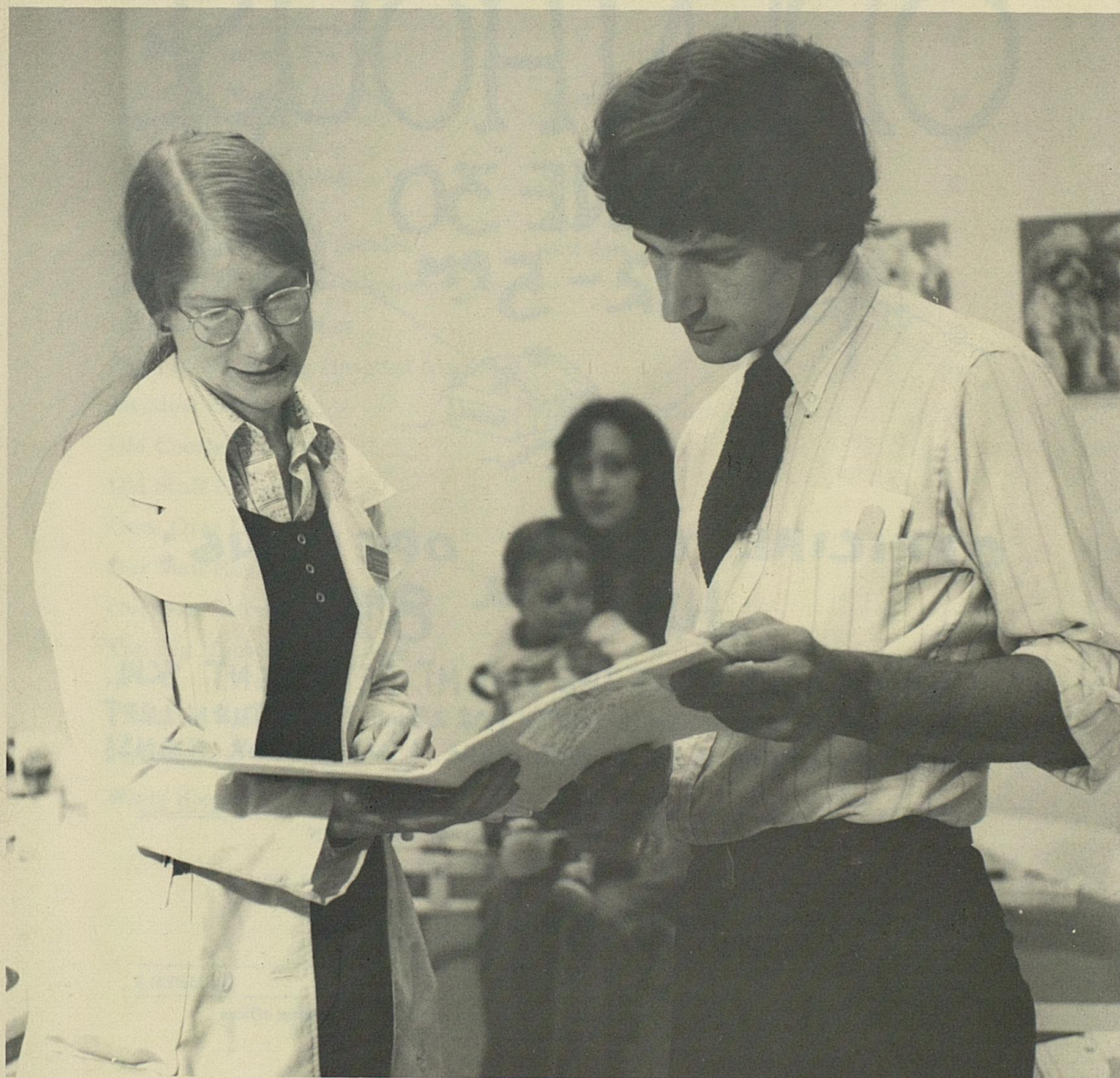


FRONTIER NURSING SERVICE QUARTERLY BULLETIN

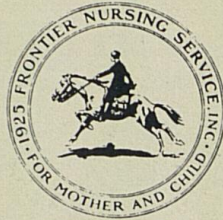
VOLUME 54

WINTER, 1979

NUMBER 3



Joint Practice



PINE MT. CLINIC OPENHOUSE

JUNE 30
12-5 PM



OFFICIAL CLINIC OPENING:
JULY 2nd 8⁰⁰ AM

CLINIC LOCATED AT THE PINE MT. SETTLEMENT SCHL.
FROM HYDEN: TAKE 421 SOUTH FOR 25 mi. THEN TURN LEFT
ONTO RTE. 221 FOR 10 mi. TO THE SCHL. ! WATCH FOR SIGNS!

FRONTIER NURSING SERVICE QUARTERLY BULLETIN
SECD 835-740

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ONCE OVER LIGHTLY

We regrettably have delayed the publication date of the Winter Quarterly Bulletin and for this reason the two issues, Winter and Spring, are included in one mailing. The special issue with vignettes of various county activities have made up the Spring issue.

Once a month our staff has Grand Rounds at which a significant medical or nursing activity or problem is presented for discussion. The article on **Joint Practice** at Frontier Nursing Service was the basis of one of these sessions. There are two articles relating to African activities: one on the **Overseas Internship** of some of our midwives in Africa, and a second describing the response to a request from the Minister of Health in Liberia.

The activities of two groups of special friends are reported: The National Council of the Daughters of Colonial Wars who honored us with a three-day visit, and the Mary Breckinridge Hospital Auxiliary which has been especially busy in its assistance program.

This, the Winter issue, includes our regular columns of **Old Staff News**, **Courier News** and **Field Notes**.

W. B. R. Beasley

W. B. R. Beasley, M. D.

JOINT PRACTICE AT FRONTIER NURSING SERVICE

By Holly Powell, FNP and Jan Tobey, PNA

On April 20, 1979, the monthly Grand Rounds of the Mary Breckinridge Hospital was presented by Jan Tobey and Holly Powell on "Joint Practice". The objectives of the Grand Rounds were: 1) to define Joint Practice according to the National Joint Practice Commission; 2) to provoke some serious thought regarding this concept by the staff of FNS as they strive to deliver quality health care; and 3) to stimulate the development of a clearer definition of the roles of the health care providers at FNS. The following is the context of the Grand Rounds on Joint Practice.

We feel that there is much talk about Joint Practice and the collegial role of the nurse and the physician. However, underlying all the talk, we feel that there is not a good understanding of what actually constitutes joint practice. There is a level of frustration in the practice of family nursing which is caused, in part, by the ill defined roles of the physicians and nurses. Subsequently, sometimes the care given is not always of the highest quality attainable. Since we are educating Family Nurse Practitioners at this institution it is important that both the staff family nurse practitioners and the staff physicians understand their roles and their overlapping areas. Therefore, we would like to present to you, through this Grand Rounds, what we feel constitutes Joint Practice. We will discuss, the role of the physician, the role of the nurse, and how these roles relate to each other in a joint practice setting, be it a primary or acute care setting. Following this we will give you our recommendations for implementing joint practice at FNS.

It is imperative to understand the role of the physician and the role of the nurse in order to understand joint practice. The role of the physician has been from time immemorial that of diagnosing and treating of illnesses.¹ This role has never been questioned and physicians have traditionally been disease oriented.

However, the role of the nurse has been evolving over the years. The following is an exaggerated and oversimplified version of the historical sequence of that role evolution. (The exaggeration and oversimplification is intentional and is only used to stress the

point.) Until World War II the nurses major role was to assist the physician in his diagnosis and treatment.² Nurses were generally graduates of three year schools of nursing that were associated with hospitals. They were competent in carrying out medical techniques and medical orders such as giving injections and changing dressings. They were viewed as "good nurses" by physicians if they carried their bandage scissors with them at all times and stood when the physician approached the desk. In essence their role was that of the physician's handmaiden. It was characterized by the three "S's; subservience, submission, and self sacrifice.³

After World War II the role continued to emphasize assisting the physician in his diagnoses and treatment but there was a murmur of change going on within the profession. Nurses were encouraged to be prepared at the baccalaureate level. The role shifted to managing and coordinating patient care through the use of non nursing personnel. Unfortunately, personal contact with the patient was abdicated and delegated to non professional staff. The nurses' time became consumed with paperwork and red tape.⁴ Nurses were viewed as "good nurses" if they managed to keep all hospital departments happy by properly completing the necessary and appropriate forms. In a sense, nurses now nursed the desk.⁵ Eventually, nurses became very frustrated with this role and rightfully so.

Today the nursing role has dramatically shifted from assisting the physician to assisting the patient. Their role involves preventive health care screening, planning, counseling and education, the management of minor illnesses and the monitoring of chronic disease states.⁶ Nurses have now become an extension of the patient, not an extension of the physician.

The goal of nursing is to maintain and to improve the patient's health state and is achieved through comprehensive and continuous care whereas the physician's goal is achieved through intermittent, episodic care. Nurses and physicians may have a similar knowledge base but that knowledge is used toward their specific goals; the goal of the physician being more disease-oriented, the goal of the nurse being more health-oriented.

Now that we have a clearer understanding of physician and nurse roles we will discuss how they relate to each other in joint practice in a primary and acute care setting.

Joint Practice is generally defined by the National Joint Practice Commission as "nurses and physicians collaborating as colleagues to provide patient care".⁷ Joint Practice in *Primary Care* has the following characteristics:

- 1) An initial and continuing relationship between patients in need of care and the providers of the care.
- 2) Continuity of care for patient populations of all ages and in all states of health and illness.
- 3) Responsibility by the providers for a continuum of comprehensive care which includes maintenance and promotion of health, evaluation and management of disease, restoration of health and coordination of all necessary services and agencies.
- 4) Accessibility, which is defined as attainable services that are continuously available.
- 5) Acceptability to patients.

The guidelines for Joint Practice in Primary Care are:

- 1) The scope of practice of the nurse and the physician should be jointly determined to their mutual satisfaction. Their practice should remain flexible and should be reviewed and changed as necessary.
- 2) The performance of tasks by nurses that are not commonly accepted nursing practice should be mutually agreed upon by the nurse and the physician.
- 3) The delineation of tasks should be determined on the basis of the practice situation, the capabilities of the nurse and the physician, and the needs of the patient.
- 4) The medical and nursing services of the joint practice must be available to all patients.
- 5) The joint practice relationship should be explained to all patients.
- 6) The business relationship of the nurses and physicians should be negotiated between them and stated in writing.

The goal of joint practice in an acute care setting as in any setting is to improve the quality of health care provided to the patient. Joint practice in an acute care setting involves five factors: 1) primary nursing; 2) nursing involvement in the decision-making process of the hospital; 3) adequate communication on a formal and informal basis with physicians; 4) joint nurse and physician evaluation of patient care; and 5) a joint practice

committee composed of physicians and nurses.⁸

The concept of primary nursing was developed in the late 1960's and was initially instituted in a 23 bed medical unit at the University of Minnesota Hospital. Primary nursing is defined as the performance of clinical nursing functions by the professional nurse, (not only the family nurse practitioner) with minimal or no delegation of nursing tasks to others.⁹ In primary nursing, the nurse has direct responsibility to the patient and family. The nurse has a 24 hour accountability for a patient's care throughout his hospitalization. This is accomplished by consultation, coordination, evaluation and direction of the patient's care through a written plan of care. When a primary nurse is not there to administer her written plan of care due to scheduling arrangements, an "associate nurse" carries out the initial plan of care. It is in this way that the primary nurse achieves 24 hour responsibility and accountability for a patient's care.

In hospitals where primary nursing has been instituted patients are more satisfied because they feel they are receiving more personalized care. They have one nurse whom they can say is **my nurse**. The nurse's satisfaction also increases when primary nursing is instituted. She feels that she is able to use her clinical judgment in providing quality care. Generally, physicians are more satisfied with the care their patients receive through primary care nursing. Administratively, primary nursing has been proven to be cost effective.¹⁰ All parties involved know, with primary nursing, who is responsible for the care the patient receives.

The second requirement for joint practice in an acute care setting is nursing involvement in the decision-making process of the hospital. Until recently, nurses have had very little input into the organizational management of hospitals. Physicians have traditionally had input into decisions and it is nurses who have had to bear the burden of these decisions on a day-to-day basis. For example, if administration decides to build a new hospital, physicians will be consulted regarding the floor plan, whereas nurses will not be consulted and yet they will be the ones who will utilize that floor plan 24 hours a day, seven days a week. Since nurses now have a responsibility to the patients to provide quality care, they must have a voice in hospital management in so far as it concerns the patient. Physicians and nurses now should have an

equal status in the organizational stratum of a hospital.

Thirdly, there needs to be adequate communication for joint practice in an acute care setting. Adequate communication consists of the Problem-Oriented Medical Record and a joint process of consultation and patient care conferences. An informal communication system is necessary for nurses and physicians continuously to integrate a patient's care and is based on trust and acceptance of each others specific clinical competence and expertise.

Fourthly, for joint practice in an acute care setting, evaluation of care provided to the patient must be done jointly between nurses and physicians. This is accomplished through joint care conferences, joint peer review and joint continuing education.

Fifthly, a Joint Practice Committee which equally represents nurses and physicians must be established. The Joint Practice Committee's function is continuously to define the scope of medical and nursing practice within the hospital.

How is joint practice in a primary care setting achieved? Dr. Ingeborg Mauksch, a well known figure in nursing today and a member of the Governing Council of the American Academy of Nursing, sees a role for all nurses in the future that is similar to the role of nurse practitioners today. This role will make it possible for nurses to participate professionally in joint practice.

In order for nurses to be able to define their role and competence for practice in that role, they will have to demonstrate the following five behaviors.¹¹

Autonomy, which comes from confidence in one's action, is based on competence, research, experience and reasoning.

Accountability must be second to autonomy. It is different from responsibility where one is answerable to someone else, in that nurses will initiate actions because of **their** decision and will be principally answerable to themselves and their patients.

The third behavior, **Risk Taking**, is not one traditionally demonstrated by nurses. Nurses must learn to demonstrate this in wise and calculated ways which are directed toward patient advocacy.

Nurses must learn to practice **Self Direction** in continual self growth, striving for competence, assertiveness and participa-

tion in public issues.

The fifth demonstrable behavior is that of the **Patient's Interest** which one would think would always be the heart of health care, but which in actuality, sometimes becomes shadowed in the fragmentation of care offered.

Dachelet and Sullivan maintain that there is a certain percentage of nurses who have been independent and autonomous in their practice in fields such as public health and midwifery.¹² They have traditionally maintained a low profile in the health system, not overtly challenging medicine's assumed dominance. The late 1960's brought the development of the nurse practitioner with the education of Pediatric Nurse Practitioners by Ford and Silver in Colorado.

The nurse practitioner is educated to the ideal of professional autonomy, yet leaves school to face the fact that this role is fraught with ambiguity and misconceptions. As in most situations, where traditional methods are threatened, strain develops between the two parties, in this case the physician and the nurse. The need for the defining of the basis for autonomy is paramount. The nurse practitioner's quest for increased autonomy is for the provision of another dimension of care to the patient. The nurse practitioners nursing functions will complement the physician's medical function in a collaborative effort.

This "collaborative effort" for the benefit of the patient is joint practice. Following are some suggestions to assist nurses and physicians as they work toward this collaborative effort.

- 1) Individual states, through their licensure responsibility, must determine the legal boundaries of professions.
- 2) Physicians will need to recognize the functional autonomy of the nurse practitioner. The physician should maintain responsibility for the patient's medical care and the nurse practitioner should assume responsibility for the patient's health and nursing care, which is her unique area of expertise. This will require a collaborative effort of nurses and physicians sitting down together to define the responsibilities of these two roles in their own unique joint practice.
- 3) Administrators who control the social organization of work in the health care system must see to it that the

organizational structure is flexible enough to accommodate experimentation with the more autonomous nurse practitioner.

- 4) The public must become familiar with this new role so it, too, can determine its value.
- 5) Lastly, but probably most important, is the practice of professional courtesy. Collaboration begins with the premise of teamwork; therefore, the pitcher must understand the catcher's signals if they expect to win the game.

In order to establish a joint practice at Mary Breckinridge Hospital, an acute care setting, 1) all staff members must be firmly committed to the concept of joint practice; 2) primary nursing must be initiated; and 3) nursing involvement in the decision-making process must be instituted. Joint communication, joint evaluation of care provided and a Joint Practice Committee have already been instituted at Mary Breckinridge Hospital. However, these need to be continually assessed and evaluated to insure that they function properly and not in name only.

In summary, "Joint Practice can be achieved only by the practitioners involved. External events and statutes can facilitate joint practice but do not guarantee it."¹³

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KENTUCKY HOSPITAL ASSOCIATION SUPERVISORY DEVELOPMENT COURSE

The Kentucky Hospital Association sponsored a correspondence course in Supervisory Development for department heads in Kentucky hospitals to train them in different areas of management and help them become more effective managers. The course lasted for a year and dealt with a different topic each month, covering such areas as supervision, human relations, communications, personnel management, managerial relationships, work simplification and management of change.

Fifteen Frontier Nursing Service department heads completed the course and will receive a Certificate of Achievement from the Kentucky Hospital Association. They are:

Ann Browning Business Office Supervisor	Peggy Hacker Unit Manager, Primary Care Center
Lillie M. Campbell Executive Housekeeper	Joe R. Lewis Chief Pharmacist
Mae Campbell Food Service Supervisor	Darrell M. Moore Personnel Director
Patricia Campbell Hospital Nursing Care Coordinator	Ruby Fay Moore Medical Records Assistant
James L. Click Physical Therapist	Glenda S. Swartz X-Ray Technologist
Betty Helen Couch Chief, Medical Records	William C. Weaver Manager, FNS Print Shop
Brenda L. Davidson Front Desk Supervisor	Fred D. Wilson Chief, Security

Gary A. Worley
Chief Laboratory Technologist

We are proud of these people for studying hard and completing the course. We feel that these department heads will have a better understanding of management and can more effectively deal with the day to day challenges of their jobs.

Congratulations to everyone!

OVERSEAS INTERNSHIP

By Karen Slabaugh

The thrill of successfully completing an educational program is surpassed only by the realization that the education is useful to one's lifestyle. And that was the thrill of our five week midwifery internship in Lesotho, South Africa. We were working in a third world environment, involved in maternal-child care; and we knew what we were doing. We were competent professionals. I am thankful for my FNS education.

I have just completed the Family Nursing and Nurse-Midwifery program of study. I am preparing to leave the United States by the end of April, 1979, for medical work in Nicaragua. I go with confidence in my professional skills because of the people of FNS.

This confidence was enhanced by the experience in a mission hospital in Lesotho—by knowing what to do with 75 babies under six months of age, accompanied to Well Child Clinic by their mothers who wanted to know if their child were all right. I knew that the weight of the child was a proven indicator of wellness. I knew that I could examine the child and assure the mother of good health. I knew what vaccinations to give at what age. And most thrillingly, I discovered that I could assess the infant's age in months by his development even before the mother had the chance to tell me his age! (We had a very good course in Growth and Development!)

Prenatal clinics were always full and mostly they were routine checks of healthy pregnant women. But we did discover twins at eight and a half months gestation; we diagnosed a raging urinary tract infection and, upon referral to the physician, discovered that the treatment we had discussed was exactly what the doctor gave; we taught the knee-chest exercise in an attempt to turn a breech presentation to a vertex; and improved our skills with clinical pelvimetry. We knew the priorities of ante-partal care because of the instruction given us by Carolyn Miller and Susan Worley.

Delivering babies was the primary goal of this African internship. And because Lesotho is different from Hyden, Kentucky, we had to adapt our practices. But the principles of care remained the same. And Cindy Kaufman, Molly Lee and Dr.

Gilbert had taught us well those principles. In our experiences with the normal vertex delivery, with repair of episiotomies, with problems of hemorrhage, twins, breeches and prematures, those principles proved successful. To be able to instruct the Lesotho midwives how and when to use the Vacuum Extractor proved that I had learned that skill.

A one month old infant with cardiac failure caused me to long for Dr. Gascoigne. Premature rupture of membranes with no labor contractions made me wish for Dr. Imbleau to be present. And management of pre-eclampsia had us all trying to guess what Dr. Gilbert would do. Because in Lesotho, as in most developing countries today, medical doctors are in short supply, nurses are forced to work without their presence and expertise. It is not the ideal situation to be in, but because it exists, and because the Great Physician is present, we are committed to go and work to the best of our knowledge and capabilities. That knowledge has expanded because of our studies at FNS. Because of the people who taught us, we could say at the conclusion of a day's work in Lesotho: "We did it. We did it successfully, even though Dr. Gilbert was not here!"

FNS RADIO SPOT #27

Kidney Disease

NARRATOR: Every normal human being has two kidneys . . . These organs are bean-shaped . . . weigh about a quarter of a pound . . . and are located in the small of the back along both sides of the spine. More than 18 gallons of blood pass through the human kidneys each hour . . . performing necessary life sustaining functions. Unfortunately, an estimated 55,000 Americans of both sexes and of all ages die each year of kidney disease. Warning signs of kidney disease are puffiness around the eyes . . . particularly in children; gradual swelling of parts of the body . . . usually ankles; lower back pains just below the ribs . . . and changes in the pattern of urination. If any of these signs or symptoms occur, see your doctor immediately.

THE FRONTIER NURSING SERVICE TOUR

[Reprinted, with permission, from *The Tudor Rose Councillor* of the National Society,—Daughters of Colonial Wars, Volume 11, Number 4, March 1979]

On October 5, 1978, the members of the Daughters of Colonial Wars who had driven or flown into Lexington, Kentucky, for the third DCW Tour of the Frontier Nursing Service at Hyden and Wendover, met at the Campbell House Inn in Lexington for lunch. We left at 1:00 p.m. on a chartered Greyhound bus for Hyden, arriving about 4:00.

Soon after arriving at the Appalachia Motel in Hyden, we were taken by car to Wendover to the "Big House", Mrs. Breckinridge's home, for a lovely tea and sherry party. Mrs. Verna Potter and members of her staff served us tea and sherry from a beautifully appointed tea table. It was a joy for former FNS Tour members to return to the home of Mrs. Breckinridge and I am sure it was a delightful experience for new Tour members to visit there for the first time.

On Thursday evening the members of the Kentucky State Society were hostesses at a delicious dinner in the motel dining room with Miss Josephine H. Ewalt, Kentucky State President, presiding and welcoming the members and guests. After the dinner, the National Officers retired to the suite of the National President, Mrs. Grant A. Ackerman, for the executive meeting.

On Friday morning the group was divided into three sections, one going to the Mary Breckinridge Hospital and Health Center, and the other two going to outpost clinics first, and the hospital later.

The first clinic we visited was the Betty Lester Clinic at Bob Fork, where we found a bake sale in progress for the benefit of their clinic. We were pleased to see one of our microscopes in use there.

Next we went to the Red Bird Clinic, where Miss Susan Hull is one of the resident staff. Susan has recently returned from Nicaragua, where she has been on nursing service with CARE. I first met Susan at the Annual Meeting of the Trustees, members and friends of Frontier Nursing Service in May, 1974. She had just finished her training in family nursing at FNS and was leaving for Nicaragua. At the time I met her she had just learned that she was the recipient of one of the Scholarships given by the Daughters of Colonial Wars, and she was overflowing with joy

and appreciation of this gift, which made it possible for her to leave FNS without outstanding financial obligations.

We returned to the motel for lunch, after which we took a tour of the Hospital. Those who had not visited the hospital saw for the first time our Pediatric Ward and visited with the children who were patients there. Dr. Joseph Levine, the FNS dentist, was pleased to show the members of DCW the much needed second dental operatory which has been equipped by DCW at a cost of \$3,159.00, our National President's project for this administration.

We were next taken to the cafeteria, where we were shown a film, *Cherish the Children*, and where Miss Betty Lester talked to us about some of her experiences during her many years of service at FNS. We then gathered at the beautiful little St. Christopher's Chapel on Hospital Hill for Evensong Service, with lovely organ music.

We returned to the motel feeling inspired by this day of witnessing the wonderful activities being carried on in every nook and corner of the FNS in its ministry to the health and welfare of the people of the mountain area.

The Tennessee State Society was hostess for the dinner on Friday evening. Mrs. William A. Starritt, State President, presided at the beautifully decorated tables. After dinner Mrs. Starritt presented the National President and she in turn introduced the honored guests . . . Mrs. Ackerman presented Dr. Beasley, who gave a lively and entertaining talk on happenings at FNS. After Dr. Beasley's address, Mrs. Ackerman made a formal presentation to Dr. Beasley for the Frontier Nursing Service, of the second dental operatory from the Daughters of Colonial Wars. Dr. Beasley responded with expressions of appreciation from the entire staff.

Each tour member left Frontier Nursing Service with the feeling that we are privileged to be a part of such a worthwhile project. We wish to express warm thanks to Miss Kate Ireland, Dr. Beasley, and all the FNS staff who made our visit most enjoyable and rewarding. We are also greatly indebted to the vice-chairmen of the National Projects Committee, Mrs. Dewey Daniels, Miss Elizabeth Storer, and Mrs. Kenneth Wickett, for their valuable assistance in working out details of the tour.

—Mrs. C. Wayne Elsea
National Projects Chairman, NSDCW

OLD COURIER NEWS

From Jeanne Black Pate ('69), Edgartown, Massachusetts

The boys are getting big—Willie is four and a half now and Peter is just past two years. Brian is still a parts manager for a Chevy and Jeep dealership. We'll get down your way some day—I miss the mountains and you all.

.

From Alison Bray ('30's), London, England

What an eventful year you have had! I wish I could have been at the Courier reunion. Cindy [her niece, Cynthia Bray ('75)] was married in July and is very happy. Love to all my friends.

.

From Lynn McFarlan ('74), Ashland, Oregon

I hope to get back to Kentucky sometime soon and visit. I've thought about it so many times. Right now I'm an English teacher and love it. It's a lot of work but worth the time. Ashland is a beautiful town to live in. It's in a valley surrounded by lakes and mountains.

.

From Polly Beckwith Hawkes ('72), Charlottesville, Virginia

I want to send something to commemorate my very warm feelings for you and the FNS. Dave is in medical school now—almost finished his first year. I'm working three or four days a week at the Children's Rehabilitation Center here. What a neat job it is, too! So much can be done for these kids—it is really quite rewarding. I still have an eventual hope of working in public health as a nurse practitioner. That's one good thing about nursing—there are so many opportunities that you can find almost anything you want.

.

From Callie Post ('78), Claremont, California

The job in San Francisco could have been mine but I somehow didn't feel content there; so for the past two months (and for the

next three) I have been working at a restaurant in the town where I went to college. It is certainly a change from the peace of Kentucky, which I find myself missing deeply these days. I felt so comfortable in those surroundings. I am planning to return in May when I'll be heading eastward. I have come to the realization that although I love California, my heart is in the east!

.

From Karen Jenkins ('78), Davis Inlet, Laborador

I finally made it to Laborador [with the International Grenfell Association] and I love it. I am living with a community of about 250 Naskapi Indians and it really is a pretty isolated place. But I have grown to love the isolation as the solitude and wilderness have taught me so much. I am learning a great deal about myself as well as a little bit of nursing skills. Although it hasn't always been easy, it's been a very good experience.

.

From Mary White ('76), London, England

At present I am living in London, madly studying the violin, with happy memories spent with Cecil and Vernie and J. G. and Juanetta. Katie Pratt ('76 and '78) was here in January—terrific to see her after two years. Alison Bray is here also; I've spent many pleasant evenings with her. London is a mess as you know—these strikes are absurd—and for some reason the hospitals have to turn down volunteers! Wot a world!

.

From Kate Fulton Sparrow ('71), West Dover, Vermont

Bob and I have settled quite comfortably into our 1823 colonial Vermont home. We have ample snow now, and the ski area is in full-swing operation, which means I won't see much of Bob 'til next spring! But I am content with cross-country skiing, down-hill skiing, and am anxious to start a potential physical therapy job at the end of March. I will be helping out in the M. D.'s emergency office at the ski area, so that will keep my patient contact experience refreshed.

Bless all of you and this favorite FNS cause of mine.

.

From Rose Marie McDonald, M. D., Captain, USMC ('66) in Germany

I wanted to see Europe and this seemed like the very best way. The 97th General Hospital has the neonatal ICU for Europe, so we have all these nifty patients referred from all over. I am working with eight other OB/GYNs, so although I work hard, I also have time off to play hard. I have rented a little apartment in a small town northeast of Frankfurt, so I can drive through pretty countryside on the way to work. I also fixed it so there are only four other Americans in my town, so I have to learn German. I hope to see everything here, which means I'll stay three to five years.

.

From Marian Barrett ('77 and '78), Northampton, Massachusetts

The transition to academic life again is a big one, but I'm glad to be getting some of the requirements behind me. Smith is still the same wonderful place, though most of the faces have changed. It's interesting returning to the undergraduate environment, with, hopefully, a little more wisdom and a lot more direction. I can't say enough about how highly I regard the work of FNS and all that goes on in the health care field in Hyden. The commitment is rare, though I know financial concerns put a strain on everyone. Luckily, it is not the priority of most FNS staff.

.

From Jean Loudon ('78), Philadelphia, Pennsylvania

I have continued to search for a "scientific" job for which I can qualify, in the health field and in a rural area. I think I have found the ideal combination. I have applied, and on the basis of the interview have been nominated for a Peace Corps position in Nepal, running and/or starting a primitive health lab. to do basic screening tests. On top of my Bryn Mawr biology, which is cellular in orientation, they will provide three months training in microbiology, parasitology, tech. work and the Nepali language. Many of the specifics would be determined by the location in Nepal, from the capital, Kathmandu, to locations where a referral would mean a 2-4 day walk for the patient. The job starts September 21, and is for two years.

From Becket Quinn ('77), Merion Station, Pennsylvania

I've finished my freshman year and am now preparing to go to Cape Cod for the summer. I hope to run a sailing school, but the job's not definite yet. Otherwise, I'm preparing for the Women's College sailing championships with my partner, and trying to finish a painting.

.

From Jim Fulmer ('77 P. R. Volunteer), New York City

My new job at Mt. Sinai Environmental Health Sciences seems worthwhile so far. They call me a research/interviewer; my duties include occupational history-taking, fiddling with statistics on the computer, and writing lay summaries of field survey results for patients (my experience at FNS is helpful here). I also am able to attend all the seminars for the occupational medicine residents—epidemiology, x-ray readings, etc.

Social life is the best it's ever been—I'm getting married June 30 to Susan Gallo, whom I believe you met. She loved Kentucky and wants to go back sometime, so who knows?

.

Newsy Bits

Bets Trefts ('78 and '79) reports (with a note of relief) that she has plugged her way through chemistry and calculus and Poli-Sci and English during her first year at Wellesley and will be working at Chautauqua for the summer.

Sally Steeves ('71) ran in the 26.2 mile Long Island Marathon on May 5. It was her first marathon and she finished 1,393rd out of 3,300 starters in the respectable time of four hours and two minutes.

A dinner party on April 2, sponsored by the Kiwanis Club of Glen Cove, honored **Jane Leigh Powell** ('54) for her role in the Club's special civic project—raising funds to purchase a Hurst Tool (sometimes called the "jaws of life") for the Glen Cove Volunteer Fire Department.

Jennifer Morris Lyons ('72) and her husband, John, are the proud parents of Timothy Forster Lyons, born October 27, 1978.

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Deaths

We extend deep sympathy to the family and friends of two former couriers who have died recently—**Carmen Mumford Norton** of Washington, D. C. and **Elizabeth Duval Valentine** of East Islip, New York—and to **Jean Sawyer Weaver**, **Diane Morgan Olcott**, and **Rose Marie McDonald**, all of whom lost their fathers in recent months.

Meadow Lady

You'll see her standing in a low meadow,
a solitary figure, with sad dignity
looking out at the world from behind
her green-blond tresses of freshly washed hair,
or catch her pensive reflections mirrored
in a glassy pool.

The wind is her voice so
listen closely to hear
her speak in soft whispers,
and faint sighs.

She's the first to bear,
the last to be bare.
She weeps to lose her leaves,
a mother who has lost her children
only to find them back again
by first robinsong.

-Amy H. Stewart

HIPPOCRATES REVISITED

By Sandford A. Franzblau, M.D.

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In Dr. Franzblau's "revision" of the Hippocratic oath, he has propounded a set of values that seem to harmonize with our present cultural environment. The "revision" is not entirely tongue-in-cheek.

"I SWEAR by Apollo that I will be a diligent laborer in the health-care industry and shall regard those who taught me its intricacies, even as my parents.

I will give no medicine nor perform any procedure unless I have first fully informed the patient of all possible known adverse effects, including the risk of death, and I shall then proceed only with the patient's express consent. I will *not* follow that method of treatment which, according to my ability and judgment, I consider for the benefit of my patients, but rather when more than one method of treatment for an illness exists, I shall outline all methods and allow the patient to choose. I shall do the same for all diagnostic tests.

Whenever possible, I shall provide the patient with a copy of the package brochure for any medication or diagnostic material that I may wish to use so that he may be fully informed of all known side-effects and drug reactions. I shall use no drug for any purpose other than that approved by the Food and Drug Administration, despite scientific evidence indicating its usefulness for other conditions, and I shall use only the FDA recommended dosage.

Whatsoever I shall see or hear of the lives of men that is not fitting to be spoken, I shall document fully in their charts so that complete, problem-oriented records may be available for any insurers, legal counselors, or government agencies that may become involved in their care.

I will exercise my art *not* solely for the cure of my patients but will take into account the return-on-investment, the cost-benefit ratio, the availability of hospital beds, and the many advantages of routine groups of tests that are cheaply available. I will conscientiously try to shorten lengths-of-stay in the hospital since, in the overall picture, society will benefit, even though an

individual patient may suffer some hardship or relapse. For this purpose I shall use as my guide the publications on average lengths-of-stay promulgated by the Ann Arbor Commission on Professional and Hospital Activities. Whenever possible, I will try to fit patients into established programs, recognizing that individualized care is more costly and does not meet the criteria resulting from cost-benefit studies.

With purity and with holiness will I pass my life and practice my art, and I will abstain from every voluntary act of mischief and corruption—unless constrained to do otherwise by the requirements of insurance payers or by directives from the Department of Health, Education, and Welfare or the Social Security Administration.

These things I do promise, and, in proportion as I am faithful to this oath, may happiness and good fortune be my lot—the reverse if I be foresworn.”

MY GARDEN

A garden is a lovesome thing, God wot!
Rose plot,
Fringed pool,
Fern'd grot—
The veriest school
Of peace; and yet the fool
Contentends that God is not—
Not God! in gardens! when the eve is cool?
Nay, but I have a sign;
'Tis very sure God walks in mine.

—Thomas Edward Brown

THE GHOST OF JOY HOUSE

By Joy Lee Peterle

At the end of December 1975, I went down to Wendover to visit and come back with my daughter, Helen, who had been a courier for two months. Staying alone in the Big House one or two nights with only the coal fire to keep me company in the dark and damp, I was easier remembering that Mrs. Breckinridge must have often been the same just down the hall. Hers is a beneficent memory and I slept rather well.

But some departed occupants are not so willing to go to the Lord and one such ghost was named as my grandmother, Helen Newberry Joy, who gave Joy House as a doctor's residence early on. Gabrielle Beasley and one of her brothers brought up the subject at the New Year's Day reception honoring Helen Browne on her retirement as Director. This seemed entirely unlike my grandmother, either to be a ghost or to go to the kitchen early in the morning. Gabrielle said she always stayed on one side of the stairs so as not to bump into the ghost.

I was offended and annoyed at such a legend and luckily could talk with Aggie Lewis about the days when Mrs. Breckinridge put so much of the handling of building projects into her hands. She recalled how interested in the house plans my grandmother was and how, between them, the plans evolved. I asked her about the piece of property. Aggie said that a house had been torn down on the site and that it was smaller than the new one.

The more likely explanation for the ghost now seemed clear. One side of the stairs was within the boundary of the old house, so the ghost, the former occupant, stayed within those limits on her trip to the kitchen.

Now my grandmother was restored to her dignity. I doubt she ever would have gone to any kitchen early in the morning. Not her milieu!

OLD STAFF NEWS

From Laurie Rendall in Philadelphia, Pennsylvania

Things have been busy for me at Booth but I'm enjoying my work and looking forward to a week-long trip with the Sierra Club on the Delores River in Colorado by raft. I do hope to make a short trip to Hyden in April.

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From Margaret Bartel in Managua, Nicaragua

I have been in Central America as a missionary for a little more than two years. After studying Spanish in San Jose, Costa Rica (where I met Susan Grosser), I came to Nicaragua to work in rural health. Here we are working in rural clinics without even an M. D. to consult, so I still find the FNS Medical Directives very useful. We are trying to emphasize more and more preventive health instead of doing so much curative work. Also, we are getting more local health leaders trained to work in their own communities. They take a nine week course of study and practice, after which they are able to handle about 80% of their community's health needs.

If all goes well, I plan to be here until April, 1980.

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From Greta Wiseman in Phoenix, Arizona

Recently an opportunity arose for me to change jobs. I was badly in need of a change—and while I was preparing my "resume" and looking into all the opportunities in the valley, I suddenly received a call asking if I would meet with a committee from "Hospice of the Valley" who were badly in need of a nurse practitioner to work with home care of the terminally ill. I had the interview and thought about it for several days and then decided to accept this new "ministry". So I am now in the process of winding down my work at St. Josephs and getting ready to start my new job on February 1.

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From Mary Ellen Munsche Stanton in India

I'm working in Bangalore, India, as the only clinical instructor for 36 nurse-midwifery students at Saint Martha's Hospital. Greg

is studying the relationship of caste to crime in India. We will be back in the U. S. this summer. Hope all is well with you.

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From Sister Valerie Chaplain in Mexico

I'm truly up to my "orejas" in work, a well balanced mixture of Family Nurse Practitioner practice and piglet deliveries. I suppose some of my greatest moments of adventure were galloping off into the sunset on horseback to deliver a baby in an isolated home in the hills, only to arrive in time to find both baby and placenta enjoying the night out. Oh, well . . . that night I delivered 14 piglets during a sleet storm and lost my voice to a virus. I've had great luck with the midwifery business down here . . . haven't had any. God knows I'd rather stitch a split knee or treat a bronchitis, and He aims to please!

Heard from Becky Rhuohamini Hagen recently and they are expecting their first baby to be born in Nepal.

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From Rachel Schildroth in Grundy Center, Iowa

Beth (my coworker) and I are booked to return to Liberia together, by ship, on June 6. It is fairly certain we will not be living on the station this term, but rather in a large town—Sunniquellie. We anticipate a mobile type ministry to surrounding villages, holding medical clinics followed by teaching Bible lessons and literacy classes.

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From Chris Morgan Cooper in The Philippines

Todd [her son] enjoys every day to the fullest. He's either going horseback riding, playing basketball, going to the beach or on hiking trails with me. Over the Christmas break, we traveled to Cebu City for a staff retreat. It was a twenty-four hour boat trip and Todd had a great time watching for porpoises and going up to watch the Captain navigate. Wayne and I also had a good time over Christmas. We had lots of company. Since all the staff had the week following Christmas off, many of our friends came up from Manila to enjoy the cool Baguio climate. We had guests every day and it was quite a culturally educating experience with Filipinos, Chinese, Australians and Americans all visiting within

one week. We shared Christmas dinner with another staff family who have six children so it seemed a bit like home.

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From Ruth Wardell in Norfolk, Virginia

It was in 1949 that I graduated from the School of Midwifery down there in Kentucky, and the training received there at the Frontier Nursing Service has stood me in good service all those years I've worked in Guatemala in more than 1,700 deliveries and in training of empirical midwives. Now I'm in the States for three months and am starting to write a practical midwifery manual at that level. Would it be possible to buy one of your manuals which I would like to use as reference?

.

From Chris Schenk in Cleveland, Ohio

I plan on becoming a full-time midwife come May 1, when I transfer to the Midwifery Service at Metro. I was dissatisfied with the scope of family nurse practitioner practice at my clinic and eagerly await spring and a new start.

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Newsy Bits

Sister Yvonne de Turenne reports that she will be returning to Lesotho, via Montreal, on July 1, 1979.

Karen Slabaugh is now in language school in Costa Rica, in preparation for her return to Nicaragua later in the year.

Bobbie Rawson Stidham has sent us a most interesting clipping from *The Boston Globe* about the work being done by **Ann Russell** who is now the director of nursing-midwifery services at Boston City Hospital.

Sue Keilmann is going to Booth Maternity Hospital in Philadelphia for a midwifery internship, after which she will return to the FNS staff.

We have recently learned that **Eva M. Gilbert** died suddenly on Easter Sunday at her home in Kansas City, Missouri. Eva had joined the staff in 1932 and remained with FNS until 1950 as a district nurse-midwife, midwifery instructor and Dean of the Frontier Graduate School of Midwifery. Many, many nurse-midwifery students will remember Eva's patience and her ex-

cellence as a teacher.

Zuba Watts of Hyden died at the Mary Breckenridge Hospital on June 12 after a long illness. Zuba was an aide on Maternity, at both the old hospital and the new, from 1969 until 1976. Her kindness and concern for patients, and also for the nurse-midwifery students, endeared her to all. Our sincere sympathy goes to her husband, Ed, who was the hospital nightwatchman for many years, and to their son, Paul, formerly of the maintenance staff, and his wife, Janet, for many years head nurse of Medical-Surgical.

Memorial For Mrs. Dorothy Weaver

The Mary Breckinridge Hospital Auxiliary is giving as a memorial for Mrs. Weaver a cardiac defibrillator to be used in the Emergency Room. Mrs. Weaver was a devoted member of the Auxiliary, having volunteered some 700 hours of work in the gift shop at the hospital. She was a generous volunteer in many other community activities. Anyone wishing to contribute to this memorial may do so directly to the Mary Breckinridge Hospital Auxiliary in care of Kenneth Palmer, Administrator, F. N. S., Hyden, Ky. 41749.

CHARLIE IS MY BIG BROTHER

Paul and Charlie (Kelly) return from supper at a neighbor's in time to have a country set puppet show. The barn, farmhouse, gas station, tractors and animals go about their daily work and I say to Charlie, "You know your new baby brother or sister may come tonight."

"Babies, babies, babies," he says, "all anybody talks about is babies."

We then read a story about a little boy who has a new baby sister. When the baby comes home from the hospital, friends come to visit with gifts for the new little one. Four year old Alfred sulks in the corner. Charlie says Alfred feels like Snow White's mother. But then Alfred has a chance to show off his baby sister to his friends and he is quite proud and protective.

Kathy's (O'Dell-Kelly) contractions are coming closer together and Sandy (Sanchez) and Cindy (Kaufman), the midwives, say it's time for the baby to come. Paul and Kathy, and especially Meg, are working hard for Meg to be born. Charlie and I watch quietly and hold the light until Meg is safely suckling and Charlie can give her her first kiss. True to her name—Margaret O'Dell Kelly—she has a head full of red hair.

Charlie's question now is "how did Meg get inside Mommy?" and Paul and Kathy tell him how both Mommies and Daddies make babies . . .

The next day when the midwife stopped by Charlie pulled her aside and whispered "Y'know something? That baby is STILL here"!



Meg, Charlie and Friend

MARY BRECKINRIDGE HOSPITAL AUXILIARY

Earlier this year the syndicated columnist Erma Bombeck devoted an entire *At Wit's End* column to a "tribute to volunteers in a world they help make better". She wrote: "Volunteers . . . don't contribute to our civilization. They ARE civilization—at least the only part worth talking about."

Among the many volunteers who serve Frontier Nursing Service are the members of the Mary Breckinridge Hospital Auxiliary who contribute immeasurably to the improvement of health care in the FNS—by their presence in the hospital, by their friendly help with all manner of projects, by the money they raise for needed equipment.

For the last couple of months members of the Auxiliary have been selling tickets for a beautiful afghan, made and donated by Miss Betty Lester, which will be raffled on June 1. They have been collecting rummage for a big sale to be held in the Mary Breckinridge Hospital lobby also on June 1. They were especially busy during the month of May with two major projects. The SPRING ART SHOW, from May 14-19, featured the work of many local artists, and during the special Ear, Nose and Throat Clinic in mid-May, the red jackets of the members were much in evidence, helping out with patients and their families wherever needed. They also provided refreshments for parents who were staying overnight at the hospital with their children.

Since January, the Auxiliary has donated:

An automatic washer for the Beech Fork Clinic

An ultrasound stethoscope with headset for the Primary Care Center at the Hospital

A Jewett freezer for the Hospital laboratory

A hematocrit centrifuge for the obstetrical floor

—equipment totalling \$3,172.50.

To all of you civilized people, we say THANK YOU!



Mrs. Celia Bowling in the Mary Breckinridge Hospital Gift Shop

OUR MAIL BAG

From the Executive Director of the Kentucky Hospital Association—

I am pleased to inform you that Mary Breckinridge Hospital has been selected for an Award of Excellence, Award of Honor and an Award of Merit in the Scrapbook Division and an Award of Merit in the Special Projects Division of the 1979 Kentucky Hospital Public Relations Awards Program. The awards in the scrapbook division were for scrapbooks containing newspaper articles and photographs documenting community projects and activities, handouts and quarterly bulletins. The award in the special projects division was for radio and t.v. spots.

I congratulate you and your staff on this honor.

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From Mrs. Josephine M. Smith in Claremont, California—

I believe in reincarnation solely because I intend to return to life via the Frontier Nursing Service. In the old days, I thought of asking to be a horse; a jeep doesn't appeal to me; I hope horses still do their duty.

When I was a student nurse at St. Luke's in New York City (I got my R.N. in 1924) one of the role models constantly held before us was, of course, Mrs. Breckinridge. She spoke to us more than once, I believe; I don't know now why more of us didn't respond to the romance of the Service. I know that I went on into teaching at the Yale School of Nursing, got married, and that was that. But someday . . .

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From Dr. Troy R. Eslinger, President, Lees Junior College, Jackson, Kentucky.—

On another matter, I would like to pass along to you a human interest report on an experience my son and his wife had at your hospital. Two months ago, their first-born son arrived. The midwife was unbelievably helpful and solicitous. I believe it may have been her first delivery. But whether or not that was the case, she really took a personal interest in Mike and Linda. The baby was born on a Monday and it was expected that Linda would be there until Friday. Now it happened that Friday was Mike's

birthday, so the midwife baked a birthday cake. However, Linda was released on Thursday and they went home to London. Would you believe it—on Friday that nurse drove to London to share the birthday cake with Mike and Linda! And in addition to that, she sat down and wrote a most touching letter to the young Justin Michael, to be kept for him until such time as he could comprehend it for himself.

Perhaps you hear reports of touching incidents such as this too frequently to be effected by it. But in our case—since it was so close to us personally—it was a truly inspiring event! I know that it must give you much joy to be a part of such an enterprise.

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From the Director of Operation Crossroads Africa, Inc.—

We at Crossroads Africa would like to express our profound gratitude for all you have done to make 1978 such a successful year for our work. We hosted a total of 246 visitors from 31 countries in Africa. They participated in programs ranging from energy alternatives to health delivery systems, women in development, public administration and ethnographic film making. Our thanks to you for joining us in our efforts to bring the continent of Africa and these United States closer together through better understanding and appreciation of one another.

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From David S. Abernethy, Minority Staff Associate, Congress of the United States—

I would like to thank you and your staff for your hospitality during our recent visit to Hyden. Our meetings with you, Karen Gordon, and with many other members of your staff were most informative and, no doubt, will be of great assistance to us in advising the members of our Subcommittee on health legislation. We would like especially to thank everyone involved for that wonderful dinner we had out at Wendover.

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From Miss Jean Tolk in Barbourville, Kentucky—

Did you hear about the little girl who was trying to memorize the Twenty-Third Psalm and said: "The Lord is my Shepherd and I don't want anything else."

AT WENDOVER, IT BLOOMS IN THE SPRING, TRA-LA . . .

Crocus	Wild Sweet William
Spirea	(Blue Phlox)
Daffodils	Moss Phlox
Primroses (English)	Virginia Bluebells
Dogwood	Bluets
Redbud	Violets-purple
"Sarvice" (Service Berry)	white
Apple Trees	yellow
Pear Trees	bird's foot
Cherry Trees	Twin-Leaf
Crab Apple	Dutchman's-Breeches
Japonica (Burning Bush)	Scilla
Lilac	Pansies
Snowball Bush	Roses
Yellow Stargrass	Little-Brown Jugs
Salomon's-Seal	Dwarf Larkspur
False Salomon's Seal	Bleeding Heart
(Solomon's-Plume)	Day Lily
Snowdrops	Azaleas, cultivated
Blood Root	Forsythia
Iris, wild	Rhododendron
Iris, cultivated	Golden Ragwort
Tulips	Purple Phacelia
Hyacinths-wild	Rose Verbena
grape	Cucumber Trees
cultivated	Poplar Trees
Early Spiderwort	Nasturtiums
Jack-in-the-Pulpits	Field Daisy
Chickweed	Hairy Vetch
Narcissus	Morning Glory
Clematis-white and purple	Wisteria
Star-of-Bethlehem	Blackberry Bushes
Trillium	Blueberry Bushes
Wood Poppy	Honeysuckle
Hepatica	Foam Flower
May-Apple	Eglantine
Columbine, wild	Mock Orange
Fire Pinks	Peonies
Wild Geranium	Spring Beauty
Myrtle (Periwinkle)	Dandelions

. . . and a few other things, as yet unidentified!

LIBERIAN INVESTIGATION

Following the experience in Lesotho (reported elsewhere in this Bulletin) by two recent graduates, one member of our faculty who had worked in Liberia for ten years suggested we might explore sites in that country where our faculty and students might both offer brief periods of service and also broaden their experience. Much has been contributed to FNS in Kentucky; perhaps this might be shared more specifically with other medically underserved areas. No money existed for such a purpose but the Pathfinder Fund agreed to support an exploration and the Minister of Health of Liberia, who had visited FNS on an Eisenhower fellowship two years ago, issued an invitation.

The following report by Carolyn Miller, Nurse-Midwifery Education Coordinator, has been abbreviated for the Bulletin:

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Purpose of Study:

It is believed that nurse-midwifery and family nursing staff at FNS or newly graduated family nurse-midwives, who are planning on going into a developing country as practitioners, could profit from the experience and give service in a country such as Liberia.

It is realized there are various clinical needs of persons possibly participating in this project. They are seen as:

- 1) Practitioner desiring numerous normal deliveries with some experience with complications of pregnancy and labor and delivery.
- 2) Practitioner desiring multiple contact with complications of pregnancy and labor and delivery, and the newborn infant.
- 3) Above #2 plus contact with a Midwifery Education Program.
- 4) Special short-term programs such as experience with a government hospital or in a remote small clinic area, or with a mobile health team as the needs of a particular person might dictate.

It was felt that FNS practitioners, gaining experience, should also be able to provide inservice to the personnel at any particular institution. This inservice could be in the form of physical

assessment workshops with clinical practice supervision.

Work Possibilities Reviewed With The Ministry Of Health And Social Welfare:

In Liberia I met with Mr. J. Robert Ellis, Deputy Minister of Health and Social Welfare to review our proposed plans. He immediately outlined who I should see within the Ministry and assigned Mrs. Nadu Cooper, Inservice Coordinator, to help make the appointments. Mr. Ellis was under an impression that a nurse-midwife from FNS would be coming to Liberia for a period of not less than one year to teach in the new Midwifery Education Program. This was clarified, but many others, including the Minister of Health and Social Welfare, were under this same opinion. The background behind this misunderstanding is not known since no communication to such effect was ever written.

Impression From Ministry Visits:

Interest was shown by many persons for a member of the newly formed Midwifery Education Program in Monrovia to come to FNS for a specified period of time to observe this Midwifery Program's operations. Dr. Beasley and I had discussed this possibility in advance. They were also greatly interested in having some Liberian R.N.'s enter our Family Nurse-Midwifery Program. I did not say this wasn't possible, but I did point out the need for every applicant to have a Kentucky nurses license. Also, that there were few midwifery schools in the United States, with many American applicants which would make admission into any midwifery school somewhat difficult.

Sites Visited With Short Descriptions:

Phebe Hospital, between Suacoca and Gbarnga—120 miles from Monrovia. General Hospital, approximately 80 beds running over capacity. 90-110 deliveries per month with many complications since Phebe is a referral hospital. Prenatal clinic—as many as 150-175 patients per clinic. Large Under Five clinic averaging over 300 per clinic. Inpatient Pediatrics cares for critically ill children with all common conditions to area. Has mobile health teams. Doctors are available. Has B.S.N. students from Cuttington University College working in hospital, also has a Midwifery, Practical Nursing, O.R. Technician and Lab Technician education programs. Will soon be educating physician assistants and other health career workers in Liberia.

Medical students from Liberia and the U.S. get experience here also.

New hospital addition will expand the OB and Peds area greatly. It is operated by the Liberian Government, the Lutheran, Methodist and Episcopal Churches of America.

Opportunity: If a FNS team of 2 or 3 practitioners were to go to Phebe Hospital, they could become involved in all of the above. They would get minimal deliveries because of the midwifery school located there, however, persons choosing #2 and #3 as their identified clinical needs would be able to meet their objectives. Housing could be available for 2 persons (possibly 3) at intervals, so it would be necessary to arrange in advance.

Curran Hospital, Zorzor, Liberia—180 miles from Monrovia. Approximately 100 beds running over capacity. Has 115-125 deliveries per month with large Prenatal and Under Five Clinics. Has mobile health teams. Doctor is available. Has a Midwifery, Practical Nursing and Lab Technician educational programs. Is operated by the Liberian government and the Lutheran Church in Liberia.

Opportunity: If a FNS team of 2 or 3 practitioners were to go to Curran Hospital they could participate in all activities, but would get minimal deliveries because of the associated midwifery education program. Many complications are seen here as well as Phebe.

Family nurse practitioners could be involved at both Curran and Phebe by using their Directives since both institutions have large general clinics as well. Housing could be available for 2 or 3 persons at intervals and would have to be pre-arranged.

Foya Hospital and Clinic—four hours driving time beyond Zorzor (8-10 hours from Monrovia). Air Liberia does fly into Foya. Operated by the Swedish Pentacostal Mission. Has over 1,300 deliveries transfer to Voinjama and Zorzor. Also has Under Five and General Clinics. Working with trained birth attendants (empirical midwives).

Opportunity: FNS team could get many deliveries here plus see many complications. Housing would be available at certain times if contact was made ahead.

The 4 Swedish midwives at Foya are not used to working with

as many outside groups as are the personnel at Phebe and Curran, yet they seemed interested.

Catholic Mission in Sinoe/Methodist Mission in Gbasontown (Sinor)—Letters went to both these missions in advance, but due to the crisis in Liberia I was not able to fly into Sinoe since available time was reduced. A telephone communication set-up was not feasible. I was fortunate to speak with a Dr. M. Chambers, working out of the Ministry of Health and Social Welfare, in Mambo Point, who is associated with the Catholic Mission in Sinoe and could speak for them.

Opportunity: FNS team could get deliveries at the Catholic, Methodist and Government Hospitals, all of which are relatively close together. Housing would always be available there with the Sisters. Travel there by road is almost impossible, but Air Liberia airline flies there.

Maternity Center in Monrovia—Has 800-1,000 deliveries per month. Is the Government Hospital there for Obstetrical Care. Many students involved here. Mrs. Mae Keller, R.N., Director of Maternity Center, encourages the FNS team to come for a short period of time to observe and participate in the functions of a large government hospital.

Opportunity: This would be a possible short-term experience for someone who will be going to another country and referring patients into a government hospital. This could increase their general understanding.

Summary:

Even though this investigative study was complicated by the crisis in Liberia and safety and feasibility had to be considered, I believe I was able to meet most of the objectives I had laid out for the study. The one exception was that I did not get into Sinoe country. I had also considered going to Sanaquelle where a FNS graduate is setting up a mobile clinic. This I was not able to do and a government radio contact I had set up with her was not completed probably due to the crisis in the country.

I was encouraged by the positive response by the Minister of Health and by the four institutions I investigated as clinical practice sites. I believe financial assistance should now be sought to facilitate the beginning of the program.

A MOMENT OF HEROISM

I shall not pass that point in the Red Bird River again without remembering the events of that cold, cold night in February. It was too cold to snow, and yet the mud that had washed on the roads was treacherous. The sky was clear and it had been a beautiful drive out to the District Committee meeting.

The committee meeting had lasted a long time; it had to. The committee was considering whether it should be incorporated, reviewing the problems of remodeling a store to convert it to a much-needed clinic space; future staffing was significant. In the past several months it had been necessary to combine two of the district committees, and now a third committee was joining the group in order to establish a more spacious clinic that was more accessible.

The building in which we met was the 50-year-old log clinic on the side of the mountain. The steep driveway didn't matter when the nurses rode horses; now a few people used jeeps and most people were in regular passenger cars. Despite an attempt to make a new approach to the center, and despite an effort to stabilize the mud with a load of gravel, the driveways, both old and new, to the Center were not easily manageable.

The meeting was long and successful; decisions were made; subsequent actions could be taken. The committee relaxed to enjoy some cupcakes, pie and coffee. In addition to the planning, more than \$500.00 in cash money had been contributed at the meeting.

The early leavers "got stuck in the mud" and there were some problems as the cars and trucks departed one at a time. Finally, the staff itself was leaving, and as I descended the driveway and reached the blacktop highway to make a turn, I saw the figure of one of the nurses running towards me in the headlights of my vehicle. Something had happened. There was a car in the river. My soul and body! I hoped it was not a committee member or a staffer! I positioned my car so that the lights shone into the river over the submerged car.

It was a frightening and eerie sight, because the submerged car had its headlights on; the doors were shut. It was upright, and a young man was standing barefoot on the roof with the icy water swirling around his ankles. The drop-off from the highway to the

river was precipitous, almost a right angle. A second young man had climbed the bank in search of some type of instrument to get into the locked car.

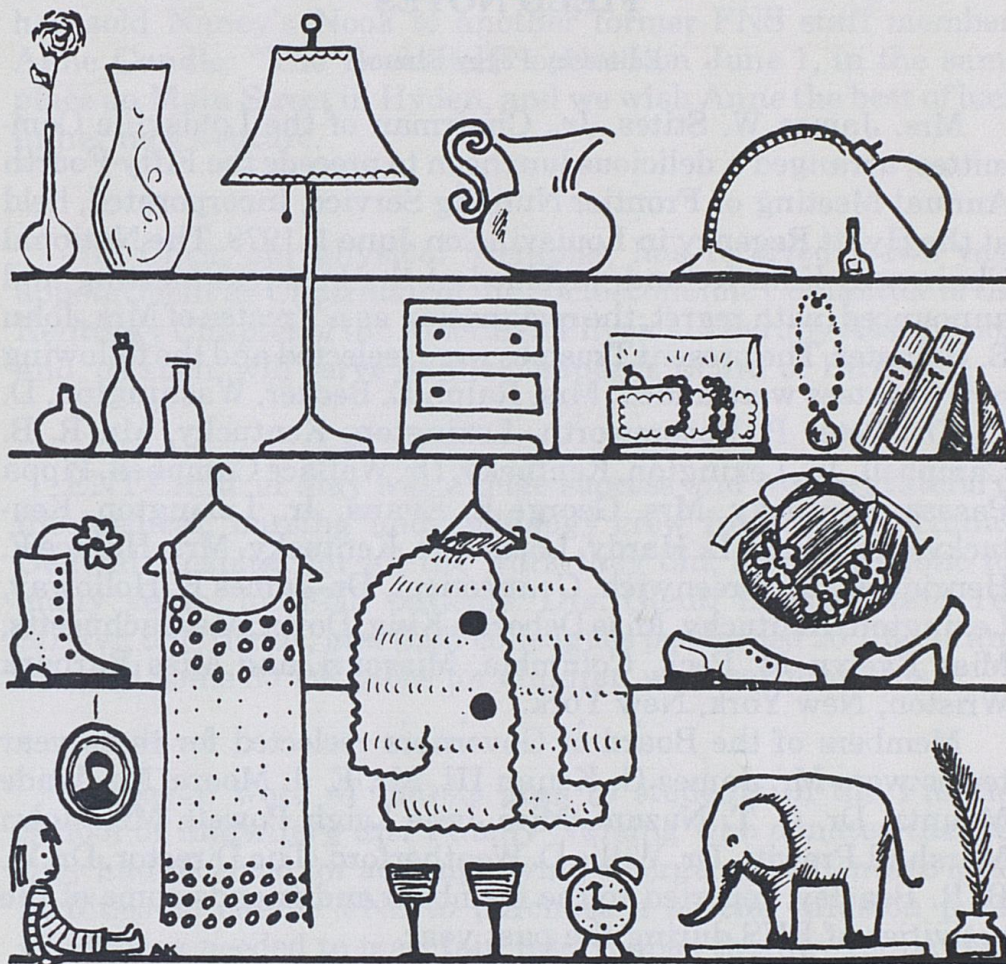
Who was inside? Were they alive? Could they be gotten out and resuscitated? Flash-lights began to appear, and with the thought of resuscitation was associated the idea of immediate removal of the individuals from the car and bringing them up the bank for prompt resuscitative measures.

One of the nurses scrambled down the bank and immediately took up a position half way between the car and the bank, so as to help with the imminent transfer of the patient. A second nurse unhesitatingly rushed down the bank, went into the water next to the car with the flashlight to determine who or what was inside. They thought best not to open the car doors until all was ready to extract the patients. The third nurse went down.

The young man with the needed instrument for opening the door returned. The water was chest deep; the wind was bitter. Despite flashlights and automobile lights, despite a clear sky, it was dark. They discovered that water was already in the car. The door was forced open, and one nurse went under water and swam in; no one was in the front seat. How fortunate! She came out for a breath, and, in that icy bath, returned to explore the rear compartment. The car was empty. Thank God, no one had drowned.

These young people, the two young men of the neighborhood and the three FNS nurses were totally chilled in their heroic effort to save the lives of the unknown unfortunates who had fallen into the river. Cold, weary, and relieved no life had been lost, these gallant young people shivered up the hill, back to the Center to get warm, to change their clothes, and to get ready for another day's routine work.

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FIELD NOTES

Edited by Peggy Elmore

Mrs. James W. Stites, Jr., Chairman of the Louisville Committee, arranged a delicious luncheon to precede the Fifty-Fourth Annual Meeting of Frontier Nursing Service, Incorporated, held at the Hyatt Regency in Louisville on June 1, 1979. The National Chairman, Kate Ireland, presided at the business meeting and announced, with regret, the resignation as a Trustee of Mrs. John B. Hollister. The present Trustees were reelected and the following new Trustees were added: Mrs. Ralph E. Becker, Washington, D. C., Dr. Peter P. Bosomworth, Lexington, Kentucky, Mr. R. B. Campbell, Jr., Lexington, Kentucky, Dr. Wallace Campbell, Pippa Passes, Kentucky, Mrs. George E. Evans, Jr., Lexington, Kentucky, Mr. James E. Hardy, Louisville, Kentucky, Mrs. Horace F. Henriques, Jr., Greenwich, Connecticut, Dr. James B. Holloway, Lexington, Kentucky, Miss Deborah King, Dover, Massachusetts, Miss Evelyn M. Peck, Columbia, Missouri, and Miss Barbara Wriston, New York, New York.

Members of the Board of Governors reelected for three year terms were Mr. James G. Kenan III, Mr. E. J. Moore, Mr. Wade Mountz, Dr. C. T. Nuzum, Miss Jane Leigh Powell, Mrs. John Marshall Prewitt, Dr. Willis D. Weatherford. The Director, Dr. W. B. R. Beasley, reported to the members and friends some of the activities of FNS during the past year.

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Elsewhere in these issues, Mrs. Georgia Ledford writes of the progress made in the realization of a Community Health Center at Big Creek which will serve the Flat Creek, Red Bird and Bob Fork Districts. We are pleased to report that work began in early June on the necessary renovation of the building to house the new clinic.

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Nancy Dammann, former courier and former staff member, has made a singular contribution to Leslie County through her bookshop in Hyden, as many of our reader's know. Nancy has decided to continue her varied career in another direction—to

have more time for writing and work on a doctoral degree—and has sold Nancy's Nook to another former FNS staff member, Anne Cundle. "The Bookshelf" opened on June 1, in the same place on Main Street in Hyden, and we wish Anne the best of luck in her new venture.

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Jim Click, our physical therapist, has received a two year appointment as Chairman of the Socioeconomic Committee of the Kentucky Chapter of the American Physical Therapy Association and, as such, will serve on the Chapter's Board of Directors.

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ENT Clinic in May was a huge success and we are grateful to the medical, nursing and audiology crew from the Cincinnati General Hospital for all the work they did, and have done for many years, for FNS patients. Drs. Glenn Bratcher and Ted Striker, old friends, and their colleagues performed 26 T & As and inserted some 30 PE tubes for children with ear problems.

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A special word of thanks goes to students in the Frontier School of Midwifery and Family Nursing who donated the fees they had received for accompanying emergency patients to other facilities to enable FNS to purchase a special infusion pump which was needed to maintain intervenous therapy for patients being transported by ambulance or car.

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Vi Blom, the FNS oncology nurse, is a member of the Board of Directors of the Kentucky Association of Hospices.

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It gives us much pleasure to be able to show something of the work being done by the FNS to those friends who support us as Trustees and as members of our City Committees, and in the past two years we have planned a series of "open house tours" in the mountains. In early May we enjoyed a visit from Mr. and Mrs. Sterling McMillan of Cleveland (former courier Betsy Mather), Mr. and Mrs. E. Halsey Sandford and their two children, and Mr.

and Mrs. John Lloyd-Evans, all of Louisville, Kentucky, and Mrs. Grant Ackerman, National President of the Daughters of Colonial Wars, of Lincoln, Nebraska. We are expecting a second group of friends in late June and a third in September.

A number of other guests have enlivened our spring. Dr. Abdul Swailaim, who is charged with the development of pediatric health care services for Saudi Arabia and the Gulf States, spent several days with FNS in March as did former staff member Nancy Sandberg. Two South African Public Health Nurses, Thindine Vim and Dorothea Dlomo, accompanied by their escort, Stephanie Kerbs, were with us in May. Helen Burst, President of the American College of Nurse-Midwifery spent a couple of nights with us this spring and two former staff members, Laurie Rendall and Shelly Russell Grubbs, turned up in April. Dr. Chandler Brooks, Executive Director of the International Foundation, spent a night at Wendover in late May, and former courier Sallie Bingham of Louisville, and Mr. and Mrs. Erskine P. Wilder of Barrington, Illinois, came for a night in June. The Wilders are parents of two former couriers and "Taowee" Wilder is chairman of the FNS Chicago Committee. We were delighted to see Anna May January's sister, Mrs. Elsie Cole, and her family from Texas, and Miss Laura Christianson of the Margaret Voorhies Haggin Trust.

Miss Lillian Bartlett, Education Officer for the Central Midwives Board of England and Wales, and Miss Phyllis Chisholm, a Nursing Education Office in Hampshire, spent ten days with Frontier Nursing Service in May. For some years, the nurse-midwifery education at FNS has been considered by the Central Midwives Board to be equivalent to Part 1 of British midwifery training. In the meantime, our program has been expanded to include family nursing and British midwifery is not integrated into a one-year course. Since a number of our graduate family nurse-midwives go to developing countries which follow the British midwifery pattern, Dr. Beasley asked the Central Midwives Board to send an "inspector" to evaluate our program in the hope of achieving full equivalency. Gifts from two former staff members and a former courier made Miss Bartlett's site visit possible. Miss Chisholm accompanied Miss Bartlett on a brief vacation to the United States and was interested in talking with family nursing faculty about the community nursing being done

in Great Britain today.

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Marian Barrett, who took over as Courier Coordinator last summer, returned to graduate school in early 1979, leaving the courier service without a Coordinator except for the couple of months when Missy Marshman returned to Kentucky. Verna Potter continues to give direction to the Courier Service as needed and twenty-two young people have participated in courier activities since last fall:

Callie Post, Belmont, Massachusetts
Karen Jenkins, Concord, Massachusetts
Allison Coerper, Chevy Chase, Maryland
Andrea Morris, Melrose, New York
Susan Jones, Chagrin Falls, Ohio
Anne Bermingham, South Londonderry, Vermont
Missy Marshman, Darien, Connecticut
Heather Brine, Weston, Massachusetts
Kerstin Gorham, Minneapolis, Minnesota
Olivia Hatch, Beverly Farms, Massachusetts
Jill Sprinkmann, West Bend, Wisconsin
Bets Trefts, Shaker Heights, Ohio (back for a second time)
Barbara Fanning, Corning, New York
Linda Reynolds, Port Jervis, New York
Peter Marshall, Avon, Connecticut
Faith Rand, Weston, Massachusetts
Peggy Madden, Osterville, Massachusetts
Catherine Dougherty, New Hope, Pennsylvania
Binney Hare, Cambridge, Massachusetts
Tondeleyo Dale, Charlottesville, Virginia
Maggie Koenig, Oyster Bay, New York
Fiona (Poppy) Way, Radstock/Bath, England

In addition to the routine courier chores, which are never very routine, actually, special projects have been undertaken by some. Peggy Madden, who had had previous experience as a ward clerk, relieved for six weeks maternity leave for the maternity ward clerk at the hospital. Peter Marshall, who will enter medical school this fall, spent some weeks working in the laboratory and several more weeks around Wendover where he cut weeds, trimmed trees and bushes, cut weeds, repaired and cleaned out drains, and cut more

weeds. Poppy Way will only be with us for a short period—she has spent the past year at St. Timothy's School in Maryland as an English-Speaking Union exchange student—and will be returning to England shortly.

Two new couriers who have just arrived for the first summer term are Donna Dinnocenti, Royersford, Pennsylvania, a nursing student at Georgetown University, and Mimi Ellis of Dedham, Massachusetts, whose sister Laura was a courier a couple of years ago. Mimi is a student at Brown University.

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By far the largest segment of volunteer help given Frontier Nursing Service over the years comes through the Courier Service but we have many other volunteers who contribute their time and talent to our program. Dr. Stuart Graves (an internist and member of our Board of Governors), Dr. Ellen Buchignani, and Dr. Mack Johnston (who was here last year as a medical student) have all spent a week or more at the Mary Breckinridge Hospital this year. We have had senior medical students from the University of Louisville, from the University of Iowa, and Brown University; medical records students from Eastern Kentucky University; a medical technology student from Morehead State University; and dental technician students from Western Kentucky University. Carol Allen, a nursing student from Spauling College in Louisville, has given a tremendous boost to the Oral History Project by spending several weeks transcribing interviews, before she moves on to the Mary Breckinridge Hospital to work as a nurses aide, and Eliza Cope, a Brown University student, arrived on June 5 to spend six weeks working with Oral History transcripts. Linda Bono of Boston is helping in the emergency room and Ellen Rapoza, a nursing student from Boston State University, and her husband, Paul, a medical student, will spend all June and part of July with FNS. After a general orientation to FNS, Linda Cragin, a nursing student from Tufts, will be helping open the new nursing center at Pine Mountain.

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We are pleased to introduce some of the people who have joined the staff of the Frontier Nursing Service in recent months:

Elaine (Penny) Pendleton, Director of Nurses, and her

husband, **Jim** who says he has retired but is one of the busiest people in Leslie County, usually doing something to help FNS.

Ginny Marean, Penny's secretary

Janis Tobey, Pediatric Nurse Associate

Kevin Calos, Controller

Greg McNeil, Assistant Controller, Accounts Receivable

Greg Lynne, D. D. S., who will be the new dentist at Wooton

Dick Phillips, X-Ray Technologist

Kathleen Dalton, Grants Writer

Polly McIntyre, Medical Technologist

Patsy Tyson (a familiar face, back with FNS for the third time), Assistant Nursing Care Coordinator on Maternity, and Maternity staff nurses **Betsy MacMillian**, **Amy Laufer**, **Janet Buchanan**, and **Deanna Isaacson**.

Medical-Surgical staff nurses **Carol Morgan**, **Lenore Rubino**, **Donna Oakley**, **Fatemeh Dehnoo**, **Barbara Flower**, and **Susan Headridk**, and LPN's **Carolyn Estep** and **Kathy Campbell**, and ER nurses **Marie Beavers** and **Beverly Phelps**.

O. R. nurses **Vickie Danser** and **Kathleen Moshier**.

Our best wishes go with nurse-midwives **Cindy Kaufman** and **Sandy Sanchez**, who left in June, and with **Karen Gordon** who has joined the faculty at Princeton University.

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Four FNS midwives had the pleasure of attending the 24th Annual Meeting of the American College of Nurse-Midwives at which **Eunice K. Ernst** was the keynote speaker. **Kitty Ernst** is a past president of ACNM, a graduate of the FNS School of Midwifery and former staff member, and a present member of the FNS Board of Governors. Her speech honored **Mrs. Breckinridge**—and we will hope to have more about that in a later issue of the Bulletin. **Sister Ellen Hartung**, the family nurse-midwife in charge of the FNS Beech Fork Center, who is also a nurse anesthetist, conducted the demonstration of newborn intubation at the Convention's Neonatal Workshop.

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Some of the logs in the Big House at Wendover are rotting and this is posing a serious problem. We have explored a way to seek

funds to restore the Big House and to try to assure its preservation, and are submitting a grant application to the Kentucky Heritage Commission. This would be a matching type of grant which might be made available by next year. Engineers and a consulting architect have examined the building and have prepared their recommendations, which agreed with the recommendations already made by J. G. Morgan of our maintenance department!

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The Frontier Nursing Service acknowledges with deep appreciation grants from the Kentucky Oral History Commission and from the Rockefeller Foundation to support the final year of the Oral History Project.

We also express our most grateful thanks to Mr. Joe Eversole of Hazard, Kentucky, for his recent gifts of several Electrolux Vacuum Cleaners and a rug shampooer.

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For the second year in a row, the Afton-Ninevah Presbyterian Council of Churches in New York have sent a group of volunteers to FNS. Doris White (who came last year) and her son, Greg, Doris Stone, Mary Hamilton, Marie Michaels, and Mark Sickler are working up a storm at Wendover, Red Bird and Beech Fork—painting, weeding, and doing any other chores which arise. Ladies and gentlemen, we thank you!

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**From Notes from the Pine Mountain Settlement School,
Spring 1979**

“Health service has continued at Pine Mountain settlement School through the clinic held for some years now in facilities provided by the School to a public health nurse. Now a much more extensive program of health care is to open very soon at the School, which is providing the original infirmary building here for a regular daily clinic to be operated by the well-known Frontier Nursing Service of our neighboring Leslie County, staffed by a resident nurse practitioner. She will be in consultation with FNS medical staff who will come for weekly office hours. Allocations from the coal severance tax fund have been granted to the School for the operation of the clinic. A community clinic committee has

been organized to promote this new service, and has already donated several work days of hard and helpful work on the part of eager local citizens, in carpentry, furnishing, painting and other preparation for the very welcome new health service. This is a wonderful demonstration of constructive community action at its best."

Family nurse-midwife Kim Beck Wooton will be the nurse-in-charge of the new Pine Mountain Clinic and she and the Frontier Nursing Service look forward to the opportunity of providing health care for the large community in the area of the Pine Mountain Settlement School. Plans are to open the new clinic around July 1.

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This summer we are planning the first annual meeting of the National Nursing Council and the National Medical Council of FNS. Members will meet at Wendover on August 15, 16, 17, to visit the facilities, to review the program and activities and the curriculum of the School, and to consider the future of the Service.

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For some years after Mary and Bill Weaver came to join the FNS staff, Bill's mother, Mrs. Dorothy Weaver, also made her home in Hyden. She was an active member of the Mary Breckinridge Hospital Auxiliary and endeared herself to all who knew her. Mrs. Weaver had to leave Hyden last summer, at the beginning of her final illness, and she died in Pennsylvania on June 11. A memorial service was held in the Hyden Presbyterian Church on June 21, the Rev. Leonard Hood officiating.

Our sincere sympathy goes to Bill and Mary and their children, Dorothy and Daniel.

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District Nursing Care Coordinator—
Position Vacant

Nancy Williams, District Records

Jessie Preston Draper Memorial Nursing
Center (Beech Fork)

Sr. Ellen Hartung, R.N., C.R.N.A., B.S.,
C.N.M., F.N.

Christiana Guy, R.N., A.A., C.N.M., F.N.

Caroline Butler Atwood Memorial Nursing
Center and Clara Ford Nursing Center
(Red Bird-Flat Creek)

Susan Hull, R.N., A.A., F.N.

Bob Fork District (Betty Lester Clinic)

Gail Alexander, R.N., A.A., F.N.

Lynne Pethel Parker, R.N., F.N.

Oneida Center

Mabel R. Spell, R.N., C.N.M., C.F.N.P.,
Assistant Director

Diane Alvies, R.N., C.N.M., F.N.

Wooton Center

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

Carol Read, R.N., B.S., F.N.

HOME HEALTH AGENCY

Diane Wilson, R.N., Coordinator

Kathryn Gerhardtstein, R.N., B.S.

Sandra Gross, R.N.

Elizabeth Bassacarr, R.N., B.S.

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.

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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 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.

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

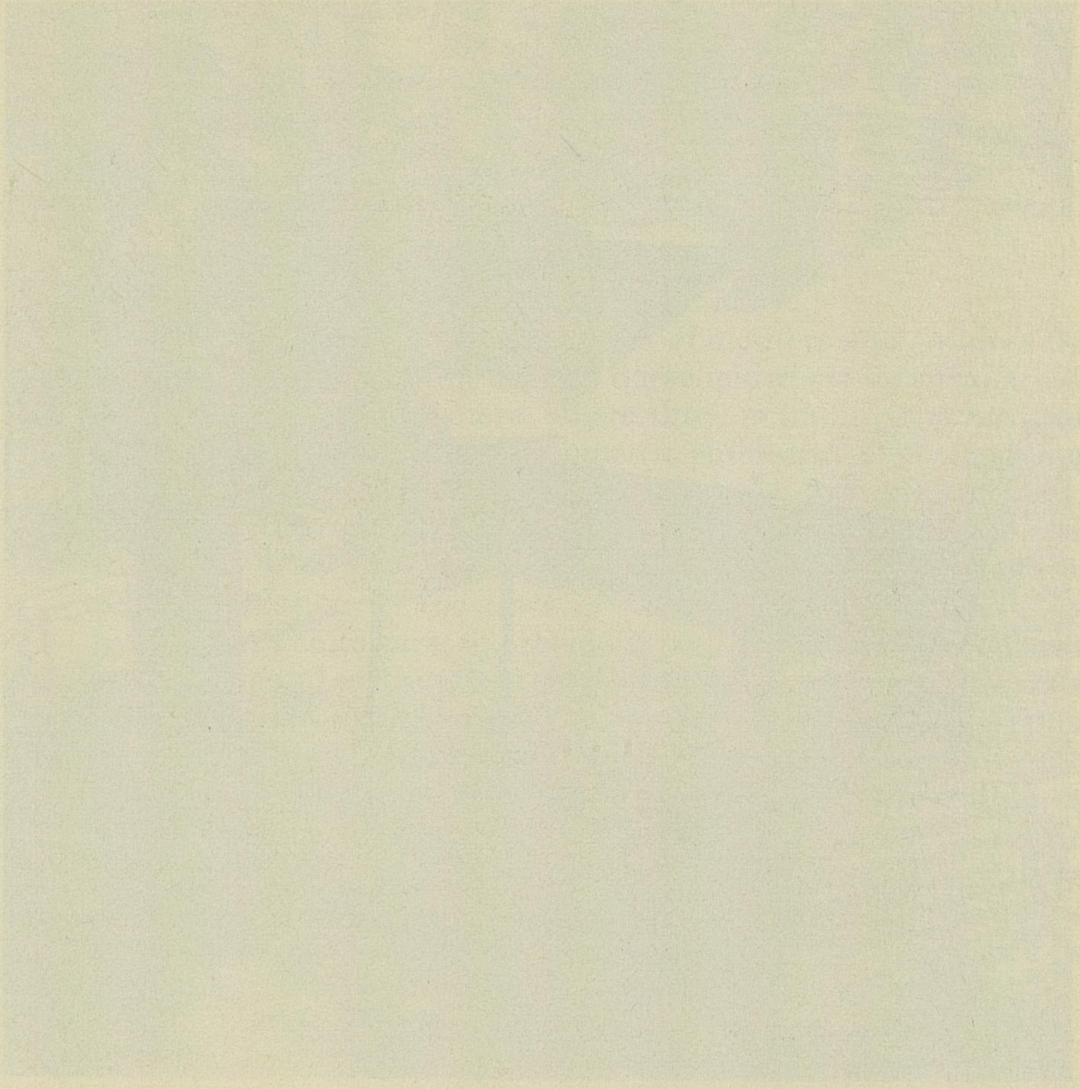
FRONTIER NURSING SERVICE
Mr. Homer L. Drew, Treasurer
First Security National Bank & Trust Co.
One First Security Plaza
Lexington, Kentucky 40507

Gifts of money should be made
payable to

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



The Big House at Wendover



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