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6. Reverby, Ordered to Care.

7. I thank Susan L. Smith for encouraging me to emphasize this point.


11. Around 1800, New England farmer Samuel Thomson created his botanical system which relied on large doses of remedies made out of vegetables as well as steaming the body. Thomson’s ideas became very popular as a result of his handbook, and eventually the Thomsonian movement came to include botanical societies, journals, and national meetings. Cassedy, Medicine in America, 36–37.


13. Ulrich, A Midwife’s Tale; Leavitt, Brought to Bed; and Dye, “Medicalization of Birth.”
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23. In 1930, obstetricians and gynecologists established a medical specialty examining board, excluding physicians who did not limit their practice to women, and thus effectively leaving out all general practitioners, even those with practices primarily devoted to delivering babies and caring for women. Prior to that time, hospitals had no method of excluding general practitioners who wanted to perform obstetrical surgery or other procedures. Leavitt, *Brought to Bed*, 171–80; Starr, *The Social Transformation of American Medicine*, 356–57; and Wertz and Wertz, *Lying-In*, 160–61.
27. Although the infant mortality rate decreased by nearly fifty percent between 1910 and 1930, neonatal (infants less than one month old) deaths, which accounted for more than half of all infant deaths, did not decline nearly as much. Litoff, *American Midwives*, 108.
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38. Flexner, *Medical Education in the United States and Canada.*
48. See chapter 3 for a fuller discussion of MCA’s attempt.
49. Cassells, “The Manhattan Midwifery School.” In 1923, the Preston Retreat School of Midwifery opened in Philadelphia to educate women to become midwives. Students took classes and, under supervision, managed deliveries at the Preston Retreat Maternity Hospital. Nurses were eventually admitted to this program, but it is unclear when this occurred. According to Sister M. Theophane Shoemaker, at least four registered nurses completed the program between 1933 and 1942. However, the program was not originally established as a nurse-midwifery school. Shoemaker, *History of Nurse-Midwifery in the United States,* 38; Katy Dawley and Helen Varney Burst, “The American College of Nurse-Midwives and Its Antecedents: A Historic Time Line,” *Journal of Midwifery and Women’s Health* 50, no. 1 (January 2005): 16–22; and Cassells, “Manhattan Midwifery School,” 31–32.
51. All Western countries have had some version of the traditional midwife who learned her trade by practicing it, and all have had some version of the nurse-midwife, or qualified and trained midwife. The qualified midwives had to fight against the negative images of traditional midwives. Marland and Rafferty, eds., *Midwives, Society, and Childbirth,* 2–3, 9.
52. For historical comparisons between the status and education of physicians in Europe and the United States, see Bonner, *Becoming a Physician.*
55. For the modern situation, see Rooks, *Midwifery and Childbirth in America,* 408–410.
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64. On British midwifery, see Donnison, Midwives and Medical Men, 176, 180–81, 184–86, 191; and Loudon, Death in Childbirth, 173, 207–9, 398–99.
66. Apple, “Constructing Mothers,” 161–78; Ladd-Taylor, Mother-Work; Meckel, Save the Babies; Lindenmeyer, ‘A Right to Childhood’; Muncy, Creating a Female Dominion; and Klaus, Every Child a Lion.
67. More, Restoring the Balance.
68. Responses to Committee on Organization’s Questionnaire, 1954, American College of Nurse-Midwives (ACNM) Archives, National Library of Medicine, Bethesda, Maryland, container 1; and “Membership of the American College of Nurse-Midwifery,” Bulletin of the American College of Nurse-Midwifery 1, no. 2 (March 1956): 7–13.
69. Breckinridge, Wide Neighborhoods, esp. chap. 8, on how her children’s lives and deaths influenced her founding of FNS. Breckinridge was married twice; her first husband died soon after they married. Her biography is discussed in chapter 2.
73. Here, I rely on Robert M. Crunden’s work in thinking about secular missionaries. Crunden argues that Progressives “groped toward new professions such as social work, journalism, academia, the law, and politics. In each of these careers, they could become preachers urging moral reform on institutions as well as on individuals.” Crunden, Ministers of Reform, ix. I thank Debra Meyers for bringing this book to my attention.
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74. MCA, *Twenty Years of Nurse-Midwifery*, 67–75.

75. A former nurse-midwife explained that FNS attracted “the missionary type person.” Quoted from Molly Lee, in Lillian Bartlett and Phyllis Chisholm, interview by Dale Deaton, 790H197, FNS 196, 10 May 1979, transcript, 54, Frontier Nursing Service (FNS) Oral History Collection, Archives and Special Collections, Margaret I. King Library, University of Kentucky, Lexington.


79. I am grateful to Susan L. Smith for help with phrasing in this paragraph.

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3. Susan Ulrich, Chair of Midwifery and Women’s Health, Frontier School of Midwifery and Family Nursing, telephone conversation with author, 10 November 2003; and Kitty Ernst (Mary Breckinridge Chair of Midwifery, Frontier School of Midwifery and Family Nursing), telephone conversation with author, 10 November 2003. According to Ulrich, in 2002, approximately 75 of the 326 women and men who took the licensing exam for certified nurse-midwives were graduates of the Frontier School’s Community-Based Nurse-Midwifery Education Program (CNEP). Ulrich and Ernst both indicated that the percentage of CNEP graduates was much greater in the early 1990s. Ernst attributed the decrease to the doubling of nurse-midwifery schools between 1989, when CNEP first began, and today, along with the addition of several other distance-education programs.


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history of nurse-midwifery are Hiestand, “Midwife to Nurse-Midwife”; Rooks, Midwifery and Childbirth in America; Rothman, In Labor; Litoff, American Midwives; Wertz and Wertz, Lying-In; Edwards and Waldorf, Reclaiming Birth; Dye, “Mary Breckinridge,” 485–507; Campbell, “Mary Breckinridge,” 257–76; Crowe-Carraco, “Mary Breckinridge,” 179–91; and Harris, “Constructing Colonialism.”


82. Morantz-Sanchez, Sympathy and Science; and More, Restoring the Balance.

83. The exhibition Changing the Face of Medicine also makes a similar argument. Fee, Changing the Face of Medicine.

84. Reeverby, Ordered to Care, front matter; and Melosh, “The Physician’s Hand.”

85. Hine, Black Women in White; and Buhler-Wilkerson, False Dawn.

86. Buhler-Wilkerson, False Dawn, xi.
8. For biographical information on Breckinridge, see Ettinger, "Mary Breckinridge," 462–63; Breckinridge, Wide Neighborhoods; Dye, “Mary Breckinridge”; Campbell, “Mary Breckinridge”; Crowe-Carraco, “Mary Breckinridge”; and Dammann, Social History of the Frontier Nursing Service.

9. Other Breckinridges were important political and social figures. Mary’s cousin, Sophonisba Breckinridge, was part of the national progressive female reform network. The first woman to pass the Kentucky bar, Sophonisba was a Hull House resident, one of Chicago’s most prominent reformers, and cofounder of the University of Chicago’s School of Social Service Administration. In her autobiography, Mary Breckinridge explained how her mother used cousin “Nisba” to discourage her from going to college. Mary’s family “disapproved of a college education for women. Years before [I was old enough to attend college], as a little girl in Washington, I listened to the family discussions when Cousin Willie Breckinridge’s daughter, Sophonisba, elected to go to Wellesley. I recall my mother saying that college would not be detrimental in itself but that Nisba would not want to live at home afterward. When Nisba finished at Wellesley and started on her distinguished career, my mother said with disapproval, ‘She refused to go back home to live.’” Breckinridge, Wide Neighborhoods, 32; and Muncy, Creating a Female Dominion, 68–87. For information on the Breckinridge family, see Klotter, The Breckinridges of Kentucky.


15. Mary Breckinridge, notes on Susan Stiddum, 1923, box 348, folder 2; and Mary Breckinridge, “Midwifery in the Kentucky Mountains: An Investigation,” 1923, box 348, folder 1, both in FNS Papers.

16. Breckinridge, notes on Susan Stiddum, 1923.


19. Of course, this community of native-born white Christians scored better on a test created for native-born white Christians than did mixed populations.


21. For Breckinridge’s use of the phrase, “Mr. Ready-to-Halt,” see Mary Breckinridge to Ella Phillips Crandall, 14 November 1923, box 348, folder 3, FNS Papers.


26. Veech to Breckinridge, 31 October 1923; and Altizer, “The Establishment of
the Frontier Nursing Service,” 6–7.

Veech offered to print the report, only if Breckinridge agreed to send it “to those few who would understand and know how to help.” Breckinridge declined the offer, telling Veech that she misunderstood Breckinridge’s intentions, and did not publish the survey until almost twenty years later in Quarterly Bulletin of the Frontier Nursing Service. Veech to Breckinridge, 31 October 1923; Breckinridge to Veech, 14 November 1923, box 348, folder 3, FNS Papers; Alitzer, “Establishment of the Frontier Nursing Service,” 7; and Breckinridge, “Midwifery in the Kentucky Mountains, An Investigation in 1923,” 29–53.

27. Thompy [Mary Breckinridge] to Kitty [Jessie “Kit” Carson], 24 November 1926, 3–4, box 328, folder 1, FNS Papers.

28. Prior to 1965, the year of Breckinridge’s death and passage of Medicare and Medicaid in Congress, FNS accepted government aid only once, during World War II. Breckinridge’s successor, Helen E. Browne, explained, “I have been thankful so many times that Mrs. Breckinridge died when she did. Because the year after she died came the government. It would have killed her. They would have killed her. She would have tried to fight them.” Breckinridge assumed government money would mean government interference in FNS. Over twenty-five years after founding FNS, she explained, “If we let government control the nursing and medical care we receive as private citizens, then government will become so paternalistic that we may expect officials to drop down from the heavens by parachute to tuck us in bed and hear our prayers.” Breckinridge’s distrust of public support set her apart from other progressive women reformers, who believed an active government could help to solve maternal and child health problems and who hoped government involvement in “women’s issues” would lead to more women in government positions. Browne, interview by Deaton, 27 March 1979, 77; and Breckinridge, Wide Neighborhoods, 355.


31. Starting in 1948, if not before, FNS charged ten dollars for complete midwifery care; by 1949, the fee was fifteen dollars; and, by 1954, it was twenty dollars. FNS raised the general nursing fee from one to two dollars per year for each family in the early 1950s. Miles, “Heroines on Horseback,” 29; “Frontier Nursing Service Aids Remote Areas in Hazard Section,” Hi-Power News 5, no. 5 (May 1948): 2–3, box 36, folder 8, FNS Papers; Hyland, “The Fruitful Mountaineers,” 65; Schupp, “Good Neighbor of ‘Wide Neighborhoods,’” 14; and Haney, “Nursing by Jeep and Horseback,” 140.


33. Willeford, Income and Health in Remote Rural Areas, 14, 18–24. Willeford, an FNS nurse-midwife, completed the study as her doctoral dissertation at Teachers College, Columbia University. As Willeford explained, “the total family income was determined from the following items: (a) wages from all members of the family (exclusive of
money both earned and spent elsewhere); (b) value of animal products, both sold and consumed, (sale of capital stock not included); (c) value of agricultural products, both sold and consumed; (d) value of cattle and poultry including number of animals bred, both sold and consumed; (e) value of natural products, sold; (f) value of handicraft products, sold; (g) moneys received from investments, from pensions and from relief, including Red Cross relief.” Quotation is on page 14.


35. Breckinridge stated: “There should, of course, be strong men on our [New York] Committee, but I am greatly opposed to committees exclusively of men or women for public work which concerns both sexes. I never liked the division of such committees into sexes, as I think that men and women both work better together and work is put over better which has combined ideas of the two, since it is meant to appeal both to men and women.” T. [Mary Breckinridge] to Kit [Jessie Carson], 13 June 1927, 2, box 328, folder 1, FNS Papers.

36. Several of Breckinridge’s letters explained the benefits of the courier system. See, for example, Breckinridge to Mrs. E. A. Codman, 10 April 1931, box 328, folder 6; and Breckinridge to Codman, 26 November 1935, box 328, folder 10, both in FNS Papers.

37. For an early example of Breckinridge’s constant use of photographs, see Breckinridge to Mrs. Ernest Codman [FNS Boston Committee chair], 28 October 1929, box 328, folder 4, FNS Papers. At the end of the letter, Breckinridge wrote, “One thing more I have got wonderful stereopticon pictures in color. We have been trying them in Kentucky and they are extraordinarily good. They give me a new lease on life in speaking because they illustrate what I have to say; in fact, half of what I have to say now is said in pictures instead of words.”


41. Caudill, *Night Comes to the Cumberlands*.


45. Breckinridge used nativism as more than a public relations tool; she truly believed in the importance of “old stock.” For example, Breckinridge was delighted to hear that the daughter of one volunteer was getting married because, “personally, I love to see the old stock get married and have babies. It is almost a patriotic duty.”
Breckinridge to Mrs. Gammell Cross [head of FNS Providence Committee], 3 December 1934, box 328, folder 9, FNS Papers.


47. Frontier Nursing Service, Boston Committee pamphlet, c. early 1930s, box 329, folder 7, FNS Papers. The same language was also used in Frontier Nursing Service, Detroit Committee pamphlet, c. late 1920s–early 1930s, box 330, folder 7, FNS Papers.


49. Quotation is from “Frontier Nursing Service Brings Health to Kentucky Mountaineers,” Life 33.

50. Fischer, Albion’s Seed, 605–782.


53. For example, an introduction to Delphia Ramey’s oral history explained that while she was growing up in eastern Kentucky in the 1910s and 1920s, “between men and women there was little separation of roles and both were expected to plant crops, hoe, gather fodder, split rails, and chop firewood.” Shackelford and Weinberg, Our Appalachia, 123.

54. See, for example, Maggard, “Class and Gender,” 100–113; and Maggard, “Will the Real Daisy Mae Please Stand Up?,” 136–50.

55. On the concern about fertility rates and “race suicide,” see McCann, Birth Control Politics in the United States; Pernick, “Eugenics and Public Health in American History,” 1767–72; and Reed, From Private Vice to Public Virtue.

56. “Bill Rogers Endorses the February 25th S/S Belgenland Cruise to the West Indies for the Benefit of the Frontier Nursing Service,” 1933, box 329, folder 3, FNS Papers. Breckinridge’s handwriting is on this letter, giving her approval.


60. Allen Batteau has argued that advanced capitalist societies destroy the myths and symbols necessary to create meaning and thus must turn to their “folk” hinterland for cultural renewal.” According to Batteau, middle- and upper-class Americans romanticized Appalachian people and Appalachia, the place, as exotic and primitive to fill a void in their own lives. Batteau, “Appalachia and the Concept of Culture,” 153–69.

61. Miles, “Heroines on Horseback.” This article is an example of the external press picking up on the romanticization perpetuated by FNS.

62. On automobile use in the United States, see Flink, The Automobile Age.


64. Marvin Breckinridge (later Marvin Breckinridge Patterson), The Forgotten Frontier, c. 1928, film. For more information about this film, see Marvin Breckinridge Patterson, speech, in Presentation of the Frontier Nursing Service Collection, 1985, video; and Breckinridge, Wide Neighborhoods, 277–79.
65. Dawley, “Campaign to Eliminate the Midwife,” and Dawley, “Ideology and Self-Interest.”
67. Scott Breckinridge (Mary Breckinridge’s cousin, Lexington physician, and member of FNS’s medical advisory board) explained, the “raising of the standards of medical education and the increasing need of laboratory and hospital facilities for the satisfactory practice of medicine” created difficulties “persuading qualified practitioners to locate in isolated communities where those facilities are lacking and where the returns for the services rendered are, at best, most meager.” He argued that FNS solved this problem: nurse-midwives provided necessary services; FNS created a small hospital for the most serious cases; and the presence of nurse-midwives and a hospital prompted a few qualified physicians to locate in the area. Scott D. Breckinridge, Letter to the Editor, Lexington Herald, 24 July 1931, 1, box 344, folder 2, FNS Papers.
68. As Mary Breckinridge explained to a medical audience, she found the local midwives, who attended the majority of births in Leslie County, “unimprovable,” and many of the local doctors, some of whom were not licensed by the state, “grossly unfit.” Mary Breckinridge, “A Frontier Nursing Service,” reprinted from American Journal of Obstetrics and Gynecology 15, no. 6 (June 1928): 4–5, box 356, folder 6, FNS Papers.
76. Lester, interview by Fried et al., 3 March 1978; and Altizer, “The Establishment of the Frontier Nursing Service,” 35.
78. Lester, interview by Fried et al., 3 March 1978.
80. Report of the Executive Committee of the Frontier Nursing Service, 1932, box 3, folder 8; and Report of the Director of the Frontier Nursing Service to the Executive Committee, 11 May 1933, box 3, folder 13, both in FNS Papers. On back payments owed to staff, see Minnie Grove to Mary Breckinridge, 27 January 1947; Breckinridge
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to Grove, [2?] February 1947; Grove to Breckinridge, 6 February 1947; Breckinridge to W. A. Hifner, 24 February 1947; and Breckinridge to Hifner, 10 March 1947, all in box 317, folder 1, FNS Papers.


82. Helen Marie Fedde explained that Willeford’s dissertation originally outlined this plan. FNS published the dissertation the year Willeford finished it. Fedde, “A Study of Midwifery,” 70–71; and Willeford, Income and Health in Remote Rural Areas.


84. Frontier Nursing Service, Inc., Executive Committee Meeting, 2 October 1935, 2, box 3, folder 25; Report of the Director of Frontier Nursing Service Given to the Executive Committee, 25 April 1936, 1–2, box 4, folder 3; Report of the Director of Frontier Nursing Service Given to the Executive Committee, 18 October 1937, 1, box 4, folder 15; Report of the Director of Frontier Nursing Service Given to the Executive Committee, 4 March 1938, 1, box 4, folder 17; and Report of the Director of the Frontier Nursing Service Given to the Executive Committee, 12 January 1939, 4–5, box 4, folder 22, all in FNS Papers.

85. Dorothy F. Buck, The Frontier Graduate School of Midwifery (Hyden, Ky.: Frontier Nursing Service, 1943), 1–2, box 323, folder 1, FNS Papers.


88. Buck, Frontier Graduate School of Midwifery, 2; Report of the Director of Frontier Nursing Service Given to the Executive Committee, 26 November 1940, 6, box 4, folder 33; and Report of the Director of Frontier Nursing Service Given to the Executive Committee, 7 November 1941, 2, box 5, folder 7, both in FNS Papers.

Between 1943 and 1945, most students of the Frontier Graduate School of Midwifery received money under the terms of the Bolton Act, providing federal dollars for expanding the pool of nurses to meet war-time needs. After the war, the school trained some veterans, whose expenses were met by the federal government. Report of the Director of the Frontier Nursing Service at the Executive Meeting, 2 December 1945, 8, box 5, folder 24; and Report of the Director of the Frontier Nursing Service at the Executive Committee Meeting, 2 December 1946, 5, box 6, folder 5, both in FNS Papers.


90. Buck, Frontier Graduate School of Midwifery, 2, 4–5.

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92. Lester, interview by Fried et al., 3 March 1978.
93. Lester, interview by Deaton, 27 July 1978, 4.
98. FNS Medical Advisory Committee, Routine for the Use of the Frontier Nursing Service, 1928, 20, box 27, folder 1, FNS Papers.
103. Among obstetricians, who served only the most elite women in the United States, prenatal care became accepted during the first few decades of the twentieth century. Certainly, by the 1930s, obstetricians provided regular prenatal care. Longo and Thomsen, “Prenatal Care and its Evolution in America,” 29–70.
105. Dorothy Buck to Anne Winslow (?), January 1932, box 338, folder 7, FNS Papers.
108. As Breckinridge explained, many mountaineers “emigrated to the railroad towns, lured by the prospect of cash wages and better opportunities for their families.” These men and their families returned to their old homes when the jobs in the railroad and coal mining towns dried up. Mary Breckinridge, “The Corn-Bread Line,” reprinted from *The Survey*, August 1930, box 356, folder 9, FNS Papers.


114. Lester, interview by Fried et al., 3 March 1978.

115. Davis-Floyd, *Birth as an American Rite of Passage*, 84–86. Today, even the most standard women’s health texts explain: “You should challenge any hospital procedures that seem medically unnecessary, such as extensive shaving of your pubic area or administration of an enema. There is rarely any need for these outdated rituals, but though they have been eliminated in many birth centers, they persist in some institutions.” “Medical Economics Data,” *PDR Family Guide to Women’s Health and Prescription Drugs*, Montvale, N.J., 2001, at infotrac.galegroup.com (accessed 15 June 2004).

116. Steele and Dublin, “Report on the Third Thousand Confinements,” 23–32. Nurse-midwives delivered approximately the same proportion of cases in each series of one thousand midwifery cases. They obtained the services of a physician in fifty-two cases for the first series of one thousand cases, sixty-one for the second, and fifty-three for the third.


118. The manuals always made clear that FNS nurse-midwives were not trying to compete with local physicians. Carl D. Fortune and Helen H. Fortune, interview by Dale Deaton, 790H25, FNS 26, 6 October 1978, transcript, 6, FNS Oral History Collection. See also *Routine for the Use of the Frontier Nursing Service, Authorized by Its Medical Advisory Committee Meeting August 27, 1928*, in Lexington, Kentucky, esp. 1, box 27, folder 1, FNS Papers; *Routine for the Use of the Frontier Nursing Service, Authorized by Its Medical Advisory Committee Meeting August 27, 1928*, in Lexington, Kentucky, Revised September 23, 1930, box 27, folder 2, FNS Papers; and *Medical Routine for the Use of the Nursing Staff of the Frontier Nursing Service, Fourth Edition*, revised May 1948,
esp. 3–4, box 27, folder 4, FNS Papers.


121. FNS had great difficulty retaining a medical director in the 1940s and 1950s. When John H. Kooser resigned in 1943 to join the Navy after twelve years of service to FNS, medical directors thereafter stayed no more than two years; many stayed for only a few months, and some periods had no medical director. Dammann, *Social History of the Frontier Nursing Service*, 87. For information on FNS’s constant problems finding a medical director, see Mary Breckinridge to Josephine Hunt, 9 December 1937, box 344, folder 10; Director’s Report to FNS Executive Committee, 28 November 1944, 2, box 5, folder 20; Breckinridge to Hunt, 4 September 1945, box 345, folder 7; Director’s Report to FNS Executive Committee, 2 December 1945, box 5, folder 24; Breckinridge to Laura Ten Eyck, 22 March 1946, box 340, folder 3; Breckinridge to Members of the Executive Committee, 26 March 1946, box 345, folder 8; “Memorandum on the Post of Medical Director,” 1946, box 345, folder 8; Director’s Report to FNS Executive Committee, 28 February 1947, box 6, folder 7; and FNS Executive Committee, 30 November 1955, box 7, folder 15, all in FNS Papers.


131. FNS Medical Advisory Committee, *Medical Routine for the Use of the Frontier Nursing Service*, 1930, 24, 28–29. The reason for burning the placenta is unclear. In her study of African American traditional midwives in central Texas from 1920 to 1985, sociologist Ruth C. Schaffer noted these midwives “practiced with some magico-religious overtones, such as the eating of clay and the ritual disposition of the placenta. All placentas were burned or buried, and sometimes salt was applied before burning. The only explanation was that their grandmothers and great grandmothers had performed these actions.” Perhaps FNS nurse-midwives continued some old birthing traditions, despite their interest in distinguishing their practices from those of traditional midwives. Schaffer, “The Health and Social Functions of Black Midwives,” 95.


134. FNS Medical Advisory Committee, *Medical Routine for the Use of the Frontier Nursing Service*, 2nd (revised) edition, 1930, 24; Breckinridge, “The Nurse-Midwife—A Pioneer,” 1149. Breckinridge explained that once the patient was in labor, the nurse-midwives stayed with her for two days and nights in the home if necessary.

135. Lester, interview by Fried et al., 3 March 1978.

136. Apple, *Mothers and Medicine*. Apple explains that artificial infant feeding became widely accepted and breastfeeding decreased in the first half of the twentieth century, especially after 1920, for several interrelated reasons: 1) scientific theories suggested that many infants would benefit from infant formulas; 2) infant food companies used advertising to persuade physicians and mothers to use artificial formula; 3) artificial feeding helped physicians to gain status as scientific experts, control over their patients’ lives, and money; and 4) women increasingly chose physician-directed bottle feeding because they put their faith in science and believed their babies would be healthier with “scientific” feeding.


142. Drummond, “Frontier Nursing Service,” 34.


145. Lester, interview by Fried et al., 3 March 1978.

146. Lester, interview by Fried et al., 3 March 1978.


152. Kentucky Committee for Mothers and Babies Monthly Report, Hyden and Stinnett Centers, October 1925, box 10, folder 1, FNS Papers; and “In the Field—The
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Three Centers,” 2.


Infant mortality rates at FNS were also low. However, the rates increased during the Depression. As Irvine Loudon explained regarding FNS in the 1930s: “Infant mortality rose, but maternal mortality did not, in line with the general principle that infant mortality is sensitive to social and economic change to a much greater extent than maternal mortality.” Loudon, *Death in Childbirth*, 320.


155. For Dublin’s reports on the years 1925–1939, see Letter from Louis I. Dublin to Mary Breckinridge, *Quarterly Bulletin of The Frontier Nursing Service, Inc.* 7, no. 1 (Summer 1932): 7–9; Dublin, “Summary of Second 1000 Midwifery Records,” 13–21; and Steele and Dublin, “Report on the Third Thousand Confinements,” 23–32. Elizabeth Steele, who worked in the Statistical Bureau at Met Life, prepared the reports of the second and third 1,000 deliveries, and, at least with the second report, Dublin said that he went over Steele’s work and vouched for its accuracy.


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2. Sally Austen Tom and *Quarterly Bulletin of the Frontier Nursing Service, Inc.* give slightly different years for the start of McNaught’s employment at FNS and her midwifery education in Britain. I use the Bulletin’s years because they were reported at the time, rather than long after the fact. “Staff Notes,” *Quarterly Bulletin of The Kentucky Committee for Mothers and Babies, Inc.*, 3, no. 3 (November 1927): 6; and “Staff Notes,” *Quarterly Bulletin of The Frontier Nursing Service, Inc.*, 4, no. 2 (September 1928): 12–13.

3. For the retirement date, see “Miss Rose McNaught, Nurse-Midwife Pioneer, Visits Former Students Here,” undated article from a Santa Fe newspaper, container 11, file: Rose McNaught, n.d., American College of Nurse-Midwives (ACNM) Archives, National Library of Medicine, Bethesda, Maryland.


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8. Longo and Thomsen, “Prenatal Care and Its Evolution in America,” 34–35.

This chapter relies heavily on the MCA archives. Readers will note three different locations for these materials: MCA Archives, MCA Storage, and MCA Office. Until 1996, the archives were located in MCA’s library; anything accessed until that time is listed as MCA Archives. In 1996, most of the archives were placed into storage; items accessed from storage are designated as MCA Storage. Some items remain in the MCA Office; those items are designated as such.

17. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 10 April 1930, MCA Office.
18. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 12 March 1925, MCA Office.
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24. Lobenstine to Quinn, 31 October 1930.


30. Louise Zabriskie was MCA’s assistant field director and later field director and author of Nurses’ Handbook of Obstetrics; Nancy Cadmus was MCA’s general director in the early 1920s; Corbin’s position will be discussed further. MCA 1923 Conference, 1; and Minutes of Committee on Postgraduate Courses in Midwifery for Nurses, 6 October 1927, container 515655 (Reports on MCA Clinics, Booth Joint Programs, FC 4 of 8, 1920–1978, box 79), folder: National Organiz. For Public Health Nursing, 1920–1929, MCA Storage.


32. Lobenstine to Quinn, 31 October 1930.

33. MCA, Lobenstine, 3, MCA Archives.

34. MCA 1923 Conference, 3; and MCA Minutes, 1924–1942, Meeting of the Board of Directors, 9 February 1928, 106, MCA Office.

35. MCA 1923 Conference, 2.

36. MCA 1923 Conference, 3.

37. On nurses supporting the plan, see especially MCA 1923 Conference, 20–22, 31.


39. MCA 1923 Conference, 16.

40. The chair of the 1923 conference, MCA’s Nancy E. Cadmus, concluded that participants were considering “the attitude of the medical fraternity to the question of nurses taking the regular training in midwifery.” MCA 1923 Conference, 33–34.
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43. MCA 1923 Conference, 15.
44. MCA, Maternity Center Association, 1918–1943, 25.
45. MCA, Maternity Center Association, 1918–1943, 26.
46. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 4 October 1934, 275, MCA Office.
47. “By-Laws of The Association for the Promotion and Standardization of Midwifery, Inc.,” container 515655 (Reports on MCA Clinics, Booth Joint Programs, FC 4 of 8, 1920–1978, box 79), folder: Association for the Promotion and Standardization of Midwifery, 1930–1939, MCA Storage; and MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 17.
48. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 17–18.
49. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 18.
50. MCA, 40th Annual Report of the Maternity Center Association, 32–33.
51. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 12 March 1925, MCA Office; MCA Minutes, 1924–1942, Meeting of the Board of Directors, 10 April 1930, MCA Office; and Rice, “Regarding Recent Efforts to Reduce Mortality in Childbirth,” 9.
52. According to Hattie Hemschemeyer, director of the Lobenstine Midwifery School and Clinic, the percentage of midwife-attended births in New York City was 30 percent in 1919, 12 percent in 1929, and 2 percent in 1939. Hemschemeyer, “Midwifery in the United States,” 1182.
54. “Graduates of the Maternity Center Association School of Midwifery,” 1957[?], container 7, folder: ACNM Membership Archives.
55. “The School for Midwives Conducted by the Association for the Promotion and Standardization of Midwifery, Inc. at The Lobenstine Midwifery Clinic,” 1932, container 515655 (Reports on MCA Clinics, Booth Joint Programs, FC 4 of 8, 1920–1978, box 79), folder: Association for the Promotion and Standardization of Midwifery, 1930–1939, MCA Storage.
56. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 25.
57. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 18–19, 22–23.
60. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 24, 104. The elimination of the four months in public-health nursing took place some time during the 1930s as


62. Adapted from table and text in Minutes, Medical Board Meetings, MCA, 1931–1965, 28 January 1936, 31, 32–1, 32–2, MCA Office.

63. MCA, *Twenty Years of Nurse-Midwifery, 1933–1953*, 54. On the Social Security Act funding, see MCA Minutes, 1924–1942, Meeting of the Board of Directors, 12 March 1936, 318; and Minutes, Medical Board Meetings, MCA, 1931–1965, 1 December 1936, 36, both in MCA Office.

64. “Suggestions for Improving Existing Maternity Services in New York City,” with “Appendix: The Affiliation of the Maternity Center Association with the Belle- vue Training School for Midwives,” 5.

65. On the demonstration, see MCA, *Twenty Years of Nurse-Midwifery, 1933–1953*, 54–57; and Elizabeth Ferguson, “Midwifery Supervision,” *Public Health Nursing* 30 (August 1938): 482–85. For comments by a Johns Hopkins Medical School obstetrician based on his experiences with the demonstration, see Peckham, “The Essentials of Adequate Maternal Care in Rural Areas,” 119–24. According to a list from MCA, Ferguson graduated from Lobenstine in 1935 and Solotar in 1937. It is possible that Solotar worked in Maryland as a student, or did not begin her position until after she graduated, even though she was appointed in 1936. “Graduates of the Maternity Center Association School of Midwifery,” 1957(?), container 7, folder: ACNM Membership, List of Graduates from American Midwifery Programs, ACNM Archives.

66. For comments on the demonstration's maternal morbidity and mortality rates, see Corbin, “Historical Development of Nurse-Midwifery,” 18.

67. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 13 October 1938, 384, MCA Office. This story was also told—without Ferguson's name—in MCA, *Lobenstine*, 9.

68. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 4 October 1934, 275, MCA Office.

69. The names of those resigning are listed in Minutes, Medical Board Meetings, MCA, 1931–1965, 10 January 1935, 10, MCA Office. With understated glee, Corbin noted Stander's change of heart several years later: “There are two nurse midwives [graduates of the Lobenstine School] on the staff of the New York Hospital, one in charge of the maternity pavilion and one in charge of the maternity clinics. Considering that Dr. Stander resigned from the Maternity Center Association Board because of the Association's interest in midwives, it is of passing interest that he has a midwife in charge of his two major departments.” MCA Minutes, 1924–1942, Meeting of the Board of Directors, 19 October 1939, 409, MCA Office.


71. Minutes, Medical Board Meetings, MCA, 1931–1965, 10 January 1935, 10, MCA Office.

72. As Watson explained, “The policy of the clinic is not to accept patients who could afford the minimum fee of a private physician.” Minutes, Medical Board Meetings, MCA, 1931–1965, 1 December 1936, 36, MCA Office.

73. George W. Kosmak to Doctor, 6 April 1932, container 515655 (Reports on...


75. The information and quotations can be found in several inspection reports of the Lobenstine Midwifery Clinic by the New York State Department of Social Welfare. See container 512591 (Admin. Records, Lobenstine Clinic, H. Hemschemeyer 2 of 3, 1931–1971, box 108), folder: State Department of Social Welfare (Inspections), MCA Storage.

76. Minutes, Medical Board Meetings, MCA, 1931–1965, 1 December 1936, 36, MCA Office; and AIER, “Cost-of-Living Calculator.” I used the year 1936 to convert patient incomes into 2006 dollars, and I used the greatest income patients could have possibly received—pay for fifty-two weeks per year—even though they probably received less.

77. Minutes, Medical Board Meetings, MCA, 1931–1965, 23 January 1940, 43, 43a, MCA Office. AIER, “Cost-of-Living Calculator.” Once again, I used the year 1936 to convert patient incomes into 2006 dollars. Note that patient incomes were worth the same in 1936 as in 1939.

78. MCA, Lobenstine, 4, 5.

79. This can be seen in the inspection reports of the Lobenstine Midwifery Clinic by the New York State Department of Social Welfare, as well as the annual reports of the clinic to the New York State Board of Charities. See container 512591 (Admin. Records, Lobenstine Clinic, H. Hemschemeyer 2 of 3, 1931–1971, box 108), folder: State Department of Social Welfare (Inspections), MCA Storage.


81. The information and quotation can be found in several inspection reports of the Lobenstine Midwifery Clinic by the New York State Department of Social Welfare. See Container 512591 (Admin. Records, Lobenstine Clinic, H. Hemschemeyer 2 of 3, 1931–1971, box 108), folder: State Department of Social Welfare (Inspections), MCA Storage.

82. MCA Minutes, 1924–1942, Meeting of the Board of Directors, 19 October 1939, 409, MCA Office.

83. Kosmak to Doctor, 6 April 1932.

84. The district’s location also suggests that a few patients would have been immigrants from Cuba, the West Indies, Mexico, and Central and South America, other inhabitants of what was known as “Spanish Harlem.” But these immigrant groups were all much smaller in number than the Puerto Ricans, who made up 85 percent of the area’s population. Works Progress Administration, The WPA Guide to New York City, 265–66.

85. Minutes, Medical Board Meetings, MCA, 1931–1965, 1 December 1936, 36, MCA Office.

86. Works Progress Administration, WPA Guide to New York City, 267; and Chenault, Puerto Rican Migrant in New York City.

To complicate matters further, another set of clinic statistics (1932–1939) indi-
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cates that 1051 patients (51 percent) were “white,” 998 (48 percent) “black,” and 9 (less than 1 percent), “other.” However, the total number of patients in this set of statistics adds up to 2058, while the total number of patients at the clinic was supposed to have been 1545. Thus, the statistics do not make sense. Was there an error in the reporting? Or were Puerto Rican patients counted twice—as both “white” and “black”? Minutes, Medical Board Meetings, MCA, 1931–1965, 23 January 1940, 43a, MCA Office.


99. While the New York Academy of Medicine claimed that midwives attended 10 percent of New York City’s births, obstetrician George Kosmak suggested that they attended over 8 percent (see note 16). New York Academy of Medicine Committee on Public Relations, *Maternal Mortality in New York City*, 190–95.

100. Carson, “And the Results Showed Promise,” 49.


105. From 1933 to 1942, MCA antepartal home visits averaged 2.9 per person; from 1943–1952, they averaged 1.7 per person. MCA, *Twenty Years of Nurse-Midwifery*, 27–32; and Dublin, “Risks of Childbirth,” 3–4.


107. Hemschemeyer, “The Nurse-Midwife Is Here to Stay,” 914. In this quotation, Hemschemeyer is referring to the founding of the nurse-midwifery school and clinic.


111. At that exhibit, parents and other interested parties visited a sample nursery
and received MCA’s pamphlets, “Advice for Mothers,” “Advice for Fathers,” and “A Message to Expectant Fathers and Mothers,” explaining prenatal care and how parents could prepare for home delivery and the arrival of a baby.


116. Laird, “Report of the Maternity Center Association Clinic,” 182, 184. Because available information on MCA’s nurse-midwifery clinic provides only aggregate statistics and information about the clinic between 1931 and 1951, it is difficult to discern exactly what an MCA labor and delivery was like in the 1930s, compared to later years.

119. Hazel Corbin, interview by Ruth Watson Lubic, 27.
122. On the decline in breastfeeding in the 1930s, see Wolf, *Don’t Kill Your Baby*, 187–97. As Wolf notes, though, most older physicians continued to push breastfeeding well after infant formula became the norm.

Infant mortality rates at MCA were also low but increased during the Depression. See note 153, chapter 2.

126. “The Effect of Prenatal Supervision on Maternal and Infant Welfare,” A Report on the Work of the Maternity Center Association of New York City, May 1919 to August 1921, MCA Archives; and Dublin and Corbin, “A Preliminary Report of the Maternity Center Association,” 877–81. The first study showed only a slightly lower maternal mortality rate and much lower infant mortality rate as compared with Manhattan as a whole; the surprisingly high number of maternal deaths appeared to be caused by poor care at the hospitals during labor and delivery. The second study showed improved maternal mortality resulting from prenatal care, labor and delivery assistance, and postpartum care by MCA’s public-health nurses.
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128. This phrase was used in MCA, *Maternity Center Association: Six Years in Review, 1930–1935*, n.p.

129. On the common belief that “it was bad taste to comment in public on pregnancy” and on newspapers’ prohibition of the word “pregnancy,” see MCA, *Maternity Center Association, 1918–1943*, 7–8. On the comment that the film, “The Birth of the Baby,” and the pictures of it shown in *Life*, were “obscene,” and on the banning of the film, see MCA Minutes, 1924–1942, Meeting of the Board of Directors, 13 January 1938, 365, MCA Office; MCA Minutes, 1924–1942, Meeting of the Board of Directors, 14 April 1938, 377, MCA Office; and “The Mystery of Life Goes to the New York World’s Fair,” *Life Begins*, 30 March 1940, 20, MCA Archives. Also see “This Announcement Was Sent to Life’s 650,000 Subscribers about the Picture-Article on Following Pages,” *Life* 4, no. 15 (11 April 1938): 32; “‘The Birth of a Baby,’” 33–36; and Adair, *The Country Doctor and the Specialist*, esp. chaps. 7 and 8.

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1. The information on Hyder is from Kate Hyder, interview by Sara Lee Silberman; Silberman, “Pioneering in Family-Centered Maternity and Infant Care,” 262–87; Kate Hyder, Response to Committee on Organization’s Questionnaire, 1954, container 1, File: Pre-Organization Questionnaire, H-O, ACNM Archives; and Social Security Death Index, www.ancestry.com/search/rectype/vital/ssdi/main.htm (accessed 6 August 2004).


3. Of course, there were a number of nurse–midwives educated abroad who worked in the United States (such as the many British nurse–midwives at Frontier Nursing Service), and there were many nurse–midwives educated in the United States who practiced abroad (such as the women who worked in foreign missions). Lucille Woodville et al., “Descriptive Data, Nurse Midwives—U.S.A., American College of Nurse–Midwifery,” *Bulletin of the American College of Nurse-Midwifery* 8, no. 1 (Summer 1963): 30–37; and Shoemaker, *History of Nurse–Midwifery in the United States*, 37.


6. On the introduction of sulfa drugs, see Stevens, *In Sickness and In Wealth*, 177.

7. Stevens, *In Sickness and In Wealth*, 201–2, 204, 220.


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16. Other women mistook “the professional approach . . . for personal indifference to the mother’s needs. She missed the reassuring presence of her relatives or friends. Her sense of modesty was infringed. And not least of all, there was an unfounded fear of surgery or death.” Sister M. Michael Waters, “Culture in Relation to a Maternity Service,” Public Health Nursing 42 (1950): 69–72. The study to which Waters was referring is Van der Eerden, Maternity Care in a Spanish-American Community of New Mexico.
17. On women’s own desires for access to medical science, see Leavitt, Brought to Bed, 171–77.
27. See Rinker, “To Spread the ‘Gospel of Good Obstetrics,’” 282–85, for examples of mothers’ frustrations with obstetric nurses. I thank Rinker for sharing her dissertation with me.
29. See Smyth, “History of the Catholic Maternity Institute from 1943 to 1958,” on nurse-midwives assuming responsibilities in the intrapartal and postpartal phases of birth, while obstetric nurses did not assume such roles.
31. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 115.
32. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 113.
N.A.C.N.M, ACNM Archives.

36. Knowledge about hospital nurses who had degrees in nurse-midwifery comes from their comments on questionnaires completed in the mid-1950s by graduates of nurse-midwifery schools, and from their articles in nursing journals that challenge contemporary approaches to maternity nursing.

37. Barbara Sklar Laster, Response to Committee on Organization’s Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, H-O, ACNM Archives.


41. Grantly Dick-Read was the author of Natural Childbirth and Childbirth without Fear.

42. “I Watched My Baby Born,” as told to Selwyn, 5–13; and “Natural Childbirth: Young Mother Has Her Baby with No Fear, Little Pain,” 71–76.

43. Leavitt, Brought to Bed, 194–95.

44. Chapters 2 and 3 offer examples of the value FNS and MCA nurse-midwives placed on spending time with maternity patients. Several early MCA writings point to a belief in the normality of pregnancy and labor, and to an emphasis on eliminating fear from patients’ minds. In 1922, Ralph Lobenstine, after whom MCA’s Lobenstine Midwifery School was named, explained that fear should have no place in the mind of prospective mothers: “Fear acts peculiarly on the progress of the labor. It adds to the feeling of pain and, at the same time, it is likely to delay the progress by causing the contractions of the womb (which cause the pain) to be less effectual.” An MCA pamphlet from 1934 argued that “pregnancy is natural and should be normal.” In the same year, George Kosmak, chairman of MCA’s Medical Board, stated: “Parents must realize that labor is a normal process and that its successful termination is not dependent upon the unrestricted use of anesthetics or the operative dexterity of the attendant.” Lobenstine, The Expectant Mother and the New Baby, 12; MCA, “A Mother’s Day Message to Men, May 13th, 1934” (New York: MCA, 1934); and MCA, The Story of the New Mother’s Day (New York: MCA, 1935), 17, all in MCA Archives.


46. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 99.

47. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 91.

48. Ruth Watson Lubic states: “It is interesting that Dr. Dick-Read . . . was well received by the public, but greeted with distrust and ridicule by many of his obstetrical colleagues. Indeed, when MCA initiated a demonstration of Dick-Read’s principles, it was done out of New York City at a nearby major medical center, not completely by preference. Nowhere in New York was the agency able to initiate a program despite the fact that there was interest on the part of some academic obstetricians. It appears that department chiefs could be effectively stopped from changing the status quo of practice by the pressure of the conservative members of their staffs.” Lubic, “Barriers and
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Conflict in Maternity Care Innovation,” 17.
50. Hyder interview.
52. Hyder interview.
54. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 96.
55. One letter explained, “I remember that you asked us to send you a full description of our experiences during birth, and so I will try to give you the full details as well as I can recall them now.” David, Bob, and Day Levin to Miss Strachan and Miss Janeway, n.d., Natural Childbirth Letters, c. 1947–1951, MCA Archives.
59. While praising their experiences, some of these women also criticized aspects of their hospital stays, revealing their desire for more control over their birthing processes, more support in the delivery room, and more contact with their newborns. These women wanted an even better emotional experience of childbirth than postwar natural childbirth could offer. The nurse whose husband was a medical student wished she had “not . . . had my hands tied,” that she had been “allowed to touch the baby immediately,” and “that my husband might have been present at delivery.” The wife of a Yale student wished her husband had been at the delivery: “He was such a comfort all during the rest of labor. I felt rather sorry he couldn’t be there when our son was born.” Some women expressed disappointment with natural childbirth, and/or a belief that they did not live up to the requirements of the Read method. These women generally did not blame the method itself, pointing instead to their personalities or external circumstances which harmed chances for success with natural childbirth. One woman, who thanked MCA “for a happier, more intelligent pregnancy and approach to childbirth,” explained that she was only “partially successful with natural childbirth” because of “certain things in my temperament and character which are deterrent to it”: “a deep rooted mistrust of hospitals”; “a great fear of ‘being torn to pieces’ in childbirth”; the need for “more personal encouragement and attention than I should ask for, than could be given me in any hospital in the world!”; that “I am inhibited and afraid of ‘letting go’ and ‘giving myself away’”; and that “I am foolishly perfectionist.” “A graduate nurse whose husband is finishing his work for his M.D.”; “The wife of a Yale student”; and Toni Schwed to Miss Stevens, 24 February 1950, Natural Childbirth Letters, c. 1947–1951, MCA Archives.
60. Webster’s II New Riverside University Dictionary, s.v. “natural.”
61. For a discussion of the expansion of natural childbirth and a list of health professionals’ studies of natural childbirth between 1946 and 1960, see Sandelowski, Pain, Pleasure, and American Childbirth, 91–92, 102–3n38.
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65. MCA, *Twenty Years of Nurse-Midwifery*, 96.
67. “Graduate Program in Maternity Nursing,” Columbia University, Department of Nursing and the Faculty of Medicine, 1957–1958, 6, container 515651 (Administration, Joint Programs, Motion Pictures, Copyrights, Transl., Filing Cabinet, 1 of 8, 1920–1978, box 76), folder: Joint Program-Columbia-Presbyterian, 1950–1959, MCA Storage.
70. Fetter, “Johns Hopkins Nurse-Midwife Program.”
72. *Briefs* 20, no. 6 (June 1956): 90.
73. Fetter, “Johns Hopkins Nurse-Midwife Program.”
77. “Educational Programs,” 19–21.
82. Corbin interview, 34.
83. Dawley, “Leaving the Nest,” 184–85; on substandard care at Kings County, see Corbin interview, 36.
85. Dawley, “Leaving the Nest,” 185–86.
86. Marion Strachan to Robert A. Moore, 14 March 1958, container 515651
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(Administration, Joint Programs, Motion Pictures, Copyrights, Transla., Filing Cabinet, 1 of 8, 1920–1978, box 76), folder: Joint Program–Kings County Hospital-State University of New York, 1950–1959, MCA Storage. Hazel Corbin also noted, “we all regret the closing of our clinic and loss of the family-centered experience field it offered students.” Corbin, “Recent Program Changes,” 30.

94. See, for example, Wolf, Misconceptions; and Mitford, The American Way of Birth.

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3. Based on Cannon’s interview with Mitchell (see note 1), the School Health Guide is likely Georgia Department of Education and Georgia Department of Public Health, School Health Guide (Atlanta, 1955), and the documentary film is likely Southern Educational Film Production Service, producer, and George C. Stoney, writer, Birthright (Atlanta: Georgia Department of Public Health, 1951).
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11. On the need to understand the experiences of black nurses, see Hine, *Black Women in White*, xi.
21. Breckinridge, *Wide Neighborhoods*, 314–15. Interestingly, Breckinridge also had a different view of rooming-in than some of her nurse-midwife contemporaries. She believed in keeping newborns near their mothers; as one writer explained, even in Hyden Hospital, “the babies were kept in the ward with their mothers, in their own little cribs to be sure but placed alongside their mothers’ beds.” However, Breckinridge criticized the “rooming in” philosophy: “As to this business of ‘rooming in,’ as they call it now, I personally am of a doubtful mind. The mother should have her baby near her, but the mother should not have the responsibility or the care of her baby for at least a week after it is born, in my opinion. Childbirth is exhausting no matter how normal. It calls for hard exercise, not one bit like reducing exercises. I have borne two children and I know. The woman who has just gone through childbirth rates a rest, and she should get it. Give her her baby, yes, whenever she wants it, but not the care of it and not the responsibility for it.” Hope McCown, “Hail to Hyden Hospital!” *Quarterly Bulletin of the Frontier Nursing Service, Inc.* 22, no. 4 (Spring 1947): 7–10; and Mary Breckinridge, “Beyond the Mountains,” *Quarterly Bulletin of the Frontier Nursing Service, Inc.* 25, no. 3 (Winter 1950): 57.
23. Harris, “Constructing Colonialism,” 68. The trial began in October 1959 and
ended in March 1968. Inventory for the FNS Medical Surveys, Archives and Special Collections, Margaret I. King Library, University of Kentucky, Lexington.

26. On birth control activists’ compromises with and resistance to the medical profession’s domination, see McCann, Birth Control Politics, 58–97.
27. At the same time that some women—poor, black, or “feebleminded,” depending on the state—were forced to be sterilized, many others who wanted a tubal ligation found they could not get one. As Dorothy McBride Stetson explains, “until the late 1960s, many physicians adhered to the ‘rule of 120’ recommended by the American College of Obstetrics and Gynecology: they performed sterilizations on private women patients only if their age multiplied by the number of their living children equaled at least that number.” Dorothy McBride Stetson, “Sterilization,” in Historical and Multicultural Encyclopedia of Women’s Reproductive Rights in the United States, ed. Judith A. Baer (Westport, Conn.: Greenwood Press, 2002), 194–95; Schoen, Choice and Coercion.

33. MCA, 40th Annual Report of the Maternity Center Association, 38, 40.
34. Minutes, Medical Board Meetings, MCA, 1931–1965, 19 November 1943, 46, MCA Office.
35. MCA, 40th Annual Report of the Maternity Center Association, 38, 40, 43–44; and Maternity Center Association, Berwind Branch, revised 1953, 1, MCA Archives.
37. MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 78, 82.
40. The information on these women is taken from Bergstrom et al., “Full Circle,” 29–45.
41. Smith, Sick and Tired of Being Sick and Tired, 119–20; and Holmes, “African American Midwives in the South.”
42. Smith and Holmes, Listen to Me Good, 64; and Smith, Sick and Tired of Being Sick and Tired, 126–27.
44. Smith and Holmes, Listen to Me Good, 82–84.
45. Smith, Sick and Tired of Being Sick and Tired, 120.
46. Smith and Holmes, Listen to Me Good, 42.
47. Smith, Sick and Tired of Being Sick and Tired, 124.
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49. On a 1944 roster of the Medical Association of the State of Alabama, Segre is listed as “colored.” A 1937 graduate of Howard University Medical School, Segre worked at the Slossfield Clinic, a clinic for African Americans in a poor area of Birmingham, prior to taking the position at Flint-Goodridge. Tim Pennycuff, University Archivist, University of Alabama at Birmingham, telephone conversation with author, 6 January 2006.


54. Ruth Doran to Hazel Corbin, 23 March 1953, MCA Archives; and MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 58–61.


58. Doran to Corbin, 23 March 1953; and MCA, Twenty Years of Nurse-Midwifery, 1933–1953, 59–61.


60. The information on Hale is from Bell, “Making Do’ with the Midwife,” 155–69. The year of Hale’s graduation from Tuskegee is from Canty, “Graduates of the Tuskegee School,” 30.

61. The information on Callen is from Hill, “Maude E. Callen,” 49–54, quotation on 52. The year of Callen’s graduation from Tuskegee is from Canty, “Graduates of the Tuskegee School,” 29.


63. Of course, the tradition of attending births at home predated nurse-midwives by centuries.

64. This story comes from Pauline E. King, producer, Nurse-Midwife, film (Santa Fe: CMI, 1948), MMS Archives. The film shows this family and the birth of their baby.

65. Debates abound over the appropriate terminology to use for people of Mexican origin. I have chosen to use the broad term, Latino, when discussing Catholic Maternity Institute’s patients.

According to Felipe Gonzales, Director of the Southwest Hispanic Research Institute and Associate Professor of Sociology, University of New Mexico, it is safe to assume that the Latino population in Santa Fe County and surrounding areas had roots going back to the nineteenth century. Although New Mexico is at the Mexican border, it has received the smallest amount of modern Mexican immigration out of any border state with a large Mexican immigrant and/or Mexican-American population. In addition, the fact that CMI nurse-midwives described their patients as “Spanish American” gives more credence to the argument that Mexican Americans, not Mexican immigrants, populated the area. Gonzales said that Anglos would have been even more likely than Latinos to distinguish between different Latino populations, and would have called their patients “Mexicans” if they had been Mexican immigrants. Felipe Gonzales, telephone conversation with author, 15 February 2001.

66. Some women did not receive prenatal care as often as the nurse-midwives rec-
ommended. However, all received much more care than they would have had otherwise.


68. I thank Molly Ladd-Taylor for helping me think further about how this work contributes to broader issues in women's health history. Robert A. Orsi also argues that in the twentieth-century Catholic context, religion and science were not considered opposing values, and patients' and caregivers' religious devotion was not part of an "anti-modernist impulse." In his study of women's devotion to St. Jude, the patron saint of hopeless causes, Orsi contends that devotion to this saint allowed sick women to challenge their physicians' authority and to develop more helpful responses to illness than those suggested by either male physicians or male priests. Orsi, *Thank You, St. Jude*, 182–83.


70. In 1944, the sisters took over Atlanta's Catholic Colored Clinic, a clinic originally established by “apostolic-minded lay people” three years earlier. Although they had planned to stay only for the duration of the war, the sisters continued their work in Atlanta, opening the Holy Family Hospital in 1964. The sisters withdrew from the hospital in 1973. “Catholic Colored Clinic, Atlanta, Ga.,” *Medical Missionary Magazine* (September–October 1955): 115, MMS Archives; MMS, *History of the Society of Catholic Medical Missionaries, Pre-Foundation to 1968* (London: MMS, 1991), 182–84, MMS Archives; McInerney, “DeGive Family Colorful in City, Catholic History,” 4–5.

71. “Great Progress Made by Maternity Institute Nuns,” *Santa Fe New Mexican*, 8 March 1945, MMS Archives.

72. “Many Mothers and Babies Saved by Medical Mission Sisters,” *Santa Fe New Mexican*, 8 March 1945, MMS Archives.


75. Although CMI served mostly poor Latinos, it was open to anyone. Shortly before it closed in 1969, CMI served several Anglo women who came there specifically for an alternative to hospital care. Sister Catherine Shean, telephone interview by author, 18 August 2000; and Rita Kroska, telephone interview by author, 24 July 2000. Although located in an urban area, CMI served women in an area of 2827 square miles in a radius of thirty miles from Santa Fe. Miller, “Grand Multiparas,” 419.


77. Sister Catherine Shean, a nurse-midwife who worked at CMI from 1945 until its closing in 1969, does not think the Protestant missionaries posed a problem for the MMS. She argued that the sisters always tried to work in cooperation with others helping their patient populations. She also explained that in the early 1960s, CMI had a short-lived arrangement with Presbyterian-Embudo Hospital, north of Santa Fe, to
provide nurse-midwifery students with hospital experience. St. Vincent’s Hospital, a Catholic hospital in Santa Fe, refused to allow the nurse-midwifery students to deliver babies there. Shean, interview by author.

78. Recent legal decisions allowed MHC to distribute birth control. In 1873, the federal Comstock Act had outlawed the distribution of birth control information and devices through the mail or across state lines. In 1930, a federal court decision modified the Comstock Act, and in 1936, in United States v. One Package, the Supreme Court allowed physicians to obtain and prescribe contraceptives whenever they chose. McCann, Birth Control Politics in the United States.


83. Deutsch, No Separate Refuge, 183.

84. Dengel, Mission for Samaritans, 113.


86. See, for example, a photograph of nuns in an operating room at the turn of the twentieth century in Franklin, “A Spirit of Mercy.” I wish to thank Carol K. Coburn for her helping me rethink the issue of nuns’ work in obstetrics and surgery. Coburn’s research on nuns at the Troy Maternity Hospital in 1909 and 1910 indicates that Catholic sisters did do obstetric work. Carol K. Coburn, conversation with author, San Marino, California, 17 May 1998.


91. Smyth, “History of the Catholic Maternity Institute,” 44–53. Starting in 1947, CMI also offered a master’s program with a major in maternity nursing, designed to “give a broad professional background to graduate nurses who intended to do administration, teaching, supervision, or consultation in the field of obstetric nursing.” In 1954, CMI extended the work for the certificate program from six months to one year.

92. Dunn, “They Save the Baby,” 8–9.


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97. See Brown, “Public Health Programs in Imperialism,” 897–903, for an argument about how philanthropies set up health-care programs as a way to create a wedge into the native cultures where the programs were established.
98. Sandelowski, Pain, Pleasure, and American Childbirth, chaps. 4 and 5.
102. Kroska, 50th Celebration Reunion.
103. On Catholic sister-nurses and the struggles they faced between their profession and their vocation, see Kauffman, Ministry and Meaning, 154–81, 238–44.
108. Shean, interview by author.
109. On Latina women’s preference for female attendants, see Van der Eerden, Maternity Care in a Spanish-American Community of New Mexico, 54–55.
110. Van der Eerden, Maternity Care in a Spanish-American Community of New Mexico, 8–19; Buss, La Partera, 7, 65–66; Anne Fox, interview by Jake Spidle, 11; and Shean, interview by author.
112. Shean, interview by author.
113. Catholic nurses and nuns also supported Catholic patients’ emphasis on prayer and religious rituals in hospitals. In Catholic hospitals in the 1950s, for example, nuns distributed prayer cards, said rosaries, and maintained hospital shrines to saints. According to Orsi, when female caregivers called on saints for support, they provided female patients the space to challenge their physicians’ decisions because the patients believed in the authority of the saints more than of the physicians. Orsi, Thank You, St. Jude, 166–67, 177–82.
114. Sister Catherine Shean, interview, in Kroska, executive producer, CMI: In-Depth Interviews with the Foundresses, video; Shean, interview by author; and Kroska interview.
115. Waters, “Culture in Relation to a Maternity Service,” 70. Emphasis added.
116. Most patients who registered with CMI for maternity care ultimately delivered with CMI’s nurse-midwives, or in the case of problems, with the help of CMI’s medical director. However, a few CMI patients who registered with CMI delivered their babies with a traditional midwife or a private physician. See Book #1, Deliveries Records, December 1943—April 1963, CMI, MMS Archives.

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118. Shean and Kroska, interviews by author.

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2. Tom’s article states that Hogan was chair of maternity nursing at a “Midwestern University.” Her response to a 1954 questionnaire indicates that she was at Case Western Reserve University. Aileen I. Hogan, Response to Committee on Organization’s Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, H-O, ACNM Archives.
3. Scott, Weapons of the Weak, xv. I thank Daniel Bradburd for recommending Scott’s work.
4. Scott acknowledged that subtle methods of resistance rarely change a society’s power structure but they can effectively undermine its dominant forces. Scott, Weapons of the Weak, 29–30.
7. Sister Beatrice Gallant, Response to Committee on Organization’s Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, P-Z, ACNM Archives.
8. Mabel Zapenas, Response to Committee on Organization’s Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, P-Z, ACNM Archives.
9. Helen Callon, Response to Committee on Organization’s Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, Late Respondents, ACNM Archives.
Notes to Chapter 6


17. Josephine Kinman to Dorothy Buck, 22 November 1943, box 231, folder 4, FNS Papers.


24. In 1973, the ACNM surveyed nurse-midwives about the relationship of nurse-midwifery to nursing, and whether nurse-midwifery should remain a part of nursing. The first two points in the following letter from a nurse-midwife are similar to comments some nurse-midwives made in the mid-1950s regarding organizing within the national nursing organizations:

“I strongly believe that we are and should remain a part of nursing. While much of this is gut level reaction, I would make the following points:

a) nurse midwives are few in number. We need the political clout of the entire nursing profession behind us if we are to accomplish our goals.

b) separation from the larger body of nursing, to me, raises the specter of loss of control over our own destiny. Physicians would be glad to dictate to a group to [sic] small to fight back.

c) What would be the effect of separation from nursing on the prerequisite of an R.N. for entrance to a midwifery school?”


26. The NOPHN merged with several other nursing organizations to form the National League for Nursing. The demise of the NOPHN reflected a general trend in public-health nursing by the early 1950s. Public-health nurses gained credibility by moving from rural clinics and settlement houses to hospitals, but forfeited their independence and special role.
Notes to Chapter 6


30. The majority of respondents agreed with the definition from the Committee on Organization; however, the changes nurse-midwives offered to the definition suggest some of the issues and controversies surrounding the name “nurse-midwife.” *Nurse-Midwife Bulletin* 2, no. 1 (April 1955): 2, container 2, folder: Pre-Organization, N.O.P.H.N. + N.A.C.N.M, ACNM Archives.


32. Emma Lois Shaffer, Response to Committee on Organization's Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, P-Z, ACNM Archives.


34. Rachel Pierce Schottin, Response to Committee on Organization's Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, P-Z, ACNM Archives.

35. Reva Rubin, Response to Committee on Organization's Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, P-Z, ACNM Archives.


37. Anne Fox, Response to Committee on Organization's Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, A-G, ACNM Archives.

38. M. Elizabeth Dunbaden Hosford, Response to Committee on Organization's Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, H-O, ACNM Archives.


40. Eunice LaRue, Response to Committee on Organization's Questionnaire, 1954, container 1, file: Pre-Organization Questionnaire, Late Respondents, ACNM Archives.

41. Fedde response.

42. “Kentucky State Association of Midwives, Inc.,” *Quarterly Bulletin of the Frontier Nursing Service, Inc.* 14, no. 4 (Spring 1939): 19–21. The one nurse-midwife not affiliated with FNS was an American nurse who trained in London to be a midwife and worked in Asia.


44. American Association of Nurse-Midwives pamphlet, January 1, 1959, box 228,
folder 1, FNS Papers.


49. Louis Hellman, interview by Anne Campbell, 79OH273, FNS 124, 20 November 1979, transcript, 8, 16, Frontier Nursing Service (FNS) Oral History Collection, Archives and Special Collections, Margaret I. King Library, University of Kentucky, Lexington.


51. As explained in chapter 5, thirty-one African American nurse-midwives graduated from Tuskegee and two graduated from Flint-Goodridge. Given that at least eight African Americans graduated from MCA, the total number of African American nurse-midwifery graduates would have been forty-one.

In 1942, leaders of the AANM and the director of the short-lived Tuskegee School of Nurse-Midwifery, F. Carrington Owen, suggested the AANM form an African American section of the association so that more African American nurse-midwives would join; they expected that the two associations would trade minutes. In 1943, Owen recommended a group of African American nurse-midwives for membership in the AANM, but, at its annual meeting, the association’s board of directors decided not to issue memberships to African American nurse-midwives.

In 1944, the issue of African American members was revisited. This time, at the AANM annual meeting, two white nurse-midwives who supervised African American nurse-midwives asked whether qualified African Americans were eligible for AANM membership. According to the report of the annual meeting, AANM bylaws made no distinction between white and African American nurse-midwives, and several African Americans had been members, but virtually all had been dropped due to nonpayment of dues. The report carefully mentioned that some white nurse-midwives had been dropped for the same reason, and then quoted the bylaws regarding termination of members upon consistent nonpayment of dues. One suspects from this careful explanation that the AANM anticipated challenges to its actions. At the 1944 annual meeting, the AANM elected into membership several African American graduates of the Tuskegee School of Nurse-Midwifery. American Association of Nurse-Midwives, Inc., Annual Meeting, 20 November 1941, 3, box 229, folder 1; Dorothy F. Buck to F. Carrington Owen, 29 December 1943, box 231, folder 8; Owen to Buck, 2 January 1942 [actually 1943], box 231, folder 8; Owen to Buck, 6 April 1943, box 228, folder 6; American Association of Nurse-Midwives, Incorporated, First 1943 Meeting, Board of Directors, 7–15–43, box 228, folder 6; American Association of Nurse-Midwives, Inc., Annual Meeting, September 28, 1944, box 229, folder 1, all in FNS Papers.

52. For comments on Breckinridge’s racial attitudes, see Browne, interview by Crowe-Carraco, 26 March 1979, 34–35; and Browne, interview by Deaton, 27 March 1979, 4–8.


55. Browne to Shoemaker, including memorandum, 5 October 1954; and Shoemaker to Browne, 14 October 1954, container 2, folder: Correspondence—Sr. M. Theophane, 1954, ACNM Archives.

56. Shoemaker to Browne, 14 October 1954; and Shoemaker to Ruth Doran et al. 16 October 1954, container 2, folder: Correspondence—Sr. M. Theophane, 1954, ACNM Archives. Sister M. Theophane was not the only frustrated committee member. Hattie Hemschemeyer told Helen Browne: “Frankly I had hoped for some indication [from Mary Breckinridge] of a more sympathetic understanding of the problems of the graduates of the three schools.” Hemschemeyer felt that it would be very difficult to accomplish any goals under the AANM structure. Hemschemeyer to Browne, 12 October 1954, box 231, folder 2, FNS Papers.

57. Shoemaker to Hemschemeyer, 14 October 1954.

58. Fedde response.


60. Shoemaker, History of Nurse-Midwifery, 30.

61. Theoretically, FNS required medical supervision, but geographic isolation rendered this difficult and often impossible.

62. In reality, graduates and staff of all three schools and services often had little medical supervision. Both nurse-midwives and outsiders sensed that FNS graduates and staff practiced almost as private practitioners, while obstetricians directed the work of MCA and CMI graduates. Yet many MCA and CMI graduates went on to work in remote places where physicians often were inaccessible.


64. The Bulletin explained, “nurse-midwives have originated, developed, and put into practice ideas that stand for the best in maternity care. But only to a small extent have these ideas been translated into the written word.” The editors of the Bulletin hoped the journal would provide a venue in which the nurse-midwife could make “her unique contribution to professional literature.” “Looking Ahead,” Bulletin of the American College of Nurse-Midwives, 2, no. 1 (January 1957): 1–2. In 1968, the journal became the Bulletin of the American College of Nurse-Midwives, reflecting the ACNM’s name change; in 1973, it switched to the Journal of Nurse-Midwifery; and in 2000, it became the Journal of Midwifery and Women’s Health, its current title.

Notes to Epilogue


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1. The state repealed the law and ended the project, despite evidence of improvements in maternal and infant morbidity. Rooks, Midwifery and Childbirth in America, 46–47.
2. Rooks, Midwifery and Childbirth in America, 52.
5. Rooks, Midwifery and Childbirth in America, 72–74.
9. For a critique of nurse-midwives, see Arms, Immaculate Deception. See also Burst, “‘Real’ Midwifery,” 190; and Rooks, Midwifery and Childbirth in America, 56.
13. Varney, Varney’s Midwifery, 3rd ed., 14. The ACNM defines medical consultation, collaboration, and referral: “Consultation is the process where by a CNM [certified nurse-midwife], who maintains primary management responsibility for the woman’s care, seeks the advice or opinion of a physician or another member of the health care team. Collaboration is the process whereby a CNM and physician jointly manage care of a woman or newborn who has become medically, gynecologically, or obstetrically complicated. The scope of the collaboration may encompass the physical care of the client, including delivery, by the CNM, according to a mutually agreed-upon plan of care. When the physician must assume a dominant role in the care of the client due to increased risk status, the CNM may continue to participate in physical care, counseling, guidance, teaching, and support. Effective communication between
the CNM and physician is essential for ongoing collaborative management. Referral is the process by which the CNM directs the client to a physician or another health care professional for management of a particular problem or aspect of the client’s care.”


23. Julie A. Buenting, conversation with the author, June 1995, Rochester, New York. Buenting was director of the now defunct nurse-midwifery program at the University of Rochester School of Nursing.
27. For use of the statement, see, for example, Susan M. Jenkins, Letter to the Editor, *Journal of Midwifery and Women’s Health* 47, no. 2 (March/April 2002): 118–19.
29. The quotation is from Leanne B. Bedell, Letter to the Editor, *Journal of Midwifery and Women’s Health* 47, no. 2 (March/April 2002): 117. The other letter is Jenkins, Letter to the Editor.
31. ACNM, “Basic Facts about Certified Nurse-Midwives.”
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43. See Notes to Epilogue, notes 53 and 54.
47. Bunny Adler, CNM, conversation with author, 13 April 1999, Massena, New York; “Massena Memorial Hospital, Hospital Policy and Procedure; Subject: Allied Health Professionals Caring for the Obstetrical Patient,” 6 December 1995; Bunny Adler to Massena Memorial Hospital, 11 February 1999. I thank Adler for sharing these materials with me.


51. Davis-Floyd, “Ups, Downs, and Interlinkages.”

52. Davis-Floyd, “Ups, Downs, and Interlinkages.”


56. Rooks, Midwifery and Childbirth in America, 386–89.


58. Rooks, Midwifery and Childbirth in America, 386.

