

FRONTIER NURSING SERVICE QUARTERLY BULLETIN

VOLUME 56

AUTUMN, 1980

NUMBER 2



US ISSN 0016-2116

Cover: Nativity Scene arranged with creche figures from Bogota, in the mountains of Columbia. Many graduates of the Frontier School of Midwifery and Family Nursing have gone all over the world to practice what they have learned here, and of those who have gone overseas, several are still working in South and Central America.

—*Photo by Gabrielle Beasley*

FRONTIER NURSING SERVICE QUARTERLY BULLETIN
US ISSN 0016-2116

Published at the end of each quarter by the Frontier Nursing Service, Inc.
Wendover, Kentucky 41775

Subscription Price \$2.00 a Year

Editor's Office, Wendover, Kentucky 41775

VOLUME 56

AUTUMN, 1980

NUMBER 2

Second-class postage paid at Wendover, Ky. 41775 and at additional mailing offices
Send Form 3579 to Frontier Nursing Service, Wendover, Ky. 41775

Copyright 1980, Frontier Nursing Service, Inc.

CONTENTS

ARTICLE	AUTHOR	PAGE
French, Flemish, or Fake?		2
ENT Clinic	<i>Sally Rogers</i>	10
Perspectives in Humanistic Medicine	<i>Tim Carey, M.D.</i>	12
Molly's Thanksgiving Tradition	<i>Patti Rogers, FNP</i>	17
Cancer: A Demonstration of Hope	<i>Alice Basch, M.S.N.</i>	19
The Work of a Midwife	<i>Marian Barrett</i>	22
Old Staff News		26
Old Courier News		27
Student News		28
Frederick Zerzavy, M.D.		29
Dr. Brandon		30
Recollections of Winter	<i>Dale Deaton and Lynn Lady</i>	31
Memorial Gifts		39
In Memoriam		41
Ambulance Service In Leslie County	<i>Bill Chamberlain</i>	42
Urgent Needs		44
The Big House Restoration	<i>Dale Deaton</i>	45
Beyond The Mountains	<i>Kate Ireland</i>	47
Field Notes		49
Staff Opportunities		52
Statement of Ownership		58

FRENCH, FLEMISH OR FAKE?

St. Christopher's Chapel, located on Hospital Hill, looks out over the small but busy town of Hyden. It was constructed in 1960-61 with walls of local stone, chairs, and woodwork crafted by local men, ironwork for the door, candlesticks, and the cross also of local craftsmanship. The kneeler, which spreads the length of the altar space, was designed in Boston and worked by many hands, one of whom was Courier Fanny McIlvain. The cross was designed by Dr. Beasley and the ironwork by Courier Virginia Branham. Eugene Dixon did the ironwork, George Bowling set the sixteen inch walls, and Oscar Bowling, who did many projects for the FNS over the years, crafted the chairs and other wood work. The first service was held in the not-quite-complete Chapel on Christmas Eve, 1960, and a midnight service on Christmas Eve has been held annually ever since. The Chapel was dedicated on April, 22, 1961 and was consecrated by the Bishop of Lexington on May 11, 1961.

The window was thought to be 14th or 15th century French. It was given to Mrs. Breckinridge in 1938 or '39 by her cousin, Dr. Preston Pope Satterwhite of New York, who had the window in his home. Mrs. Breckinridge said she asked him for it every time she visited him because St. Christopher was the patron saint of the FNS nurses. He finally gave it to her, she said, "to get rid of me". A stained glass expert from Cincinnati supervised the installation of the window and chose the colored glass for the side windows.

In an effort to find out the value of the window (for insurance purposes), correspondence with the expert from Cincinnati was resumed in June, 1979. A color photo was forwarded to the Riordan Stained Glass Studio to speed the process of the appraisal. When the pictures were forwarded to Mr. Walter Bambach, new owner of the Riordan Stained Glass Studio, in Covington, Peggy Elmore, who had been conducting assiduous research on the window, noticed from the photographs that there appeared to have been some damage to the side panels at one time, now no longer in evidence. Perhaps they had been repaired between 1939 and 1960. At the time of the installation, Mr. Riordan had commented on the side panels, which seemed to be of a later date than the central panel (or lancet). Things dragged on.

The verdict, given in October, 1979, from Mr. Bambach was that the window was a copy, probably reproduced by G. Owen Bonawit Studio of New York, dating, most likely, from the early 1900s.

Never before had any doubt been expressed about the authenticity of the St. Christopher's window. We needed a second opinion. Peggy wrote to Barbara Wriston, a Trustee who had expressed some interest in the window on a visit to Hyden, and she wrote to the Speed Museum in Louisville where most of Dr. Satterwhite's collection is housed. A reply from the Speed Museum seemed to hold out little hope: the museum had had a difficult time trying to establish the authenticity of several of the pieces in the Satterwhite collection, and the most it could do was to suggest getting in contact with French and Company in New York, through whom Dr. Satterwhite had purchased most of his collection. A letter was sent off. Peggy noted that the window had a similarity to a St. Christopher and Christ Child in All-Hallows' in North Street in York, England. A response from Mr. Samuel, formerly with French & Co., brought discouraging news: he thought the window a probable fake, and for two reasons. One, it was the vogue in the early 1900s to have a stained glass window somewhere in one's home or apartment, and few were authentic. Two, much of Dr. Satterwhite's apartment and its contents were reproductions or fakes. What to do? It was now January, 1980.

Peggy got in contact with a friend at the College of Nursing at the University of Kentucky, **Pam Keogh**, who studies medieval stained glass as a hobby. After much research, (as the following essay below will show,) Pam believed the window to be an original piece of work — or at least part of it was. Then, two months later a note from the Curator of American Decorative Arts at the Metropolitan Museum of Fine Arts, who had been contacted by our Trustee Barbara Wriston. Mr. Heckscher had contacted a colleague at the Cloisters branch, Jane Hayward, who confirmed: "The window is: a) medieval; b) English; c) fifteenth century. It looks to be a very good one and I hope it will be properly taken care of." The problem seemed solved. French, Flemish, or fake? None of the above, thank you. It seems to be the real McCoy, or at least the consensus is no better — and no worse — than fifty/fifty.

"The St. Christopher's window welcomes the visitor to the Chapel. Its soft light holds the colors and charges the tracery of figure and design with a transcendental luminosity. Rich ruby; a



shading of blue; yellow warmed by the golden flicker of candles above the altar.

"The window consists of three lancets (or panels). The center shows the figure of St. Christopher in a canopied niche bearing the Christ Child on his left shoulder as he wades through the water (from right to left). The infant Saviour has two fingers of the right hand up in blessing. In His left hand is the orb and cross and behind His head, a petal-shaped nimbus (lacking the usual attribute of the cross). The glass is white, the design painted in brown with touches of yellow marking the edge of the nimbus, the curls of the hair, the orb and cross, and forming an ornate square pattern inset with a small flower shape on the robe. St. Christopher wears a toga or cloak of white with flowing lines marked in brown. Bordering the sleeves and edges is a richly patterned motif in yellow. His legs are characteristically bare to the knee with the ties or linen bands forming pendant ends over the waves. The water is drawn in waves in which two fish are clearly discernable swimming about his bare feet.

"Paint is used to delineate the waves about the feet and the fish, to give features to the face and details to the hands and to the folds of drapery. There is some modeling of the figure. The artist has coated the glass a thin brown in places and then dabbed to produce a stippled surface that could be softened to give the effect of natural form.

"The background varies from very dark to the palest dispersal of blue. In it are placed patterned pieces (diapering) which do not appear to 'match'.

"The staff is of interest. Legend tells how it blossomed with flowers and fruit after the crossing. Here, it consists of a slender tree trunk shape from which the branches have been cut. The whole is in yellow; at the top a large bunched rosette, at the foot a spray of roots, both highly stylized. A smaller branch jutting out at the left, also in yellow, bears four smaller rosettes.

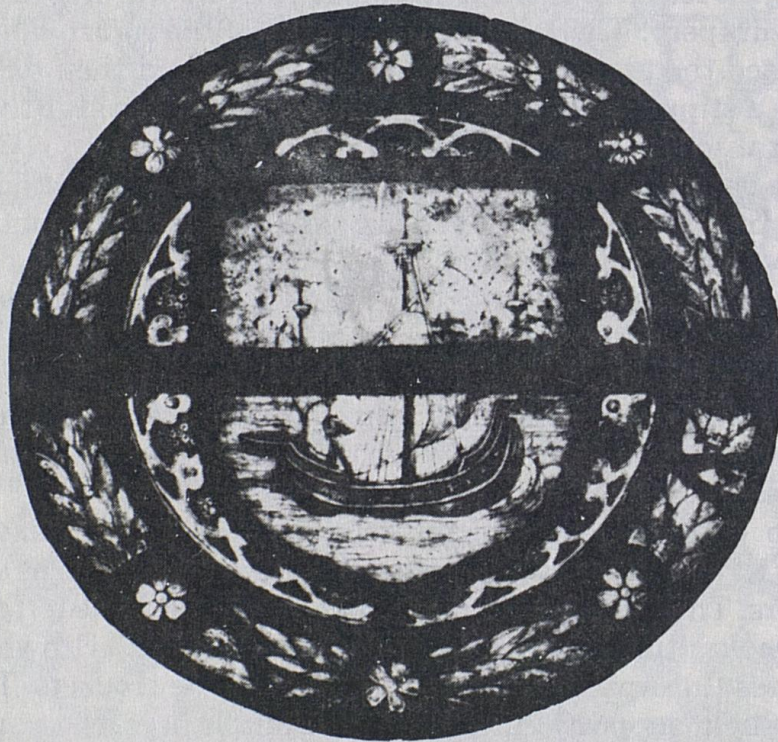
"The elaborate architectural canopy in white glass is set against a ruby background. It has three fretted pinnacles and two side piers. The center pinnacle is topped with a cinque-foil emblem and breaks through the surrounding border. Brown paint delineates the ornate yellow decorations on the crockets. The side piers which support the canopy are made up of a variety of wreathed and scrolled designs.

"Hanging in front of the canopy is a shield of arms. Such shields normally identify the donor of the window. It is yellow and bears a ship painted a dark russet brown. It is surrounded by light brown scrolls or ribbons and is set in a wreath of green laurel or ivy leaves indented with six of the cinque-foil emblems.

"The three-sided pedestal upon which St. Christopher stands would normally top the niched vault that would house the donors. What is visible is richly emblazoned with the cinque-foil emblems repeated throughout the lancet.

"There are five tracery outlines in blue on each of the side lancets. They are linked with each other by circles of red and each center quarry bears a single medallion or motif. Grisaille patterns each one: brown lines, lightly etched, are enriched with yellow. Readily recognized among the motifs is the letter 'R' topped with a crown, the rose, a bunch of hazel nuts with oak leaves, a set of crossed keys.

"A border of grisaille foliated ornament surrounds the window on three sides. The row of triangles is interrupted by the tallest pinnacle in the canopy.



“Stained glass is glass which is colored with pigment during its molten phase. Pieces are then cut according to the design and are bound together by pieces of lead. In painted glass the color is not in the glass itself but upon it. The design is painted on before the firing. The earlier the glass the less there is of painting upon it, and the more the burden of design upon the artist. Drawings, called cartoons, were executed and used as designs upon which to base the window, its color, traceries, lead lines. These cartoons were often used more than once and were frequently copied.

“The origin of stained glass is obscure, but it seems probable that the development began in the Middle East. By the late fourteenth and early fifteenth centuries, color, lead lines, and the pattern of paint were arranged to balance in a flow of light that made the window speak to the assembled congregation in the emotional terms of the day. Some experts will argue that this period represents the apogee of ecclesiastical stained glass in Europe.

“When I last talked with Peggy Elmore we returned again to the authenticity of the window. Her correspondence pointed to the feasibility of a reproduction. It is general knowledge that copies of fifteenth century English windows were apparently very popular late in the nineteenth and early twentieth centuries and graced a number of churches in America at that time. But I stayed with the hunch that it was fifteenth century English from the city of York. I took photographs and returned to examine in greater detail. There were undoubted features which appeared to point to its originality — albeit much repaired and incomplete. The center lancet ends just below the three-sided base or pedestal upon which St. Christopher stands. The vaults, barely visible, are cut off at the point below which they would normally house the donors who frequently occupy this unique architectural niche. Such figures would thus extend the lancet to a size more in keeping with the proportions of base, figure and canopy, and would add a further pair of medallions to the side lancets (making six on each side instead of five). This loss would explain the absence of the lower border which would normally “frame” the window and which is present on the other three sides.

“A look at the side lancets indicates that they are leaded together in a way so counter to the unified demands of the original tracery design that it must be supposed that a considerable

reconstruction process was undertaken at one time. A closer look at the blue glass in the center lancet leads to the notion that certain pieces have been incorporated from an earlier firing. Such tactics were quite common. It was the custom in early stained glass to hang on to leftover pieces, particularly of blue, and utilize them in later works.

“Such features, while not tantamount to saying that the window is an original, certainly make it seem rather unlikely that it could be a reproduction, particularly in terms of the end result of the reconstruction of the side panels. Such careful piecing does not smack of straightforward reproduction. But, what happened to the donors, and whether the window was shortened as a whole or in parts to accommodate what was already existing, is open to conjecture. The development of the canopy of white glass is seen in England during the fifteenth century. The extension of the canopy into the grisaille border, breaking the horizontal line is a feature of York, a key city in the history of stained glass in the fifteenth century. There is also the essential proportion of base, canopy and figure in York stained glass at that time. This consideration is lost in our St. Christopher window. By the sixteenth century the canopies had lost this quality and were highly perpendicular with many crazed pinnacles.

“The York artists appear to have been influenced by the art movement of Flanders. This is not surprising when much of their glass was imported from Bruges and Antwerp. What can be conjectured is that the mid-fifteenth century woodcut known as the Buxheim St. Christopher may have had its cartoon copied. This would account for the fact that while the Buxheim St. Christopher is crossing from left to right, the York figures necessarily cross from right to left, with the infant Christ born on the opposite shoulder. Another feature of the St. Christophers in the York context refers to the guild of which St. Christopher was a patron. The guilds of St. George and St. Christopher, at one time distinct, were united in 1447. Unlike the Corpus Christi Guild at York, which had the high clergy and most of the wealthy classes as members, the Guild of St. George and St. Christopher was more civil and democratic in nature. Lancets of St. Christopher and St. George are so frequently to be seen in the stained glass of the area as to be almost a hallmark of York work. Donors who wished to commemorate their allegiance to both church and guild commissioned to have their likenesses placed under the vaulted

pedestal with their shield carried upon the canopy. Such commemorations may be seen in St. Johns, Mickelgate; St. Martin-le-Belfrey; the Holy Trinity, Goodramsgate; and All Hallows'.

"A study of ecclesiastical heraldry will no doubt further clues with respect to the medallions. The rose is a York motif. Two keys appear in York as the modern arms of the see in the mid-fifteenth century.

"Although it appears promising and highly likely that the window is a York original of the fifteenth century, what vicissitudes it has undergone are still open to conjecture. Perhaps experts will deny its place. Whatever is decided, I think I speak for all who visit the Chapel when I repeat that it is a love offering to God — an offering given in the true spirit of stained glass — glass for light and color, lead for line: the whole an emotional appeal to transcend everyday existence."



THE ENT CLINIC

by Sally Rogers, Courier

During the third week of October, Danna Larson, Coordinator of Couriers and Volunteers, and I were reminded by Mrs. Pendleton that the semi-annual Ears, Nose, and Throat Clinic would take place at the Mary Breckinridge Hospital on November 3 through 7. Dr. Bratcher, his assistant Dr. Kaplin, and their team of audiologists and nurses from the University of Cincinnati were scheduled to screen patients and then perform approximately twenty-four tonsilectomies on children ranging in age from 5 to 16. Dr. Bratcher and his specialists have been coming down from Cincinnati for over ten years for these specialty clinics at their own expense. Dr. Bratcher believes so strongly in the FNS that he takes a week twice a year to volunteer his services — and his abundant good cheer. We are extremely grateful and fortunate to have this 'angel over our shoulders.'

Danna and I were relieved to hear that Patty Adams and Eva Pace, both administrative secretaries, planned to dress up as clowns and masquerade in the Primary Care Clinic and on the Med-Surg floor in order to liven up the hectic, daytime screening hours. Danna and I, however, had to entertain the tonsilectomy patients on the Wednesday evening before their surgery the following day. We knew that most of the children would be apprehensive about Thursday's operation and spending the night in the strange environment of a hospital, and we wanted to throw a party that would take their minds off these justified fears. But the idea of acting out skits and singing songs didn't appeal to us. I have the singing voice of a cow and I knew Danna would refuse to play the piano in public. Danna, however, had a brainstorm. What better way for the children to alleviate their fears and tensions than to bash them out on pinatas?

The evenings prior to November 5 were spent cutting old newspapers into strips, dunking strips into a messy concoction of flour and water and applying them over balloon molds. By November 4, we had completed three animal pinatas: a rabbit, a pig, and a spider, and all were stuffed with candy and toys. Barbara Post, Coordinator of Wendover, had also suggested we wrap surprise balls because she believed it was always fun for someone to unwrap an endless stream of colored crepe-paper and

eventually find a surprise at the end. Barbara, Danna, and I wrapped and painted a total of fifteen, large surprise balls and drastically depleted Keen's Variety Store's supply of primary colored crepe-paper and candy.

On November 5 the party began promptly at seven o'clock. Nurse Carolyn White and approximately twenty pajama clad children piled into the hospital's second floor elevator, rode up to the third floor, and then converged on the classroom. In addition to breaking open the pinatas, unwrapping the surprise balls and untangling themselves from a spider web, the patients watched cartoon film strips on loan from the Leslie County Public Library. Nurse Beverly Phelps also outlined all their questions about what was going to happen and when.

By eight o'clock the festivities ended. Gabrielle Beasley had taped the party and we played back the film (after everyone had left) to see if we had thrown a successful bash. Barbara, Gabrielle, Danna and I laughed at the footage on the pinatas and the antics of some of the children who had clowned for the camera. I only hope that the patients had a good time; I know we did.



M. Garrett tests hearing of Jerome Sizemore. Note the special fold-out on the ENT Clinic in this issue of the Bulletin.

PERSPECTIVES IN HUMANISTIC MEDICINE

by Tim Carey, M.D.

Until the early twentieth century, the responsibility for an individual's health rested firmly with the individual. Physicians were adept at certain surgical procedures, but medical therapy as we know it today was essentially non-existent. Such advances as were made, the development of asepsis, improvement in death rates from cholera and typhus, were more the result of basic sanitation than of advances in medical or surgical therapy.

With the 1920s, however, the development of surgical techniques and pharmacologic therapy began which made an appreciable dent in mortality and morbidity from a number of diseases. Medicine, on the infectious disease model, began to look as if it could conquer all worlds. The archetypal example is syphilis. A common infectious and psychiatric problem (GPI) could be cured by means of a single injection of penicillin. Would other diseases be as easy to suppress? Medicine became 'interventionist', with many early successes, and lately, with spiralling costs and profound doubts on the part of the public as to the consequences of modern, reductionist medicine for the quality of life. A reductionist approach to medicine assumes that all aspects of an organism can be best understood if it is broken up into its smallest parts. The flaws of such an approach to complex biological and ecological systems should be obvious. A reductionist approach inevitably leaves out data, and often winds up with a flawed result. The case against some of what modern medicine does is reasonably clear, and I shall not belabor that point.

If the reductionist approach is not to be the saviour of modern man, what then is one to do? More and more emphasis has recently been placed on 'quality of life', a vague term used to apply to everything from care of the terminally ill (when to quit) to the proper care of what are euphemistically termed "benign, self-limited, or functional illnesses." Such issues lend themselves poorly to the traditional approach. I shall outline two basic ways of approaching such problems.

First, there are alternative methods of viewing health and disease, both traditional and modern. Methods such as acupuncture and various meditation techniques have been practised

successfully for centuries and compare favorably with western medicine in treating some conditions. Indeed, such techniques have been integrated with traditional medicine: acupuncture for anesthesia, and meditation for hypertension and tension related ailments. Other approaches, however, are based on theories of health and disease completely different from western medicine. Iridology is based on the theory that physical diagnosis can be made from the color patterns of the iris. Reflexology is a massage treatment based on the supposed connections between the soles of the feet and the visceral organs. Shiatsu, 'touch for health', and other massage treatments enjoy new popularity.

Documentation of the efficacy of such treatments is scant, on the traditional "reproducible, double-blind" model of proof by western medicine. Efficacy is generally found in the form of testimonials and anecdotes, without investigation of the effectiveness — or ineffectiveness — of these treatments. Nevertheless, there does seem to be a cohort of patients who benefit from some such treatments. Whether these patients benefit from biological variability or from some form of placebo effect, their stories are often convincing for those diseases for which conventional medicine has little to offer: headaches, back aches, undocumentable pains, etc., but which in many practices make up over 50% of outpatient primary care visits. How to choose patients, though, for such referrals? Those referring, and the practitioners involved, should assess whether or not the patient's ailment is amenable to conventional therapy, especially in terms of reversible disease. A neurological exam is essential before referring a patient for biofeedback for his daily headaches. There is little substitute for penicillin for pneumonia or surgery for a meningioma. In reality most patients at present 'self-refer' for alternative treatments. This tends to reinforce the gap between conventional medicine and the alternative treatments, suggesting that one is necessarily a rejection of the other. Alternative treatments in some form are unlikely to go away, and medicine will benefit by coming to terms with and understanding these treatments.

What I have called 'humanistic medicine' is the other side of the coin. I view humanistic medicine as an attitude towards our current form of medicine, something that can be compatible with CT scans, renal transplantation, and steel guiacs. Accepting that modern medicine has a lot to offer, humanistic medicine attempts

to transfer the responsibility for health back to the individual. Thus, the emphasis is on patient education, complete communication between physician and patient — not the sham that often passes for talking to patients that we now see — and individual self-care in recognizing causation of disease other than the microbial and cures other than the pharmacologic. Areas such as the role of stress in disease, occupationally related disease, environmentally caused health problems, and the role of life changes in predisposing an individual to illness have been burgeoning in the past few years.

Such a 'humanistic' approach can be liberating for the practitioner. No longer is every health or social problem appropriate to be laid at the door of the office, the patient a passive subject to be 'cured'. "Patient, heal thyself" might be the maxim for much of the philosophy of humanistic medicine. Thus, physicians no longer need set themselves up for failure by attempting to treat problems medically which might be better treated by changes in attitude or life style on the part of the patient.

During housestaff training in San Francisco, I had the opportunity to participate in a program that tried to put such principles into practice. Regular, unselected ward patients were shown their charts and were invited to comment and contribute to their medical charts. Through the use of consultants, an almost obsessive emphasis was placed on the physician-patient relationship. Factors such as the conduct of rounds, who was present, with whom communication took place, the bodily attitudes of the physicians in reference to that of the patients all came into question and underwent modification. Seminars, formal and informal, were held on a variety of problems, often centering on the so-called "why me" syndrome which so many patients seem to have after initial hospitalization. Some, certainly a distinct minority, were able to attain insight into causal aspects of their health problems.

Insight seemed to follow a pattern which some of the humanistic health experts refer to as the "spiral of health." At the bottom of the spiral, a patient has a passive, accepting attitude toward illness, feeling that he has little to do with the cause or the cure. The second coil of the spiral seems to be one of intellectual awareness: the patient takes an interest, learns about his illness

and the cures for it. The third phase, one which relatively few patients in the study achieved, was one of control, where the patient recognized that he might be able to influence the course of his disease or prevent future problems. Rather than a sense of cosmic innovation, such awareness often took the form of recognition that susceptibility to hepatitis, for example, might be related to chronic stress and fatigue, and pneumonia to smoking. Thus, a period of hospitalization could be turned from a "time out" in a person's life into a positive experience.

There is a danger in such an approach which must be mentioned. By stressing personal responsibility and personal treatment for illness, one must avoid putting the **blame** for such an illness on the patient. Overemphasis on life-stress causation of problems such as cancer has led some patients to blame themselves for their tumors and has forced them into the hands of unproven quack therapists. Tragedies have occurred through this.

The results of the three year project in San Francisco were mixed. No difference could be discerned between patient populations who read their charts and those who did not. What end point should be used? Staff satisfaction, especially among nurses, was high, feeling that they were able to provide more complete care in such a setting. Physician housestaff, however, remained in general, resistant to the principles outlined above, although attitudinal changes were noted throughout the hospital in terms of communication with patients, and willingness on the part of the staff to accept alternative explanations for illness.

Two main objections arise to such an approach. The first is that "this is just a restatement of what I do anyway." Perhaps, but many practitioners give only lip service to patient participation in decision making and patient education on the argument that it takes too long, or is time 'ineffective.' Neither argument has been tested. Studies have shown that a simple preoperative discussion of pain and its control can significantly reduce the need for postoperative analgesia. More sensitive parameters will have to await difficult, long term studies, but the potential for the field of health may be great. Expense of such projects will have to be viewed against other health care projects and can cost as much as \$300. Indeed, 'wash your hands' is what we all do. but the principles of asepsis and infection control are considerably more refined, and need considerably more emphasis than that. The

same applies to the humanistic approach to medicine. At the present time, all the economic incentives are for short term care, and relatively little emphasis is going into the issues of patient responsibility, education, and long term care.

A second, more local objection is that the humanistic medicine movement is basically elitist, speaking only to a highly educated, highly motivated, wealthy audience — possibly all residing in Marin County, California. This is at least partially true. In the San Francisco project, working and poverty class patients had difficulty communicating with the staff interested in discussing the more ethereal issues of patient responsibility. And, on a more global scale, how should areas where the major health care problems are malnutrition and infectious disease view these concepts? Are they indeed relevant at all? I have no answer to such criticisms, and indeed feel that they are valid. However, in the United States today, there is a large section of the patient population asking questions and an unknown number receptive to such a humanistic approach to medicine. Personally, I find such an approach — which I practice all too infrequently — refreshing and fulfilling.

The National Rural Primary Care Association recently held a one day meeting on the Rural Health Clinic Services Act which Mrs. Pendleton and Dr. Wasson attended in Pittsburgh, Pennsylvania. The NRPCA will be holding its fourth national conference in Denver, Colorado this year on March 8-11, 1981. The theme of the conference will be "Rural Health Care in the 80s: a Declaration of Independence" and continuing education credits will be offered to physicians, nurses, NPs, and PAs as well as to administrators and managers. Some of the topics include Common Dermatological Problems, Common Fractures, Sports Injuries, Plastic Wound Closure Techniques, Hidden Clues to Psychological Distress, and Snake and Spider Bites for medical professionals, and for administrative personnel topics will include Role of Community Board Members, Design and Construction of Facilities, Professional Burn-out, Bill Collection Systems, Budgeting and Cost Control, and Marketing Clinic Services. Further information and pre-registration subscriptions are available by writing National Conference, NRPCA, Box 1211, Waterville, Maine 04901.

**Title: Molly's Thanksgiving Tradition *or* Over the Hill and
Through the Woods and Over Another Hill and
Through More Weeds to Wendover We Go . . .**

by Patti Rogers, FNP

I *thought* that by walking to Hyden from Pound Hill and back, approximately nine miles round trip, a few days before Molly Lee's Infamous Thanksgiving Day Trek would get me in shape . . . little did I know that pure tenacity, an orange, a little spirit, and a one-way walkie-talkie was all any of us needed. Molly had secured two walkie-talkies previous to the day's outing to keep the hospital informed of our whereabouts.

Whereabouts is a good way to describe where we were most of the time: we were about route 80 a few times, about route 421 more often, and lost a *lot*. Methinks, and deeply suspects, that Molly plans this on purpose. She has led this hike for years, but "knows less" of the familiar landmarks than those who have never been on it with her!

Just about the time I declared I would not, I could not, climb another mountain, Molly made the remark, "Oh, I'm sure Peggy Elmore is up there laughing hysterically by now." Several of us were glad *someone* was laughing because we were having hallucinations of being greeted with bologna sandwiches after dusk at Wendover. (And Molly scoffed at me for bringing a flashlight. I'm no fool — I'd heard of the horror stories of Thanksgivings past.) Peter Marshall, courier '79, and his friend Miller from Vanderbilt, after hearing rumors of hikes past, brought along a compass which stubbornly pointed south whenever pointed at Molly, no matter what position *she* was in — even up in that tree she climbed to better see a house. And Bill Reist kept looking for green ribbons that he had tied on trees *last* year, but all Lucia Osleski and Carolyn White could find were pink ones!?

Even though Wendover keeps "moving" *every* Thanksgiving and "Isn't that Hurricane down there? I'm sure it is; it was there last year. Where is that Bald Knob? I can't find it; it *was* right

around here, but it doesn't look bald, does it?" I sincerely hope this is one tradition that will never go by the wayside at FNS — if only to make us thankful once again that Molly finally got to Wendover, one way or the other, dirty, tired, before dark, *and* that plenty of turkey is always waiting for the traditionally late hikers.

The following notice appeared in the September 1980 issue of *The Tudor Rose Councillor* from the National Society, Daughters of Colonial Wars, Volume XII, Number 1.

"The National Projects for DCW continue to be the Frontier Nursing Service at Hyden and Wendover, Kentucky, and the Endowment Fund.

FNS contributions from the State Societies each year are used for the Scholarship Fund, the Children's Christmas Fund, the Children's Fund, the Clinics, and the General Fund.

The National President has chosen during her administration the raising of \$5,100 for the purchase of two cameras and one reader-printer, equipment needed to microfiche the maternal and infant records. FNS is the only source of detailed midwifery records in the country. The microfiche project is an expensive one and will require several years to complete, but our contributions will give them a start by providing two essential pieces of equipment. All contributions should be sent to the National Treasurer, Mrs. William E. Schuyler, Jr., 5110 Westpath Way, Washington, D. C. 20016. The Chairman of these National Projects is Mrs. French Maggard, 1020 Fontaine Road, Lexington, Kentucky 40502."

CANCER: A DEMONSTRATION OF HOPE

by Alice Basch, M.S.N.

Cancer is the third leading cause of death, behind accidents and heart disease, yet cancer is probably *feared* more than any other illness. What are the reasons behind the fear of cancer? Can cancer be prevented? Can cancer be cured? These are the questions the oncology department at the Mary Breckinridge Hospital has been trying to answer for patients, family and staff in the Frontier Nursing Service community.

Since 1975, Dr. Anne Wasson has been concerned with the incidence and prognosis of cancer in the Eastern Kentucky Region. At that time, she began the first informal tumor registry in the area to help determine trends in cancer. With the efforts of Dr. Gilbert, a Pap registry was also started. Then, in 1977, a subcontract from the Ephraim McDowell Community Cancer Network was granted to demonstrate the role of an oncology nurse in a rural setting. First with Jane Hurrey, then Vi Bloom and since June of 1979 Pat Campbell, R.N., the department has made great strides in developing an awareness of cancer as a concern, updating and improving the tumor registry, maintaining follow-up on tumor patients, providing continuing education on cancer for hospital personnel, and providing psychosocial support for patients and family.

With the work established through the Ephraim McDowell subcontract as a foundation, the department was ready to expand. On Sept. 1, 1980, FNS was awarded a grant by the National Cancer Institute to develop a Rural Oncology Demonstration Project to provide quality cancer care for the patient and family in a rural community. On that date, the department was also expanded to include me as project coordinator. The new grant continues in the same spirit as the previous project with some new goals and emphases.

The basic thrust of the oncology department is to provide information and education on cancer-related topics. Educational programs will become available for everyone in the community. This will include informative cancer campaigns for the lay public, continuing education for the professional staff at the Mary Breckinridge Hospital and surrounding health care workers, and

the inclusion of cancer information and modules in the curriculum of the Frontier School of Midwifery and Family Nursing.

According to the American Cancer Society, the greatest educational benefits result from programs aimed at the prevention and early diagnosis of cancer. The project at FNS will be focused along those lines as well. Although not all cancers can be cured, the quality of life and the years of survival can be greatly increased with early diagnosis. For example: some cancers, such as Hodgkins disease, can be cured 90% of the time if caught early; 70% of all lung cancers could be prevented if the person did not smoke; and survival times can be increased by as much as 10 years with early detection of breast and colon tumors.

Along with educating people in prevention and early detection, the oncology department aims to change the impact of fear that the word cancer creates, to one of hope. Cancer can be treated, pain is not an absolute, and cancer is not an automatic death sentence. Fear of the unknown, fear of pain, fear of death and fear of mutilation are examples of beliefs that can prevent the individual from seeking help for one of cancer's warning signals*. Education and knowledge of cancer facts will help to wipe out those fears and increase utilization of preventative measures and early diagnostic techniques.

Last but not least, the oncology department in conjunction with the primary care providers at FNS, is committed to the ongoing care and counselling of the cancer patient and his family. Together, the oncology staff, the physician, the nurse practitioners and the nurses will provide support, information and interpretation of medical terminology for patients and their families. Side effects from medications and surgical or medical treatments will be monitored and treated. Rehabilitation will be provided for patients going through bodily changes. Support for the dying patient will be given to all family members through the auspices of the Home Health Agency and the oncology staff.

One out of four people will get cancer. Cancer IS a serious problem but it is a problem that has some answers. The oncology department at the Frontier Nursing Service is working to provide as many of those answers as possible to the community it serves.

***Cancer's Seven Warning Signals**

1. Change in bowel or bladder habits
 2. A sore that does not heal
 3. Unusual bleeding or discharge
 4. Thickening or lump in breast or elsewhere
 5. Indigestion, or difficulty in swallowing
 6. Obvious change in wart or mole
 7. Nagging cough or hoarseness
-



Dr. Anne Wasson, Alice Basch, M.S.N., and Pat Campbell, R.N.

THE WORK OF A MIDWIFE IN LESOTHO, SOUTH AFRICA

by Marian Barrett

[Editor's Note: Marian Barrett served FNS as a courier from September 1977 to November 1977 and as Courier Coordinator from June 1978 through December 1978. Sister Yvonne de Turenne was a December 1978 graduate of the Frontier School of Midwifery and Family Nursing.]

In the lowlands of Lesotho, there lies a mission called Saint Rose. During May 1980 I had the privilege of working there with an American nurse-midwife, Sister Yvonne de Turenne, manager of the health care facility at the mission. Her first commitment is to midwifery, but as it is nearly impossible for any medical missionary to specialize, her expertise in every facet of nursing is demanded daily. Cases range from oxen injuries to malnutrition to diseases which are seldom recognized by modern society. The treatment room consists of a table with a cabinet of medicines which have been provided by overseas' aid. A penlight, stethoscope, and blood pressure cuff are always on hand. Beyond the essentials, the nurse is on her own in making medical assessments. A keen sense of touch and intuition blended skillfully with knowledge are her finest instruments. The absence of a lab and x-ray technology do little to further her confidence for there is no support for her decisions. Such safety measures of reinforcement are lacking, along with many desired medicines, surgical supplies, and trained workers. The patient's condition is the only proof of the accuracy of the nurse's decision.

The desire to care for a highly underserved population is what keeps the nurse-midwives going in the midst of adverse, sometimes overwhelming, conditions. The midwife is faced with the responsibility of making crucial decisions. When only one-fourth of an oxygen tank is filled and there are five premature infants demanding oxygen to live, who shall receive the limited supply? Choices must be made. In contrast to the health problems in a land of plenty, the scarcity of supplies in the villages of Lesotho drastically limits the number of people who will sustain the gift of life. Though the statistics show a high number of pregnancies, it is most common for children to fall prey to diseases and starvation, thus reducing the total population. As a result of frequent child deaths, the attitude of the people reflects their

acceptance of sickness and death. As one might expect, the witch doctor of the village and cultural superstitions provide explanations for those who suffer the losses. As the nurse-midwife brings the practice of modern medicine into the village, she must overcome the cultural practices of superstition in health care by demonstrating competence, dependability, and caring.

When a patient is brought to the clinic after a severe blow to the cranium, does one go ahead and suture a gaping wound or transport on a long and bumpy road to the nearest hospital, hoping that an x-ray technician will be available to reveal the condition of the skull which is indiscernible to the naked eye? When a woman has been in labor for several hours, broken her water and it seems that the cord is around the infant's neck, does the midwife proceed with the delivery or try to transport to the hospital? Does the midwife recognize the signs of complications in a woman in labor before it's too late? When injury promotes severe bleeding and there is a lack of sterile packs and anesthesia, does the midwife proceed with suturing? The questions are endless; the complications are unique. The midwife can only perform to the best of her ability in spite of the limitations around her. She may find herself doing surgical procedures, diagnosing internal problems, prescribing available medicines, delivering children, and meeting the health needs of the village people on a daily basis. The hours are full as the need is great. Perhaps the most difficult aspect of such great responsibility is the midwife's realization of her own capabilities, the limits of her knowledge, and her work which knows no bounds. Where expertise is lacking, effort steps forward. Where language is a barrier, the sense of touch and human contact (the universal language) comes to the rescue. Where health problems seem overwhelming, individual progress offers hope. Where bureaucracy clouds the issues, fellow missionaries with direct goals provide spiritual recovery.

As an American or a European, the perspective towards medical care in underdeveloped countries is quite different from the approach of the local health workers. The American and European have come from worlds in which the standards of health, though far from reaching perfection, exceed on a national level even the best health care in an underdeveloped nation. At St. Rose, the force behind the health care facility is the Catholic Sisters, composed of Americans, Europeans and Africans. Within

the clinic, the native Basutho nurses and the white Sisters work side by side. The quality of the Basutho education is enhanced by the influence of the American and European missionaries. Accordingly, the Basutho contribute to the quality of care through their concern, understanding, and love of their people, as well as through the ability to communicate through language and a sense of touch unique within the Basutho culture.

As the Basutho face the challenges of western improvements, there are the potential threats of inferiority, the inevitable changes which come with education and the ills, as well as blessings, which result from modernization. Likewise, the westerner approaches the depressed areas with an even truer awareness of the progress of western civilization, followed by an inevitable sorrow which stems from coming from a land of plenty to a land of barren opportunity and suffering. The visitor knows only too well that products which are discarded in the advanced culture could save the lives of many in the African culture if they are available.

Since the westerner ventures out of his/her native culture into Africa, the adjustments to a totally different way of life must follow. With the differences comes the realization of the role one is to play in the new culture, the success of which is based on his/her willingness to adapt and to maintain attitudes which are acceptable to the host culture. It is a time for many westerners in which the reality of the Third World countries becomes a personal experience, one in which they absorb the conflicts of the troubled land in an effort to understand and to assist with the appropriate expertise. The workers, too, must struggle in the face of deprivation. It is often only in living a particular life-style that one can understand it. The satisfaction comes from meeting the challenges and winning the small battles of helping patients to recover their health. On the large scale, the problems remain overwhelming, vast, seemingly unalterable, and truly frustrating to the knowledgeable individual who has come from a system which is organized, technologically superior, and well-integrated with a variety of disciplines.

With the medical responsibilities of a western health worker come the human responsibilities of cooperation, impartiality, dedication to human growth and development, and perhaps most importantly, the acceptance of one's finite capabilities coupled

with a willingness to face the challenges of the Four Horsemen of the Apocalypse — war, famine, pestilence, and death — with an unyielding sense of purpose. This struggle, in the most real sense, is an invitation to growth through doing and understanding, cultivating through experience. Thus, one discovers the ability to blend the pain, the sorrow, the joy, and the achievement together for a greater sense of good.

Sister Yvonne, we salute you!



Sr. Yvonne DeTurenne and small child.

OLD STAFF NEWS

Liz Palethorp, Swangage, England

“The surgery went very well and I’m trusting that the passage of time will prove it to have been successful. My surgeon says that the other one (of my hips) must be done, too, so I return to the hospital on December 15th for surgery on December 17th. I had not expected them to need re-doing so soon (only seven years) and trust that this time they will last longer. Three cheers for the National Health Service. It will feel strange being a patient over Christmas. Will you be having the midnight service of Lessons and Carols this year and who will ring the bell now that Peggy is no longer with us in the flesh? I bet she will be keeping a close watch on the bell-rope! Wish I could be there to play the organ — music does make a difference — surely somebody can play? Anyway, I’ll be thinking of you all at St. Christopher’s at midnight when I am given my 6 a.m. cup of tea Christmas morning (British hospital day commences 6 a.m.)! . . . Posy Lincoln Short wrote me that the odour from Kentucky forest fires had wafted up to Gambier, Ohio!”

Marcia MacDonald, Cobb, California

Dear Folks, We made it! After a summer fraught with difficult but necessary separations we are one family again in our new home on Cobb Mountain in California (and they lived happily ever after). Kel is teaching sixth and seventh grades in Middletown Middle School — a whole different ball game from high school because of the age differences and need to prepare for multiple subjects, (math, reading, English, P.E., science, and photography). He’ll also be coaching this year — soccer, basketball, and track . . . but his heart is still with the Leslie County Eagles this football season and he has hopes of coaching the JV team here next year. Luke was one year old September 4 — such a changed boy when I saw him after a month’s separation. (I was doing a midwifery clinical rotation in Cleveland, Ohio.) ‘He’s so big!’— 29½ inches tall and about 25 lbs., and so blonde and tan after six weeks in the California sun. He says, ‘Mama’, ‘Dada’, ‘Hi’, ‘Bye’, ‘num-num’, food, ‘rum—rum’, stroller ride, ‘aw—oh’,

dropped something and numerous other phrases comprehended by the under two crowd.

There's quite a need for health care providers in Lake County. Before last year there were no hospital birthing facilities in the county and people travelled about 40 miles over mountain roads for hospital OB services. Two family practitioners have since opened a birthing room at Lower Lake's Redbud Hospital and have asked me to join their practice. Though nothing is definite I'd like to start in about a month. . . . To friends old and new, our door is open! New address: P.O. Box 608, Cobb, California 95426; new phone: (707) 928-4352. Please come see us."

.

OLD COURIER NEWS

Mrs. Montgomery L. Frazier (Mother of ex-Courier), Pepper Pike, Ohio

"I do want to thank all of you for offering Betsy the opportunity to grow in all of her areas of interest while in Kentucky. She made fast friends with the 'people of the mountains' and a recognition of their strength in face of enormous problems was immediate . . . and will be a lasting part of her. Betsy's quiet capacity to do almost anything she sets her mind to is one of her greatest gifts. She went on that Spring ('80) to win the Eastern Intercollegiate Bicycle Championship. Then a Summer at Aloha Camp as head of the Bike Department . . . and a totally different constituency of 12-18 year old girls, from an obviously different background. At times she did struggle with the contrast — and finally realized that essentially everyone regardless of environment, has a similar need of belonging and being cared about in a special way We do want to thank all of you for housing Jim (Betsy's brother) and his entourage when they came to pick up Bear (Betsy). All were most impressed with what they saw and did while there."

STUDENT NEWS**Doris White, Pipilipai, Guyana**

"Tonight I was writing to Dr. Gilbert and Carolyn Miller and thought that part of the richness of life is the wonderful people we get to know along the way . . . I've been so thankful for FNS as I suture some scalp or other injury. I discovered we have more otitis media than I thought we had. It's amazing the change a little knowledge makes . . . I thought I would try to take my FNP exam this November. I even sent in my application but find I don't have the time to study for it. I'm involved in children's and youth work, teaching health classes and Bible studies. It is varied and interesting. There are some laughs along the way, too. Recently I sent a new mother some hot tea and used a dish cloth as a hot pad. I came back to find it had become a diaper with a big mess on it! . . . I put on my first cast recently, then my second when the first fell off after the swelling went down. Ha! It was a green stick fracture of a forearm on a two year old. No x-ray of course."

.

**Margaret Hill, G-207 Chestnut Hill Villa,
721 Due West Ave., Madison, TN 37115**

"I moved to Nashville to start a midwifery job. I'm real excited about it. It's a Maternal-Infant Care Program through the General Hospital here. It will be real good experience and everyone at work has really been friendly and helpful. I'm just starting in the clinic for several weeks and then will start taking call for deliveries."

.

Susan Barry, Harlingen, Texas

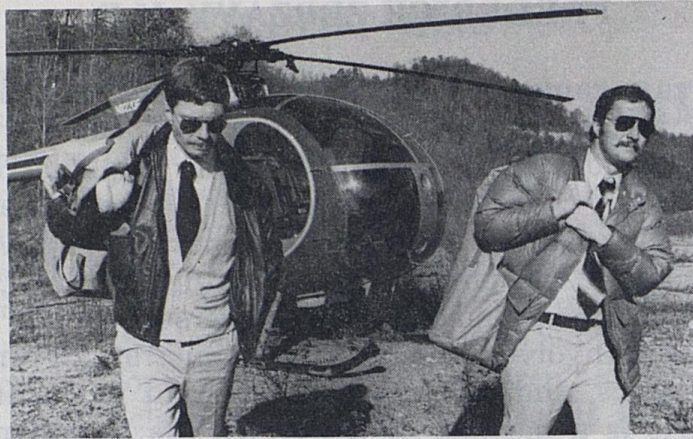
"Su Clinica seems to have as many problems as FNS. As crazy and as busy as we are — still not 'producing' enough. (What are we, Ford Motor Co.?!) I guess it would upset me more if it hadn't been for Dr. Anne's classes on Clinic Management. Please tell her thanks — I can attend administrative meetings and know what I'm saying. In a very male oriented/male controlled system, being able to make floor plans, schedules, finances, etc. work is a necessity. FNS still has the best program in the country, the longer I'm out the more sure I am. . . . Peggy and Martha and Sandy and Kathy say hello from FNS South. Sr. Darlene was here last week for an interview in Brownsville — so may be one more FNSer on the list."

FREDERICK ZERZAVY, M.D.

Dr. Zerzavy came on staff in July as our resident, full-time OB-GYN. He is Czechoslovakian by birth, educated in Zagreb, Yugoslavia, and a graduate of the Johns Hopkins University School of Public Health and Hygiene. He has over twenty years experience in public health administration with AID (Agency of International Development) in Washington, D.C., Saigon, Danang, and Pleiku and in teaching overseas and at home. He has also been involved in hospital administration, run his own private practice, and served as a consultant in Baltimore and Chicago. He is a member of the AMA, the Southern Medical Association, the American College of Obstetricians and Gynecologists, a fellow in the American Public Health Association and International College of Surgeons, among other things. His main interests include program development in health, nutrition, and population, combatting maternal and infant mortality; and promoting health services for rural populations and the urban poor.

Dr. Zerzavy says he has never worked so hard in his life as he does here, but his children say that he and his wife, Dottie, who works as an R.N. on Maternity, have never been so happy. We, indeed, are the fortunate ones to have both the Zerzavys here with their experience, expertise, and continual good cheer.





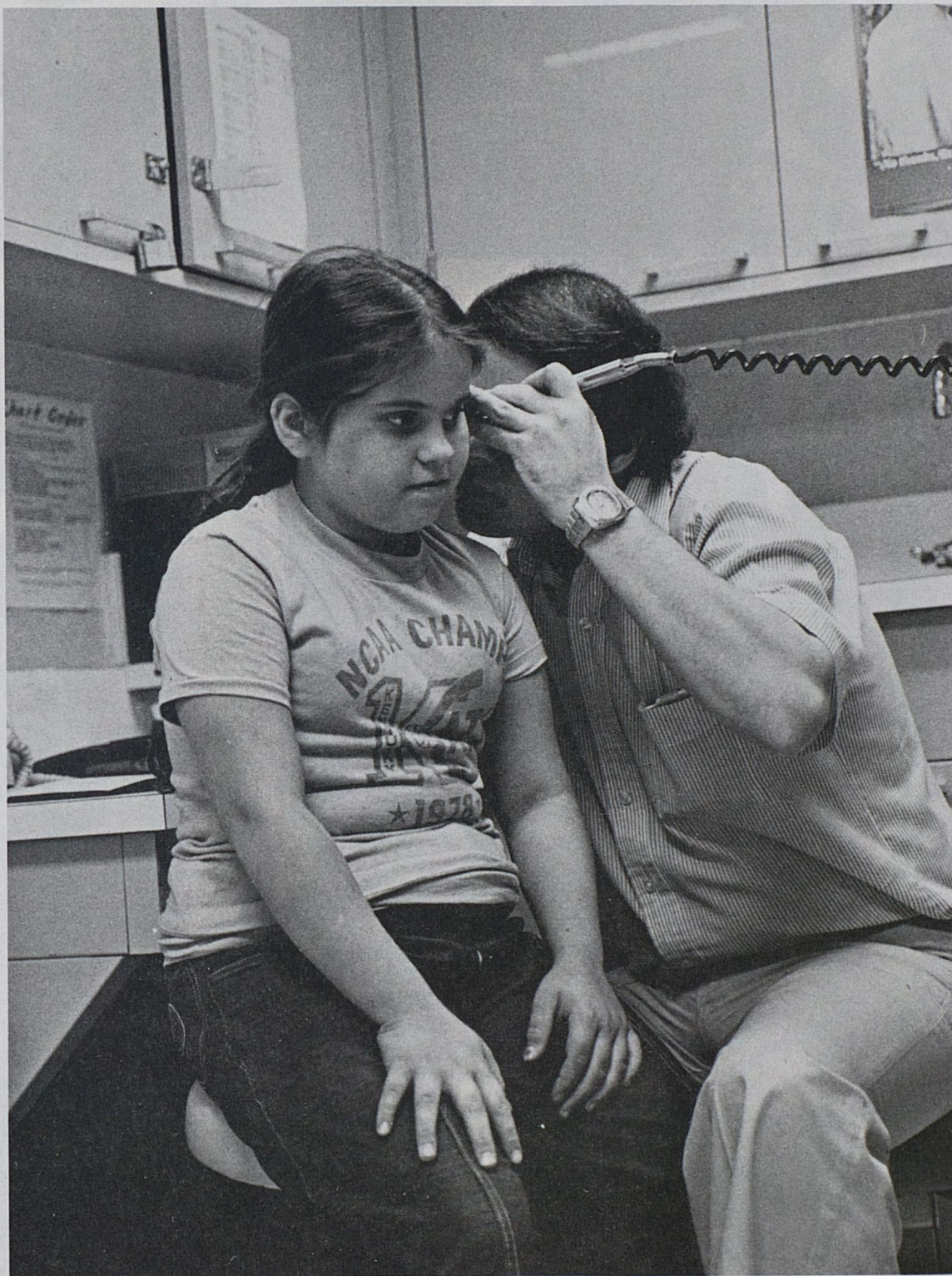
Dr. Brandon and his pilot, Pat Mahany.

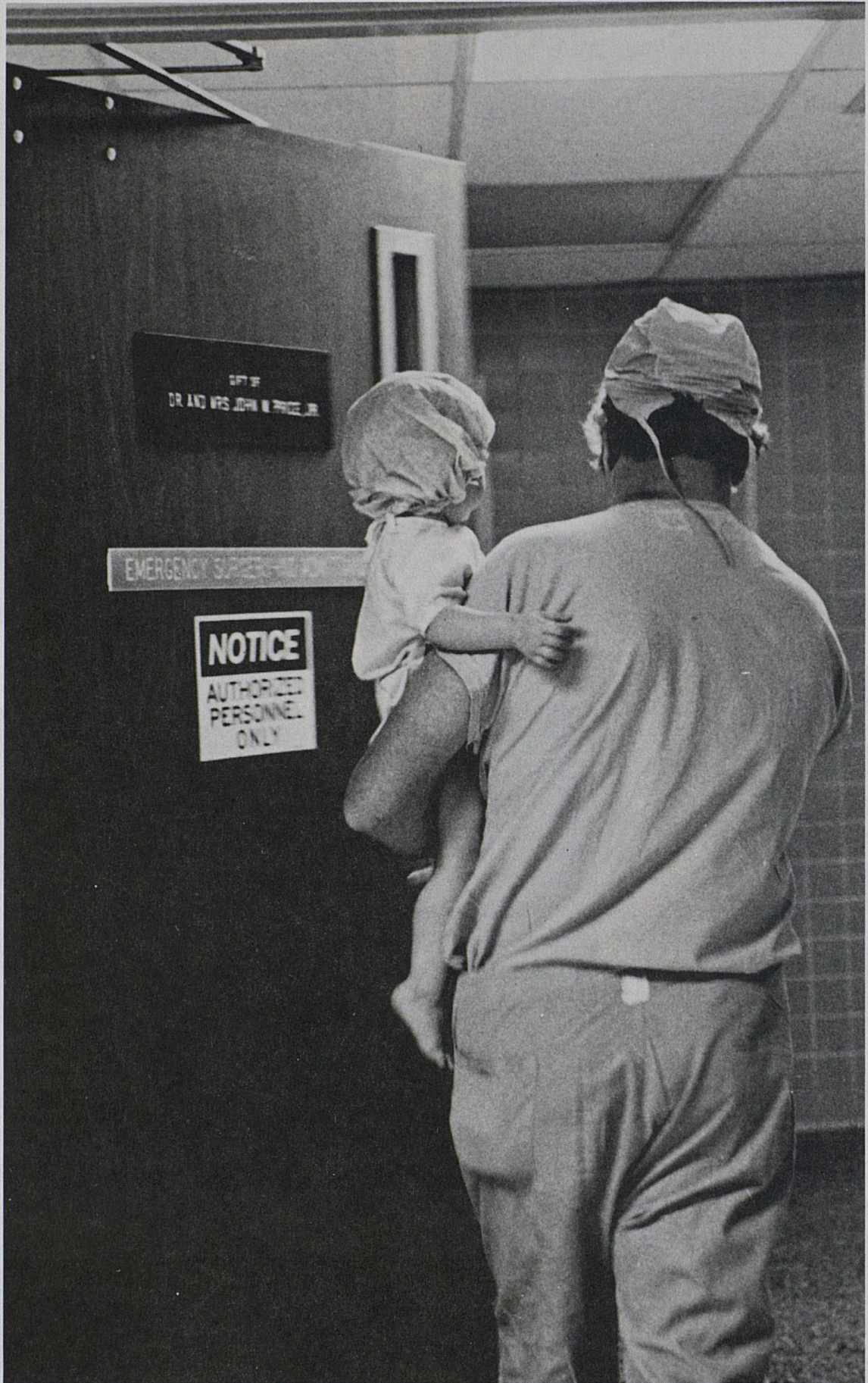
DR. BRANDON

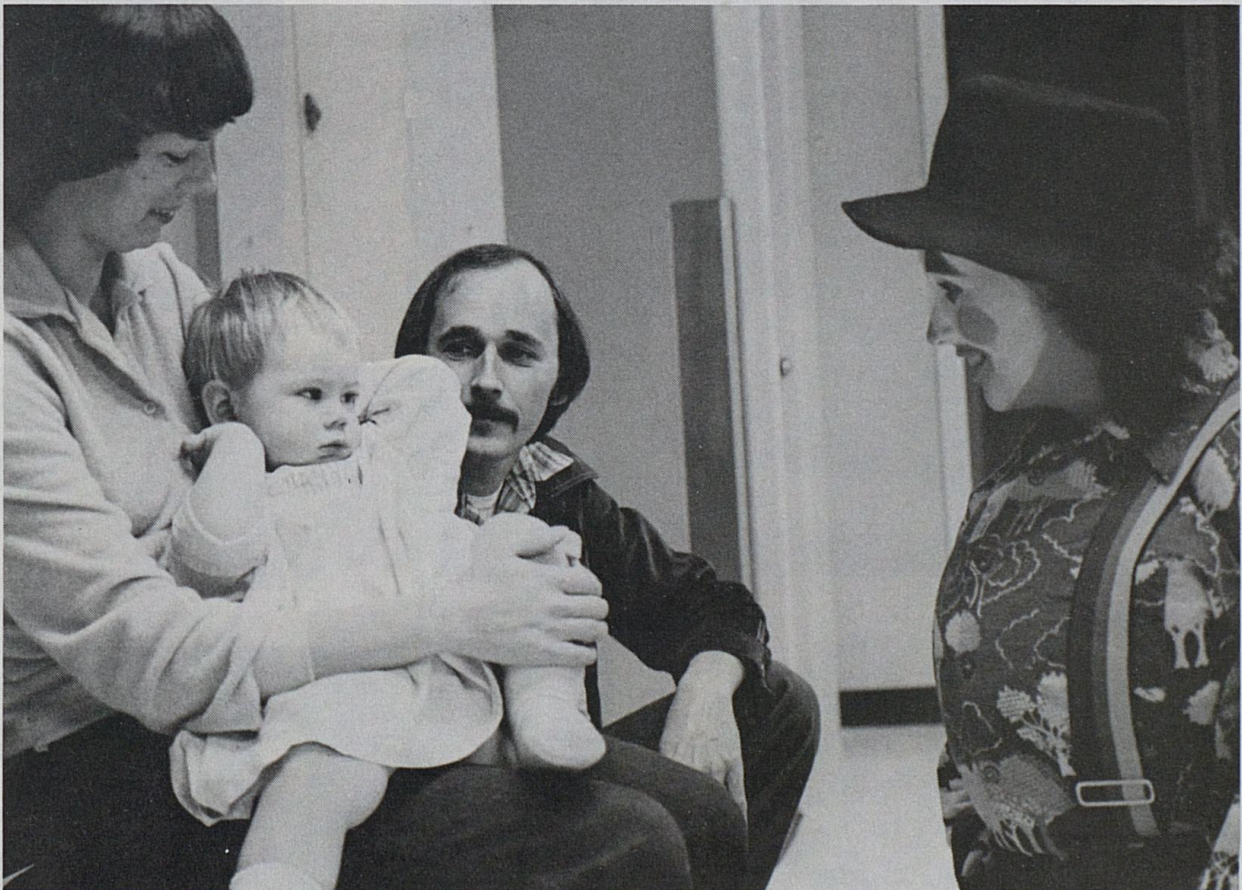
The x-ray department at the Mary Breckinridge Hospital is staffed by three x-ray technicians, a secretary, — and a ‘traveling’ radiologist, Dr. Ed Brandon. He comes twice a week to read x-rays and to take special ‘pictures’ (Sonagrams) with his ultrasound equipment — so important in being able to determine length of pregnancy in high-risk patients, to get a clearer idea of abdominal masses, and in the pathology of the female reproductive tract. Dr. Brandon owns and transports his **own** equipment for these bi-weekly visits, saving our patients from having to go make the long trip to Lexington or to Harlan. Not only does this represent a service to our patients in terms of time spent travelling but it also allows for speeding up the process of diagnosis. Dr. Brandon has also applied for a certificate of need for the use of nuclear medicine which would include computerized tomography and angiography.

Dr. Brandon double-majored in Art History and premedicine at Princeton and earned his M.D. at Georgetown University School of Medicine. He serves a large geographical area from Pikeville, Ky. where he runs a private office, to Grundy, Virginia, and Whitesburg and Hyden, Ky. He owns a helicopter which can reach up to 150 mph. and allow him to answer an emergency call within 15 minutes. Sometimes inclement weather prevents the use of the helicopter but Dr. Brandon always comes — comes to where the need is and where his service is absolutely necessary to delivering quality health care.

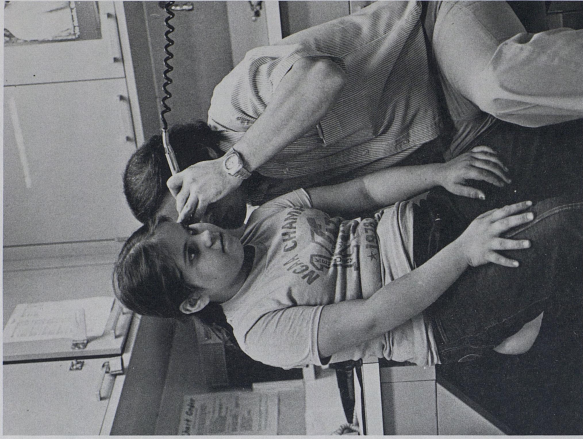
Semi-Annual Ears, Nose, Throat Clinic at F.N.S.







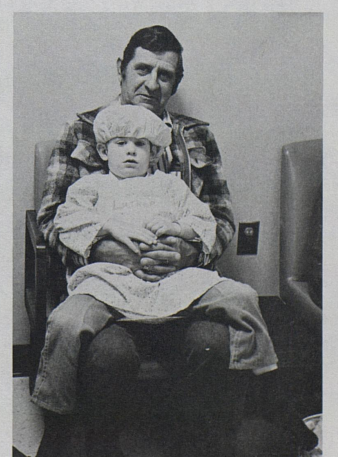
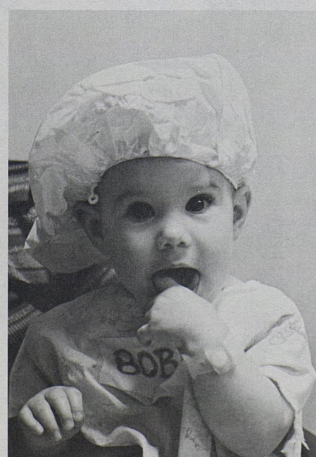
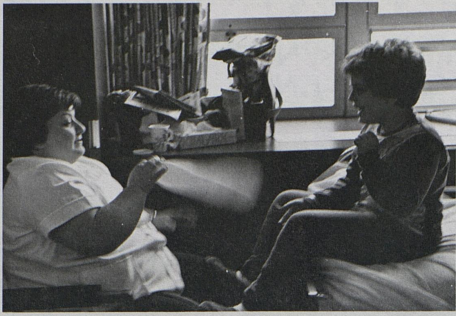
Semi-Annual Ears, Nose, Throat
Clinic at F.N.S.



Frontier Nursing Service, Hyden, Kentucky 41749

Phone 606-672-2901







Frontier Nursing Service, Hyden, Kentucky 41749

Phone 606-672-2901

RECOLLECTIONS OF WINTER, ORAL HISTORY INTERVIEWS

by Dale Deaton and Lynn Lady

Modes of travel indigenous to an area are a contributing factor to its character and uniqueness, and events which are influenced by methods of transportation are often enhanced in the memories of the participants. During the course of doing interviews for the FNS Oral History Project, memories of experiences of travel in this part of eastern Kentucky during the winter have been recalled in vivid detail for the tape recorder. The difficulties caused by the conditions of the winter weather here added to the routine of completing daily tasks and seemed to make summer endeavors pleasurable.

The following collection of interview excerpts is presented not only to provide some excellent portrayals of past years' experiences, but also to demonstrate a small bit of the information contained in our several hundred hours of interviews. Lynn Lady, who is assisting with the Oral History Project, and I compiled this selection to coincide with the Winter Solstice, which is upon us, and because we hope you find them so enjoyable that we can spend more hours musing over transcripts for articles in subsequent issues.

Jailey Sizemore celebrated her 80th birthday this past summer. Seven of her eight children, and most of her neighbors on Osborne Fork and Bull Creek were present at her party which took place in her front yard. Jailey's childhood home is located a few hundred yards up Osborne Fork from her present home. She remembers the area before roads were built and recalls her father arriving home during the winter months . . .

"Now, my grandpa and my dad . . . I remember when they would ride up through this field here . . . and I have seen Ma take the hammer and go out and knock their feet loose from the stirrups in the wintertime . . . they would freeze in the stirrups."

Mrs. Jefferson Patterson (Marvin Breckinridge), our past National Chairman and recognized as the first FNS courier, traveled throughout this area on horseback in her position as a courier and while she was filming *The Forgotten Frontier*. A

career in photo-journalism and work as a newscaster on World News Roundup with Edward R. Morrow are also among her many accomplishments. Some of her photographs were published recently in *Olivia's African Diary*, the account of a trip Mrs. Patterson took with Olivia Stokes Hatch and the Reverend Anson Phelps Stokes in the 1930's. Here, Mrs. Patterson recounts her experience when accompanying Mary Breckinridge on winter-time rounds as a courier:

"On one occasion, it was in the winter and it was terribly cold and we were riding over the mountain from Red Bird to Hyden. We were properly dressed for it and had slickers on top, but it was snowing part of the time and it was bitterly cold. The horses would feel the creek with the ice on top before they would put their feet in and their fetlocks and manes and tails were icy. When we got to the hospital at Wendover, the nurses were out to greet us and help Cousin Mary, and, of course, it was my job to put the horses away. But my hands were so stiff with the cold I couldn't unbuckle the bridles and so they had to help me. We went inside and they took off the slickers and they both stood up like people in the middle of the floor — these bright yellow slickers stiff with ice."



Photograph by Hans Knopf

Frank Bowling has lived in either Leslie or Clay County all of his seventy and some years. Frank and another FNS friend, Christopher (Chris) Queen, the Director of Field Operations in this area for the Fordson Coal and Land Company, surveyed the Wendover property for Mrs. Breckinridge and later designed the retaining wall which prevented the destruction of the Garden House at Wendover by landslide shortly after its construction in 1942. Frank was an organizing member of the Red Bird Nursing Center Committee in 1928, and continues to serve as a member of the Community Health Center Committee.

In this excerpt, he remembers the birth of a son on a wintry night, delivered by an FNS nurse — of course:

“I lived on Ulysses Creek then, up in Leslie County, and that was an awful bad winter. She (the nurse) rode a horse there in the night and delivered Allen. I’d went in the other room and laid down on the floor and went to sleep . . . they come in and woke me up and told me about him being born. She did everything and went that night. She got on that horse, you know, way in the night, and went right back down that ice, icy roads . . . Used to (be) you would have to keep them ice nails in your horses’ feet, you know . . . to go on this ice . . . We didn’t have no roads then.”

Molly Lee, a nurse-midwife, now works at the FNS Mary Breckinridge Hospital, not traveling to patients’ homes as when she first came to the area from Canada. Molly arrived as the age of “nurses on horseback” was coming to an end. An avid expert rider, she recalls her experiences with the ice nails mentioned by Frank Bowling:

“It was really quite an experience to ride a horse in icy weather. They were shod with nails that stuck out in the shoe . . . and they didn’t really slip very easily on ice. You could walk up a pure icy creek on a horse and not fall down. I never had a horse fall with me in the ice.”

While Molly Lee held little fear when traveling by horseback on ice, traveling by jeep was another matter altogether. Here, she recounts a January home delivery which was complicated by driving a jeep on ice:

“We had these terribly perilous roads with ice on them, and I came on one of the worst winters. It was 1955 — January 1955 winter — and it was quite icy. It went down to 10° F

below. We had a home delivery . . . were called out at 10° F below and had to go up the creek bed and then on to a very steep hill up to the top of that hill, and we were out all night and then didn't get back until noon or afternoon the next day . . . So it was quite an experience . . . it was rather amusing, because I didn't know much about a jeep, and I certainly didn't know much about driving down precipices . . . in any kind of vehicle on ice. And I used to walk up so fast to see if the jeep could make it, then I'd run back to the jeep and drive up. I very much remember doing that when I was on my own."



When Mrs. Patterson was a courier, the main mode of transportation was horseback. However, during the Courier Conclave held in 1978, she heard stories of the difficulties presented by jeep travel in the wintertime. Here, she recounts the experience of another courier as told to her at the Conclave:

"There was one lovely story told me by a courier who was here at the time that I wasn't . . . She was called in the middle of the night at Wendover by the nurse to accompany her. The nurse was called out for a delivery in a cabin and needed someone with her to help. The couriers could take care of the horses, build a fire, heat the water, hold the flashlight, but they didn't do any of the nursing because that's reserved for highly trained professionals. But they went out and it was a bitter cold night and the wheels of the jeep were absolutely frozen. So they went into the kitchen . . . and heated water and took a big saucepan of it and threw it on the wheels and on the next and on the third and then on the fourth, but by the time they got to the fourth, the first one was frozen again. So they had to wake up two other persons at Wendover and get them down to boil water, and they all four went out at the same time and threw the water on the four wheels and it started off and went."

Sarah Hall welcomes many visitors to her home who have come to see her corn shuck dolls. Sarah has enjoyed the natural beauty of this area throughout her life which is the reason for frequent walks in the hills around her home. During my last visit with Sarah, we stood in the yard and she pointed out the log structure atop the mountain behind her home which was the home of her ancestors. Before the leaves had fallen the cabin had stood in its seclusion. Such things are of zenith importance to Sarah and give her comfort, but she is aware of fears as well. In this excerpt, she remembers a trip she made to visit her brother before he left for the Army, a trip made on foot due to the bad road conditions:

"I believe, bound to be in about (19)42 . . . But I remember walking and packing Bobby (her son) when I was coming to see my brother before they took him into the Army . . . that was my only time to get to see him . . . And you couldn't get nothing to . . . a vehicle through anything at that time. And I just picked (Bobby) up, and I . . . let him walk while he could. And I was . . . all day 'til dark getting home. But I

walked it all the way and carried a child part of the way . . . I was scared of ice falling and hitting me where there's cliffs up here on the creek. That ice was a sight. And the sun was shining against that ice; it was beginning to thaw. And they was working the road. And . . . they'd be awful big pieces ice fall off. And I know the road hands told me to be awfully careful . . . (if) I heard anything cracking and popping . . . stop 'til it fell before me and not go by. And then they told me (that) on down below there it was very dangerous and . . . and I went on down there and waded the river instead of going round it, and carried that baby through."

Gertrude "Trudy" Isaacs is known as one of the innovators of current thought concerning methods of providing primary health care. She worked with Helen Browne and many others to integrate the family nurse practitioner training into our school, hence, the Frontier School of Midwifery and Family Nursing. She had the following experience early in her career when she was an FNS nurse going on a home delivery. Like Sarah Hall, Trudy found walking to be the most practical means of getting to her destination:

"That was in January and the father came for me in the morning . . . and so I walked with him. There was nineteen inches of snow — the worst snow I'd ever seen here in the mountains. And I was afraid to take my horse because there was a lot of creek bed and I was afraid he might cut his feet on the ice. It's very treacherous to take a horse on a frozen creek. So we walked up the hill, he carried the bag, and then we walked down the hill. And his wife had already had the baby when I got there, so all I did was clean up . . . then (we) walked back down and after we got to the road, which was still a mile to go . . . I said, "Now, I'll carry the saddlebag. You go back home and take care of your wife." . . . Anyway, I carried that saddlebag the rest of the way, and I was so tired. All I can say (is that) I know what it is like to be an automaton putting one foot in front of the other one. And the only thing you think of (is) one step at a time, but it was rugged in the early days."

Mrs. Martha Prewitt Breckinridge, a member of our founding family, served as Mrs. Breckinridge's secretary and lived in the



Photograph by Hans Knopf

Big House before it was completed. She was awakened one morning by the pounding of a workman's hammer at 6 a.m. in the spring of 1926. The carpenter descended his ladder to inform Mrs. Breckinridge that "your clerk sleeps late." Mr. Taylor Morgan sold the Wendover property to Mrs. Breckinridge in 1925. He also very ably steered the FNS "ambulance" down the Middle Fork River on many occasions, moving patients toward the Confluence area where they went ashore for the trip overland to the railroad station at Krypton. Here, Martha Breckinridge recalls accompanying Mrs. Breckinridge and several patients on a wintertime trip of the "ambulance". One of the patients was Juliette Carni, who served as one of the first housekeepers of Wendover, and had been the nurse of Breckie, Mrs. Breckinridge's son who died in 1918 of general peritonitis at the age of four.

"Juliette was pregnant . . .

Then we took little Joe Morgan out — he was the boy with a bad heart that . . . was brought down from up-river somewhere and spent the night at Wendover. It was cold, and it was just before Christmas . . . And then a little girl was going to get her tonsils out — I think there were two of

those — and Joe, and Juliette, and Taylor Morgan . . . he built the boat one day, and we went out in it the next. He didn't get it caulked, and I spent the whole time bailing . . . I remember the water in the bottom of the boat was freezing as it came in. The boat was leaking, you know, and then the water was freezing, and I was trying to bail the ice and everything out. And this little Mandy . . . I can't remember . . . some name like that . . . I said (to her), "Aren't you cold?" "No, ma'am, I ain't cold, but my feets is ice." Every time we'd come to the rapids, everybody but Taylor and me would get out, and I was in front and he was poling from the back. I guess, and he'd say, "Reach out, Martha, and pull her in." Well, I had no more idea what I was reaching for or what I was pulling in. I tell you I went through just torture on every one of those rapids . . . I'd not the faintest idea what I was supposed to do. . . ."



Photograph by Hans Knopf

MEMORIAL GIFTS

We take this means of expressing deep appreciation to our friends who make a supporting contribution to the work of Frontier Nursing Service as a way of showing love and respect for their friends.

Mrs. Miranda Owens Bullock

Mrs. John H. Kerr, Jr.

Mrs. Frederic W. Lincoln

Mrs. Betty Rockefeller

Georgia Lewis

Mrs. Joanne L. Collins

Mr. Lennox L. Allen

Mr. and Mrs. James N. Rawleigh, Jr.

Mr. and Mrs. Henry R. Heyburn

Mr. Morris K. Belknap

Isabel Reicheimer

Anne A. Wasson, M.D.

**Emery Edgar Cabbell and his wife,
Helen Stout Cabbell**

Mrs. Robert E. Long

Sister Mary Polycarf

Mrs. Bertha B. McGinn

Brig. Gen. Frederick W. Coleman, III

Mr. and Mrs. Clinton W. Kelly, III

Judge Augustus E. Cornett

Miss Kate Ireland

Anne A. Wasson, M.D.

Mr. and Mrs. Fred Brashear

Mr. and Mrs. Eddie J. Moore
and Family

Miss Peggy G. Elmore

Mrs. Horace M. Buck

Mr. and Mrs. James G. Kenan, III

Miss Joyce L. Wiechmann

Mrs. Thomas C. McCown

Mr. and Mrs. Eugene Flood

Mrs. William R. Buster

Mr. and Mrs. Richard Holt

Mrs. Evan McCord

Mrs. J. D. Gay Prewitt

Mr. and Mrs. Shelton M. Saufley, Jr.

United Bank and Trust Company

Miss Susan J. Turner

Mrs. R. Smiser West

Mr. Frederic G. Simonds

Mr. Morris K. Belknap

Mrs. Constance Kellen Ringdahl

Mrs. Roger L. Branham

Admiral Sherman Clark

Mrs. Charles A. R. Gibb

Mr. Frederick M. Bradley

Mrs. Jefferson Patterson

Mr. Bayard Evans

Mrs. Mark T. Rhinehart

Mrs. Della Hornsby

Mrs. Mark T. Rhinehart

Mary C. Walker

Mr. and Mrs. Steven C. Miller

Ms. Sue Hafer

Employees —

E-100 Unit of Midland Hospital Center

Employees —

E-300 Unit of Midland Hospital Center

Mr. W. Roy Sizemore

Hyden Citizens Bank

Mr. and Mrs. Eddie J. Moore

Miss Kate Ireland

Mr. Emmitt Elam

Mr. and Mrs. Eddie J. Moore

Miss Kate Ireland

Mrs. Raymond J. McGill

Mrs. Ernest R. von Starck

IN MEMORIAM

These friends have passed away in the past few months and we wish in this manner to express our sympathy to their families.

MRS. WILLIAM C. ROBINSON, JR.
Versailles, Kentucky
Trustee

MRS. CHRIS G. QUEEN
Sylva, North Carolina
Red Bird Committee Member

MR. W. ROY SIZEMORE
Hyden, Kentucky
Member FNS Board of Governors
Hyden Committee Member

MR. EMMITT E. ELAM
Austin, Indiana
FNS Trustee

Now the laborer's task is o'er;
Now the battle day is past;
Now upon the farther shore
Lands the voyager at last.

There no more the powers of hell
Can prevail to mar their peace;
Christ the Lord shall guard them well,
He who died for their release.

"Earth to earth, and dust to dust,"
Calmly now the words we say,
Left behind, we wait in trust
For the resurrection day.

*Father, in Thy gracious keeping
Leave we now Thy servant sleeping.*

—John Ellerton, 1870

AMBULANCE SERVICE IN LESLIE COUNTY

by Bill Chamberlain, Volunteer

[Editor's note: Bill arrived at the beginning of November and will be staying until the end of the year. He is an EMT and is now certified in the state of Kentucky. He has been working with the county ambulance service for two weeks before beginning work in the MBH Emergency Room.]

At 3:45 p.m. the day shift of the Leslie County Rescue Authority is ready to call it a day. For the past eight hours one staff member and one volunteer have sat patiently in the county garage answering a variety of highway department phone calls, but the red emergency phone has not rung once. With fifteen minutes remaining in the shift, the Emergency Medical Technicians (EMTs) begin to pack up their coffee thermoses and put on their coats. Then the inevitable happens: the Mary Breckinridge Hospital calls to report a male cardiac patient in critical condition and requests immediate transportation from Hyden to St. Joseph's Hospital in Lexington so that further tests may be conducted. Minimum duration for such a transport is four hours. Without any hesitation or thought of the changing shift, the EMTs set off for the hospital.

By the time the crew has reached the emergency room their dispatcher has reported another first priority call. A small child has been involved in an automobile accident and is in need of immediate medical attention. The EMTs rush to the scene at the other side of the county.

Upon their return to the hospital, they continue their work with the patient by assisting the doctors in the emergency room. Once the child's condition is stabilized enough to be safely transferred, both patients are taken to Lexington hospitals for further tests and intensive care. The EMTs return home at 4 a.m.

The preceding story illustrates the pattern and variety of emergency calls in Leslie County. It is not unusual for a week to pass without a single emergency run made. Then several calls will come in within a short period, leaving one ambulance crew exhausted after a 12-15 hour shift.

The present emergency rescue program in Leslie County is new. Its two ambulances (one has four wheel drive) were purchased this fall. Helen Guilford was hired at that time as the

program coordinator. Her duties include scheduling the six staff members and the volunteers so that the county is provided with around-the-clock service seven days a week. Any lack of experience in the Leslie County EMTs is made up by their enthusiasm and dedication to their work.

Ms. Guilford is also in charge of overseeing the maintenance on the emergency vehicles. One day this duty will become easier as the present "bugs" are worked out of the new ambulances. Both vehicles are fully provided with the latest emergency care equipment, thus raising the county's rescue capabilities far above the national average on a per person basis.

The novelty of the emergency rescue program has created an enthusiastic and educational environment in which this FNS Volunteer has enjoyed himself.



Scene at the disaster drill held November 21, 1980 with the staff of the Leslie Co. Rescue Authority and the Mary Breckinridge Hospital. Pictured here are Doreen Thayer, student nurse, flanked by Harold Kemperer (EMT) and David Benton (EMT) as they prepare a 'victim' for transport from the accident site on Owl's Nest to MBH. Harold Kemperer is Fire Chief and Director of Disaster and Emergency Services in Leslie Co.

URGENT NEEDS

For Maintenance:

snow plow and installation \$650.00

For Joy House:

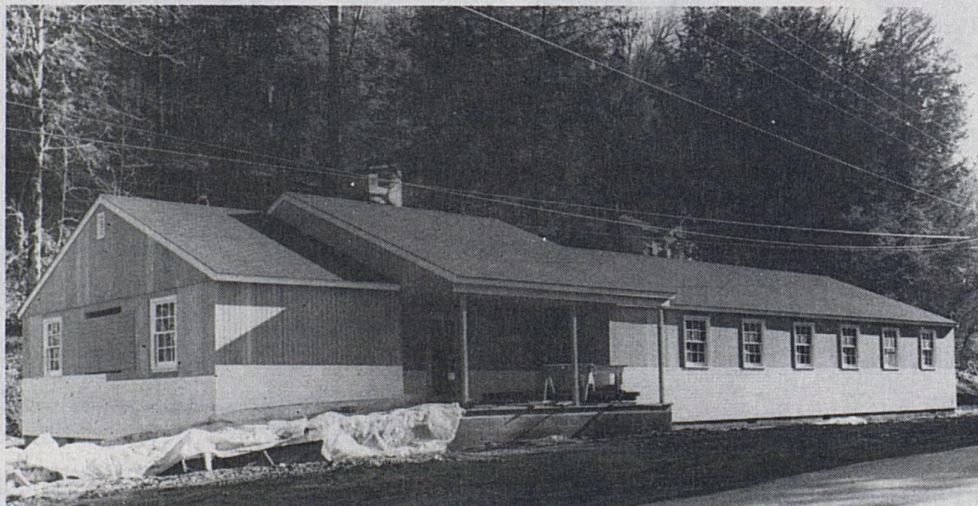
vacuum cleaner \$150.00

For Beech Fork Clinic:

three examing lamps \$ 42.00 each

For Haggin Quarters:

bed pillows, sofa pillows, curtains, throw rugs, bedspreads, and kitchen utensils. For sizes, colors, and measurements, please contact Barbara Post, FNS, Wendover, KY 41749.



The new Beech Fork Clinic building. Progress is well under way for completing preparations for the opening of the handsomely enlarged clinic and parking area. Above the right wing, on the hill, the original live-in clinic can be seen.

THE BIG HOUSE RESTORATION . . . AT LAST

by Dale Deaton

I remember my pleasure in reporting to you in the *Winter '80* issue that the "Big House" at Wendover was going to be restored. The Kentucky Heritage Commission had awarded a matching grant in the amount of \$46,000 to FNS for the restoration and we began our efforts to match this amount. The funds were to be available in early May — the restoration was to be completed by fall — and we would have a grand "Open House" celebration.

Then . . . total disappointment. Mr. Bill Hearn of the Heritage Commission phoned to inform me that President Carter had rescinded the appropriation of historic preservation funds. Budget cuts in Washington seemingly had shattered our plans for saving Mrs. Breckinridge's home.

Throughout the summer, Mr. Hearn and others at the Heritage Commission kept me informed of their efforts to recoup the initial appropriation; I kept them informed of our efforts. Kentucky Congressman Tim Lee Carter and Senators Walter D. Huddleston and Wendell Ford unfailingly expressed their concern for the future of the "Big House." In September, Senator Ford wrote me encouragingly that "if past efforts are any indication, the attempt by Frontier Nursing Service to restore the Mary Breckinridge home at Wendover will be carried out both successfully and quickly." The hope and the effort continued.

A five month effort of writing letters and making calls to keep the "Big House" project alive ended successfully on October 10, when we received a call from the Heritage Commission confirming the re-appropriation of our grant funds. The details discussed during the phone conversation were confirmed in a letter three days later. This time, ultimate approval has been received, but there is much to be done.

Many special friends have contributed or pledged a total of \$32,365 toward the matching amount of \$46,000 we must provide for the restoration. This is such a special project that as I express our need for additional contributions, I also request that you consider your gift a special contribution.

The restoration will begin in the spring, possibly by the middle of March, as weather conditions permit. Of course, our "Open

House" celebration will take place months later than planned originally. The affair will be the beginning of renewed use of Wendover. The structure will continue to serve as a guest house for visitors from the world over, with expanded facilities for conferences and special meetings. Likewise, the "Big House" will be preserved to serve in its proper role as a distinguished historical landmark.



Photograph courtesy of Debbie Callahan, Leslie County News.

BEYOND THE MOUNTAINS

What a joy it was to meet some of our FNS friends in the Far Hills, New Jersey area. Jean and Charles Chapin gave a dinner party in early November and invited many FNS donors and others whom they thought might become interested. Chappie (Louisa Chapman), ex-staff '40s, who is now Mrs. Donald Whitlock and the mother of six grown children, regaled us with stories of the FNS in the early '40s. Ex-Courier, Maudie Canham Shanley ('62), and I caught up on mutual experiences and what a responsive group to show Clinton Kelly's superb slides and interest them in the work we do here in the mountains. I was also given the opportunity to talk to the Far Hills Country Day School about the Courier Service and I was greatly honored when over 75 students were bussed from the Peck School to hear about the FNS.

Full of the enthusiasm of these students, I next attended the Annual FNS Boutique presented by the ladies of the New York Committee and their well known Bargain Box. Mrs. Rudolph G. Wood-Muller was once again our most gracious hostess opening her apartment for the sale of the beautiful items donated by FNS friends. Eagerly purchased by ex-Couriers, ex-staff, and Committee members were the ceramic coffee mugs with the FNS seal created by our Advisory Committee and members of our staff, the second edition of the *Friends of FNS Cookbook*, and the new FNS note paper which came from Hyden. How proud I was to receive from Mrs. Paul, the Bargain Box Chairman, a most gorgeous contribution from the work they had done during the summer.

I had the pleasure of returning to St. Louis where Emmy Coulter Ware ('40) and I are trying to elicit more interest in the Frontier Nursing Service and find new Couriers. Our meeting was in the Ladue Chapel and what fun it was to see old Couriers Laura Carpenter ('66), Bosey Fulbright Foote ('62) with her two sons, and Nina Ware ('65). The following morning I spoke with the first and second year Midwifery students in the Masters Program at St. Louis University at the invitation of Sister Jean Meurer. These girls were more than interested to think of midwifery not in the isolated sense, but the way it is taught at the Frontier Nursing Service in conjunction with Family Nursing. Emmy and I then went to the St. Louis Metropolitan Medical Society Library to see a display of the history of Midwifery in the United States since

about 1845. Naturally, a great deal of this display was on the Frontier Nursing Service and Mrs. Breckinridge, but one thing was missing — a copy of *Wide Neighborhoods*. Emmy most kindly loaned her own copy to the display. Arrangements for travel, so that the entire exhibition could be borrowed by other midwifery schools, are being investigated by the librarian, Audrey Berkley, and the coordinator, Polly Parks.



(From left to right) M. Foulon, Mrs. McCreedy, Mrs. McCormick, Mme. Odette Prunet Foulon, Miss Lester, and Mrs. Evelyn Mottram. Mme. Foulon came for a visit on November 28th — the first time she had returned since she had worked and studied here in 1946-48.

FIELD NOTES

After having had ten couriers and volunteers at the height of the summer, it was quite a surprise to get down to one courier for the month of September on account of five cancellations. Despite those kinds of odds, Edith Thurber of Grosse Pointe, Michigan came anyway and did her part admirably. She was joined in October by Sally Rogers, of Dedham, Massachusetts, sister of Suzie Rogers, courier '71. Becky Beardshaw, New York, New York came on board as our new Public Relations volunteer and Lynn Lady from Huntington, West Virginia joined the staff as the Oral History transcriber to finish the final editing, transcribing, and indexing of the Oral History interviews. The Courier and Volunteer ranks were later buttressed by the arrival of Bill Chamberlain, Pittsburgh, Pennsylvania and Kathy Lomatoski, of Meriden, Connecticut. Danna Larson, courier, Spring '80, returned as the new Coordinator of Couriers and Volunteers and to do a lot of the work herself. Genie Elder, courier, Spring '80, and Viola Ritchie, Oral History volunteer from last fall and winter, came by for a visit, and Peter Marshall, courier, Spring '79, will be coming back to join us again for Thanksgiving.

Among our visitors this fall was an Egyptian, Mrs. Bahaia Hassan, from the Ministry of Health in Cairo. It turns out that Mrs. Hassan was a good friend of our Egyptian visitor last fall, Mrs. Fatmah Hamby, and on looking through the guest book at Wendover, she recognized a number of friends among those who had signed and entered comments. They had all been in the same nursing class in Alexandria — a class that Mrs. Pendleton had taught at one time.

Nora Lee, Molly Lee's sister, returned for the month of September for the first time since 1965 when she and Molly had been badly hurt in a jeep accident. The Board of Governors had an expeditious meeting in mid-September with good weather and will meet again December 5th and 6th in Louisville when Mrs. James (Mary) Stites, Louisville, Kentucky and Mrs. Horace Henrigues, Greenwich, Connecticut will join the Board as new members. Members of the faculty of the University of Kentucky College of Nursing and their students came down for lunch and a tour of the FNS to view the affiliation. Six members of the faculty of the

University of Indiana at Evansville and two visiting nurse-midwives from England also came for a short stay to learn about the FNS past and present.

Our November guest list was highlighted by Christine Halworth, nurse-midwife and tutor at the British Hospital for Mothers and Babies. She spent several days here with an American friend and former student, Retta Perry of Atlanta, Georgia, who had recently graduated from the BHMB midwifery program. Ms. Halworth gave a talk on the kinds of programs available to midwives in England and the rigors of their training and discussed the differences between British and American midwifery as she had seen it on her tour of the United States on a Florence Nightengale Scholarship.

Mrs. Leo Press from the Washington Office of the Appalachian Regional Commission (ARC), Anne Gabbard with ARC in Frankfort, and Mike McKeown on the Kentucky staff of ARC in Washington came for an overnight to see us firsthand. They were entertained with dinner at Wendover and an evening of ghost stories told by Dr. Anne Wasson.

With no rain for nearly six weeks, everything was crackling dry. Forest fires raged in parts of Leslie County and more severely in neighboring Perry and Clay counties . . . and Wendover had a near miss when fire was discovered late one afternoon (the 11th) below the Wendover Post Office. We were fortunate that a neighbor, Norma Asher, happened to pass by shortly after the fire caught and more fortunate still that, at a normally quiet hour, there were plenty of hands around to help. Gabrielle Beasley went to round up the fire truck and sent Battle up to help; Frank Bouche (who later on that evening became the father of his second son), rushed out to help as did Katie Ireland, neighbors from Hurricane Creek, and Cecil and JG Morgan from Camp Creek. Help came from the hospital, too. We were lucky, too, that winds were not strong and the fire was contained before it reached the top of the ridge. Whether the fire had been set or started from the careless toss of a lighted cigarette or match makes no difference now. What counts is the response from our friends and neighbors who hesitated not a second when a call for help was made.

The relief of being 'saved' was capped by the happy event of a home birth at Wendover. Michele Bouche, graduate of the FSMFN, who was attended by Martha Groggel and Susan Worley, gave birth to Jonathan Louis no sooner than the fire was out and Frank called to the Upper Shelf. The mother and nearly eight pound baby are doing well.

A Crafts Fair was held in the front lobby of the hospital on Friday the 14th sponsored by the Mary Breckinridge Hospital Women's Auxiliary. It was a huge success with crafts of all varieties donated by many people. The MBH Auxiliary runs the Gift Shop at the hospital and raises money for urgent needs; the almost \$1100 boost from the proceeds of the fair will see substantial support for many projects.

Thanksgiving will again be held at Wendover this year. We are asking for a small per capita donation from those who come and will use donations towards the Restoration Fund for the Big House. We are hoping for the fair weather we had last year, though Molly Lee has not promised whether those who go on the walk will be back in time for lunch whether it's rain or shine. The traditional hymns will be sung and much of the meal prepared from the fruits of the Hurricane Garden.



Fay Farmer, member of the Women's Auxiliary, in the hospital gift shop preparing for the crafts sale on November 14.

STAFF OPPORTUNITIES

Physicians —

Family Practice

Pediatrics

Nurses —

Certified Nurse Midwives

RNs

LPNs

Couriers and Volunteers —

to work on gardening

Oral History Project

Senior nursing students

ITEMS FOR SALE



1. Men's Stein \$3.50
2. Stacking Cup \$3.50
3. Irish Coffee Mug \$3.50
4. Ladies' Tankard \$3.50
5. Bud Vase \$3.00
6. Round Bottom Vase \$3.00
7. Note cards and envelopes of the Big House \$2.00
8. Flower Pot \$4.00
9. Friends of FNS Cookbook, Revised Edition \$3.50
10. (Not pictured) FNS plates \$3.50

For Mail Orders, write to: Office of the Director
Mary Breckinridge Hospital
Hyden, KY 41749

Add \$1.00 per item for postage and handling.

MARY BRECKINRIDGE HOSPITAL

Medical and Dental Staff

Anne A. Wasson, M.D., A.B.F.P., Chief of Special Services
Mark Buchanan, M.D.
Timothy Carey, M.D.
Jane Dennis, D.O.
Gerald Groggel, M.D.
Audrey Hopkins, Jr., D.M.D.
Gregory Lynne, D.D.S.
Frederick Zerzavy, M.D.
Yvonne Imbleau, M. D.

Nursing Staff

Mary Weaver, R.N., A.D.N., C.N.M.,
C.F.N.P., Nursing Care Coordinator
Patsy Tyson, R.N., B.S., Assistant Nursing
Care Coordinator—Maternity
Ann Richter, R.N., C.N.M., M.P.H., Midwifery
Instructor

FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

Lydia De Santis, R.N., M.N.Ed., Ph.D.,
Director of Education
Sr. Dorothy Dalton, R.N., M.S.N., C.N.M.
Midwifery Education Coordinator
Molly Lee, R.N., C.N.M., M.T.D., Senior
Nurse-Midwife, Midwifery Instructor
Alice Whitman, Registrar
Carol Wilson, R.N., M.A., P.N.P.
Ann Hammel, R.N., C.N.M.
Deirdre Poe, R.N., M.S., F.N.P.
Elaine Waters, M.S.N., F.N.P., P.N.P.
Sr. Paula Smith, R.N., S.C.M., M.P.H., C.N.M.

Director and Director of Nursing:
Elaine Pendleton, R.N., B.S., M.A., C.N.M.

Medical Director: Timothy Carey, M.D.
Director of Development: Dale W. Deaton,
B.A., M.A.

Director of Education: Lydia DeSantis,
R.N., M.N.Ed., Ph.D.

Director of Finance: Kathleen Dalton,
M.B.A., M.P.H.

Director of Support Services: Ron Hart,
B.A., M.Div., M.R.E.

Coordinator of Wendover: Barbara Post,
B.A., M.A.

Coordinator of Couriers and Volunteers:
Danna Larson

Donor Secretary: Ruth O. Morgan

Personnel: Darrell Moore, B.A.

Pharmacy: Joe R. Lewis, R.Ph.

Laboratory: Sr. Pat Skowronski,
M.T., (ASCP)

Social Work: Ray Harmon, M.S.W.

X-ray: Susan Swartz, R.T.

Physical Therapy: James Click, L.P.T.

Medical Records: Betty Helen Couch, A.R.T.

Food Service Manager: Mae Campbell

Housekeeping: Lillie Campbell

Purchasing: Nannie Hornsby

Maintenance: John C. Campbell

Frontier Nursing Service, Hyden, Ky.

606 672-2901

Frontier Nursing Service, Wendover, Ky.

606 672-2317

F.N. indicates nurses who have completed post-graduate education in Family Nursing
C.F.N.P. indicates family nurses who have taken and passed the national certifying examinations.

DISTRICT NURSING SERVICE

Jessie Preston Draper Memorial Nursing
Center (Beech Fork)

Sr. Ellen Hartung, R.N., C.R.N.A., B.S.,
C.N.M., C.F.N.P., Project Director
Laura Pilotto, R.N., C.N.M., F.N.

Community Health Center (Big Creek)

Successor to

The Carolina Butler Atwood Memorial Nursing
Center (Flat Creek); The Clara Ford Nursing
Center (Red Bird); The Betty Lester Clinic
(Bob Fork)

Susan Hull, R.N., F.N.P.

Oneida Center

Erica Goodman, R.N., M.S., C.F.N.P.,
Project Director

Wooton Center

Sharon D. Koser, R.N., B.S.N., C.F.N.P.,
Project Director

Patti Rogers, R.N., C.F.N.P.

Pine Mountain Center

Kim Beck-Wooton, R.N., C.N.M., C.F.N.P.,
Project Director

District Records: Nancy Williams

Oncology Projects: Alice Basch, R.N., M.S.N.,
Project Director

HOME HEALTH AGENCY

Diane Wilson, R.N., Coordinator

Sandra Gross, R.N.

Elizabeth Bassaclear, R.N., B.S.

Frances Click, R.N.

Laura Drake, B.S.

Anna Lisa Palmquist, R.N.

Lisa Ratice, R.N.

FRONTIER NURSING SERVICE, INC.

BOARD OF GOVERNORS

Chairman

Miss Kate Ireland, Wendover, Ky.

Vice-Chairmen

Mrs. Alfred R. Shands III, Crestwood, Ky.
Dr. Stuart Graves, Jr., M.D., Louisville, Ky.

Treasurer

Mr. Homer L. Drew, One First Security Plaza, Lexington, Ky.

Assistant Treasurer

Mr. W. F. Brashear, Hyden, Ky.

Recording Secretary

Mrs. John Marshall Prewitt, Mt. Sterling, Ky.

Corresponding Secretary

Miss Jane Leigh Powell, Glen Cove, New York

Mr. C. V. Cooper, Hazard, Ky.
Mrs. Albert Ernst, Perkiomenville, Pa.
Mrs. Horace Henriques, Greenwich, Conn.
Miss Fredericka Holdship, Sewickley, Pa.
Mrs. Clinton W. Kelly III, Reston, Va.
Mr. James G. Kenan III, Lexington, Ky.
Mr. John H. Kerr, Jr., Lexington, Ky.
Mr. Edward A. Mattingly, Hyden, Ky.
Mr. Eddie J. Moore, Hyden, Ky.

Mr. James Mosley, Hyden, Ky.
Mr. Wade Mountz, Louisville, Ky.
Dr. C. T. Nuzum, Chapel Hill, N. C.
Mr. William Pollard, Smilax, Ky.
Mrs. Burgess P. Standley, Medfield, Mass.
Mrs. James Stites, Louisville, Ky.
Mr. Kenneth J. Tuggle, Louisville, Ky.
Dr. Willis D. Weatherford, Jr., Berea, Ky.
Dr. Patience H. White, Brookline, Mass.

Honorary Chairman

Mrs. Jefferson Patterson, Washington, D. C.

Honorary Treasurer

Mr. Edward S. Dabney, Lexington, Ky.

Honorary Members

Miss Helen E. Browne, C.B.E., Milford, Pa.
Mrs. John Harris Clay, Louisville, Ky.
Mr. Henry R. Heyburn, Louisville, Ky.

Members Emeritus

Dr. Francis M. Massie, Lexington, Ky.
Mrs. Floyd H. Wright, Lexington, Ky.

AUDITORS

Ernst & Whinney, Lexington, Ky.

TRUSTEES

Mr. Brooke Alexander, New York
Mrs. Charles W. Allen, Jr., Glenview, Ky.
Mrs. Edward Arpee, Lake Forest, Ill.
Mr. Richard T. Baker, Cleveland, Ohio
Mrs. Richard M. Bean, Lexington, Ky.
Mrs. Ralph E. Becker, Washington, D. C.
Dr. Peter P. Bosomworth, Lexington, Ky.
Dr. John C. Breckinridge, Harvard, Mass.
Mr. R. B. Campbell, Hyden, Ky.
Mr. R. B. Campbell, Jr., Lexington, Ky.
Mrs. R. B. Campbell, Hyden, Ky.
Dr. Wallace Campbell, Pippa Passes, Ky.
Mr. Joseph C. Carter, Versailles, Ky.
Dr. Tim Lee Carter, Washington, D. C.
Mrs. Charles S. Cheston, Jr., Topsfield, Mass.
Mrs. N. Holmes Clare, New York
Mrs. David Dangler, Lake Forest, Ill.
Mrs. John E. Dawson, Dover, Mass.
Mr. Joseph C. Donnelly, Jr., Medfield, Mass.
Mrs. Robert W. Estill, Dallas, Texas
Mrs. George E. Evans, Jr., Lexington, Ky.
Mrs. Rex C. Farmer, Hyden, Ky.
Miss Margaret Gage, Pacific Palisades, Calif.
Mrs. William A. Galbraith, Sewickley, Pa.
Mrs. Robert S. Gawthrop, West Chester, Pa.
Mrs. John L. Grandin, Jr., Chestnut Hills, Mass.
Mrs. Gus Griffin, Louisville, Ky.
Dr. John W. Greene, Jr., Lexington, Ky.
Dr. Charles E. Hagyard, Lexington, Ky.
Mr. James Hardy, Louisville, Ky.
Mrs. Paul Church Harper, Lake Forest, Ill.
Mr. Dwight Hendrix, Hyden, Ky.
Mrs. Horace F. Henriques, Jr., Greenwich, Conn.
Mr. John G. Heyburn II, Louisville, Ky.
Mrs. Charles H. Hodges, Jr., Grosse Pointe, Mich.
Dr. James B. Holloway, Jr., Lexington, Ky.
Mrs. James B. Holloway, Jr., Lexington, Ky.
Mrs. Gilbert W. Humphrey, Chagrin Falls, Ohio
Mr. Melville H. Ireland, Lake Forest, Ill.
Mr. R. W. P. Johnston, Lexington, Ky.
Mrs. E. Donald Jones, Bellefontaine, Ohio
Mr. Clinton W. Kelly III, Reston, Va.
Miss Deborah King, Dover, Mass.
Mrs. E. Felix Kloman, Washington, D. C.
Mrs. Robert Ashton Lawrence, Westwood, Mass.
Miss Betty Lester, Hyden, Ky.
Miss Agnes Lewis, Maryville, Tenn.
Mrs. Marion E. S. Lewis, Matamoras, Pa.
Mrs. R. McAllister Lloyd, New York
Mrs. Charles J. Lynn, Indianapolis, Ind.
Mr. Jack Maggard, Hyden, Ky.
Mrs. Arthur B. McGraw, Grosse Pointe, Mich.
Mr. J. Gibson McIlvain II, Devon, Pa.
Mrs. Henry Meigs, Frankfort, Ky.
Mr. Clay L. Morton, Louisville, Ky.
Mrs. Robert F. Muhlhauser, Glendale, Ohio
Mrs. Samuel E. Neel, McLean, Va.
Mrs. Hal H. Newell, Potomac, Md.
Mr. Robert W. Nichols, Louisville, Ky.
Mrs. Samuel H. Ordway, New York
Miss Evelyn M. Peck, Columbia, Mo.
Mrs. Arthur Perry, Jr., Concord, Mass.
Mrs. Stanley D. Petter, Jr., Lexington, Ky.
Mrs. Charles S. Potter, Chicago, Ill.
President National Society of Daughters of
Colonial Wars
Mrs. James N. Rawleigh, Jr., Harrods Creek, Ky.
Mrs. George L. Robb, Westwood, Mass.
Mrs. William M. Schreiber, Louisville, Ky.
Mrs. John Sherwin, Cleveland, Ohio
Dr. Harvey Sloane, Louisville, Ky.
Mr. Albert P. Smith, Jr., Russellville, Ky.
Mrs. James W. Stites, Jr., Louisville, Ky.
Dr. Grady Stumbo, Hindman, Ky.
Mrs. Paul J. Vignos, Jr., Chagrin Falls, Ohio
Mrs. Ernest R. von Starck, Downingtown, Pa.
Miss Margaret Watkins, Detroit, Mich.
Mrs. Erskine P. Wilder, Jr., Barrington, Ill.
Mr. Ralph B. Williams, Boston, Mass.
Mr. George Wooton, Hyden, Ky.
Mrs. William W. Wotherspoon, Grosse Pointe, Mich.
Miss Barbara Wriston, New York
Mr. William T. Young, Lexington, Ky.

HONORARY TRUSTEES

Miss Sarah Gibson Blanding, Newtown, Pa.
Mr. Kenyon Castle Bolton, Cleveland, Ohio
Mr. A. B. Comstock, Louisville, Ky.
Mr. John Sherman Cooper, Washington, D. C.
Mrs. Cleveland Marcum, Lexington, Ky.

Mrs. Langdon Marvin, New York, N. Y.
Mrs. Elinor M. Moore, Lexington, Ky.
Hon. Thruston B. Morton, Louisville, Ky.
Lady Ramsbotham, Hamilton, Bermuda
Mr. Arnold Whitridge, New York, N. Y.

NATIONAL MEDICAL COUNCIL

Dr. Glenn Bratcher, Cincinnati, Ohio
Dr. W. F. Bulle, St. Louis, Mo.
Dr. Bayard Carter, Hillsborough, N. C.
Dr. C. L. Combs, Hazard, Ky.
Dr. R. Gordon Douglas, Little Compton, R. I.
Dr. Isadore Dyer, New Orleans, La.
Dr. Ben Eiseman, Englewood, Col.
Dr. Laman A. Gray, Louisville, Ky.
Dr. Louis M. Hellman, Washington, D. C.
Dr. Louise Hutchins, Berea, Ky.
Dr. Arthur H. Keeney, Louisville, Ky.
Dr. John F. W. King, New York
Dr. Samuel B. Kirkwood, North Sandwich, N. H.
Dr. Frank J. Lepreau, Westport, Mass.
Dr. Rustin McIntosh, Tyringham, Mass.

Dr. E. D. Pellegrino, New Haven, Conn.
Dr. John A. Petry, Louisville, Ky.
Dr. John Rock, Temple, N. H.
Dr. Robert T. Sceery, Cohasset, Mass.
Dr. Richard M. Smith, Boston, Mass.
Dr. Reginald Smithwick, Boston, Mass.
Dr. Allen Rosenfeld, New York, N. Y.
Dr. Carl Taylor, Baltimore, Md.
Dr. James E. Thompson, Sarasota, Fla.
Dr. Kenneth Warren, New York
Dr. George W. Waterman, Providence, R. I.
Dr. Thomas Wiegert, Lexington, Ky.
Dr. J. Huston Westover, Woodstock, Vt.
Dr. John Whitridge, Jr., Baltimore, Md.
Dr. Hermann A. Ziel, Jr., Lansing, Mich.

inclusive of

MEDICAL ADVISORY COMMITTEE

Dr. Marion G. Brown, Lexington, Ky.
Dr. Keith W. Cameron, Ary, Ky.
Dr. Harvey Chenault, Lexington, Ky.
Dr. Arnold B. Combs, Lexington, Ky.
Dr. Allen L. Cornish, Lexington, Ky.
Dr. Carl Fortune, Lexington, Ky.
Dr. Walter D. Frey, Lexington, Ky.
Dr. Carl M. Friesen, Lexington, Ky.

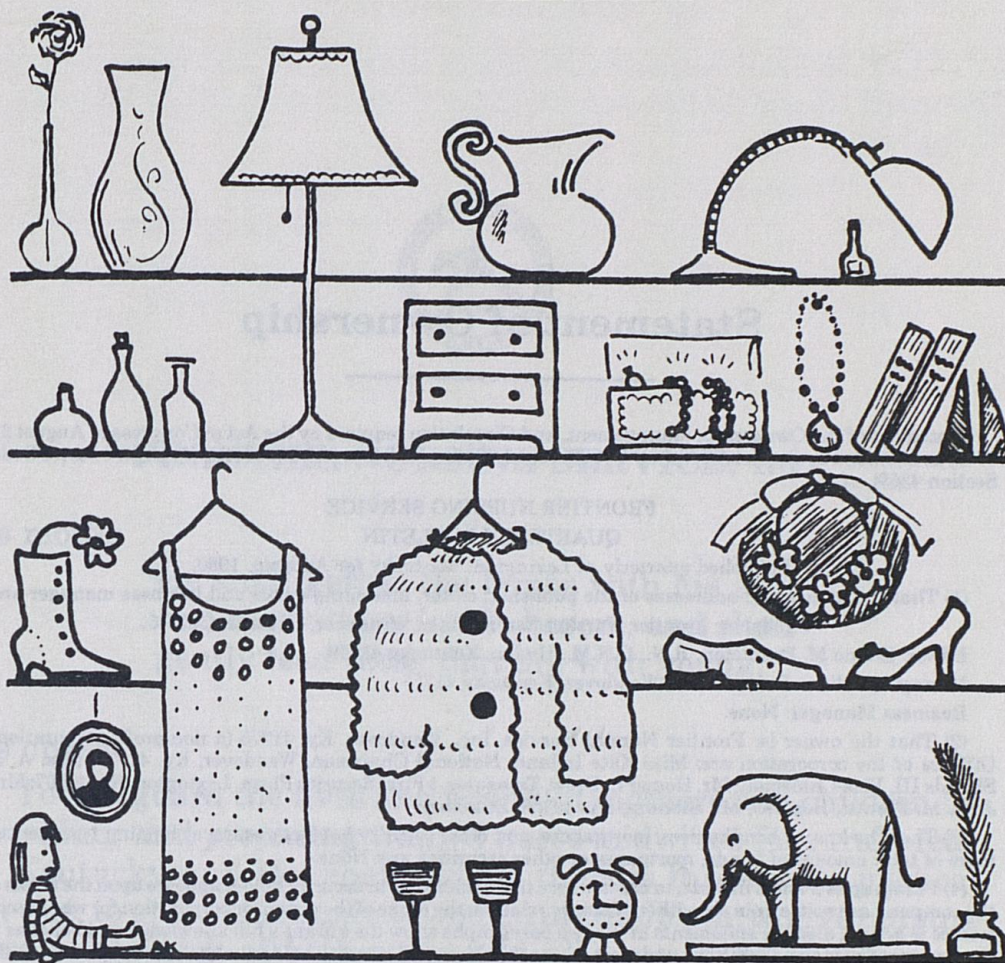
Dr. John W. Greene, Jr., Lexington, Ky.
Dr. James B. Holloway, Jr., Lexington, Ky.
Dr. Coleman C. Johnston, Lexington, Ky.
Dr. Edward H. Ray, Lexington, Ky.
Dr. Harold D. Rosenbaum, Lexington, Ky.
Dr. David B. Stevens, Lexington, Ky.
Dr. A. J. Whitehouse, Lexington, Ky.

NATIONAL NURSING COUNCIL

Miss Maryellen Amato, Lexington, Ky.
Miss Laurette Beck, Brooklyn, N. Y.
Miss Hazel Corbin, New York
Mrs. Martha Cornett, Hyden, Ky.
Dr. Frances Dalme, Little Rock, Ark.
Miss Muriel Dayoff, Berea, Ky.
Miss Naomi Deutsch, New Orleans, La.
Miss Ruth Doran, Denver, Colo.
Dr. Loretta Ford, Rochester, N. Y.
Miss E. Jane Furnas, Phoenix, Ariz.
Miss Louise Griggs, Lexington, Ky.
Mrs. Elinore Hammond, Louisville, Ky.
Mrs. E. L. Hebbeler, Lexington, Ky.
Dr. O. Marie Henry, Hyattsville, Md.

Mrs. Betty Huff, Hyden, Ky.
Miss Phyllis J. Long, Atlanta, Ga.
Dr. Ruth Lubic, New York
Dr. Marion McKenna, Lexington, Ky.
Dr. Beulah Miller, Ada, Okla.
Miss Mary L. Mills, Washington, D. C.
Mrs. Celia Oseasohn, Montreal, Canada
Miss Carol Randall, Cleveland, Ohio
Dr. Elizabeth Sharp, Atlanta, Ga.
Miss Ruth Spurrier, Frankfort, Ky.
Miss Marion Strachan, New York
Dr. Helen Tirpak, New York
Miss Elsie M. Warner, Philadelphia, Pa.
Miss Joyce Wieckman, Hollandale, Miss.

WHITE ELEPHANT



DON'T THROW AWAY THAT WHITE ELEPHANT
SEND IT TO FRONTIER NURSING SERVICE
1579 Third Avenue, New York, New York 10028

You don't have to live in or near New York to help make money for the Nursing Service at the Bargain Box in New York. We have received thousands of dollars from the sale of knickknacks sent by friends from sixteen states besides New York. The vase you have never liked; the ornaments for which you have no room; the party dress that is no use to shivering humanity; the extra picture frame; the old pocketbook; odd bits of silver; old jewelry—There are loads of things you could send to be sold in our behalf.

If you want our green tags, fully addressed as labels, for your parcels—then write us here at Wendover for them. We shall be happy to send you as many as you want by return mail. However, your shipment by parcel post or express would be credited to the Frontier Nursing Service at the Bargain Box if you addressed it

FRONTIER NURSING SERVICE
1579 Third Avenue
New York, New York 10028

Statement of Ownership

Statement of the Ownership, Management, and Circulation required by the Act of Congress of August 24, 1912, as amended by the Acts of March 3, 1933, July 2, 1946, and October 23, 1962 (Title 39, United States Code, Section 4369), of

FRONTIER NURSING SERVICE
QUARTERLY BULLETIN

Published quarterly at Lexington, Kentucky for Autumn, 1980.

(1) That the names and addresses of the publisher, editor, managing editor and business manager are:

Publisher: Frontier Nursing Service, Inc., Wendover, Kentucky, 41775.

Editor: Elaine M. Pendleton, R.N., C.N.M., Hyden, Kentucky 41749.

Managing Editor: Dale Deaton, Wendover, Kentucky 41775.

Business Manager: None.

(2) That the owner is: Frontier Nursing Service, Inc., Wendover, Ky. 41775 (a non-profit corporation). Officers of the corporation are: Miss Kate Ireland, National Chairman, Wendover, Ky. 41775; Mrs. A. R. Shands III, Vice-Chairman; Mr. Homer L. Drew, Treasurer, 1 First Security Plaza, Lexington, Ky. 40507; Mrs. John M. Prewitt, Box 385, Mt. Sterling, Ky. 40353, Secretary.

(3) That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities are: None.

(4) Paragraphs 2 and 3 include, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting; also the statements in the two paragraphs show the affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner.

Extent and nature of circulation (average number of copies each issue during preceding 12 months indicated with light face numbers, actual number of copies of single issue published nearest to filing date indicated by bold face numbers): Total copies printed 4375, **4500**; Paid circulation 0, **0**; Mail subscriptions 4,005, **3,960**; Total paid circulation 4,005, **3,960**; Free distribution 190, **365**; Total distribution 4,195, **4,325**; Copies not distributed 180, **175**; Returns from news agents 0, **0**; Total 4,375, **4,500**.

Elaine H. Pendleton, Editor



FRONTIER NURSING SERVICE, 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 object:

To safeguard the lives and health of mothers and children by providing and preparing trained nurse-midwives for rural areas in Kentucky and elsewhere, where there is inadequate medical service; to give skilled care to women in childbirth; to give nursing care to the sick of both sexes and all ages; to establish, own, maintain and operate hospitals, clinics, nursing centers, and midwifery training schools for graduate nurses; to educate the rural population in the laws of health, and parents in baby hygiene and child care; to provide expert social service, to obtain medical, dental and surgical services for those who need them at a price they can afford to pay; to ameliorate economic condition inimical to health and growth, and to conduct research towards that end; to do any and all other things in any way incident to, or connected with, these objects, and, in pursuit of them, to cooperate with individuals and with organizations, whether private, state or federal; and through the fulfillment of these aims to advance the cause of health, social welfare and economic independence in rural districts with the help of their own leading citizens.

Articles of Incorporation of the
Frontier Nursing Service, Article III.

FORM OF BEQUEST

For the convenience of those who wish to remember the Frontier Nursing Service in their wills, this form of bequest is suggested:

"I hereby give, devise and bequeath the sum of dollars (or property properly described) to the Frontier Nursing Service, a corporation organized under the laws of the State of Kentucky."

HOW ENDOWMENT GIFTS MAY BE MADE

The following are some of the ways of making gifts to the Endowment Funds of the Frontier Nursing Service:

1. **By Specific Gift under Your Will.** You may leave outright a sum of money, specified securities, real property, or a fraction or percentage of your estate.
2. **By Gift of Residue under Your Will.** You may leave all or a portion of your residuary estate to the Service.
3. **By Living Trust.** You may put property in trust and have the income paid to you or to any other person or persons for life and then have the income or the principal go to the Service.
4. **By Life Insurance Trust.** You may put life insurance in trust and, after your death, have the income paid to your wife or to any other person for life, and then have the income or principal go to the Service.
5. **By Life Insurance.** You may have life insurance made payable direct to the Service.
6. **By Annuity.** The unconsumed portion of a refund annuity may be made payable to the Service.

The principal of the gifts will carry the donor's name unless other instructions are given. The income will be used for the work of the Service in the manner judged best by its Trustees.

Contributions to Frontier Nursing Service, Inc. are tax deductible under Section 501 (c) (3) of the Internal Revenue Code of 1954.

Gifts of stock should be sent to

FRONTIER NURSING SERVICE
Mr. Homer L. Drew, Treasurer
First Security National Bank & Trust Co.
One First Security Plaza
Lexington, Kentucky 40507

Gifts of money should be made payable to

FRONTIER NURSING SERVICE
and sent to
Office of the Director
Frontier Nursing Service
Wendover, Kentucky 41775

