

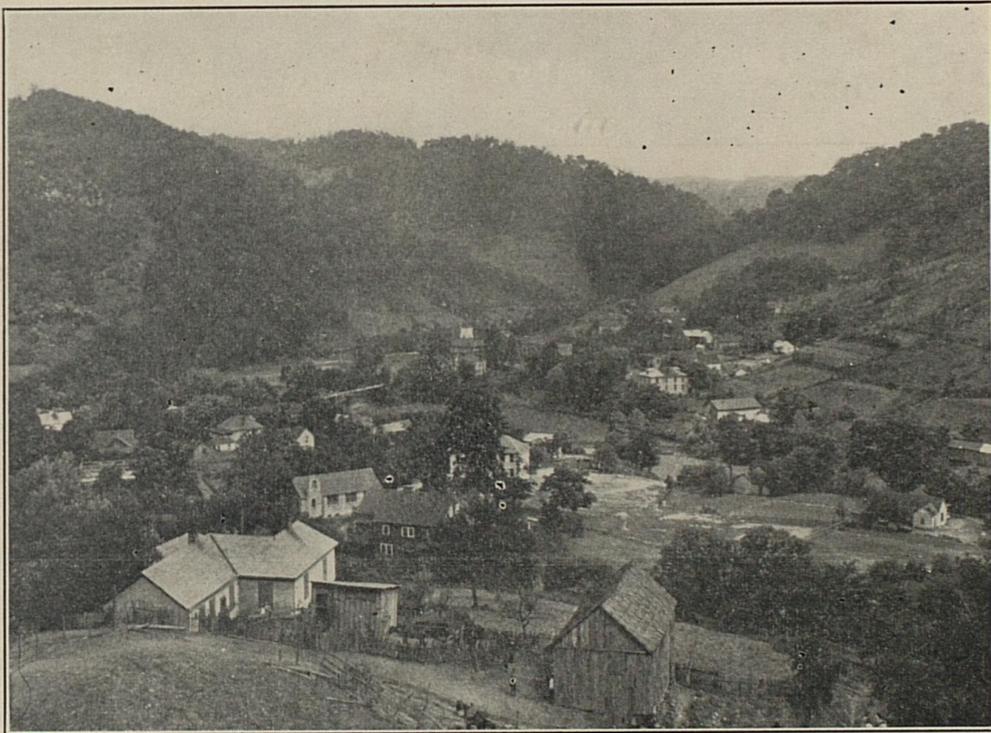
The Quarterly Bulletin of The Frontier Nursing Service, Inc.

(Successor to Kentucky Committee for Mothers and Babies)

VOL. IV.

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NO. 2



VIEW OF HYDEN

FROM THE NEW HOSPITAL ON THE SLOPES OF
THOUSANDSTICKS MOUNTAIN



THE HYDEN HOSPITAL AND HEALTH CENTER

On the day of its Dedication, June 26, by Sir Leslie Mackenzie, showing the Stars and Stripes and the Union Jack over the veranda.



STARTING FOR HOME

THE DEDICATION

In setting June 26th for our dedication day, we were afraid it might be too hot, especially for our Scotch guests; but nobody dreamed it would be too cold and too wet. It was more like March than June. The flood gates opened, the rain fell in blinding torrents, and the creeks and rivers rose rapidly higher and higher. To those of us who live in the mountains it was an old story, but we had to think of it from the visitors' angle.

Our distinguished guests arrived at Hazard in the private car of the vice-president of the Louisville & Nashville Railroad, and were met by a reception committee, Mr. Judy chairman, who gave them a bountiful breakfast and a big welcome. From there they took a plunge off into nature—Mr. Galsworthy's nature with a small "n".

Some of us rode out from Hyden two-thirds of the way to meet them. They were strewn along an eighteen mile front—those on horseback and muleback coming first in cavalcades of fours and fives and tens. Then the wagons and the buckboard trailed after. The fastest riders made the trip in seven hours—the slowest wagons took eleven. Everybody was wet through. Whether riding or driving, they had to plunge into the swollen and angry streams with which most of them were unfamiliar, and ford a river with the water up to the horses' girths. The crowd, reinforced by a plucky delegation from Hazard, numbered nearly fifty people, whose good humor and sporting qualities were beyond praise.

The first wagon we met, after passing all the cavaliers, was completely covered with a tarpaulin. We asked the driver if it was the luggage, and he replied laconically, "No, the band." With that the tarpaulin rose and disclosed eight beaming men with wind instruments and drum—the Hazard band, composed of miners and other useful citizens.

Sir Leslie will always cherish an expression of his driver when, the buckboard balancing nicely along the edge of a precipice, a tall mountaineer caught hold of the sagging wheel: "If

Charlie Gayhart will keep good hold, she won't capsize." Mrs. Ballard recalls how, when the brake broke, the same driver called a group of men to their aid, saying: "Here boys, hold these wheels and ease her down the hill," which was done and the brake then replaced with a chain.

News bulletins kept greeting the company as they rode on. "You won't be able to cross Cutshin, you can't make the river."

But everybody got safely in by eight that night, and the dedication day dawned fair and lovely over a watery landscape. The dedication ceremonies themselves were deeply moving. They began with the invocation and fine speech of Dr. Wm. J. Hutchins of Berea. Our own Judge William Dixon presided with grace and charm, and our own Judge L. D. Lewis made a stirring address of welcome. All through the occasion the Hazard band played with such spirit and feeling as only, we are convinced, miners who have been half drowned can play. After Sir Leslie had finished the beautiful words of his dedication address and the band struck into "Hieland Laddie" and "Annie Laurie," nobody's eyes were dry. Other speakers who touched all hearts were Mr. E. S. Jouett, of our Executive Board and the Louisville & Nashville Railroad, who has so liberally assisted us in getting the sick in and out of the mountains; Dr. Arthur McCormack, and Lady MacKenzie. Mr. C. N. Manning presented Lady MacKenzie with a hand-woven quilt made by our own people at Pine Mountain. She acknowledged it, and spoke for the occasion, with all of her rare ability and charm. The band, which opened up the ceremonies with "Old Kentucky Home," closed them with "Auld Lang Syne." At the very last the Rev. J. W. McKee gave the benediction.

None of the hundreds of people present will ever forget that morning. We felt that the memories of the two good women in whose honor so many people had traveled a long way to come, were enshrined as much by those hours of dedication as by the stone buildings which commemorate their names. The presence there of the mother, husband and children of one, and the representative of the other, kept the occasion of our meeting alive in each heart, and bore witness how surely

"Life is ever lord of death,
And love can never lose her own."

There must have been six hundred of us at lunch together, served by our volunteer cooks from the Bluegrass and from the

mountains working together. That night we had a gorgeous display of fireworks against the panorama of hills and sky.

We cannot close without a word of very special greeting to the Scotch friends who came over sea and land—so toilsome a journey—to share this day with us. Such a visit is an embassy of good will between nations more powerful for peace and understanding than are all the forces of destruction and darkness for evil and wrong. We want to say of Sir Leslie and Lady MacKenzie that they endeared themselves to us, and we felt about them as did the poet who wrote of Prince Charlie:

“Better loved ye canna be,
Will ye no’ come back again?”

DEDICATION ADDRESS

By SIR LESLIE MACKENZIE, M.A., M.D., LL.D.*

After speaking humorously of his trip into the mountains, saying that in Scotland such roads would be venerated as scenery, and not used for travel, Sir Leslie spoke, in part, as follows:

“The Frontier Nursing Service already know the work of the pioneers in preparing the way for this assembly of inauguration and dedication. It is a story full of adventure, sacrifice, passionate enthusiasm and splendid initiative. When, some years ago, Mrs. Mary Breckinridge came to us in Scotland to see how we had faced a similar problem in medical service and nursing, we were filled with a new sense of the significance of the work we had tried to do in the thinly peopled and difficult areas of Scotland. When, therefore, I was invited by the Frontier

Nursing Service of Kentucky to give verbal form to the dedication of the hospital and nursing system now established in these mountains, I felt, indeed, a glow of supreme satisfaction that our work in Scotland had found an echo in the great spaces and mountains of an American Commonwealth. The invitation was a call of the Highlands to the Highlands. It is a symbol of kinship in feeling and outlook. It is the lightning spark that reveals the essential unity of our culture. An invitation coming with this warmth and delicacy of imagination, I could not refuse and, in the name of the Scottish Highlands, I accepted it with my whole heart. When my wife and I, more than 35 years ago, dedicated our lives to the service of Scotland, we could not foresee that now, when our

*Note: The address in full was published in the *Lancet*, London, July 21, 1928.

work is nearing its end, we should be gladdened and newly inspired by this fine compliment to our Northern Kingdom. But the privilege and honor you have conferred upon us will make it easier for us to pass into the twilight of our lives, remembering the lights and sounds and silences of these historic creeks and mountain passes and pathways.

AN ADMINISTRATIVE DIFFICULTY

Perhaps, however, my presence here is due to a deeper cause. I was born in Easter Ross, within sound of the North Sea and within sight of the mountains of Ross and Inverness. From my earliest memories, I have known something of the difficulties of Highland life, and when I passed into the National Service I came to the health problems of the Highlands and Islands with some understanding of the inner minds and aspirations of the people, of the difficulties due to a long and losing struggle with poverty and of the problems created by centuries of European invasion, whose story is lost in legend and mystery. The more one studies things as they are today, the more one is impressed with the infinite complexities of the growth of peoples. At this hour, the ten million acres of the Highlands and Islands of Scotland have scattered over them a population less than the city of Edinburgh. In our Highland area, as defined by statute in the Highlands and Islands Medical Service Act, the peoples number approximately 320,000 only. But these are scattered in islands as far north as the Shetland group, about 120 miles from the mainland of Scotland; the Orkney group, mostly visible from the mainland; the Fair Isle, a solitary island of some 200 people lying between the two groups; the remote island rock of Foula with

perhaps another 200; the Out Skerries, with 30 or 40 families, and then the Outer Hebrides, from Lewis to Barra, with a total population of 44,000, or the remote Atlantic rock of St. Kilda. No doubt, it is these varieties of difficult administration that have fascinated Mrs. Breckinridge in looking for a parallel with the difficulties of the Kentucky mountains, and there are many parallel conditions in the two countries. But most striking, perhaps, is the parallel in character and outlook, the disposition due to the necessity of facing the forces of nature alone, the relative sterility of the hills and glens, as well as the ferocities of the wind and water.

From the map it is easy to see why the Highlands and Islands are an administrative difficulty. When a population approximately equal to the city population of Edinburgh is scattered over three-fourths of Scotland and parcelled out among the hills, the valleys and islands, the mere geographical dispersal gives rise to innumerable and persistent problems.

FUNDAMENTAL UNITY OF THE SCOTTISH AND KENTUCKY PROBLEMS

In one respect, the problem of the Kentucky mountains is essentially the same as the problem of the Scottish Highlands and Islands—namely, that the financial resources of the thinly peopled areas are rarely, if ever, sufficient to provide the same adequate services that the larger groups of population enjoy. That was the root of our problem in Scotland. It is the root of the problem in the Commonwealth of Kentucky. With us, it is largely a difficulty of the sea and its dangerous sounds, some of them impassable for weeks at a time. With

you, it is largely a matter of land and river transport, where, however, the isolation may be just as great. Wherever we find the thinly populated islands or mountains, there we find difficulty in providing sufficient service. When we went the rounds of the Orkney and Shetland Islands, and the Hebrides, and many mountainous areas on the mainland, we had it said to us by many that the Highlanders were fatalists; that, in the last stages of life, they lost hope and were content to die, and that, therefore, medical or nursing service would be of little use. To a Highlander born in the Highlands this diagnosis of the social condition was only proof of the Lowland failure to understand. How many a case I have heard of where the term "fatalism" was only a name for the proud personal independence that preferred death to the asking of favors! When, in the end, medical and nursing service has been provided, and the people feel that it is their own, they come forward in greater numbers to utilize and enjoy the services provided for themselves and their children. When the new movement began, even the doctors that went to the remote places were often deficient in training, or they were the men that had failed elsewhere. Today, whenever a medical practice falls vacant anywhere, tens and twenties, and thirties and forties of medical men come forward, and the localities can choose from a highly trained body of medical practitioners. That is our answer to all that was said to us by the people that did not understand. You are having the same success as we had, and for the same reasons.

BIOLOGICAL GROUNDWORK OF MEDICAL AND NURSING SERVICE

But let us look behind the administrative machine. Why is it necessary to take such immense trouble with the first stages of life? Why should the young infant require of us so much more active help and tender consideration than the child of later ages? To this question it is not easy in a few words to give an adequate answer. For here we are face to face with the fundamental problem of social life. The solution of it involves all that the world knows of biological theory. There must be centered in the newborn infant some fundamental fact that makes it, at that stage, different from every other human being. The great miracle of birth is protected by the most powerful of human motives—the love of the mother for her child. It is a motive stronger than the fear of death. In all ages of the world, the love of a mother for her child has commanded the worship of mankind. If you think for a moment, you will understand that nothing less can preserve the life of the helpless new-born child. All our institutions for the welfare of mothers and their children have their taproot in the one great fact that, when the child dies, the race dies, and when the race dies, the great fight between life and nature is over.

It is, therefore, our duty to do what we can to guide the mother and child safely through the many dangers that threaten them in the months of expectancy and in the few critical days or hours of the confinement. . . .

Growth is most rapid in the earliest period of infancy. The child, during that period, may correctly be said to be racing at full speed into old age. Put otherwise, this means that in the period from conception to the end of

the second year the child's organs and faculties become rapidly so fixed, that if his nurture through that period is not sound he will suffer disproportionately for all the rest of his days. Anyone that has watched the birth and nurture of young animals can tell you that, if the infant animal does not get a good and correct start he never develops to the full stature or power of an adult. It is the same with human beings. . . .

HOW SCOTLAND HAS FACED THE PROBLEM OF THE HIGHLANDS AND ISLANDS

It is not possible to give details of all our schemes. But the essence of the case is this: Years ago we knew from experience that public health problems could not be sufficiently provided for in the Highlands and Islands without national assistance. . . . Since the war our projected developments are progressively appearing. In the year 1927, for example, we spent £70,000—that is, about \$350,000—in the various medical services and nursing services. The primary objective of the system is so to adjust the service that the doctor shall be able to attend a patient 25, or 30, or 40 miles distant, or across a difficult sound or loch on the same terms as he would attend the people in his immediate neighborhood. WE AIMED AT ELIMINATING FROM THE CHARGES THE FACTOR OF DISTANCE. To do this we had to subsidise many doctors for their loss of fees. In other areas, single practice areas, we make up to the doctor a sufficient salary. In very poor areas we guarantee to the doctor a minimum salary that will attract good men and enable them to educate their families and to maintain their own professional education. In these types of service we spend £43,000 a year—that is, about

\$165,000. On nursing services we spend £13,300 a year, or over \$66,000. We help with telegraphs and telephones. We subsidise the tuberculosis scheme.

. . . We provide a consultant operating surgeon for the Shetland group of Islands, at a salary of about £900 a year, plus special earnings. In the Island of Lewis we similarly maintain an operating surgeon. In that island we have contributed £12,000 (\$60,000) to the extension of an admirable cottage hospital, which was opened a few weeks ago by the Under Secretary of State for Scotland. This serves a community of over 30,000 people. In both Lewis and Shetland these hospitals are maintained by voluntary subscriptions. A similar scheme is afoot for the Orkney group of islands. It is certain that in the next few years the scheme for providing operating surgeons will be extended. The young men appointed are carefully selected from the great medical schools. They must have a wide basis of surgical experience. It is gratifying to record that in the two instances up to date the people have come forward in a marvelous way. The operations performed run into hundreds. The medical men of the locality work cordially with the consultant surgeon. In all those island groups, also, there is a county medical officer of health, who sees to the medical examination and treatment of the school-children and the pre-school-children. The consultant surgeon thus becomes an integral part of the general medical and preventive service of the community.

It is needless to say that all these medical services are supplemented by trained nurses. In fact, it is worth noting that in the Highlands and Islands Medical Service Act, under which Parliament voted the original grant, the term "medical service"

specifically includes nursing service. So far as I know, this is the first time in a British Statute that nursing service has been included as a specific part of medical service. Doctors' houses and nurses' houses can be provided under the scheme and many such houses have been provided. Our aim is, where necessary, to provide at the nurses' house accommodation for one or more sick cases when the distance between her and her work is too great.

The Highlands and Islands medical service system began to operate effectively in 1914. Since that date to the end of 1927, we have spent nearly £660,000 (that is something over \$3,000,000). Of this total, nearly £500,000 (say: \$2,500,000) has been spent on medical service alone. Nursing associations have been subsidised to the extent of £95,000 (say, \$475,000). The full details of all the scheme are in a form that can be easily studied by any person concerned with similar problems. This is what the small Northern Kingdom is doing for a handful of 320,000 people.

THE FRONTIER NURSING SERVICE

I have been speaking of Scotland, but I have been thinking of Kentucky. With you, as with us, the mother and child demand intensive care. With you, as with us, there is the ever-recurring tragedy of hardship and death. Think what it means when a family loses the mother. The infant is robbed of its nurse; the other children are robbed of their first friend and teacher; the husband is robbed of his companion and confidant. The death of the mother means the maximum of unhappiness to the family she leaves. It is in this light that we must study the facts and in this light the facts are like no others. To preserve the life

of mother and child is the problem before the Frontier Nursing Service. It needs only to be put into words to command the interest and sympathy of every humanist.

This hospital is the radiating centre of the nursing service in these mountains. The maxim of the trained nurse is: "You need me? I am ready." The hospital is a temple of service where the lamp never goes out. There will always be a waking ear listening for the distant cry of a mother in distress. There will always be an officer ready to go forth in the spirit of help and loving kindness. Here, in this temple of humanism, every hour is filled with a clear ideal. The mothers and the fathers know that here they have friends that they can come to and speak to, and live with. Through these mountains and forests, the Frontier Nursing Service will become a gracious presence transfiguring the individual lives. It makes an appeal that no one in the end can resist. The service draws its life from an unfailing fountain of human sympathy and love. That is what inspires the skilled and brave nurses to face the day's duty without misgiving; to feel that the least of duties is a great and holy thing and to live for all their working days in the atmosphere of creative friendship. Here, in their hours with one another and their tales of adventure, they will keep warm the fires of woman's social genius. They will always feel that, here on the frontier outposts, they are living out the true purpose of the Commonwealth—to prepare a worthy and dignified place for every child born to it."

Here Sir Leslie spoke with feeling of the two women in whose memory the hospital has been given, and read the inscriptions from the bronze tablets embedded in the stone—that on

the right section of the building—

“To the Glory of God
And in Loving Memory of
Mary Ballard Morton
Erected by her mother
Sunshine Harris Ballard”

that on the central section

“A perpetual monument in stone to
Mary Parker Gill
Whose Christian Charity
Made this building possible”

Sir Leslie concluded his address
with the

ACT OF DEDICATION

“In all reverence, I dedicate this hospital to the service of this mountain people. The act of dedication will have consequences beyond all imagination. It will evoke responses along the many hundred miles of these mountain frontiers and among the millions of their people. The beacon lighted here today will find an answering flame wherever human hearts are touched with the same divine pity. Far in the future, men and women, generation after generation, will arise to bless the name of the Frontier Nursing Service.”

NOTES ON SIR LESLIE'S ADDRESS

For the benefit of the American reader, we would like to emphasize three items in connection with Sir Leslie's Scotch Highlands and Islands data with which he may not be familiar.

Item 1—The Highlands and Islands grant for medical and nursing services—something over three million dollars since 1914 for 320,000 people in Northern Scotland—is not a Scotch grant but a British Crown grant, which supplements the voluntary efforts in Scotland. The taxes of Manchester and Liverpool, as well as those of Edinburgh and Glasgow, go to make up this grant. An American analogy is found when gifts of the large cities all over the United States go to provide such a service as ours for the frontiers.

Item 2—We beg our American readers to note the provisions under which doctors, including surgeons, are provided for the remotest and most sparsely settled areas of the Scotch Highlands. In Great Britain the Highlanders are not penalized for their geographic remoteness from the big centers of civilization, as with us. Be it remembered that our Frontier Nursing Service is only touching the midwifery and nursing features of the mountain areas into which it is penetrating. The American people must wake up, sooner or later, to the medical and surgical needs of such sections, in cooperation with nursing and midwifery.

Item 3—In Great Britain the district nurse in rural areas is a certified midwife. This is the principle first studied, and later developed, by the Frontier Nursing Service.

THE CLARA FORD CENTER ON RED BIRD RIVER

The nurses in charge of this development, Miss Peacock and Miss Willeford, are living in a delectable two-room cabin, which they white-washed and screened. They have put yellow curtains at the windows, and as the cool days come the old stone chimneys blaze with cheerful fires. Meanwhile the new center on the lovely site—gift of the Fordson Company—overlooking Red Bird River, is going rapidly forward. Nothing could be more picturesque than the setting, unless it is the house itself of beech and poplar and chestnut logs, and the great oak barn with its green roof.

The Fordson engineers, who have a camp in the neighborhood, and especially their chief, Mr. S. E. Puckette, have shown us a thousand kindnesses in getting up the new buildings, and we have the backing of a strong group of citizens with Mr. Cicero Feltner as chairman.

It isn't possible to imagine a more responsive neighborhood than this one. In their first six weeks the nurses had two deliveries and had registered nine more—seven for October. They had given over 1300 inoculations against typhoid and diphtheria, and were booked at the rate of two schools a week for three weeks ahead, with a guaranteed attendance at each of not less than forty children and adults, and an assured attendance in the larger schools of many more. They had sent several cases eighteen miles over to the nearest doctors at Manchester and a child down to Louisville, and had enrolled and were following a number of babies. When the fathers learned that the midwifery cases had to be registered in advance, they began dropping in on Sundays at 5 A. M. to book their wives. Miss Peacock reports only one Sunday morning's sleep in August! She wrote:

"One old man whom we never knew or heard of, walked four miles to pay his dollar in case his family should ever need the nurses, and to show us how much he appreciated having them in the district. Wasn't that the most adorable thing you ever heard of?"

THE TWINS

Enos and Eva rode sixteen miles on muleback with their father and fifteen-year-old sister, to come to our nearest center, when they were only two weeks old. Their mother had just died and the father asked if we would teach the little sister how "to raise them." We knew the task would be too much for her during the first year and it has almost been too much for us. Several times Enos has nearly slipped through our fingers, but we got medical care for him and more than once we specialed him. His father drove a fine cow the sixteen miles for the use of his two babies, and at last we can report them flourishing. Eva has always been sturdier than her brother. In her fifth month she is as rosy and plump as one's heart could wish, and now Enos bids fair to outstrip her.

GUESTS

Aside from our dedication friends, we had other wholly delightful guests at different times through this last summer. First there came a group of nurses following the Biennial meeting of the Nursing Organizations in Louisville. They rode in and out—an all too fleeting visit, but most welcome. Later we had a group of the jolliest school girls imaginable from Cincinnati, chaperoned by our loyal friend Mrs. Cordes, and Mrs. Kinsey. They rode in and out among us with the freshness of dawn, and left everyone smiling happily behind them.

Among the special people we want to mention is our own Dr. Stucky, who stayed on for a while after the dedication. The latch string hangs down and the door springs wide open always at any of our centers for him.

Virginia Hamilton, of Lexington, was another most welcome and helpful guest.

Lastly, but second to none in our affections, comes Winifred Rand of the National Organization for Public Health Nursing and the Merrill-Palmer School. The month she spent with us, going to all the centers and talking over each nurse's own problem with each, was almost an Institute in Baby Hygiene for the staff. The inspiration of her presence, her encouragement, and the constructive suggestions she made, as well as her praise for the good she found in us,—for all these we thank her with grateful hearts.

One thing more. We couldn't have gotten through the summer without our volunteer transport service—Marvin Breckinridge and Anna Weld, Brooke Kirkland, of Kent School (his third summer) and Jim Parton. If we were a College of Heraldry we would give them arms—a mule rampant, guests couchant, on a field emblazoned with rising water, quicksand and mud.

STAFF NOTES

Miss Rose McNaught and Miss Dorothy Buck sailed for England September 13th on scholarships of the Frontier Nursing Service, to take their midwifery at the York Road General Lying In.

* * *

Miss Katherine Stiles and Miss Doris Beaumont, who are the first graduates of the new course in midwifery at the Manhattan Maternity in New York City, arrived early in September to fill the vacancies left by Miss McNaught's and Miss Buck's absence, at Hyden.

The Manhattan Maternity has taken the greatest pains with these two nurse-midwives, giving them more than is required under the Central Midwives Board in England, over a period of six months, and keeping them afterwards in a supervisory capacity.

* * *

All our friends will sympathize with Miss Annie MacKinnon ("MacAlpen") who broke her left arm in July. It was set by Dr. Sublett and later, when she could ride in to Hazard, it was X-rayed and examined by Dr. Collins and Dr. Gross. The splints are off now and she has good use of it.

* * *

Miss Alice Logan underwent an operation at the Good Samaritan Hospital in Lexington, in August, following an injury sustained in riding, and has made splendid recovery. She is taking her holiday in Canada.

* * *

Miss Ellen Halsall is transferred to Hyden as resident nurse at the new hospital and assistant to Miss Logan. Miss Halsall is replaced at Confluence by Miss Dorothy White.

Miss Doris Park spent her holiday in England, to which we added a month's leave for post-graduate work in midwifery at Southampton Street.

* * *

Miss Gladys Peacock and Miss Mary Willeford are in charge of the development of the new center on Red Bird River.

* * *

Miss Annie MacKinnon and Miss Edith Batten are taking over the Up River center.

* * *

Miss Betty Lester and Miss Edith Matthams have also joined our staff in the past summer.

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THE FRONTIER NURSING SERVICE, Inc.**

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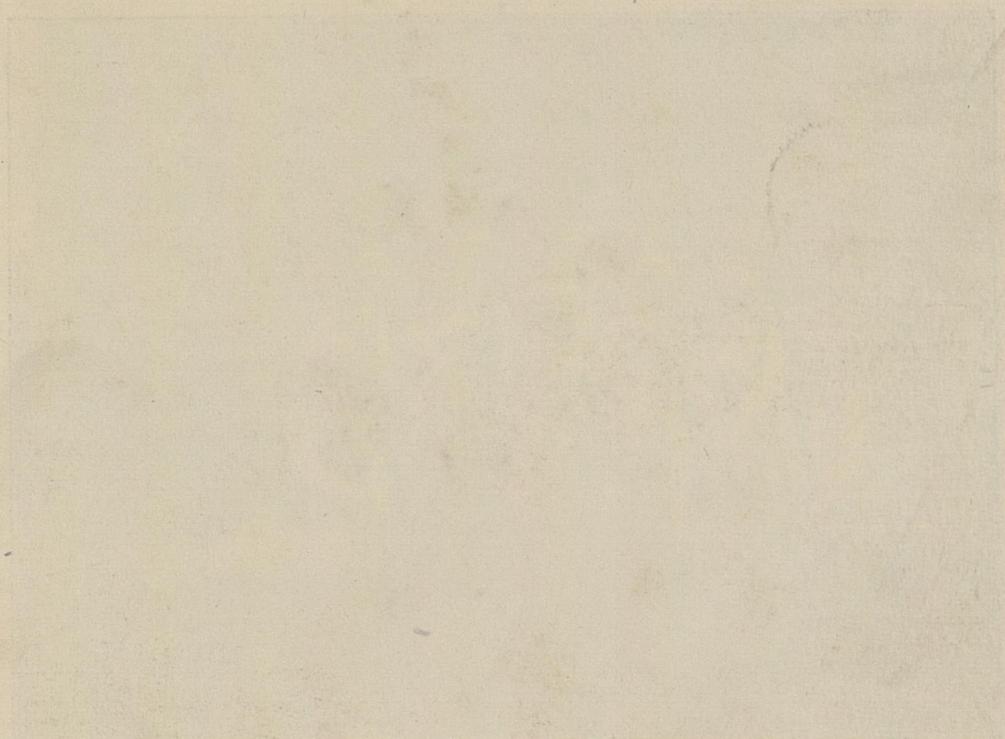
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