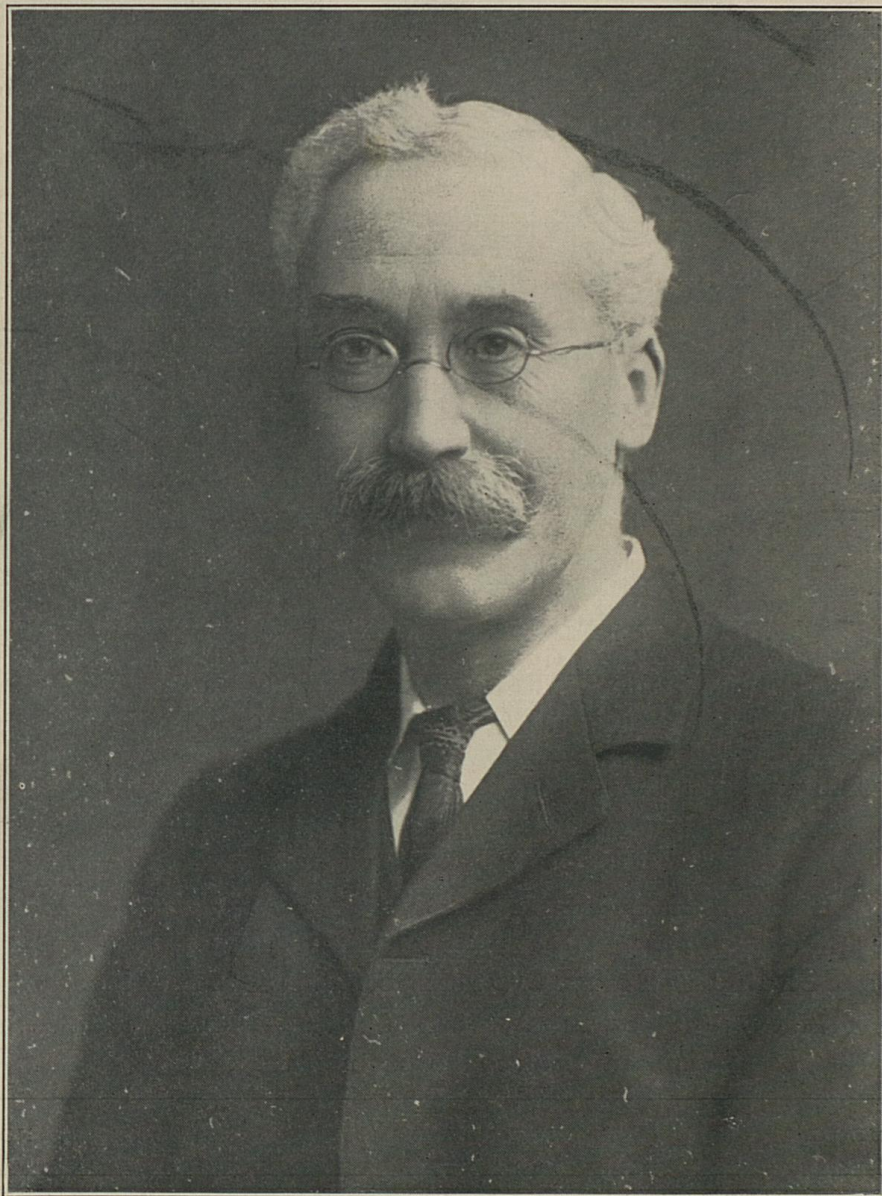


**The Quarterly Bulletin of
The Kentucky Committee for
Mothers and Babies, Inc.**

VOL. III.

FEBRUARY, 1928

NO. 4



SIR LESLIE MacKENZIE, Kt., M.A., M.D., D.P.H.,
F.R.C.P.E., F.R.S.E., Hon. LL.D.

THE QUARTERLY BULLETIN OF THE KENTUCKY
COMMITTEE FOR MOTHERS AND BABIES, Inc.

Published quarterly by The Kentucky Committee for Mothers and Babies, Lexington, Ky.

SUBSCRIPTION PRICE \$1.00 PER YEAR

VOLUME III.

FEBRUARY, 1928

NO. 4

*"Entered as second class matter June 30, 1926, at the Post Office at Lexington,
Ky., under the Act of March 3, 1879."*

Foreword

When old Buckle wrote his History of Civilization in the last century, he had a lot to say about the characteristics of people who live in mountains. Certain traits of character develop when people live in a rugged country with the deep silence of shadowy canyons and the austere beauty of lofty heights to be reached only with struggle. These traits determine the personality of the mountaineer in whatever range we find him. He, the most individualistic person conceivable and the most rooted, has a kinship of thought and emotion with every other man and woman bred like himself.

From the Scotch to the Kentucky highlands was a long step in the eighteenth century, but many thousands traveled that lonely and dangerous pathway. The little sailboats of a few hundred tons burden, broke the ocean's track for the sea palaces which have succeeded them. Bold was the spirit of the men who went down to the sea in ships in these earlier times, and bolder yet the spirit of those who left the settled coast lands of Virginia to plunge into a mountain wilderness. Among the most daring of these adventurers was one Roderick MacIntosh, whose honored grave lies in Leslie County at Hyden, and whose descendants still live in that highland country. These men of the MacIntosh breed, whether in Kentucky or Scotland, go back in their ancestry to an origin older than human recorded time, their destiny shaped always by the determining forces of mountains.

In June of this year there is coming another Scotchman from his Highlands to ours. This is Sir Leslie MacKenzie, whose work has done more than that of any man living to make "regions, rugged, roadless and mountainous," safe for human life. He will dedicate our little hospital and nursing center on the slopes of Thousandsticks Mountain, at the foot of which lies the grave of Roderick MacIntosh.

In the early days when the men beat their way through a trackless forest and innumerable dangers to found Kentucky, their women came with them. We feel that these pioneer wives

and mothers who lived so bravely and died so simply, will be commemorated by the presence of Lady MacKenzie with her husband.

It is Sir Leslie who has said: "How much the mothers and children—the most delicate and fluid part of a population—may suffer from the stresses of industry, or poverty, or *isolation*."

Announcements

The trustees of the Kentucky Committee for Mothers and Babies have just voted to change their name to that of "FRONTIER NURSING SERVICE." As this Bulletin goes to press proper steps are being taken to record this change under the laws of our incorporation in Kentucky.

The reason for the change lies in the fact that our work is not local in its application. The conditions we are endeavoring to meet in Eastern Kentucky visit among millions of Americans in isolated areas in a number of other states where the difficulties of a frontier existence still prevail. At the back of the Bulletin will be found the names of committees outside of Kentucky who are assisting with this initial demonstration, the interest in which is rapidly becoming nation-wide. The supporters of the movement even strongly urge that within another year we start a second demonstration in another frontier area in quite another section, to run parallel with this one.

We gratefully report that the Statistical Department of the Metropolitan Life Insurance Company has courteously consented to handle the records of our organization.

The June Bulletin will give the plans for the dedication of the hospital and nursing center at Hyden, and will contain the accountants' audits and a full nursing report for our third fiscal year.

A Bit of History

The story of the medical and nursing service in the Scotch Highlands and Islands is not generally known in America. Nor is it generally known that a Crown grant in which the taxpayers of Liverpool and Manchester, as well as those of Edinburgh and Glasgow share, supplements, in inverse ratio to local per capita wealth, the funds of voluntary district nursing committees. No episode in the development of public health has been at once more romantic and more practically effective.

In August, 1912, a committee, with Sir John Dewar as chairman and Dr. Leslie MacKenzie as medical member of the Local Government Board for Scotland, was appointed to study the medical situation in the Highlands and Islands. The area under review comprised half of Scotland, inhabited by 320,000 people, and was found to contain but 150 medical practitioners. Said the report:

"A considerable portion of the population is from twenty to thirty miles to the nearest doctor. . . . The country is rugged, roadless and mountainous. . . . The weather conditions too, and particularly in the winter-time, add enormously to the difficulties of travel."

As regards nursing, which in rural Great Britain must now include midwifery training, the report says:

"Testimony is unanimous, both on the medical and lay side of the evidence, that no matter affecting the welfare of the people of the Highlands and Islands is more urgent than the provision of an adequate supply of trained nursing."

"In the opinion of Father M'Neill, the influence of nurses in regard to the necessity of proper sanitary conditions, would be more effective than any legislation that could possibly be devised; and Lord Lovat goes so far as to say that 'The medical salvation of the Highlands lies in organized nursing.'"

"Nor should another aspect of the preventive value of a nurse's services be forgotten," continues the report. "Reference has already been made to the frequent delay in sending for a doctor, a delay which, although mainly due to poverty and distance, has also by several witnesses been partly, at least, ascribed to ignorance. An intelligent and tactful nurse who is on friendly terms with the people in her locality should often be able to insure that medical advice is called in before it is too late for it to be effectual."

After taking the testimony, thrilling in detail and much like any we could gather in our American Appalachians, Ozarks and Rockies, the report affirms: "The combination of social, economic and geographical difficulties in the Highlands and Islands—not to be found elsewhere in Scotland—demands exceptional treatment."

The committee appointed in August, 1912, reported in December. To the honor and good sense of Great Britain, money, it is said, was promised within a week. "If I know anything of our people," wrote Sir Leslie Mackenzie, "the response of the nation will be positive and handsome." Parliament confirmed the terms, and the Highland and Islands Fund was created.

In this way the principle of meeting exceptional conditions by special funds out of the national treasury, was admitted and applied. A grant of £40,000 is given every year to supplement local voluntary efforts; so that the crofters and fishermen living in the Highlands are not penalized by their remoteness from the centers of life.

It is not the purpose of this brief account to describe the methods applied to supplement the existing medical situation. That will repay the most careful study. But our nursing organization takes this occasion to acknowledge the deep debt it owes to the Scotch Highland district nursing formations.

In 1924 the writer made a trip through parts of the Highlands, covering many of the stormy islands of the outer Hebrides. Sometimes we had to charter our own boat to get about. Through the courtesy of the Scottish Board of Health and the Scottish Branch of the Queen's Nurses, we had letters which

opened wide every door. Among the islands visited were Lewis, Harris, North and South Uist, Benbecula, Barra, Iona, Eriskay. For every 700 or so of the population we found a splendid resident nurse-midwife, living in the heart of her district, often with the thundering seas between her lonely island and the nearest medical man to whom she reported, and operating under a local voluntary committee composed of her own leading people.

Once on the island of Barra we went at night to a midwifery case with the Queen's nurse who had hospitably received us. It meant a four-mile walk across the sands and moors, and to cut it a mile short we crossed the bay from which the tide had receded. Coming back we took the same route, but half way through the bay we noticed that the shimmering pools of water here and there were melting into a shining sea about our feet. The nurse exclaimed, "Oh, I have miscalculated, the tide is coming in!" We made the shore before the water had reached our knees, but the North Atlantic at midnight in late September off the coast of Scotland, makes a cold passageway home. Those Hebridean nurses were constantly taking a chance with the tides among the many islets where they have patients.

Much more could be written of high adventure underlying the faithful service we saw given. But the purpose of this sketch is met if we have indicated it, and shown that it is possible in an impoverished country, burdened first with war and then with war debts, to finance a program where the objective is the individual, *each individual*, no matter how inaccessible. That the program was put over is due more than all else to the insight and tenacity of the man who conceived it—Sir Leslie MacKenzie. In his *Scottish Mothers and Children*, a marvelous compilation, we find the thing over which his heart has been brooding—"Expectant mothers at the mercy of distance and the winds and waves"—It is almost as if nature, Galsworthy's nature with a small "n," had them by the throat. Nature is inexorable, but why should nations too be wasteful of human life? Over this also has Sir Leslie been brooding, seeking to fathom "the intricate play of the social forces that determine whether an individual child shall live or die."

**Statement in Regard to Cost of Running Nursing Service
of the
Kentucky Committee for Mothers and Babies
During the Fiscal Year May 1, 1926-1927**

Compiled By
ELLA WOODYARD, Ph.D.
Institute of Educational Research
Teachers College, Columbia University

PREFACE

Two things are to be noted in reading the following data:

FIRST: These figures refer to the last and not the current fiscal year. Our work is growing by leaps and bounds and includes a much broader area for intensive work than in 1926-1927. The current fiscal year does not close until May, 1928.

SECOND: Costs are instructive only in relation to the work done, and in order to understand them one has to compare them with the costs and work of other organizations. For this purpose a few comparisons are given and those interested in pursuing the subject may look up as many more as they like.

I.

Leslie County population: 10,500 Area: 373 square miles
Area covered for bedside nursing, midwifery and intensive work,
as well as public health, about 180 square miles.

Total working months for eight nurses, including supervision and relief, working all or part of the year, 75.6 working months, the average being 6.3 nurses for the year.

The total cost of the service for all purposes, including publicity, moving picture, scholarship fund for Europe, and printing of bulletins, as well as administrative and field work, was \$25,907.37. The cost for administrative and field service only was \$21,054.14. Upon this cost 14,826 visits were paid, 5,876 visits were received. The average cost per visit based on total costs, was \$1.45; the average cost per visit based on the costs of administrative and field work was \$1.02; the number of visits per nurse being 3,286 for the year, or 11½ calls per working day.

COMPARISON 1:

The Visiting Nurses Association in Brooklyn had 76 nurses who last year made 346,810 visits upon 49,120 patients, at an

average cost of 94 cents per visit. The number of visits per nurse was 4,563, or 16 per nurse per day.

COMPARISON 2:

The Visiting Nurses Association of New York City, with a total health staff of 253, of whom 164 are nurses, made 346,810 visits upon 49,120 patients, at a total expense of \$436,167.03, or \$1.25 per visit. This was 2,115 visits per nurse per year, or $7\frac{1}{2}$ per nurse per day.

COMPARISON 3:

The Milbank Memorial Fund has for five years (1922-1927) carried on a comprehensive health program for Cattaraugus Co., New York. This county was chosen because it is typically rural. It has an area of 1,343 square miles and a population of 74,000, two cities, Olean and Salamanca, whose combined population in 1925 was about 40,000, the rural population being 34,000. The health workers complain regarding the roads—that only one farm in four is on a smooth surfaced (concrete, brick, macadam, gravel) road; one farm in three is on an unimproved dirt road, snow and mud making these nearly impassable part of the year. However, it is possible to use cars for travel, thus cutting travel time in comparison with the Kentucky Committee for Mothers and Babies. Comparative figures are difficult to get. In 1926 the maternity and infant work used one-third the time of fifteen nurses, in which time they made 9,760 rural visits and 1,097 visits in the city of Olean. Figures on expense are not available, but the budgetary plan for 1926 for this work was \$26,570. If this figure is correct this would mean \$5,300 per nurse and a cost of \$2.45 per visit. The calls made average 2,171 per nurse for the year, $7\frac{1}{2}$ per working day.

NOTE:—When a nursing service handles bedside nursing only, the average number of visits per nurse per day is rarely over eight; but when a service carries public health work as well, and clinics, a higher average of visits is usual. In studying comparisons, it is well to bear in mind that some nursing organizations only give bedside nursing care, others school nursing only, others tuberculosis, others baby hygiene, others a combination of two or more of these services, etc.

II.

The K. C. M. B. nurses on the average spent their working time for the year 1926 thus:

COMPARISON 1:

Working Day	100.0%	Travel	27.4%
Visits Paid }	30.8%	Caring for In-Patients	1.2%
Visits Received }		Observation	3.7%
Deliveries }		Supervision	8.4%
Office, care of Supplies and Horses	23.5%	Group Work	4.9%

Taken from "The Public Health Nurse" for March, 1927.

Table 4. Per cent Distribution of Nurse's Day in Henry Street, Cleveland, Brooklyn, 14 Agencies

	Henry Street (1926)	Cleveland (1926)	Brooklyn (1925)	14 Agencies
Working Day	100.0	100.0	100.0	100.0
Field Visits	53.3	59.4	52.0	44.0
Clinic	2.5	0.7	0.0	8.0
Office	16.7	18.0	18.4	19.1
Travel	25.0	20.9	28.4	25.1
Conference, Demonstration, other educational, and miscellaneous	2.5	1.0	1.2	3.8

NOTE:—This allotment is, of course, for the field nurses only and takes no account of time for supervision and observation work of new nurses, separately itemized in K. C. M. B. table.

III.

It is recognized that rural work needs must be more expensive than city work because of the added cost of travel. The nurses of the Kentucky Committee travel on horseback, not in cars, as there is no motor travel possible in the section where they are working. Travel time has, however, been kept to a minimum by a plan of decentralization. The nurses live in little centers in the heart of their districts and are rarely more than five miles from the nearest patient with whom they are doing intensive work. A nursing center with a five mile radius covers approximately 78 square miles.

IV.

There is another way of computing costs, that on a per capita basis. The budget for Leslie County work last year was \$25,907.37 to serve a population of 10,500 over 373 square miles of territory—a per capita cost of \$2.50. This did not include, of course, intensive work for the whole area, but a great deal of public health work was done, such as trachoma clinics, inoculations against typhoid, etc., in the parts of the county not covered intensively.

COMPARISONS:

This per capita cost may be compared favorably with that of other organizations for health work, but it is especially interesting to compare it with the per capita costs of religious work taken from the published statements of the big Protestant denominations. Among the hundreds of churches, two are chosen at random.

A Presbyterian Church in a Kansas town had last year a budget of \$25,686 to serve a membership of 741, a per capita of \$34.66, of which \$20.00 per member was for local or self-centered expense and approximately \$15.00 per capita for missionary and other philanthropic work.

A Methodist Episcopal church in a Kentucky town has 800 members and its last year's budget was \$22,321; \$28.00 per member, \$25.00 being for local expense and \$3.00 per member for philanthropy.

V.

The objection often given to providing a nursing and delivery service for people in isolated areas is that they will never be able to carry the full cost of it themselves. This is quite true. It is equally true of every nursing service and every public institution, and of a large fraction of the private schools, in the whole United States. It is true of all hospitals, except very expensive private ones maintained for a few very wealthy people. None of the people making use of hospitals and district nursing services in large cities pay anything but a small part of the cost of their maintenance. Private endowments and the gifts of those more fortunately situated have got to meet the bulk of the expense if such nursing services and hospitals are to exist at all.

During the *first* full fiscal year of nursing work in Leslie County, the people met 7% of the administrative and field costs and 8 $\frac{3}{4}$ % of the cost of field work alone.

COMPARISON 1:

The Presbyterian Hospital, New York City, budget last year was \$1,054,999.14. Of this the patients paid \$152,634.13, or 14% only of the total amount.

COMPARISON 2:

In the hospitals of England and Wales the patients last year paid 644,214 pounds out of a total expense of 6,760,487 pounds, or about 9½% only of the total cost.

VI.

If we turn from health to education we are startled into a realization that the average student is far from paying his way even when the tuition is very high. Setting aside the religious and state owned schools, where the tuition is very cheap, and taking as illustration three universities with probably as high fees as any in America, we find the following figures:

The total budget of Yale University last year was \$4,575,-441.85, of which the students paid in tuitions and fees \$1,355,-712.34, or only 29.6%.

At Harvard the corresponding figures are \$4,157,315.64, \$1,187,285.71, and 28.5%.

At Leland Stanford, Jr., they are \$1,886,746.49; \$540,038.62, and 28.6%.

VII.

It is obvious that if the wage-earning city population cannot pay even a fourth of its expenses for hospitals and district nursing services, and the youths of the more fortunate classes can pay only a little over a fourth for their education, that it is ironical to expect the people in remotely rural areas to meet the full costs of such services as the Kentucky Committee is providing.

Wealth cannot be produced where it is non-existent. Land worth \$5.00 an acre will not yield the income of land worth \$5,000 a foot. Because of this discrepancy in material well being, we find such figures as the following:

In Greater New York:	
Population	5,873,356
Area, square miles	299
Number Doctors	10,363
Number Nurses	12,536
Number Hospitals	184
Number Beds in Hospitals	43,314
Ratio: 1 doctor to 550 population.	
1 nurse to 475 population.	
1 hospital to 32,000 population.	
1 hospital bed to 135 population.	

These ratios found for Greater New York do not vary greatly, especially as regards doctors, from those for smaller cities. It has been found impossible to date to get adequate figures for the remotely rural areas. Some idea of the magnitude of the problem is suggested by the fact that the Southern Appalachian mountain range alone has a population of 6,613,266, over an area of 115,176 square miles.

We have been unable to ascertain the number of doctors and nurses in this area outside of the towns. We know that when our organization began its work in Leslie County there was no doctor for a population of 10,500 in an area greater than that of New York. In the Appalachians there is an occasional nurse at a mission station or school, and there are doctors in the towns who can only be reached by long overland horseback rides. Here and there at great distances a doctor is found in the country districts.

This condition exists in many American regions outside the Appalachians. The Ozark mountains in Southern Missouri and Northern Arkansas are typical. It might be mentioned here that in the State of Arkansas there is listed one nurse for every 100,000 of the population. Recently the papers reported a tragic story of medical need in Idaho and stated that the nearest doctor was one hundred miles by dog-team away.

Private philanthropy must blaze the trails in health as in education. We have found this the more appealing to private philanthropy because no plea ever comes for charity from the people themselves who live in a frontiersman's country. They have no charity organizations. If a man's house burns, his neighbors build him another; if parents die, neighbors bring up the children with their own. In fact, these remotely rural Americans are practically our only people who are self-sustaining. They import almost nothing, but maintain themselves and are bred to a hardy livelihood. They export lumber, meat and wool and many basic products. They are the nursery of the race for children of the old American stock. Could money be better spent than in protecting the motherhood and the infancy of such a race?

TRUSTEES IN KENTUCKY OF
THE KENTUCKY COMMITTEE FOR MOTHERS AND
BABIES, Inc.

Executive Group

Chairman

Alexander J. A. Alexander, Spring Station, Woodford County

Vice-Chairmen

Mrs. S. C. Henning, Cherokee Park, Louisville
Judge Edward O'Rear, Frankfort

Treasurer

Mr. C. N. Manning, Security Trust Company, Lexington

Recording Secretary

Mrs. W. H. Coffman, Georgetown

Corresponding Secretary

Mrs. Joseph Carter, Versailles

Mrs. S. Thruston Ballard, Louisville
Scott Breckinridge, M. D., Lexington
Josephine Hunt, M. D., Lexington
Mrs. Preston Johnston, Fayette County
Mr. E. S. Jouett, Louisville
Mrs. Frank McVey, Lexington
Miss Linda Neville, Lexington

Chairman and Vice Chairmen Leslie County Branch Committee

Judge William Dixon, Wooton	Judge L. D. Lewis, Hyden
Walter Hoskins, Hyden	Sherman Cook, Asher
Mrs. Taylor Morgan, Wendover	Boyd Campbell, Confluence

Director

Mrs. Mary Breckinridge, R. N., Wendover above Hyden, Leslie County

Secretary to Director

Miss Marion Ross, Wendover above Hyden, Leslie County

Contact Secretary

Miss Jessie Carson

NURSING STAFF

Miss Alice Logan, R. N., Supervisor

Miss Dorothy Buck, R. N., M. A.

Miss Doris Park, R. N.

Miss Ellen Halsall, R. N.

Miss Gladys Peacock, R. N.

Miss Ellen Marsh, R. N.

Miss Mary Willeford, R. N., M. A.

Miss Rose McNaught, R. N.

Miss Emily Williams, R. N.

TRUSTEES IN KENTUCKY (Continued)

Irvin Abel, M. D., Louisville

Mrs. Churchill Humphrey, Louisville

Mrs. A. J. A. Alexander, Woodford County

Mrs. George Hunt, Lexington

Mrs. Wm. Allen, Louisville

President William J. Hutchins, Berea

Mrs. Claude Barnes, Louisville

Miss Flora Keene, R. N., Louisville

Mrs. Francis R. Beattie, Louisville

Mrs. Mary Breckinridge Maltby, Lexington

Mrs. W. R. Belknap, Louisville

Very Rev. Robt. K. Massie, D. D., Lexington

Judge Robert W. Bingham, Louisville

Arthur T. McCormack, M. D.,
State Board of Health

Hon. Clifton R. Breckinridge, Wendover

Pres. Frank L. McVey, University of Ky.

Dr. Desha Breckinridge, Lexington

Rev. E. Y. Mullins, D. D., Louisville

Hon. H. M. Brock, Harlan

Barnett Owen, M. D., Louisville

Mr. Cabell B. Bullock, Lexington

Miss Katherine N. Pettit, Pine Mountain

Miss Harriet Cleek, R. N., Lexington

Alice N. Pickett, M. D., Louisville

Mr. Atilla Cox, Louisville

Mr. E. O. Robinson, Cold Springs

J. A. Flexner, M. D., Louisville

Miss Sunie Satterwhite, Louisville

Miss Lucy Furman, Hindman

Mrs. William Simms, Woodford County

Hon. Alex Hargis, Jackson

J. A. Stuckey, M. D., Lexington

Mrs. Louis L. Haggin, Fayette County

Rev. Charles W. Welch, D. D., Louisville

Mrs. S. H. Halley, Fayette County

Miss Marion Williamson, R. N., Louisville

Mrs. Roy Helm, Hazard

Miss Ellen Young, Henderson

NEW YORK COMMITTEE

Mrs. E. Waring Wilson, Chairman

Mrs. Francis Boardman	Mrs. Langdon Marvin
Mrs. Henry Breckinridge	Mrs. Byron D. Miller
Mrs. John C. Breckinridge	Miss Anne Morgan
Col. Francis Gordon Caffey	Miss Margaret Parsons
Miss Hazel Corbin, R. N.	Miss Elizabeth Perkins
Miss Ella Phillips Crandall, R. N.	Miss Mary M. Roberts, R. N.
Mrs. Robert Daniel	Mrs. Douglas Robinson
Mrs. Cleveland H. Dodge	Mrs. Franklin Roosevelt
Louis I. Dublin, Ph. D.	Mrs. John E. Rousmaniere
Mrs. Archibald Douglas	Preston P. Satterwhite, M. D.
Haven Emerson, M. D.	Miss Isabel Stewart, R. N.
Lee K. Frankel, Ph. D.	Mrs. Henry R. Sutphen
Miss Edith M. Hadley	Mrs. Warren Thorpe
Mr. Howard P. Ingels	Mrs. Carr V. Van Anda
Miss Florence Johnsan, R. N.	Miss Marguerite Wales, R. N.
George W. Kosmak, M. D.	Benjamin P. Watson, M. D.
Mrs. Helen LaMalle, R. N.	Mrs. Richard Weil
Ralph Waldo Lobenstein, M. D.	C. E. A. Winslow, D. P. H.
Henry Hamilton M. Lyle, M. D.	Miss Ella Woodyard, Ph. D.

Mr. Robert Woolley

BOSTON COMMITTEE

Mrs. Robert W. Lovett, Chairman

Mrs. John Rock, Vice-Chairman

Mrs. Robert A. Almy	Mrs. George W. Perkins
Mrs. Nathaniel Ayer	Mrs. Homer B. Richardson
Mrs. Lincoln Bayliss	Mrs. Arthur L. Richmond
Mrs. Gerald A. Bramwell	Mrs. John Simpkins
Mrs. Arthur T. Cabot	Mrs. Henry A. Sprague
Mrs. Harvey Cushing	Mrs. Thomas C. Thacher, Jr.
Miss Rose Dexter	Mrs. Nathaniel Thayer
Mrs. Clarence R. Edwards	Mrs. Sherman Thorndike
Mrs. Henderson Inches	Mrs. William Vaughan
Mrs. Gelston T. King	Mrs. Barrett Wendell
Mrs. George H. Lyman, Jr.	Mrs. Frederick Whitwell

Mrs. Oliver Wolcott

CINCINNATI COMMITTEE

Mrs. Davis C. Anderson, Chairman

Mrs. Charles Anderson	Mrs. Wm. Cooper Proctor
Miss Judith B. Colston	Miss Dorothy Rawson
Mrs. A. H. Cordes	Mr. and Mrs. Charles W. Short
Miss Amy R. Campbell	Mrs. Henry Urner
Mrs. Roscoe B. Crabbs	Martin H. Urner, M. D.
Mr. E. W. Edward	Mrs. Henry Matson Waite
George J. Hener, M. D.	Mrs. Russell Wilson
Mr. and Mrs. George Hoadley	Mrs. John F. Winslow
Mrs. James H. Perkins	Mrs. Philip Wyman

BALTIMORE COMMITTEE

Dr. John McF. Bergland	Mrs. J. Wm. McMillan
Dr. and Mrs. Jos. Colt Bloodgood	Mrs. Alexander M. Norris
Mrs. Robert Garrett	Mrs. Edward Shoemaker
Mrs. Rufus Gibbs	Dr. W. S. Thayer
Mrs. Francis M. Jencks	Mrs. Richard J. White
Dr. J. H. Mason Knox	Mrs. George Huntington Williams

Dr. J. Whitridge Williams

A Wedding

On March 3rd, at the Church of the Epiphany, Washington, D. C., Miss Martha Prewitt was married to Clifton Rodes Breckinridge, Jr. This is a family wedding for our organization, as the bride has been the Director's secretary almost from the beginning and the groom is her brother. We must therefore be pardoned if with more than common feeling we extend to the young couple our affectionate good wishes for a long and happy life together.

THE KENTUCKY COMMITTEE FOR
MOTHERS AND BABIES, INC.

Its motto:

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

Its purpose:

To safeguard the lives and health of mothers and young children by providing trained nurse-midwives for rural areas where resident physicians are few and far between—these nurse-midwives to work under supervision; in compliance with the Regulations for Midwives of the State Board of Health, and the law governing the Registration of Nurses in Kentucky; and in co-operation with the nearest medical service.

