

FRONTIER NURSING SERVICE QUARTERLY BULLETIN

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THE WELL-WORN PATH TO HYDEN HOSPITAL

Photograph Courtesy of "Toad Hall"

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The cover picture, looking down the steps from Hyden Hospital toward town, was taken by Gabrielle Beasley who is hoping to form a limited company—"Toad Hall"—which will publish her photographs and her brother's poems.

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THE HORSE'S PRAYER

TO THEE, MY MASTER, I offer my prayer: Feed me, water and care for me, and, when the day's work is done, provide me with shelter, a clean dry bed and a stall wide enough for me to lie down in comfort.

Always be kind to me. Talk to me. Your voice often means as much to me as the reins. Pet me sometimes, that I may serve you the more gladly and learn to love you. Do not jerk the reins, and do not whip me when going uphill. Never strike, beat or kick me when I do not understand what you want, but give me a chance to understand you. Watch me, and if I fail to do your bidding, see if something is not wrong with my harness or feet.

Do not check me so that I cannot have the free use of my head. If you insist that I wear blinders, so that I cannot see behind me as it was intended I should, I pray you be careful that the blinders stand well out from my eyes.

Do not overload me, or hitch me where water will drip on me. Keep me well shod. Examine my teeth when I do not eat. I may have an ulcerated tooth, and that, you know, is very painful. Do not tie my head in an unnatural position, or take away my best defense against flies and mosquitoes by cutting off my tail.

I cannot tell you when I am thirsty, so give me clean cool water often. Save me, by all means in your power, from that fatal disease—the glanders. I cannot tell you in words when I am sick, so watch me, that by signs you may know my condition. Give me all possible shelter from the hot sun, and put a blanket on me, not when I am working but when I am standing in the cold. Never put a frosty bit in my mouth; first warm it by holding it a moment in your hands.

I try to carry you and your burdens without a murmur, and wait patiently for you long hours of the day or night. Without the power to choose my shoes or path, I sometimes fall on the hard pavements which I have often prayed might not be of wood but of such a nature as to give me a safe and sure footing. Remember that I must be ready at any moment to lose my life in your service.

And finally, O MY MASTER, when my useful strength is gone, do not turn me out to starve or freeze, or sell me to some cruel owner, to be slowly tortured and starved to death; but do thou, My Master, take my life in the kindest way, and your God will reward you here and hereafter. You will not consider me irreverent if I ask this in the name of Him who was born in a Stable. Amen.

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(See Field Notes)

URGENT NEEDS

On May 1, the Frontier Nursing Service was required to implement the new Federal Minimum Wage Law which had been passed by Congress in April of this year. We might add that to date we have received no guidelines regarding the definitive provisions of the new law from any agency of government. Following the action of Congress, the minimum wage for agencies classified as a hospital was increased from \$1.60 to \$1.90 an hour, to be raised to \$2.00 an hour on January 1, 1975. As a result, the FNS faces a very substantial increase in its budget. This increase, coming at a time when the price of everything we have to buy continues to soar, when we are still not being fully reimbursed at Hyden Hospital for the care of elderly and indigent patients, when there is no reimbursement for preventive care—for keeping people well and out of hospital—is a severe burden on the FNS.

Therefore, the most Urgent Need faced by FNS for the 1974-75 fiscal year is for funds to meet the increased cost of salaries and wages. Some of you, who have given so generously over the years to our Urgent Needs, may want to help us with the additional costs we now face to meet our payroll and continue the work.

The cost, to the FNS, of implementing the new minimum wage for our present staff is estimated as follows:

For the fiscal year	\$95,500
For a month	7,958
For a 2-week pay period	3,673
For a week	1,836
For a 24-hour day	262
For an 8-hour shift	32
For an hour	11

Gifts, whether for hours, days or weeks, will be most welcome.

Because of the frightful additional expense that has come to the FNS as a result of the new minimum wage, we are making only the most essential repairs which cannot be put off. All of our buildings are old and do require continual minor repairs to keep them in good condition. There is one major repair we *must* do this

summer, and that is to re-roof the Jessie Preston Draper Center at Beech Fork. The estimated cost of the roof, new guttering and other carpentry repairs is

\$3,500.00

There is one further expense for each of the five outpost centers that cannot be avoided. The average cost of heating each of the five centers for the winter is

\$600.00 per center per year

The Margaret Voorhies Haggin Quarters for Nurses is nearly twenty-five years old and the living room furniture is in poor condition and beyond repair. The sofas and chairs have not collapsed completely yet, but the replacement of this furniture is an expense we are going to face in the very near future. We need the following items:

1 Sofa (large)	\$500.00
2 Sofas (small) @ \$300.00 each	600.00
2 Chairs @ \$190.00 each	380.00

Any help with these anticipated expenses will be much appreciated.

Among the population of Hurstbourne Tarrant, a village near Andover, Hampshire, in 1957, were the following: Miss Plank, Board School mistress; Mr. Cutting, butcher; Mr. Curd, milkman; Mr. Smug, innkeeper; and Mr. Orchard, jobbing gardener.—*Hilary Bourne, Yorkshire.*

—*The Countryman*, Summer 1973, Edited by Crispin Gill, Burford, Oxfordshire, England.

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MYTHS ABOUT NURSE-MIDWIFERY

by Ruth W. Lubic

(Ms. Lubic, a graduate of the Maternity Center Association's former school of nurse-midwifery, is general director of the Association. She was graduated from the Hospital of the University of Pennsylvania School of Nursing, Philadelphia, and earned her bachelor's and master's degrees from Columbia University where she is now a doctoral candidate in applied anthropology.)

Nurse-midwives are first of all nurses, nurses whose practice has an added dimension.

Today, we nurses pride ourselves in seeking out scientific rationale for nursing practice. Yet our acceptance of nursing folklore and what I call nursing mythology persists. Recently, at multidisciplinary meetings in which the professions of nursing and medicine figured prominently, I was chagrined to hear nurses, my own colleagues and peers whose integrity I know and respect, repeating myths about nurse-midwifery. I wish to dispel some of these myths, for they can act as barriers to the acceptance of midwifery practice as an appropriate role for nurses and even to the improvement of maternity care.

MYTH: Nurse-midwives are delivery technicians.

Held by some leaders in maternity nursing education, this myth, in my belief, results from a combination of ignorance of nurse-midwifery education and practice and the influence of the "granny" stereotype. The fact is that nurse-midwifery prides itself on its public health roots and service.

Our historical beginnings in domiciliary practice heightened this public health orientation. Comprehensive maternity care is the base of our educational preparation and the joy of our practice. We understand better than most, I believe, the drama, albeit brief, of the delivery experience in the totality of the needs of families in their childbearing years. We, however, see no need to surrender the care of the normal mother to physicians during the intrapartum period when we are prepared to safely manage her course and provide her with continuity of care. The midwife's intrapartum functions were ascribed to physicians in the zeal to do away with ill-trained "grannies."

The *de facto* situation in this country is that nurses, educationally unprepared in intrapartum midwifery skills, are practicing them in delivery rooms. One has only to talk with labor and delivery-room nurses away from teaching centers (and sometimes within them when educational activities are not continuous) to know that often, due to pressures in the delivery suite, nurses must conduct deliveries. Therefore, should we not be preparing maternity nurses *through an educational program* to be of the greatest possible assistance to mothers and babies?

MYTH: Nurse-midwifery is a new form of expanded role and, as such, has ignored organized nursing.

Nurse-midwifery is new neither in world maternity care nor here in the United States. Nurse-midwives were first introduced into a rural public health nursing agency, the Frontier Nursing Service in Kentucky, in 1925 by Mary Breckinridge, a nurse who went to Great Britain for her midwifery education. The Maternity Center Association, under the leadership of Hazel Corbin, started the first U.S. school of nurse-midwifery in 1931. Nurse-midwifery had section status within the former National Organization for Public Health Nursing. However, in the revamping of nursing organizations in 1952, when NOPHN went out of existence as a separate organization, nurse-midwives no longer had identity as a group.

Many attempts to secure such identity in either the American Nurses' Association or the National League for Nursing were made by nurse-midwives. Unsuccessful, they established in 1955 their own professional organization, the American College of Nurse-Midwifery (now Nurse-Midwives).

MYTH: Nurse-midwifery and nurse-midwives are unduly physician-dominated.

This is simply not true. Nurse-midwifery is taught by nurse-midwives. The American College of Nurse-Midwives approves our educational institutions and certifies practitioners through a national examination which is both theoretical and clinical. Nurse-midwives have resumed, not assumed, the midwifery function related to care in the normal childbearing experience.

What we *have* done, it seems to me, is willingly enter into a colleague relationship with physicians. This has not meant

surrendering integrity. Our practices complement each other. We enjoy the mutual respect which comes with demonstrated and shared skills and judgment. We have attempted to put first, not our own professional territoriality, but rather the needs of patients. For we believe, unequivocally and I hope with humility, that nurse-midwifery care of the woman with an uncomplicated pregnancy is qualitatively different from obstetrical care and, with its educational component, even more extensive. Physicians who work with us recognize this fact. There has been no need to surrender autonomy. We are not exploited; I trust we do not exploit.

MYTH: Nurse-midwives are physicians' assistants.

Nurse-midwifery has been promulgated by the Maternity Center Association for over 40 years, not to assist any group of professionals with a work load, but to provide high quality maternity care to families. If, in support of this myth, a nursing director tells me that employing nurse-midwives in the labor and delivery suite does not alleviate nursing care loads, then I must ask, "What are your nurses doing? How do they function? For what tasks are they responsible?" I would wonder if priority has been given to housekeeping and clerical tasks rather than to patient care. Are the *nurses*, in fact, performing administrative tasks and assisting physicians rather than assisting mothers?

MYTH: Nurse-midwives practice in rural areas where there are no physicians.

Perhaps it was the work of the Frontier Nursing Service which gave rise to this myth. Certainly the "nurses on horseback" have always had great emotional appeal for the American public, and physicians and others who worked with them have spread their fame.

It is true that until 1970, when the American College of Obstetrics and Gynecology recognized the place of the nurse-midwife on the obstetrical team, nurse-midwifery flourished mainly where there was a need for assistance in providing quantitative care in both rural and urban areas. However, our practice is not a substitute for physician care—it complements physician care. Today, nurse-midwives are providing care to women of all socioeconomic strata through a variety of obstetrical

team models in a range of population densities.

MYTH: The best use of nurse-midwives is for home delivery.

Our beginning in domiciliary practice may have given rise to this myth. The stereotype of "midwife" also may have added to it.

The best use of nurse-midwives is effected wherever care is being provided, with qualified medical supervision, to normal mothers. It is true that nurse-midwives, perhaps because of their domiciliary beginnings, tend to have a special appreciation of family-centered maternity care. It is also true that we are sympathetic toward those increasing numbers of parents who are "opting out of the system" because they find institutional care cold, inconsiderate, undignified, and authoritarian. In my opinion, however, home delivery should be provided only with the most careful consideration of the many parameters involved. If home delivery, in the judgment of the obstetrical team, is safe and desirable for a particular family, then the nurse-midwife's skills can be well used. Her orientation toward support in labor with minimal or no intervention, her expertise in preparing families for the emotional as well as physical aspects of childbearing, her professional preparation in evaluating the progress of pregnancy, labor, and the puerperium for deviation from the normal, as well as her freedom from the multitude of responsibilities demanding the physician's more extensive knowledge and skills, do make her the attendant of choice.

MYTH: Nurse-midwives merely add "baby catching" to maternity nursing.

This myth is regrettable, for it seems to me to be based on a desire to divide, to separate, and to establish territory which must be held at all costs. Truly our education gives depth to our practice in all aspects of the childbearing experience. Again, I say that delivery is a small part of the maternity cycle; it is perhaps overdramatized, although those of us who are mothers might argue the point. But my education to assist mothers with this process fulfilled me as a nurse and expanded my understanding of maternity care in a way difficult to describe. Why should nurses not have an opportunity to manage with judgment the entire miracle? Further, "catching the baby" is what a policeman, taxi

driver, or other person who has little or no professional knowledge of childbirth might do in an emergency. Nurse-midwives are in partnership with a woman to accomplish the safest and most satisfying childbirth experience possible.

Conclusion

Just as the word, "nurse-midwifery," has two components, so has the practice in my opinion.

I could not abandon nursing, for nursing is a part of me—the part that has made me a better midwife. The other side of that coin, and in this I have unshakable belief, is that midwifery has made me a better nurse.

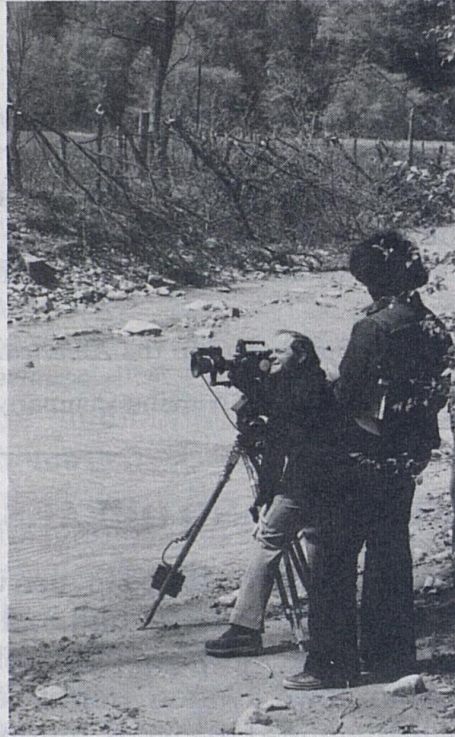
Reprinted from the *American Journal of Nursing*,
February 1974, with permission of The American
Journal of Nursing Company.

KWAAMS AND QUEAKS

A Shropshire farm hand who failed to turn up to work one day told the farmer next day that his wife had had an 'awd kwaam'. The farmer, who was also a doctor, spent the rest of the day asking all and sundry what an 'awd kwaam' might be. In fact the farm hand had correctly pronounced the word 'qualm', meaning by it a sudden attack of illness, nausea, faintness or distress. Illnesses of various kinds were in my young days also described as 'queaks' (pinches) and if they were serious or prolonged they were 'foul', as when a Shropshire woman remarked to me of her neighbour who was just recovering from a rather bad illness, 'I doubt her's had a foul queak.' Minor illnesses were described as a 'breach' of this or that, meaning a bout, for example a 'breach' of bronchitis. Also from time to time individuals would come out with some peculiar and amusing names for complaints, for instance a neighbour whose daughter was crippled with 'authoritis'. A lad whose grandmother fell ill called at the house where she was employed to announce that 'her's got the bilgeons'—meaning a bilious attack. My favourite description came from Tommy one morning when I asked him how he was and he answered he was not so good. 'Why, what is wrong?' 'Oh, I be alright in meself, sirree, it's me owd guts.' Evidently not part of himself!—*J. O. Evans, Somerset.*

—*The Countryman*, Summer 1973, Edited by Crispin Gill,
Burford, Oxfordshire, England.

"CHERISH THE CHILDREN"



A FILM IS MADE

Photograph by Nancy Dammann

In April of this year, Airlie Production, under contract to the Agency for International Development, came to the mountains to film the work of a Frontier Nursing Service family nurse. The film crew included Mrs. Miriam Bucher, writer-producer, Paul Noonan, director of photography (shown above with Sekip Santurk, a Turkish student at Beloit College interning at Airlie), and David LaBarr, sound man.

The 16mm. color film, twenty-eight minutes in length, is in the process of being edited and will be entitled "Cherish the Children". It is designed primarily for use in Latin America, to show elements of U.S. experience which might be useful in training and orientation programs for doctors, nurses and paramedics and will demonstrate the family nurse in training, in hospital and clinic, and on the district.

GUEST COMMENTARY

By E. B. White

(Reprinted from "House Call" of the Blue Hill Memorial Hospital Incorporated, Blue Hill, Maine, Volume 4, with the author's permission)

As I write this, snow is falling. It is accumulating rapidly, and one gains anew the palpable sense of what distances mean in Maine. When I look out of the window, Bangor, Augusta, Portland, Boston seem far, far away. In yesterday's paper, an article appeared warning us that federal controls, under the Economic Stabilization Act, might spell the doom of small hospitals by forcing them out of business. If this were to happen, the loss to many communities in Maine would be incalculable, and the regulations would prove to be foolhardy. To an economist, to a statistician dreaming long dreams at his desk, a 100-bed hospital in an urban center may well appear to have an economic edge over a hospital such as the Blue Hill Memorial, with only a quarter the number of beds. But "economics" is only one aspect of the vast enigma of health care and modern medicine, and on a day of wind and cold and swirling snow, a hospital that is *accessible* has the edge, as far as a sick person is concerned, because the hospital is "here" and not somewhere else.

The idea of bigness has always intrigued our economic geniuses in Washington. Big, to them, means better—in this instance more economical. A lot of us know that this is not necessarily so and that for every gain there is a loss. Years ago, educators decided that the only path to a decent education was through the consolidation of schools and the discontinuance of the little red schoolhouse. Now, after many years, we discover that although there are many gains, there are also serious losses. Our country is full of distinguished, well-educated people who began their schooling in a small building heated by a wood stove and warmed by the presence of a dedicated teacher who had to handle several grades in one classroom. In some respects, those small schools turned out students who were better grounded in the fundamentals than are many of the youngsters of today who ride to school in yellow buses and are offered a wider assortment of

studies and a more liberal experience than was possible in the little corner school of yesterday.

I am not against bigness where it works. I am not against smallness where it works. The people of the Blue Hill area have given of their time, their money, and their sweat to bring into being a small hospital that is a model of rural health facilities. We should now make sure, through our legislators that no government planner, sucking his pencil and totting up his figures, robs us of what has been so well conceived and is serving our local needs so faithfully and so well.

GRAVE BUSINESS

Harry Haycock, known as Boxer, was a little Northamptonshire man who combined the skills of poaching and grave-digging. Realising that most people are afraid to go through a churchyard after dusk, Boxer would use his lawful vocation to further his unlawful one. When he had a grave to dig he would do most of the work during the afternoon, prior to the burial of the deceased the following day. He would knock pegs into the side of the unfinished grave. Then after dark he would proceed on his poaching expedition, and bring back his kill to the grave, hanging it on the pegs. The following day he would finish his digging, put the game in his hand-cart, cover it with grass or weeds and walk innocently home. Everybody seemed to know of these goings-on and many were recipients of the results of his efforts.—*F. J. Graystone, Northampton.*

—*The Countryman*, Summer 1973, Edited by Crispin Gill, Burford, Oxfordshire, England.

ELDA BARRY, NURSE-MIDWIFE

"There was as much joy, thrill and excitement with the birth of the last baby as there was with the first," says Elda Mae Barry, 401 E. Sixth St., of her 35 years experience in delivering 1,000 babies as a nurse-midwife in India.

Born near Topeka, Kansas, Miss Barry became interested in nursing after recovering from a serious illness. After graduating from nursing school in Kansas City, she went to India under the Methodist Mission Board.

She was assigned to a small hospital in Vrindaban, India, a rural town of 28,000 which at that time didn't have electricity. There was a small school of nursing connected with the hospital which "was very much in the developing stages. Because of prejudice, the caste system and general lack of education, nursing was not considered to be one of the things that young girls did."

At first she was involved in teaching, supervising and directing the student nurses and assisting in surgery. One of the problems she all too frequently encountered was the high mortality rate of newborn infants and mothers, primarily due to infection from poor sanitation.

"By and large babies were delivered under the supervision of untrained, uneducated national midwives who were midwives by tradition." These national midwives were members of the lowest caste because birth was considered "unclean". There was no knowledge of sanitation and much superstition. The only obstetrical cases which the hospital received were those who were having problems. They often came to the hospital too late because they had no prenatal care. Miss Barry came to realize that "the Indian nurse was not ready to meet the needs of her community without training in midwifery."

She went to Kentucky for a graduate course in midwifery with the Frontier Nursing Service where she became one of the "nurses on horseback." While aiding the people in the mountains of Kentucky, she delivered 24 babies. She returned to India and delivered 1,000 babies before starting her school for midwives in 1948.

Her aim was "to work, not in competition with the national midwives, but to work with them." Her nurses would go along with the national midwives whose curiosity eventually overcame

their distrust and gradually they came to understand and accept modern methods and the need for proper cleanliness.

Another of Miss Barry's goals was to encourage the women to come to clinics for pre-natal care. Word of these clinics spread by way of "the grapevine." As women began seeing the good effects that this care was having on their neighbors, more and more started coming to the clinic for pre-natal care and for follow-up care after delivery.

The young nurse-midwives who graduated from the nursing school had three years of general nursing instruction and one year of midwife training. When the nurses returned to the villages from which they came they had the opportunity of spreading their knowledge throughout their communities. Since 80 per cent of India's population lives in rural areas with limited medical facilities, the effects of their training at the small hospital school was, indeed, far reaching.

Miss Barry feels that the use of midwives in this country, which has been gaining acceptance lately, is a good thing. She explains that "a trained midwife can provide valuable, close care to women who anticipate normal deliveries." "Midwifery in this country," she continues, "could be a cooperative venture between mother, nurse-midwife and doctor with careful pre-natal care, including instruction in the birth process, closer observation of mothers in labor and frequent follow-up care."

Miss Barry found her work as a nurse, teacher and midwife "exciting, rewarding and never dull." Surely the thousands of infants and their mothers whom Miss Barry and her students have helped would agree that she had found a purpose for her life.

by Maureen Helfrich, The Jamestown, New York
Post-Journal, May 18, 1974

A farmer and his wife were visiting a large city and stopped at a plush restaurant for lunch. The farmer studied the menu for a while and then ordered hamburgers at \$1.85 each. Turning to his wife, he casually remarked, "The way these people have figured it, we have a steer at home worth \$50,000!"

—*Modern Maturity*, Aug.-Sept., 1969

A COMMENTARY

By The Assistant Editor

The FNS has begun its fiftieth fiscal year—and we consider that fact alone, something of an accomplishment! Through depression and inflation, wars and peace, floods, fires, good times and bad, the FNS has had the support of thousands of loyal supporters, patients, staff, but, by and large, its destiny has been in the hands of two rather extraordinary Directors who have numbered among their many virtues a sense of humor—which they have frequently needed.

The FNS has been praised for being fifty years ahead of its time—and penalized, at least where the government health dollar is concerned, because it was not just beginning, in the Sixties and Seventies, a “new, innovative and creative” program. And yet many of the “new” programs were starting to do what the FNS has been doing for forty years. It has been censured for being too static, for adhering too much to old traditions—and also for forging ahead too rapidly with change. It has never fit into anybody’s preconceived idea or set pattern of what a health care organization should be and yet portions of its program have been a model for numerous health services in the United States and in half of the countries around the globe. The FNS has always been characterized by a certain amount of fluidity, depending upon the needs of the area, available staff, available money. But over the long years the FNS, as an organization, has been a stable entity in a rapidly changing world for longer than most of its patients, or staff, can remember.

What is the FNS: Primarily it is a group of people who have as many different reasons for being in this place, at a given time, as they number. The FNS attracts staff because it offers what many want to learn, because it is “different”; but the realities of that difference sometimes causes problems in adjustment, sometimes repels. It is no easier to fit the staff, or the positions they fill, into a little round hole than it is to characterize the organization as one thing or another! Many staff wear two hats. Doctors, nurses, pharmacists, technologists whose primary responsibility is service share their knowledge with staff and students; instructors

give service to patients; the hospital superintendent is also the anesthetist—and helps take care of jeep or any other problem which may arise; an office supervisor may plan the meals; a district nurse is involved in the maintenance of her center. Some years ago a letter arrived addressed to “The Frontier Nursing Circus”—a mistake, perhaps, but in many ways singularly appropriate!

Many years ago Mrs. Breckinridge said to Agnes Lewis: “We are a cock-eyed organization but we get a heck of a lot of work done.”

We still are, and we still do.

WEDDING GIFTS

Elizabeth O’Sullivan of Wyoming, Michigan, and Douglas Hale of Gettysburg, Pennsylvania, were married on May 18, 1974. They requested that their friends give a wedding gift in the form of a donation to the Frontier Nursing Service. This young couple who had such generosity in their hearts must have insured their future happiness. This is our wish for them, delivered with much gratitude.

OLD COURIER NEWS

Edited by
Juanetta Morgan

Bonnie Reilly went to Nome, Alaska, last September for a year. Bonnie writes that she is enjoying her stay and has had the opportunity to visit several villages up and down the coast.

Rebecca Simons Hutto has just written us that she and Edward A. Hutto were married June 2, 1973. Beckie is presently working as a nurse with the U. S. Public Health Service in Baltimore.

Our congratulations to **Joanie Mamelok Abbey** and **Beth Sceery** who have just graduated from nursing school. Beth writes that she will begin work in July at the Massachusetts General Hospital.

. . . .

Our deepest sympathy goes to **Neville Atkinson Holter** who lost her father this spring, and to **Patsy Lannon** whose father and grandfather both died this winter.

. . . .

ATTENTION ALL COURIERS

Over the years couriers have been delighted to read news of their friends which has come to us in letters from many areas of the world. Please write us what you are doing so we may share the news.

North Devon countryman commenting on the influx of visitors: 'I see the antelopers are about again.'—*H. J. Smith, Middlesex.*

—*The Countryman*, Summer 1973, Edited by Crispin Gill,
Burford, Oxfordshire, England.

DEVON RED

by
Harold Sumption

Ours was a red village: not in any political sense, though we were mostly dissenters and Liberals in the sturdily independent West Country way. The Devon earth was red, of course, and so were the cattle, for Friesians had not then invaded us; but it was the flames of hell that coloured the picture for a child half a century ago. They seemed to burn just below the surface, as though we lived on a volcano. Every Sunday one of the chapel guides would take us up for a peep into the crater. As carpenter and undertaker, Arthur Cheldon may have had a privileged view of the flames; he would quiver in the chapel pulpit as he warned us to the torments awaiting the unrepentant. It was never quite clear what it was we had to repent; most of our neighbours seemed to work too hard to have time for sin.

Henry Walters, our universal provider, grocer, baker, ironmonger and farm-implement supplier, was convinced that the last days were upon us, that there was little time left for repentance. Yet Henry was a happy man and could be heard singing Moody and Sankey in his garden and warehouse. He was humble about his business acumen, giving the Lord all credit for his constantly growing prosperity. Any of the local farmers would have trusted Henry with his life-savings, confident that he would return them when required with an honourable rate of interest. Quietly he gave help where it was needed, and always accompanied that help with quotations from the Bible calculated to set the hearer on the straight and narrow path. They frequently did.

'Early to bed and early to rise' was a maxim deeply embedded in Henry's vigorous philosophy. Though his household kept a maid, he prepared his own breakfast at 5:30 and then took a brisk walk before starting his business day at 7:30. Even the walk was put to good use; he would select suitable tracts and texts and pin them to stiles used by courting couples. One feels that their selection must have posed many interesting problems.

Henry's foresight was not limited to business matters. Anticipating the medical reports by more than forty years, he

believed that cigarettes were instruments of the devil; so the many hundreds sent to him by grateful companies at Christmas were consigned to the bonfire. With similar prescience he saw that cigars were different. He did not approve of them, but he sold those he received to a friend and gave the money to missionary work.

The Christianity preached in the village was too milk-and-water for Henry. He drove his Model-T Ford—later a Daimler—to a stricter variety of chapel some miles away, though he had qualms about Sunday motoring and would walk or take a lift with an unbeliever whenever possible. I once attended this chapel and was startled by the loud 'hallelujahs' and 'amens' with which the congregation punctuated the sermon. Henry's had the authority and assurance which I later came to associate with a principal shareholder's 'hear, hears' to a chairman's report.

Only two people in our village seemed immune to the pervading sense of sin. One was the Reverend Lambert Baxter, vicar of the little church on the hill. The long greenish-black coat which he wore summer and winter must, I thought, be nearly as old as the building; and that was said to be Norman. His wispy grey hair escaping round his black shovel hat gave his pallid face a cobweb fragility. Clearly fire had not scathed him; his sermons had none of the epic quality encountered in the chapel. He could walk through sin with the aseptic detachment of a hospital matron in a fever ward. Even sinfully acquired babies failed to shock him, for he too was careless, leaving umbrellas and spectacles all over the village to be retrieved by his housekeeper.

His church congregation was small: the squire, his retainers and a few others who felt they belonged with the squire. But church-goer and chapel-goer alike received a regular visit from the vicar, whose greeting was always the same: 'Very inclement weather for the time of year'. As he sat holding his teacup high and absentmindedly eating piece after piece of my mother's seed cake, beaming though his steel spectacles, he seemed to me the original hungry church mouse.

My friend Dan had a different kind of armour. He lived outside the village on the edge of the moor and knew every badger hole, every bog and the squire's pheasant wood. His own fifteen-acre hill farm, with its pigs and poultry, did not account for all the skins and feathers he sold to the rag-and-bone man. He 'skeered dyshles' (cut thistles), skillfully pruned our orchards with a tool he

called 'they executors', and taught me how to catch moles. He had nothing but contempt for gentleman-farmers and the local hunt. 'Townies', he would say, and spit.

Dan was a great believer in warmth. "Tis cold enough to snackle thee's teeth", he said to me one bitter January on a wood-collecting expedition. Hot cider was a favourite remedy. It was said that in November he would wrap brown paper round himself, not to be removed until March; but this I doubted, for Dan kept a curious house. He had the unkempt look of a hermit, yet the windows had trim chintz curtains and the door a shining brass knocker.

The paradox was explained by the presence of Edwina. No-one knew where she came from, nor why—though there were whispered suggestions. All we knew was that Edwina had a mincing Kensington accent. 'Turrable proper 'er be. 'Er do talk on tippy-toe', said our farm carter. She rode a battered old bicycle as though she were holding the reins of an elegant governess-cart; and when she caught Dan emptying the chamberpot from the bedroom window on to the tomatoes below, she upbraided him as though she were at the Round Pond in charge of a naughty schoolboy. They were devoted, and unmarried.

Chapel preachers and their awful warnings Dan regarded with a happy indifference as protective as the Reverend Baster's calm detachment. "They likes to yur theyselves yap", he would say comfortably. "They don't make I aveared."

—*The Countryman*, Summer 1973, Edited by Crispin Gill,
Burford, Oxfordshire, England.

"Your methods of cultivation are a century behind the times," said the officious Government expert to the veteran farmer. "I'd be surprised if you got a bushel of oats to the acre out of that field."

"So would I," replied the farmer with a grin. "That's barley."

—*Modern Maturity*, February-March 1973

OLD STAFF NEWS

From Kathy Nimmo in Oklahoma City, Oklahoma

—March 1974

I have accepted a two year term to do nurse-midwifery with CARE-MEDICO in Choluteca, Honduras. Needless to say, I am excited about this new adventure. I have really enjoyed my last two years at the Oklahoma State Department of Health as MCH nurse consultant. Tell everyone hello. I do want to keep in contact with FNS.

. . . .

From Georgie Nims Nixon in Pebble Beach, California

—March 1974

So many times I think of you and know I'd be amazed at all the improvements there now. Wish I could get to see you and maybe when the children are all gone from home I can.

Our boys, one an electrical engineer and one a mechanical engineer, live in Santa Clara. Neither one is married yet. Suzanne, our oldest girl, is in France, studying and living with a French family. Dianne is staying home this year and Joanne is still in high school but has been accepted to the Arizona State School of Nursing next year.

I'm fine, busy in PTA and other civic affairs. If you ever get to California, come to see us. We have one of the old Spanish houses in the Del Monte Forest. I really love it here. I can look out the window, through the pine trees, to the ocean waves on the beach and the Santa Cruz mountains in the distance!

. . . .

From Mary Jo Brady in Cocoa, Florida—April 1974

I was happy to receive the information about the ANA Council for Family Nurse Practitioners. I wish I could attend the Council meeting in San Francisco but I have so many meetings I can't spare any more time from my job. I have been active in the Florida State Council on Nurse-Midwifery (Task Force), am on the Education and Public Relations Committee and also on an Ad Hoc Committee working with the Florida Regional Medical Program in the area of nurse-midwifery. All that plus seminars

and classes to update my knowledge keeps me very busy.

I am enjoying my role as a nurse practitioner midwife here at the health department. I work in three offices in different parts of the county doing physical exams, family planning and maternity clinics. I am only telling you this to let you know that all your hard work in educating me is paying off. Thank everyone there (an impossible job!) for me who was, and is, involved in educating and guiding us. I know that your work there has resulted in better health care for people all over the world. You are the greatest!

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From Margaret Willson in Looe, Cornwall, England

—April 1974

My heart and mind really was on the other side of the Atlantic last week when I heard the news of the terrible tornados that ripped up from the Gulf Coast causing so much damage in Kentucky. Did our southeastern section escape? I find I have four weeks holiday together starting March 16, 1975, and I am hoping to come over and see you all, if I may.

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From Liz Palethorp on holiday in Israel—May 1974

Had a good flight to Tel Aviv but it was late by the time we were fed and bedded down. Next morning we were up at 6:15 to get an early start for Jerusalem where we toured the old city on foot. This is a wonderful experience. Shalom.

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From Kathy Marquis in Jemez Springs, New Mexico

—May 1974

It's now been nine months since my arrival in Jemez. How has my "super nursing" progressed? That's undoubtedly a debatable question! The clinic is now fully equipped and the matter of keeping it stocked with expendable supplies is one of the challenges of also playing administrator. But at least at this point the valley is succeeding in demonstrating that some kind of health care system can exist without large federal monies. So far its main economic subsistence is based on patient fees and the donated times and monies of supportive individuals. Considering that insurance companies and Medicare/Medicaid are more than

reluctant to recognize the services of a nurse practitioner, this is quite a feat. The clinic opened for three one-half days a week, increased another half day in January, and in June will be extended to two full days and two half days. We will not go to a full five-day week—at least not as long as there is just one of me—as I need time for home and school visits. The patient census is gradually increasing—with the clinic open two and a half days a week, we averaged 100 patients. The scope of problems seen seem to cover pretty much of the expected primary care problems—URIs, lacerations, prenatal care, follow-up (as well as detection) of hypertensive and /or diabetic patients.

. . . .

NEWSY BITS

Ann C. Russell, who worked as a district nurse-midwife on the staff of the FNS from August 1964 to February 1966, and returned to do vacation relief in the spring of 1972, is the first nurse to be recognized as an “advanced registered nurse practitioner” under legislation passed in New Hampshire this spring. Ann’s registered nurse license will now carry a further identification, “legally recognized in New Hampshire as an A.R.N.P.-Nurse Midwifery”. Ann is a graduate of the Fitchburg State College-Burbank Hospital combined program in nursing and holds an M.S. degree in maternal and child health nursing from Boston University. She received her midwifery education in Scotland and England and is certified as a nurse-midwife by the American College of Nurse-Midwives.

. . . .

We extend our sincere sympathy to the family of **Viola M. Tillotson** who died in Mississippi in April of this year.

THIRSTY WORK

When the Mother’s Union went to Tintern Abbey, the old countrywoman observed, “Trust them there crafty monks to live opposite a pub!”—*Rev. L. J. Birch, Worcester.*

—*The Countryman*, Summer 1973, Edited by Crispin Gill,
Burford, Oxfordshire, England.

THE ANNUAL MEETING

The Forty-ninth Annual Meeting of Frontier Nursing Service, Incorporated was held at the Ramada Inn in Louisville, Kentucky, on Wednesday, May 29, 1974, the National Chairman, Mrs. Jefferson Patterson of Washington, D. C., presiding.

The Invocation was given by the Rt. Rev. C. G. Marmion of Louisville and a moment of silence was observed for the Trustees and Committee and Council members who had died during the year. The Recording Secretary, Mrs. John Harris Clay, read the Minutes of the last meeting and Mrs. Patterson introduced the members of the Board of Governors present and the distinguished guests which included Mrs. C. Wayne Elsea, the President of the National Society, Daughters of Colonial Wars, who is an *ex officio* Trustee of the Service. Mr. Edward S. Dabney gave the Treasurer's Report and the Budget was presented by Mr. Homer L. Drew.

Mrs. Patterson announced the retirement from the Board of Governors of Mr. Dabney, our Treasurer since 1947, and of Mr. W. Roy Sizemore of Hyden, Kentucky, and expressed the gratitude of the organization to these two gentlemen for their long and exemplary service to the FNS. Mr. Dabney has been named Honorary Treasurer of Frontier Nursing Service and Mr. Sizemore was elected a Trustee. Other Trustees and members of the Board of Governors were reelected.

Miss Kate Ireland reported that the Mary Breckinridge Hospital was eighty percent completed and we hope to move into the new building this fall.

Mr. John Kerr announced that in recognition of the Fiftieth Anniversary of Frontier Nursing Service, the Annual Meeting next year will be held on the day and in the place where the Service was established—in Frankfort, Kentucky, on May 28, 1975. Plans have been made for the meeting to begin at 11:00 a.m. at the Old Capitol Building, followed by luncheon with a guest speaker so that we may “recognize the fifty years that have passed and look forward to the additional years of success which will follow”.

In giving the Director's report for the preceding year, Miss Helen E. Browne said that the FNS had met several goals—one of which was the completion, in February, of 17,000 deliveries of mothers who had registered with the Service for care. It was

important to note that between ninety and ninety-five percent of these mothers had been delivered by nurse-midwives and over 8,000 consecutive deliveries had been conducted since there had been a maternal death. Miss Browne spoke of the success of the Frontier School of Midwifery and Family Nursing, explained why the Frontier Nursing Service was still a demonstration, and thanked the staff who have carried on the work for nearly fifty years and the donors for making it all possible.

Miss Browne introduced Mrs. Arla Hibbard of Charlestown, Indiana, who spoke briefly about what the FNS had meant to her when she and her husband lived in the Flat Creek District in the early Thirties and when her two children had been delivered by nurse-midwives stationed at the Caroline Butler Atwood Memorial Nursing Center.

In closing the meeting, Mrs. Patterson expressed thanks to Mrs. James N. Rawleigh, the Chairman of the Louisville Committee, and to Mrs. Gus N. Griffin, for all they had done to make the Forty-Ninth Annual Meeting such a success.

A father took his little son to the hospital to see the family's newest arrival. The child stood in front of the large nursery window, peering in at the 15 tiny cribs in which there were 13 infants.

"Oh, look, Daddy!" he suddenly exclaimed, "they have two more traps set!"

—*Modern Maturity*, February-March 1973

In Memoriam

MRS. IRVING L. FULLER, JR.
(VICTORIA COLEMAN)

Great Falls, Virginia

August 29, 1939-May 5, 1974

Those of us who knew **Vicky** will remember her as a lovely girl with a tremendous zest for life. She first came to FNS as a junior courier in the summer of 1958 and wrote from college that fall: "I have never enjoyed six weeks so much, and I certainly hope to return for a visit next year". She did just that and kept up her interest over the years. Vicky loved children and horses all her life. She took a teacher's certificate in Virginia and, after having her own children, taught at the Potomac School. A parent wrote us: "This fine school educated four of our children, thanks to the devotion and talents of teachers like Mrs. Fuller. This woman certainly led a life fuller by far than most people . . . not because they cannot but because they dare not . . . and therein lies so much of the reason for worldly miseries". All Vicky's friends were saddened to learn of her death following an accident which occurred while breaking a young colt. Our deepest sympathy goes to Vicky's parents and her young husband and their children. We are deeply grateful for all the donations that have come to the FNS in memory of Vicky.

The lyf so short, the craft so long to lerne,
Th'assay so hard, so sharp the conqueringe.
—Geoffrey Chaucer

DR. HARLAN S. HEIM
Humboldt, Nebraska
Died in March 1974

MR. HOBERT HOSKINS
Stinnett, Kentucky
Died in May 1974

MRS. HENRY B. JOY, JR.
Grosse Pointe Farms, Michigan
Died in February 1974

DR. ARTHUR A. SHAWKEY
Charleston, West Virginia
Died in April 1974

When we learned that **Dr. Harlan S. Heim** had died, our thoughts flew back to our early years. Dr. Heim was the resident physician with the Red Bird Mission at Beverly which is

at the head of the Red Bird River. On many occasions Dr. Heim gave us prenatal clinics at the Flat Creek and Beech Fork Centers. In return, FNS loaned Dr. Heim a nurse-midwife to help with his heavy load of home deliveries. We will long remember the help this kindly physician gave us.

Dr. Arthur A. Shawkey of Charleston, West Virginia, a prominent pediatrician, devoted his long career to the needs of small children in our neighboring state. He lived to the marvelous age of 103. We remember his visit to Wendover when he was in his nineties and had the interest and excitement of a much younger man. We are sorry to lose him from our National Medical Council.

Two of our Committees have lost members this year. **Mrs. Henry B. Joy, Jr.** of Grosse Pointe Farms, Michigan, had been with our Detroit Committee for many years. **Mr. Hobert Hoskins** of Stinnett, Kentucky, was a member of our Beech Fork Committee, one of the earliest to be formed. We will miss them both.

We send sympathy to the families of all these good friends.

They pass beyond our touch, beyond our sight,
Never, thank God, beyond our love and prayers.
And even as, out of the darkest night,
Dawn steals unawares,
So from our night of sorrow and distress,
We, who are left in loneliness below,
May catch some vision of the blessedness
Which our beloved know.

A.R.G.—*Forward* 1956

WHY?

by Nancy Dammann

Friends sometimes ask, "Whatever made you quit a good government communications job for the Frontier Nursing Service which has no communications (information) program? You're not a nurse, why work there?"

I try to explain, "True, the FNS has no formal communications program but it has the best informal health education or communications program I've seen anywhere in the world."

The FNS has been in my blood since I first served as a courier in 1941. During my twenty years working overseas for the U. S. Information Agency and the Agency for International Development, I spent portions of many home leaves at Wendover taking pictures and doing volunteer chores. So, I have absorbed something of the FNS spirit and philosophy.

It was an incident a couple of years ago in a hot Asian clinic which finally decided me to do what I'd been dreaming of for years—quit government and join the FNS.

I had driven that morning from the capital city (I'll omit the name of the country; I still have many friends there) with a high ranking woman government doctor. She was dedicated to her job and spent the trip studying a recent technical publication. She was a rather shy person with a gruff manner but was kindly and sincerely interested in helping her patients.

Most clinics in the area were staffed by male doctors. So, since rural Asian women are too shy to submit to examinations by male doctors, it was the job of the female government doctor to make pelvic examinations and insert the IUD when she visited outlying clinics. This my friend proceeded to do with great dispatch.

When we arrived at the clinic there were about a dozen women in the waiting room. The nurse had told them they must see the doctor before being given the pill or IUD but had not told them what to expect. The doctor ushered in the first patient, did a quick but thorough examination, told the woman to pick up her pills from the nurse, and called for the next patient.

Although the patient had had several children this was her first pelvic examination, which as any female knows is an unpleasant experience. Her babies had been delivered by a

granny midwife who didn't bother with such techniques. She was too proud to say anything but when the examination was over she lit out of the clinic without stopping for the pills. She did, however, communicate her fear and embarrassment to the women in the waiting room. Within 15 minutes the clinic was emptied of all but the professional staff.

As I sat on a hard bench at the back of the clinic waiting room watching the patients sneak away I became angry. How ridiculous, I thought. We are spending thousands of dollars on pamphlets, TV programs, movies and other expensive media, yet the patients are leaving family planning clinics in droves, because the staff fail to communicate.

I remembered the FNS approach which costs nothing, no expensive movies, no special clinics, just sound nurse-patient rapport.

It's such a simple program, and so successful. The FNS nurse treats her patient as a human being, she listens to her problems, learns about her family and does her best to cure her ailments. The patient in return learns to like and respect the FNS nurse.

When a woman becomes pregnant and makes her first prenatal visit, the nurse-midwife tells her about family planning. The subject is mentioned frequently during subsequent visits. Because the patient respects and likes the FNS nurse, she listens and feels free to ask questions and discuss any doubts.

Family planning is, of course, discussed in some detail at the hospital where the patient has her baby.

By the time of the six week check over eighty percent of the postpartum patients accept a birth control method. And they don't accept just any method: a majority (70%) choose one of the most reliable methods. Thirty percent decide on the pill; 28% pick the IUD and 12% ask for sterilization. The FNS approach has been so successful that the birth rate in Leslie County, where it is headquartered, fell from 41 per thousand in 1960 to 19 per thousand in 1970.

No fancy motivation movies, no special clinics. Just good communications, sound patient-nurse rapport. That's where I want to be, I decided as I sat in the sweltering tropical clinic. And here I am.

HOME DELIVERY

(The following article was written jointly by Kathy Steinert, mother of the baby born at home, and Marion James, who, as a senior nurse-midwifery student, delivered the baby under the supervision of Sally Vink.)

Marion: I was interested in home deliveries, having worked with a doctor who did them before coming to FNS. But there aren't many home deliveries here any more; neither the miners' insurance nor the medical card will pay for one. So, when Eddie and Kathy came to Hyden with their two and a half children, I was delighted to go on call for a home delivery.

Kathy: We came to Hyden to have the baby. We'd been on the road for a few weeks, looking for a place to stay and someone competent to deliver the baby, due in three months. Eddie heard from a lady in Louisville of a place in the mountains of eastern Kentucky where they'd been delivering babies at home for years and years. There was talk of midwives who were specially trained nurses who would even come on horseback if there were no roads.

Marion: The horses have been replaced by jeeps, but the saddlebags we still carried up the hill when baby Dyka was born. In the days when FNS had a large share of its deliveries at home the nurse-midwives did come on horses, still incurring fewer maternal and infant deaths proportionately than the country at large.

Kathy: I was carrying our third child. The first had been born in a big city medical center. The experience was much too hurried and clinical for my tastes. The second child was born at home in a small city with the help of a fine old woman osteopath. I definitely wanted my third child to be born at home, preferably with a woman attending.

Marion: Kathy doesn't mention that her first child was almost a C-section baby. Membranes had been ruptured for twenty-four hours with a breech presentation, both indications for surgery in spite of the fact that natural labor had begun and was progressing. Only husband Eddie's persistent questioning and the fact that Kathy's labor became quite active deterred the operation.

Kathy: I would have gone to a hospital if foreseeable complications had indicated I should. But, otherwise, I tend to

view hospitals as places for the sick or injured. A pregnant woman is usually neither. Another consideration was my two children. I felt it would be easier for them to accept and love the new baby if it were born at home and I wasn't suddenly gone for four days.

Marion: Although Miss Lee wasn't present at the birth, I was lucky to be able to draw on her wealth of experience in planning for the big day. Sally came on call with me as supervisor. It was our third home delivery of the year and, with these experienced nurse-midwives, I was able to consider the possibilities and plan mentally for emergencies.

Kathy: Hyden and the FNS turned out to be just what we were looking for. I remember, now, warming myself in front of the coal stove, sitting in a rocking chair, waiting for the baby who was coming in a few hours. It's comfortable being in your own home, with family and friends. And Marion caught brand new Dyka in mid-air at the moment of birth!

Marion: Slippery baby!

Kathy: I'd like to add, speaking from our new home in Pennsylvania, that we found Hyden the friendliest place of the many in which we've lived or passed through.

Marion: Speaking also from a new home, and as a recent nurse-midwifery graduate, I wish to thank the FNS for making available to me the experiences I had during my time there. Many able people there devote their time to transmission of their skills. In the area served by FNS, dependent largely on King Coal for their sustenance, live others of wise mind and gentle heart. I hope for the FNS to be tending her sick and teaching her arts as the years advance beyond the next century.

Colonel: "So you want to become my son-in-law?"

Private: "Well, not really. But I can't see how I'm going to get out of it if I marry your daughter, sir!"

—*Modern Maturity*, February-March 1973

BEYOND THE MOUNTAINS

New York

The FNS Committee in New York held a meeting on February 28, at the home of Mrs. Frank Eberhart. The guest speaker was our former medical Director, Dr. W. B. Rogers Beasley. Each member of the Committee was asked by the Chairman, Mrs. R. McAllister Lloyd, to bring a friend to the meeting, with the hope of enlisting the interest of more people in the work in Kentucky, and in finding more people who might be interested in helping with the Bargain Box which has been the project of the New York Committee for many years.

Philadelphia

Another successful Chinese Auction was arranged by Mrs. Elliott Farr and her Philadelphia Committee on April 17, at the Acorn Club. Anne Farr wrote that there was a good crowd in attendance and everyone had a good time.

Lexington, Kentucky

Helen Parrish and her cousin Laura Parrish, both "old couriers", spoke about the FNS and showed The Road to the Forum Class of the Second Presbyterian Church in Lexington on March 17. Laura wrote us: "I certainly enjoyed talking to the Church group. Our only problem was running out of time. If you all ever need any help, just let Helen and me know."

Berea, Kentucky

Kate Ireland and Helen Browne attended the conference of Appalachian Fund Affiliates on May 10, 1974, in Berea. It was interesting to learn news of health and welfare programs in the Appalachian Region. Dr. Dale Farabee, Director of the Bureau of Health Services for the Commonwealth, was the luncheon speaker and left us with much food for thought.

. . . .

During the winter and early spring we have made every effort to arrange for staff members to attend conferences and workshops arranged by various universities and professional organizations. Our deep appreciation goes to the Fruehauff Foundation for the

generous grant which has made this possible.

In addition, staff attended the Annual Meetings of the Nurses Association, American College of Obstetricians and Gynecologists in Las Vegas, Nevada, the American College of Nurse-Midwives in Pasadena, California, the American Society of Thoracic Surgeons in Cincinnati and the New England Surgical Society.

In May, Trudy Isaacs was invited to two conferences to discuss the nurse working in the extended role, the first sponsored by the University of Michigan at Ann Arbor, and the second by Harvard and Brandeis University at Brandeis. She reported both were exciting and stimulating. Helen Browne was invited to partake in an all-day enrichment program for students at the University of Texas Health Science Center's School of Public Health at Houston, another very exciting day. During the visit to Houston, she was the guest of Dr. and Mrs. Robert Oseasohn.

New knowledge is brought back to the mountains and shared with other staff members which helps us all to keep abreast of modern concepts and techniques in the health field.

Her Smile

I sit on the long bench
Will they come now
Will the nurse come now
Slowly, slowly the minutes go

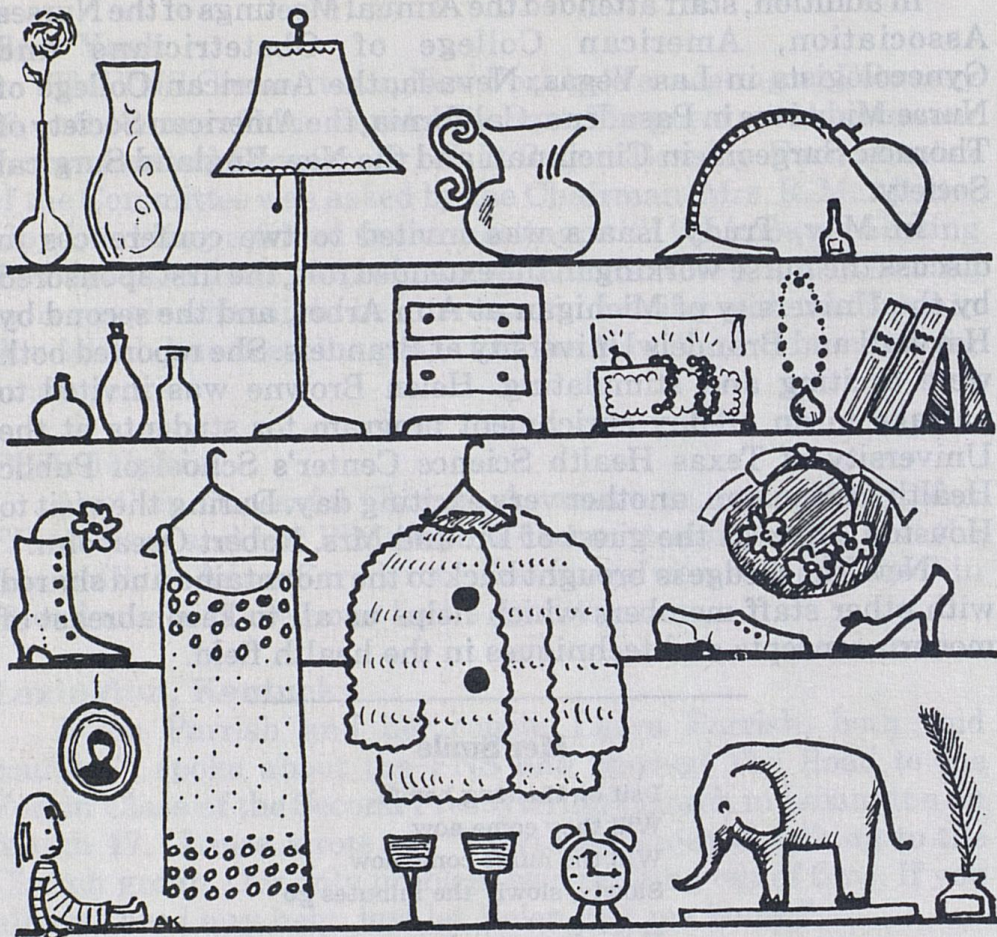
It is a long way here
And seems long here
And a long way home
Why why am I here

Nurse now, I hear, I hear
Warm oh warm love her smile
For me, for me
For my pain, the smile
Hurt if you can, oh pain
And see me free

She smiles her care while
We each have a separate place
Smile love and mercy and grace
For a long way home.

J. Huston Westover, M.D.

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

FIELD NOTES

Edited By
PEGGY ELMORE

The Horse's Prayer is reprinted on page 2 of this Bulletin in memory of the scores of horses (and also a few "long-eared horses"—the mules) who have served so well their FNS masters—two generations of nurses, couriers, physicians. During the first quarter century of the Service, the work could not have been done without horses. With the coming of paved roads in the late Forties and early Fifties, and especially with the advent of the big coal trucks, the roads became increasingly unsafe for horse and rider and the horses were gradually replaced, in fact if not in affection, by the jeeps. In recent years the few remaining horses at Wendover have provided pleasure for the staff. But the places one could safely ride have become fewer and fewer, staff have cars which enable them to seek other areas for their recreation, and our four-legged friends became a luxury we could no longer afford.

So, on June 3, an era ended when Trigger, the last remaining district horse, and his companions in the stable, Ace, the pony Pal, and Ted, the mule, left Wendover for honorable retirement at Kate Ireland's home in Florida.

Since 1965 the Board of Governors of Frontier Nursing Service has held its spring meeting each year at FNS headquarters at Wendover, to give the members a chance to see something of the work in the field at firsthand. The meeting this spring was held the weekend of March 23-24, with nineteen members present—the National Chairman, Mrs. Jefferson Patterson, Mr. Brooke Alexander, Mr. W. F. Brashear, Mrs. Morris Cheston, Mrs. John Harris Clay, Mr. Homer L. Drew, Mr. Henry R. Heyburn, Mr. W. Leon Hisle, Dr. James B. Holloway, Jr., Miss Kate Ireland, Mr. John Kerr, Mrs. J. Gibson McIlvain II, Dr. Francis M. Massie, Mr. Eddie J. Moore, Dr. C. Thomas Nuzum, Mr. James Parton, Miss Jane Leigh Powell, Mr. W. Roy Sizemore, and Dr. Willis D. Weatherford, Jr.

We had the pleasure of entertaining Mesdames Hisle, Holloway and Weatherford overnight and Mesdames Brashear

and Moore joined the other guests for dinner at Wendover and a reception at "Willow Bend" on the Saturday evening. The Couriers were pleased to be able to show something of the FNS to Edith Weatherford who came with her parents and to Polly Hancock of Gladwyne, Pennsylvania, who came with Mrs. Morris Cheston. Polly will be returning later in the summer as a Courier.

Seventeen members of the Board of Governors attended the Annual Meeting held in Louisville, Kentucky, on May 29. The Board has accepted the invitation of the FNS Washington Committee to hold its fall meeting in Washington, D. C., in October.

It was with a real sense of loss that we said goodbye to Dr. and Mrs. J. Huston Westover and their daughter-in-law, Alice, who had been our consultant Medical Care Administrator for the past year. Dr. Westover has returned to private practice in Vermont and Trudy Isaacs, who spent a night with them in May, reports that the doctor and Jane are very comfortably settled in their lovely home near Woodstock. Alice's husband, Peter Westover, who has been with the Pine Mountain Settlement School's ecology program for the past couple of years, has returned to Yale to get a master's degree, so, of course, Alice and "our" baby Len had to go with him. Alice will continue to serve as a consultant on PRIMEX statistics and will be returning to Kentucky now and then this fall and winter.

Dr. Frank J. Lepreau, Jr., who joined the staff in February, is the new Medical Director of Frontier Nursing Service. Dr. Lepreau and our Controller, Charles Thornbury, have been joined in Hyden by their wives and the Thornburys' daughter.

Our best wishes go with Susan Hull, who has accepted a two-year assignment in Nicaragua, with Greta Wiseman, Kathy Smith, Jeanne Teraila and Sally Ryan in continuing their nursing careers "beyond the mountains".

Two new nurses who came to us this spring are Kimberly Abby of Seattle, Washington, an American nurse who took her general and children's training in England, and Gail Alexander of Portland, Oregon.

We are also happy to welcome William R. Bates III who has come to the Frontier Nursing Service as its new development

director. Bill and his family are moving to Richmond, Kentucky, from Sweet Briar, Virginia, where he was Vice President for Development at Sweet Briar College.

The sixty-ninth group of nurse-midwives graduated from the Frontier School of Midwifery and Family Nursing in late May of this year. We are delighted that Nancy Staheli is remaining on the FNS staff and that Rosanna Lenker will be back with us later. Shirley Thomas is looking forward to returning to her work in the Republic of Mali and Mary Hermiz is also planning to go overseas. The other two midwifery graduates, Diane DuPont and Rexann Willingham, will be working in other areas in this country. Barbara Criss, who is already a nurse-midwife, completed Family Nursing I and has returned to her assignment with the Indian Health Service.

On June 1, Madeline Blidberg, Mary Bradish, Martha Burk, Sister Eleanor Holdgrafer, Susan Thomas, Sister Sebastian Vienneau and Peggy Weiser began internships with the FNS. Rita Birgen, Hazel Canfield, Julaine Johnson and Marilyn Prevatt began Family Nursing III, and Susan Block, Susan Burman, Clara Jefferis, Mary Malone, Mary O'Connor, Norma Parker and Cynthia Sherwood began Family Nursing II. The next class in Family Nursing I will not begin until October.

FNS Couriers for the spring of 1974 have included Phoebe Rich, Woolrich, Pennsylvania; Lisa Rimmer, Groton, Massachusetts; Lyn Markley, Greenwich, Connecticut; Leslie Chanler, Rhinebeck, New York; Lindsay Poole, Cape Elizabeth, Maine; Mildred (Mimi) Salisbury, Northeast Harbor, Maine; and Carolyn L. Wyeth, Bryn Mawr, Pennsylvania. Lisa Vilas and Laurie Wakeman had stayed on to help the first group get settled and Phoebe helped orient the second group. Elyce Kearns of Norwell, Massachusetts, who was with us as a volunteer last summer, has just returned to be at Wendover as senior courier for the months of June and July.

No one who has read the Bulletin over the years or has visited the FNS needs to be told how useful the couriers are in the overall work done by the Service. The girls this spring have been

particularly helpful to the Pharmacy staff and Mimi Salisbury is spending the last weeks of her courier term doing statistical work for Trudy Isaacs.

We are also grateful to the other volunteers who have worked with the Service this spring. Dear Agnes Lewis came up from her home in Maryville, Tennessee, to help us get ready for the Board of Governors meeting in March—and we hope she will be coming back again this summer. Old staff member Sandra Tebben and Ruth Kruse did a follow-up study on premature babies delivered by the FNS while on a field period in connection with the pediatric nursing program at St. Louis University. Senior nursing students Carroll Schilling from Boston University and Helen Sullivan from Duke were of great help during their time with the FNS. Our physicians have appreciated the help in the Hyden Clinic of three senior medical students—Rick Owens from Indiana University, Russell Holdsclaw from the University of Kentucky, and John Grant from Ohio State University.

In March of this year we were pleased to have the opportunity of showing Dr. Nel Getchel and Mrs. Virginia George of the Vanderbilt University School of Nursing faculty, something of our work. In April, old staff members Darline Wilke and Elaine Sell brought a group of nursing students from North Park College in Chicago, Illinois, to the mountains for a three-day visit. Other groups of students have come for a one-day visit from Eastern Kentucky University, the University of Kentucky and Berea College.

Mr. and Mrs. Bronson W. Chanler (old courier Evie Rogers) stopped briefly at Wendover when they drove down to pick up Leslie at the end of her courier term. Elyce Kearns' parents, Dr. and Mrs. Richard J. Kearns, and Lindsay Poole's grandparents, Mr. and Mrs. William Mitchell of Cincinnati, spent a weekend at Wendover in early June. Mrs. N. J. Lazarus, a nurse from the Christian Medical College, Vellore, India, in this country for graduate education as a WHO Fellow, spent a week with FNS in May. Old courier Julie Breckinridge Davis and her brother John spent a couple of nights at Wendover in April and Julie stopped by again very briefly with her husband in June as they were moving from Georgia to New Jersey. It was great fun to have an overnight

visit from Bob and Ceil Oseasohn, who were moving from Houston to McGill University in Montreal by way of Cambridge, Massachusetts, to attend the graduation of their older daughter from Radcliffe.

Sister Marie Ladd, who is with the nurse-midwifery program at the University of Chicago, spent a couple of days with us in May. Our architect, Mr. W. W. Taylor and Mrs. Taylor, had lunch with us one day and The Rev. and Mrs. Stephens T. Gulbrandsen (old staff member Jane Rainey) came for tea during a visit to Lucille Knechtly in Hyden. Madeline Gamble and a friend were with us for a couple of nights in April when they drove up to replenish our flock of chickens! Old courier (and Board member) Freddy Holdship came back with us from the Annual Meeting for a most welcome visit.

Lastly,—but by no means least—the FNS was honored to have a brief visit from Dr. Esther Lucile Brown, a distinguished anthropologist from San Francisco, California. Dr. Brown came to the mountains with another distinguished anthropologist, Dr. Marion Pearsall, our good friend from the University of Kentucky.

Warwickshire farmer's wife, having read in the newspaper of an untimely death: 'Ah well, that's the way of it. The good allus goes young and leaves the bad to better theirselves.'

—*The Countryman*, Summer 1973, Edited by Crispin Gill,
Burford, Oxfordshire, England.

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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.



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 conditions 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.

DIRECTIONS FOR SHIPPING

We are constantly asked where to send gifts of layettes, toys, clothing, books, etc. These should always be addressed to the FRONTIER NURSING SERVICE and sent either by parcel post to Hyden, Leslie County, Kentucky 41749, or by freight or express to Hazard, Kentucky.

Gifts of money should be made payable to

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and sent to the treasurer

MR. EDWARD S. DABNEY

Security Trust Company Building

271 West Short Street

Lexington, Kentucky 40507



Future Family Nurses

With two of their instructors,
Dr. Anne Wasson and Dr. Tom Lynch

Photograph by Nancy Dammann

