
(Rev. 8-86)

United States Department of the Interior
National Park Service

NATIONAL REGISTER OF HISTORIC PLACES
REGISTRATION FORM
NATIONAL HISTORIC LANDMARK NOMINATION
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1. Name of Property
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historic name: Wendover

other name/site number: Big House

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2. Location
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street & number: Frontier Nursing Service, Wendover Road

not for publication: N/A

city/town: Wendover

vicinity: N/A

state: KY county: Leslie

code: 131

zip code: 41775

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3. Classification
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Ownership of Property: private

Category of Property: building

Number of Resources within Property:

Contributing	Noncontributing	
1	0	buildings
0	0	sites
0	0	structures
0	0	objects
1	0	Total

Number of contributing resources previously listed in the National Register: 1

Name of related multiple property listing: N/A

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4. State/Federal Agency Certification
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As the designated authority under the National Historic Preservation Act of 1986, as amended, I hereby certify that this _____ nomination _____ request for determination of eligibility meets the documentation _____ standards for registering properties in the National Register of Historic Places and meets the procedural and professional requirements set forth in 36 CFR Part 60. In my opinion, the property _____ meets _____ does not meet the National Register Criteria. _____ See continuation sheet.

Signature of certifying official Date

State or Federal agency and bureau

In my opinion, the property _____ meets _____ does not meet the National Register criteria. _____ See continuation sheet.

Signature of commenting or other official Date

State or Federal agency and bureau

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5. National Park Service Certification
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I, hereby certify that this property is:

_____ entered in the National Register _____
_____ See continuation sheet.
_____ determined eligible for the _____
_____ National Register _____
_____ See continuation sheet.
_____ determined not eligible for the _____
_____ National Register _____
_____ removed from the National Register _____
_____ other (explain): _____

Signature of Keeper Date
of Action

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6. Function or Use

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Historic: domestic	Sub: institutional housing
health care	clinic
education	school
: health care	medical business/office
Current: health care	Sub: medical business/office

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7. Description

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Architectural Classification:

Other: log cabin

Other Description: _____

Materials: foundation- sandstone roof- wood, asphalt shingle
walls- log other- terracotta chimney pots
stone chimney

Describe present and historic physical appearance. X See continuation sheet.

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8. Statement of Significance

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Certifying official has considered the significance of this property in relation to other properties: _____.

Applicable National Register Criteria: A, B

National Historic Landmark Criteria: 1,2

Criteria Considerations (Exceptions) : G

Areas of Significance: health/medicine
social history
education

National Historic Landmark Theme: XIII-Science, F-Medicine, 1-Clinical Specialities
XXVII-Education, F-Vocational Training,
1-Conceptual Development

Period(s) of Significance: 1925-1965

Significant Dates: 1925, 1926, 1939

Significant Person(s): Breckinridge, Mary

Cultural Affiliation: N/A

Architect/Builder: unknown

State significance of property, and justify criteria, criteria considerations, and areas and periods of significance noted above.

☒ See continuation sheet.

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9. Major Bibliographical References☒ See continuation sheet.

Previous documentation on file (NPS):

☐ preliminary determination of individual listing (36 CFR 67) has been requested.☒ previously listed in the National Register☐ previously determined eligible by the National Register☐ designated a National Historic Landmark☐ recorded by Historic American Buildings Survey # _____☐ recorded by Historic American Engineering Record # _____

Primary Location of Additional Data:

☒ State historic preservation office

Other state agency

☒ Federal agency

Local government

☒ University (University of Kentucky at Lexington)☒ Other -- Specify Repository: Smithsonian Institution, Washington DC

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10. Geographical Data

Acreage of Property: less than an acre

UTM References: Zone Easting Northing Zone Easting Northing

A 17 289880 4111420 B _____
C _____ D _____

____ See continuation sheet.

Verbal Boundary Description: ____ See continuation sheet.

Extension of ten feet from the structural foundation of Wendover. The deed for the thirteen acres on which the Frontier Nursing complex is built is recorded in the Leslie County Court House in Deed Book 33, page 4.

Boundary Justification: ____ See continuation sheet.

Boundary includes setting appropriate for historical environment. There are several buildings on the property but they have been excluded for only Wendover merits national significance.

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11. Form Prepared By

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Name/Title: Dr. Page Putnam Miller

Organization: National Coordinating Committee Date: October 18, 1989

Street & Number: 400 A Street, SE Telephone: (202) 544-2422

City or Town: Washington State: DC ZIP: 20003

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HISTORICAL SIGNIFICANCE:

In 1925, when Mary Breckinridge established the Frontier Nursing Service and built Wendover, this marked the first effort to professionalize midwifery in the United States. Within the thematic framework of the National Historic Landmark Program, Wendover, the national headquarters of the Frontier Nursing Service, has national significance under theme XIII. Science, (F) Medicine (1.) Clinical Specialties.

Up until the 1930s, an American woman was more likely to die in childbirth than from any other disease, except tuberculosis. The mortality rate was particularly high for pregnant women in rural areas where hospitals and qualified medical care were scarce. Breckinridge recognized this concern and succeeded in one of the pioneering attempts to bring professionalized healthcare to rural America.

Mary Breckinridge was first introduced to midwifery when her brother was born in the early 1890's. She was fourteen at the time, and although the Russian midwife who attended her mother made a great impression on her, she was not interested in a nursing or midwifery career. She did not enter St. Luke's Hospital School for Nursing in New York until 1907.

After the dissolution of her second marriage, and after her two children had died as infants, Breckinridge traveled to France to volunteer for the American Committee for Devastated France following the end of World War I. While in Europe she became acquainted with the nurse-midwives in France and Great Britain and thought that with their training, she could perhaps meet the problem of medical care for mothers and children in rural America.¹ While studying European infant and maternal health care, Breckinridge realized her life goal. She wrote to her mother: "a decision has come to me and not of myself. Call it what you will--I definitely will follow it with the assurance that I am doing what is right...I am to work directly for little children now and always--because that is the work I can do best, in which my health and enthusiasm and happiness do not fail."²

She later attended classes at the Teachers' College of Columbia University as well as the British Hospital for Mothers and Babies and the York Road General Lying-in Hospital, both in London. In addition, she traveled to Scotland to observe a community health care service staffed by nurse-midwives and serving a poor, remote area. By the time she established the Frontier Nursing Service at Wendover, she was not only a nurse but a trained midwife, certified by England's Central Midwives' Board. In explaining her focus, she wrote in Wide Neighborhoods "Work for children should begin before they are born, should carry them through their greatest hazard which is childbirth, and should be most intensive during their first six years of life. These are the formative years--whether for their bodies, their minds or their

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loving hearts." 3

In the years following World War I, the public expressed concern for the high maternal and infant mortality rates in the United States. In 1923, as Breckinridge was organizing the Frontier Nursing Service, the national maternal death rate was 6.7 per 1000 live births-- one of the highest in the western world.⁴ Physicians, public health officials and social reformers sought a solution. They focused their attention on birth attendants, supporting Federal legislation in the form of the Sheppard-Towner Act which attempted to support the education and training of midwives. Pregnant women living in rural areas had no alternative than care from local lay-midwives, as both physicians and hospitals were scarce. In the state of Kentucky, there were 2500 practicing midwives in 1922 who served as the primary birth attendants in the thirty-six eastern mountain counties. In Leslie County, later the site of Wendover, 43 midwives attended 265 births, while one physician attended 40.⁵ Women's lives in Leslie County were difficult, since in addition to performing regular domestic duties they also provided agricultural labor. These women married young, and produced an average of nine children.

In 1923, at the age of 42 years, Mary Breckinridge spent a summer in the Kentucky Mountains. Here she made her first approaches towards the work she intended to do. She surveyed 55 lay-midwives in rural Kentucky and found them to be elderly with an average age of 60, delivering about 19 babies per year. Their primary vocation was not midwifery; most were wives of farmers, or farmers themselves and midwifery provided only a supplementary income. Contrary to midwife practice and training in other parts of the American South, these Kentucky midwives did not have a training system, but were self-taught. Breckinridge was most distressed by the lack of prenatal care given to pregnant women. In addition, she found that local midwives relied heavily on traditional folk practices and ritual, particularly in complicated cases. These midwives also practiced invasive midwifery, often attempting to stretch the birth canal in order to speed labor.⁶

Breckinridge chose rural Kentucky as the site for her organization for a number of reasons. She believed that rural women ran a higher risk of complications and death than urban women, despite the fact that statistics proved otherwise; she attributed this allegedly lower death rate in rural areas to inaccurate data collection. In addition, she also had personal connections to Kentucky-- her great-great-grandfather, John Breckinridge, served as a U.S. Senator from Kentucky, and she maintained personal ties within the state. In choosing Kentucky over other areas, Breckinridge asserted that "Not only was there no reason why the Kentucky Mountains should not be chosen, but we had the best of all reasons for choosing them, namely their inaccessibility. I felt that if the work I had in mind could be done there, it could be duplicated anywhere else in the United States with less effort." 7

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Breckinridge first saw Wendover during one of her rides through the Kentucky countryside in 1923. She started building Wendover during the summer of 1925, engaging local workmen to build a log barn and cabin. She used a contractor from Hazard, KY, to direct the building of the two-story Big House, and except for outside plumbers, local workman completed the actual construction. Stone masonry, traditional in certain mountain families, was responsible for the great stone chimneys at Wendover. By Christmas 1925, the roof on the Big House was completed, although there was no stairway to the second story. Mary's father dedicated the building that Christmas to her two dead children, Breckie and Polly. A bronze plaque on the living room chimney commemorates the dedication.

Mary Breckinridge began work on her Frontier Nursing Service in 1925 and Wendover was habitable the spring of 1926. She established it (originally named the Kentucky Committee for Mothers and Babies) as a private philanthropic organization, with the support of some of the most influential people in the state. For the next three years Wendover functioned, in addition to being the administrative headquarters of the Frontier Nursing Service, as a cottage hospital. Writing of these early years, Breckinridge recalled, "Thousands of people have traveled to Wendover since it was first built and know the character of the house it is. What they can never know is how crowded it was until we built Hyden Hospital. For the first three years Wendover was used as a cottage hospital, and often overflowed with sick people."⁸

Breckinridge proved to be a talented fundraiser, and succeeded in raising the money to run the project. The nursing service was staffed by trained English nurse-midwives, along with Americans trained in England as there was no U. S. training center at that time. Although the emphasis was on the mother and the child, the nurses quickly became family nurses. Wendover was known for other services as well. At one time there were only five bathtubs in Leslie County, and Wendover had two (one upstairs, one downstairs). According to Breckinridge, "the downstairs tub received so many visitors that I threatened to give it a guest book, bound in blue and white linoleum."⁹

Breckinridge and her nurses succeeded in providing quality maternity care. Nurse-midwives provided prenatal care, visiting their patients bi-weekly until the seventh month, and weekly thereafter. They remedied dietary deficiencies and treated parasitic infections. For deliveries, the nurses maintained scrupulous aseptic conditions despite the fact that most births took place within the patients' homes. Finally, they rarely used invasive procedures in delivery, preferring to let nature take its own course.¹⁰

The Hyden Hospital and Health Center was dedicated in 1928. From 1927-1930 six outpost nursing centers were built, located in the rugged back country of Leslie and Clay Counties. The centers were between nine and twelve miles apart, serving

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approximately seventy square miles each; each center was under the supervision of a registered nurse-midwife. The total area served was about 700 square miles. Until the late 1940s the frontier nurses walked or went on horseback in making housecalls. They did not acquire a jeep until the late 1940s.

By the end of the 1920s the Frontier Nursing Service began to experience financial difficulties. The end of the Sheppard-Towner funds, and rejection by private philanthropic groups along with the depression exacerbated the problem. Famine in Leslie County further complicated the situation and by 1932 the Frontier Nursing Service was operating with a large deficit. Further plans to expand were thus halted.

The Second World War determined the future course of the Frontier Nursing Service. Because the Frontier Nursing Service had depended on Great Britain for the postgraduate training in midwifery, the beginning of the war in Great Britain in 1939 had a devastating effect on the staff at Wendover. Eleven of the British nurses on the Frontier Nursing staff returned to England. Thus on November 1, 1939 the Frontier Nursing Service began the Frontier Graduate School of Midwifery. Although there were only two students in the first class this was the first school of nurse midwifery in the United States.¹¹

The Frontier Nursing Service presently consists of its medical headquarters at Hyden (which includes a modern 40-bed hospital and contains the Frontier School of Midwifery and Family Nursing), the administrative headquarters at Wendover, and five outpost resident-nursing centers. Their accomplishments are impressive. More than 64,000 patients have been registered with the Frontier Nursing Service since 1925, including 38,000 children. Between 1925 and 1975 they delivered 17,053 babies with only 11 maternal deaths. The number of nursing service patients to develop complications during pregnancy and labor was very low. The skill of Frontier Nursing Service personnel and their devotion to the cause of improving the health of mountain people has had a great impact in a formerly isolated and rural area. It all had its beginnings at Wendover.

From the beginning the Wendover Big House was and continues to be the focal point of the Frontier Nursing Service. People locally, statewide, and nationally met regularly in the big living room to plan ongoing rural health care in the United States and to plan the education programs for nurse midwives and nurse practitioners. Mary Breckinridge wrote "...Wendover's long breezy dogtrot, its bathtubs, and the shade of its giant beeches were refreshing spots to anyone who had spent a summer's day in the saddle."¹² Breckinridge ran the Frontier Nursing Service from her bed until her death in 1965.

The Frontier Nursing Service has archives at the University of Kentucky at

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Lexington and at the Smithsonian in Washington, DC. One of Mary Breckinridge's uniforms is currently at the Smithsonian Institution. In 1989 the National Museum of Women's Art exhibited photographs of the Frontier Nursing Service taken in the 1930s by Marvin Breckinridge Paterson.

Footnotes

¹Mary Breckinridge, Wide Neighborhoods, A Story of the Frontier Nursing Service (New York, 1972), p. 111.

²Ibid., p. 73.

³Ibid., p. 111.

⁴Nancy Schrom Dye, "Mary Breckinridge, The Frontier Nursing Service, and the Introduction of Nurse-Midwifery in the United States," in Women and Health in America, ed. Judith Walzer Leavitt (Madison, 1984), 327.

⁵Ibid., p.328.

⁶Ibid., p. 331.

⁷Mary Breckinridge, Wide Neighborhoods, A Story of the Frontier Nursing Service (New York, 1972) p. 158.

⁸Ibid., p. 187.

⁹Ibid, pp. 186-187.

¹⁰Dye, p. 335.

¹¹Breckinridge, p. 323.

¹²Ibid., p. 188.

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