Females" : Mary Breckinridge and the Politics of Contraception in Rural Appalachia

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**"A Cage of Ovulating Females": Mary Breckinridge and the Politics of
Contraception in Rural Appalachia**

A Thesis submitted to the Graduate College of Marshall University

In partial fulfillment of the requirements for the degree of Master of Arts

History

by
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ABSTRACT

"A Cage of Ovulating Females": Mary Breckinridge and the Politics of Contraception in

Rural Appalachia

Dana Allen Johnson

Mary Breckinridge and the Frontier Nursing Service have been the focus of intense scholarly effort over the last twenty years. Scholarship on Mary Breckinridge has centered on her healthcare reform work in Appalachia and its effects on the local residents and culture. This thesis examines the oral contraceptive trial that the FNS performed in Leslie County in the late 1950s and early 1960s. Although Breckinridge and the FNS maintained a restrictive contraceptive stance, they paradoxically permitted the contraceptive trial to be conducted on their patients in Leslie County. The decision to participate in the contraceptive trial resulted from a complex interaction of politics, personal relationships, prior beliefs, and pressure from outside forces. These influences combined to lead Mary Breckinridge to a decision that would have been unimaginable earlier in her career.

Chapter I: Introduction

Mary Breckinridge is an iconic figure in Kentucky history. Hailed as an "angel on horseback" and the "heroine of the highlands" she devoted forty years to creating and sustaining the Frontier Nursing Service (FNS), an organization dedicated to improving maternal and child health outcomes in Appalachian Kentucky.¹ Breckinridge achieved dramatic success in Kentucky, but her story is more nuanced and complex than earlier scholarship might indicate. Born into privilege, to influential and politically connected parents, she dedicated herself to a life of service among the impoverished residents of an isolated mountainous backwater in eastern Kentucky.

Mary Breckinridge established the FNS in Leslie County, Kentucky in 1925.² The organization's primary goal focused on improving maternal and child health. Secondary goals included the provision of educational programs for local residents and the creation of a training school for nurse-midwives. The FNS also planned to conduct research that had the potential to improve the health of rural residents and to promote economic

¹ Ernest Poole, "The Nurse on Horseback," *Good Housekeeping* (June 1932), 38.

² Leslie County is located in southeastern Kentucky. It was created in 1878 with the county seat at Hyden. Leslie County has a mountainous topography and less than two percent of the land is used for farming. Industrial development centered on timber and coal mining but large scale coal mining was delayed by a lack of transportation options and no large mines were opened in the Leslie County during the coal boom of the 1920s. Leslie County has always been one of the poorest counties in Kentucky; in 2008 median household income was \$23,627. Leslie County remains one of the poorest counties in the United States.

independence in the organization's service area. These basic objectives provided the blueprint for the creation and operation of the FNS.³

Like many female reformers of her generation, Breckinridge concentrated her energy on addressing the concerns of motherhood and childrearing. She advocated for women's and children's issues and believed that women were happier and more productive in their traditional roles as wives and mothers. As a staunch advocate of this perspective, she opposed the widespread availability of contraception in America. Throughout her career Breckinridge personally controlled the availability of contraceptive devices and information to her patients.⁴

Although Mary Breckinridge held very traditional, conservative views in opposition to contraception, she permitted the FNS to conduct an oral contraceptive trial in Leslie County beginning in the late 1950s. The decision to participate in this trial resulted from a complex interaction of politics, personal relationships, prior beliefs, and pressure from outside forces. These influences combined to lead Mary Breckinridge to a decision that would have been unimaginable earlier in her career. This decision mirrored changes that were occurring outside Leslie County on the state and national level and led to major transformations within Leslie County and the FNS.

Mary Breckinridge lived and worked in a period characterized as the Progressive Era.⁵ During the Progressive Era, middle- and upper-class Americans attempted to

³ Amended Articles of Incorporation of the Frontier Nursing Service, 1932, Frontier Nursing Service Records (FNSR), 1789-1985, 85M1, Special Collections and Digital Programs, University of Kentucky Library (UKSCL), box 1, folder 6.

⁴ Melanie Beals Goan, *Mary Breckinridge: The Frontier Nursing Service and Rural Health in Appalachia* (Chapel Hill: The University of North Carolina Press, 2008), 240.

⁵ The Progressive Era is generally defined as beginning in the 1890s and continuing into the 1920s. I have extended this time period in this analysis of Mary Breckinridge and the FNS. Borrowing from

reform and improve their society through the application of scientific methods to problems they believed to be caused by the rapid industrialization of the United States. Historian Robert Wiebe in his seminal work *The Search for Order*, described progressive reformers as people who attempted to impose order on a society that was undergoing rapid social, demographic, and economic change. By embracing modernization they endeavored to provide scientific solutions to the worst societal excesses from this period of industrialization and rapid social transformation.⁶

The Progressive Era introduced an unprecedented influx of women into reform enterprises. American women, emboldened by new educational and employment opportunities, began to advocate on political and social issues and create women's institutions like colleges, clubs, and settlement houses.⁷ Most scholarship on female reform focused on the settlement house movement and its efforts to combat urban social problems.⁸ Although the settlement houses represented an important aspect of female reform other female reform efforts also blossomed during this period.

Blackwell I contend that extending this period reflects the reality of the isolation of the FNS from the national political scene; see Deborah Lynn Blackwell, "'The Ability To Do 'Much Larger Work: ' Gender and Reform in Appalachia, 1890-1935" (PhD Diss., University of Kentucky, 1998), 9.

⁶ Robert H. Wiebe, *The Search for Order, 1877-1920* (New York: Hill and Wang, 1966), 164-65.

⁷ The Progressive Era did not initiate women's involvement in reform efforts but the degree of their involvement changed during this period.

⁸ Selected studies on the settlement house movement include: Jane Addams, *Twenty Years at Hull House, with Autobiographical Notes* (New York: Macmillan, 1924); Daniel Eli Burnstein, *Next to Godliness: Confronting Dirt and Despair in Progressive-Era New York City* (Chicago: University of Illinois Press, 2006); Allen F. Davis, *Spearheads for Reform: The Social Settlements and the Progressive Movement, 1890-1914* (New York: Oxford University Press, 1967); Rivka Shpak Lissak, *Pluralism and Progressives: Hull House and the New Immigrants, 1890-1919* (Chicago: University of Chicago Press, 1989); Carl J. Schneider and Dorothy Schneider, *American Women in the Progressive Era, 1900-1920* (New York: Anchor Books, 1993).

In the South, the Progressive movement developed a different focus and scope from the movement in the northern industrial cities. Whereas northern reformers focused on urban problems these were not the chief concerns of their more rural southern counterparts. Southern reformers navigated a difficult course between espousing the benefits of modern, scientific reform without violating the racial and gender constraints of their more traditional, patriarchal society.⁹ Mary Breckinridge clearly understood the dichotomy that her southern heritage forced her to navigate; she was at once a progressive reform advocate and a proponent of established southern racial and gender norms.

Women participated in all facets of progressive reform, but they were particularly prominent in the crusade to improve maternal and child health. Under the rubric of maternalism women pursued political and social goals that meshed with their assumed experience in childbirth and parenting. The concept of maternalism engendered a lively debate among scholars about its definition, objectives, and effects. Originally they viewed maternalism as a female version of paternalism that enabled middle- and upper-class women to advocate for the changes that they believed were necessary to improve the lives of all women. The voices of working class women were notably absent from this debate.¹⁰

⁹ Selected studies on southern reform include: Dewey W. Grantham, *Southern Progressivism: The Reconciliation of Progress and Tradition* (Knoxville: University of Tennessee Press, 1983); Elna C. Green, *Southern Strategies: Southern Women and the Woman Suffrage Question* (Chapel Hill: The University of North Carolina Press, 1997); Arthur S. Link, "The Progressive Movement in the South, 1870-1914," *North Carolina Historical Review* 23 (April 1946): 172-195; William A. Link, *The Paradox of Southern Progressivism, 1880-1930* (Chapel Hill: The University of North Carolina Press, 1992).

¹⁰ For further information on maternalism see Joanne L. Goodwin, *Gender and the Politics of Welfare Reform: Mother's Pensions in Chicago, 1911-1929* (Chicago: University of Chicago Press, 1997); Linda Gordon, *Pitied But Not Entitled: Single Mothers and the History of Welfare, 1890-1935* (New York: The Free Press, 1994); Seth Koven and Sonya Michel, eds., *Mothers of a New World: Maternalist Politics*

Historian Patrick Wilkinson concurred with the original view of maternalism describing it as "a movement of middle- and upper-class white women who...lobbied the state to assist and protect poor mothers and working women, couching both proposals and their own activism in an idealized rhetoric of motherhood."¹¹ Although Wilkinson's definition is helpful, it does not contain several elements that serve to narrow the definition and focus of maternalism. Historian Molly Ladd-Taylor expanded and narrowed the concept defining maternalism as

a specific ideology whose adherents held 1. That there was a uniquely feminine value system based on care and nurturance, 2. That mothers performed a service to the state by raising citizen-workers, 3. That women were united across class, race, and nation by their common capacity for motherhood and therefore shared a responsibility for all the world's children, and 4. That ideally men should earn a family wage to support their "dependent" wives and children at home.¹²

Maternalism allowed women who possessed little political power to speak out on issues that society recognized as within their purview such as child welfare and women's health. Although maternalism provided women an opportunity to address their concerns and increased their political influence, it also limited their options by restricting their efforts to issues that were defined as appropriate for women.¹³

Mary Breckinridge represents an example of the diversity found within the maternalist movement. Her choice of vocation and her devotion to the cause of maternal

and the Origins of the Welfare State (New York: Routledge, 1993); Molly Ladd-Taylor, *Mother-Work: Women, Child Welfare, and the State, 1890-1930* (Urbana: University of Illinois Press, 1994); Gwendolyn Mink, *The Wages of Motherhood: Inequality in the Welfare State, 1917-1942* (Ithaca: Cornell University Press, 1995); Theda Skocpol, *Protecting Soldiers and Mothers: The Politics of Social Provision in the United States* (Cambridge: Harvard University Press, 1992).

¹¹ Patrick Wilkinson, "The Selfless and the Helpless: Maternalist Origins of the U.S. Welfare State," *Feminist Studies* 25, no. 3 (Fall 1999): 585.

¹² Ladd-Taylor, *Mother-Work*, 3.

¹³ *Ibid.*, 210.

and child health were hallmarks of maternalist ideology. She came from an upper class family and believed in the value of motherhood in producing citizens and soldiers for the nation.¹⁴ Breckinridge diverged from the mainstream of maternalism because she did not advocate for more government involvement but her stance on this issue was not uncommon.¹⁵ It is doubtful that Mary Breckinridge believed that women of different races shared a common bond through motherhood. She considered blacks to be second-class citizens destined to remain subservient to superior whites.¹⁶ Her racist views did not permit her to envision a commonality of experience and need among mothers of different races.

The campaign for voluntary motherhood in the 1870s served as an immediate antecedent to the birth control movement in the United States. Proponents of voluntary motherhood advocated sexual abstinence in marriage as a method to control conception and allow for the spacing of children. They attempted to reinforce contemporary sexual morality and purity by encouraging women to marry and become mothers while they opposed artificial contraception because of the moral hazards they believed it presented. The availability of effective contraceptives freed men from the risk of unwanted pregnancy in their partners, allowing them to be sexually involved with women other

¹⁴ *American Appeal*, May 1942, FNSR, UKSCL, box 29, folder 14.

¹⁵ Rebecca Montgomery, "Lost Cause Mythology in New South Reform: Gender, Class, Race, and the Politics of Patriotic Citizenship in Georgia, 1890-1925," in *Negotiating Boundaries of Southern Womanhood: Dealing with the Powers That Be*, eds. Janet L. Coryell, Thomas H. Appleton, Anastasia Sims and Sandra Gioia Treadway (Columbia: University of Missouri Press, 2000), 196.

¹⁶ Mary Breckinridge to Katherine Carson Breckinridge, July 18, 1920, FNSR, UKSCL, box 336, folder 7; Goan, *Mary Breckinridge*, 236.

than their wives.¹⁷ Feminist historian Linda Gordon argued that voluntary motherhood represented the limitations that contemporary social constructs placed on women, rendering them unable to envision their roles in society as distinct from their function as mothers.¹⁸

By the first decade of the twentieth century, many women viewed the concept of voluntary motherhood as a limiting patriarchal ideology that reinforced traditional social mores instead of allowing for more personal and sexual freedom for women. They advocated for the development and provision of effective artificial contraceptives that would allow women to assume control over their sexuality and reproductive function. This radical phase of the birth control movement continued until after World War I when Progressive ideas such as improved maternal health, race betterment, and economic reform became part of the birth control debate.¹⁹

Linda Gordon examined the American birth control movement in her 1974 monograph, *Woman's Body, Woman's Right*.²⁰ She argued that birth control is essentially a political issue because the control of reproduction is a political act complicated by issues of gender, class and race. Feminists and radicals dominated the early birth control movement but their dominance was subsumed by the increasing involvement of medical

¹⁷ Artificial contraception requires appliances (condoms, diaphragms, IUDs etc.) or medications (foams, jellies, birth control pills, etc.) while natural contraception requires none of these devices. Natural contraceptive methods include menstrual timing or the rhythm method, abstinence, and coitus interruptus.

¹⁸ Linda Gordon, *The Moral Property of Women: A History of Birth Control Politics in America* (Chicago: The University of Illinois Press, 2002), 70.

¹⁹ *Ibid.*, 172-73.

²⁰ Linda Gordon, *Woman's Body, Woman's Right: Birth Control in America* (New York: Grossman, 1974); Linda Gordon expanded and updated this book in *The Moral Property of Women* in 2002 (see note 17 above).

professionals and public officials in the 1920s.²¹ As these groups gained control they replaced female leadership with a patriarchal, male-dominated hierarchy focused on issues of social control, technological progress, and eugenics.²² Gordon specifically targeted Margaret Sanger for criticism for her role in the evolution of the birth control movement. Sanger turned away from her desire to reorder society by addressing class and gender inequalities to a more moderate view of the role of birth control in American society. Her acquiescence to medical control of contraception led to conservative attitudes about birth control, sex education, and sexual morality that continue to dominate the contemporary debate.²³

Physicians and public health officials increasingly attributed women's and children's health problems to the "overpopulation of the unfit."²⁴ This viewpoint allowed birth control to become a tool for race betterment and a means of controlling reproduction among those who were considered inferior or unfit. This argument occurred in a gendered context as proponents portrayed women as the primary carriers and transmitters of defective genetic material.²⁵ The focus on eugenics led to involuntary sterilization laws in many states; historian Mary Lagerwey argued that involuntary sterilization of "feeble-

²¹ In Gordon's argument professionals included physicians, social workers and public health workers.

²² Gordon, *The Moral Property of Women*, 210.

²³ *Ibid.*, 189.

²⁴ *Ibid.*, 100.

²⁵ Judith Gay Myers, "A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1943" (PhD diss., University of Kentucky, 2005), 69.

minded" individuals was less controversial than a woman's right to use contraception to control reproduction."²⁶

Historian James Reed also examined the early birth control movement presenting a more favorable account of the movement and its leaders. Reed argued that birth control reformers and professionals achieved success by cooperating and moderating much of the radical feminist rhetoric at a time when radical political and social movements were disbanding. Reed also viewed Margaret Sanger sympathetically arguing that she had no other options to continue her work except to form an alliance with the medical profession.²⁷

In a more recent work, historian Carole McCann revisited the arguments of Reed and Gordon. McCann claimed that the moderation of the birth control movement resulted from complex cultural and social changes that persuaded Sanger to compromise in order to secure funding. She concluded that these necessary compromises led to unintended consequences that altered the focus of the birth control movement. McCann contended that although Sanger conflicted with physicians and eugenicists she was unable to resist the gradual diminution of her radical views on contraception.²⁸

Progressive Era reformers soon encountered Appalachia and its perceived need for modernization and reform. Americans "discovered" Appalachia after the Civil War through the writings of the local color writers. These writers traveled throughout the

²⁶ Mary Lagerwey, "Nursing Social Contexts and Ideologies in the Early United States Birth Control Movement," *Nursing Inquiry* 6, no. 4 (1999): 254.

²⁷ James Reed, *The Birth Control Movement and American Society: From Private Vice to Public Virtue* (1978; repr., Princeton: Princeton University Press, 1984).

²⁸ Carole R. McCann, *Birth Control Politics in the United States, 1916-1945* (Ithaca: Cornell University Press, 1994), 4.

region highlighting the isolation and backward ways of the mountain residents. Their lurid reports of mountain life led outside reformers to the area and its perceived need for uplift and reform.²⁹ Early scholarly accounts of the region depicted its people as poor, ignorant and isolated from contemporary American life.³⁰ Geographer Ellen Churchill Semple explored the area and concluded that "mountain people are the exponents of a retarded civilization, and show the degenerate symptoms of an arrested development."³¹ Local color writers traveled through the region and popularized these misconceptions with lurid accounts of feuds, illegal stills, and the quaint habits of the unusual residents of Appalachia. Although these publications portrayed Appalachia in a very unflattering manner, they led to an upsurge of interest in providing aid to its benighted inhabitants.

A second wave of Appalachian scholarship followed these early writings and attempted to correct some of the misconceptions they promulgated. These works, exemplified by the writings of John C. Campbell, provided a more favorable perspective on the region and its problems. Campbell portrayed a diverse mountain society that scarcely resembled earlier depictions. He dispelled negative stereotypes and cautioned reformers not to view mountain residents as people in need of rescue.³² In his 1962 monograph, minister Jack Weller argued that Appalachian residents bore the

²⁹ For information on the local color writers see: Henry D. Shapiro, *Appalachia On Our Mind: The Southern Mountains and Mountaineers in the American Consciousness, 1870-1920* (Chapel Hill: University of North Carolina Press, 1978), 3-31.

³⁰ William Goodell Frost, "Our Contemporary Ancestors in the Southern Mountains," *Atlantic Monthly* (March 1889): 311-319.

³¹ Ellen Churchill Semple, "The Anglo-Saxons of the Kentucky Mountains: A Study of Anthropogeography," in *Appalachian Images in Folk and Popular Culture*, 2nd Edition, ed. W.K. McNeil (Knoxville: The University of Tennessee Press, 1995), 150.

³² John C. Campbell, *The Southern Highlander and His Homeland* (1921; repr., Lexington: The University Press of Kentucky, 1969).

responsibility for their own problems, discounting the influence of outside exploitation. Weller blamed the area's problems on the fatalistic attitude of local residents that prevented them from successful integration into mainstream American society.³³ Harry Caudill depicted the ravages of the industrial, extractive economy in his classic book, *Night Comes to the Cumberlandds*. Caudill claimed that rapid industrialization prevented the area from participating in the economic progress occurring in the rest of the United States.³⁴ These studies, among others, set the stage for a complete reevaluation of Appalachian reform efforts in the following decades.

In the 1970s Appalachian historical scholarship switched from a focus on ruling elites to a consideration of the social, economic, and cultural issues affecting ordinary people. This trend began with the publication of *Appalachia on Our Mind: The Southern Mountains and Mountaineers in the American Consciousness* by Henry Shapiro. Shapiro detailed the presence of outside reformers in Appalachia and their influence on perceptions of the region. He concluded that although reformers were originally drawn to the area by tales of poverty and despair they eventually reinforced that image through their own selfish depictions of the area.³⁵

In *All That is Native and Fine: The Politics of Culture in an American Region*, historian David Whisnant explored similar themes in his examination of Appalachian reform institutions. Whisnant argued that reformers emphasized cultural endeavors

³³ Jack Weller, *Yesterday's People: Life in Contemporary Appalachia* (Lexington: University of Kentucky Press, 1965).

³⁴ Harry Caudill, *Night Comes to the Cumberlandds: A Biography of a Depressed Area* (Boston: Little, Brown and Company, 1963).

³⁵ Shapiro, *Appalachia On Our Mind*, 154-56.

instead of tackling the problems of entrenched poverty and rapid industrialization. In Whisnant's view, reformers focused on cultural activities because they were less controversial and they were useful in encouraging donations from outside sources. He reserved particular scorn for mountain craft industries that developed in conjunction with the settlement schools, claiming that these programs perverted indigenous crafts to render them acceptable to middle-class American buyers. By replacing local craft styles with more modern designs the reformers influenced their students to adopt middle-class cultural norms.³⁶

David Whisnant's controversial claims regarding missionaries and reformers led to an increased interest in Appalachian cultural values and their effect on the development of the region. Durwood Dunn disputed Whisnant's argument by demonstrating the congruence of Appalachian cultural values with the values held by other Americans.³⁷ Other scholars produced monographs depicting the history of specific settlement schools that documented the positive influences of the schools and their leaders on the Appalachian communities they served.³⁸

Most of the Appalachian reformers profiled by Whisnant were female, reflecting the female dominance of reform movements in the early twentieth century. In *Creating a Female Dominion in American Reform, 1890-1935*, Robyn Muncy examined the influence that women held in the Progressive reform movement. She demonstrated that

³⁶ David Whisnant, *All That is Native and Fine: The Politics of Culture in an American Region* (Chapel Hill: The University of North Carolina Press, 1983).

³⁷ Durwood Dunn, *Cades Cove: The Life and Death of a Southern Appalachian Community, 1818-1937* (Knoxville: The University of Tennessee Press, 1988).

³⁸ P. David Searles, *A College for Appalachia: Alice Lloyd on Caney Creek* (Lexington: University Press of Kentucky, 1995); Jess Stoddart, *The Story of Hindman Settlement School* (Lexington: University Press of Kentucky, 2002).

women negotiated positions of leadership in reform enterprises eventually becoming an indispensable foundation of the movement. Women gravitated to reform efforts that allowed them to perform their duties while continuing to project an acceptable feminine image. In the context of Whisnant's criticisms, Muncy argued that these women behaved as would be expected by pursuing traditionally feminine tasks while avoiding costly battles with male political elites.³⁹

Appalachian scholars also published studies that disputed Whisnant's controversial thesis. Historian Nancy Forderhase examined female reformers and concluded that women created educational and healthcare institutions that had a lasting positive effect in eastern Kentucky. She demonstrated that reformers were cognizant of the delicate balance they maintained between providing assistance to local residents without forcing their own dominant culture on the locals. Forderhase persuasively argued that Whisnant ignored the reformer's achievements while criticizing them for their failure to achieve permanent social reform.⁴⁰

In "School Work and Mother Work: The Interplay of Maternalism and Cultural Politics in the Educational Narratives of Kentucky Settlement Workers, 1910-1930," Karen Tice extended Forderhase's argument while studying the Appalachian reform movement through the lenses of gender and class. She examined the writings of Lucy Furman and Ethel de Long considering the role that class differences played in the

³⁹ Robyn Muncy, *Creating a Female Dominion in American Reform, 1890-1935* (Oxford: Oxford University Press, 1991).

⁴⁰ Nancy Forderhase, "Eve Returns to the Garden: Women Reformers in Appalachia in the Early Twentieth Century," *Register of the Kentucky Historical Society* 85 (Summer 1987): 237-261.

interactions between female reform workers and local female residents.⁴¹ Tice directly disputed Whisnant's assertion that female workers were "primarily bent upon a limited agenda of cultural replacement and social control."⁴² She presented the reformers as flawed individuals who were conflicted by the difficulties they experienced in their dealings with local residents. She argued for a more nuanced view of these women that considered the difficulties they faced in achieving their goals. Tice gave agency to the local residents by demonstrating that they often embraced reform ideas and eagerly participated in many of the enterprises that Whisnant criticized.⁴³

Historian Sandra Lee Barney's *Authorized to Heal: Gender, Class and the Transformation of Medicine in Appalachia, 1880-1930* investigated the introduction of scientific medical practice into Appalachia and the subsequent suppression of traditional healers and their methods. She examined the alliance that developed between middle-class clubwomen, Appalachian settlement workers and physicians. Settlement workers were instrumental in modernizing the healthcare delivery system in Appalachia by actively promoting and supporting modern health and sanitary practices. Barney argued that, by adopting scientific medical practices, trusted reformers served as models for local residents to adopt the new techniques. She depicted these women as strong leaders who

⁴¹ Lucy Furman and Ethel deLong worked at Hindman Settlement School in the early twentieth century. Both women published accounts of their work in Appalachia and achieved some regional fame for their writings.

⁴² Karen Tice, "School-Work and Mother-Work: The Interplay of Maternalism and Cultural Politics in the Educational Narratives of Kentucky Settlement Workers, 1910-1930," *Journal of Appalachian Studies* 4, no. 2 (Fall 1998): 193.

⁴³ *Ibid.*, 191-224.

eschewed traditional female roles while building institutions that served to improve the health and education of mountain residents.⁴⁴

Although Mary Breckinridge primarily focused on health promotion instead of education, she operated as an Appalachian reformer. Melanie Beals Goan considered Mary Breckinridge and the FNS in a recent book, the first scholarly monograph published on the subject. Goan crafted a portrait of Breckinridge as a naïve idealist at the beginning of her career in Leslie County who believed that her reforms would be welcomed by local residents desperate for modern ideas and practices. She quickly developed an understanding of the region's complex problems and adapted her efforts to coincide with local needs. Breckinridge struggled with the negative stereotypes that she brought to her work in Appalachia, but she also often transcended them to become a strong advocate for the needs of her patients and their families. Over time she developed a more nuanced understanding of the complex problems they faced.⁴⁵

Goan argued that Mary Breckinridge exerted a powerful positive influence on the improvement of health and educational opportunities in Appalachia. She specifically contested Whisnant's expectation that female reformers should have been more active in opposing industrial interests and their exploitation of the region, arguing that he expected too much of them by asking that they provide visionary leadership that was capable of foreseeing future problems. She further argued that Whisnant ignored the restrictions that Mary Breckinridge and others confronted in a patriarchal and insular society. By ignoring

⁴⁴ Sandra Lee Barney, *Authorized to Heal: Gender, Class and the Transformation of Medicine in Appalachia, 1880-1930* (Chapel Hill: The University of North Carolina Press, 2000).

⁴⁵ Goan, *Mary Breckinridge*.

these factors, he dismissed their considerable achievements by expecting them to anachronistically adopt more modern standards of female behavior.⁴⁶

Like all visionaries, Mary Breckinridge presents a complex portrait of conflict and compromise both within herself and with forces outside her control. She succeeded in fulfilling her dream of creating a healthcare enterprise to deliver care to the residents of a remote corner of Appalachia. By most measures, she was extraordinarily successful in this endeavor of providing high-quality, low-cost care in an underserved area. Although she achieved great success, she also maintained antiquated racial, class, and gender beliefs that hindered her work. All of these qualities interacted to create and inform her views on birth control throughout her career. The story of her evolution from a staunch opponent of contraception to a reluctant participant in a trial of oral contraceptives serves to illustrate many of these issues and their interaction in the life and work of Mary Breckinridge.

⁴⁶ Ibid., 6-8.

Chapter II: "The things that one could and could not do were carefully defined":

The Early Life and Education of Mary Breckinridge

An examination of Mary Breckinridge's early life and career presents a portrait of a complex woman of privilege beset by personal tragedies that altered the course of her life. As a conservative southern female, she believed that marriage to an appropriate husband and a life of domestic pursuits and childrearing were the epitome of female aspiration. Deprived of these socially prescribed roles by the deaths of her children and first husband, she dedicated her life to improving maternal and child health. In this new role, she challenged prevailing social customs and developed the skills and knowledge necessary to pursue her vision. The events of this turbulent period transformed Mary Breckinridge and placed her on the path that led to her life's work in Leslie County.

Mary Breckinridge was born February 17, 1881 in Memphis, Tennessee into a prominent southern family. Her father, Clifton Breckinridge, served as a United States Congressman from Arkansas and her grandfather was Vice President of the United States under President James Buchanan.¹ Her mother, Katherine Carson Breckinridge, was the daughter of Mississippi aristocrats. Although her family was displaced and impoverished by the Civil War, Katherine Breckinridge steadfastly maintained her commitment to

¹ The Breckinridge family occupies a storied place in Kentucky history. Multiple members of the family have held high political office at both the state and national level. Other family members have excelled in other fields including medicine, law, and social work. For further information about the Breckinridge family see James C. Klotter, *The Breckinridges of Kentucky: 1760-1981* (Lexington: The University Press of Kentucky, 1986).

antebellum southern social values.² Mary Breckinridge attended elite finishing schools in Europe and America and spent three years in St. Petersburg, Russia where her father served as the ambassador to the Czar's court.³ Although she was an indifferent student, she enjoyed school and had a happy but nomadic childhood.⁴

Breckinridge's first encounter with childbirth occurred during her years in Russia. Her mother gave birth to her brother, Carson, when Mary was fourteen years old and she later recalled her intense interest in the event writing, "If it had been my own, I could not have taken a larger interest in the preparations."⁵ The Russian method of childbirth involved the performance of the delivery by a midwife while the physician stood by in case of emergency.⁶ Because trained midwives did not exist in the United States at this time this was undoubtedly Breckinridge's first exposure to her future profession.

Mary Breckinridge returned to the United States and graduated from high school in 1899. She expressed a desire to attend college, but her conservative family did not approve of higher education for women.⁷ She later described the social rules that

² "Annals of Hazelwood," in *Family Records, William Waller Carson, Knoxville, Tennessee, 1845-1930*, FNSR, UKSCL, box 369, folder 4.

³ Clifton Breckinridge was appointed Ambassador on July 20, 1894 during the reign of Czar Alexander III. Alexander III died on November 1, 1894. Czar Nicholas II followed Alexander III on the throne. Mary Breckinridge attended the coronation of Nicholas II. For further details see Mary Breckinridge, *Wide Neighborhoods: A Story of the Frontier Nursing Service* (1952; repr., Lexington: University Press of Kentucky, 1981), 13-14.

⁴ Mary Breckinridge, *Wide Neighborhoods*, 19-29; *Wide Neighborhoods* is the autobiography of Mary Breckinridge. It was written as a history of the Frontier Nursing Service and as a fundraising tool for the organization. As such the accuracy of some of the information it contains can be questioned. It is the only substantial primary source available for the period of Breckinridge's life that is considered in this chapter.

⁵ Breckinridge, *Wide Neighborhoods*, 1.

⁶ *Ibid.*

⁷ *Ibid.*, 32.

circumscribed her life explaining that "the things that one could and could not do were carefully defined."⁸ Aware of the expectations that her family held for her, she experienced a struggle between her own dreams of adventure and a career and the path to marriage and motherhood that society prescribed.⁹

Breckinridge faced a common dilemma for upper-class, young southern women of her era.¹⁰ Southern society encouraged young women to conform to the tenets of the cult of true womanhood; belief in this system was prevalent among traditional southern families. Societal pressures demanded that women conform to these expectations centered on the four cardinal virtues of purity, piety, submissiveness, and domesticity. Those who deviated from this path faced disapproval from society and rebuke from family.¹¹ For example, Mary Breckinridge's cousin, Sophonisba Breckinridge, trained as an attorney and social worker but many family members regarded her departure from tradition as an unacceptable breach of societal expectations. Mary Breckinridge's mother opposed further education for her daughter. She drew on Sophonisba Breckinridge's experiences as an example of the folly of education for young, single women.¹²

⁸ Ibid., 37-38.

⁹ Ibid., 26, 46.

¹⁰ Margaret Ripley Wolfe, *Daughters of Canaan: A Saga of Southern Women* (Lexington: University Press of Kentucky, 1995), 134-35.

¹¹ Barbara Welter, "The Cult of True Womanhood: 1820-1860," *American Quarterly* 18 (Summer 1966):151-52.

¹² Breckinridge, *Wide Neighborhoods*, 32; Sophonisba Breckinridge graduated from Wellesley College and the University of Chicago law school eventually becoming the first woman admitted to the Kentucky bar. She worked and lived at Hull House in Chicago advocating for women's suffrage and civil rights. For further information about Sophonisba Breckinridge see Klotter, *The Breckinridges of Kentucky*.

Acquiescing to the desires of her family, Breckinridge relinquished her dream of furthering her education and married attorney Henry Ruffner Morrison in 1904. She described marriage as "an everlasting kind of thing and not entered into lightly. For a woman it meant she gave up her own ambitions...to embrace the career of the man of her choice. Marriage called for renunciation, entire and complete."¹³ The couple settled in Hot Springs, Arkansas and prepared to start a family. When no pregnancies occurred, Breckinridge sought medical advice in New York to determine the cause of their infertility. Morrison developed appendicitis and died shortly after their first wedding anniversary.¹⁴ Mary Breckinridge rarely spoke of this marriage but wrote of it in her autobiography, "Of my own brief marriage I shall not write except to say it gave me all, and more than all, I had wanted in married friendship."¹⁵

Morrison's death left Breckinridge a widow at the age of twenty four. She did not relish the prospect of returning to her parent's home because she feared becoming the "object of their endless solicitude."¹⁶ Instead, she journeyed to Banner Elk, North Carolina and spent a few months at a girls' settlement school, the Elizabeth McCrae Institute.¹⁷ This period provided her first experience with charitable reform work and gave her introduction to Appalachia and its people. While there Breckinridge witnessed a child dying of typhoid fever and realized that she was unable to provide any tangible aid

¹³ Ibid., 48.

¹⁴ Goan, *Mary Breckinridge*, 33.

¹⁵ Breckinridge, *Wide Neighborhoods*, 49.

¹⁶ Ibid., 51.

¹⁷ Ibid., 52; This school is still in operation but it is now a coeducational college known as Lees-McRae College.

to the child or its mother. Breckinridge later described this incident as the reason that she decided to pursue nurse's training so that she "could be of use to such children."¹⁸

Her decision to study nursing allowed Mary Breckinridge to further her education in a socially acceptable profession that welcomed women.¹⁹ Nursing was a career in which women could pursue their educational goals while displaying their nurturing and feminine characteristics.²⁰ Nurse's training during this period was physically and emotionally demanding; it required long hours of study in the classroom and labor on the wards.²¹ Breckinridge thrived in this restrictive environment and praised the quality of the education she received.²² These experiences caused Mary Breckinridge to reconsider her opinion of her own abilities and the role of the nurse in the medical system.²³ Armed with this knowledge, she excelled at her studies and graduated from the St. Luke Hospital School of Nursing in 1910. She passed her nursing exams and received her nursing license shortly thereafter.²⁴

During her stint at St. Luke's Mary Breckinridge experienced maternity nursing among the poor of New York. As a student nurse at the New York Lying-In Hospital she

¹⁸ Ibid.

¹⁹ Alice Kessler-Harris, *Out to Work: A History of Wage-Earning Women in the United States* (New York: Oxford University Press, 2003), 116-117, 128.

²⁰ Nancy Tomes, "'Little World of Our Own': The Pennsylvania Hospital Training School for Nurses, 1895-1907," in *Women and Health in America*, ed. Judith Walzer Leavitt (Madison: University of Wisconsin Press, 1984), 467.

²¹ Susan M. Reverby, *Ordered to Care: The Dilemma of American Nursing, 1850-1945* (Cambridge: Cambridge University Press, 1987), 60.

²² Breckinridge, *Wide Neighborhoods*, 52.

²³ Goan, *Mary Breckinridge*, 35.

²⁴ Breckinridge, *Wide Neighborhoods*, 58.

encountered a sick child who profoundly impacted her eventual career choice. She provided care to a young girl named Margaret, who had been abandoned at the hospital by her mother because the infant suffered from spina bifida.²⁵ Breckinridge developed an attachment to the baby and arranged to adopt her. She took Margaret home, but hospital authorities opposed the adoption. Upon her return to work they suspended Breckinridge for taking an infant home without permission. She eventually resolved the issue, but from this episode she acquired a lifelong distaste for bureaucratic maneuvering. Margaret died shortly thereafter, and Breckinridge arranged for a funeral to avoid the further indignity of the child's burial in a pauper's grave. Thus, she completed her nursing training while dealing with the sorrow of the death of her beloved "little friend."²⁶

Mary Breckinridge returned to Arkansas to assist with family duties at the request of her mother. In 1912 she married Richard Thompson, the president of Crescent College in Eureka Springs, Arkansas.²⁷ In contrast to her first marriage, Breckinridge chose to pursue her own ambitions instead of working to further her husband's career.²⁸ She settled into married life and taught classes on hygiene, child welfare, and French at the college. She involved herself in community activities and helped to craft a nursing

²⁵ Spina bifida is a birth defect that is caused by an incomplete development of the spinal cord in the fetus. In the early decades of the 20th century it was commonly fatal and few treatments were available. A lack of folic acid in the mother's diet has been linked to the development of this anomaly.

²⁶ Breckinridge, *Wide Neighborhoods*, 57-58.

²⁷ Crescent College was a junior college for girls. The school is no longer in existence.

²⁸ I have maintained the use of Breckinridge for Mary Breckinridge's surname throughout this section for continuity and clarity. She went by the name of Mary Breckinridge Thompson throughout the period of her marriage to Richard Thompson but resumed the use of her maiden name after her divorce from Thompson.

practice act for the state of Arkansas.²⁹ She soon became pregnant and delivered her first child, a son they named Clifton Breckinridge "Breckie" Thompson in January, 1914.³⁰

Mary Breckinridge devoted the next few years to caring for her young son and advancing the cause of child welfare. She prepared herself for the "profession of motherhood" and applied the latest scientific theories on child rearing to Breckie's care.³¹ She tracked his growth and development enthusiastically claiming that "the lives of few young children have been recorded in such detail."³² Her son developed normally and Mary Breckinridge had great hopes for his future accomplishments and deeds. She described this imagined future when she wrote that she believed he would be "in his manhood a leader of men, [he] would strike at the roots of poverty, vice and ignorance and rescue childhood."³³ In this hopeful statement, she reflected her own desire to advocate for child welfare by expressing her wishes for her son's future achievements. Mirroring her first marriage, Breckinridge again acquiesced to a social system that required her to project her own ambitions onto her male child instead of planning to fulfill them herself.

²⁹ Breckinridge served on a committee that surveyed the curricula of Arkansas nursing schools. This group then endorsed a licensure law that the state legislature passed. For further information see Elissa Lane Miller, "Arkansas Nurses, 1895-1920: A Profile," *Arkansas Historical Quarterly* 47 (Summer 1988): 154-171.

³⁰ Goan, *Mary Breckinridge*, 38-40.

³¹ Mary Breckinridge Thompson, "Motherhood – A Career," *Southern Woman's Magazine* (November 1916): 40.

³² Breckinridge, *Wide Neighborhoods*, 60.

³³ Mary Breckinridge Thompson, *Breckie, His Four Years, 1914-1918* (1918; repr., Bibliolife, 2008), 6.

In 1915, Mary Breckinridge became pregnant with her second child. Because the pregnancy was difficult, she decreased her community work and focused on her health. After a lengthy labor, Breckinridge delivered her daughter Polly in July, 1916. She described Polly as an "exquisite baby" with no obvious deformities but her daughter died after six short hours of life.³⁴ The cause of her death is unknown. In a journal entry Breckinridge described her grief writing, "I grieved for the life she had missed, the splendid work she might have done, the human motherhood she might not know"³⁵ Despite her grief at Polly's death, Breckinridge could not envision a rewarding life for her daughter that did not include marriage and motherhood as the principal goals.

Following the death of her infant daughter, Mary Breckinridge immersed herself in her work and the campaign for child welfare. She taught courses on motherhood at Crescent College in which she espoused the theories of scientific motherhood.³⁶ She also wrote and published a series of articles in the *Southern Woman's Magazine* delineating her theory of motherhood.³⁷ In these articles, she promoted preparation for motherhood before pregnancy by studying and learning the latest scientific techniques. She admonished her female readers to pick their mates carefully with an eye for their

³⁴ Breckinridge, *Wide Neighborhoods*, 65-66; No cause of death is mentioned in any of the primary sources that mention Polly Thompson's birth and death.

³⁵ Thompson, *Breckie*, 59.

³⁶ Scientific motherhood fused the traditional maternal role with scientific education in child care and nutrition. For an overview of this ideology see Rima D. Apple, *Mothers and Medicine: A Social History of Infant Feeding, 1890-1950* (Madison: University of Wisconsin Press, 1987) and Rima D. Apple, "Constructing Mothers: Scientific Motherhood in the Nineteenth and Twentieth Centuries," in *Mothers and Motherhood: Readings in American History*, eds. Rima D. Apple and Janet Golden (Columbus: Ohio State University Press, 1997) 90-111.

³⁷ Breckinridge published a series of seven monthly articles titled "Motherhood: A Career." These articles contained advice for new and prospective mothers on infant development, nutrition, discipline and choosing a mate.

potential for fatherhood. Breckinridge included eugenics advice in her articles by arguing that only men and women of "good blood" should reproduce.³⁸ She returned to this eugenics argument throughout her career when discussing birth control. Despite her dedication to her work, she sought to limit her time away from home and rededicated herself to the care of her beloved son.³⁹

This simple statement of basic eugenics principles presaged a lifelong interest in the ideas of eugenics and their application. Breckinridge wrote this article during a period when eugenics gained popularity as a method for addressing the concerns of a nation preoccupied with the increasingly evident influence of foreign-born individuals in American society.⁴⁰ Mary Breckinridge subscribed to this opinion and considered it the duty of American women to produce healthy children to reinvigorate America and to reassert the dominance of white Caucasians in this country. On this topic she echoed the views of Madison Grant as presented in his infamous treatise on eugenics, *The Passing of the Great Race*.⁴¹ Although it is clear that her beliefs were in accord with many of the tenets of the eugenics movement during this period, she later developed and presented a more nuanced version of the eugenics argument that she applied to her future work in Kentucky.

³⁸ Thompson, "Motherhood – A Career," 40-42.

³⁹ Mary Breckinridge Thompson to Murray Auerbach, September 16, 1917, FNSR, UKSCL, box 336, folder 3.

⁴⁰ Ellen C. Chesler, *Woman of Valor: Margaret Sanger and the Birth Control Movement in America* (New York: Simon and Schuster, 1992), 122-23; Gordon, *The Moral Property of Women*, 72-85.

⁴¹ Goan, *Mary Breckinridge*, 109; Madison Grant, *The Passing of the Great Race: or The Racial Basis of European History* (New York: Scribner's Sons, 1922).

Breckinridge continued to balance her desire for a career with the needs of her son and husband. Her young family thrived, and Breckie enthusiastically celebrated his fourth birthday on January 12, 1918 but fell ill four days later. The family physician examined and hospitalized the child suspecting an intestinal obstruction. Breckie underwent surgery with his mother in attendance in the operating room; she was dismayed to discover that an infection had already developed in his abdomen. He remained in the hospital for a week before succumbing to his illness on January 23, 1918. Breckie's untimely death devastated his parents, and they arranged for a rapid burial without ceremony the following day. Mary Breckinridge explained this breach of tradition stating, "God didn't need to be told about Breckie."⁴²

Mary Breckinridge feared that her son's death might produce doubts in the community about her theories of scientific motherhood. Breckie's obituary hinted at this concern, asserting that "every care and scientific method were used in making Breckinridge a strong, sturdy man."⁴³ Mary Breckinridge convinced a local physician to write a letter to the newspaper explaining the reasons for Breckie's illness and absolving her methods of childrearing as a contributing factor in his death.⁴⁴ Although this letter helped to reassure her that her work in Eureka Springs had not been negated by her son's death, it did nothing to assuage her intense grief.

Mary Breckinridge wrote poignantly about her son and his death throughout the remainder of her life. She described the need to make a "complete readjustment" now that

⁴² Thompson, *Breckie*, 182, 191.

⁴³ Obituary of Breckinridge Thompson, *Eureka Springs Daily Times-Echo*, January 24, 1918.

⁴⁴ J. Fred Bolton, editorial, *Eureka Springs Daily Times-Echo*, February 25, 1918.

his death deprived her of her preferred role of motherhood.⁴⁵ She was thirty-seven years old, and her husband's adulterous behavior and the loss of their son increasingly strained their tenuous marriage.⁴⁶ Breckinridge searched for new avenues of endeavor that would allow her to meet her goal of helping children and mothers. She channeled her sorrow into activity once again and left Eureka Springs for the final time working as a travelling lecturer for the United States Children's Bureau while she searched for a more permanent nursing position.⁴⁷

The intense grief felt by Mary Breckinridge was reflective of changing attitudes among American mothers. Previously, American women viewed infant death as a manifestation of the will of God to be accepted privately and passively. As the progressive focus on child and maternal health became more prominent, women began to share and discuss their grief with others outside the immediate family. Like Breckinridge some of these women forged a new identity out of the misery of losing a beloved child.⁴⁸

Mary Breckinridge resolved to find a method to apply her nursing talents to the problems of maternal and child health. She applied for a position with a group performing relief work in war ravaged France. Breckinridge remained in the United States awaiting clearance to travel to France. While she waited, she wrote a book

⁴⁵ Mary Breckinridge to Margaret Gage, January 10, 1952, FNSR, UKSCL, box 352, folder 1.

⁴⁶ Richard Thompson was unfaithful to Mary Breckinridge during their marriage before and after the birth of their son. For further details see footnotes 52 & 53 in this chapter.

⁴⁷ The United States Children's Bureau was created by an act of Congress in 1912. The Bureau originally focused on infant and child mortality to avoid criticism from conservative opponents of government involvement in child welfare issues. The first director, Julia Lathrop was the first woman to head a federal agency in the United States.

⁴⁸ Nancy Schrom Dye and Daniel Blake Smith, "Mother Love and Infant Death, 1750-1920," *The Journal of American History* Vol. 73, No. 2 (September, 1986), 329-353.

memorializing the life of her son.⁴⁹ In this activity Breckinridge shared a forum that other women also used to find solace following the deaths of their children. The act of writing memorialized the deceased child but it also provided a cathartic outlet for the grieving mother.⁵⁰ Mary Breckinridge attempted to ease her grief through her writing and sought reassurance of Breckie's continued presence through spiritualism.⁵¹ She believed that Breckie was thriving "on the other side" and that she communicated with him through friends that had "already crossed."⁵² Breckie's death remained a constant source of pain for Mary Breckinridge. She suffered periods of intense grief and depression despite her best efforts to put her grief to rest.⁵³

In 1919 Mary Breckinridge journeyed to France to join the American Committee for Devastated France (CARD).⁵⁴ CARD attempted to provide nutritious food for French children and alleviate the famine that followed in the wake of the war. Breckinridge rose quickly within the organization; eventually she was responsible for the administration of a large district containing seventy-two rural villages. She developed a community nursing

⁴⁹ Breckinridge's book about her son, *Breckie, His Four Years, 1914-1918*, is a sentimental homage to his life and memory. It was written by a grieving mother and her grief remains palpable in its pages.

⁵⁰ Wendy Simonds, "Confessions of Loss: Maternal Grief in True Story, 1920-1985," in *Mothers and Motherhood: Readings in American History*, eds. Rima D. Apple and Janet Golden (Columbus: Ohio State University Press, 1997) 111-129.

⁵¹ Spiritualism was a form of religious practice that developed in the United States in the 19th century. Adherents believed that the spirits of the dead could be contacted through mediums. This contact provided reassurance to grieving survivors.

⁵² Thompson, *Breckie*, v., 188.

⁵³ Goan, *Mary Breckinridge*, 51.

⁵⁴ Comite Americain pour les Regions Devastees de la France is the proper name of the organization.

program for this area that provided healthcare, nutrition for children and coordinated relief efforts. Sensing a developing shortage of trained nurses, she utilized her prior experience in education and designed a professional nurse training program for the city of Paris.⁵⁵

During her stint in France Mary Breckinridge again encountered midwives. Trained British nurse-midwives volunteered with CARD, delivered babies and provided maternal and child healthcare in the homes of local residents. Breckinridge was unfamiliar with this type of nursing as American midwives were not professionally trained at the time. She determined that nurses trained in the nurse-midwife model could provide an answer to America's rural health needs. She resolved to receive this training herself concluding "that nurse-midwifery was the logical response to the needs of the young child in rural America."⁵⁶ Mary Breckinridge left France with a determination to continue and expand her child welfare work and a burgeoning confidence in her newly demonstrated administrative ability.⁵⁷

Mary Breckinridge returned to the United States in 1920 and initiated divorce proceedings against her husband. She never publicly revealed the reasons for the divorce, but she alleged that Richard Thompson was unfaithful to her throughout their marriage.⁵⁸

⁵⁵ Anne G. Campbell, "Mary Breckinridge and the American Committee for Devastated France: The Foundations of the Frontier Nursing Service," *The Register of the Kentucky Historical Society* 82, no. 3 (Summer 1984): 263-269.

⁵⁶ Breckinridge, *Wide Neighborhoods*, 111.

⁵⁷ Mary Breckinridge Thompson to Katherine Carson Breckinridge, January 22, 1920, FNSR, UKSCL, box 336, folder 7.

⁵⁸ Helen E. Browne, interview by Carol Crowe-Carraco, March 26, 1979, 79OH173FNS74, Frontier Nursing Service Oral History Project (FNSOHP), Special Collections and Digital Programs, University of Kentucky Libraries (UKSCL), Lexington; Emily Saugman, interview by Dale Deaton, March 7, 1979, 79OH166FNS67, FNSOHP, UKSCL, Lexington.

Friends and family members later verified that charge although Breckinridge spoke sparingly of her second marriage.⁵⁹ In her writings, she mentioned Thompson briefly and then only as the father of her deceased children. She viewed the divorce as a distasteful, embarrassing episode and refused to discuss it.⁶⁰ Although she attempted to place this marriage behind her, the stigma of the divorce and her humiliation by Thompson left her fearful of future contact with him. Breckinridge later refused an invitation to appear on the *This Is Your Life* television program because the show's producers were unable to guarantee that Thompson would not be participating in the show. Although this appearance offered the possibility of nationwide publicity, her concern about facing Richard Thompson compelled her to decline the invitation.⁶¹

Mary Breckinridge resumed the use of her maiden name after her divorce. She claimed that the court permitted her to take back her maiden name but the use of the Breckinridge name more closely identified her with her powerful political family.⁶² Although she was entitled to use the appellation "Miss" she chose to use "Mrs." instead. She believed that being known as Mrs. Breckinridge provided her with legitimacy by portraying her as a married woman instead of a single or divorced woman.⁶³

⁵⁹ Helen Browne discussed Richard Thompson and his infidelity in her oral history interview cited above. She claimed that Mary Breckinridge nursed a woman that was recovering from a miscarriage. The woman had been pregnant with Richard Thompson's child. This incident undoubtedly contributed to the dissolution of the marriage and the lingering animosity between Breckinridge and Thompson.

⁶⁰ Breckinridge, *Wide Neighborhoods*, 59.

⁶¹ Helen E. Browne, interview by Crowe-Carraco.

⁶² Breckinridge, *Wide Neighborhoods*, 59.

⁶³ Beatrice Williams, interview with Anne Campbell, January 29, 1979, 79OH148FNS55, FNSOHP, UKSCL.

Upon her return to the United States, Breckinridge investigated potential locations for her future work. She took public health classes at Columbia University and journeyed to England to complete a nurse-midwifery program at the British Hospital for Mothers and Babies in London. This training consisted of traditional midwifery education in a hospital setting followed by experience in home delivery in the London slums. In 1924, Breckinridge completed her training and received her certification from the Central Midwives Board.⁶⁴ Breckinridge spent the next few months working with a rural health service in Scotland. She returned to the United States in 1925 with the intention of developing a rural nurse-midwife service, focusing on maternal and child healthcare in Kentucky.⁶⁵

Although she was actively involved in issues concerning child and maternal welfare, Mary Breckinridge avoided most other women's issues that were prominent in the public discourse during this era. She originally opposed women's suffrage but reversed her position in 1917. She embraced the suffrage concept when she became convinced that the ability to vote would allow women to influence government policies on child health and maternal welfare.⁶⁶ In 1917 she wrote an editorial in the Eureka Springs newspaper in favor of women's suffrage because she was "first, foremost and

⁶⁴ The Central Midwives Board provided professional licensure to trained midwives in the United Kingdom. No equivalent licensure or training existed in the United States.

⁶⁵ Breckinridge, *Wide Neighborhoods*, 127-131.

⁶⁶ Mary Breckinridge Thompson to Sophonisba Breckinridge, June 19, 1917, FNSR, UKSCL, box 336, folder 3.

above all for babies." She argued that voting rights for women would result in lower rates of infant mortality and an increase in children's intelligence over time.⁶⁷

On other contemporary issues of importance to women, Mary Breckinridge remained silent. She made no mention of the burgeoning birth control movement although it is likely that she was aware of the issue. She was in New York during the period of Margaret Sanger's early birth control activism, but she did not refer to it in her writing.⁶⁸ Likewise she avoided comment on labor activism, the anti-war movement, or any of the multiple threads of women's activism and reform that percolated through American society in this era. It appears that her interests in reform were predicated solely on the effect that these reforms had on her primary interest in maternal and child health.

Any attempt to delineate Mary Breckinridge's position on birth control in the years leading up to the founding of the Frontier Nursing Service is speculative. Although she produced voluminous correspondence and published work on childbirth and maternal health, her writing is basically silent on the issue. This silence can be interpreted as a lack of familiarity with the subject, but this seems unlikely considering her involvement in maternal health issues. A number of factors can be considered in order to draw a speculative conclusion from the limited evidence that is available.

Breckinridge held strong beliefs concerning the sanctity and importance of motherhood. This predisposition is obvious in her behavior throughout this period. She sought medical treatment for presumed infertility during her first marriage, and she

⁶⁷ Mary Breckinridge Thompson, "Effect of Woman's Suffrage on the Home," *Eureka Springs Daily Times-Echo*, June 21, 1917, FNSR, UKSCL, box 357, folder 9.

⁶⁸ Although there is no evidence that Mary Breckinridge and Margaret Sanger were acquainted during this period they corresponded with each other later in their respective careers.

delighted in her role as mother to Polly and Breckie. Their tragic deaths and her ongoing grief prevented her from understanding a woman's wish to limit family size through contraception. Louise Hutchins, a later colleague, credited Breckinridge's stance on birth control to her inability to identify with women who wanted to limit the number of children they bore.⁶⁹ Her maternalist ideology and her basic conservatism also led her to oppose the promotion of birth control. No definitive answer to this question can be developed, but it is clear that Mary Breckinridge never directly addressed the birth control issue in any manner during this period. Breckinridge revealed her true beliefs in her actions and writings over the next four decades.

Mary Breckinridge intended to lead her life in accordance with the tenets of her upper-class southern family. The deaths of Polly and Breckie and her experiences with sick and impoverished children redirected her energy into a single-minded focus on alleviating the suffering of children and their mothers. She obtained the knowledge and experience necessary to pursue her vision and resolved to create an enterprise to fulfill this dream in a remote and impoverished area of the United States.

⁶⁹ Louise Gilman Hutchins, interview by James W. Reed, January 31, 1975, transcript, Schlesinger-Rockefeller Oral History Project, Schlesinger Library, Radcliffe College, Cambridge, MA, quoted in Goan, *Mary Breckinridge*, 317.

Chapter III: "Commuting Between Centuries": Mary Breckinridge and Early Years of the Frontier Nursing Service

From the outset of her nursing career, Mary Breckinridge devoted her energies to maternal and child health issues. As she searched for an appropriate location for her nascent project, her decision to establish a rural nurse-midwife service led her to Kentucky. The development of the Frontier Nursing Service allowed her to continue to defy the strictures of conventional gender roles and the expectations of her traditional Southern family while pursuing her interests in maternal and child health. Although Breckinridge challenged the status quo in her personal and professional life, she maintained a conservative, traditional view of contraception throughout her career. She based this position on her eugenics beliefs, paternalistic attitude toward her patients, the perceived conservatism of the community, and her political and professional alliance with Dr. Arthur McCormack, the powerful leader of organized medicine in Kentucky.

Mary Breckinridge first visited the Kentucky mountains in 1923 when she studied the area as a potential location for her planned nursing enterprise. She traveled the region on horseback, interviewing local midwives and evaluating the childbirth practices in the area. The study she produced provides insights into the contemporary culture of Leslie County and her impressions of this culture. She interviewed seventeen midwives in Leslie County and described them as "old and comparatively young, clean and dirty,

capable and shiftless."¹ Some of the midwives possessed minimal medical knowledge but many of them had simply been called upon by their local communities to assist their neighbors with childbirth. Breckinridge expressed dismay at the care delivered by these midwives describing them as "filthy" and their practices as "medieval."²

In 1925, Mary Breckinridge returned to Leslie County and declared her intention to institute a visiting nurse and midwife service in that section of Appalachia. At the time Leslie County was one of the poorest and most remote areas of the United States. Describing Leslie County in *Night Comes to the Cumberlands*, Harry Caudill wrote, "By all standards the most primitive (county) in the plateau, and probably the most primitive political entity in the nation, this rugged expanse of hills and hollows had been little affected by the world beyond its borders."³ There were no paved roads, telephone or electrical service, or indoor plumbing. The nearest railroad station was thirty miles distant in Hazard, Kentucky over rough, unpaved trails. No licensed physician practiced in the county and there was no hospital.⁴ Leslie County presented substantial challenges to the new organization, but Breckinridge had chosen this location carefully with ample consideration of her options.

¹ Mary Breckinridge, draft of "Midwifery in the Kentucky Mountains: An Investigation," FNSR, UKSCL, box 348, folder 1, 5-9; Breckinridge referred to the local midwives as "granny midwives." These women were not medically trained and most were uneducated and illiterate. Breckinridge and the FNS made clear distinctions between these midwives and the trained nurse-midwives whom they employed.

² Breckinridge, *Wide Neighborhoods*, 116.

³ Caudill, *Night Comes to the Cumberlands*, 254.

⁴ Nancy Dammann, *A Social History of the Frontier Nursing Service* (Sun City, AZ: Social Change Press, 1982), 12.

Leslie County suffered from a number of handicaps that marked it as exceptionally isolated and impoverished even among traditionally poor Kentucky mountain counties. The mountainous topography and numerous streams prevented the construction of modern roads and railroads. The lack of efficient transportation options and a paucity of banking institutions and sources of local capital retarded the growth of an industrial economy. For example, in 1920 only thirty-six of the county's ten thousand residents worked in manufacturing.⁵ Cash was scarce and most residents relied on bartering to obtain the goods they were unable to provide for themselves.⁶ Breckinridge summed up the situation in Leslie County when she claimed that nowhere were "conditions more remote or more difficult."⁷

Mary Breckinridge perceived the absence of medical providers in Leslie County as an important advantage for her new organization. Physicians had practiced there in the past but none remained by 1923. The nearest licensed physicians worked in Hazard, Kentucky; a trip that entailed a grueling horseback ride over mountain trails and streambeds. Physicians avoided impoverished, isolated areas like Leslie County in favor of larger regional centers or coal camps. Economic issues factored into these decisions as areas with cash-poor local economies were unable to attract and support professional medical providers.⁸

⁵ 1920 United States Census, <http://fisher.lib.virginia.edu/collections/stats/histcensus/index.html> (accessed March 10, 2010).

⁶ Goan, *Mary Breckinridge*, 71.

⁷ "A Statement of Facts by the Frontier Nursing Service, Inc.," 1925, FNSR, UKSCL, box 29, folder 44.

⁸ Barney, *Authorized to Heal*, 133-4.

In May 1925, Mary Breckinridge delivered a speech in Frankfort, Kentucky in which she explicated her reasons for choosing Leslie County as the location for the FNS.⁹ She explained to her audience that the mountain residents needed her services and it was "more sporting to begin there." She claimed that the local residents were very able and that the mountains had a scenic appeal that would make it easier to raise funds from donors.¹⁰ She also asserted that her family name provided an advantage in fundraising and political circles in Kentucky.¹¹ Breckinridge demonstrated her personal commitment to the enterprise by pledging to provide the necessary financial support for the first three years of operation.¹²

The original plan for the FNS anticipated some form of government funding to support the project. The Sheppard-Towner Act provided matching federal funds to states for the establishment of prenatal and children's health centers.¹³ Led by Dr. Annie Veech, the Kentucky Bureau of Child and Maternal Welfare oversaw the distribution of these federal funds. Although Veech originally suggested Leslie County as a promising site for

⁹ The organization that Breckinridge founded was originally known as The Kentucky Committee for Mothers and Babies. The name was officially changed to The Frontier Nursing Service in 1928. This name remains in use today, and I have used it exclusively to avoid confusion.

¹⁰"The First Meeting," *Quarterly Bulletin of The Kentucky Committee for Mothers and Babies*, Vol. 1, 1925, FNSR, UKSCL, box 13, folder 1.

¹¹ Breckinridge, *Wide Neighborhoods*, 158.

¹² Dammann, *A Social History*, 10; Although her family was socially prominent Mary Breckinridge was never wealthy. This pledge of support to the FNS represented her inheritance from the estate of her mother; Breckinridge, *Wide Neighborhoods*, 162.

¹³ The National Maternity and Infancy Protection Act (Sheppard-Towner Act) was enacted in 1921. This Act provided for federal matching funds to be made available to the states to create centers for prenatal care and child health programs. For funds to be distributed the individual state agencies had to approve the project.

the venture, she became an ardent opponent of Breckinridge and the FNS.¹⁴ She opposed the plan because she was concerned that Kentucky's "distressing midwife problem" might draw unwanted outside attention to problems that Breckinridge identified in the area. Veech also criticized the plan for its impracticality and expansiveness and claimed that "its branches will have to be pruned and well trimmed."¹⁵ The basis of the disagreement between Veech and Breckinridge centered on a struggle over issues of oversight and authority. Dr. Veech supported the consolidation of physician control over medical care and did not approve of the nurse-midwife model of care that the FNS proposed to create.¹⁶ Veech favored a plan to use state-trained lay midwives in rural areas as a temporary measure until physicians could be made available in the future. She saw no role for trained nurse-midwives in rural areas.¹⁷

The conflict between Mary Breckinridge and Dr. Veech reveals much about the nuances of gender, class, and professional interactions in this era. As a female physician with an upper class background and a professional interest in maternal and child health, Dr. Veech appeared to be a natural ally to Breckinridge. Both women participated in relief efforts in France after World War I and shared personal, family, educational, and

¹⁴ Mary Breckinridge, "Memorandum Concerning a Suggested Demonstration for the Reduction in the Infant and Maternal Death Rate in a Rural Area of the South," FNSR, UKSCL, 1923, box 348, folder 2.

¹⁵ Dr. Annie Veech letter to Mary Breckinridge, October 31, 1923, FNSR, UKSCL, box 348, folder 3.

¹⁶ Goan, *Mary Breckinridge*, 68-9.

¹⁷ Nancy Schrom Dye, "Mary Breckinridge, the Frontier Nursing Service, and the Introduction of Nurse-Midwifery in the United States," in *Women and Health in America*, ed. Judith Walzer Leavitt (Madison: The University of Wisconsin Press, 1984), 332-3.

professional similarities.¹⁸ Instead, Veech opposed plans for the FNS out of her fear that the FNS wished to work autonomously with little direct physician oversight. This fear, coupled with traditional physician animosity to midwifery, led Veech to challenge Breckinridge at every opportunity.¹⁹ In a 1927 letter, Veech explained her position:

If high-type young women want to be of real value in isolated areas why do they not prepare themselves by taking a medical degree? They could then practice obstetrics instead of midwifery... After all a nurse-midwife is only a midwife. There appears to be a tendency among certain groups of nurses towards practicing medicine for which they are in no way prepared without graduating in medicine.²⁰

Dr. Veech's instinctive protection of her professional turf superseded any assumed gender solidarity Veech and Breckinridge might have shared.

After withdrawing her funding application from the Kentucky Bureau of Child and Maternal Health, Breckinridge met another Kentucky physician who proved to be instrumental to the success of the FNS. Dr. Arthur McCormack was the powerful state commissioner of public health and provided Breckinridge with the political capital she needed to allow her organization to flourish.²¹ Mary Breckinridge met with Dr. McCormack prior to settling on Leslie County as the site for her enterprise, and he

¹⁸ "Dr. Annie S. Veech Has Directed Child Health Programs 27 Years," *Louisville Courier-Journal*, January 30, 1949.

¹⁹ Dye, "Mary Breckinridge," 333; Physicians opposed midwifery practice during this period as they attempted to assume control of medical care delivery. This opposition was usually directed at untrained "granny midwives" but professionally trained nurse-midwives were also seen as a threat by some medical groups. For a more detailed discussion of this conflict with an Appalachian focus see Barney, *Authorized to Heal*.

²⁰ Annie Veech letter to William Hutchins, May 6, 1927, William Hutchins Papers, Southern Appalachian Archives, Hutchins Library, Berea College, Berea, Kentucky. Quoted in Goan, *Mary Breckinridge*, 75.

²¹ Dr. Arthur McCormack was a Kentucky physician who followed his distinguished father, Dr. Joseph McCormack, as state health officer for Kentucky. The McCormacks were the driving force behind organized medicine in Kentucky for more than half a century. Dr. Arthur McCormack also founded and edited the *Kentucky State Medical Journal* and served as dean of the Kentucky School of Public Health.

approved of this location because there were no licensed physicians practicing there.²² There was no mechanism to license midwives in Kentucky so McCormack issued a special certificate for Breckinridge allowing her to practice nurse-midwifery within the state.²³ Mary Breckinridge appreciated the importance of having Dr. McCormack as benefactor crediting him with "providing special permission" for her to pursue her ambitions in eastern Kentucky.²⁴ Their cooperative relationship continued throughout the next two decades, and she lobbied the Kentucky legislature and wrote letters to Kentucky's senators in favor of legislation he supported.²⁵ Breckinridge also developed close personal ties to Dr. McCormack and his wife, hosting them on multiple visits to Hyden and maintaining a friendly correspondence.²⁶ Dr. McCormack remained a powerful force in Kentucky's medical bureaucracy, providing essential political capital for Breckinridge and the FNS.

Dr. Arthur McCormack was an unlikely choice for a professional ally to Mary Breckinridge and the FNS. He dominated the medical establishment in Kentucky for many years and was said to be a "law unto himself" and to have "personally managed and

²² Breckinridge, *Wide Neighborhoods*, 158.

²³ Mary Breckinridge letter to Anne Dike, March 28, 1925, FNSR, UKSCL, box 337, folder 6.

²⁴ Mary Breckinridge. "The Nurse Midwife in the Kentucky Highlands." *Kentucky Medical Journal* XXIV, (December 1926): 614.

²⁵ Mary Breckinridge letter to Dr. Arthur McCormack, March 9, 1928, McCormack Family Papers, Kornhauser Health Sciences Library, University of Louisville, box 7; Mary Breckinridge telegram to Dr. Arthur McCormack, February 21, 1928, McCormack Family Papers, Kornhauser Health Sciences Library, University of Louisville, box 7.

²⁶ Mary Breckinridge letter to Dr. Arthur McCormack, June 3, 1942, FNSR, UKSCL, box 62, folder 8.

controlled the state health department."²⁷ In a speech before the American Medical Association he described his views on women physicians stating, "We don't believe that women who are not doctors, and not many who are, ought to say very much in public."²⁸ McCormack was not a supporter of women's rights or female physicians, making his enthusiastic endorsement of Breckinridge and the FNS appear paradoxical. Although no definitive documentation exists, scholars have convincingly argued that McCormack did not perceive the FNS as a competitive threat to physicians because no physicians were currently practicing in the area.²⁹

With the support of Dr. McCormack and other Kentucky dignitaries, Mary Breckinridge returned to Leslie County and began developing local support for the FNS by enlisting local citizens to serve on the steering committee to help plan her work there. She placed great emphasis on the pedigree of these individuals and felt that those chosen were more naturally virtuous than their less fortunate neighbors. Her claim that the "tone of every community is set by its best men" demonstrated her class consciousness and her belief in traditional hierarchical social structures.³⁰ Breckinridge did not draw any local committee members from the ranks of the impoverished Kentuckians she and the FNS aimed to serve.

²⁷ "A Unique Kentuckian," *Louisville Courier Journal*, August 10, 1943, sec. 1; "The End of a Long and Unique Regime," *Louisville Courier Journal*, August 9, 1943, sec. 1.

²⁸ Dr. Arthur McCormack speech, "Whose Responsibility Is Public Health and Medical Service?" April 4, 1938, McCormack Family Papers, Kornhauser Health Sciences Library, University of Louisville, box 7.

²⁹ Barney, *Authorized to Heal*, 115.

³⁰ Breckinridge, *Wide Neighborhoods*, 172.

Although Mary Breckinridge devoted forty years of her life to providing education and medical care to the poor residents of Leslie County, she was, at times, unable to conceal her personal disdain for them. She often spoke of the native intelligence of her patients and their families, but there were also occasions in which she disparaged their intellectual abilities. Breckinridge provided an especially egregious example of this attitude during a lecture she delivered to new mothers. In this lecture, she explained the basic principles of child development while taking care to use "the simplest language and illustrations" to make her points.³¹ Her living and housing arrangements also belied her contempt for local culture and customs. Breckinridge resided at Wendover, a rustic stone house she constructed in rural Leslie County. She often referred to her home as "the Big House" and held it out as a symbol of civilized living when compared to the "ramshackle cabins" inhabited by nearby locals.³²

This description of Wendover invokes the image of a plantation in the antebellum South, an environment that Mary Breckinridge experienced as a child on the family plantation in Mississippi.³³ Although the Civil War ended sixteen years before she was born, Breckinridge grew up in a culture that venerated the antebellum South and maintained strict boundaries between the races. Her mother proclaimed herself an "unreconstructed Confederate" and her father considered blacks to comprise a "negative and tractable race" that should remain subservient to superior whites.³⁴ Breckinridge

³¹ "Rounds," *Frontier Nursing Service Quarterly Bulletin* (September 1929): 7.

³² "A Day in the Life of a Frontier Nurse-Midwife," 1926, FNSR, UKSCL, box 29, folder 1.

³³ Breckinridge, *Wide Neighborhoods*, 6-7.

³⁴ "Annals of Hazelwood," in *Family Records, William Waller Carson, Knoxville, Tennessee, 1845-1930*, FNSR, UKSCL, box 369, folder 4; Goan, *Mary Breckinridge*, 237.

espoused these doctrines throughout her life and believed that blacks were inferior to whites and required white leadership to be successful.³⁵

Mary Breckinridge had a black attendant as a child and spoke lovingly of her "mammy" throughout her life, but she refused to allow the FNS to employ black nurse-midwives. Although she entertained African guests at Wendover she declined to share her table with African Americans, drawing a distinction between the two groups.³⁶ As an adult Breckinridge advocated for continued racial segregation and delivered a speech titled "Memories of the Old South" that advanced the sentimental image of the Confederacy as a noble society beset by outside interference that led to its downfall.³⁷ She was a member of the United Daughters of the Confederacy and served on the Americanization Committee of the Colonial Dames.³⁸ Breckinridge maintained her traditional racial views throughout her life, explaining to Helen Browne that she would "never understand. You weren't born and raised in the South."³⁹ Although Mary Breckinridge challenged traditional views on education and appropriate social roles for

³⁵ "Beyond the Mountains," *Frontier Nursing Service Quarterly Bulletin* 20 (Spring 1945): 50.

³⁶ Helen E. Browne, interview by Dale Deaton, March 27, 1979, 79OH174FNS75, FNSOHP, UKSCL.

³⁷ "A Visitor From Wendover," *Louisville Times*, June 24, 1933.

³⁸ "Members of the Lexington Chapter: United Daughters of the Confederacy," *Lexington Herald*, December 10, 1947; Mary Breckinridge to Jessie Carson, November 24, 1926, FNSR, UKSCL, box 328, folder 1. The Americanization Committee of the Colonial Dames sponsored campaigns to assimilate or "Americanize" immigrants to the United States. They also advocated for stricter immigration laws. For more information see; Winthrop Talbot, *Americanization* (New York: H.W. Wilson Co., 1920), for information on the Americanization movement in Appalachia see; John C. Hennen, *The Americanization of West Virginia: Creating a Modern Industrial State, 1916-1925* (Lexington: The University Press of Kentucky, 1996).

³⁹ Browne, interview by Deaton.

women, she never questioned or confronted the racial stance she inherited from her family.

Mary Breckinridge and the FNS often regarded local residents in a similar fashion. The FNS did not employ or train local women to be nurse-midwives and no local residents held positions of authority within the organization.⁴⁰ The FNS employed local men in menial positions, such as animal care and construction.⁴¹ These jobs were eagerly sought during times of economic downturn, but Breckinridge kept a close rein on these positions by awarding jobs to those that she felt were qualified and deserving of aid.⁴² The policy of excluding local residents from most employment opportunities belied her assertions of the superior intelligence and work ethic of Appalachian residents and exposed her paternalistic attitudes toward her patients and their families.

Breckinridge also drew distinctions between herself and local patients in her writings. She highlighted her own high standards of cleanliness and contrasted them with the lower standards of the mountain residents. In *Wide Neighborhoods*, Breckinridge detailed her early overnight visits to local homes and described the dwellings as primitive, dirty, and overcrowded. She assured her readers that she always requested her own bed and was often deprived of a proper bath, describing her efforts to keep herself clean by borrowing a hand basin to wash herself and her underwear for the next day. She further illustrated the situation stating, "Except on rainy nights my underwear as well as

⁴⁰ Grace Reeder, interview by Carol Crowe-Carraco, January 25, 1979, 79OH144FNS51, FNSOHP, UKSCL.

⁴¹ Mary Breckinridge, "The Corn-Bread Line," *The Survey* (August 1930) FNSR, UKSCL, box 356, folder 9.

⁴² "Reemployment Information," *Thousandsticks*, March 22, 1934.

myself was beautifully clean."⁴³ The construction of her home at Wendover also provided an occasion to draw distinctions between her standards and those of the local residents. Breckinridge made a point of including two bathtubs in the home and claimed that these tubs were among the only indoor bathtubs in the county.⁴⁴ Mary Breckinridge asserted her superior class status by contrasting her hygiene and sanitation practices against the less regimented standards of the Leslie County residents.⁴⁵

From the outset, fundraising was a major focus of the efforts of the FNS. because governmental funding had been forsworn, the organization required a steady stream of outside donations to fund the FNS and its expanding array of services. Philanthropic groups that supported medical research were reticent to provide support to local groups like the FNS because they felt that these groups failed to address the basic causes of the region's social and economic ills.⁴⁶ These organizations provided money to solve basic problems and preferred to support projects that improved infrastructure or educational opportunities. They did not provide funds for operating expenses or strictly local projects.⁴⁷ Realizing that philanthropic and government funding were not an option,

⁴³ Breckinridge, *Wide Neighborhoods*, 118.

⁴⁴ *Ibid.*, 187.

⁴⁵ Melanie Beals Goan, "First, Foremost, and Above All for Babies": Mary Breckinridge and the Frontier Nursing Service" (PhD diss., University of Kentucky, 2000), 277.

⁴⁶ Searles, *A College for Appalachia*, 110-111.

⁴⁷ Raymond B. Fosdick, *Adventure in Giving: The Story of the General Education Board* (New York: Harper and Row, 1962), 9.

Breckinridge organized and conducted a private fund raising campaign that targeted wealthy potential donors in northern and midwestern urban areas.⁴⁸

During the 1920s the strength of the American economy allowed the FNS to raise money effectively. The response from donors exceeded expectations, and Breckinridge spent much of her time away from Leslie County on fund raising tours of northern cities.⁴⁹ Her basic appeal to donors centered on romantic notions associated with the nurse's work in Kentucky and was replete with descriptions of "angels on horseback" and "heroines of the highlands."⁵⁰ These romanticized descriptions of the work of the FNS proved useful in attracting donations, but other less romantic notions were also utilized to ensure the ardor of outside supporters.

Mary Breckinridge and the FNS received criticism from local sources for depicting the area in an unflattering manner in fund raising literature and national media outlets. In 1929, Breckinridge authorized the production of a film, "The Forgotten Frontier." The FNS used the film in fund raising appeals by depicting poverty and squalid living conditions in Leslie County.⁵¹ Breckinridge maintained control over the film's content and praised the accuracy of the final product.⁵² A review of the film published in the *New York Times* contained degrading descriptions of the citizens of

⁴⁸ Breckinridge, *Wide Neighborhoods*, 182-183.

⁴⁹ Mary Breckinridge letter to Anne Dike, July 20, 1926, FNSR, UKSCL, box 337, folder 8.

⁵⁰ Poole, "The Nurse on Horseback."

⁵¹ "The Forgotten Frontier," Washington, DC: Durrin Films Inc., 1929, Library of the Kentucky Historical Society, Frankfort, KY.

⁵² Executive Committee minutes, September 14, 1926, FNSR, UKSCL, box 2, folder 16.

Leslie County, blamed mountain residents for the area's high infant mortality rate, and described Hazard, Kentucky as "no more than a few stores and a group of miner's shacks."⁵³ These depictions and negative publicity incensed local residents.

W. Raleigh Hall, a local resident, wrote a scathing letter to Breckinridge protesting her fund raising methods. Hall accused Breckinridge of using "worn out, half baked, exaggerated falsehoods" about his fellow residents and their rural lifestyle to secure funding for her organization. He praised the work of the FNS nurses but finished by stating, "We would rather not have the work done at all than have false impressions deliberately scattered to the four corners of the earth."⁵⁴ M. C. Roark complained in a letter to the editor of the local newspaper that local citizens should not have to sacrifice their dignity in order to receive aid from outside organizations.⁵⁵ Although Breckinridge apologized for these depictions, the tenor and content of fund raising literature remained consistent throughout this era.

Breckinridge also appealed to the nativist and anti-immigrant sentiment prevalent in contemporary America. The nativist movement contended that only the fittest specimens should be allowed to reproduce and that the white race was in danger of disappearing from the United States.⁵⁶ Breckinridge exploited this sentiment and depicted

⁵³ "Primitive America on Screen," *New York Times*, 1926, FNSR, UKSCL, box 39, folder 1; Hazard is the county seat of Perry County which borders Leslie County. Hazard served as a regional retail, medical and banking center for the mountain counties of the Kentucky coalfields.

⁵⁴ W. Raleigh Hall letter to Mary Breckinridge, January 10, 1927, FNSR, UKSCL, box 51, folder 16.

⁵⁵ M.C. Roark, "The New York Women Missed the Trail," *Thousandsticks*, January 20, 1927, FNSR, UKSCL, box 39, folder 1.

⁵⁶ Madison Grant, *The Passing of the Great Race or The Racial Basis of European History* (New York: Charles Scribner's Sons, 1922); John Higham, *Strangers in the Land: Patterns of American Nativism, 1860-1925* (New Brunswick, NJ: Rutgers University Press, 1955).

the mountain residents as being of a "noble race" and "of the greatest possible value to the nation."⁵⁷ In a fund raising appeal from 1930, the connection between racial purity and the virtuous residents of Kentucky was made even more obvious. In this publication, Breckinridge claimed that "Leslie County, Kentucky...with its 10,000 people of old American stock has been chosen ...because nowhere is the race truer to type."⁵⁸ This form of fund raising appeal proved successful and led to the recruitment of many prominent donors to the FNS cause. Entertainer Will Rogers accompanied his donation with a letter agreeing with Breckinridge's assertions about Kentucky. Rogers wrote, "You can't beat Old Kentucky for a breeding ground. It's the limestone in the soil, and the corn in the jug that does it."⁵⁹

Many of these donors apparently supported the FNS because they shared the racial and eugenic views of its founder. Elizabeth Perkins made this connection explicit in her will. She bequeathed \$150,000.00 to the FNS with the proviso that the funds were to be used to save mothers and babies, "preferably those of the Anglo-Saxon race."⁶⁰ Anne Morgan, daughter of financier J.P. Morgan, also shared Breckinridge's views of the need to preserve the white race in America. In a letter to other supporters she explained her concerns stating, "I am particularly interested in this movement of Mrs. Breckinridge's...because I feel that it means so much toward the survival of our oldest

⁵⁷ Organizational Meeting Minutes, May 28, 1925, FNSR, UKSCL, box 2, folder 2.

⁵⁸ Fund Raising Appeal, 1928, FNSR, UKSCL, box 29, folder 44.

⁵⁹ "Will Rogers Relates Wish to Visit Kentucky Mountains in Letter to Mary Breckinridge," *Lexington Herald*, February 21, 1933.

⁶⁰ Will of Elizabeth Bishop Perkins, June 17, 1952, FNSR, UKSCL, box 295, folder 11.

American stock."⁶¹ Although the funds raised in these appeals were responsible for much of the early financial success of the FNS, the content of the appeals was degrading and inaccurate in its portrayal of the local residents.

Mary Breckinridge's views on eugenics mirrored many of the popular eugenic theories of the era. The science of eugenics was developed in the late nineteenth century as a mechanism to study the process of strengthening the human race through selective breeding. Positive eugenics encouraged the reproduction of those judged to possess advantageous hereditary traits, whereas negative eugenics discouraged reproduction by those that possessed hereditary traits that were considered to be undesirable. In the early twentieth century, America underwent an upsurge in nativist sentiment. The influx of large numbers of immigrants led to fears of racial extinction as the immigrant populations were seen to be more fertile than other Americans.⁶² As this fear became more pronounced, reformers discovered a population of "pure blooded" Americans in the southern mountains.

Mary Breckinridge believed that the residents of Appalachia represented a reservoir of potential parents capable of producing children that could offset the perceived genetic threat posed by foreign immigrants. She claimed that local residents were "all of British descent" and "the finest flower of the old American stock."⁶³ Breckinridge credited the problems of the area to its isolation and lack of infrastructure

⁶¹ Anne Morgan letter to Irwin Kirkwood, Mrs. August R. Meyer and R.A. Long, September 15, 1926, FNSR, UKSCL, box 337, folder 8.

⁶² Grant, *The Passing of the Great Race*.

⁶³ Mary Breckinridge, "Is Birth Control the Answer?" *Harper's Monthly Magazine* (July 1931): 160.

and economic opportunity. In her opinion, the residents were not to blame for their misfortune because they resided in an isolated area.⁶⁴

The FNS existed for only five years when the effects of the Great Depression began to resonate in Leslie County. The regional economy was never robust, and rural areas with marginal, semi-subsistence economies were hardest hit by the crisis.⁶⁵ Semi-subsistence farming was the basis of Leslie County's economy. As the population increased and soil depletion became more pronounced, it became increasingly difficult to produce enough food to support the local residents.⁶⁶ Harry Caudill described the dire situation succinctly saying, "The stork outran the grubbing hoe and plow."⁶⁷ The FNS experienced the impact of the economic downturn in a simultaneous decrease in donations and increase in requests for assistance. A severe drought hit the area in 1930 and 1931, exacerbating the crisis and raising the specter of starvation among the local residents. The FNS responded by taking an inventory of food supplies and requesting aid from the Red Cross in supplying food to the starving mountaineers.⁶⁸

The nurses worked for reduced wages, and Breckinridge amplified her fund raising efforts in an attempt to keep the FNS operational. She sent out special appeals to

⁶⁴ "Will You Fill Her Saddlebags?" 1931, FNSR, UKSCL, box 29, folder 3.

⁶⁵ Marie Bartlett, *The Frontier Nursing Service: America's First Rural Midwife Service and School* (Jefferson, NC: McFarland and Company, 2008), 61.

⁶⁶ Ronald D. Eller, *Miners, Millhands, and Mountaineers: Industrialization of the Appalachian South, 1889-1930* (Knoxville: The University of Tennessee Press, 1982), xix-xx

⁶⁷ Harry Caudill quoted in Dwight B. Billings and Kathleen M. Blee, *The Road to Poverty: The Making of Wealth and Hardship in Appalachia* (Cambridge: Cambridge University Press, 2000), 199.

⁶⁸ Bartlett, *The Frontier Nursing Service*, 61-64.

donors for drought relief donations.⁶⁹ In "The Corn Bread Line," Mary Breckinridge described the desperate plight of the mountaineers. She explained the symbiotic effects of the drought and Depression with a special emphasis on the homeward migration of local residents from industrial centers where they had lost their jobs. This reverse diaspora placed a strain on the inadequate social service system and dramatically worsened the crisis. Breckinridge eloquently described the situation for her readers claiming, "The population of the Appalachians literally has not the food to maintain a corn-bread line."⁷⁰ The worst period of the Depression in Appalachia came to an end in 1932 when the drought ended and local residents were again able to raise their crops and provide food for their families. The economic hardships lingered for the rest of the decade and although the immediate danger of famine passed the problems of overpopulation and poverty continued to plague the region. Although Leslie County had a high birthrate and a population that was beset by grinding poverty, Breckinridge did not see population control as a necessary tool in her efforts to improve the lives of local residents.

Mary Breckinridge published the first account of her position on birth control in 1932. This article, "Is Birth Control the Answer?" appeared in *Harper's Monthly Magazine* as the Great Depression increased public awareness of poverty and the role that birth control might play in its alleviation.⁷¹ In this article she based her opposition to birth control on practical reasons, and she opposed legislation that limited the dissemination of

⁶⁹ Special Appeal, 1931, FNSR, UKSCL, box 29, folder 2.

⁷⁰ Mary Breckinridge, "The Corn-Bread Line," reprinted from *The Survey* (August 15, 1930) FNSR, UKSCL, box 356, folder 9.

⁷¹ Gordon, *The Moral Property of Women*, 211; McCann, *Birth Control Politics in the United States*, 21.

contraceptives and contraceptive information.⁷² She expanded this position in a letter to prominent birth control advocate Margaret Sanger in which she wrote that she was "heart and soul in sympathy with your work," and "in favor of the proposed legislation."⁷³

Although she decried government restrictions on contraceptive information, she did not support the widespread availability of contraceptives as a tool for combating poverty by limiting family size. She argued that contraception was too expensive to provide in a remote area such as Leslie County and that fundamentalist religious beliefs among local residents prohibited them from adopting contraceptive techniques. In her estimation, these issues, coupled with the need for large families in rural agrarian areas, militated against an effective contraception program. Breckinridge also argued that large families should be encouraged among Appalachian residents. In the *Harper's* article she wrote, "...the Southern mountains are not only, like other rural sections, a feeder for the city, but are a nursery for the finest flower of the old American stock." She did temper this comment with the admonition that it would be counterproductive to exhaust the mothers of Appalachia in this child bearing enterprise.⁷⁴

Breckinridge's principal argument against birth control centered on the unusual claim that "Old Mother Nature gives physical fertility in inverse ratio to physical and spiritual endowments." She expanded on this view by explaining, "As a law, let us

⁷² Mary Breckinridge, "Is Birth Control the Answer?" *Harper's Monthly Magazine* (July 1931): 159.

⁷³ Mary Breckinridge letter to Margaret Sanger, April 11, 1934, Margaret Sanger Collection, Library of Congress, microfilm reel 92. Quoted in Deborah McRaven, "Birth Control Women: Controlling Reproduction in the South, 1933-1973" (PhD diss., University of Kentucky, 2006), 117. In this letter Breckinridge refers to the Comstock laws that restricted interstate transmission of contraceptive devices or information. Sanger was campaigning for the repeal of these laws. The ban on contraceptives was declared unconstitutional in 1936.

⁷⁴ Breckinridge, "Is Birth Control the Answer?" 159-161.

express our thought thus: The fertility of the race is in inverse ratio to its intelligence, plus the prolongation of the period of education past the adolescent stage." According to Breckinridge, women were less creative than men because "women have exhausted themselves in giving the creative forces of life to the race." Although most contemporary observers feared overpopulation and dwindling resources, Breckinridge believed that loss of fertility and population decline were the most serious problems facing mankind. Based on this synthesis of the issues, she concluded that economic opportunity and education for mountain youth provided a more lasting solution to the region's problems than contraceptives offered.⁷⁵

Although her public pronouncements were neutral on the issue of birth control, Mary Breckinridge's actions revealed her opposition to the easy availability of contraceptives among her patients. The FNS did not maintain an official position on birth control during this period, and no mention of the topic is made in its published medical literature. The manual delineating patient care protocols provided to the midwives did not include any information on contraception or family planning.⁷⁶ Physicians provided all birth control information; nurses were prohibited from discussing this issue with their patients.⁷⁷ Mary Breckinridge personally made all decisions on tubal ligation procedures. She required that women undergo five live births prior to being considered for the

⁷⁵ Ibid. 161-162.

⁷⁶ Medical Routines, 1928, FNSR, UKSCL, box 27, folder 1. This manual was updated in 1930, 1936, 1948 and 1953 without including information about contraception.

⁷⁷ Betty Lester, interview by Benjamin Fried, March 3, 1978, interview 78OH146, FNS 06, FNSOHP, UKSCL. Betty Lester served as a midwife for the FNS from 1928 until the 1960s.

procedure except in cases of medical necessity.⁷⁸ A letter written by Mary Williford, assistant director of the FNS, reveals the true nature and extent of the FNS' family planning efforts. Williford claimed the birth control education was provided by "our medical director whenever it seems to be indicated from a medical point of view." She went on to explain that "birth control instruction" emanating from a "social service program...would not be effective under the peculiar conditions of an eighteenth century civilization."⁷⁹

Although the FNS asserted a very conservative stance concerning birth control, there were multiple organizations pursuing the availability of contraceptives in eastern Kentucky during this period. The FNS was in sporadic contact with these groups, and some of them provided contraceptive services in counties that were contiguous with Leslie County.⁸⁰ The demand for these services can be seen in a letter written by Marie Turner, Superintendent of Breathitt County Schools. The letter, written to the director of The American Social Hygiene Association, requested information about contraception. Turner wrote, "The birthrate is extremely high in this section, and being located in the mountains we have no industries so there is very little income per family. Therefore, we are contemplating starting Conferences on Birth Control among the young married

⁷⁸ Helen E. Browne, interview by Dale Deaton, March 27, 1979, interview 79OH173, FNS 74, FNSOHP, UKSCL; Mary Penton, interview by Dale Deaton, June 15, 1979, interview 80OH32, FNS 130, FNSOHP, UKSCL. Helen E. Browne served as an FNS midwife from 1938 until she succeeded Mary Breckinridge as Director of the FNS in 1965. Mary Penton was a midwifery student at the Frontier Graduate School of Midwifery in 1957 and 1958; Tubal ligations are surgical procedures that are performed on females to render them sterile. During this period they were not reversible.

⁷⁹ Mary B. Williford letter to Mrs. Frank J. Frost, June 18, 1934, Margaret Sanger Collection, Library of Congress, microfilm reel 92 Quoted in McRaven, "Birth Control Women," 119.

⁸⁰For information about these groups see; Judith Gay Meyers, "A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1943," (PhD diss., University of Kentucky, 2005).

couples."⁸¹ Dr. Louise Hutchins discussed the need for contraception in eastern Kentucky in a 1974 interview. She claimed that it was "ridiculous. So ridiculous," to assume that indigent mountain residents did not desire access to birth control. She went on to claim that opposition to contraception for religious reasons was "so rare that they're conspicuous, the ones that didn't believe in it."⁸² Hutchins also disputed the claim made in *Life* magazine in 1949 that women in Leslie County were not interested in family planning.⁸³

The increasing interest in birth control led some of the Kentucky advocates to run afoul of Dr. Arthur McCormack. A longtime friend of Mary Breckinridge and supporter of the FNS, he adamantly opposed any form of state-sponsored birth control. At the 1938 Southeastern Surgical Conference, McCormack railed against an exhibit on birth control. McCormack stated that "no plan for preventing babies could be part of Kentucky's health program" and that "only poor people would have babies and the State and Nation would deteriorate physically and mentally."⁸⁴ In these statements, McCormack makes a common argument in opposition to birth control, but some other statements he made reveal his major objection to the initiation of a birth control program. Dr. McCormack was a fierce advocate for the private practice of medicine unhindered by governmental

⁸¹ Marie R. Turner letter to Dr. Walter Clarke, March 26, 1939, Family Planning in Kentucky Collection, Special Collections, Kentucky Historical Society Library, Frankfort, KY, box 1, folder 2.

⁸² Louise Hutchins interview with James Reed, Family Planning Oral History Project, Women's Studies Manuscript Collection, Schlesinger Library, Radcliffe College, Cambridge, MA. Quoted in McRaven, "Birth Control Women," 405.

⁸³ "Birth Control Pioneers," *Lexington Herald-Leader*, April 9, 1989.

⁸⁴ "Birth Control Film Target: McCormack Raps Exhibit at Surgical Meet," *Louisville Times*, April 25, 1938, Family Planning in Kentucky Collection, Special Collections, Kentucky Historical Society Library, Frankfort, KY, box 2.

interference or regulation. He based his opposition to birth control on his contention that any form of state-sponsored birth control program would erode physician autonomy and represent an example of government intrusion into medical practice.⁸⁵

In a 1949 article, *Life* publicized and criticized the birth control policies of the FNS. In this article, the magazine's medical editor, T.S.Hyland, explored the problems associated with the high birth rate in Appalachia with a focus on Leslie County. Hyland's article depicted Leslie County as a poor rural backwater teeming with an unusually fertile population that focused on procreation at the expense of more useful pursuits. He claimed that Leslie County had the highest birthrate in the United States, "equal to that of the swarming hordes of China and India." The reproductive habits of the local residents were described as a "disgusting perversion of evolution" and "a biological joy ride to hell." The author placed the blame for this circumstance on the mountaineer's inability to make appropriate decisions and their passive, noncompetitive nature.⁸⁶

The author also targeted Mary Breckinridge and the FNS in this sensational article. He depicted Breckinridge as opposing birth control because she did not believe that her patients would make use of contraceptives if they were readily available. Breckinridge argued that the birth rate in Leslie County would decrease when economic and educational opportunities were more readily available. She went on to reiterate her main argument against birth control stating, "I do not think that birth control is the reason for the small families of the so-called upper classes today. On the contrary, they could not have large families if they wanted them. With a few exceptions the urban, educated

⁸⁵ McRaven, "Birth Control Women," 224.

⁸⁶ T.S. Hyland, "The Fruitful Mountaineers," *Life* 24 (December 1949), 60-64.

citizen is incapable of producing a large family." Hyland criticized the FNS for perpetuating the irresponsible breeding habits of the locals by providing excellent care that made it easier to have multiple healthy children.⁸⁷ The article accurately portrayed Mary Breckinridge's thoughts about birth control and revealed that they had not changed appreciably since the *Harper's* article was published almost two decades earlier.⁸⁸

During the organization's first twenty-five years, the FNS established itself as an innovative organization that was willing to adapt its practices to changing conditions in Leslie County. Maternal outcomes improved, a nurse-midwife training program was created, and the organization survived the challenges of the Great Depression. Although the FNS and its founder were renowned for their resiliency and adaptability, they continued to maintain traditional positions on the issues of birth control and family planning. This conservatism persisted in spite of mounting evidence of the need for family planning as a means of fighting poverty in Appalachia. This issue would be revisited soon as public pressure and medical advances led to a radical realignment of this policy.

⁸⁷ Ibid., 65-67.

⁸⁸ The sensational tone of this article led to protests from local residents and some of their anger was directed at Breckinridge and the FNS. She disavowed any relationship with the author and disputed his conclusions in letters published in local newspapers. Following this debacle she became increasingly suspicious of outside media outlets and turned down numerous offers for further articles, radio and television appearances.

Chapter IV: "A biological joy ride to hell": The Leslie County

Contraceptive Study

As the first half of the twentieth century drew to a close, Mary Breckinridge felt justifiable pride in her accomplishments and the successes of the FNS. From an inauspicious beginning, she created a healthcare delivery system that brought substantial improvements to the health status and living conditions of the residents of Leslie County. Infant and maternal mortality rates declined significantly. The FNS weathered the fiscal and medical challenges of the Great Depression and World War II and emerged from these trials as a strong and innovative organization. The Frontier Graduate School of Midwifery was actively training new nurse-midwives and imparting them with the philosophy of its founder.¹ However successful these accomplishments appeared, they obscured the problems with governance and stilted innovation that would plague the FNS in the upcoming decade. These concerns quickly came into sharp focus around the issue of contraception and the FNS' role in providing contraceptive services. Although she remained personally opposed to contraception, under pressure from outside supporters and local residents Mary Breckinridge reversed her position on birth control and allowed her nurses to conduct the first trial of oral contraceptives in the United States.

¹ Dammann, *A Social History*, 84-96. The Frontier Graduate School of Midwifery was created in 1939 to train nurse-midwives as British nurse-midwives left the FNS to return to Great Britain to assist in the war effort. The school remains in operation training nurse-midwives and family nurse practitioners. The school is currently known as the Frontier School of Midwifery and Family Nursing.

Leslie County in 1950 was very different from the isolated, backward area that Mary Breckinridge first visited in 1923. The population increased by 50% during those years, and new roads, telephone service and electricity transformed the county.² The state constructed a paved road between Hyden and Hazard in the 1930s and a highway connecting Hyden with Manchester and Harlan during World War II. This road included concrete bridges over the Kentucky River that permitted safe crossings without the need for ferry service or fords.³ Electricity reached the county in the 1930s although it was not available at Wendover until 1948. Telephone service followed shortly thereafter, and by mid-century most of the county's residents had access to electricity, telephone service and paved roads.⁴

The improved roads and utilities brought relative prosperity to Leslie County and facilitated a coal boom that transformed the economy in the 1940s and 1950s. High quality coal reserves existed in the area but previously the absence of a modern transportation infrastructure placed the county at a competitive disadvantage with other coal mining districts.⁵ As mining jobs became available the per capita income in the county rose by nearly 400 percent in the decade leading up to 1950. The increase in mining activity led to a decline in traditional farming with most small family farms

² "Kentucky: Population of Counties by Decennial Census," <http://www.census.gov/population/cencounts/ky190090.txt> (accessed April 11, 2010); Leslie County had a population of 10097 in 1920, this increased to 15537 in 1950. The 1950 population was the peak population that the county reached.

³ Breckinridge, *Wide Neighborhoods*, 350-51.

⁴ *Ibid.*, 352.

⁵ Goan, *Mary Breckinridge*, 227.

disappearing by 1960.⁶ As local families transitioned from an agricultural to a rural industrial economy new social stressors threatened their traditional culture.⁷

Leslie County was one of the last unorganized mining areas in the Kentucky coalfields and the new mining activity led to increased efforts by the United Mine Workers of America (UMWA) to unionize the local mines. Mine operators opposed the union efforts and labor disputes escalated into violent confrontations. Shootings and bombings occurred, and the UMWA eventually withdrew its representatives from the county, citing the dangers that violence posed to them.⁸ Throughout the conflict, Mary Breckinridge maintained a public position of neutrality and cautioned FNS employees to avoid union activities.⁹

Much of the appeal of the UMWA centered on the health and welfare benefits that a union contract guaranteed. These benefits provided the miners access to a system of union-owned hospitals and medical facilities, but they also posed a threat of direct competition to the FNS in Leslie County.¹⁰ The FNS remained dependent on outside donors for funding, and the Ford family and Ford Foundation were generous benefactors.

⁶ Appalachian Regional Commission, *Appalachian Data Book*, (Washington, DC, June 1967), 116-183.

⁷ For a comprehensive discussion of the changes that Leslie County and other Appalachian counties underwent in these years see; Ronald D. Eller, *Uneven Ground: Appalachia Since 1945* (Lexington: The University Press of Kentucky, 2008) 19-31.

⁸ Joseph A. Loftus, "Two Year Coal Feuds Go on in Kentucky," *New York Times*, September 8, 1953.

⁹ Goan, *Mary Breckinridge*, 229; Jean Tolk, interview by Dale Deaton, November 8, 1978, 79OH78FNS34, FNSOHP, UKSCL.

¹⁰ For a discussion of the UMWA health benefit program in this period see George S. Goldstein, "The Rise and Decline of the UMWA Health and Retirement Funds Program, 1946-1995," in *The United Mine Workers of America: A Model of Industrial Solidarity*, ed. John H. M. Laslett (University Park: The Pennsylvania State University Press, 1996).

The Ford family was also the largest landowner and lessor of mine properties in Leslie County.¹¹ Coupled with her traditional conservatism and resistance to outside influence in the area, Mary Breckinridge opposed the UMWA in its efforts in Leslie County. By supporting the mine owners, who shared her class background and political conservatism, Breckinridge chose to promote the status quo instead of advocating for improved income and living conditions for local residents.

The FNS continued to operate in its traditional manner during this period. Nurses rode horses and delivered infants in the home. Although the improvements in local roads allowed for the use of motorized vehicles, only one automobile was in use in 1945.¹² The national trend toward hospital deliveries accelerated, brought about by the increasing medicalization of childbirth.¹³ Although there was an increase in hospital births locally, the FNS resisted this development because it threatened their standard model of care and they did not possess the hospital or physician capacity to perform their deliveries at the hospital in Hyden.¹⁴

In Appalachia, alternative forms of healthcare delivery emerged as more private physicians moved in and provided competition for the FNS. Coal companies hired physicians to serve workers and their families in coal camps throughout the area. As the

¹¹ "A Special Report: The Hyden Disaster," *Miner's Voice* (February – March 1971).

¹² Breckinridge, *Wide Neighborhoods*, 351; The early FNS vehicles were all personally donated by various members of the Ford family including Edsel Ford and Mrs. Henry Ford.

¹³ Judith Walzer Leavitt, *Brought to Bed: Childbearing in American Society* (New York: Oxford University Press, 1986), 171; Leavitt describes the "medicalization" of childbirth as the process in which labor and delivery evolved from a private activity performed in the home to a medical procedure that required professional attendants. The medical profession encouraged this transition to ensure their involvement in childbirth.

¹⁴ Goan, *Mary Breckinridge*, 234.

UMWA became more powerful in Kentucky, they opened a series of modern hospital facilities for their workers. These hospitals posed a direct challenge to the FNS, and by 1956 there were three UMWA hospitals located in counties contiguous with Leslie County.¹⁵ Under economic pressure, the FNS explored the idea of contracting directly with coal companies to provide healthcare services to their miners, but the absence of large mines and concentrations of mine workers in Leslie County made the project economically unviable.¹⁶

The changes in the national and local healthcare environment posed a threat to the FNS and its system of care delivery. Nationally, increased government involvement in healthcare became a reality when President Truman proposed a system of health insurance for Americans. Although this proposal eventually failed, the idea of a national health insurance plan increasingly became an issue in the American healthcare discussion.¹⁷ Mary Breckinridge opposed these plans and she continued to refuse to accept government funding for the FNS and its programs. By maintaining her traditional stance on government funding, Mary Breckinridge exposed the FNS to ongoing budgetary shortfalls as private donations decreased through this period.¹⁸ Donors

¹⁵ "Appalachian Regional Healthcare," <http://www.arh.org/AboutUs/default.php> (accessed April 16, 2010); UMWA hospitals were built in Hazard (Perry County), Harlan (Harlan County) and Middlesboro (Bell County). These hospitals still exist but they are now operated as Appalachian Regional Hospitals and are no longer affiliated with the UMWA.

¹⁶ Helen E. Browne, interview by Carol Crowe-Carraco, March 26, 1979, 79OH173FNS74, FNSOHP, UKSCL; Breckinridge, *Wide Neighborhoods*, 352.

¹⁷ Philip A. Kalisch and Beatrice J. Kalisch, *The Advance of American Nursing* (Boston: Little, Brown and Co., 1978), 473-74.

¹⁸ Goan, *Mary Breckinridge*, 232.

increasingly adopted the premise of government responsibility for the provision of healthcare and decreased their donations accordingly.

During this period of rapid change Mary Breckinridge continued her tradition of autocratic governance of her organization. As she aged, her coworkers reported a slowing of her daily efforts coupled with a hardening of her resistance to innovation and change.¹⁹ Helen Browne described the 1950s as a period of retrenchment "because we couldn't change. Change was absolutely abhorrent to Mary Breckinridge."²⁰ FNS Medical Director Dr. Rogers Beasley confided his concerns to Browne during this period stating, "If the FNS doesn't do something it will fall flat on its face."²¹ Although the culture and economy of Leslie County were rapidly changing to more closely mirror the rest of the United States, Breckinridge became more conservative and less amenable to new ideas. In doing so, she further emphasized the differences between her organization and the predominant medical model developing in the rest of the United States.

An example of her conservatism and political influence can be seen in the story of the highway bridge planned for the Confluence area of Leslie County.²² Confluence contained one of the FNS nursing centers, and Breckinridge and the FNS had a vested interest in maintaining the relative isolation of the area. She lobbied for and eventually secured a bridge for the Dry Fork area instead. Local residents complained that this new bridge was inconvenient, but its location ensured the continued isolation of the

¹⁹ Dammann, *A Social History*, 100.

²⁰ Helen E. Browne, interview by Crowe-Carraco.

²¹ *Ibid.*

²² The Possum Bend nursing center was located in the Confluence area of northern Leslie County. This center was probably the most remote of the FNS' outlying facilities.

Confluence community. They dubbed the bridge "Mary Breckinridge's Folly" and joked about the events that led to its construction.²³ Mary Breckinridge demonstrated her political influence and desire to retard modernization by persuading local and state leaders to locate the bridge at her preferred site.

On the specific issue of contraception, Mary Breckinridge maintained her traditional, restrictive stance. Mirroring the position of its founder, the family planning policies of the FNS also remained unchanged.²⁴ Patients received contraceptive advice and education after five pregnancies and permission for a tubal ligation could be granted after eight pregnancies. The nurse-midwives gave no routine contraceptive advice; all such advice was dispensed by the medical director. This policy served to restrict the dissemination of contraceptive advice because a visit with the medical director required the patient to travel to a clinic facility for evaluation. Mary Breckinridge exercised direct control over this limited family planning program.²⁵ Although the visiting nurses provided complex medical care in the home, the FNS prohibited them from discussing birth control with their patients. The published medical directives for nurses made no mention of family planning or contraception until 1972.²⁶ Although Mary Breckinridge

²³ Helen Browne, interview by Crowe-Carraco.

²⁴ The term, "birth control" was coined by Margaret Sanger in 1914. Birth control includes all methods of preventing birth including abortion. Contraception describes methods used to prevent conception including natural, artificial, and surgical (i.e. sterilization) methods; abortion is not a method of contraception. Family planning describes efforts to limit, space and plan pregnancies; it is a broad term encompassing educational efforts, contraception, pregnancy termination, and infertility treatment. In this paper I have used birth control and contraception interchangeably because the issue of abortion is beyond the scope of this paper.

²⁵ Helen E. Browne, interview by Crowe-Carraco.

²⁶ Frontier Nursing Service – Medical Directives, 1972, FNSR, UKSCL, box27, folder 5B; Previous medical directives dated 1928,1930,1936,1948 and 1952 contain no mention of family planning or contraception.

and the FNS clearly restricted the availability of contraceptives to their patients, it would be unfair to portray the FNS as adamantly opposed to contraception. Some patients received contraceptive advice and sterilization procedures, but the numbers were very small and the documentation of this activity is scant.²⁷

Although the FNS maintained a consistent policy regarding birth control from 1925 until the late 1950s, American attitudes about birth control underwent a massive transformation. The Comstock prohibitions against the dissemination of contraceptive information effectively ended in 1936 with permission granted to physicians to counsel patients about contraception.²⁸ This modification of the law led to a flurry of birth control research. Birth control advocates targeted Appalachia for research and education about contraception. These efforts were widespread and ongoing, and they occurred in areas that led to interaction with the FNS and its nurses. Although Mary Breckinridge and the FNS were aware of these programs, there is no evidence that they actively participated in them.

Modern contraceptive technology before the 1950s consisted of condoms, spermicidal foams or jellies, and diaphragms. Most of the research performed in Appalachia utilized either foams or jellies alone or in conjunction with diaphragms. Foams and jellies were known to be less effective when used alone, but they were cheap

²⁷John H. Kooser MD, "Rural Obstetrics: A Report of the Work of the Frontier Nursing Service," *The Southern Medical Journal* 35, no. 2 (February 1942):125.

²⁸ In *United States v One Package of Japanese Pessaries* a federal appeals court ruled that the federal government could not interfere with physicians providing contraceptives and contraceptive advice to their patients. This ruling applied only to physicians; other health workers were still prohibited from discussing birth control unless they were supervised by a physician.

and did not require direct physician intervention as did diaphragms.²⁹ Condoms were cheap and were known to be very effective when used conscientiously, but they presented a different problem than diaphragms. Because the male partner controlled condom use, the female partner was unable to ensure that condoms were employed consistently.³⁰ Many men, particularly in Appalachia, were hostile or indifferent to contraception, and programs attempting to use condoms failed.³¹ One FNS nurse explained that men opposed contraception because they had traditionally controlled decisions about reproduction in the family; this opposition periodically led to dangerous altercations between outraged husbands and FNS nurses.³² Mary Breckinridge claimed that condoms were difficult to use in situations "where large families live in a one- or two- room cabin" due to the lack of privacy.³³ The early contraceptive trials in Appalachia employed spermicidal foams and jellies because a more effective and affordable form of female-controlled contraception was not available at the time.

The largest and most publicized Appalachian contraceptive trial occurred in the early 1930s in Logan County WV. The study coordinators chose this area because they recognized that "the highest fertility in the United States is found among the women of

²⁹ Diaphragms must be fitted individually to patients by physicians or trained nurses. This requirement made them more expensive and less attractive for contraceptive research in indigent, rural patient populations.

³⁰ For an exhaustive overview of contraceptive technology see Robert Jutte, *Contraception: A History* (Malden, MA: Polity Press, 2008) or Andrea Tone, *Devices and Desires: A History of Contraception in America* (New York: Hill and Wang, 2001).

³¹ Helen Browne, interview by Crowe-Carraco.

³² Molly Lee, interview by Carol Crowe-Carraco, February 6, 1979, 79OH149 FNS 56, FNSOHP, UKSCL.

³³ Breckinridge, "Is Birth Control the Answer?", 160.

the southern Appalachians. If there were no emigration, the population...would double within one generation."³⁴ This study showed that a small reduction in birth rate was possible with the use of spermicidal jelly. Participants who did not use the jelly routinely also achieved a decrease in birth rate; study author Dr. William Beebe attributed this to the effect of contraceptive education and awareness and the increased use of other, readily available forms of birth control.³⁵ This study demonstrated a desire for effective contraceptive methods and education among the indigent rural population of Appalachia.

The first large-scale contraceptive effort in Kentucky began in Berea in 1936.³⁶ This study created the Mountain Maternal Health League (MMHL) and provided contraceptive information, instruction and supplies to women in three Kentucky counties.³⁷ Study patients received instruction at home from visiting nurses who traveled the territory enrolling new patients and revisiting established patients. The study produced positive results, concluding that the prescribed contraceptive jelly method was modestly effective. However, the educational efforts increased contraceptive use among

³⁴ Gilbert Wheeler Beebe, *Contraception and Fertility in the Southern Appalachians* (Baltimore: The Williams and Wilkins Co., 1942), 19.

³⁵ Beebe, *Contraception and Fertility*, 204-5.

³⁶ Berea is located in Madison County on the border between central and eastern Kentucky. As the location of Berea College it is known as a center of advocacy for improving education and healthcare in the Appalachian counties of Kentucky.

³⁷ Gilbert W. Beebe and Murray A. Geisler, "Control of Conception in a Selected Rural Sample," *Human Biology* 14, no. 1 (February 1942), 1-20. The Mountain Maternal Health League continues to provide reproductive and contraceptive services in Berea, KY. It is now an affiliate of the Planned Parenthood Federation of America. For more information about the MMHL and its history see; McRaven, "Birth Control Women."

the study patients and led to a decrease in the birth rate among the patients during their time on the trial.³⁸ These findings reinforced the results from the Logan County trial.

The trial ended in 1942, but the MMHL continued to provide contraceptive education and supplies in a large area of Eastern Kentucky and interacted with Mary Breckinridge and the FNS. The long-time director of the MMHL, Dr. Louise Hutchins, was recognized as an advocate of contraception as a means of addressing Appalachian poverty.³⁹ Her husband, Dr. Francis Hutchins was President of Berea College and served an extended term on the Executive Committee of the FNS.⁴⁰ Although they worked cooperatively with Mary Breckinridge, for many years, on a number of diverse issues, no cooperative effort on birth control was ever undertaken between the FNS and MMHL.

From 1935 through 1946 Lutrella Baker, a practical nurse, dispensed contraceptive advice and supplies from her clinic in rural Harlan County, Kentucky. She worked as a community health nurse under the auspices of the Pine Mountain Settlement School (PMSS).⁴¹ Baker maintained a correspondence with the Kentucky Birth Control League in Louisville and received her supplies from them.⁴² Her clinic was on the border

³⁸ Beebe and Geisler, "Control of Conception," 19.

³⁹ Dr. Louise Gilman Hutchins was a pediatrician who served as the medical director of the MMHL for four decades. She advocated for contraceptive services and education as a remedy for problems of overpopulation and poverty that plagued Appalachia. She was married to Francis S. Hutchins who served as president of Berea College from 1939-1967.

⁴⁰ Board of Trustees list, *The Quarterly Bulletin of the Frontier Nursing Service*, Summer, 1950, FNSR, UKSCL, box 18, folder 1.

⁴¹ Pine Mountain Settlement School was founded in 1913 as a nonprofit, coeducational school in Harlan County, KY. Although its primary mission was educational the school also provided health education and services to rural residents of the area.

⁴² The Kentucky Birth Control League (KBCL) was founded in 1933 in Louisville, KY. The KBCL advocated for contraceptive education and services in conjunction with the American Birth Control League. The KBCL disbanded in 1944. For a comprehensive history of the KBCL see; Myers, "A Socio-Historical Analysis of the Kentucky Birth Control Movement, 1933-1943."

of Leslie and Harlan counties and her patients came from both areas. Although there is no mention of this clinic or its activities in any FNS records, it would be unusual for it to have not come to the attention of the FNS and its employees. The PMSS contraceptive activities ended in the 1940s due to lack of funding.⁴³

Although the FNS maintained an official stance that discouraged contraception, they also cooperated and interacted with other organizations that were encouraging contraception in Appalachia. The Kentucky Birth Control League employed a field worker, Edna McKinnon, in eastern Kentucky to visit healthcare providers and gather information about birth control efforts in the area. McKinnon visited Leslie County on more than one occasion although she apparently never met Mary Breckinridge. Two of her visits resulted in meetings with nurses that worked with Dr. John Kooser, the FNS Medical Director at the time.⁴⁴ On these visits McKinnon reported that the Medical Director fitted diaphragms and performed sterilizations "when the history justifies."⁴⁵ On other visits she received less cooperation and noted on her reports that the "county officer and missionaries are cooperating, they feel work needs more support from the Frontier

⁴³ Myers, "A Socio-Historical Analysis of the Kentucky Birth Control Movement" 148-157.

⁴⁴ The FNS Medical Director was the physician employed by the FNS to provide medical oversight and expertise to the FNS nurses and their patients. This position was frequently vacant and qualified, interested physicians were difficult to locate.

⁴⁵Hyden (Leslie County), Edna McKinnon visit record, undated, Family Planning in Kentucky Collection, 1938-1987, 2000M02, Library Special Collections and Archives, Kentucky Historical Society, Frankfort, KY, box 1, folder 2; further information about Edna McKinnon and her contraceptive work in Kentucky can be found in; Wilma Dykeman, *Too Many People, Too Little Love: Edna Rankin McKinnon: Pioneer for Birth Control*, (New York: Holt, Rinehart, and Winston, 1974).

Nursing Service."⁴⁶ Edna McKinnon did not visit or mention the FNS again although she continued to visit Berea and other area clinics for a number of years.

The FNS' approach to contraception during this period revealed conflicting impulses at work. The official policy prohibited the provision of contraceptive information by the nurse midwives and required a visit with the medical director if the patient requested information or assistance. The medical directors provided assistance once patients met the criteria established by Mary Breckinridge and performed tubal ligation procedures after she approved of them individually. Although the FNS was in close geographic proximity to various contraceptive services and clinics, they were rarely mentioned in correspondence and never acknowledged in official publications. There is no record of a single patient being referred by the FNS to any of these groups for information or services.

The unavailability of an affordable, effective, and well tolerated contraceptive presented a major problem to birth control advocates during this period. From prior studies it was clear that the lack of efficacy of the available methods made further progress unlikely until a new contraceptive method could be developed. This realization intersected with ongoing developments in steroid chemistry research and studies of treatments for female infertility. Researchers developed an array of new medications intended to treat female infertility and menstrual disorders. When they studied these drugs some of them were found to suppress ovulation and prevent pregnancy. Animal studies and early human clinical trials also demonstrated their safety and tolerability.

⁴⁶ Wooten (Leslie County), Edna McKinnon visit record, October 10, 1940, Family Planning in Kentucky Collection, 1938-1987, 2000M02, Library Special Collections and Archives, Kentucky Historical Society, Frankfort, KY, box 1, folder 4.

These findings led researchers to consider human trials of these medications to assess their contraceptive potential.⁴⁷

Research into contraceptive technologies was controversial and many pharmaceutical companies avoided it to circumvent the controversy.⁴⁸ Advocates for birth control perceived the need for new contraceptives and understood the difficulty that researchers faced when approaching this issue. Margaret Sanger contacted philanthropist Katherine McCormick in an attempt to obtain funding for research and development of an oral contraceptive.⁴⁹ McCormick provided funding for early studies but she quickly became frustrated with the slow pace of the progress. An effective contraceptive needed to be safe, relatively inexpensive, and simple to use. It quickly became evident that an oral contraceptive pill could meet all of these criteria.

Dr. John Rock, a respected obstetrician and gynecologist from Harvard University, was conducting studies on female infertility using these new steroid medications.⁵⁰ Sanger and McCormick approached him and offered funding from the

⁴⁷ For information about the development of the oral contraceptive see; Robert Jutte, *Contraception: A History* (Cambridge: Polity Press, 2003); Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven: Yale University Press, 2001); Elaine Taylor May, *America and The Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010); Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-1970* (Baltimore: The Johns Hopkins University Press, 1998).

⁴⁸ Watkins, *On The Pill*, 24-25.

⁴⁹ Katharine McCormick was the widow of Stanley McCormick, an heir to the International Harvester fortune. She was an advocate for women's rights and suffrage and contributed large sums of money to encourage research and development of an oral contraceptive. For more information about McCormick see Armond Fields, *Katharine Dexter McCormick: Pioneer for Women's Rights* (Westport, CT: Praeger Publishers, 2003).

⁵⁰ For more detailed information about Dr. John Rock see; Loretta McLaughlin, *The Pill, John Rock, and the Church: The Biography of a Revolution* (New York: Little, Brown, and Co., 1983); Margaret Marsh and Wanda Romer, *The Fertility Doctor: John Rock and the Reproductive Revolution* (Baltimore: The Johns Hopkins University Press, 2008) .

McCormick Foundation to initiate contraceptive trials in human subjects. Rock performed the original trials on institutionalized mental patients in Worcester, Massachusetts to assess the toxicity and tolerability of the medication.⁵¹ He then expanded the oral contraceptive trials to patients in Puerto Rico and Haiti with mixed results.⁵² Dr. Gregory Pincus, a research associate of Dr. Rock, explained the choice of Puerto Rico as a research site because "it was a prototype underdeveloped country on America's doorstep."⁵³ The medication was clearly effective as a contraceptive, but patients tended to discontinue it due to side effects or community pressure. Pincus suggested that many of these side effects were psychological, as opposed to physical, claiming that similar side effects had not been seen in American patients.⁵⁴ Rock expressed concern over the Puerto Rico trials because he feared that his full research protocol would not be implemented correctly if he was not present at the study site.⁵⁵ McCormick encouraged Rock to locate a group of women to study who could be meticulously observed and followed.⁵⁶ Although it is unclear whether McCormick knew

⁵¹ Lara Marks, "A Cage of Ovulating Females: The History of the Early Oral Contraceptive Trials, 1950-1959," in *Molecularizing Biology and Medicine: New Practices and Alliances, 1910s-1970s*, eds. Soraya de Chadarevian and Harmka Kamminga (Amsterdam: Harwood Academic Publishers, 1998), 227. The conduct of this trial violates all current ethical and legal standards for clinical trials. The study subjects were not competent to provide consent and the trial was not designed to test whether the medication provided any benefit to the study subjects. Patients underwent painful and potentially dangerous endometrial and testicular biopsies. One source claims that the hospital administrator agreed to allow the trial to proceed after Katherine McCormick donated funds to have the patient wards refurbished and updated. For more information on this incident see; McLaughlin, *The Pill*, 119-120.

⁵² *Ibid.*, 233.

⁵³ Gordon, *The Moral Property of Women*, 287.

⁵⁴ *Ibid.*, 288.

⁵⁵ Marsh, *The Fertility Doctor*, 174.

⁵⁶ Marks, "A Cage of Ovulating Females," 221.

of the FNS she presaged their involvement in contraceptive research in a letter to Sanger in 1954. McCormick advised that future contraceptive trials would fail "unless one can furnish enough nurses to go around to their homes and see that the women patients do accomplish the tests regularly and correctly."⁵⁷

Dr. Rock was familiar with the FNS and had a number of personal ties to the organization. His wife, Nan Rock, served with Mary Breckinridge as a volunteer with CARD after World War I.⁵⁸ They maintained their friendship after the war, and Nan Rock served on the Boston Committee for the FNS for many years.⁵⁹ Dr. Rock was a member of the FNS National Medical Council, and the couple visited Mary Breckinridge at Wendover.⁶⁰ Dr. and Mrs. Rock and Mary Breckinridge shared class and educational ties that strengthened their relationship. Knowing the FNS' reputation for meticulous record keeping and the stability of the Leslie County population, Dr. Rock approached Mary Breckinridge about utilizing her organization and its patient population as a site for the study of a new oral contraceptive.⁶¹ Rock also considered the high birthrate in the area and the ability to more easily control the study in a rural setting like Leslie County

⁵⁷ Katherine McCormick to Margaret Sanger, July 21, 1954, Margaret Sanger Papers, Sophia Smith Collection, Smith College, Northampton, MA, quoted in. Marks, *Sexual Chemistry*, 98.

⁵⁸ Mary Martin and Phoebe Hawkins, interview by Anne Campbell, 79OH229FNS121, FNSOHP, UKSCL; Dr. John Rock, interview by Dale Deaton, June 15, 1979, 80OH31FNS129, FNSOHP, UKSCL.

⁵⁹ The Boston Committee for the FNS was a fundraising organization located in Boston, MA. The FNS raised funds through various city committees. The Boston committee was very active and successful in obtaining donations for the organization.

⁶⁰ The FNS National Medical Council was an organization of prominent medical specialists who provided medical advice and guidance to Mary Breckinridge and the FNS. They were not involved in the daily operation of the organization but aided in developing policies and procedures.

⁶¹ Dr. Louis Hellman, interview by Anne Campbell, November 20, 1979, FNSOHP, UKSCL.

as positive attributes.⁶² No mention of a comparison of the area to previous study sites was made although there are obvious similarities between the patient populations of Puerto Rico, Haiti and Leslie County. Certainly the trial could have been performed in a more prosperous urban area of the United States, but opposition in larger cities would have been more apparent and negative publicity about the trial could have resulted in a situation that made patient recruitment difficult.

John Rock approached Mary Breckinridge about conducting a contraceptive trial during a visit in 1958. Dr Rogers Beasley, FNS medical director, supported the idea but Breckinridge refused to give approval. She based her concern around a fear of opposition from local ministers and anxiety that FNS nurse midwives would quit their jobs to avoid participating in the study. Staffing was a constant concern for the FNS, and the loss of a few midwives could cause widespread disruption of services. Helen Browne, who followed Mary Breckinridge as Director of the FNS, remembered the incident as a conflict between Dr. Beasley and Breckinridge. She claimed that Mary Breckinridge "wouldn't back him (Dr. Beasley) up at all."⁶³ Breckinridge required Beasley to take the issue to the Hyden Committee to get their opinions. The committee agreed that the FNS should participate in the trial. Breckinridge acquiesced to the committee's decision, but, according to Browne, she remained opposed to the project and did not believe that the local community was ready for family planning.⁶⁴ This incident represented an

⁶² Dr. John Rock, interview by Dale Deaton.

⁶³ Helen Browne, interview by Crowe-Carraco.

⁶⁴ Ibid.

exceptional instance of the local committee voting in opposition to the expressed wishes of Mary Breckinridge.

Breckinridge believed that the Hyden Committee would adopt her position on controversial issues based on prior experience. World War II led to nursing shortages that made it difficult for the FNS to provide adequate services to their patients. After the war, the nursing shortage eased, and Breckinridge attempted to hire new nurse-midwives to restore and expand the service. An American nurse of Japanese ancestry applied for a position. Mary Breckinridge was reluctant to hire an Asian-American nurse because of her own racist views and the perceived animosity of the local populace to "yellow people" in the wake of the war against Japan. Instead of making the decision herself, she presented the issue to the Hyden Committee and requested their guidance. Helen Browne claimed that the Committee supported Breckinridge and based their decision on the racial origin of the otherwise well qualified applicant.⁶⁵ In this instance, Mary Breckinridge manipulated the fears of the local community to achieve her goal without accepting personal responsibility for the decision. This tactic proved much less successful on the issue of contraception.

The approval of the birth control trial by the Leslie County committee is a decidedly unusual event in the history of the FNS. The local committee usually acquiesced to any request that Breckinridge made. They oversaw minor details of local interest such as the locations of new nursing centers or timing of new projects. They were never involved in decisions concerning medical issues or research opportunities. Breckinridge made these decisions with input from the Medical Director and the National

⁶⁵ Ibid.

Medical Council and approval by the Executive Committee. In reality, Mary Breckinridge made most decisions herself with perfunctory approval obtained from the advisory bodies. She considered that the local committee would follow its normal pattern of support for her positions and vote not to proceed with the oral contraceptive trial. This technique would allow her to redeem herself with John and Nan Rock by placing the onus of the decision on the local residents who she assumed would support her conservative stance on contraception. Because she believed that the local community would not support such a trial, she might have felt that she was on solid ground with this decision.⁶⁶ There is no evidence of her reaction to the vote, but she allowed the trial to proceed without further intervention.

The pill chosen for the Leslie County trial was Enovid, produced by G. D. Searle and Company (Searle).⁶⁷ Searle was awaiting FDA approval of Enovid for use in patients with infertility. A similar formulation had been previously studied in Puerto Rico and Haiti. Searle provided the medication for the Leslie County patients, and FNS nurses dispensed the pills to study participants. The trial began in October 1959 and enrollment grew slowly thereafter. An experienced nurse-midwife, Anna Mae January, performed the study, and she was primarily responsible for data collection and patient evaluation.⁶⁸ The FNS maintained the original records in Hyden but the study nurses were in frequent contact with Dr. Rock in Boston and the Searle Company in Chicago.

⁶⁶ Ibid.

⁶⁷ Enovid was a combination of progesterone and estrogen. The majority of the FNS patients received either the 2.5mg or 5mg formulations. A few patients received 1.25mg and 10mg doses also.

⁶⁸ Anna Mae January died in 1973 before the FNS Oral History Project began. She left no written details of her role in the trial other than patient records.

One hundred and forty women participated in the trial between 1959 and 1966. There were more than fifty participants each year during the trial period and most of the women took either the 2.5mg or 5mg formulation of Enovid. Fifty two (37%) of the participants discontinued the medication and left the trial. The most common reasons for discontinuing Enovid were the desire of the patient to become pregnant and the loss of patients for follow up when they moved away from the area. Nine patients withdrew from the trial for unknown or undocumented reasons. One patient died while taking the study medication; her death was attributed to cardiac causes but no autopsy was performed.⁶⁹

Mary Breckinridge expressed concern before the trial began that local residents and religious leaders would oppose the trial. Although most of the national religious opposition came from Catholic sources, this was not a concern in Leslie County as Catholics accounted for less than 1% of the population.⁷⁰ Breckinridge warned that "religious prejudice" would lead locals to oppose contraception because "the fundamentalist habit of mind...accepts conditions that are...and attributes them to a divine agency."⁷¹ One patient quit the trial after she took the contraceptive pill for a few cycles because she "got saved and learned that these pills were not for one who has come into the light."⁷² There is no evidence that any organized religious opposition occurred

⁶⁹ Nursing Service – Enovid Administration, May 4, 1963, Frontier Nursing Service Collection (FNSC), 192-2006, 2005MS47, UKSCL, box 219, folder 1; This death seemed to merit no specific attention at the time although a death attributed to cardiac causes would be very unusual in a 30 year-old woman. Later studies demonstrated a link between thrombotic events and oral contraceptive use. For a discussion of the adverse effects of oral contraceptives see; Gordon, *The Moral Property of Women*; Marks, *Sexual Chemistry*, 138-158; Barbara Seaman, *The Doctor's Case Against the Pill* (1969; repr., Alameda, CA: Hunter House Publishers, 1995).

⁷⁰ *Atlas of Kentucky*, (Lexington: The University Press of Kentucky, 1998), 73.

⁷¹ Breckinridge, "Is Birth Control the Answer?" 129.

⁷² Nursing Service – Enovid Administration, FNSC, UKSCL, box 219, folder 1.

although it is likely that the nurses avoided discussing the trial with patients that they knew held strong fundamentalist beliefs.

Criteria for participation in Enovid trials required that "suitable experimental subjects must be informed, intelligent, cooperative females who give evidence of normal ovulation." Researchers expected participants to possess sufficient intelligence to understand the purposes of the experiment and to be able to follow instructions exactly. Home conditions needed to be sufficiently organized to allow the trial subjects to follow a routine and to keep adequate records. No mention of a discussion of possible side effects or informed consent is found in any of the study documents.⁷³

The FNS contraceptive trial did not require that participants provide informed consent as a criterion for enrollment. Although informed consent is a strict requirement in current clinical trials, this requirement did not exist at the time of the FNS study. The investigator provided information at his discretion, and this information was often limited to avoid scaring or prejudicing potential subjects about side effects. Medical researchers viewed Dr. Rock as an ethical investigator who provided accurate information to prospective trial participants. Dr. Luigi Mastroanni worked as a research fellow with Dr. Rock while the contraceptive studies were ongoing. He claimed that, "the concept of informed consent that is so talked about now...didn't exist then. But Rock practiced it (informed consent) before it was defined. It didn't matter that Rock had no formal guidelines, he set his own and they were high standards indeed."⁷⁴ This scrupulous

⁷³ Worcester Foundation for Experimental Biology: Oral Contraceptive Trials, 1967-1957, John C. Rock Personal and Professional papers, 1918-1983, H MS c161, Harvard Medical Library, Francis A. Countway Library of Medicine, Boston, box 7, folder 9.

⁷⁴ McLaughlin, *The Pill, John Rock*, 117.

attention to informed consent principles might have applied to patients on studies that were directly managed by Dr. Rock, but no such guidelines applied to patients who participated in the Enovid trial in Leslie County.⁷⁵

The FNS performed numerous research studies before, during, and after the oral contraceptive trial. The organization focused on research from the outset and early fund raising publications list research as one of the five goals of the FNS.⁷⁶ Early studies centered on problems that were endemic among the local patient population such as treatment of hookworms, nutritional deficiencies in pregnant women and toxemia of pregnancy.⁷⁷ The FNS publicized the results of their studies in national medical journals and mass circulation magazines and also published a magazine for donors that often contained information about ongoing research.⁷⁸ Mary Breckinridge wrote articles that appeared in national magazines and journals delineating her activities and the research that was ongoing in Leslie County.⁷⁹

⁷⁵ For an exhaustive examination of the issue of informed consent in clinical trials see, Ruth R. Faden and Tom L. Beauchamp, *A History and Theory of Informed Consent* (New York, Oxford University Press, 1986).

⁷⁶ Information brochure, 1936, FNSC, UKSCL, box 29, folder 7.

⁷⁷ Dammann, *A Social History*, 30; John H. Kooser MD, "Rural Obstetrics: A Report of the Work of the Frontier Nursing Service," *The Southern Medical Journal* 2 (February 1942): 125-27.

⁷⁸ The *Quarterly Bulletin of the Frontier Nursing Service* was originally published in 1925 as an informational magazine for supporters of the FNS. The magazine contained fund raising appeals, articles about the FNS, articles by FNS staff members and items of general interest. The FNS continues to publish the *Quarterly Bulletin*.

⁷⁹ The list of these publications is extensive; I have included some representative examples: Mary Breckinridge, "A Frontier Nursing Service," *American Journal of Obstetrics and Gynecology* 15 (June 1928): 6, FNSC, UKSCL, box 356, folder 6; "Frontier Nursing Service," *Woman's Almanac* (1940) FNSC, UKSCL, box 35, folder 21; Helen Worden, "She Nurses Her Patients for a Dollar a Year," *American Magazine* 112 (December, 1931): 108.

In contrast to other FNS research trials, the oral contraceptive trial was remarkable for an absence of publicity. Official publications of the FNS and organizational records do not record any mention of the trial, and there is no record of the trial being approved by the National Medical Council, Executive Committee, or FNS Board of Trustees. Staff meeting minutes and *FNS Tidbits* make no mention of the study or its performance. Dr. Rock made multiple visits to Leslie County during the course of the study; FNS and outside publications documented his visits but made no reference to the trial or his role in it.⁸⁰ Mary Breckinridge's application for inclusion into the American Nurses Association Hall of Fame included a long list of research studies she participated in but omitted mention of the oral contraceptive trial.⁸¹

Although the members of the Hyden Committee approved the trial, no official record of this meeting survived. The contraceptive study occurred in a local publicity vacuum and information about the study was not widely disseminated. Carolyn Gay, a local resident whose father was a member of the local FNS Committee, claimed that area residents were unaware of the trial. Gay recounted many details of the FNS and its programs during the 1950s, but she did not remember that a contraceptive trial occurred in Leslie County during that period.⁸² The local newspaper, *Thousandsticks*, published a biweekly column about the FNS and Breckinridge. This column never included any

⁸⁰ *FNS Tidbits* was an organizational newsletter that contained work related announcements as well as personal items about employees. *FNS Tidbits* from the period of the birth control trial can be found in the FNSC, UKSCL, box 29, folders 1-6 and box 30, folders 1-3. Rock's visits were also mentioned in *Thousandsticks* at various times.

⁸¹ ANA Hall of Fame Nomination Form, FNSC, UKSCL, box 251, folder 14.

⁸² Carolyn Gay interviewed by Dale Deaton, 79OH139FNS46, FNSOHP, UKSCL.

information about the contraceptive trial.⁸³ This dearth of publicity was very unusual for an organization that normally encouraged publicity and often trumpeted its research efforts.

The United States Food and Drug Administration (FDA) approved Enovid as an oral contraceptive in May, 1960. The original application for approval contained no data from the FNS trial, and the FNS data were never submitted to the FDA at a later date.⁸⁴ Dr. Rock later claimed that the Leslie County data had been included in the approval application, but the timing of the application makes this unlikely.⁸⁵ Dr. Rock never published the data from the FNS trial or presented the data in any of the numerous lectures he delivered.

The FNS oral contraceptive trial ended in 1965 when Searle discontinued the provision of free Enovid to local patients.⁸⁶ Mary Breckinridge was eighty-four years old, and failing health often confined her to her room at Wendover. Although Breckinridge reluctantly acquiesced to the trial, she confirmed her lack of commitment by suppressing publicity about its results. Despite her reticence, the Enovid trial demonstrated that local residents were assuming increasing control over the FNS and its programs. Their

⁸³ I reviewed issues of *Thousandsticks* from January, 1959 through December, 1965.

⁸⁴ Suzanne White Junod and Lara Marks, "Women's Trials: The Approval of the First Oral Contraceptive Pill in the United States and Great Britain," *Journal of the History of Medicine* 57 (April 2002): 147.

⁸⁵ Dr. John Rock, interview with Dale Deaton. Dr. Rock was 89 years old at the time of his interview in 1979. Much of the information he provided must be questioned because of the obvious difficulty he had in remembering details like names and general dates.

⁸⁶ Executive Committee meeting minutes, April 10, 1965, FNCS, UKSCL, box 8, folder 11. This documentation of the end of the trial is the only documentation of the trial found in the official record of the FNS. Although the trial officially ended at this time, patient records were kept that showed patients receiving Enovid into 1966.

advocacy represented a significant transformation in the FNS and its mission in Leslie County. On a broader scale, the availability of effective oral contraceptives wrought massive changes in American society and gender relations.

Chapter V: Conclusion

"You know, I've been bred twenty-one times"¹

"But all I've seen of this old world is a bed and a doctor bill

I'm tearing down your brooder house 'cause now I've got the pill."²

Mary Breckinridge died at Wendover in May 1965 surrounded by her loyal friends and employees. Her death followed the cessation of the oral contraceptive trial a few months earlier. These unrelated events embody two important themes in the history of the FNS. The passing of Mary Breckinridge denoted the end of an era that began in 1925. Through four decades she guided the FNS through numerous challenges and crises always striving to deliver better health care services to Leslie County. During her career the FNS safely delivered 14,500 infants, trained more than 300 nurse-midwives, and raised more than \$10 million through her fund raising efforts.³ In deference to her aversion to government involvement, the FNS never received government funding while

¹Unnamed elderly female patient discussing her childbearing history with an FNS nurse, quoted in Grace Reeder interview by Carol Crowe-Carraco, January 25, 1979, 79OH144FNS91, FNSOHP, UKSCL.

²Lyrics from "The Pill," written by T.D. Bayless, recorded by Loretta Lynn in 1972, released in 1975, <http://lorettalynn.lyrics.info/pill.html>, (accessed May 22, 2010).

³Goan, *Mary Breckinridge*, 248; Breckinridge, *Wide Neighborhoods*, 368.

she was alive.⁴ Newspapers across the United States eulogized her, referring to her as the "Angel of the Frontier, and the most illustrious Kentucky woman of all time, certainly of her own time."⁵

In contrast to the publicity surrounding the death of Mary Breckinridge, the termination of the oral contraceptive trial received no publicity. The difference in public awareness of these two events underestimates the importance of the birth control study. The oral contraceptive trial represented the beginning of the modernization of the FNS. Through this trial, local residents began to assume agency and become active consumers of the health care provided by the FNS. No longer content to passively accept the dictates of Mary Breckinridge, they determined that a need for contraception existed and ensured its availability.

The increased involvement of local residents and the appointment of new leadership for the FNS resulted in fundamental changes in the organization and its services. New government healthcare programs provided funding for indigent and elderly patients, and the FNS built a new hospital in 1975, reflecting the greater emphasis on inpatient care. Nurse-midwives ceased making home visits except for homebound patients, and the Frontier Graduate School of Midwifery offered a training program for family nurse practitioners.⁶ Although many of these changes were inevitable reactions to

⁴ For a short period during World War II the FNS accepted federal funds through the Cadet Nurse Corps program. This program provided funding for student nurse training in hospitals that were understaffed because of the war. Breckinridge discontinued participation in the program because she objected to the requirements of the program. Although participation in this program was a breach of policy the difficulties encountered served to reinforce Breckinridge's opinion of government funding. See Mary Breckinridge letter to Elsie Norman, March 18, 1947, FNSR, UKSCL, box 62, folder 5.

⁵ Obituary, Mary Breckinridge, *Louisville Courier-Journal*, May 17, 1965, Louisville, KY.

⁶ Breckinridge, *Wide Neighborhoods*, 369.

an evolving national healthcare system, some of them were undertaken in response to patient demand from local residents. Nancy Dammann described a new awareness among local residents that led to "doctor shopping" because local residents were "watching hospital soap operas that made people aware that they weren't getting everything in medical services that people in New York were."⁷ Whether the new demands were due to heightened expectations derived from soap operas is unclear, but there is a current of patient demands during this period that the FNS had never seen previously.

The oral contraceptive trials resulted in other changes in Leslie County. The birthrate, previously among the highest in the United States, fell rapidly to parallel the national average by 1970.⁸ Local women willingly accepted contraceptives with 70% of the service's postpartum patients receiving some form of contraception in 1970.⁹ The FNS first included a section on family planning in its Medical Directives in 1972 and included "family planning counseling" requirement in nursing job descriptions after 1973.¹⁰ Less than a decade after the death of Mary Breckinridge, the FNS nurses provided modern, scientific birth control advice and techniques to their patients.

The publicity dearth surrounding the FNS oral contraceptive trial also extends to the scholarly literature. Goan mentioned the trial in her book as an episode in the career

⁷ Nancy Dammann, interview by Dale Deaton, undated, 82OH40FNS183, FNSOHP, UKSCL.

⁸ Carol Sutton, "FNS Looks to New Services," *Louisville Courier-Journal and Times*, November 30, 1969, FNSR, UKSCL, box 40, folder 1.

⁹ W.B. Rogers Beasley, "After Office Hours: Coping with Family Planning in a Rural Area," *Obstetrics and Gynecology* 41 (January 1973): 155.

¹⁰ Frontier Nursing Service – Medical Directives, 1972, FNSR, UKSCL, box 27, folder 5b, 127; Job Description – District Nurse – Wendover, July 27, 1973, FNSC, UKSCL, box 180, folder 4.

of Mary Breckinridge, but she did not specifically focus on the trial in her analysis.¹¹ The original biography of Dr. John Rock included a short, parenthetical reference to the trial but offered no details or analysis.¹² A second, more recent biography of Rock discussed the trial at some length but provided no interpretation or analysis of its importance or effects.¹³ Dr. Rock's book about birth control, *The Time Has Come: A Catholic Doctor's Proposals to End the Battle Over Birth Control*, also omitted any information about this trial.¹⁴ Details about the Leslie County trial are also largely absent from the secondary literature concerning the development of the oral contraceptive pill.¹⁵

The only existing scholarly analysis of the Leslie County oral contraceptive trial is a thesis by Heather Harris.¹⁶ As a student in Science and Technology Studies, Harris attempted to interpret the birth control trial in a colonial context by applying the internal colony model.¹⁷ Although Mary Breckinridge often ignored the needs and concerns of local residents, Harris' claims overstep the evidence available. It is difficult to view the

¹¹ Goan, *Mary Breckinridge*, 240-41.

¹² Mclaughlin, *The Pill, John Rock, and the Church*, 23.

¹³ Marsh and Ronner, *The Fertility Doctor*, 208-211.

¹⁴ Rock, *The Time Has Come: A Catholic Doctor's Proposals to End the Battle Over Birth Control* (New York: Alfred A. Knopf, 1963).

¹⁵ Lara V. Marks, *Sexual Chemistry: A History of the Contraceptive Pill* (New Haven: Yale University Press, 2001); Elaine Taylor May, *America and The Pill: A History of Promise, Peril, and Liberation* (New York: Basic Books, 2010); Robert Jutte, *Contraception: A History* (Cambridge: Polity Press, 2003); Elizabeth Siegel Watkins, *On the Pill: A Social History of Oral Contraceptives, 1950-1970* (Baltimore: The Johns Hopkins University Press, 1998). Of these sources only Marks includes the FNS trial and then only in an informational footnote.

¹⁶ Heather Harris, "Constructing Colonialism: Medicine, Technology, and the Frontier Nursing Service" (master's thesis, Virginia Polytechnic Institute and State University, 1995).

¹⁷ For information about the Appalachian colonial model see; Helen Matthews Lewis, Linda Johnson, and Donald Askins eds., *Colonialism in Modern America: The Appalachian Case* (Boone, NC: The Appalachian Consortium Press, 1978).

trial as an example of colonialism at work because Mary Breckinridge, the putative colonizer, opposed the trial from the outset. The trial actually occurred because local residents contested her position and chose to allow the trial to go forward.

The contraceptive trials represented a pivotal event in the career of Mary Breckinridge. Although she opposed contraception she grudgingly allowed the trials to occur. She granted permission because of her close ties of friendship with Dr. Rock and his wife and her professional relationship with Dr. Beasley. She reluctantly acquiesced to their request and allied herself with powerful male physicians much like she had done with Dr. Arthur McCormack earlier in her career.

The gambit that Mary Breckinridge undertook with the Hyden Committee can be interpreted in two diametrically opposite ways. Most probably she assumed that the local group would permit her to dictate their decision and allow her to maintain her credibility with Drs. Rock and Beasley by placing the blame on the local committee members. Once the committee clearly demonstrated its support for the trial, she allowed the trial to continue to avoid angering important supporters of the FNS. An alternative interpretation assumes that she allowed the local committee to decide this issue for themselves because she was conflicted about the decision. This would have been a highly unusual stance for Breckinridge as she never displayed any strong support for or reliance on the local committee.

The lack of publicity surrounding the trial provides powerful evidence of Breckinridge's continued resistance to it. Although there is no documentary evidence of an information embargo, the dearth of publicity surrounding the contraceptive trial is notable and unusual in the extreme. Mary Breckinridge mastered the art of public

relations, fundraising and publicity and used her considerable skills to the advantage of the FNS. By never encouraging or allowing any publicity for the trial, she betrayed her true feelings about the conduct of the study in Leslie County. No one else in the FNS had the authority and presence to enforce such a complete ban. This is a clear instance in which the paucity of concrete evidence is in itself evidence.

The complex story of Mary Breckinridge and the FNS presents the scholar with multiple opportunities for future study. A study utilizing interviews with surviving contraceptive trial participants would provide insight into their motivations and experiences. Although there is ample documentary evidence about the trial, the voices of the participants are absent from the historical record. This study would need to be performed soon as most trial participants would be 70 years of age or older. Their knowledge of the trial must be retrieved soon or permanently lost due to age and death.

Further research into the relationships between the FNS and other groups involved in contraceptive work could illuminate new connections between them. These groups often shared common goals and operated in close geographic proximity, but evidence of their cooperation or conflict is scarce. Determining the relationships between them would provide further evidence of their ultimate goals and motivations.

Mary Breckinridge maintained a friendly relationship with the Ford family throughout her career. Henry Ford and his wife Clara were faithful donors to the FNS, donating cash, automobiles, and providing the means to construct a nursing center. After Clara Ford's death in 1950, her only son Edsel continued the tradition of generous annual donations.¹⁸ Henry Ford and Breckinridge shared eugenics and racial beliefs and

¹⁸ Goan, *Mary Breckinridge*, 111.

supported restrictions on immigration to the United States. In the 1950s the Ford Foundation sponsored research on contraception and population control.¹⁹ Although there is no documentary evidence demonstrating a link between the Ford Foundation studies and the FNS birth control trial, it is reasonable to assume that Breckinridge recognized the Ford Foundation's interest in contraception. Whether this putative link influenced her decisions is unknown, but the question raised opens an avenue for further investigation.

Like other scholars, I struggled with the question of sexual orientation and its role in the FNS and its functions. Speculation abounds in the literature about female reformers but no satisfactory answer is available.²⁰ Mary Breckinridge created a female-dominated organization that affected a masculine military style dress and demeanor. The FNS women wore military style uniforms, sported short haircuts, created masculine nicknames for each other and excluded most men from their organization.²¹ Although these facts present tantalizing clues, they are not sufficient to inform a decision on this subject.

Rumors of same-sex relationships within the FNS are found in a variety of sources. James Klotter noted that an FNS nurse maintained that "if you look through the staff, you will find very few who really like men."²² Another nurse, Grace Reeder, requested that the interviewer discontinue taping when a question about Mary Breckinridge and her sexual preference was asked during her oral history interview. No

¹⁹ Marks, *Sexual Chemistry*, 27-8; Rock, *The Time Has Come*, 151,157.

²⁰ Blackwell, "The Ability "To Do Much Larger Work,"" 181-82, Goan, *Mary Breckinridge*, 198

²¹ Goan, *Mary Breckinridge*, 195-97, Donna Parker, "Made to Fit a Woman: Riding Uniforms of the Frontier Nursing Service," *Dress* Vol. 20 (1993):53-64.

²² Klotter, *The Breckinridges of Kentucky*, 367.

record of her answer exists.²³ This author stumbled upon this issue in a serendipitous encounter with a supporter of the FNS. While providing medical care to an elderly gentleman, I developed a friendly relationship with his wife and other family members. She served as President of the Alpha Omicron Pi sorority chapter at a major midwestern university in the mid-1950s.²⁴ Some of her sorority sisters served as volunteer couriers with the FNS, and she visited Wendover in her role as chapter president. When she discovered my interest in the history of the FNS, she inquired as to the nature of my interest. I explained that the presence and persistence of a female-dominated organization in rural Appalachia intrigued me. She responded to my answer declaring "it wasn't like that. Women didn't act like that then." The assumption that I was implying some sort of sexual involvement among FNS members surprised me but also led me to question the possible reason for her unsolicited vehement denial.²⁵

No definitive answer to this question can be reached unless more complete documentary sources become available. Unfortunately, Mary Breckinridge had her personal records burned by her devoted secretary upon her death.²⁶ In her concern for avoiding exploitation of her personal papers, Breckinridge echoes other women who

²³ Grace Reeder, interview by Carol Crowe-Carraco, January 25, 1979, 79OH144FNS91, FNSOHP UKSCL.

²⁴ Alpha Omicron Pi sorority funded the FNS Social Service Department and donated time and money to the FNS after 1931. For more information see Goan, *Wide Neighborhoods*, 155; "Sorority Aids Nursing Work," *Louisville Courier-Journal*, December 9, 1934.

²⁵ Conversation with an Alpha Omicron Pi alumna, December 19, 2009; Name withheld at request of interviewee.

²⁶ Bartlett, *The Frontier Nursing Service*, 222.

protected their privacy and reputations in a similar fashion.²⁷ Mary Breckinridge developed many intimate friendships with women that lasted throughout her life; this level of intimacy among female friends was not unusual during this era.²⁸ Attempting to posthumously assign sexual identities to historical figures is fraught with peril because contemporary categories of sexual identity held no relevance in their lives.

Mary Breckinridge bridged the decades between the discovery of Appalachia and the creation of the Appalachian Regional Commission.²⁹ Reformers of her era have often been decried as despoilers of Appalachia for exploiting the poverty and isolation of local citizens to raise funds while denigrating and degrading the local culture. Although this criticism is valid in some respects, it presents a simplistic portrait of a complex woman who contested traditional gender roles to forge a career in her chosen field. Her work in Leslie County resulted in notable successes that are minimized by critics that view her work as evidence of oppression and degradation of the local residents. The FNS oral contraceptive trial provides a ready example of her evolution as a leader. In this instance, she was able to put aside cherished beliefs to accommodate the wishes of her patients and their families. By reaching this compromise late in her career, she demonstrated a capacity for growth and development that negates much of the criticism she endured.

²⁷ Lillian Faderman, *Odd Girls and Twilight Lovers: A History of Lesbian Life in Twentieth-Century America* (New York: Penguin Books, 1991), 11-37; Estelle B. Freedman, "'The Burning of Letters Continues': Elusive Identities and the Historical Construction of Sexuality," *The Journal of Women's History* 9, No. 4 (Winter 1988); 181-200.;

²⁸ Carroll Smith-Rosenberg, "The Female World of Love and Ritual: Relations between Women in Nineteenth Century America," *Signs* 1 (Autumn 1975): 1-29.

²⁹ Appalachia was "discovered" in the late nineteenth century. The Appalachian Regional Commission was created in 1963.

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