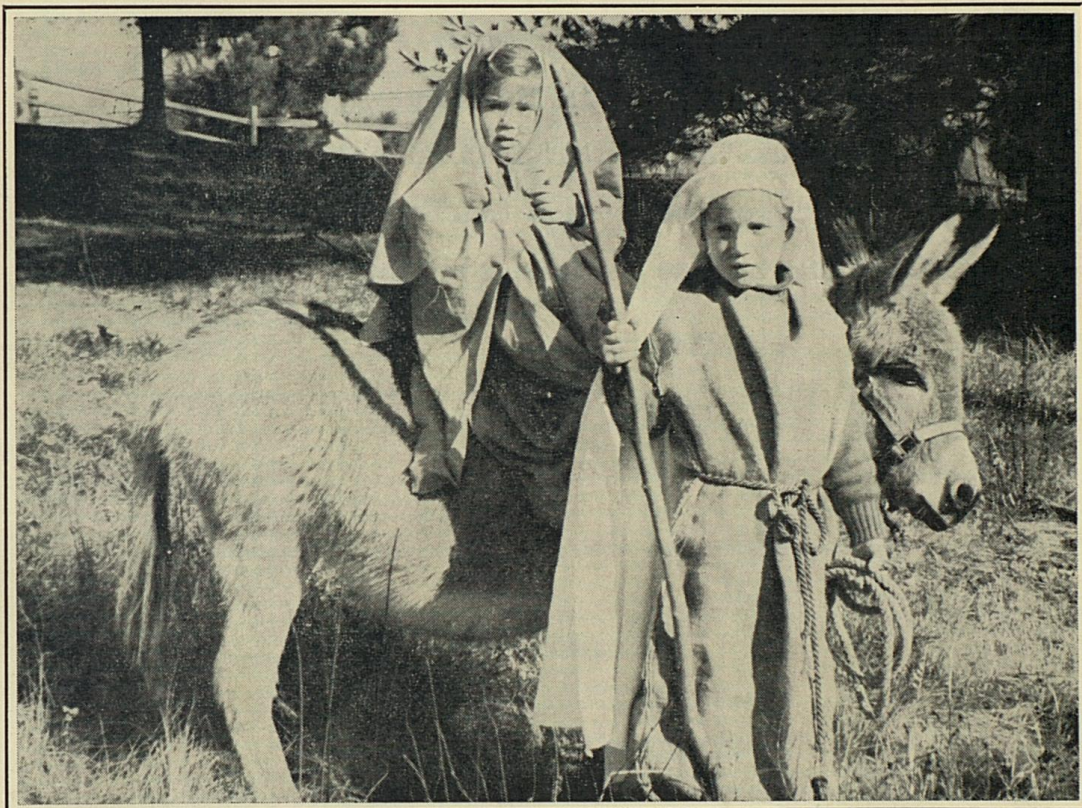


Frontier Nursing Service Quarterly Bulletin

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Number 2



"All glory be to God on high
And on the earth be peace;
Good will henceforth from heaven to men
Begin and never cease."

—While Shepherds Watch'd
Nahum Tate, 1700

We are deeply grateful to Mr. and Mrs. Charles S. Cheston, Jr. of Millis, Massachusetts, for allowing us to use the photograph of their children, Chip and Ginny, on the cover of this Bulletin and as our Christmas card to our friends around the world.

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TEN COMMANDMENTS IN VERSE

1. Thou no gods shalt have but me.
2. Before no idol bend the knee.
3. Take not the name of God in vain.
4. Dare not the sabbath-day profane.
5. Give to thy parents honor due.
6. Take heed that thou no murder do.
7. Abstain from words and deeds unclean.
8. Steal not, for thou by God art seen.
9. Tell not a willful lie, nor love it.
10. What is thy neighbor's do not covet.

With all thy soul love God above;
And as thyself thy neighbor love.

SOME FACTORS INVOLVED IN THE ACCEPTANCE AND REJECTION OF THE FAMILY NURSE

A report of a study conducted for the FNS

by

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Lexington, Ky.

1970

The Frontier Nursing Service (FNS), established more than forty years ago, has as its chief goal the improvement of health care delivery to a mountain population in southeastern Kentucky. Health services in this area are otherwise quite limited, and socioeconomic conditions are poor. The FNS maintains a small hospital in Hyden, the county seat of Leslie county, and, in addition, has six nursing outposts, some in a neighboring county, manned by one or two nurses. There is easy communication between the headquarters in Hyden and the nurses at the outposts. The service also operates a training program for nurse-midwives—one of the few in the United States.

The FNS now desires to enlarge its scope and is in the process of setting up an educational program to train Family Nurses. This Family Nurse will function in an extended role, making diagnoses and prescribing treatments within certain limits which have not yet been fully specified.

Since the FNS is concerned with the use of its Family Nurse graduates in other areas and by other agencies, it was deemed desirable to identify some of the factors that might contribute to the acceptance and/or rejection of the Family Nurse, especially among professional personnel. With that in mind, a study was made in the summer of 1970 at Hospital A in eastern Kentucky. For purposes of comparison, a brief study was also carried out at Health Agency B, also in eastern Kentucky.

Some Theoretical Considerations

Change, as a rule, does not come easily or without cost. Individuals or groups accept or reject innovations for a variety of interlocking reasons which are not always those which the innovator or change agent intended. These factors that can contribute to the acceptance or rejection of an innovation have been studied by behavioral scientists, and some of them are relevant for the project at hand. They can be divided into "barriers" (factors that contribute to rejection) and "stimulants" (factors that contribute to acceptance).

One of the cultural barriers to change is the orientation of people to their past traditions. In non-industrial parts of the world, change or novelty is rarely sought after; and when changes come, they are viewed with scepticism. If conservatism is the rule, acceptance of a new idea may be delayed. Related to this may be an attitude of fatalism, especially in areas where medical and social services are lacking, with a consequent low degree of mastery over nature. Fulfillment of the will of God is, under the circumstances, the best adjustment a person can make to a rather hopeless situation.

Since no change occurs in isolation, consideration must be given to the secondary and tertiary changes that may result from the introduction of any given innovation. The example of a pebble thrown into a pond is often used to illustrate this point. Thus, the reception an innovation gets often depends on the resultant changes it brings about or that people think it will bring about. If these consequences (or expected consequences), are seen as undesirable by the potential recipients, they become barriers.

Structural patterns of an institution (e.g. interpersonal relationships, degree of rigidity or openness, lines of authority) have important bearings on the ease with which change can be accomplished, as will be noted in this study. Similarly, identification with small groups provides satisfaction and security for most people whether this is within the family or in a work situation. An innovation which upsets such a familiar and established small group may meet with strong resistance; and economic rationality may be put aside for psychological security. On the other hand, although on the surface the small group or institution may present an ideal image of solidarity, conflict and factionalism may

exist within the group; and these, too, may serve as a barrier to change. Vested interests also play a part in small group dynamics in that certain changes may be interpreted as threatening to the group or to individuals within the group. Introducing a new type of health worker into a system, for example, may be seen as potentially threatening competition.

The loci of authority (whether structural or charismatic) in a group or institution, and the related decision-making mechanisms are also key factors in the acceptance of change. That is, an individual in authority can do much to further acceptance or rejection of an innovation, especially if he has decision-making powers in regard to that particular innovation. He can use persuasion and the power of his position either to reject the new idea or to become an initial acceptor. In either case, he is usually imitated by others since, in a bureaucratic organization, lines of authority are clearly defined and people expect to take orders from those in superior positions.

In addition to the sorts of social and cultural factors mentioned above, psychological barriers can also affect a change situation. What the innovator perceives as an advantage may not appear so to the recipients. Communication, therefore, plays a major role in change. It can facilitate equal perception of the innovation and its purpose by the recipient and the innovator. Differential perception and differential expectations of role behavior constitute barriers.

An understanding of the psychological factors that motivate individuals or groups to change is also necessary for success. Desire for prestige is one such factor, and being the first to try something new or emulate someone in a higher position may offer such prestige: economic gain is another important motivating factor in acceptance. Conversely, cost may be a serious deterrent. Many people may be ready to accept an innovation psychologically but may be unable to afford it. The practical realization of a new idea is often costly.

Although motivation is important, an innovation, to be successful, must fit into the social structure of the institution or society. This simply means that a new role is accepted more easily if it can be integrated into an already existing and recognized role.

Besides the above mentioned factors, the timing of the intro-

duction of the novelty can be a determining factor in acceptance or rejection. The people involved must not only recognize the need for the innovation, but the supporting circumstances (e.g., economic conditions) must also be right. In this and in the case of other factors (social and psychological), barriers must be neutralized as much as possible; and factors that might stimulate change must be identified.

The Method of Study

Data bearing on the questions posed in the previous section were collected during June and July of 1970, using an unstructured interview technique.

At Hospital A interviews were conducted with all three physicians, nine of the eleven Registered Nurses (the other two were unavailable at the time), one Licensed Practical Nurse, and the pharmacist. Interviews with non-medical people included the business manager, two members of the hospital's Board of Directors, and several patients. In the comparative study of Agency B, the entire professional staff, with the exception of two nurses on vacation, was interviewed.

Most of the nurses and some of the physicians were unfamiliar with the work of FNS nurses. The same was true of the meaning of "extended role" or "Family Nurse." Since neither the "extended role" nor the exact concept of "Family Nurse" has been defined as yet by the FNS, it was necessary to devise an operational definition for the purposes of this study. The explanation of these roles given by the investigator before each interview was the same as the one given to her by one of the co-directors of the educational program; it consisted of the following statement:

The FNS is in the process of setting up a new educational program for the Family Nurse. The purpose of the program is to give a formalized educational background for the work that the FNS district nurses are presently doing. They are and have been functioning in a role that includes making some diagnoses and giving some treatments not traditionally a nursing role.

Examples of conditions that such a Family Nurse might diagnose and treat were given from actual observations of FNS nurses; they included such things as anemia, worms, sinusitis,

and follicular tonsillitis. It was explained that midwifery was also part of the program and that on completion of her training, the practitioner would be able to handle normal maternity cases independently. The interviews were open-ended; and after the brief explanation, the respondent was encouraged to express his or her views on the "Family Nurse," the "extended role," and the way such a person might function.

Findings at Hospital A

This hospital is a modern, thirty-bed facility in eastern Kentucky, located on a good black top road. It is supported by and is part of a voluntary organization. Living quarters for physicians and staff surround the hospital. Hospital A is located near one of the FNS outposts. The people living in the area know and can use both facilities for health care, and there is a collaborative relationship between the two agencies. The area itself is rural and poor, similar to the Hyden area. The nearest town is about fifteen miles away.

Interviews with the staff revealed that the need for a well prepared Family Nurse who could relieve the over-worked physicians was recognized by all professionals. One of the nurses who disapproved of nurses making diagnoses still wanted to see a Family Nurse in her hospital because "there are not enough doctors." Several suggested that such a nurse be used for screening patients in the clinic "so that the doctor would not have to see all the patients." As one physician said, "Doctors need more professional help; they can't do all the work themselves."

Nurses and doctors, however, differed in their concepts and opinions concerning the role of the Family Nurse, the extent of her functioning, and the chances for her acceptance by professionals and laymen. In general, the physicians showed more acceptance for the Family Nurse than the nurses gave them credit for. They expressed caution, however, in discussing the extent of her functioning. As one pointed out, "I would like to see how they function first." The limitation put on the nurse, he said, would depend on her training and individual judgment. One of the physicians at Hospital A also expressed concern about the legal aspects of Family Nurse practice. He said he would not let this nurse function without close supervision since the physician cannot relinquish his responsibility for patients.

All of the physicians expressed concern about the acceptance of the Family Nurse by patients who, in this area, are used to seeing a physician rather than a nurse. "The patients want to see the doctor," one stated. This resistance, the doctors felt, could be overcome slowly by building up the confidence of the patients in the Family Nurse. One of the physicians who was worried about the patients accepting the nurse midwife thought it would be all right if the patient knew from the beginning that the nurse was going to do the delivery. With the Family Nurse, this would be set up from the beginning, he said; and she could then go ahead on her own.

As already stated, the nursing staff showed little familiarity with the work of the FNS nurses or with the home background of their patients. Most said they had never seen a patient's home. Although they all agreed that there is a need for a well prepared Family Nurse, there was no homogeneous opinion as to the role she could play. Some saw her only visiting homes, while others saw her primarily within the hospital setting, especially in the emergency room, prenatal clinic, and general clinic.

Almost all the nurses expressed concern about the physicians not accepting the Family Nurse in her extended role. She could not, they felt, function to her full capacity and would have to work her way up gradually. As one nurse said, "The work of the district nurse is necessary, otherwise many people would not get help. I don't think the Family Nurse would be too well accepted by the doctors at first; they would need to be shown that this person could be useful to them." Another expressed similar feelings when she said, "Doctors would need time to get used to the idea of the Family Nurse."

Some nurses did not think they would themselves feel comfortable in an extended role. Most emphasized the desire to have close supervision from doctors for themselves as well as the Family Nurse. "I would always like to have a doctor around for security," one nurse stated. Another said, "The Family Nurse should work under the supervision of the doctor in giving treatments and making home calls."

The nurses were fearful about the acceptance of the Family Nurse by the people. They made the point that local girls familiar with the area would be better accepted, or else the Family Nurse

would have to familiarize herself with the area before the people would trust her. As one nurse summarized it, "People here have trouble trusting new people. The Family Nurse should make home visits, and this would make her familiar with the area and the people."

The local people's attitude toward the Family Nurse was generally favorable and most were familiar with FNS services. Several said, however, that they would consult a doctor first if he were available. "I would use a Family Nurse if I could not get to the hospital or would have to wait too long . . . I think everyone would use the nurse if they knew she would ask the doctor if in doubt," one informant said. The sample of laymen interviewed, however, was small; and no homogeneous opinions were obtained.

Findings at Agency B

Agency B operates a clinic, a home health agency, and provides services for prenatal care, delivery, and post-partum follow up. The setting is again a socioeconomically depressed area although perhaps not quite as isolated as Hospital A. It is accessible to an Appalachian Regional Hospital in a larger town.

This area is not covered by FNS outposts, but maternity services are provided by FNS nurses through the Agency clinic by contractual arrangement. Here the Family Nurse in her extended role is well accepted by the physicians, mainly through the influence of a British trained physician who said, "The midwives in England functioned in extended roles and saved me a lot of work." He emphasized, however, that he would not extend the role of the nurse quite to the extent now practiced by the FNS. He would not allow nurses to prescribe injectable medications to which reactions could develop. "There is no need for this. If the patient is sick enough for a penicillin injection, he should see a doctor." A Family Nurse working at this Agency would have to function within the framework of the Agency.

Nurses at Agency B showed similar attitudes to the ones at Hospital A. They expressed a need for a Family Nurse, especially in the area of home visiting. The director of the clinic thought that Family Nurses could be used for screening patients in the clinic and "there is a great need for home visiting. Doctors are

scarce and can't do all the work." Nurses here also emphasized the necessity for close supervision by the physicians and were concerned about acceptance by the people. They felt that breaking down the people's resistance to the Family Nurse might be difficult. One nurse related that in the last two or three years the clinic nurses took over some functions previously carried out by physicians, and they met with a lot of resistance and made many enemies in the process. Another thought that "people prefer old ways and are resistant to change." She felt that if nurses could be local girls or familiar with the area they would be better accepted. Several nurses also suggested calling the Family Nurse something other than "nurse." She saw their role as one between nurse and physician.

Local people were not interviewed concerning their attitude about the Family Nurse, with the exception of two health aides on the home health agency staff whose attitudes may or may not be representative of local feelings. They both stated that they would not think of going to a nurse with any health problems unless they could not find a physician. In this case, they would expect the nurse to contact a physician for them. As one of them stated, "My first thought if I became ill would be to call the doctor and do what he said."

Conclusion and Recommendations

Before discussing any conclusions or recommendations, a few words should be said about the limitations of this study. The data, collected as they were through interviews, reflect only the attitudes expressed by the subjects and do not necessarily reflect their actual behavior. Such information is usually a reflection of how a respondent thinks he *ought* to behave in a given situation, and it usually incorporates the ideals accepted in his culture. Social scientists have often found discrepancies between the ideal and actual behavior patterns. It is the difference between rules and practices. Behavioral patterns, or the actual modes of conduct, cannot be obtained by the interview technique, although it is reasonable to assume that most people *try* to behave in ways they believe are approved by their society. The data are further limited by the smallness of the samples. For these reasons, generalizations derived from the study must be viewed with caution.

Keeping these limitations in mind, the investigator found no homogeneous attitude at Hospital A that was resistant to the Family Nurse. The staff did not express any severe obstacles that would make for rejection, but they did caution that much will depend on the competence of the individual nurse. Nevertheless, some barriers could be identified which, if not overcome, may hinder or delay acceptance. For one thing, cost seemed to be somewhat of a limiting factor to acceptance. Although most nurses cited cost as a definite obstacle, the business manager and some of the physicians did not think it prohibitive. They felt that if the need is proven, the money for at least one nurse could be made available. Confusion over the legal status of the Family Nurse also caused some concern and might hinder immediate acceptance. This concern was expressed mainly by the pharmacist, the physicians and one or two nurses.

Although not particularly evident at Hospital A, the vested interests of physicians and nurses may prove to be a barrier to acceptance of the Family Nurse in other geographic areas, especially where health care is delivered by physicians in private practice or where there is a higher ratio of physicians to patients. This would be expected on the basis of some studies which have shown that threatened loss of prestige or financial loss are often grounds for rejecting an innovation.

Several other factors were identified at Hospital A that might contribute to the acceptance of the Family Nurse. One of the major positive factors was the direct exposure of the physicians with decision-making powers in their institutions to the work of FNS nurses. A number of research studies have found that if a person in authority accepts an innovation, it usually filters down through the lines of the social structure and gains wider acceptance. Once a person with authority or great prestige accepts an innovation, he can become both an advocate of it and a model to be emulated by others. There would seem to be several avenues for increasing the exposure of physicians to the FNS nurse's work—e.g., having the FNS nurse send more patient referrals to the physician, personal contacts between nurse and physician, inviting the physician to participate in FNS activities, policy making, etc. All these approaches have been tried by FNS nurses and are thought to be successful by them.

The same may be true of the population in the area. That is, increased exposure to the Family Nurse, especially involving community leaders, may begin to change the attitude of the people from dependence on the doctor to dependence on the nurse for health care. Increased availability of the nurse is not only a convenience to the people but would also help to increase exposure to her and contribute to easier acceptance. Another important factor is the inadequate number of physicians in the area. This creates a need for a competent person such as the Family Nurse who can relieve at least some of the load and at the same time improve health care delivery to the general population.

The role of the Family Nurse will have to be clearly defined in order to avoid duplication in health services. Since there are many factors involved in defining this "extended role," it will require further study and careful deliberation. It may be that a precise definition cannot be used in all situations and the final role will be a product of negotiation between nurse and physician or nurse and the appropriate institution in each specific case. This approach could probably be used at Hospital A. Calling the Family Nurse by a different name might facilitate her acceptance by the nursing profession. Several nurses suggested that this be done. People generally tend to react to labels, and a new title might alert people to the new and altered role.

Clarification of the legal aspects of Family Nurse practice in Kentucky and nationally is also essential if this type of practitioner is to gain acceptance. Several respondents mentioned this as an obstacle. Legal clarification might also facilitate role definition for the Family Nurse, enable the physician to share his responsibilities with her, and establish a basis for a colleague relationship between them.

The above mentioned factors have implications for the educational program of the Family Nurse. For example, selection and evaluation of candidates must be such that only those who are competent, exercise good judgment, and display good interpersonal relationships are accepted into and graduated from the program. These particular qualifications were emphasized by several respondents. Once the extended role of the Family Nurse has been defined, it should be possible to identify more precisely

the personal and professional qualifications necessary for candidates and select them accordingly.

The program for developing Family Nurses should include theoretical as well as experimental content which would thoroughly familiarize the candidate with the local culture. Several respondents mentioned the necessity for this. Local nurses should be encouraged to enter the program since they could do much to bridge the gap between professional health personnel and the local population. This would certainly contribute to a more accepting attitude by the people.

Finally, it should be mentioned that a great many people in nursing as well as medicine have been writing recently about the need for a Family Nurse or a similarly qualified individual. A few of these articles are included in the bibliography at the end of this report. It is hoped that this report also reflects the need for this new role; and that, by identifying some of the factors that will influence acceptance or rejection of the Family Nurse in a specific area, it will contribute to the wider acceptance of this practitioner.

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MARY BRECKINRIDGE HOSPITAL AND DEVELOPMENT FUND

Over The Goal

On Monday, September 21, the Frontier Nursing Service received a letter from The Andrew W. Mellon Foundation making a grant of \$80,000.00 "to assist in the construction of the new hospital." This grant put us over our goal in pledges which total \$2,803,633.00. As the fund is called the Mary Breckinridge Hospital and Development Fund, we must not consider our efforts finished. We have reached our goal for construction of the Mary Breckinridge Hospital but as development is an on-going process, we hope our friends will continue to support us at this exciting time in the Service's growth. We will build a new hospital—ground was broken on Mary Breckinridge Day, October 3—but we will need more staff, equipment and many unforeseen things.

Recognition for their rewarding efforts is given to several groups on which the FNS has depended since its beginning. First, to the people with whom we work in eastern Kentucky. Under the guidance of the chairmen of our eight local committees, they met their initial goal of \$25,000.00 in the summer of 1967. They promptly doubled their goal and lack less than ten thousand dollars of reaching it. We are certain they will achieve their goal before construction of the hospital is completed.

Our Board of Governors and our staff and all those men and women of the mountains who work to keep the FNS going contributed one hundred percent to the Fund. The fund raising chairmen in our city committees and all the volunteers who helped them have won the FNS many new friends. We shall hope to keep their interest and support as we march into the future. Our friends may be interested in reading the following statistical breakdown of donations:

Gifts of:	Number of Donors
Less than \$50.00	785
\$50.00 - \$99.00	257
\$100.00 - \$499.00	501
\$500.00 - \$999.00	105
\$1,000.00 - \$9,999.00	215
\$10,000.00 and over	59

Our deep appreciation goes to each and every one whose generosity contributed to the success of the fund drive.

MARY BRECKINRIDGE DAY

On Saturday, October 1, 1927, Mrs. S. C. Henning of Louisville, a Vice Chairman of the Kentucky Committee for Mothers and Babies, and Judge L. D. Lewis, the chairman of the Hyden District Committee, laid the cornerstones for the two wings of the Hyden Health Center and Cottage Hospital.

Forty-three years later, almost to the day, Mrs. Jefferson Patterson, National Chairman of the Frontier Nursing Service, broke ground for the Mary Breckinridge Hospital and the Frontier Nursing Clinical Training Center in Hyden. Saturday, October 3, 1970, had been chosen for ground-breaking to coincide with the Ninth Annual Mary Breckinridge Festival in Leslie County; and it was not until later that we realized how near were the dates of two such important days in FNS history.

It was a day which we had looked forward to for many months. Excitement began to rise when we learned that Helen Browne's three sisters were coming from England for the great occasion—as a surprise to "Brownie." All she knew was that she and Leigh Powell were to stop by the Cincinnati Airport to pick up three "packages" for Wendover! Corrie, Mary and Joan Browne and also our Agnes Lewis arrived safely the week before Mary Breckinridge Day, and they joined the Wendover staff in getting ready for the other guests who were arriving the following week. We had the pleasure of having Mrs. John Sherman Cooper, Mrs. Patterson, Mr. and Mrs. Robert Muhlhauser (old courier Ann Danson) of Cincinnati, Mrs. Henry Biddle and Mrs. J. Gibson McIlvain II of Philadelphia, Dr. Anne A. Wasson of New London, New Hampshire, and several of the old staff as overnight guests at Wendover, Hyden and "Willow Bend," Kate Ireland's home near Wendover. We know you will enjoy reading what Mrs. Cooper wrote about the occasion in her "Women In Washington" column which appeared in the October 15 issue of *The Lexington Leader*, and we have printed it elsewhere in the Bulletin.

One could not have asked for anything more beautiful than the warm, sunny autumn day which greeted us when the early morning mist lifted. The Mary Breckinridge Festival Committee, under the able chairmanship of Mr. Rufus Fugate and Mr. Wood-



GUESTS FROM ENGLAND
l. to r.: The Misses Joan, Mary
and Corrie Browne



GROUND BREAKING
by Mrs. Jefferson Patterson,
the National Chairman

row Sizemore, had worked for weeks and weeks to organize the Festival and everything went smoothly. The floats were most attractive and we were pleased to have two bands to lead the parade through Hyden to the grounds of the Hyden Elementary School, adjoining the new hospital site.

The Leslie County Rescue Squad, which helped with traffic, estimated the crowd at around 2,000 people and we were delighted to see so many Board members, Trustees and friends from Louisville, Lexington, Hazard, Harlan, and ever farther afield in the audience. One friend who had made a special effort to be with us was Mrs. John J. Wilson of West New York, New Jersey, National President of the Daughters of Colonial Wars, an *ex officio* Trustee. Old couriers and old staff had come from Tennessee, Wisconsin, Virginia, Ohio and the Carolinas just to be with us for the day. We were especially pleased that several members of Mrs. Breckinridge's family could come. In addition to Mrs. Patterson, there were Mrs. Clifton Rodes Breckinridge, Mr. and Mrs. John Marshall Prewitt and their three children, Mrs. Carter Stanfill and her daughter Caroline, Attorney General John B. Breckinridge and one of our couriers, Hayes Robinson.

Mr. W. Roy Sizemore, the chairman of the FNS Hyden Committee, a member of our Board of Governors, and Master of Ceremonies for the ground-breaking and Miss Helen Browne paid tribute to the late Paul Cook who had planned and organized the first Mary Breckinridge Day in 1962 and had been chairman of the Mary Breckinridge Festival Committee until his untimely death earlier this year. Mr. Sizemore introduced the co-chairmen of the 1970 Festival and recognized Mrs. Lottie Roberts for all the work she has done for Mary Breckinridge Days over the years. Miss Browne introduced forty-one members of the FNS staff who had been with the Service five years or more and Mrs. Patterson presented them with service pins. Mr. Sizemore introduced the guest speakers and read a telegram from Kentucky's senior Senator, the Hon. John Sherman Cooper, who had wired:

"I am very sorry that I cannot be at the ground-breaking ceremony for the new Mary Breckinridge Hospital tomorrow. A bill from one of my committees, the Federal-Highway Bill, was before the Senate this afternoon and we did not finish until very late, but my wife will represent me. I know that Saturday will be a great day for the Frontier Nursing Service. The Frontier Nursing Service has brought hope and light to thousands who might have been denied health and life. With your new facilities



THE DIRECTOR AND MRS. GILLOUS C. MORGAN,
an early FNS staff nurse

In the background: Board Members Miss Kate Ireland,
Mr. W. Roy Sizemore and Mrs. Jefferson Patterson



Miss Helen Browne displays the ground-breaking shovel while
Mrs. John Sherman Cooper and Congressman Tim Lee Carter enjoy a chat

the Frontier Nursing Service will be able to prepare nurses to serve isolated areas not only in Kentucky but throughout the country. The history of your work and service and now your example to the people of the United States and to the underdeveloped countries of the world is a tribute to Mary Breckinridge, the Frontier Nursing Service and all who support it. With congratulations and best wishes, I am

Yours sincerely,
John Serman Cooper"

In a brief but charming speech Mrs. Cooper brought greeting from the Senator, and then we had the pleasure of hearing from the Hon. Tim Lee Carter, Congressman from Kentucky's Fifth District, and himself a physician.

Mrs. Patterson had been asked by the Committee to give the principle address. In her remarks she said:

"We all know the need for this Hospital, especially *you*, the patient patients, who have put up with the crowded conditions in the old. But beyond this, we need the building as a part of the Frontier Nursing Clinical Training Center where we will give, unique, advanced training to the new category of Family Nurse. These, thanks to their education in Leslie County, and your cooperation, will go forth to all the world to give people in rural areas and inner cities the same excellent care which you are getting here from our doctors and nurses . . ."

Mrs. Patterson paid tribute to those to whom gratitude was owed for this "model work"—to Mrs. Mary Breckinridge who had the dream and made it come true, to the British influence through the nurses who had worked here and the midwifery training they had offered American nurses, to the donors who support the work, to the Federal Government for the grants for construction of the Clinical Training Center and for developing the Family Nurse program, and to the citizens of Leslie, Clay and Perry Counties. Mrs. Patterson quoted Sir Leslie MacKenzie who had come from Scotland in 1928 to dedicate the Hyden Hospital and Health Center and who had closed his Act of Dedication with the words:

"The beacon lighted here today will find an answering flame wherever the human hearts are touched with the same divine pity. Far in the future, men and women, generation after generation, will arise to bless the name of the Frontier Nursing Service."

Mrs. Patterson wished "a long and happy life to the Mary Breckinridge Hospital" before she invited Miss Browne, Mrs. Cooper, Dr. Carter and Mr. Sizemore to join her in front of the speaker's stand for the climax of the day—to break ground for the Mary Breckinridge Hospital.

Following the presentation of the 4-H and float awards, and the crowning of the Festival Queen by Attorney General Breckinridge, we were served a delicious luncheon on the new hospital grounds. After lunch, there was an excellent Craft Show to visit in the Leslie County Library where also was shown numerous times during the afternoon excerpts from a film taken of Hyden by Miss Ruth Huston during the late 1920's. Included in this film were scenes from laying the cornerstone of the present Hyden Hospital and the dedication in June 1928, and it was a most interesting ending to a memorable day.

Discussing family problems, one father remarked to the other, "I finally stopped arguing with my teen-age son about borrowing the car. Now, whenever I want it, I just take it!"

—*Modern Maturity*, Dec.-Jan., 1970

A LETTER WE APPRECIATE

THE APPALACHIAN REGIONAL COMMISSION
1666 CONNECTICUT AVENUE
WASHINGTON, D.C. 20235

OFFICE OF
FEDERAL COCHAIRMAN

October 2, 1970

Miss Helen E. Browne
Director, Frontier Nursing Service
Wendover, Kentucky 41775

Dear Miss Browne:

Thank you for your kind invitation to attend the annual Mary Breckinridge Day in Hyden, Kentucky, and the ground-breaking ceremony for the Clinical Training Center. I had hoped up to the last minute to be able to work this event into my schedule, but was unable to do so.

I do appreciate your invitation, however, and sincerely hope that your ceremony was successful in every way. My very best wishes for a bright future for the Frontier Nursing Service and its Clinical Training Center.

Sincerely,

JOHN B. WATERS, JR.
Federal Cochairman

BLACK SPELL BROOK

It had always puzzled me that a little stream, making its way delicately and unobtrusively through a delightful corner of the Nagshead Inclosure in the Forest of Dean, should be marked on the Ordnance Survey map 'Black Spell Brook.' Local inhabitants could give me no idea how it acquired the name, and there are no romantic legends of withes or faires to account for it.

Then one day I spoke to an old woodman who, as a small boy, had lived in a cottage near the brook; his grandparents had used it for their household water supply in this otherwise dry part of the Forest. Many years ago, he told me, the Free Miners opened out a level above the source of the stream; the excavations, surrounded by heaps of spoil and waste, are still to be seen among the trees. 'Zumtimes mind thou cuzna drink it', he added. 'When they wuz workin' thic level the coal dust an' slurry 'ud get washed down the brook an' the watter 'ud run all black for a spell.'

Here at last were two possible clues: 'black for a spell' or 'black spoil', which the miners would pronounce 'spile'. Or did some superstitious woodman's wife, exasperated at not being able to brew the tea or do her laundry with the polluted water, believe that an ill-natured witch had cast a spell on it?—**Jack Jennings**

—*The Countryman*, Summer 1970, Edited by John Cripps, Burford, Oxfordshire, England.
Annual Subscription for American readers \$5.00 checks on their own banks.
Published quarterly by The Countryman,
23-27 Tudor Street, London, E. C. 4.

WOMEN IN WASHINGTON

by

MRS. JOHN SHERMAN COOPER

From *The Lexington Leader*, Thursday, October 15, 1970

Thanks to the kindness and courtesy of Mrs. Louie Nunn, I left Lexington in her car, driven by Trooper Nowlin, on my way to Hyden for Mary Breckinridge Day.

We stopped in Somerset for luncheon with my sisters-in-law and proceeded through London and Manchester to Hyden. The roads weave in and out through the beautiful Eastern Kentucky mountains and, although it is slow driving, the scenery is fantastic. The trees were just beginning to turn from dark green to bronze and the dogwood scattered its early crimson through the forest. From Manchester the road is called the Devil's Highway as it has so many sharp turns with the added hazard of coal trucks dashing around the corners at breakneck speed.

We passed through Hyden which has a fine new library, crossed the Kentucky River and up a steep hill to Wendover, the home of the Frontier Nursing Service, where I was to spend the night as the ceremonies began early the next morning. There I was supposed to meet my husband but as there was a vote late Friday afternoon on the Highway Construction Act, he just wasn't able to get from Washington to Hyden in time and had asked me to take his place.

Outside of Kentucky the question most often asked is "have you been to the Derby" and-or "have you been to the Frontier Nursing Service"—for both have caught people's imagination all over the world.

It was 45 years ago that Mary Breckinridge, an extraordinary lady and descendent of one of the most distinguished and public spirited Kentucky families, came to Leslie County to set up the Service, for her great concern was to help the people of her state who had no access to medical care. She studied midwifery and home care for mothers in England and recruited nurse-midwives from England, some of whom are still at Wendover today. She and her staff traveled on horseback where there were no roads and from a small beginning, but a great

dream, the FNS has prospered and expanded, helping a community of over 15,000 people.

After Mrs. Breckinridge's death a few years ago, Miss Helen Browne from England, who had worked with Mrs. Breckinridge for years, became the director of FNS. Three of her sisters came all the way from England for Mary Breckinridge Day.

The next morning, the group from Wendover, which included many people who had come for the ceremonies from all over the United States, went to Hyden to see the parade of floats that came from Ritter's Camp and finished in a big field below the ground where the hospital will be built. There were more than 2,000 people gathered there and I saw friends from all over Eastern Kentucky. Children had made the floats themselves and the high school band played loud and clear. Boys and girls galloped about on ponies while two palominos and their riders stood heroically in the middle of the fair grounds at attention during all the commotion.

Mr. W. R. Sizemore was the master of ceremonies. Marvin Breckinridge—now Mrs. Jefferson Patterson, an FNS courier in her youth and now national chairman of FNS—made an excellent talk as did Congressman Tim Lee Carter. Then, with a beautiful new shovel, Mrs. Patterson, Congressman Carter, Helen Browne and I broke the ground for the new hospital. Next came the crowning of the beauty queen by the Attorney General of Kentucky, John Breckinridge, 4-H awards to young farmers and float awards. After that, we were all very hungry for the delicious fried chicken and potato salad that was served on the grounds.

The Mary Breckinridge Hospital, with its 40 beds, will take care of the people in that area and it will also be used as a training center for a graduate school of Family Nursing. This is a new concept in medical care and the nurses trained at the hospital can continue their studies in association with a neighboring university.

The most impressive thing was the local support given to the new hospital by the people of Leslie, Perry and Clay counties. They have gone over their quota in their fund drive for contributions. Mary Breckinridge's dream has come true.

OLD COURIER NEWS

Edited by
JUANETTA MORGAN

From Ann Danson Muhlhauser, Glendale, Ohio

—October 8, 1970

What a grand time we did have last week-end! Our visit to Wendover certainly brought back many fond memories. I will now read the Bulletins with much more interest having seen the changes and the site for the new hospital. I will also be able to picture the Mary Breckinridge Day activities and appreciate all the work that is put into making it a success. We were most impressed with the renovation of Aunt Hattie's Barn.

. . . .

From Nancy Dalrymple, Lincoln, Massachusetts

—October 25, 1970

I am applying to the Experiment in International Living for next semester and hope to be able to go to Japan. I worked this past summer in Scotland at a small hotel—it was a beautiful place and the people were so very friendly.

. . . .

From Nancy Dammann, Philippine Islands

—November 10, 1970

I'm glad to be back in Asia—I feel like I've come home as I've spent most of my working life in Asia. Manila is a nice place to live and I have been assigned an old house near the harbor with a lovely yard and garden. I've only been here a week so I don't know too much about the work I will be doing. My job will be to advise various organizations on the information and educational side of family planning. I'm also to help organize an information and education office in the National Media Center, a government organization. It should keep me busy!

I really do love the FNS and the work it is doing. I visited a lot of places during home leave but the only people I saw who seemed half-way content were those at FNS!

WEDDINGS

Miss Louise Pomeroy and Mr. Aidan Francis Gara on August 30, 1970 in Salisbury, Connecticut. This young couple is living in Baton Rouge, Louisiana, where Mr. Gara is teaching and studying at LSU.

Miss Louise Osborne Knight and Mr. Daniel John Clement on September 19, 1970 in St. Louis, Missouri.

THE BONES OF AN ORGANIZATION

The body of almost every organization has four kinds of bones:

The **wishbones**, who spend all their time wishing someone else would do the work.

The **jawbones**, who do all the talking but very little else.

The **knucklebones**, who knock everything that anybody else tries to do.

The **backbones**, who get under the load and do the work.

—Contributed

AUNT HATTIE'S BARN

by

SHARON KOSER, R.N., B.S.
Wendover District Nurse

Autumn 1939¹

"This brings us to Aunt Hattie's Barn, the gift of Mrs. Henry Alvah Strong of Washington, D. C., and the most beautiful barn ever built in this part of the world.

"It has ten big box stalls for the horses and cows, a large feed room (screened against rats), a model saddle room with places for everything, a great hay loft with solid oak flooring, and a wonderful stone foundation that will never slip off the side of the mountain. All of the Hospital horses have a haughty look now when you approach them, as if they recognized the advantages of their superior housing."

Autumn 1970

Aunt Hattie's Barn still stands today, thanks to the "wonderful stone foundation" which has never let it slip off the side of the mountain. But this past summer it underwent a transformation.

The "great hay loft with solid oak flooring" now holds five furnished apartments, three efficiencies and two with one bedroom. The solid oak flooring is covered with wall to wall carpeting. The "ten big box stalls," on the ground floor, now house members of the staff in spacious bedrooms with a bathroom between each two rooms. Two of the stalls have become a recreation room for the pleasure of all the inhabitants on Hospital Hill, complete with cooking facilities and a stereo set.

The outside of the building still resembles a barn but inside one finds cozy, comfortable living quarters for human beings, equipped with paneled walls, air conditioning and central heating. It might be said that all of the inhabitants of the barn "have a haughty look now when you approach them, as if they recognized the advantages of their superior housing!"

The remodeling of the Barn was made possible by a legacy from Miss Louie A. Hall in memory of her mother, Sophronia

Brooks, and by a gift from Mrs. W. Randolph Burgess in memory of her aunt, Miss Anne Morgan, but the residents thereof cheerfully and proudly say "I live in Aunt Hattie's Barn."

¹*The Quarterly Bulletin of the Frontier Nursing Service, Volume XV, Autumn 1939, No. 2*

MEMORIES OF THE KENTUCKY HILLS

Erin (my horse) standing under the sourwood tree, by the little branch, waiting for the new baby to cry.

Old Sari frying checken on the step stove.

Sweet potatoes in the oven.

Possam in the hills.

A rainbow over Mollie's Branch.

A double rainbow, making a beautiful half-circle over Bullskin Creek.

Colors coming in the woods, the sourwood first.

Cow bells in the distance.

Tides in the spring. Little Branch, by the barn, tumbling a spray with redbuds and dogwoods like gay dancers looking on.

A new born babe arriving to greet all this beauty.

—Della Int-Hout

In Memoriam

- | | |
|---|---|
| MRS. HALL ADAMS
New Rochelle, New York
Died Spring, 1970 | MISS HOPE HOLLINS
New York, New York
Died in September, 1970 |
| MRS. WILSON ADAMS
Hyden, Kentucky
Died in August, 1970 | MR. AND MRS. JOHN A. PAPPS
Hambledon, England
Died in October and May, 1970 |
| MR. ELMER BEGLEY
Hyden, Kentucky
Died in September, 1970 | MR. CHRIS G. QUEEN
Sylva, North Carolina
Died in July, 1970 |
| MR. PAUL COOK
Mozelle, Kentucky
Died in June, 1970 | MR. CARLO WAGERS
Creekville, Kentucky
Died in July, 1970 |
| MRS. DWIGHT P. GREEN
Winnetka, Illinois
Died in May, 1970 | MRS. GEORGE C. WARNER, JR.
Bethesda, Maryland
Died in September, 1970 |

IN OTHER WORLDS THAN OURS

If this poor "wandering little star"
 Holds so much beauty, so much bliss,
 What unimagined splendours are
 In other, happier worlds than this!
 If seas are blue, and sunsets red,
 And towering mountains capped with snow
 And continents with corn are spread,
 And spacious rivers leap and flow,
 What scenes the enraptured eyes may trace,
 Undazzled at the depth of noon,
 On continents that spin through space—
 "East of the sun, west of the moon."
 If human lips are heavenly sweet,
 And human eyes so softly glow,
 And human forms, from head to feet,
 Are fire, and ivory, and snow,
 What skies may shine, what flow'rs may bloom,
 What radiant souls may walk above,
 Where beauty has survived the tomb
 And life is everlasting love!

—Arthur Bennett in *Light*, London, 1930

We like to think of the friends we have had to give up as ones who have, as Thackeray says, "only gone into the next room". Several of our oldest friends and neighbors had worked with us over the years and we who have known them well feel we have lost part of ourselves. We shall be ever grateful for their friendship and their help, as members of FNS committees in the mountains and in the cities. We are grateful for the generous legacy from a faithful supporter of FNS for thirty-five years.

Special loving sympathy goes to two families with whom we have had close ties for many years—to the family of our beloved courier, the late Jean Hollins, on the death of Jean's sister, Hope Hollins, and to our two couriers, Jane Leigh Powell and Lois Powell Cheston, on the tragic loss of their sister, Edith, and her husband, John A. Papps, who died within a few months of each other.

How should we bear our life
Without the friendship of the happy dead? . . .
They see the steadfast purpose of Eternity,
Their care is all for us . . .
We, all unknowing, wage our endless fight
By ghostly banners led,
By arms invisible helped in the strife.
Without the friendship of the happy dead,
How should we bear our life?

THE SCYTHER TREE

Trees have long memories—carved initials and childhood valentines last a lifetime. But this one is different.

By HAROLD HELFER

President Lincoln had called for volunteers, and on an October day in 1861 an apple-cheeked farm boy named James Wyman Johnson put down his scythe, said goodby to his tearful parents, and went off to war. As he left, he carefully placed his scythe in a nearby sapling and said, "Leave this here—I'll pick it up when I return."

He joined Company G, 85th New York Volunteers, and for three years he fought well and bravely. From an apple-cheeked youth, he turned into a bearded young man with melancholy eyes, credentials that showed he'd been in the thick of things, in the worst of what was happening.

When it finally came, his parents refused to believe the news of his death. They kept praying he would return and reclaim his scythe. But he never did.

The tree continued to grow though. Over the years it developed into something quite grand, measuring 100 feet in height and five feet through its trunk. Almost miraculously, in 1916 it even survived a bolt of lightning. And in 1917 two unknown farm boys went off to World War I and left their scythes in the great tree, too.

The scythes are still there today, incorporated by the great tree, six inches of their steel blades still visible. And people, somehow having heard about the Scythe Tree, come from miles away to look at it. The farm, some 2 and 1/2 miles west of Waterloo, is now owned by the Lohr family and they don't seem to mind.

There's a sadness about this great tree, with the points of steel sticking out from its very heart. But somehow there's a restfulness and a peace about it too. Perhaps the innate loveliness of the tree makes for this, and its pastoral surroundings help. You can get the feeling that maybe someday the young men will return, pick up their scythes, and go back to the field. Just as you can believe that some day there will be no more war anywhere on earth.

An interesting thing about all this is the kind of tree this is. It is rarely found in this area, and no one knows how it got there in the first place. It is a balm of Gilead.

—Reprinted with permission from the author and
FORD TIMES, August 1970, Vol. 63, #8.

OLD STAFF NEWS

Edited by

EILEEN H. MORGAN

From Mary Bliffen in Rhodesia, Africa—May, 1970

I am at present doing nursing in Rhodesia as a missionary. This July I will start a new graduate midwifery course at a Government Hospital. This will include midwifery, medical student and intern lectures. I am preparing to open a new midwifery school for our mission since we have no such school in our mission nursing school at this time.

. . . .

From Carol Banghart in Baltimore, Maryland—July, 1970

The Leslie County News gives us some news of the area; however, we often think of you and wonder how all your activities are progressing.

Valerie Jewell and I keep busy with our work. She is doing public health nursing in Baltimore, has clinics and home visiting and is currently working in a generalized program with all services. Valerie finds her experience at FNS to be helpful. She is looking forward to beginning work in September as a nurse-midwife in the Maternal and Infant Care Project. She will be assigned to another one of the six health centers and will work mostly in maternity and family planning clinics.

My work as a public health nursing consultant in maternal and child health is varied. I am based at the State Office Building in Baltimore, but I spend about half the time in western Maryland or in Prince Georges, Montgomery, Frederick or Washington Counties. There is a need for more physicians to staff maternity, family planning and child health clinics. So many times I have realized the need for midwives to fill the gaps in care and to improve the quality of care. We are beginning to recruit full-time obstetricians and gynecologists to staff some of the clinics in areas where there are no physicians available. There are many general practitioners in the various counties; however, they have more than enough in caring for sick people.

From Tommie McDonough in Brandon, Vermont

—August, 1970

I am working this summer at a children's camp in western Vermont. When I return home in the fall, I will accept a post as supervisor at our local hospital.

I write to Marie Sullivan regularly. She is in the Brazilian jungles with Interfaith Missions. Barbara (Rubdie) Benedict is expecting her third baby in October. She teaches natural child-birth in her spare time.

. . . .

From Nancy Sandberg in Ambo, Ethiopia—August, 1970

I have been in Ethiopia three years now. So much here is like Kentucky. We have prenatal clinic every Friday afternoon with about twenty-five mothers. Most of them deliver at home. We do not have enough staff to attend deliveries at home, but have about twenty deliveries a month in the hospital. I do some post-partum home visits every week, which is lots of fun.

Phyllis Long has just finished her three-year teaching contract at the Public Health College and is spending a few months working with a small British Mission. We are both planning on returning to the States next spring, traveling through West Africa and England on the way.

Our rainy season is just ending. Everything is so green. Our poinsettia plants are like trees and in full bloom.

There are several FNSer's here in Ethiopia. There was a note in yesterday's Addis Ababa newspaper telling of Miss Adenetch, the nurse from Ethiopia who visited FNS.

Greetings to anyone I know.

. . . .

**From Priscilla Crow in Yahe, Bansara, South East State,
Nigeria—Autumn, 1970**

As you can see, I have a new address: Yahe - P.M.B. 1 Bansara, South East State, Nigeria, Africa. I still like to receive mail, if only a card.

Last week I had one hundred and ten patients in the Clinic. Almost half were prenatales and one-third of those were new ones. That number doesn't sound very big compared to our former

Relief crowds, but it takes a lot more time now as we do lab tests and other medical procedures that we had to skip before. I began at 8:00 a.m. and worked until 6:00 p.m. I am also holding classes for our staff here once a week and I have to do some "homework" to keep up with them.

. . . .

From Lydia Frank in Granada, Colorado—September, 1970

I left Katshungu on *Wings of Calvary* on August 14. Judy Lindquist joined me at Nairobi where we took a jet to London and Detroit. There Judy left me to go to Bible School at Miami Bible College.

I am so thankful to be with loved ones again after all these years. Good food, fresh air and sunshine are making a big difference already. I am looking forward to seeing you all during this furlough year.

. . . .

From Marion ("Tommy") Nighman in Anchorage,

Alaska—September, 1970

I would certainly like to get back to see all the many things that are being done. Since the barn is being used for other purposes, it sounds like "Nurses on Horseback" are a thing of the past.

Here I am in Alaska where there is lots of empty space. I am headquartered in Anchorage which is a lovely city, large enough to be a little sophisticated, yet small enough to be "small townish." I am a Regional Supervisor for the South Central Region which extends from the Canadian border on the east to the Bering Sea on the west and from the Brooks Range on the north to the southern border. We have itinerant PH nurses who cover all of the many little Eskimo villages, carrying all their gear with them. Travel is by plane, bush plane, river boat, dog sled or by ski-doo, which are being used increasingly by the natives to haul their sleds instead of using dogs. It is really a rugged existence especially in the winter, which is fast approaching, when the temperature may go as low as 80 degrees below out on the coast. The nurse who covers the Aleutian Chain travels over 1400 miles just to get to her villages. All of my nurses have to fly 500 miles to Bethel before they even begin their treks to their areas.

From Mary Ruth Sparks ("Sparkie") in Rome, Italy

—September, 1970

I am here today at St. Peter's again, but I did not see the Pope this time. Italy is warm and sunny.

We are going to Naples and Isle Capri tomorrow, Austria and Germany next. There are forty-eight persons on the tour. A young post-graduate student is our guide.

. . . .

From Elda Barry in Istanbul, Turkey—October, 1970

Our wonderful trip to India is going along well and we are enjoying much along the way. The Passion Play was a marvelous experience. An opera, one of Mozart's, was great in Vienna.

Istanbul is so interesting, but it has changed quite a bit since I was here over thirty years ago. We have just visited a beautiful mosque.

We plan to be in India on October 10. Then we go to Australia to be with friends for Christmas, their summer time.

. . . .

From Liz Palethorp in Swanage, Dorset, England

—October, 1970

Last Monday I commenced a two-month refresher course in midwifery. I had wanted to go to Poole but they had no vacancies, so instead I attend Weymouth and Dorchester. I have started off at Weymouth where the tutor is based. Everyone is very friendly and comparatively informal except in the dining room where not only is seating arranged as in the 'good old days'—one table for administrative, one for sisters, etc. —, but also the administrative staff have linen napkins in rings, sisters have paper napkins and no rings and the rest of us plebians don't get a napkin at all!! As I am there for only a short while I am mildly amused, but I do miss my napkin.

There are great changes in post-natal routine treatment since I trained in '53-'54. Sensible changes, but with Hyden midwifery freshest in my mind I had to smile to myself. Here they advocate tub baths daily in preference to showers!

I dash off from Swanage at 7:00 a.m. and can do the twenty-

seven miles in forty-five minutes, but the evening return trip takes an hour.

Love to all at Wendover.

. . . .

From Carolyn Coleman in Brussels, Belgium

—November, 1970

Greetings from Brussels! I am quite settled and feeling at home here. There's a real international "feel" about Brussels with so many nationalities represented; it seems you are likely to meet people from anywhere in the world. They even have "Kentucky Fried Chicken" which really makes me feel at home!

We're going to the "Administration School" for French, so called because the Belgian government has always sponsored and subsidized the school for people going to Congo, even in the ten years since Congo's independence. The course we are getting is excellent, mainly audio-visual, and taught by a young Ph.D. candidate with a major in psychology as well as linguistics. He's got long hair and likes to pound on the table and slam the blackboards but we're used to that by now.

The Salvation Army "pension" where I am staying is also very international. Right now there are about six Americans, five Scandinavians, several Belgians, and a couple from Iceland living here. We've been hearing bits and snatches about the nurses tropical diseases course in Antwerp as one of the girls here is taking that. After three and a half months more of French, I'll be in Antwerp for the same course which means I would be going to Congo about the beginning of July.

My cousin who teaches in the American Embassy in Warsaw, plans to spend the Christmas holidays with me and we are hoping to get to the British Isles around New Year's. It will really be good to get back to an English-speaking country again.

. . . .

From Judi Gibson in Casper, Wyoming—November, 1970

Wyoming is great. I am settled and have been working for four weeks. The work is very different from FNS, but I am enjoying it.

Casper is a nice city and there are lots of things to do. It

reminds me a lot of Kentucky. People are so friendly! It snows quite a bit, but it melts and evaporates quickly.

I do miss Kentucky!

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From Kathy Kroll's mother, Mrs. Everett R. Kroll

in Colfax, Washington—November, 1970

Kathy is now in Cameroon, West Africa. She is getting along very well; however, she is not using her midwifery as yet. She is teaching in a girl's school at Victoria and is also the school nurse.

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From Nancy Reid in Cleveland, Ohio—November, 1970

I have thought about all of you a lot, especially now that winter is coming and the mountains must have changed quite a bit.

Public Health is one of the things I am studying now. The clinical experience deals with inner-city people and is interesting. Many of the patients are from the mountains.

Jerry is doing his obstetrics clerkship and likes it very much.

Tell everyone hello for me and have a good winter.

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From Gayle West in Ingleside, Nebraska—November, 1970

I want to thank you and everyone in FNS for a very enjoyable summer. I learned more in my experiences in Kentucky than I ever could from books. I will never forget all the memorable times spent with the mountain people.

I was very impressed with FNS's program. I do hope everything works out all right with the new hospital.

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From Margaret Willson in Crantock, Cornwall, England

—October, 1970

I finished a three-month district nursing course in Plymouth at the end of August and I am now employed by Cornwall County Council as a district nurse-midwife in the rural area of Looe and district. Life is pleasant and I am giving a bit of bedside care again. Also, there are ante-natal clinics to be run at the G.P.'s surgery in Looe. At the moment I am in lodgings at Polmar with the district nurse-midwife there. Soon I hope to move into the

nurse's flat at East Looe, where I will be fending for myself and will be able to have my pup with me. The pup is only four weeks old now so she is still with her mum on a farm. She is a black Labrador and I look forward to having her company.

I have just had a super holiday in the Lake District. We had a cottage to ourselves in magnificent autumn scenery of lakes and hills.

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A Baby

Born to Mr. and Mrs. Gary McDowell (**Dottie Parrella**) of St. Mary's, Kansas, a son, Michael Thaddeus, on October 25, 1970, weight 8 pounds, 3 ounces. Dottie writes:

"My oldest is 23 months now. I am enjoying every minute of being a mother.

"I think of FNS often, especially when the roar of city life becomes overwhelming. One year I hope to visit you all again."

Some things haven't changed. At the turn of the century, people were amazed when someone drove 20 miles an hour—they still are.

—*Modern Maturity*, Dec.-Jan., 1970

BEYOND THE MOUNTAINS

On October 8 and 9, I was invited to speak to the physicians and nurses at the Fifth District Meeting of the American College of Obstetricians and Gynecologists in Dayton, Ohio. Both groups were interested to hear of the work of the nurse-midwife in the FNS.

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Our warmest congratulations go to Dr. A. A. Shawkey of Charleston, West Virginia, who celebrated his one hundredth birthday this fall. This distinguished pediatrician has been a member of our National Medical Council for many years. We remember with pleasure his visit to Wendover in 1963 when he and Mrs. Breckinridge delighted us all when telling of their efforts to improve environmental health in the days typhoid fever was endemic. On looking back over the years one realizes how much can be learned from these great pioneers in the field of health.

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In early November Kate Ireland was in Cleveland to speak about the FNS, Today and Tomorrow to her fellow members of the Intown Club.

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The New York Committee is arranging an afternoon meeting for members and friends of the FNS at the National Society of the Colonial Dames at 215 East 71st Street, New York City, on Monday, February 1, at 3:00 p.m. Members of the New York Committee will be busily engaged in addressing invitations before the end of the year.

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Dr. W. B. Rogers Beasley spent three weeks in Malaysia this fall as a Family Planning Consultant for the World Health Organization. He had the opportunity of meeting many obstetricians and nurse-midwives from all over the world. Dr. Edward Dodge attended the fall meeting of the American Public Health Association in Houston in October. Dr. Dodge has just taken the second part of his Board examinations in Preventive Medicine. Gertrude Isaacs has made two trips to Nashville recently to meet the

faculty at Vanderbilt University where the program in Family Nursing at the Master's degree level is being developed.

. . . .

On December 2, our field supervisor, Mable Spell, will be going to Louisville to take part in a panel discussion to explore the possibilities of organizing an Assembly of Home Health Agencies in Kentucky. The panel members will be discussing the problems in the delivery of home health services.

. . . .

The annual Christmas Preview arranged by the FNS Boston Committee was held at the Concord Country Club in October. Our old courier Lois Powell Cheston was chairman of the Preview Committee. She and her committee are to be congratulated on the arrangements and for making the Club rooms look festive and gay. We welcomed again the stores who have been with us for many years and were glad to see some new faces. I was the guest of the Boston Chairman, Mrs. William Helm, Jr., (courier Nella Lloyd) at her home in Weston.

The FNS Board of Governors held its fall meeting in Boston this year and were guests of the Boston Committee members on the second evening of the Preview, following their all-day meeting at the Chilton Club.

Jane Leigh Powell drove me to Boston on October 20, where I had a speaking engagement at the Children's Center. Nella Helm met me there and, after the meeting, drove me to her home where her husband Bill joined us and we drove to Concord for the Sponsor's Evening at the Preview. It was a delightful evening and I had the opportunity of meeting and talking with several parents of young FNS volunteers and of seeing many old friends.

On October 23, I was invited to speak about Family Nursing in the Frontier Nursing Service to physicians and nurses at the Peter Bent Brigham Hospital. I introduced our movie, *THE ROAD*, and talked of the need for more health personnel to work with families in rural areas as well as in the inner city. I was pleased to be able to tell the physicians that Dr. C. T. Nuzum, who had been chief medical resident at their hospital last year, is now at the University of Kentucky and is giving freely of his time to the FNS. Dr. Nuzum comes each Saturday to talk about

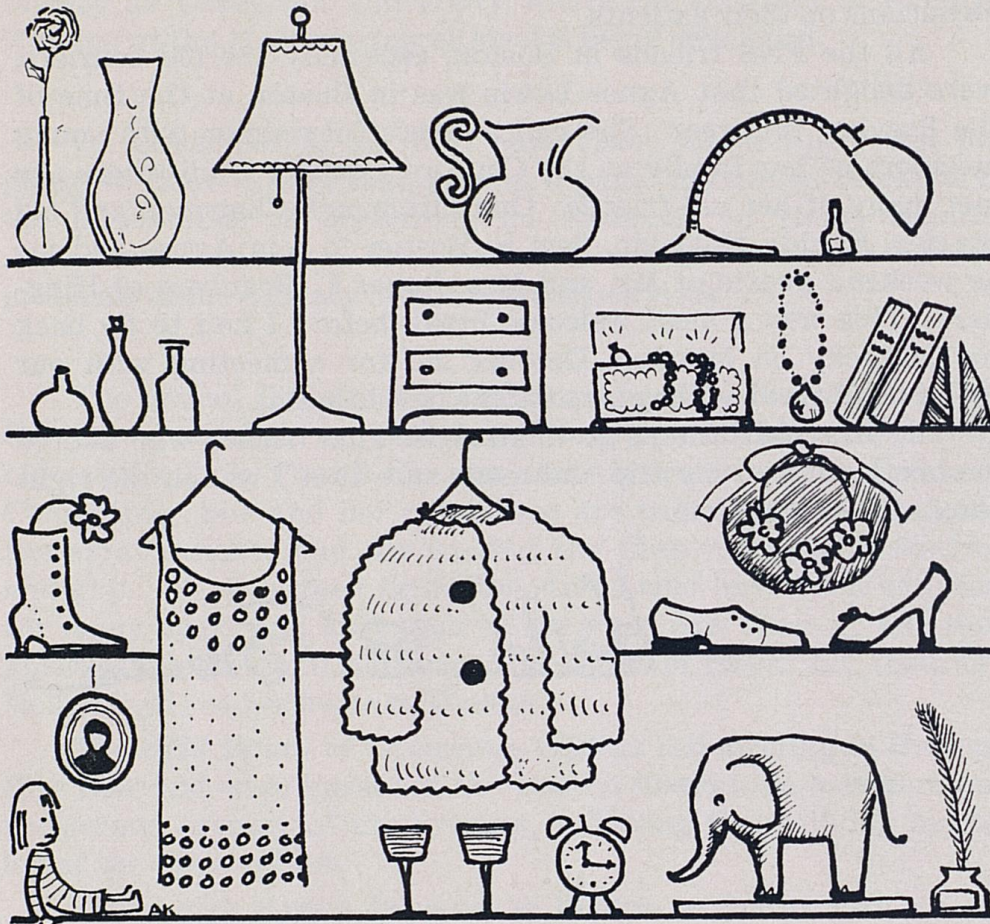
medical problems to our nursing staff and to consult with our physicians on their patients.

All the FNS friends in Boston, especially the old couriers, were delighted that Agnes Lewis was in Boston at the time of the Preview this year. She had a delightful reunion with young members of her family at the Concord Country Club where she met many of her old friends. Our Pittsburgh Chairman and old courier, Freddy Holdship, flew to Boston to join Agnes and me as weekend guests of Mr. and Mrs. Roger L. Branham of Hingham. This was a most welcome break before I had to fly back to Kentucky on Monday, October 26, for a meeting with our architects to review the plans for the new hospital.

My heartfelt thanks go to all those kind friends who offered me hospitality on my trip and made sure that I was in the right place at the right time.

Helen E. Browne

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IT COULD HAVE BEEN "GUISEPPILAND"

The names parents choose for boy babies are strong determinants. Give a boy one of certain "fancy" names and he will be forced to learn the art of self-defense at an early age. A boy with an unusual name will try to turn it into a nickname like "Spike" or "Butch" or "Slim".

An Italian boy had such a problem. His name was Almerigo . . . a fitting name for a banker, and that was what the boy's father wanted him to be. The boy had different yearnings, but he gave in to parental rule. This was the 15th century, not the 20th.

In due time Almerigo was manager of the Medici branch bank in Seville, Spain. Then in 1496 the branch was closed. Almerigo found himself without a job at the age of 45. Did he sit down and feel sorry for himself?

Almerigo did not. To him, the end of his job meant **freedom**—and he wanted to make the wisest possible use of it. His children were grown. His wife was willing. He sank all of his money in a ship and set sail to explore the new lands Columbus had discovered a few years earlier.

He left in 1497—and came back five years later to tell the Europeans that the "islands" discovered by Columbus on his fourth voyage were actually the coastlines of a huge continent that stretched from the Arctic almost to the Antarctic.

When the German geographer Waldseemuller drew a map showing this new continent, he gave it Almerigo Vespucci's given name—Almerichland. The name stuck and was later translated into the Latin "Americus".

It's interesting to ponder what might have happened if Almerigo had been named Guiseppi instead.

—*The Colonial Crier*, Sept-Oct., 1970
Colonial Hospital Supply Company
Chicago, Illinois

FIELD NOTES

Edited by
PEGGY ELMORE

The Kentucky mountains enjoyed unusually warm weather until the middle of November but now, dreary, drizzly days and even a few snow flurries are warning us that Thanksgiving, and Christmas, and WINTER are just around the corner.

On Thanksgiving Day, Wendover will entertain as many of the staff as possible for turkey and all the trimmings. At the same time, members of the old staff in England will hold their annual reunion which has been arranged again this year at the South London Hospital by Betty Hillman.

Preparations for Christmas parties for the children for whom the FNS cares have begun on the Lower Shelf at Wendover. We are delighted to have Patricia Apgar of Clinton, New Jersey, and Kathleen Ekeren of Havertown, Pennsylvania, to help get things ready. These girls are two of a long list of students from Keuka College who have given a month of volunteer work to the FNS each year for over twenty years. We were pleased when Keuka's Placement Director, Miss Edith Estey, came by to see Pat and Kathy and Wendover and were sorry that she and Dr. Snow, a faculty member who accompanied her, could not stay the night with us.

As for WINTER, the only thing we can say is that it is inescapable and even if it is one of the worst in history, as some predict, it **will** end and spring **will** come! Our optimism is somewhat tempered, however, by the "improved" Wendover Road which is a foot deep in mud in some places and seems in danger of disappearing completely down the mountainside in others. Whether we'll have a road passable for cars this winter is a question we cannot answer at the moment. Our alternate access route, the Hurricane Creek Road, may not be passable even by jeep when the freezing rains and snow come.

. . . .

We are delighted to welcome Dr. Anne A. Wasson and Mrs. Alice Whitman of New London, New Hampshire, to the FNS staff. Neither are strangers to Bulletin readers, because Dr.

Wasson has done vacation relief for our physicians for the past two summers and Alice has been of tremendous help in several departments at Hyden Hospital. They are returning to Kentucky in time to join us for Thanksgiving and this time they are going to stay. Dr. Wasson will become Chief of Clinical Services at the Hospital and Alice Whitman will be the Hospital's new office manager.

. . . .

During the week of November 9, some thirty-plus youngsters lost their diseased tonsils, thanks to three physicians and three nurses from the University of Cincinnati. We do appreciate all the hard work done by Dr. Glenn Bratcher, Dr. Theodore W. Striker, Dr. William Brown, Miss Mary Herrington, Miss Diane Hurley and Miss Kathlyn Franklin. We are also grateful to Miss Irene DeMara, Director of the School of Nursing at the Appalachian Regional Hospital in Harlan, for the loan of four senior students—Diana Fee, Norma Fuller, Brenda Mayes and Sherry Presley—who were of tremendous help to our nursing staff.

. . . .

We are deeply grateful to the kind and generous friends of Frontier Nursing Service who have made it possible for us to replace the staff car and our station wagon-ambulance this year.

. . . .

It is with regret that we must say goodbye to the Rev. William P. Burns of Harlan at the end of November. Soon after Mr. Burns came to Christ Church in Harlan seven years ago, he began coming to St. Christopher's Chapel for Holy Communion once a month. We have appreciated more than we can express his many kindnesses to the FNS and its staff and we wish him well in his new post in North Carolina.

. . . .

Our dear Agnes Lewis returned to Wendover just before Mary Breckinridge Day and stayed for five weeks. She took on and cleared away a number of "projects" and gave Juanetta Morgan a chance to have a holiday. Now Agnes is back in Maryville, getting ready to go with friends on a Caribbean cruise over Christmas.

You will have read in the last several Bulletins of the experimental expansion of FNS's educational program which is in full swing—and further straining the seams of poor old Hyden Hospital! We have staff nurses, family nurse students, junior and senior midwifery students and midwifery interns and full-fledged nurse-midwives, and the status of some of them changes every four months. At times we all feel we are involved in a gigantic jig-saw puzzle in our efforts to coordinate education and service which must go hand in hand.

. . . .

We are happy to introduce to our Bulletin readers Barbara Criss, a nurse-midwife from Mena, Arkansas, Margaret Martini, an L.P.N. from Mt. Morris, Michigan, Lucia Cies, a laboratory assistant from Brookline, Massachusetts, Diane Wooton, a secretary from New Albany, Indiana, Linda Rice of Hyden who is Dr. Beasley's secretary, and the following registered nurses:

Patricia Charlton, Wilton, Connecticut
Janet Dunlap, Golden, Colorado
Treva Geiger, Pandora, Ohio
Dolores Hall, Erickson, Manitoba, Canada
Shirley Ann Heisey, Elizabethtown, Pennsylvania
Catherine Moore, East Lansing, Michigan
Betty Oglesby, Madisonville, Kentucky
Margaret Schmees, Oklahoma City, Oklahoma
and
Irene Swartzentruber, Meyersdale, Pennsylvania

Not only the nurse-students in our various program but all of the professional staff have benefited from the guest lecturers who come to conduct classes and seminars. Lectures by Mr. W. F. Brashear, Judge George Wooton, Mrs. Roscoe Elam, the Rev. Leonard Hood, Mrs. Ruth Baker, Mrs. Martha B. Cornett and Mr. John Collett, public health nurse and sanitarian, respectively, from the Leslie County Health Department, Mrs. Garnett Jones of the Leslie County Mental Health Clinic, Miss Grace Reeder, Regional Nursing Consultant for the Comprehensive Mental Health Clinic, all of Hyden, and Dr. Marion Pearsall, Professor of Anthropology at the University of Kentucky, have all contributed to an understanding of the bio-psycho-socio-economic problems of the area. Dr. C. T. Nuzum of the Department of

Medicine at the University of Kentucky Medical Center comes up each Saturday for a lecture on common medical problems and for consultation with our physicians. Dr. Thomas Pruitt of the Daniel Boone Clinic in Harlan and Dr. Ullin Leavell of the University of Kentucky have arranged for students and staff to attend clinics and workshops in ophthalmology and dermatology in Harlan and Lexington. Other physicians and dentists who have been to Hyden Hospital this fall have included:

Ward Bullock, M.D., University of Kentucky
Leonard Gettes, M.D., University of Kentucky
Stewart Chase, M.D., University of Kentucky
Cordon Brocklehurst, M.D., University of Kentucky
Jacqueline Noonan, M.D., University of Kentucky
David B. Stevens, M.D., our orthopedic consultant
from Lexington
Elizabeth Thompson, M.D., Cincinnati Children's
Hospital
Anthony Leger, M.D., Harlan
Steven M. Meader, D.D.S., Hyden
Martin Beck, D.D.S.
Hugh Burkett, D.D.S.

We are most grateful to all of these men and women for taking time from their busy schedules to contribute to the success of our new program.

We seem to have had chores for a goodly number of couriers during the autumn months and we've had plenty of couriers to do the job. Bonnie Reilly returned in September for a few weeks to help the new juniors—Alexa Beckman, Buffalo, New York, Karen Copeland, Webster Groves, Missouri, Hayes Robinson of Charleston, West Virginia, and Leslie Welles of Mt. Kisco, New York—become acquainted with the FNS. These four girls were joined in October and November by Adele Joyes of Louisville, Kentucky, Debby Ray of New York City, and Beth Sceery of Cohasset, Massachusetts.

Karen has been of tremendous help to Anna May January on a research project. Hayes has helped in the medical records office at Hyden Hospital, Lexie and Debby have done a time study on two of the district nurses, and the other girls have divided their time between Wendover and the outpost centers.

We were delighted that a number of courier parents have been able to come to Kentucky while their daughters were here. Mr. and Mrs. John Haire and Mr. and Mrs. Ronald J. Simons visited Bets and Becky before they left in September. Mrs. Neil Robinson brought Hayes and Mr. and Mrs. Preston P. Joyes, Jr., drove Adele to Wendover. Mr. and Mrs. William Copeland and JoAnn and Doug spent Halloween weekend at Wendover and Mr. Robert W. Beckman and Barry drove all the way from Buffalo to spend a night with Lexie. Mr. Beckman said that the trip, like the Army, was something he wouldn't have missed but he didn't think he would want to repeat. We don't think he liked our roads!

. . . .

In addition to the guest lecturers, the courier parents and the friends who came for Mary Breckinridge Day, we have had the pleasure of entertaining a number of other guests. Dr. Elwood L. Woolsey brought Mr. and Mrs. Ralph Brandt of Pasadena, California, over for lunch one October day and Dr. and Mrs. Richard Featherston from Lexington spent a night with us and Dr. Featherston made a "house call" on a couple of ailing pets! Dr. Martha Pitel and Mrs. Hester Thurston of the University of Kansas Medical Center came to observe the Family Nurse program and Dr. and Mrs. J. E. Burnett of Springfield, Ohio, came to see the nurse-midwifery program in action. Dr. Ian Shine of the University of Kentucky brought Dr. Cicely Saunders, the Director of St. Christopher's Hospice in London, and Sister Zeta Marie Cotter of Santa Fe to dinner one evening in November. Mr. and Mrs. W. T. Young and Mr. and Mrs. Robert L. Green of Lexington stopped by for Sunday lunch.

We were pleased to have a short visit from Mrs. Michael Hamilton who came down from New York while her husband, the British Parliamentary Observer at the United Nations, went back to London for a conference. Dr. Latimer K. Musoke, a professor of pediatrics at the Makerere Medical School in Uganda, spent a week at Wendover in late November. Dr. and Mrs. R. G. Santangelo of Cincinnati spent a week end at Hyden Hospital and Dr. and Mrs. William S. Jordan and Dr. and Mrs. A. S. Benenson of the University of Kentucky Medical Center came by for tea one afternoon. Sister Marie Stoeckler, who has worked with us

for the past two summers, brought her parents to Red Bird one week end and many of the staff have had visits from family and friends.

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Betty Lester, who has given so many years of her life to the Frontier Nursing Service and the community it serves, is looking forward to her retirement at the end of this year. She is planning to take a little holiday over Christmas but her many friends in Kentucky are delighted to know that she will return



MISS BETTY LESTER, O.B.E., R.N. S.C.M.
on The Gray Mare

to live in her own apartment in Hyden, which has been home to her for over forty years.

When Betty joined the staff in 1928, the Frontier Nursing Service was only three years old so her career and the history of the FNS are inextricably woven together. She has served the FNS in so many different capacities—from district nurse to midwifery supervisor, in social service and as hospital superintendent, and as an assistant director—that she is well known to every family cared for by the FNS. Her compassionate concern for all of our patients and their families has enabled her to carry the spirit of the FNS throughout the area.

We are happy to know that she will not be far away when she begins her well-deserved retirement.

CANDOUR

Sturdy applicant for gardening job: 'I can cut the grass and tidy up round. But I simply 'ates gardening. 'Ates it'.

—*The Countryman*, Autumn 1969, Edited by John Cripps, Burford, Oxfordshire, England.

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Margaret Durbin Harper Memorial Nursing Center
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Hyden District Nurse
Miss Susan Warner, R.N.

S.C.M. stands for State Certified Midwife and indicates a nurse, whether American or British, who qualified as a midwife under the Central Midwives Boards' examination of England or Scotland and is authorized by these Boards to put these initials after her name.

C.M. stands for Certified Midwife and indicates a nurse who qualified as a midwife under the Kentucky Department of Health examination and is authorized by this Department to put these initials after her name.

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."

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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

FRONTIER NURSING SERVICE,

and sent to the treasurer

MR. EDWARD S. DABNEY

Security Trust Company Building

271 West Short Street

Lexington, Kentucky 40507

Statement of Ownership

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

FRONTIER NURSING SERVICE
QUARTERLY BULLETIN

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

Publisher: Frontier Nursing Service, Inc., 271 West Short Street, Lexington, Kentucky 40507.

Editor: Helen E. Browne, Wendover, Kentucky 41775.

Managing Editor: None.

Business Manager: None.

(2) That the owner is: Frontier Nursing Service, Inc., the principal officers of which are: Mrs. Jefferson Patterson, Washington, D. C., chairman; Miss Kate Ireland, Wendover, Ky., Mr. Henry R. Heyburn, Louisville, Ky., Mrs. F. H. Wright, Lexington, Ky., vice-chairmen; Mr. E. S. Dabney, Lexington, Ky., treasurer; Mrs. John Harris Clay, Paris, Ky., and Mrs. Charles W. Allen, Jr., Louisville, Ky., secretaries; Miss Helen E. Browne, Wendover, Ky., director.

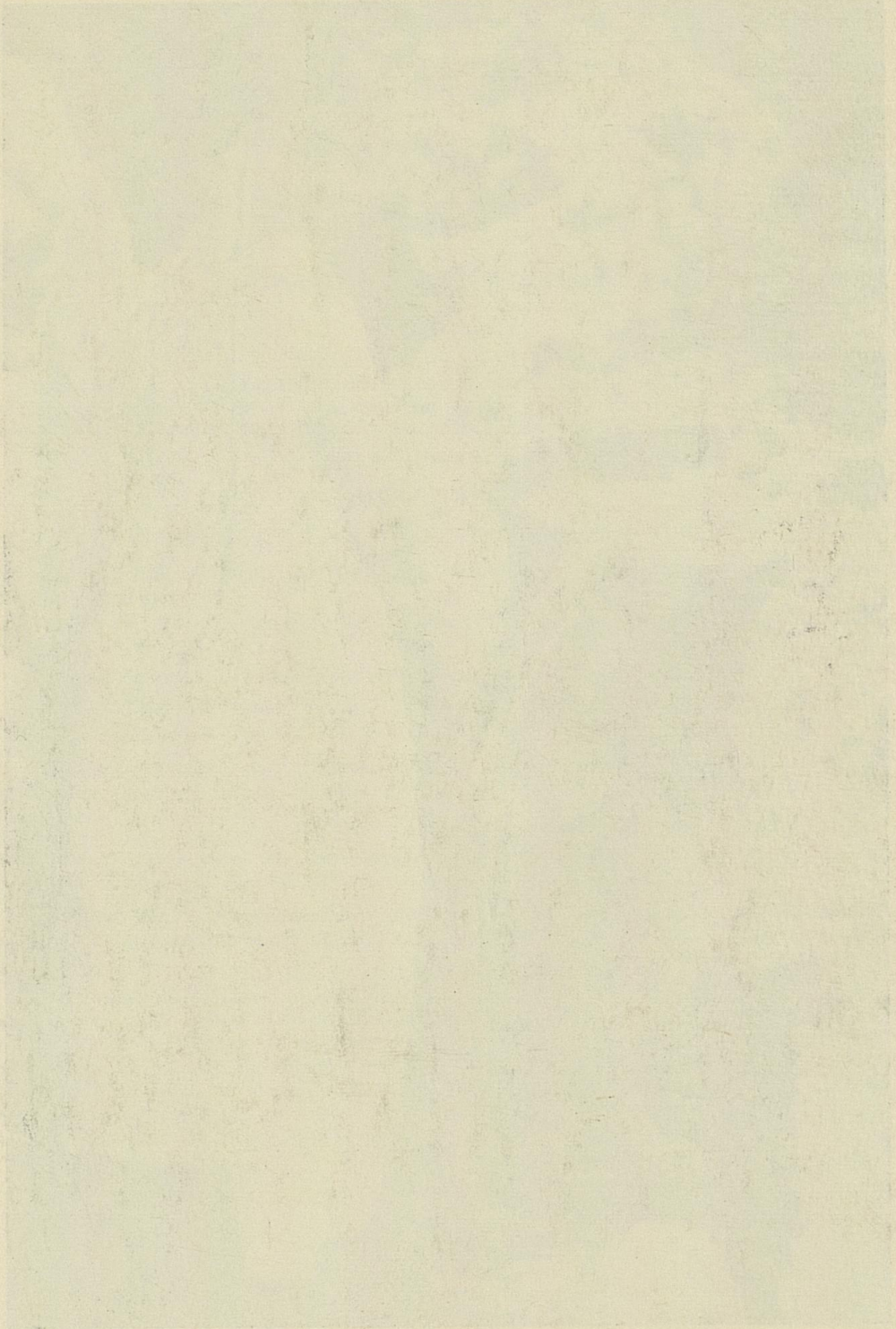
(3) That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages or other securities are: None.

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

HELEN E. BROWNE, Editor



This "Little Angel", photographed by the late Virginia Branham in 1955, is now grown, married and has been employed in the FNS Record Department at Wendover for over a year. She is Mary Frances Morgan Meade, and her mother Mrs. Aden Morgan, says this is the only time she was ever an angel!



The first part of the book is devoted to a description of the various forms of the letter 'A' as they appear in the different alphabets of the world. The second part is a collection of specimens of the various styles of calligraphy, and the third part is a treatise on the art of writing in general. The book is the only one of the kind that has ever been published.