

FRONTIER NURSING SERVICE QUARTERLY BULLETIN

VOLUME 48

SUMMER, 1972

NUMBER 1

FORTY-SEVENTH ANNUAL REPORT



Photograph by Vera Chadwell, 1950

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FORTY-SEVENTH ANNUAL REPORT
of the
FRONTIER NURSING SERVICE, Incorporated
for the Fiscal Year
May 1, 1971 to April 30, 1972

PREFACE

As has been our custom since we were one year old, we present our annual report of the fiscal affairs and of the field of operations of the Frontier Nursing Service, Incorporated.

We have, as in previous years, divided our report into two sections. One section is about money, and one section about work.

Under the heading of Conclusion, we tell something of what the year has meant to us.

I.

FISCAL REPORT

The figures that follow are taken from the Balance Sheet, the Exhibits and Schedules of the Audit for the fiscal year which ended April 30, 1972.

POTTER, HISLE, SUGG & NOLAN

Certified Public Accountants

2228 Young Drive

Lexington, Kentucky 40505

September 1, 1972

To The Officers and Trustees
Frontier Nursing Service, Incorporated
Lexington, Kentucky
Ladies and Gentlemen:

We have examined the balance sheet of the Frontier Nursing Service, Incorporated as of April 30, 1972, and the related statements of income and expense, changes in surplus and changes in financial position for the fiscal year then ended. Our examination was made in accordance with generally accepted auditing standards, and accordingly included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion the aforementioned financial statements present fairly the financial position of Frontier Nursing Service, Incorporated as of April 30, 1972, and the results of its operations and changes in its financial position for the year then ended, in conformity with generally accepted accounting principles applied on a basis consistent with that of the preceding year. The supplementary information included in the schedules was subjected to the same auditing procedures and in our opinion is stated fairly when considered in conjunction with the financial statements taken as a whole.

POTTER, HISLE, SUGG & NOLAN

FRONTIER NURSING SERVICE, INC.

BALANCE SHEET

April 30, 1972 with Comparative Figures for 1971

ASSETS

CURRENT ASSETS:	1972	1971
Cash on Hand and in Bank.....	\$ 36,738	\$ 63,172
Accounts Receivable:		
Trust Fund Income.....	15,497	8,296
Hospital and Pharmacy Accounts.....	292,791	253,323
Less: Allowance for Uncollectible Accounts.....	(106,146)	(97,701)
Accounts Receivable—Medicare	10,000	56,772
Accounts Receivable—Home Health.....	21,205	18,023
Accounts Receivable—Other	20,785	-0-
Inventory—Supplies.....	45,239	42,821
Prepaid Expenses	4,624	6,544
Total Current Assets.....	<u>\$ 340,733</u>	<u>\$ 351,250</u>
TRUST FUND INVESTMENTS, AT COST: (Schedule A-1)		
First Security National Bank and Trust Company, Lexington, Ky.	\$2,082,991	\$2,049,130
Liberty National Bank and Trust Co., Louisville, Ky.....	85,421	85,361
Morgan Guaranty Bank and Trust Co., New York, N. Y.....	229,233	229,233
Bankers Trust of New York, New York.....	204,311	204,311
Citizens Fidelity Bank and Trust Company, Louisville, Ky.....	175,000	175,000
Total Trust Investments.....	<u>\$2,776,956</u>	<u>\$2,743,035</u>
PROPERTY AND EQUIPMENT, AT COST:		
Property and Equipment (Schedule A-2).....	\$1,293,753	\$1,098,134
Less: Accumulated Depreciation—straight line method.....	(160,051)	(127,148)
Total Property and Equipment.....	<u>\$1,133,702</u>	<u>\$ 970,986</u>
OTHER ASSETS:		
Mary Breckinridge Hospital and Development Fund.....	\$2,581,499	\$2,728,936
Deferred Interest	722	1,081
Total Other Assets.....	<u>\$2,582,221</u>	<u>\$2,730,017</u>
TOTAL ASSETS	<u><u>\$6,833,612</u></u>	<u><u>\$6,795,288</u></u>

The accompanying note is an integral part of this financial statement.

EXHIBIT A

LIABILITIES AND SURPLUS

CURRENT LIABILITIES:	1972	1971
Accounts Payable	\$ 29,655	\$ 77,143
Accrued Payroll	11,987	10,527
Payroll Taxes Payable.....	3,965	2,744
Notes Payable	2,177	3,183
	<hr/>	<hr/>
Total Current Liabilities.....	\$ 47,784	\$ 93,597
	<hr/>	<hr/>
 RESERVES:		
Liabilities for Contributions to Mary Breckinridge Hospital and Development Fund.....	\$3,393,639	\$3,272,688
Liability for Gain or Loss on Investment of Mary Breckinridge Hospital and Development Fund.....	31,398	31,398
Liability for Gifts, Endowments, Legacies in Trust Funds at Original Receipt Value (Schedule A-3).....	2,535,321	2,454,326
Reserve for Gain or Loss on Trust Funds.....	421,781	401,066
	<hr/>	<hr/>
Total Reserves	\$6,382,139	\$6,159,478
	<hr/>	<hr/>
SURPLUS:	\$ 403,689	\$ 542,213
	<hr/>	<hr/>
TOTAL LIABILITIES AND SURPLUS	<u>\$6,833,612</u>	<u>\$6,795,288</u>

EXHIBIT B

FRONTIER NURSING SERVICE, INC.
STATEMENT OF INCOME AND EXPENSE

For the Year Ended April 30, 1972 With Comparative Figures for 1971

	1972	1971
INCOME:		
Contributions.....	\$ 266,174	\$ 295,919
Benefits and Bargain Box.....	17,250	13,500
Gifts in Kind.....	3,112	12,371
Trust Fund Investment Income.....	366,562	142,181
Hospital Income	311,781	228,169
Clinic and Home Health Income.....	81,080	90,264
Other Income (Schedule B-1).....	114,793	212,184
	<u>\$1,160,752</u>	<u>\$ 994,588</u>
 EXPENSES:		
General and Administrative (Schedule B-2).....	\$ 266,892	\$ 252,241
Frontier School of Midwifery and Family Nursing	132,209	47,961
Home Health Centers.....	267,164	134,800
Hospital Expenses	633,011	590,341
Total Expenses	<u>\$1,299,276</u>	<u>\$1,025,343</u>
EXPENSES IN EXCESS OF INCOME.....	<u>\$ 138,524</u>	<u>\$ 30,755</u>

The accompanying note is an integral part of this financial statement.

EXHIBIT C

FRONTIER NURSING SERVICE, INC.
STATEMENT OF CHANGES IN SURPLUS

For the Year Ended April 30, 1972 With Comparative Figures for 1971

SURPLUS BALANCE—Beginning of Year.....	\$542,213	\$572,968
LESS: NET LOSS FOR YEAR.....	138,524	30,755
SURPLUS BALANCE—End of Year.....	<u>\$403,689</u>	<u>\$542,213</u>

The accompanying note is an integral part of this financial statement.

EXHIBIT D

FRONTIER NURSING SERVICE, INC.
STATEMENT OF CHANGES IN FINANCIAL POSITION
For the Year Ended April 30, 1972 With Comparative Figures for 1971

	1972	1971
Financial Resources Were Provided By:		
Net Loss From Operations.....	\$(138,524)	\$(30,755)
Add Charges to Operations Not Requiring Outlay of Working Capital:		
Depreciation.....	44,189	39,630
Deferred Interest	359	-0-
Amortization of Fund Raising Expense.....	62,222	-0-
Financial Resources Derived From (Used For) Operations.....	(31,754)	8,875
Donations and Bequests.....	275,875	508,664
Capital Gains on Trust Funds.....	20,715	-0-
Decrease in Working Capital.....	-0-	362
	<u>\$ 264,836</u>	<u>\$ 517,901</u>
Financial Resources Were Used For:		
Purchase of Property and Equipment.....	\$ 195,619	\$ 269,452
Increase in Trust Fund Investments.....	33,921	35,330
Increase in Working Capital.....	35,296	-0-
Increase in Mary Breckinridge Hospital Fund	-0-	212,038
Increase in Deferred Interest	-0-	1,081
	<u>\$ 264,836</u>	<u>\$ 517,901</u>
Increase (Decrease) in Working Capital:		
Increase (Decrease) in Current Assets:		
Cash.....	\$(26,434)	\$(29,499)
Accounts Receivable.....	15,419	62,710
Note Receivable.....	-0-	(1,000)
Inventory.....	2,418	2,314
Prepaid Expenses.....	(1,920)	3,216
	<u>(10,517)</u>	<u>37,741</u>
Increase (Decrease) in Current Liabilities:		
Accounts Payable.....	(47,488)	49,372
Accrued Payroll.....	1,460	(6,278)
Payroll Taxes Payable.....	1,221	(8,174)
Notes Payable.....	(1,006)	3,183
	<u>(45,813)</u>	<u>38,103</u>
Increase (Decrease) in Working Capital.....	<u>\$ 35,296</u>	<u>\$(362)</u>

The accompanying note is an integral part of this financial statement.

SCHEDULE A-1

FRONTIER NURSING SERVICE, INC
STATEMENT OF VALUE OF TRUST FUNDS AND INVESTMENT FUND
April 30, 1972

	Basis 4/30/72	Market Value 4/30/72
First Security National Bank Trustee:		
Trust Fund	\$ 679,250	\$1,079,577
Reserve Fund	99,706	158,470
Belle Barrett Hughitt.....	41,544	66,029
Isabella G. Jeffcott.....	4,570	7,263
Joan Glancy	3,947	6,273
Jessie P. Draper #1.....	10,802	17,828
Bettie Starks Rodes and John O. Starks.....	22,434	35,656
Eliza Davitt Hartley.....	107,808	171,346
Matilda E. Hume.....	4,773	4,716
Elizabeth B. Perkins.....	352,296	559,927
William Nelson Fant, Jr.....	211,876	336,749
Cordie M. Williams.....	453,664	721,039
Louie A. Hall.....	24,303	38,627
Margaret B. Hunt Trust for Caroline Thornton Memorial.....	1,000	771
Shoemaker, McLennan, Pettit & Neel.....	17,657	28,062
Atwood and Price.....	25,550	39,948
Mrs. Henry Shipman and Barbara Brown.....	21,811	34,665
Sub-Totals.....	<u>\$2,082,991</u>	<u>\$3,306,946</u>
Liberty National Bank and Trust Co., Louisville, Ky., Trustee Sunshine Ballard Trust for Mary B. Morton Memorial Wing	85,421	108,129
Morgan Guaranty Bank of N. Y., New York City, N. Y., Trustee, Jessie P. Draper Fund #2.....	229,233	432,874
Citizens Fidelity Bank & Trust Co., Louisville, Ky.— Belknap Legacy	175,000	\$ 187,152
Bankers Trust of N. Y., New York City, N. Y., Anonymous.....	204,311	235,418
TOTALS.....	<u>\$2,776,956</u>	<u>\$4,270,519</u>

SCHEDULE A-2

FRONTIER NURSING SERVICE, INC.

PROPERTY AND EQUIPMENT

April 30, 1971 and 1972

	April 30, 1971	Addition (Disposals) During Year	April 30, 1972	Deprecia- tion for Year
LAND AND BUILDINGS:				
Hyden Hospital Center.....	\$ 201,084	\$ -0-	\$ 201,084	\$ -0-
Sophronia Brooks Apartments.....	71,104	-0-	71,104	1,422
Mary Breckinridge Hospital.....	316,573	159,476	476,049	-0-
Haggin Quarters for Nurses.....	59,320	-0-	59,320	-0-
Wendover District	92,227	-0-	92,227	-0-
Georgia Wright Clearing.....	4,836	-0-	4,836	-0-
Beech Fork District.....	11,461	-0-	11,461	-0-
Red Bird District.....	14,547	-0-	14,547	-0-
Flat Creek District.....	12,547	-0-	12,547	-0-
Brutus District	12,041	-0-	12,041	-0-
Wolf Creek District.....	39,201	-0-	39,201	-0-
Totals.....	\$ 834,941	\$159,476	\$ 994,417	\$ 1,422
EQUIPMENT:				
Home Health	\$ 1,096	\$ 2,420	\$ 3,516	\$ 462
Hyden Health Center.....	35,475	6,169	41,644	3,855
Wendover District	2,857	488	3,345	309
Beech Fork District.....	846	489	1,335	109
Red Bird District.....	2,438	461	2,899	267
Flat Creek District.....	764	489	1,253	100
Brutus District	1,614	488	2,102	185
Wolf Creek District.....	1,329	488	1,817	157
Georgia Wright Clearing.....	252	-0-	252	25
Household—All Centers	20,695	11,087	31,782	2,791
Dispensary—All Centers	8,909	-0-	8,909	59
Radio System	30,928	(1,061)	29,867	2,987
Pharmacy Equipment	1,581	-0-	1,581	316
Totals.....	\$ 108,784	\$ 21,518	\$ 130,302	\$11,622
OTHER:				
Motion Picture Equipment.....	\$ 659	\$ 1,580	\$ 2,239	\$ 212
Motion Picture "The Road".....	35,961	-0-	35,961	7,192
Office Equipment	43,305	4,070	47,375	7,976
Equipment for Horses.....	165	-0-	165	-0-
Motor Vehicles	72,834	8,975	81,809	15,695
Horses.....	1,410	-0-	1,410	70
Cattle.....	75	-0-	75	-0-
Totals.....	\$154,409	\$ 14,625	\$ 169,034	\$31,145
GRAND TOTALS	\$1,098,134	\$195,619	\$1,293,753	\$44,189

FRONTIER NURSING SERVICE, INC.

STATEMENT OF RESERVE FOR TRUST FUNDS
AT ORIGINAL COST

April 30, 1972 with Comparative Figures for 1971

DESIGNATED FUNDS—INCOME UNRESTRICTED:	April 30, 1971	Additions During Year	April 30, 1972
Marion E. Taylor Memorial	\$ 10,000	\$	\$ 10,000
Fanny Norris Fund.....	10,000		10,000
Marie L. Willard Legacy.....	3,127		3,127
Mrs. Charles H. Moorman Fund.....	1,100		1,100
Lillian F. Eisaman Legacy.....	5,000		5,000
Lt. John M. Atherton Memorial.....	1,000		1,000
Mrs. Morris B. Belknap Fund.....	26,375		26,375
Elisabeth Ireland Fund.....	22,458		22,458
Elizabeth Agnes Alexander Legacy.....	5,000		5,000
Richard D. McMahon Legacy.....	943		943
Mrs. W. Rodes Shackelford in Memory of Her Two Children.....	15,000		15,000
Hattie M. Strong Memorial.....	10,000		10,000
Beulah Bruce Brennan Memorial.....	2,000		2,000
Anna R. Gooch Memorial.....	16,625		16,625
Jeannie B. Trull Legacy.....	33,253		33,253
Frances Kendall Ross Legacy.....	17,100		17,100
Elizabeth Sherman Lindsay Memorial.....	5,000		5,000
Helen N. and Beatrice A. Wilson Fund.....	10,000		10,000
Sophia Cogswell Stiger Memorial.....	23,401		23,401
Dr. Charles N. Kavanaugh Memorial.....	1,000		1,000
Margaret C. Breckinridge Legacy.....	3,000		3,000
Mary Hallock Armstrong Legacy.....	2,000		2,000
Winifred Irene Leckie Memorial.....	1,000		1,000
Lena G. Anderson Legacy.....	7,223		7,223
Lisette Hast Legacy.....	10,944		10,944
Edward S. Jouett Legacy.....	1,000		1,000
Herman Bowmar Fund.....	1,000		1,000
Mrs. Henry James Legacy.....	5,000		5,000
Jean Hollins Memorial Fund.....	5,286		5,286
Anne Steele Wilson Memorial.....	2,888	50	2,938
Mary Churchill Humphrey Fund.....	1,001		1,001
Mrs. Bissell Carey Legacy.....	5,000		5,000
Dr. John M. Bergland Memorial.....	1,000		1,000
Edward C. Wilson Legacy.....	49,250		49,250
Ann Allen Danson Fund.....	3,432		3,432
Helen Rochester Rogers Legacy.....	5,000		5,000
Virginia Branham Memorial.....	13,304	700	14,004
Mrs. Herman F. Stone Fund.....	2,000		2,000
Annie Wallingford Anderson Memorial.....	5,100		5,100
Mrs. Edna C. Lapham Fund.....	15,250		15,250
Edith M. Douglas Legacy.....	10,000		10,000
Adeline Shaw Martindale Legacy.....	82,718		82,718
Flora G. Fletcher Legacy.....	39,753		39,753
Fannie B. McIlvain Memorial.....	3,015		3,015
Mrs. Anne W. Erwin in Memory of Anna Marshall Miller.....	-0-	26,750	26,750

SCHEDULE A-3
Page 2FRONTIER NURSING SERVICE, INC.
STATEMENT OF RESERVE FOR TRUST FUNDS
AT ORIGINAL COST

April 30, 1972 with Comparative Figures for 1971

	April 30, 1971	Additions During Year	April 30, 1972
DESIGNATED FUNDS—INCOME UNRESTRICTED:			
Catharine Mellick Gilpin and Roger D. Mellick Memorial	\$ 5,176	\$ 120	5,296
William Nelson Fant, Jr. Memorial.....	78,350		78,350
Lucie Wilshire Graham Memorial.....	11,967	2,320	14,287
Mrs. Abigail Hodges Trust.....	1,000		1,000
Anna Marshall Miller.....	25,450	100	25,550
Elizabeth B. Perkins Legacy.....	152,972		152,972
Eliza Davitt Hartley Legacy.....	150,000		150,000
Cordie M. Williams Legacy.....	458,254		458,254
Margaret H. T. Hunt for Caroline H. P. Thornton Memorial.....	1,000		1,000
Anonymous (Bankers Trust Co., N. Y., Trustee) ..	137,496		137,496
Elizabeth Canby Bradford duPont Unrestricted Memorial	40,000		40,000
Louie A. Hall Legacy in Memory of Sophronia Brooks	26,834		26,834
Marion S. D. Belknap.....	175,000		175,000
Elizabeth M. Anderson Memorial.....	4,839		4,839
Margaret Norton Davidson Legacy.....	-0-	10,000	10,000
TOTALS—DESIGNATED FUNDS— INCOME UNRESTRICTED	\$1,761,884	\$ 40,040	\$1,801,924
DESIGNATED FUNDS—INCOME RESTRICTED:			
Norah Oliver Shoemaker Memorial Baby's Crib....\$	5,000	\$	\$ 5,000
Children's Christmas Fund in Memory of Barbara Brown	1,000		1,000
Donald R. McLennan Memorial Bed.....	12,750		12,750
Margaret A. Pettit Legacy.....	1,954		1,954
Jane Short Atwood Legacy.....	7,500		7,500
Mrs. John W. Price, Jr. Fund.....	10,800		10,800
Winfield Baird Foundation.....	105,000		105,000
Mrs. Henry Shipman Legacy.....	24,398		24,398
Wilson Neel Memorial Baby's Crib.....	962		962
Jessie Preston Draper Memorial No. 1.....	15,000		15,000
Jessie Preston Draper Memorial No. 2.....	185,000		185,000
Joan Glancy Memorial Baby's Crib.....	5,000		5,000
Isabella George Jeffcott Memorial.....	2,500		2,500
Belle Barrett Hughitt Memorial.....	17,000		17,000
Eliza Thackara Memorial.....	4,222		4,222
Bettie Starks Rodes Memorial Baby's Crib, John Price Starks Memorial Baby's Crib.....	10,000		10,000
Mary Ballard Morton Memorial Wing.....	85,251		85,251
TOTAL—DESIGNATED FUNDS— INCOME RESTRICTED	\$ 493,337	\$ -0-	\$ 493,337

SCHEDULE A-3

Page 3

FRONTIER NURSING SERVICE, INC.
STATEMENT OF RESERVE FOR TRUST FUNDS
AT ORIGINAL COST

April 30, 1971 with Comparative Figures for 1972

	April 30, 1971	Additions During Year	April 30, 1972
RESERVE ACCOUNTS—INCOME UNRESTRICTED:			
Mrs. Louise D. Crane.....	\$ 4,000	\$	\$ 4,000
Mrs. Frederic Moseley Sackett.....	10,000		10,000
Mrs. Eliza A. Browne.....	16,000		16,000
Winfield Baird Fund.....	550		550
Lillie McGinness.....	4,797		4,797
Harriet H. Grier.....	5,000		5,000
Maurice S. Miller.....	5,000		5,000
Leila A. Morgan.....	5,000		5,000
Eliza Davids.....	6,000		6,000
Bertha G. Wood.....	13,029		13,029
Doris A. Farrington.....	4,920		4,920
Mrs. E. A. Codman.....	2,000		2,000
Mrs. Irving E. Raymond.....	4,000		4,000
Mrs. George M. ToeWater.....	12,418		12,418
Mrs. Oswald Villard.....	1,000		1,000
Leila M. Weeks.....	2,469		2,469
Frances Margaret Bradford.....	5,000		5,000
William E. Brigham.....	10,000		10,000
Mrs. Polk Laffoon.....	1,000		1,000
Mrs. W. Garland Fay.....	1,000		1,000
Mrs. Louise W. Breckinridge.....	2,000		2,000
Elizabeth R. Hooker.....	5,000		5,000
Transfer from Trust Income Account.....	2,254		2,254
Mable H. Dwiggin.....	5,000		5,000
Margaret McLennan Morse.....	5,000		5,000
George B. McLaughlin.....	2,500		2,500
May Kirtland.....	5,000		5,000
Rosamond B. Rheault.....	5,000		5,000
Mrs. Harriett D. Cummings.....	1,000		1,000
Annette VanBezey.....	1,000		1,000
Elsie Foerderer.....	2,000		2,000
Ernestine M. McPherson.....	9,270		9,270
Frances K. M. Bowdoin.....	5,000		5,000
Edna Patten Jennings.....	27,500		27,500
Franklin Bruce McKillip.....	7,398		7,398
Katherine B. Tower.....	1,000		1,000
Betsey Wale Adams.....	-0-	10,000	10,000
Mildred Horberg.....	-0-	1,871	1,871
Walter G. Ross.....	-0-	25,000	25,000
T. S. Powell.....	-0-	2,390	2,390
Edith D. Wright.....	-0-	1,000	1,000
Peter R. Ehrlich.....	-0-	694	694
TOTALS—RESERVE ACCOUNTS—			
INCOME UNRESTRICTED	\$ 199,105	\$ 40,955	\$ 240,060
Sub Total.....	\$2,454,326	\$ 80,995	\$2,535,321
Capital Gain on Trust Funds.....	401,066	20,715	421,781
TOTAL RESERVE FOR TRUST FUNDS	\$2,855,392	\$101,710	\$2,957,102

SCHEDULE B-1

FRONTIER NURSING SERVICE, INC.
SCHEDULE OF OTHER INCOME

For the Year Ended April 30, 1972 with Comparative Figures for 1971

	1972	1971
Louie A. Hall Legacy.....	\$ -0-	\$ 40,000
U. S. Grant Proceeds.....	8,188	89,527
Telephone Refunds.....	5,551	3,673
Frontier School of Midwifery and Family Nursing.....	11,394	10,386
Employee and Guest Meals.....	34,997	22,639
Rent Income.....	379	988
Royalties.....	462	1,163
Interest Received.....	288	269
Pharmacy Income.....	48,395	39,887
Other Miscellaneous Income.....	5,139	3,652
Total Other Income.....	<u>\$114,793</u>	<u>\$212,184</u>

SCHEDULE B-2

FRONTIER NURSING SERVICE, INC.
SCHEDULE OF ADMINISTRATIVE EXPENSE

For the Year Ended April 30, 1972 with Comparative Figures for 1971

	1972	1971
Salary—Director.....	\$ 12,001	\$ 11,999
Salary—Secretary to Director.....	4,783	5,310
Salary—Accounting Department.....	9,001	8,795
Salary—Clerical and Stenographic.....	45,534	39,492
Salary—Dietary.....	7,347	7,461
Other Salaries and Wages.....	34,011	36,097
Travel Expense.....	758	458
Office Supplies.....	7,661	8,107
Telephone and Telegraph.....	5,020	3,211
Auto Expense.....	3,334	2,720
Legal and Accounting.....	8,650	5,950
Advertising for Staff.....	297	429
Feed and Care of Livestock.....	3,011	3,548
Employee Benefits.....	4,239	5,920
Hauling and Freight.....	2,004	1,074
Maintenance and Repairs.....	3,337	3,914
Bulletins.....	6,998	6,876
Social Service.....	6,291	16,796
Linen and Laundry.....	359	349
Utilities.....	3,719	3,650
Household Supplies.....	1,936	1,807
Motion Picture Supplies and Expense.....	31	1,271
Books and Subscriptions.....	871	585
Insurance.....	26,228	16,926
Promotion.....	1,810	1,897
Food.....	7,730	8,189
Dietary Supplies.....	40	90
Retirement Plan (Note 1).....	9,915	-0-
Depreciation.....	44,189	39,630
Graduate Student Nurses Stipend.....	548	6,044
Miscellaneous.....	5,239	3,434
Campaign Expense.....	-0-	212
Total Administrative Expense.....	<u>\$266,892</u>	<u>\$252,241</u>

SCHEDULE B-3

FRONTIER NURSING SERVICE, INC.
STATEMENT OF DONATIONS AND SUBSCRIPTIONS PAID
May 1, 1971 to April 30, 1972

SUMMARY

	Contributions	Benefits and Bargain Box	Mary Breckinridge Hospital and Development Fund***	Total
Baltimore Committee.....	\$ 615	\$	\$ 50	\$ 665
Boston Committee.....	12,567	10,000	80	22,647
Chicago Committee.....	6,210		25	6,235
Cincinnati Committee.....	6,483		365	6,848
Cleveland Committee.....	37,535		10	37,545
*Daughters of Colonial Wars.....	2,217		1,465	3,682
Detroit Committee.....	14,395		10	14,405
Hartford Committee.....	1,940		100	2,040
**Kentucky:				
Blue Grass Committee.....	6,875		25	6,900
Louisville Committee.....	5,976		955	6,931
Miscellaneous State.....	12,311		20	12,331
Minneapolis Committee.....	2,003			2,003
New York Committee.....	42,172	3,073	445	45,690
Philadelphia Committee.....	19,180	4,177		23,357
Pittsburgh Committee.....	42,665		100	42,765
Princeton Committee.....	765			765
Providence Committee.....	1,733			1,733
Rochester Committee.....	1,613			1,613
Washington, D. C. Committee.....	14,846		693	15,539
Miscellaneous.....	31,609		22	31,631
Sub-Totals.....	\$263,710	\$17,250	\$4,365	\$285,325
Less Transfer to Endowments.....	520			520
TOTALS.....	\$263,190	\$17,250	\$4,365	\$284,805
*Donations from various state chapters				
**Total for Kentucky.....	\$ 25,162		\$1,000	\$ 26,162

***Indicates individual gifts of less than \$500.

EXHIBIT E

FRONTIER NURSING SERVICE, INC.
NOTE TO THE FINANCIAL STATEMENTS

For the Year Ended April 30, 1972

NOTE 1—PENSION PLAN

Frontier Nursing Service, Inc. has a non-contributory pension plan. As of July 1, 1971, the last actuarial valuation date, the past service liability of \$62,904 was being funded over a period of 15 years beginning with the fiscal year ended April 30, 1969. Contributions to the plan for the year ending 4/30/72 amounted to \$9,915 including \$6,970 for amortization of past service costs and \$2,845 for normal cost.

II.

REPORT OF OPERATIONS

The data in this section are supplied by the record departments of the Frontier Nursing Service at Hyden and Wendover, and by records kept on guests and volunteer workers.

1.

INTRODUCTION

We are happy to report that we have had three full-time physicians for the whole year ending April 30, 1972. This has resulted in more medical back-up for our nurses in the field. Many extra hours of work by the physicians and senior members of the nursing staff were devoted to a major revision of the Frontier Nursing Service Medical Directives which were published in April of this year. Family Nurse graduates have worked closely with the physicians in the outpatient clinics at Hyden and each is learning to adapt to his or her new role. The new knowledge and clinical skills of the Family Nurse enables her to give much of the primary care to patients and frees the physician to devote more time to the complicated medical problems. In the field the Family Nurse is proving that she is better prepared to give comprehensive family-centered care. One of our goals for the coming year is to have one Family Nurse at each of our out-post centers.

In order to provide specialist consultation and service we have a contract with the Daniel Boone Clinic at Harlan for obstetrics and gynecology, and with the University of Kentucky for pediatrics. We continue to be grateful to Dr. David Stevens for his monthly orthopedic clinics and to the medical faculty at the Medical Center at the University of Kentucky for their lectures to the Family Nurse students. Pediatricians from the University of Cincinnati have held clinics and gave us a tonsil clinic in the fall. Miss Ruth Spurrier, Director of Public Health Nursing for the Commonwealth of Kentucky, has come to lecture and to give oral examinations. In the spring we received the good news that the FNS in Leslie County had been approved by the National Health Service Corps for the assignment of two physicians. One of these physicians is our Dr. Tom Howald who has been commissioned as a major in the USPHS. An additional physician on

our staff will allow members of our own medical staff to attend professional meetings. Senior medical students from Boston University and Albert Einstein Medical College have each spent one month with us during the year.

Gertrude Isaacs, our Nursing Education Director, has had several meetings with the medical and nursing faculty at the University of Kentucky with whom we hope to have a close affiliation for education in Family Nursing and Nurse-Midwifery. There continues to be a great demand for both of these clinical specialists.

Archie Bennett, pharmacist in the FNS pharmacy at Hyden Hospital, has developed an exciting system for study and control of the drugs included in the FNS Medical Directives and used by our field nurses in the care of their patients.

2.

HYDEN HOSPITAL

Hyden Hospital—licensed to operate 16 beds—with 12 bassinets and two incubators, was occupied 7,831 days last year by 1,905 patients of which 279 were newborn. There was a daily average of 21.3 patients, including newborns, and the average stay per patient was 4.2 days. There were 25 deaths in the Hospital of which 1 was newborn. There was no maternal death. There were 323 operations performed, 414 admissions were classified as urgent, consultations were obtained on 252 inpatients and 58 inpatients were transferred to other hospitals for specialist care. The outpatient department, with the physicians' clinics, received a total of 26,669 visits.

3.

DISTRICT NURSING

In the 12 districts operated by the Service from the Hospital, Wendover, and five outpost centers, we attended 10,284 persons in 2,807 families. Of these, 3,747 were children and babies. The district nurses paid 20,781 and received 16,199 visits at their nursing centers and special clinics. At the request of the State Department of Health, the Frontier Nursing Service gave 2,969 immunizations against disease and sent 8,641 specimens for analysis.

4.

MIDWIFERY

Registered Cases

The nurse-midwives, and the midwifery students of the Frontier School of Midwifery and Family Nursing (under the supervision of their instructors) attended 263 women in child-birth and gave them full prenatal and postpartum care. Of these 263 women, 20 were delivered by a physician. There were 252 live births; 1 delivery of twins; 211 new cases admitted; 241 closed after postpartum care; 8 miscarriages; 4 stillbirths. There was no maternal death.

Emergency Cases—Unregistered

In addition to those regular registered maternity cases, the physicians and the nurse-midwives were called in for 31 emergency deliveries, where the mother had not been registered or given prenatal care, which resulted in 11 live births and 26 emergency miscarriages (24 early, 2 late). There was no maternal death.

Outside-Area Cases

There were 86 women from outside our area who were carried for prenatal care. Of these 17 were closed before delivery. Most of our outside-area patients move into one of the districts or to Hyden Hospital for delivery. In that case they are transferred to the regular midwifery service.

5.

FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

During the 47th fiscal year, the Board of Governors of Frontier Nursing Service officially changed the name of the Frontier Graduate School of Midwifery to Frontier School of Midwifery and Family Nursing to reflect the broadened educational program which had been developed during the preceding year. At the beginning of our 47th fiscal year, fourteen registered nurses were enrolled in the School, and twenty-seven students were admitted during the year. Before the end of the fiscal year seven nurses, of whom four were already nurse-midwives and one nurse-anesthetist, had completed Family Nursing I; one student had completed Family Nursing II; thirteen students had com-

pleted Family Nursing III, one had withdrawn; and the remainder were continuing their education, including two nurses involved in an experimental fourth trimester in Community Family Nursing.

The one year program in the Frontier School of Midwifery and Family Nursing is divided into three trimesters. The student may elect to take all three trimesters or she may take only one or two. The first trimester focuses on the diagnosis and management of common family health problems; the second on parental and child care and family planning; the third trimester, focusing on labor and delivery, prepares the student for a certificate in nurse-midwifery. In its educational program for nurse-midwives, the FNS has graduated a total of 384 nurse-midwives since the School was begun in 1939.

We appreciate more than we can express the hours of time given by professional guests who have shared their knowledge and experiences with the students in lectures, seminars and clinics.

6.

SOCIAL SERVICE DEPARTMENT

For many years, Frontier Nursing Service was the only agency to offer Social Service to the families in this area and much of the work concentrated on providing direct help to families in need. With the coming of state and federal agencies to the area, the focus of FNS Social Service has changed considerably. Our social worker has become a resource person for our patients. Her aim is to help families to help themselves, always keeping in mind that the program of the FNS is designed to give young children a better start in life.

Patients and families with problems are referred to the Social Worker by the medical and nursing staff of the FNS for investigation and advice as to the best approach for solution of the problem. The Social Worker places selected children in boarding schools and is responsible for seeing they have adequate clothing and school supplies. She arranges transportation for patients who are referred to medical specialists; she helps the elderly budget their limited income and strives to insure that no family is hungry or ill clad. She counsels high school students

and participates in many community activities which are under way to develop the area.

In a rural area, where there is little public transportation, the problem of getting patients to their own physicians or to the specialist to whom they may be referred, is acute and for years the FNS Social Worker and our volunteer couriers have made thousands of trips with patients each year. Transportation is still an essential function of Social Service but the burden was eased considerably this year by the medical transportation provided by the Leslie County Health Project.

7.

VOLUNTEER WORKERS

Dozens of volunteers, including couriers, physicians, nurses, an x-ray technician and secretaries, gave thousands of hours of work during the year. They have been of immeasurable help to the medical and nursing staff and in the administrative offices.

8.

GUESTS FOR OBSERVATION AND STUDY

As in other years, the Service entertained guests, for observation and study of its work, from all over the world. During the past two decades, the Service has entertained guests from some 60 countries. The wide-spread interest being shown in the Family Nurse program has continued to bring us professional guests from other parts of the United States.

9.

CHRISTMAS

The Frontier Nursing Service held Christmas parties at many different places for the more than 5,000 children under its care, with Santa Claus, Christmas trees and carols. All of this was made possible by the generous response of hundreds of people to our annual request card for the Children's Christmas.

III.

FORTY-SEVEN YEAR TOTAL

It will be of interest to our readers to see a few totals covering the whole forty-seven year period of work.

Patients registered from the beginning.....	61,917
Children (including babies under 1 year).....	37,503
Adults.....	24,414

Maternity cases (reg.) delivered.....	16,612
Maternal Deaths, 11 (9 puerperal, 2 cardiac)	
Immunizations.....	268,729
Patients admitted into the Hyden Hospital*.....	40,360
Number of days of occupation in Hyden Hospital.....	258,610

*For 43 years and 6 months. The FNS Hospital at Hyden was opened in the fiscal year 1928-1929 and operated only six months in that year.

CONCLUSION

We present our 47th Annual Report with some sense of achievement. Our main thrusts during the year have been to strengthen our service to the community; to continue with the development of our educational program; and to remain solvent. Thanks to the willingness of our whole staff to work hard to meet the demands, and to our professional friends for their voluntary services, we have increased and improved our health care, and our students tell us the knowledge and new skills they learn in the School will enable them to give more comprehensive family health care. The four year grant awarded FNS by the National Center for Research and Development will provide a formal evaluation of the functions and performance of the Family Nurse. We will continue to negotiate an affiliation with the University of Kentucky and will look forward to the development of more nurse-midwifery services throughout the Commonwealth.

The Summer Seminars enabled the FNS to invite surrounding health agencies to share the valuable information brought to us by the distinguished guest speakers.

As we close our fiscal year the foundation is under way for the new hospital and health center. Our dream is taking shape and we are grateful for the patience of the staff and the patients who cheerfully accept the overcrowded conditions in the old hospital on the hill.

Our thrust to remain solvent has been helped immeasurably by a generous legacy which has gone a long way toward replacing funds borrowed from our Reserve Fund to underwrite the cost of the educational program for the year. Thanks to the generosity of our many friends both in and out of the mountains we have succeeded in meeting the cost of our medical and nursing services to the families of our area. We are deeply grateful for the many donations to our operating fund which make it possible

for us to care for all people who come to our door, regardless of their ability to pay. Perhaps even more important is the fact that we can concentrate on helping families keep well and on maintaining the health of the elderly in their declining years. "An ounce of prevention is worth a pound of cure" shall be our thought for the coming year.

MARVIN BRECKINRIDGE PATTERSON
(Mrs. Jefferson Patterson), Chairman
EDWARD S. DABNEY, Treasurer
HELEN E. BROWNE, Director

STOP THE PRESS:

IT'S A BOY!

Born to Dr. and Mrs. Thomas C. Howald of Hyden, Kentucky, a son, Charles Oliver, at Joy House at 4:07 p.m. on Monday, August 28, 1972.

This young gentleman has come with impeccable credentials. His mother, the former "D. J." Snell, was an FNS nurse-midwife, and his father is an FNS staff physician. He was ushered into the world by Molly Lee, the FNS Dean of Midwifery. A host of "aunts" and "uncles", from the FNS staff and from the whole of Leslie County, welcome him warmly and thank him for obliging his parents and two sisters by being A BOY!

OUT OF CONTEXT

"Out of context" is a phrase we heard a lot of during the political campaigning. It's a protest made when part of a campaigner's words are thrown back at him. Despite the fact that almost every political talk nowadays is recorded in print or on tape, the "out of context" quote that says something different than what was meant is a hard thing to beat.

It's a game that has been going on for a long time. When you think of Marie Antoinette (the queen of France who liked Franklin) you think of her remarks when told that the peasants had no bread. "Let them eat cake," she said . . . or did she?

The long gone Commodore Vanderbilt, hearing about something the public wanted, said, "The public be damned." Historians now argue that Vanderbilt's remarks were lifted out of context. Marie Antoinette has many friends among her biographers and they imply, though they can't prove, that her words about cake were also twisted by the journalists of the day.

The one American political figure who seems to have escaped all this is Calvin Coolidge. President Coolidge was the opposite of verbose. His "I do not choose to run" statement is one of the clearest ever issued on that question from the White House.

A story still told about Coolidge relates how an unknown but loquacious woman approached him at a White House reception. "Oh, Mr. President," she gushed. "I'm so glad to meet you. My husband bet me five dollars that you wouldn't say three words to me."

"You lose," said Coolidge.

There's something challenging in this kind of terseness for there are times when we have far too many words flying around.

—*The Colonial Crier*, Jan.-Feb., 1971
Colonial Hospital Supply Company
Chicago, Illinois

EMERGENCY AID FOR SUSIE

by

SUZANNE JOHNSON, R.N., A.A.

It was another busy clinic day in May. After finishing a dressing change on the last patient, I was just about to lock the door when I saw two ladies approaching.

"My dog is sick, can you help?" Certainly we could see the dog. The question had come up frequently in the past month and we usually tried to see the animal and then decide whether to treat or to refer.

As the younger woman returned from her car, I could see something wrapped in a small blanket. That something was "Susie" a 9 month old chihuahua who was in labor and unable to deliver her pup. Her labor had begun the night before.

My veterinary knowledge was limited to what I had learned living on a farm and raising different animals. The FNS Staff Co-ordinator had helped me out in various situations so, after checking Susie over, I decided to call for a consultation.

We decided the only thing to do was to refer the owner to the veterinarian in London or Corbin. But there was a problem—they had no way to get over there.

I then called the veterinarian to see what he thought I could do to help Susie. The outlook was grim as he thought the dog would need a Caesarean-section and I.V. therapy. He listed medicines that we could use but we had none in stock because they were veterinary brands. After thanking him for trying to help I paused a moment to try and think things over. There had to be a solution.

In the meantime, Susie had begun to have fewer and fewer contractions. She was very tired and weak. A plan began to form.

A "finger-tip" vaginal exam showed that the presenting part was down and it was the nose and a little tongue.

With the help of another nurse, we diluted the pitocin-type drug that is given in hospital to human patients to induce labor. One dose was given at 2:30 and shortly her contractions began to pick up. The head came down a little more and I was able to hold it with two fingertips.

An hour passed. It seemed no use. She would have to have an episiotomy! Carefully a clean cut was made. More pitocin dilution was given.

By this time the nurse-midwife, who had joined us a little earlier, spoke of rotation of the shoulders. A beautiful, large puppy delivered but it was stillborn.

When time came for the episiotomy repair, I was surely glad that the nurse-midwife offered to do it! We finished at 4:30 and Susie was doing fine. The postpartum orders: Home-RTC prn. (Return to clinic as needed.) Since this happened I have left district in order to continue my education at the hospital. One of the nurses keeps me posted on Susie though and each time I can't help but wonder what would have happened if we would have said,

"I'm sorry, you'll have to take her home. There's nothing we can do."

A REMINDER TO NURSE-MIDWIVES

The deadline for retroactive certification, without examination, by the American College of Nurse-Midwives for nurse-midwives who were graduated prior to May 1, 1971, is December 31, 1972. If you have not applied for national certification, and wish to do so, do write the American College of Nurse-Midwives, 50 East 92nd Street, New York, New York 10028, promptly.

GERIATRIC HEALTH PROBLEMS

by

BARBARA KINZIE, R.N., B.S.

A lecture prepared by the author when a student in Family Nursing

Many geriatric health problems are encountered daily as the Family Nurse works within her patient population. How does one define the geriatric population? Approximately 200 years ago a person was old at age 40; today a person might be young in his 60's and 70's. Some sociologic researchers even place a person's maximum leadership potential as occurring between ages 60 and 65. Chronological age is not a valid criteria for categorizing a person as "aged". Aging is a developmental process over a total life span. It is universal, and therefore not pathologic.

One problem which has a profound affect upon emotional, as well as physical health, is attitude. The patient's attitudes, and those of his family and the society and culture, have often prevented us from seeing the individual's unique needs. Our society seems to have the attitude of "veneration of the young and toleration of the old". This attitude is typified by the advertising industry which emphasizes the use of cosmetics and dyes to hide any traces of aging. We see youth as desirable and worthy of acceptance. The number of service clubs with projects for youth compared with the number for the aged is a communal manifestation of the same concept. When a culture assigns a role to an individual, his acceptance and performance of it depends greatly on his conception of the role as it is related to his self concept. So this youth-oriented culture of which we are a part certainly affects the elderly person's self concept, often detrimentally. One's needs are intimately intertwined with the patterns of living, thinking, working and loving which have been acquired through the years. The way any person finds satisfaction and sustenance is uniquely his own. Society has not acquired this concept regarding the aging person. We are still prone to generalize that everyone automatically retires at age 65 to become helpless and then completely enfeebled. Actually, a major characteristic of the older person is that of being highly individualistic. Each person is the sum of his days, what he has done with those days and what those days have done with him.

Therefore, generalizations concerning the elderly are more open to exceptions than most. Often just being thought "old" automatically obscures an individual's capabilities, needs, and desires. Most unfortunately, his general confidence in himself as a mature and self-determining individual may be undermined.

Senility and intellectual decline are common negative stereotypes regarded as typical of old age. There is no justification for such a stereotype, but there are possible explanations for its development. One reason might be the misinterpretation of ordinary behavior. For example, if one of us forgets something, it has simply "slipped my mind", but if an elderly person forgets it, he is "senile and not as bright as he used to be". Another reason for this stereotype is that the elderly patient may have some impairment due to factors other than senility and intellectual decline. For example, the depression and/or the decreased speed of learning which may be seen in elderly people doesn't mean that there is a decreased intelligence. It may be due to a sensory decline. A person who cannot hear well often appears ignorant and will make inappropriate responses or not respond at all, just because he did not hear or heard incorrectly. The functional effect of the intellectual impairment may be exaggerated and the significant people in his environment may expect him to be unable to function as well mentally. If they expect this decline and do not allow him to function he is going to appear less intelligent.

In order to arrive at solutions to the numerous geriatric health problems encountered, the family nurse must observe, interpret, and assess. Since abnormal and normal aging are often indistinguishable by present day methods of measurement, the nurse is involved not only with assisting the patient with medically diagnosed conditions, but also with assisting the individual with the maintenance and the promotion of health and prevention of illness among a large population of undiagnosed people. The purpose of health maintenance is to promote the ability to maintain or improve the level of wellness and to teach the patient to live independently in his residential environment, whatever that might be.

In planning and implementing care, the major focus must be on the individual's personal assets. The major goal must al-

ways be to improve, or at least to maintain, the maximum level of function and, when this is not possible, the focus must be on helping the person attain a peaceful and comfortable death. Because biologic deterioration is an inevitable part of aging, there is a limit on the nurses' goal of support and promotion of the physiological function. However, there are some general goals which we should keep in mind. First, one must maximize the functional competence, thus encouraging the full use of the functional capacity of the individual. General health maintenance is another goal, which would include nutritional consideration. Intellectual stimulation and orienting activities should also be included. Reading and discussion groups as well as calendars, clocks, and television help in orienting some individuals. Minimizing the effects of illness and injury might be a fourth aim. This would include teaching the family how to care for the patient or to exercise joints so that the injury or illness doesn't incapacitate him further. One must try to increase patient motivation, which simply means decreasing feelings of hopelessness while increasing self-worth and self-help. A nurse might achieve this goal by displaying a cheerful, optimistic attitude herself.

One specific problem common to geriatrics is accidents often caused by sensory deprivation and increased incidence of locomotor disability. The cause of death in over 5% of the women over 65 in Great Britain was accidents. In 1962 in the United States, 9.3% of the population over 65 sustained 72% of all fatal falls. The risks of the environment are greater because often the elderly person's home is hazardous and needs repairs but he is not able to make the repairs and, as many of us have heard voiced, "you can't get anybody to help around even if you want to pay them". Helping our patients to eliminate these hazards should be one of our aims. Accidents not only cause loss of self-confidence, but also multiple problems, such as pneumonia and decubiti from enforced bed rest. We really need to be sensitive to the multiple functional losses and deprivation and to the devices which might help them maintain a higher level of functioning, such as hearing aids, glasses, dentures, walkers, canes, and wheelchairs. All of these devices procured to replace or mitigate the loss may, however, cause embarrassment, anger, frustration, or self-consciousness. The nurse is often the key

person to offer emotional support and reassurance while the person is adjusting to the device and dealing with the emotional impact that it makes on him. All of the health disciplines must cooperate intimately if the person's integrity is to be maintained, the health potential maximized, and excessive waste of resources avoided.

Another place where the nurse should focus her effort to help the individual to meet these goals is in helping the person remain a socialized and functioning individual. This aim, of course, would have to be adapted to the individual situation. For instance, for one person getting him out of the hospital room into a wheelchair in a place where there are more people around, or getting him out of the bedroom into the living room or center of activity, might help him remain socialized and functioning; whereas, with another person, the effort might be towards helping him find some volunteer work or part-time paying work.

Another consideration in working with the elderly is to refrain from hurrying him or rushing to assist him, as this can often cause the accident which you are trying to avoid. Such behavior can also cause resentment in the elderly person.

Education is another area which has many implications for the Family Nurse in dealing with common geriatric health problems. We can teach people to slow down degenerative changes by advising against such activities as overeating, drinking, smoking, overwork, drugs, or inactivity. If a person does have a defect in an organ we can teach him how to protect it. For example, a youth with impaired liver function should be advised against excess alcohol. Promotion of good health in youth is essential to resolving geriatric health problems.

The confusion, disorientation, and decreased memory that is sometimes found in the elderly is often embarrassing for the patient and his family. Therefore, this is another place where intervention may be needed. The nurse should note the periodicity and content of the confusional period. For some people getting out with others or having a television or a radio on will help orient him; whereas, with another person such activity might add to his confusion. All of these plans really have to be adjusted to the individual. Establishing communications with the confused person is essential. Touch is a very important part of com-

munication, especially with the elderly, because of the often decreased senses of hearing and sight. It does help to communicate your genuine care and concern. Recall and review of past experiences, which are often more meaningful to the elderly than present ones, may be the basis for the first intelligent, long conversation with the confused person. And knowledge of valued former aspects of the person's life enables the nurse to introduce current experiences that can be associated with customary patterns of life. The more frequently his orientation and reality-based communication can be validated and rewarded, the more his satisfaction in current relationships.

Another practice to be guarded against is treating the patient as a child. It is especially important to give the elderly choices, decisions to make, little or big, in order to increase feelings of independence and worth. The person's self-reliance and self-respect is often already threatened, and we can set limits for safety and be directive to the disoriented person in a kind manner without having the patient feel a loss of dignity. Although the nurse may have to do things for him as one would for a child, she can still give him the respect demanded by his years so that there is no question in anyone's mind, of her respect for that person.

Fear of death can be a whole new topic in itself. The fear of death is not really unique for the aged, although the **proximity** is. One elderly man was quoted as stating, "All my friends have either gone to heaven or to Miami". Often the elderly person will deal with this anxiety by professing that he has lived a full life and would welcome death. These are healthy defense mechanisms. Social taboos of our culture regarding frank discussion of death may lead to suppression of fear with increased anxiety and resulting disequilibrium. The nurse should assist the individual to verbalize his feelings, and agree with his statements, and praise him for his full life, if she can do it sincerely. If he is afraid of death, it may be because he is unsure of his eternal status, so she may ask him if he would like a minister or someone else to talk with him. This fear of aging and death has been found often to mean a fear of dependency. But the role reversal which often occurs with aging, the parent becoming dependent on the child,

offers the opportunity for interpersonal growth as well as regression.

Loneliness is another problem that is not unique to the aged, but often encountered by them. Loneliness is a feeling that no one cares. So the nurse can help lessen this just by caring about the person, being interested in him and sharing thoughts about people and things that are occurring in our generation. Senior citizens centers also encourage interpersonal well being. Here the elderly gather and plan activities and maintain a feeling of usefulness and worth. Helping someone always aids in relieving loneliness. There are many foster grandparents around the country. Also, in places where these will not be available, one could think of other "helping" activities. If the person has a telephone, he can call up and check on other elderly people who might need such periodic inquiries.

Pets and plants are important to a lot of elderly people in helping relieve loneliness, as are the cards and letters the person receives. Conversations with visitors play a vital part. Some people do not feel comfortable talking with elderly people, probably because they have never done it. I think elderly people are some of the most interesting people in the world. It is good to include in the conversation something of the past, when they were more ego-oriented than they are now, something of the present, related to things as they are now, and something of the future, too, to relate hope. There is often decreased hearing so it is important to speak slowly and enunciate clearly and face the individual when you do talk. Also, pause for responses since the elderly are a little slower to think. If we fail to pause, the elderly person might never get a chance to make his response and even forget it before we stop to get another breath. Not only the visit itself, but also anticipating the visit and then thinking about the visit after we are gone, is helpful in relieving loneliness.

A goal or standard which is basic to a solution of any geriatric health problem is that of striving to obtain the highest level of wellness, maximizing the potential of which the individual is capable within the environment in which he is functioning. And we must concentrate on the capabilities and not on the disabilities. We need to listen to the patient communicate what he wishes

from a number of choices. Removing decision-making is just another form of deprivation and the older person often has enough deprivation without our contributing to it.

In our society today the youth are able to manage well without reliance on older people. This widening of the generation gap is usually at the expense of the elderly so we really need a reciprocally supportive relationship between the youth and the aged. And the richest opportunities for this are right in the home in the family setting. If we can help youth see the value of age and encourage dependence and encourage the elderly people to accept this, then there really can be an **interdependence**. Out on district we have all seen several generations each of them having their own important functions in the home.

We need to strive to help children develop respect for their parents, since basic attitudes are not going to change very much with years. If young children develop respect for their parents while they are little, then as they become adults and their parents become elderly they will still give them respect.

We need to assist people in developing a positive attitude towards aging. We do this not only by teaching but by example. Our attitudes and philosophy are evident in what we do. If we can develop in all segments of the population, an attitude of mutual support, we can change the image of the aged as useless and spent individuals. We can help the elderly share their experiences and talents with the younger generation. One important aim should be to assist each individual in the development of ego integrity, to the point where he arrives at an acceptance of life and realistically focuses on both the high and low points, the achievements and disappointments. This helps him to perceive how life is spent as well as to perceive himself in the flow of humanity. If the aged person can be assisted to accept his life as it has been and promises to be, in such a way that he avoids despair and gains a sense of self-fulfillment, then, I think that health care and care of the geriatric patient can be termed successful regardless of any other criteria.

SUMMER LIGHTNING STRIKES TWICE

The adage about lightning never striking twice in the same place is false. The only occasion on which this might be true is one where the "same place" is no longer there after the first strike. Radio and television towers on tall buildings are struck several times during the course of a summer season.

Lightning is one reason hospitals have an emergency power supply. The hospital itself, like all steel-frame buildings, is one of the safest places to be during an electrical storm.

Most people in the Midwest accept electrical storms as part of the climate. Some have great fear of lightning; others are indifferent to it. The odds against being hit are great, unless one is foolish enough to insist on continuing to play on the golf course or to seek shelter under a tree.

Lightning isn't uniform all over the U.S. The Memphis and Tampa areas are "hot" places affected more than most. There are on the average 44 electrical storm days per year in the Midwest, but only five in the favored West Coast states.

Scientists continue to study lightning, but they admit it's a tricky, forceful part of nature. Play it safe, they say, and stay inside. We are lucky we don't live on Java. There they average 225 electrical storms per year!

—*The Colonial Crier*, May-June, 1970
Colonial Hospital Supply Company
Chicago, Illinois

OLD COURIER NEWS

Edited by
JUANETTA M. MORGAN

From Cynthia Gould, Hartford, Connecticut—May 6, 1972

We finally heard from the Peace Corps last week. On July 8 they want to send us to South Korea to teach English in a country school. I think we'll just have to accept them. For about two months, starting in July, we'll be learning how to speak Korean and various approaches on how to teach; and then we're off to a small village and living with a family. But before all this, something that has been coming for a long time will be fulfilled on June 24—I'll be marrying Steve Melcher.

July 5, 1972

Things are looking a bit quieter now as we are on the boat on our way up to good old Maine. It was a real three ring circus for a while with not only a wedding, but two years of packing and innumerable forms for the Peace Corps to fill out. On top of that, it rained for two weeks. Then, by luck, it stopped on Saturday (only to start up again that night) and so we were able to have a short and sweet wedding, tucked into the woods.

We are so looking forward to going to South Korea. It's going to be difficult at first, especially because of the language barrier, but the whole experience of getting to know a different living pattern will be rewarding.

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From Lucy Pitts Grosvenor, North Kingston, Rhode Island

—May 15, 1972

To bring you up-to-date briefly with our family news: Lucy is in the last stages of receiving her master's in social work from Smith College. This involved three summers of study in Northampton, and two winters of placement—not to mention the thesis. She worked at McLean Hospital in Boston last winter and Strong Memorial in Rochester, New York this winter.

Mary was married last spring to an assistant professor of Roman art at Brown University. It has been wonderful to have them nearby this winter. Bill and Jerry are in Nasson College and the University of Rhode Island respectively.

From Libby Bradford Borden, New York City, New York

—May, 1972

Gavin and I have a little girl, Sarah, born last July. She is very sweet indeed.

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From Virginia Lee Leonard, Denver, Colorado—June 7, 1972

I was thinking of you and the people at FNS. I have just graduated from the University of Colorado with a degree in Medical Technology. In July I'll take the registry exam in Denver and then I'll come to the East coast, with open prospects. Perhaps I shall pay you a visit. I think fondly of the folks at Wendoover. My experience as a courier was well worthwhile.

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From Doris Sinclair McAnerney, Concord,**New Hampshire—June 19, 1972**

My husband, younger daughter and I are going to England this summer, where we plan to meet our other daughter, who is finishing up a year of school in North Wales (an ESU exchange student) and then we will travel about for a month.

I'm working full-time as assistant head nurse at Concord Hospital. Gerry, our son aged 20, is at home, having taken one year off from college. Our second child, Lydia, almost 19 (the one in Wales) will probably go to college somewhere in the fall. Barbara, 15, will be a junior at George School in Pennsylvania next fall. We ride when we can, raise a little food, work at doing over our house, etc.

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From Bonnie Reilly, Rochester, Minnesota—June 19, 1972

Today is the last day of spring quarter for us and our last final is tomorrow. I sure am glad! This has been a pretty tough quarter for all of us. Also, we started working part-time at the hospital, but we all enjoy it very much—can't believe we'll finish in December! This summer I'm taking O. B. and Pediatrics so that should be an interesting course. I think I'll like it since I'm still considering becoming a midwife!

.

From Alison Bray, London, England—July 1, 1972

It was such fun having Agnes here and I wish she could have

stayed longer. She saw masses of people and seemed to have enjoyed her trip so very much. Please give my love to all my friends. I think of you all a lot and read the Bulletin from cover to cover the moment it arrives. I hope all is going well with the new hospital.

. . . .

From Janet Brown, San Francisco, California—July 5, 1972

I have just read the Bulletin and the news of the cabin makes me very sad. It is perhaps the happiest place that I have ever lived. My work sent me to New York for a week. I combined business with visiting my parents and friends. It was great fun.

. . . .

From Dede Trefts, Shaker Heights, Ohio—July 11, 1972

I'm at my grandparents' home in Dunedin, Florida, working for the summer. In the fall, I'll be a sophomore at Wellesley. My job this summer is with Abilities, Inc. of Florida, a state firm which employs the handicapped. They've taken on a lot of college kids for the summer and I'm one of them. The company does electrical work and also painting. My employer lives right next door, and he's keeping an eye out for me and moving me all around the plant, so that I am able to meet a lot of people and work with them. Now I'm a receptionist, typist, message runner, attendance taker, letter stamper, and you name it. The people here are fantastic. It's amazing what they've done, despite their handicaps.

. . . .

From Catherine Hoffman, Cambridge, Massachusetts

—July 23, 1972

I miss Kentucky a lot and hope things are going well for you and everyone else there. I am working this summer in the state prison in Rhode Island, setting up educational programs and trying to institute a few changes. I see Holly Hauserman a great deal as she is waitressing in Boston for the summer.

. . . .

From Cathy Williams, Hamstead, New Hampshire

—August 6, 1972

I just wanted to tell you that I enjoyed my summer very

much. I made many new friends and gained valuable experience. I hope that in the near future I can come down to visit.

BITS OF COURIER NEWS

Douglas Carroll spent the summer working at a camp in Maine.

Melissa Morris will enter Memorial Hospital School of Nursing in Albany, New York in the fall.

Sara Pennock worked this summer in the emergency room of a hospital in Rhode Island.

Amy Rand wrote on August first that she was having a wonderful trip through Norway and was going to England next.

WEDDINGS

Ann Guthrie and Robert Brinly, on June 24, 1972 in Middletown, Kentucky.

Cynthia Gould and Steven Melcher, on June 24, 1972 in Pottersville, New Jersey.

Joan Mamelok and Edward McKenzie Abbey, on August 6, 1972 in Middletown, New York.

We wish for these young people the best of luck and every happiness.

A man bought a parrot and, in trying to make him talk, kept repeating, "Hello, hello."

Finally, the parrot opened one sleepy eye and said, "What's the matter? Line busy?"

—*Modern Maturity*, April-May, 1969

FAMILY NURSING WORKSHOP

The Family Nursing Workshop, held at the Leslie County Public Library on July 21 and 22, was designed for physicians and nurses, practitioners and educators, who were interested in Family Nurse Practitioner program development. It was held in response to the many requests we had received in the past year from service and educational agencies across the country who wanted to visit the Frontier Nursing Service to observe its program. With so much interest being shown in the expanded role of the nurse, it has become impossible for us to arrange on-site visits on an individual basis for all the health professionals who have written us recently.

To open the Workshop, the Director discussed briefly the historical development and the philosophy of the Family Nurse training and service program. Faculty and students presented the curriculum of the four trimesters of the educational program and FNS physicians and staff nurses discussed their functions and the physician-nurse-patient relationships in a family-centered health care organization. Mrs. Cloma Moore of Hyden discussed the relationships she and her family have enjoyed as patients of the FNS since 1948. Other staff discussed the system designed for the control of drugs, the legal aspects of the expanded role of the nurse, and data collection and program evaluation. Various agencies with whom the Frontier Nursing Service works were invited to participate in a panel discussion on Interagency Relationships. The various agencies and their representatives were:

- University of Kentucky
College of Medicine.....Dr. C. Thomas Nuzum
- University of Kentucky
College of Nursing.....Dr. Marion McKenna
- University of Kentucky Depart-
ment of Behavioral Science.....Dr. Marion Pearsall
- University of Kentucky Medical
Center Social Work Department..Mrs. C. T. Nuzum
- Division of Public Health Nursing,
Kentucky State Department
Health.....Mrs. Bess Witt

Leslie County Health Department..Mrs. Martha Cornett

Upper Kentucky River Mental
Health—Mental Retardation
Center.....Mrs. Garnet Jones

Mountain Comprehensive Health
Corporation Dental Health
Services.....Mr. Peter Dueck

In addition to the above, other Workshop participants included:

University of Kentucky	Dr. Frances Thomas
College of Nursing:	Dr. Juanita Fleming
University of Virginia Adult	Mrs. Barbara Beardsley
Nurse Practitioner Program:	Mrs. Margaret Turner
	Robert Reid, M.D.

Indian Health Service:

Miss Virginia Brown, Tucson, Arizona
Miss Marie Hanzel, Rockville, Maryland
Miss Bernice Loughlin, Gallup, New Mexico
Miss Susan E. Milman, Rockville, Maryland

University of Arizona	
College of Nursing:	Mrs. Josephine Gibson

University of New Mexico	
College of Nursing:	Miss Sandra Ferketich

Tulane University School of	Temple Douglas, M.D.
Public Health:	Dr. Dorothy Talbot
	Mrs. Edna Treuting

Yale University School of	
Nursing:	Miss Charlotte Januska

Office of Health Affairs:	Mr. Frank Matrecardi,
	Washington, D. C.

North Memphis (Tennessee)	Mrs. Tharon Kirk
Community Health	Edgar S. Wilson, M.D.
Organization:	Mrs. Edgar S. Wilson

Park DuValle Neighborhood	
Health Center, Louisville,	
Kentucky:	Mrs. Nadine Gentry

Intermountain Regional Medical

Program, Salt Lake City, Utah: Mrs. Kathryne Harries
Salt Lake (Utah) Community
Nursing Service: Mrs. Maxine A. Thomas

and

Miss Alice MacKay, a Canadian nurse on leave from the World Health Organization, African Region; and

Mrs. Aurora Yapchiongco, Assistant Principal of the School of Nursing at the Philippine General Hospital, who had been studying in the United States.

The students in the Frontier School of Midwifery and Family Nursing and their medical and nursing instructors are enthusiastic about the educational program and this was evident in their presentations—to the extent that one participant finally asked, “Don’t you have any problems?”! The Director hastened to assure the group that we did have problems and discussed some of them. In her remarks about the evaluation of the program, Dr. Marion Pearsall helped put the enthusiasm expressed in its proper perspective. She said that she was positive no group of strong-willed individuals could have put such a program together without some monumental clashes! Dr. Pearsall also said that she had found there were people in Kentucky who considered Mary Breckinridge and her nurses “saints” and in some ways she could agree, but “saints” were not necessarily easy to live with and must not be confused with “angels”!

The Frontier Nursing Service enjoyed having the opportunity to meet doctors and nurses from other agencies who are involved in a common cause and we hope we were able to share with them something of value from our experiences over a forty-seven year period with nurses in an expanded role. We are encouraged to think that the Workshop was worthwhile by the following letter received from Dr. Dorothy Talbot of Tulane:

“I wish to extend our sincere appreciation for the experience you, your staff and students provided us last week. We learned just what we hoped we would. For the first time since the thought of preparing a family nurse practitioner occurred to us, we feel we know how to start. I have no doubt but what we will have many questions and problems as we proceed but the example of your agency will serve to guide us.

“We appreciated the knowledge, but just as deeply we enjoyed your beautiful and warm hospitality. Your nurses and students all showed us that they know how “to care”.

GOOD NEIGHBORS

Biddy, one of my hens, and a black-and-white Muscovy duck called Dally went broody at about the same time. The duck made a nest and laid twelve eggs which she obligingly shared with Biddy, the two birds taking it in turns to sit on the nest. Unfortunately the eggs began to suffer, so I took Biddy off and sat her on seven Muscovy eggs which had been deserted by another hen. A fortnight later she hatched four ducklings. Dally was still sitting, and every day, when she got off the nest to feed and bathe, Biddy left her own family to sit on Dally's eggs for half an hour. Eventually two of them hatched—a miracle in the circumstances—and the family friendship continued. By day Dally would fly or stroll around, leaving her two ducklings with Biddy and her four. At night the situation changed; Biddy perched on a post, and Dally spread her wings over both lots of ducklings. **Jean M. White**

—*The Countryman*, Summer 1971, Edited by
Crispin Gill, Burford, Oxfordshire, England.
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\$5.50 checks on their own banks.
Published quarterly by The Countryman,
23-27 Tudor Street, London, E. C. 4.

OLD STAFF NEWS

Edited by
EILEEN H. MORGAN

From Mary Kaldeway in Brockville, Ontario, Canada

—July, 1972

I can hardly believe a month has passed since I left Kentucky. Although a change is good, I miss FNS and beautiful Kentucky already. Here I've been kept busy with shopping, packing and travelling—trying to get ready to return to Nigeria. I wrote the exam in Psychiatric Nursing in West Virginia on June 8th but haven't heard the results yet. Also I visited Toronto, St. Thomas, Sarnia (Ontario) and Grand Rapids and Holland, Michigan for a week. I was hoping to leave for Nigeria at the end of next week but there is no word on my entry permit yet so I'll have to be patient.

My greetings to all at Wendover.

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From Evelyn Tschetter in Boguila par Bangui,

Central African Republic—July, 1972

My training at the Frontier Nursing Service School of Midwifery has been of great value in my work here in the Central African Republic. I have been involved in the training of six assistant midwives during the last two years. Now they have almost completed their year of practical experience and are ready to be placed at the different church dispensaries.

In September I will be arriving home for a year's furlough. I hope there will be room for a visit to the FNS. For anyone interested, my address will be 116 - 13 Street, Winona Lake, Indiana 46590.

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From Carolyn Coolidge Godfrey in Arlington, Virginia

—August, 1972

We plan to visit FNS on or around Mary Breckinridge Day, which I understand is September 30th this year. We are anxious to see the new hospital's progress.

Weather has just recently become nice and summer-like here. You in Kentucky probably had lots of rain earlier, as we did.

I quit my part-time nursing job in early May and our son, Teddy, was born on June 13th (See **Baby**). Anne was two years old on July 19. We've got our hands full with two little ones. The baby is so good and thriving.

Ed's job with ACTION (VISTA and Peace Corps) keeps him pretty busy this time of year. He is now a Placement Officer.

We miss FNS and Kentucky. Tom and D. J. Howald did get here in April to spend five days with us in our new home. They picked the nicest week in the year to come. Weather was in the seventies and cherry blossoms and azaleas were in full bloom in our yard. We had lots of fun reminiscing and seeing Washington sights, etc.

Tonight, the children and I are flying to Connecticut to spend a week with my family and Ed will drive up on the week end to get us.

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From Mary Quarles Hawkes in Bourton-on-the-Water,

Glos., England—August, 1972

I am with Stevie for a few days having a good visit in the Cotswolds. We are blessed with some warm weather and occasional sun. Stevie has been taking me here and there throughout the countryside which is beautiful at this time of year.

Last evening Liz Palethorp and her mother dropped in. We all had a good reminisce about the FNS.

I have been in Europe since the end of June and shall remain until the 30th of this month. Most of my stay in England has been at Tring in Herts. with some very good friends of Bob's and mine who have rented a cottage there for the summer. Their home is in London and Tring is close enough for me to run into the city whenever I wish. I have really had a lot of rest and relaxation with them.

I spent three weeks in July with Bob's older brother and his family who live near Paris. We spent a week at the beach at Cap Ferret, west of Bordeaux, and had beautiful weather there.

From there I went to Germany and Holland to visit friends and then back to England again. I have really had a marvelous trip which I thoroughly enjoyed.

I am going back to Rhode Island College to teach this fall.

I am not planning to move from Brookline at this time. It will be a fairly long commute, but I have done it before.

I have been interested in keeping up with the Family Nurse Program through the Bulletin. Such programs are needed in urban poverty areas.

I saw Mary Jo Clark in New Jersey in June. She was getting settled in her new job in Princeton.

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Wedding

Judy Scott and Mr. Tom Woodruff on September 9, 1972 in Beach Haven, New Jersey.

Our best wishes to Judy and Tom for a long and happy married life.

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Baby

Born to Mr. and Mrs. Edward E. Godfrey, Jr. (**Carolyn Coolidge**) of Arlington, Virginia, a son, Edward Erasmus, III, on June 13, 1972, weight 9 pounds, 10 ounces, nickname "Teddy." (See **Letters.**)

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We send our deepest sympathy to the family of **Dr. Paul Adolph**, who died in July, 1972, to the family of **Esther Bacon**, who died in April, 1972, and to **Frances Crawford**, on the death of her stepmother.

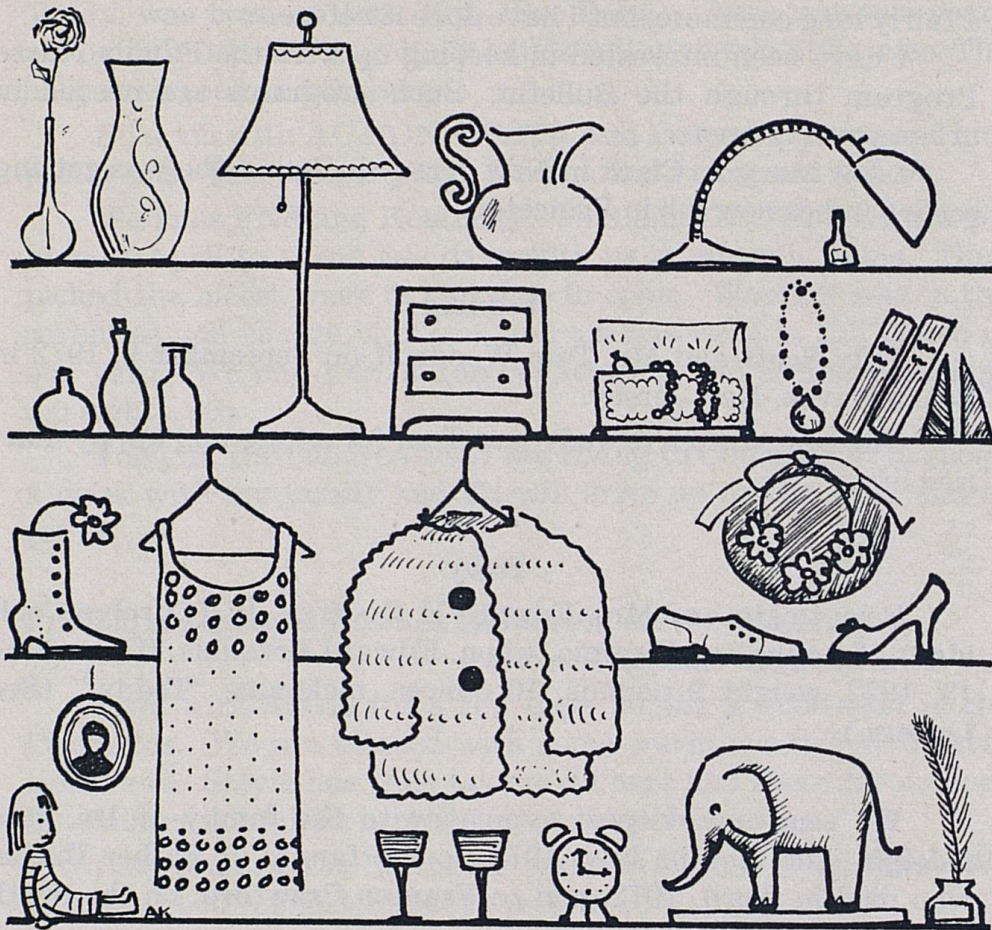
District Nurse: "Now, John, Susie is going in to see the doctor tomorrow, isn't she?"

John: "Yes, yes, she's going."

Nurse (who had heard this one before): "Now you are certain she is going?"

John: "If nothing slips, breaks or comes untied, she'll go!"

WHITE ELEPHANT



DON'T THROW AWAY THAT WHITE ELEPHANT

Send it to **FRONTIER NURSING SERVICE**
1579 Third Avenue, New York, New York 10028

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

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

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

FIELD NOTES

Edited by
PEGGY ELMORE

The Frontier Nursing Service has been called many things in its forty-seven year history—from the laudatory “Angels on Horseback” to the title which sometimes seems singularly appropriate and always gives us a chuckle—“the Frontier Nursing Circus”. In between we have been addressed as “Nurses on Horseback”, “the Frontier Nervous Service” and “the Furniture Nurses”. We have just recently received a letter to the “Frontier Nursery Service” which perhaps is not entirely inappropriate for an organization which can claim over 16,000 babies!

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The Eleventh Annual Mary Breckinridge Festival will be held on Saturday, September 30, 1972, and we are looking forward to seeing many old friends on this “homecoming day” in Leslie County.

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During the summer five graduate students from the Family Nurse Clinician Program at Vanderbilt University came with an instructor for six weeks’ field experience with the FNS. The students were assigned to the three Clay County Centers where they were given responsibility for the nursing care of a defined group of families on each district. The students also had weekly seminars with their instructor and were assigned to write a paper on one aspect of health care in a rural area, which they presented to the Chairman of their department and to FNS staff before they returned to Tennessee.

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Wet weather in the early summer continued to slow down the foundation work on the Mary Breckinridge Hospital but we are happy to report that much progress has been made during the current dry spell. We are “out of the ground” now and the electrical and plumbing contractors are on the site. We are pleased to report that John Campbell has joined our staff as maintenance engineer for the new hospital and he is working with the various contractors so he will know the electrical,

plumbing and heating systems, and the equipment that will be installed, from the sub-basement to the top of the elevator shaft.

. . . .

Our volunteers have come in many guises. Physicians from the College of Medicine at the University of Kentucky have continued to give lectures to Family Nursing students each Saturday. Glen Grady, a medical technology student, spent a month in the hospital Lab, and two senior medical students—Alan Lake of the University of Cincinnati and Laurie Levine of Boston University—helped our doctors in the outpatient clinic. Laurie's husband, Marc, came along to Kentucky and has assisted us with preparations for a research project. We are expecting Alan Lake to return in September with another UC student, Brad Gascoigne. Agnes Lewis returned in August and has relieved for Juanetta Morgan's vacation and has completed a number of projects that we have had difficulty in finding time to do.

We have been delighted to hear all about Agnes's trip to England where she had the pleasure of meeting many of the British old staff. Nora Kelly had a reunion for Agnes at her home in Dorset. From there Agnes was driven by old staff members to many different places in southern England. She ended her trip by spending a few days in London with our old courier, Alison Bray.

Then there are our couriers. Mary Neel of McLean, Virginia—daughter and sister of old couriers—arrived on June 1 for the first summer period. She was joined later in the month by Catherine Williams of Winchester, Massachusetts, and Martha Schultz of Hanover, New Hampshire. Frances Morton of Hazard, Kentucky, and Deborah Kennedy of Titusville, Pennsylvania, arrived July 10, and stayed until it was time for them to return to college. The couriers for the second half of the summer are Jane Handy of Stowe, Vermont, Anne Wright of Philadelphia, Pennsylvania, and Jennifer Morris of Melrose, New York. These girls have been involved in many activities, including transportation of patients, time studies on the district nurses, and nurses aide work. And while Martha was around, Wendover never lacked for delicious homemade bread!

We are deeply grateful to Miss Bobbie Holtzman, Director of Radiologic Technology at the University of Kentucky, for providing coverage for our x-ray department this summer. Carol Ingram and Linda Gindelsperger relieved for Dorothy Maffat Asher's vacation in June. When Dorothy's husband had to enter a Memphis hospital, Miss Holtzman again arranged for students to come for August and September in rotation and we are pleased to have Linda with us again at this time.

.

We have a report elsewhere in this Bulletin of the Family Nursing Workshop which brought us some thirty-five guests from ten states and two foreign countries. We have had many other guests during the summer including our old friend, Miss Laura Christianson of Lakewood, New Jersey, Mr. and Mrs. R. L. Ireland III of New York City who came down to spend a couple of days with his sister, Kate, Mr. and Mrs. Loyal Jones of Berea, Misses Ann Asbury and Janet Oney from the Commission for Handicapped Children, Miss Beth Hicks of the University of New Mexico, and Miss Sarah Sayres, Director of Public Health Nursing in Virginia. Miss Elizabeth Mitchell, a nursing consultant with the World Health Organization, spent a week with us, Miss Elizabeth Berryhill, who works with Migrant Health in North Carolina, and Miss Shirley Jameson of Chapel Hill, were with us for one day in June, and Mr. and Mrs. Lloyd Cadbury spent a week end with their daughter, Ann Burton. It was good to see recent couriers Joannie Mamelok and Betsy Robertson and old staff members Edie Anderson, Edna Johnson, Ardith Clair, Marie Sullivan and Eileen Stark.

Dr. Marion Pearsall, the distinguished anthropologist from the University of Kentucky, will be involved with the evaluation of the Family Nurse and she has come to spend a week with us to learn firsthand about our program. As we go to press we are also entertaining Dr. Ratmi Poerbonegora, an Indonesian obstetrician from the University of Djakarta. When Dr. Robert Oseasohn and his daughters came to visit Cel, we promptly arranged for him to lecture to the students and staff. As many of our friends have learned, if one visits the FNS, one may well be put to work. It is sort of an occupational hazard!

We are happy to welcome Nancy Benson, Betty Mulder, Sally Rinehart, and Miriam Eberly, who took her nurse-midwifery training in British Honduras, to our nursing staff. We are pleased to report that Lucy Smith, a medical technologist from Chapel Hill, North Carolina, arrived in mid-August to take charge of the Hyden Hospital Lab, and that Joe Lewis of Hyden, who has been with us for a pharmacy internship, will join our regular staff as soon as he becomes a registered pharmacist.

Our nurse-midwives are unusually mobile these days. Molly Lee returned in June from a long holiday in Pakistan and England and Elsie Maier left to spend a year's leave of absence with an old friend, Ginny Landis, in Uganda. Our best wishes go with Elsie and we shall look forward to her return to Kentucky in the summer of 1973. Pam Love is also planning to work overseas—in South America—and left us in the early summer. Fortunately, she missed us and returned for a few weeks in July and August and plans to come back in October after she finishes language school. When the Morehead Clinic in Morehead, Kentucky, sent an urgent plea for a nurse-midwife in August, Maggie Schmees volunteered and the other midwives at Hyden agreed to work harder to fill the gap left by Maggie's departure. Maggie is having a wonderful time at Morehead and is most grateful for the warm reception she has received from the doctors and the patients.

Another mobile FNSer is our Dr. W. B. Rogers Beasley who has alternated service with the FNS with further education and overseas experience since 1956. Dr. Beasley left FNS in July for the Downstate Medical Center in Brooklyn, New York, where he is involved with family planning services. He is also spending some time in South America and Asia under the auspices of the Pathfinder Fund. We miss him but our two doctors are doing the work of three and, as long as Dr. Beasley has a home in Leslie County, we think we might see him back in this area some day.

Betty Bear of Albuquerque, New Mexico, who spent a month with us last summer, returned for six weeks this summer to help Trudy Isaacs prepare a self-evaluation of the Frontier School of Midwifery and Family Nursing for the American College of Nurse-Midwives.

Two young college graduates have joined our staff for special projects. Barbara Moore of Phoenix, Arizona, is helping with the record work involved in the admission of families to the new Wooton District. Ann Burton of Lake Forest, Illinois, is involved in setting up a research project for evaluation of the Family Nurse.

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It has been a busy summer, and from the looks of our calendar, it will be a busier fall. Sometimes, when we haven't seen the bottom of our desks for weeks, and have the sensation of drowning in paper, we tend to get a little discouraged. But there is usually someone to cheer us up as we were cheered by the following, presented after a hard day's work on the Bulletin:

Happiness Is A New District

Happiness is . . .

a new district . . .

family assessment sheets . . .

PRIMEX . . .

hiking 1½ hours up a mountain to find your

patient *not home* . . .

praying for a dry morning to make an early jeep run up the mountain, and having no rain for a month after . . .

bringing in a garden load after a productive day's visits . . .

being on a first name basis with the OEO men . . .

waiting for "the clinic" . . .

(and waiting . . . and waiting . . .)

discovering another problem family . . .

being a Saturday student again . . .

having "Dumps" for a jeep . . .

having to be new, innovative and creative!

BEYOND THE MOUNTAINS

The Frontier Nursing Service Committee in Boston will be holding its annual Christmas Preview at the Milton-Hoosic Club on November 15 and 16. We hope all FNS friends will plan to keep these dates free and will attend to do their Christmas shopping. Notices of the Preview will be sent to all friends in the Boston area to remind you of the place and dates.

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The Frontier Nursing Service Board of Governors will hold its fall meeting at Shakertown in the Blue Grass area of Kentucky in October. Many members of the Board are looking forward to a visit to this old Shaker settlement which has been so beautifully restored.

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Midwives from all over the world will be coming to Washington, D. C. for the 16th International Congress of the International Confederation of Midwives which will be held at the Sheraton-Park Hotel October 28 through November 3. The American College of Nurse-Midwives is the host for the Congress at which Mrs. Nixon will be the honorary chairman. The FNS will have a booth at the Congress and we hope several of our staff members will be able to attend.

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We congratulate Dr. David B. Stevens of Lexington, Kentucky, on his election as President of the Kentucky Commission for Handicapped Children. Dr. Stevens is an old FNS friend and continues to come to Hyden once a month for orthopedic clinics.

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Sharon Koser, the Wendover District nurse, had the honor of being the guest speaker at the 1972 "Nurse of the Year" Award Luncheon sponsored by the Indiana League for Nursing and the Allstate Foundation in Indianapolis in late June. Rural and urban home nursing services shared the spotlight as Sharon told of her work as a district nurse with the FNS and Miss Anne Gibbs, Executive Director of the Visiting Nurse Association, was named Indiana's "Nurse of the Year". Sharon had the pleasure

of meeting Mrs. Charles J. Lynn, a Trustee of Frontier Nursing Service as well as a Board Member of the Indianapolis VNA, who introduced her at the luncheon, and officials of the Allstate Foundation which has provided a number of scholarships for students in the Frontier School of Midwifery and Family Nursing.

Little Jimmy was properly impressed as he watched his older brother Tommy being confirmed by the bishop. A few hours later, however, when Tommy tried to supervise his younger brother's activities during the family celebration, Jimmy remarked, "Look . . . just because they made you a soldier of Christ, doesn't mean you're a sergeant already!"

—*Modern Maturity*. Dec.-Jan. 1970

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Mrs. Gail Shell

Office Manager—Hospital

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Medical Records—Hospital

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Social Service

Miss Ruth Ann Dome, B.A.

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 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



Photograph by Edith Anderson, 1942

Grow old along with me!
The best is yet to be,
The last of life, for which the first was made:
Our times are in His hand
Who saith, 'A whole I planned,
Youth shows but half; trust God: see all, nor be afraid!'

—Robert Browning

