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Photograph by Nancy Dammann

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The cover photograph of three small boys
on the river bank was taken at last year's
Easter Egg Hunt at Wendover.

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TRUE LENT

Is this a fast?—To keep
The larder lean
And clean
From fat of veales and sheep?

Is it to fast an houre?
Or ragged go?
Or show
A downcast look and soure?
Is this true Lent?

No—'tis to fast from strife,
From old debate
And hate:
To circumcise thy life,

To show a heart grief-rent,
To starve thy sin,
Not bin;
And that's to keep true Lent.

—Robert Herrick
(1591-1674)

FRONTIER NURSING SERVICE CONTINUING DEVELOPMENT 1974

by

GERTRUDE ISAACS, D.N.Sc.
Education Director

This is a statement designed to clarify the directions in which the Frontier Nursing Service is planning to move to strengthen the rural primary care service and training center it operates as part of a larger system.

The Frontier Nursing Service is currently moving in several directions, all part of its long-range program planning, which are all inter-related and designed to provide a better coordinated approach to the provision of health care in rural areas. The aim is to work in close collaboration with the federal, regional and state Departments of Human Resources in their new developments; and to avoid undue disruption of services currently being provided, that are responsive to the needs of the people being served.

The following comprises a list of projects that are currently under-way and others that are under consideration:

1. The Frontier Nursing Service has under construction a new \$2,500,000 research and training health care center with inpatient services (40 beds) supported by a matching grant from the Appalachian Regional Commission, scheduled for completion in the summer of 1974. It consists of three stories, one for outpatient care and supportive services, one for inpatient care, and one for education and research. Dental and mental health services are included. It is designed to provide primary care services to a population group of 15-20,000. The Frontier Nursing Service considers this an appropriate model for the development of local health centers for the provision of primary care. The new building will take the place of the old 26-bed Hospital and Health Center built in 1928.
2. The Frontier Nursing Service has a three-year Primex Grant (March 1972-February 28, 1975 for \$300,000) from the National Center for Health Services Research and Development,

for training and research of the primary care nurse in rural areas. One hundred and six registered nurses have been admitted to the program since June 1970, eighty have graduated from the program, and twenty-two are currently enrolled. The program is four to sixteen months in length, depending on whether the students wish to include midwifery in their training. Valuable data is being collected regarding costs, tasks performed, man-power involved, and types of care provided according to diagnostic categories, age, sex, family, place of care and disposition. Training content is being compared with six other university programs. The system established for data collection has widespread uses, since it involves all outpatient services being provided. Less comprehensive statistical data is available for all previous operations since the Service was inaugurated in 1925. The aim is to evaluate and document the feasibility of developing a rural primary service and training care center at costs that are reasonable and that is acceptable to the people and operative from an organizational point of view.

3. The Frontier Nursing Service has collected PAS MAP data since 1971 for services provided through the hospital for comparison with other community hospitals, and for standardizing its own care as part of its utilization review system. This data, in conjunction with outpatient data, provides more comprehensive data regarding the efficacy of the total system.
4. The Frontier Nursing Service submitted a grant for University of Kentucky affiliation for its training program to the Division of Nursing which was approved, but not funded due to withdrawal of federal funds last year. The grant has been transferred to the Regional Office and is still viable. The education director has a professional appointment on the College of Nursing faculty. Such an affiliation should help in program expansion. The ability to meet the demand for training and graduates in primary care both within and outside the state is well beyond the scope of the Frontier Nursing Service. This is also an attempt to obtain university credit for primary care training for nurses, and to broaden training and service opportunities.

5. A grant has been submitted to National Institute of Mental Health to implement and study further integration of mental health into the primary care system. Currently, the mental health system is operating as a separate system. The Frontier Nursing Service has from the beginning of its primary care training program sought to develop an approach for closer coordination between physical, mental and social health care in the provision of primary care. Mental health at the local level should, preferably, from the Frontier Nursing Service point of view, be an integral part of primary care.
6. The University of Kentucky College of Medicine is proposing to negotiate with the Frontier Nursing Service for the training of primary care nurses for the primary centers being developed in the state through the University, and to provide training for medical students and other allied health care professionals, as part of the primary care team. Sixty percent of the primary care nurses trained by the Frontier Nursing Service are still in the state. Only five were residents of the state prior to entering training. Support from within the state should increase the numbers remaining in the state and this mechanism should serve to strengthen the development of primary care in rural Kentucky. This is the only program for primary care training in the state at this time.
7. The Frontier Nursing Service views its primary care center as the nucleus for a rural Health Maintenance Organization (HMO) which, if coordinated with both regional and state service and training centers for specialty services, can provide a workable system for providing comprehensive care in rural areas at reasonable costs.

The Frontier Nursing Service has all the essential components of an HMO except the marketing system. The manner in which this can best be developed needs to be explored. The current notion is that this can best be accomplished by developing a network of primary care centers for marketing purposes and to establish a coordinated system for referral and reimbursement of specialty services at both regional and state levels. This potential is being discussed with extra-

- mural program personnel at the University of Kentucky and the Department of Human Resources.
8. Through new legislation, Social Security Administration is proposing to reimburse primary care nurses for clinical care on an experimental basis. The Frontier Nursing Service has been asked to serve as an experimental center for such reimbursement. This will eliminate the current problems of the vast amount of unreimbursable Medicare-Medicaid services being provided through nursing. This type of reimbursement is essential to help make the provision of primary care a viable operation in rural areas. Long experience and recent research indicates that this is a highly satisfactory approach to good health care.
 9. Through a combination of the above developments, the Frontier Nursing Service proposes to serve as a model primary care service and training center for the training of primary care teams and to serve as a base for a consultant team to newly developing primary care centers in rural areas. Hopefully, this will provide a baseline for developing rural HMO's in eastern Kentucky and perhaps form the nucleus for more regional planning. The Frontier Nursing Service has been contacted by the State of Tennessee personnel for assistance in such planning.

Description of Service and Rationale for this Type of Development

The Frontier Nursing Service has for over 46 years provided coordinated home health clinic (nursing and hospital) and inpatient care services in rural Appalachia, through a primary care service and training center. It was started in 1925 by building six nursing stations. Currently it operates eight such stations and a centrally located hospital and community health center which provides primary health care to a 1,000 square mile rural area; primary care training; and serves as a link with regional and state specialty services and training. In addition, the Frontier Nursing Service provides supportive services to two nursing clinics operated by other agencies.

This system facilitates the provision of well coordinated health services at a range of levels, to make modern health

care readily accessible to the people at reasonable costs and in an acceptable manner. It helps bring health care back into the mainstream of daily living without excessive costs or undue inconveniences.

The nurses at the outposts currently manage 55% of the ambulatory care encounters of the Frontier Nursing Service; and the family nurses at the hospital manage 50% of the ambulatory care encounters at the hospital. It is anticipated on the basis of accumulating evidence that the ratio of care provided by the primary care nurse in the nursing stations will increase as more well-prepared nurses are placed in these stations.

The nursing clinics save the patient the time and cost of travel to the central station for the lesser problems. The care is more personalized, and the cost less. The nursing clinics also serve as a source of employment for people who do not wish to commute to the bigger centers.

There is ample and established evidence that the nurse, given additional training and with medical consultation and a referral system, can adequately manage the greater portion of conditions managed through an ambulatory care clinic without jeopardizing the health of the patient. Also we are getting increasing evidence that the nurse can give better primary care in a coordinated home health-clinic service than the traditional health team can provide from a clinic setting. This, of course, requires that the home health clinic is well coordinated with a medical and hospital care system. This is essential for the provision of back-up services, the management of conditions that cannot be adequately handled by the nurse in her clinic, and the entrée to specialty care.

The nursing clinics can be built, equipped and maintained at relatively low costs to provide preventive and maintenance care, and to manage the greater portion of common illness. Both manpower training and utilization costs are lower. Practical epidemiological problems are more readily managed by the nurse who is familiar with the family and its environment. The nurse can be more practical and realistic in her planning because of her proximity to, and knowledge of, the problems involved. She is in a better position to help the family cope with its own problems or help them carry out prescribed regimens of care;

and to recognize early problems of complications. If the patient has more complex problems or does not respond satisfactorily to the nurses' levels of expertise, medical consultation and referral is readily available.

Generalized services are provided by hospital clinic and inpatient services which are centrally located. This includes medical, pharmacy, laboratory, x-ray, EKG, social service, nutritional consultation and other back-up, consultant and referral services. A high percentage of ambulatory care and hospitalization can be adequately managed at the local level at much lower costs and greater convenience, again without jeopardizing the health of the patient, and often to his advantage healthwise. The costs of constructing, equipping, and operating a primary care center is much lower than the cost of a specialty care center. The proximity to the community assures greater convenience, permits a more personalized type of care that is more responsive to community needs; and, provided there is an adequate specialty consultation and referral system, the patient in outlying areas is usually assured of a more speedy and appropriate entrée into the specialty care system and more appropriate follow-up when the patient is returned home.

Specialty services in such a system can similarly operate at a more efficient level and perform those functions for which they were originally intended. The primary component of care has unfortunately been sadly neglected in our present day culture and creates much dissatisfaction, yet the concept seems so simple and practical. Fewer health problems are neglected until they become major problems which are much more costly to manage.

The important thing is that it works. Through this system the Frontier Nursing Service has consistently maintained perinatal and maternal mortality rates which are below state and national rates. Average hospital stay is cut in half. The average stay per patient is 4 days and for 65 and over it is 7½ days, compared with 8 and 15 days, respectively, for other community hospitals in this country. This county has approximately 10 patients in nursing and personal care homes compared to an expected 50-60 nationally for a county population of 12,000. The percentage of people 65 and over is comparable with national figures. The percentage of referrals of mental patients to re-

gional and state hospitals is also below the expected for this area. The degree to which overall admission rates are modified through this type of care needs further study. Indications are that the institutionalization of the aged and disabled is markedly reduced.

The difference in hospitalization patterns is largely attributed to the home health maintenance and preventive services provided in conjunction with the nursing clinics in the community—a factor that is largely ignored by the majority of health service agencies in the country.

This is largely possible because of family cohesiveness in the area, which has been strengthened according to a preliminary report of a recent study by a nationally-known cultural anthropologist, Dr. Marion Pearsall, who returned to this area to do a ten year follow-up of an earlier study, to do a community profile, to study the social impact of the family nurse, and to assess the knowledge, attitude, and health practice patterns of this area. The observed increase in family cohesiveness and community organization would appear to be the reverse of what is happening in other parts of the country. Could it be that the family health services provided by the nurse had contributed to this change, and that primary care provided within the community can help re-establish family and community ties?

The University of Kentucky Medical Center, which serves as both a training and specialty service resource, has reported that the patients referred by the Frontier Nursing Service tend to be more carefully selected according to medical care needs and more carefully worked up, resulting in better specialty care. The University reciprocates by sending better follow-up reports. Also an increasing number of regional and state specialists visit the Frontier Nursing Service on a regular basis to provide specialty services on a selected basis; e.g., it has monthly clinics conducted by orthopedic, ophthalmology and pediatric specialists, and two annual clinics conducted by ear, nose, and throat specialists. Medical internists conduct classes and case conferences on a regularly scheduled basis. These are reciprocal arrangements which strengthen local, regional and state services, keeping each abreast of state wide development. Further evaluation of the cost and use of specialty services in relation to well established

primary care services is needed for the development of rural HMO's.

NATIONAL AND STATE CHANGES ANTICIPATED

That overall cost of care will be reduced by the development of a primary care system is questionable. Most likely, costs will be increased as better care is made available to more citizens through this system. The likelihood of reducing the need for, or the cost of, specialty care is minimal. Marked increase in health manpower training at the basic level would not be anticipated, if we had better utilization of current manpower (one third of the registered nurses in this country are not employed, which can largely be attributed to poor patterns of utilization and employment practices). The Frontier Nursing Service, in spite of its rural location, has no shortage of nurses.

Some redistribution in facilities and health manpower utilization and training would be indicated. Change could, however, be introduced without major disruptions by gradual modification of the present system. The major change would involve the strengthening of existing primary care services and training centers and the development of new centers, where none exist.

Below is a simple pattern of the type of health care system proposed.

PRIMARY CARE		SPECIALTY CARE		
Nursing Station	Local Center	Regional Center	University Medical Center	National Research Center
500 population group per nurse in rural areas; 1,000 in urban areas.	15,000-25,000 population group. One physician per 3,000 population group, 1 nurse per 500; average size 40-bed hospital with outpatient facilities.	200,000 population group. Health manpower ratio probably unchanged (average size 400-bed hospital with outpatient facilities).	2,000,000 population group. Health manpower ratio probably unchanged. (Average size 1,000-bed hospital with outpatient facilities.)	4 or 5 national centers as are currently operated by Mayo Clinic and NIH (average size 10,000-bed hospital with outpatient facilities).

This distribution would not change current numbers of hospital beds. It is anticipated that the specialty centers would continue to operate in very similar roles, though more efficiently with a more elaborate communication system with primary care personnel and development of proposed primary care centers,

which would take time. Current demands and interest indicate that change would not be sluggish, provided that undue resistance from the medical and nursing organizations were not forthcoming. Resistances are sporadic and vary vastly from state to state. There is, however, considerable evidence of fear of professional disruption on both sides, mostly from those with minimal exposure, and those who are comfortably situated within a protected environment where they can restrict services and training with minimal awareness of the problems; e.g., where a secretary can say by telephone, "I am sorry we have no openings on our schedule for two weeks, two months, or whatever."

Should demands for specialty care decrease it would be gradual, and by that time some of the bigger medical centers would be outdated, so that change in type of demands, closure, or discontinuation of services would have only limited impact on society. They should be permitted to die a natural death if their services no longer have relevance to society. This is highly doubtful, as newer and more costly methods of providing specialty care are constantly being identified.

Size and population groups served by the specialty care centers could vary substantially depending on demography. Existing facilities and manpower distribution, to operate efficiently, need to be closely coordinated with primary care.

Local health centers would likewise vary; most could be established using existing resources with the addition of primary care nurses or the physician's assistants as appropriate. Flexibility would need to be retained to meet the needs of the area served. The point to remember is the need for keeping primary care centers small and personal and in close proximity to the people served if care is to remain important and meaningful to the family, and responsive to the needs of the community.

Research

Two recent studies in this area by the University of Kentucky and the University of Wisconsin research staff (part of the Primex Project) indicate that this method of care is highly satisfactory in terms of the patient receiving the care, and professionally in terms of type of care provided. Preliminary reports are glowing. Both indicate that the Frontier Nursing Service is achieving what it set out to do as defined by its philosophy and

object; i.e., to provide broad ranges of services planned and carried out in collaboration with other agencies, to make quality care accessible to the people at reasonable costs and in a manner that is meaningful to the people, and permits them to participate.

Recent research in Canada confirms the above findings. (See the *New England Journal of Medicine*, Vol. 290, No. 5, January 1974.) More practical research based on day to day needs, and the practical resolution of these needs, would be beneficial.

Problems

The Frontier Nursing Service has encountered several problems, all of which seem to be related to the difficulty in explaining the primary care concept as an operational mechanism for providing family-centered health services, as distinct from disease-centered care provided through the specialty care services.

In family-centered primary care there is a greater emphasis on the interaction which helps the family assume greater responsibility for its own health, and in disease-centered specialty care there is greater emphasis on the diagnostic and treatment skills. Both are complementary and important as part of a total system.

Even the researchers, when they arrived at the Frontier Nursing Service from the University of Wisconsin Health Resources Research Center, which had studied sixty more traditional health agencies, were not prepared for coding the type of care provided through the coordinated home health nursing clinic. Their coding system was not set up for identifying epidemiological, family and community-centered approaches used by the nurses or the type of assistance provided by the nurse in helping the family cope with its health problems. They sent an SOS to the research center and, because no other coding mechanism could be developed, they classified it as socializing, even though it was done with a distinctive purpose in mind and related to the care provided. Further study is indicated to identify the essence of the service provided and its effectiveness. It is to this undefined quality that the Frontier Nursing Service attributes much of its success over the years.

Problems may be broadly classified as follows:

1. Because the Frontier Nursing Service was developed in a relatively isolated area on a limited budget, it did not have

the manpower or mechanisms necessary to document its findings. On the other hand, it was also not handicapped by premature application of sophisticated statistical and scientifically developed methodology which often interferes with the more natural development of a practical methodology. This, however, makes it difficult to explain the service provided in terms that are readily comprehended at the present time.

2. The Frontier Nursing Service system and pattern of care has over the years never fitted into the federal or state requirements for funding, without involving significant additional expenditures and disruption of the total system. The categories of support or the rules and regulations were not designed for the provision of primary care service. Furthermore, new programs were generally in operation before funding became available and therefore the Frontier Nursing Service never really met the "new and innovative" requirements. For example, Family Planning was developed as an integral part of the health care program from its inception. To separate it out as a distinct entity for funding purposes would have destroyed the very essence of the program that the Frontier Nursing Service was struggling so hard to maintain, and would have created unnecessary expense. Because the Frontier Nursing Service did not wish to separate Family Planning from the total program, it did not meet the requirement of being "new" when funding became available.
3. The Frontier Nursing Service has no formal affiliation with the University which is considered desirable by many. Such affiliation, until recently, mitigated against the local autonomy considered essential to remain responsive to community needs. On the other hand, the Frontier Nursing Service has had very meaningful linkages with the University Medical Center since its development. Further strengthening of these linkages is anticipated. New patterns for such linkages need to be developed which facilitate rather than hamper or restrain local developments.
4. Funding of services provided has always been problematic. Eighty percent of the population is medically indigent. Currently the Frontier Nursing Service provides primary care

(home health, nursing and hospital clinics, and inpatient services) and operates a full-time training program in family nursing and midwifery (nationally accredited) for a total of 22 students, with a staff of 65 professionals (5 physicians, 50 nurses, 1 pharmacist, 3 lab technicians, 2 x-ray technicians, 2 research assistants, 1 social service secretary, and 1 hospital administrator).

Last year care was provided to a 15,000 population base that included 66,000 ambulatory care patient encounters (home and clinic) and 7,000 inpatient days for 1,750 patients. This service and training was provided at a cost slightly below \$100 per capita per annum.

This meant services were provided on a very restricted budget, often out of line with the proportionate wealth and technology of the rest of the country. The researchers, on the other hand, did not believe the quality of care was in any way affected. In fact, they felt the quality surpassed much of what they had observed in more affluent parts of the country. At the same time, the Frontier Nursing Service could not recommend a similarly restricted budget for other primary care centers. Salaries are very low and facilities inadequate, creating many hardships for staff and often forcing exceptional staff to leave, because of their inability to maintain family responsibilities. To be viable in this society, primary care must be reimbursed at a level that is equitable with specialty care. This requires a new look at the cost benefits of providing preventive and health maintenance care at the local level.

5. While the Frontier Nursing Service began its nursing service on a prepayment basis, this system had to be discontinued in favor of fee-for-service in order to participate in the Medicare-Medicaid system. In May 1973, Medicare-Medicaid reimbursement was discontinued for all but home health care because the old hospital did not have a sprinkler system. It was discontinued despite the fact that the new hospital was halfway finished and there were no other facilities in the county to take over the services. The Frontier Nursing Service has not refused care to anyone regardless of ability to pay in the meantime. In fact, last week it admitted a patient

in labor with a Medicaid card who was refused admission to a neighboring hospital because she did not have the required \$100 down payment in hand.

This discontinuation of reimbursement for Medicare-Medicaid patients by the federal government has created severe hardships both for the community and the Frontier Nursing Service, in a community that can least afford it and is least able to fight back. More workable systems for the reimbursement of the medically indigent need to be developed.

6. Furthermore, Medicare-Medicaid reimbursements do not cover care provided in the clinics by the primary care nurse; and for a voluntary agency which pays low salaries and provides extensive preventive and health maintenance services that permit it to operate on a lower budget, there is no mechanism whereby it can cover health care costs and extend or improve services, because reimbursement is based on the cost of medical services provided. The solo or small practice groups, on the other hand, have minimal restrictions on the reimbursements they can collect or profits they can make. The primary care system developed by the Frontier Nursing Service, therefore, mitigates against equitable federal support for the people they serve. Newer systems for reimbursement of health care services need to be developed which promote improved health care, regardless of the type of provider.

Optimist: one who tells you to cheer up when things are going his way.

Modern Maturity, December-January 1972-73

COUSIN WILF

My cousin Wilf has spent his life farming in the village where he was born. He is, by city standards, rather slow of action, thought and speech; but what he says in his rich, broad Oxfordshire dialect is worth listening to. As my sister once put it: 'When I think of cousin Wilf's accent I can smell a farm-yard.' Cousin Wilf was 'called to the colours' during the first world war and found himself enrolled in the Light Infantry. Somebody in authority soon realised that it would be far better for all concerned if cousin Wilf were sent home to get on with his farming. Strange to relate, sent home he was; stranger still, he was retained on the regimental strength and pay roll. Cousin Wilf polished his buttons and wore his uniform to church every Sunday morning until the end of hostilities when he received an honourable discharge. At the time of the attempted assassination of Hitler I remarked that if Hitler had been disposed of, no doubt somebody equally obnoxious would have taken his place. 'I'm not sure,' said cousin Wilf, 'you don't find much growing under a big tree.' Another time when I mentioned that a farm hand who had spent a lifetime on our farm was to be retired to a town hostel for the elderly, cousin Wilf said: 'You let him bide. If you move him he will die: remember you can't transplant an old tree.' He was right as ever.—*W. H. Jennings, Berkshire.*

—*The Countryman*, Autumn 1973, Edited by
Crispin Gill, Burford, Oxfordshire, England.
Annual subscription for American readers
\$5.50 checks on their own banks.
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COME HERE TO LEARN

by

SALLY RINEHART, R.N.

[The following article was written by a staff member to describe for newcomers the life and work of an FNS nurse.]

The FNS now has a staff of five doctors and approximately seventy (including students) nurses working at eight nursing centers and a small hospital.

Our nurses come from all walks of life. Some have been or will be missionaries and are in training to give better health care abroad. Others are fresh out of school, gaining a unique experience to keep here or take elsewhere. Others come to learn and return home. Some stay. Never have I worked with nurses of more diversified interests and backgrounds and yet all have so much in common—to share with and learn from others. Each nurse is encouraged to use and build on her past experience, be it in pediatrics or psychology. There is a place for all.

Our present hospital was built on the side of Thousandsticks Mountain, overlooking Hyden, in 1928. I'm told that, in the early years, to get to the hospital one had to walk up the mountain—no road. Now, on arrival, most of us don't drive back down for a while! There is a hairpin curve going up and an even worse one coming down. But, rest assured, they're perfectly safe, and even a lot of fun, if driven judiciously.

Parking is a problem, especially during the day, but perseverance wins out if one waits and drives around the hill often enough. This should improve when the new hospital, at the bottom of the hill, opens this summer.

The old hospital is a stone building. The first floor contains business offices, clinic, lab, X-Ray and EKG room. As you come up the stairs, ahead of you are labor, delivery, the nursery, and also the dumbwaiter from the kitchen. Coming around the corner, to the left, is the postpartum ward. To the right is General Side, where all new nurses work for a time. This area consists of a men's ward, women's ward, a room for small children, a two-bed room, two single bed rooms, and the OR. Much can be learned here, including how to improvize with available equip-

ment. A favorite saying is, "careful with that—it's donated!" The third floor houses the supply room and connects with the Annex used for midwifery classes.

The nursing centers, distributed throughout Leslie and part of Clay Counties, are eight in number. Six are live-in centers with a house, attached clinic and outbuildings. Until about ten years ago, the nurses rode and maintained horses at the centers, and could raise gardens and stock, hence the barns and sheds. Now we use jeeps to make our rounds. Most of us grow gardens, with the help, and jesting, of our neighbors.

District work—visiting the people in their homes, promoting good health and giving care to the sick—is perhaps the most interesting work in FNS, for it is here we learn to know the people and gain so much from them. The art of sitting quietly on a porch on a warm spring day, with many other visits scheduled, saying nothing for minutes at a time, discussing the garden and local events, and finally getting to the purpose of the visit, is one of our most difficult to acquire. Once we have mastered the ability to slow down and enjoy life and the world around us, we are able to move mountains, slowly.

Clinics are held almost daily at the centers. Immunizations and annual physical examinations are stressed.

The non-live-in centers are somewhat different. The Hyden district nurses have no real clinic; the hospital clinic serves their patients. There are two auxiliary clinics on the edge of the district, but most of the Hyden nurses' work is home visiting.

The Frontier School of Midwifery and Family Nursing offers a four month course for family nursing followed by an eight month course for midwifery. To enter, one must first work as an FNS nurse. After several months' experience on the staff, the nurse is evaluated by an admissions committee for acceptance to the School. Because there are many applicants and heavy competition for places in the School, students occasionally must "sit out" between the family nursing and midwifery trimesters. Applicants should be prepared for this possibility.

Hyden is a small county seat of approximately 800 people, nestled in a three point hollow, with routes 80, 421 and 257 converging at the town's center. There is a rather large county building which houses the courtrooms, offices and jail. The town

library is excellent. There are numerous small stores, and a nice new motel with restaurant, just outside of town.

Leslie County is located in the Appalachian chain's Cumberland Plateau with a population of around 12,000. About 87 per cent of the county is mountainous forest land, with only 2.5 per cent used for farming. The main source of income is from mining, seconded by logging.

The families in Leslie County are friendly, self-reliant, stoic in times of stress, and when they get to know us, they welcome us into their homes and enjoy teaching us gardening, quilting, butchering and how to cope in a rural area. The homes are varied in style and type and many are owner-built, utilizing such local materials as stone and logs. The use of trailers is increasing and other homes are frame or brick, with some wooden shacks left from the early days.

There are almost no dumps for trash, and no public garbage disposal, so the creek beds are used for everything from paper to junk cars. We nurses are slowly trying to help our neighbors clean up the creeks.

The main roads are paved, in varying stages of repair. Other roads are dirt with an occasional creek bed being used for jeep or truck travel. A really fun day for a district nurse is visiting a family accessible only by creek bed! Fear that the jeep will break down or turn over when a rock is hit the wrong way is always a worry but there are compensations—some of our most beautiful scenery is on the back roads.

The arts and crafts of the area are fascinating. Quilting is very popular with the ladies. Handmade chairs, stools and musical instruments, such as fiddles and dulcimers, are made by some of the men.

Off-duty time can be spent in a variety of ways. Visiting friends and shopping are always fun. Hiking and camping areas are plentiful in Kentucky and neighboring states. If you enjoy history you will never run out of places of interest.

FNS has its problems, as does every organization, but changes occur almost daily. The work we do and the area we live in lessens the importance of the problems. We all strive for a better organization; for love of the mountains, the people, and the work we are able to do. We are forever learning from our

environment and our neighbors. Perhaps we're prejudiced, but we feel that FNS offers one of the most worthwhile and fulfilling places of employment in the world.

STRANGE ENCOUNTER

The small dun-coloured fox had gained a good lead over the pack pursuing him at Fifehead Magdalen in the Blackmore Vale and had only 200 yards to go to shelter. But then, from the wood to which he was running emerged a stray hound. He came loping up the same hedgerow as the fox, nose locked to the ground, and they were bound to meet. The fox knew exactly what was happening; what was he thinking as he ran forward? The gap between them narrowed, and then they passed only a foot apart. The hound, nose still down, continued on his course oblivious. Then with the fox ten yards beyond him, he stopped, sniffed the air, and slowly turned around. He was obviously thinking, 'Funny, that smelt like fox. By heaven, it *was* a fox!' Too late though. The hound put on a show for the huntsman, but the fox reached safety. He should last a good many seasons. *John Mennell, Dorset.*

—*The Countryman*, Winter 1973/74, Edited by
Crispin Gill, Burford, Oxfordshire, England.

HYDEN HOSPITAL AND HEALTH CENTER and THE MARY BRECKINRIDGE HOSPITAL

At the end of January, the Mary Breckinridge Hospital was seventy-five percent completed, with mostly interior work remaining to be done. The contractor assures us that we will be in the new building before the end of the summer, if we continue to be able to receive supplies and equipment on schedule. The truck strike has already caused some problems in eastern Kentucky and at this moment this section of the state is short of gasoline and some food items—and plaster for the new hospital. In a community with no railroad, there is no alternative to the trucking of supplies.

As you know, the original scheduled completion date for the Mary Breckinridge Hospital was August 1973, but allowed contract extensions extended this date to mid-November. The delay in completion has been a hardship to FNS because in May 1973, the Social Security Administration ruled that Hyden Hospital was not in compliance with the Life Safety Code of 1970 as regards fire safety and would no longer be eligible for reimbursement for Title XVIII patients. (Until that time, the hospital had been certified as in substantial compliance.) In August 1973, the Kentucky Medical Care Program, following federal guidelines, suspended payments for the care of the medically indigent under Title XIX.

The FNS sought the advice of the State Health Commissioner and was referred to the State Fire Marshal. Over the years, FNS had made every effort to implement every suggestion of the Fire Marshal's Office, except for the installation of a sprinkler system. It would have been impossible to install a sprinkler system prior to the installation of a public water system in Hyden. When the public water system finally came into being, plans for the new hospital were well under way and the FNS did not feel justified in spending thousands of dollars on a sprinkler system in a building which would be used for a very short time only. The Deputy Fire Marshal agreed that the installation of a sprinkler system would not be sufficient to enable

the old hospital to meet the standards of the Life Safety Code. Instead, he recommended measures that would enable FNS to insure reasonable safety for its patients until such time as the new hospital was ready for occupancy. The suggestions, including an hourly fire patrol of the old building, were implemented immediately and bi-monthly inspections by the Fire Marshal's Office were arranged. This office was then able to recommend that the Social Security Administration rescind its order to cut off Title XVIII benefits. At the same time, FNS appealed the decision of SSA under Section 1-6 "Discretionary Powers of Authority Having Jurisdiction" of the Life Safety Code which appeared to allow the authority having jurisdiction over such matters to grant exceptions from the Code when it was clearly evident that reasonable safety was thereby secured.

The appeal is now in the hands of an Administrative Law Judge and we are hoping that a hearing will be scheduled before the end of February. In the meantime, Social Security has granted permission for the FNS to file claims for Medicare and KMC patients which have been admitted to Hyden Hospital since May as "emergencies".

Until the advent of Title XVIII and Title XIX programs, FNS had received no state or federal funding. The FNS was forced to increase its clerical staff to cope with all the paperwork involved in the government programs and subsequent payments for the care of the aged and medically indigent enabled FNS to enlarge its professional staff, to increase markedly the services to patients, and to improve the quality of care. Private support has allowed FNS to continue its program of preventive care, for which no third party payor will reimburse. The loss of third party income over a period of a number of months has severely decreased our financial reserve and, of necessity, forced us to consider the dire possibility that Hyden Hospital might have to be closed. However, we knew that the closing of the only hospital in an economically deprived county without public transportation would be a severe blow to the patients who depend on FNS; that if Hyden Hospital were forced to close, the effects on the economy of Leslie County would be equally severe; and that the damage done to our educational program would be incalculable.

FNS employs over two hundred people of which some sixty-

five percent are local citizens, trained in their jobs by FNS. If the Service were to terminate all, or even a portion of its hospital employees, and this would be an inevitable consequence of closing the hospital, only a few of the local employees could be absorbed into other jobs in Leslie County. If they went elsewhere to seek employment, yet another group of wage-earning citizens would be lost to the county. The professional staff, largely recruited from outside Appalachia and including well-qualified physicians, nurses, nurse-midwives, pharmacist, x-ray and laboratory technologists, would also be forced to leave—and FNS might well be unable to staff the new hospital when it is ready for occupancy. FNS had a payroll of just over \$800,000 last year. The staff lives in Leslie and Clay Counties and contributes much to the local economy. Additionally, FNS spends some \$200,000 a year in the mountain area for food, supplies, utilities, telephone, insurance and other services.

The impact of FNS on the economy of Leslie County is easily visualized, but its contributions in the provision of primary and secondary family-centered health care cannot be measured in dollars and cents. In the last three years the use of the registered nurse, with additional training in family nursing and nurse-midwifery, as a major provider of primary care has occupied the attention of health planners all over the United States. FNS has demonstrated the nurse in an expanded role for nearly fifty years. Its School of Nurse-Midwifery is the oldest such school in continuous operation in the United States, with some five hundred graduates working all over the world. In 1970, when the "family nurse" component was added to the educational curriculum, FNS was again in the forefront of programs to allow the nurse to use her full potential. At present FNS is the only non-university based recipient of a PRIMEX grant, for the evaluation of the family nurse, from the National Center for Health Services Research and Development.

With these factors in mind, the FNS Board of Governors is determined to keep Hyden Hospital open until the new hospital is ready, if humanly possible. Board members have spent endless hours helping us make the necessary financial adjustments, and we have received encouragement from Kentucky officials and generous support from many donors, especially

from the old couriers. The last few months have been difficult ones, and the next few months may not be any easier, but the FNS will continue to do everything it possibly can to fulfill its commitments.

Statement of Ownership

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

FRONTIER NURSING SERVICE

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

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HELEN E. BROWNE, Editor

OLD COURIER NEWS

Edited by
JUANETTA M. MORGAN

From Berit Pratt, Saratoga Springs, New York

—December 17, 1973

I have just completed my first semester at Skidmore College in Saratoga Springs, New York as a nursing major. I really like Skidmore and have had a good time along with quite a bit of work. Skidmore's nursing school is in New York City so I plan to be there for my next two years.

.

From Nancy Harmon Ruekberg, Churchville, New York

—Christmas, 1973

There have been some very important changes in my life this year. In August the children and I moved from Huntington, New York, where we had lived for nine years, to the farm where I was raised, near Rochester, New York. Moving is always hectic and our move was no exception but finally we made it. The house where we now live was built by my great grandfather about 1850. As it hasn't been lived in for twelve years, there is much that is needed to repair and restore the house and barns. Each week we make a wee bit of progress, but it moves very slowly. We do have heat, running water in the kitchen and one bathroom and lots of hopes. It is a good feeling to be in the country again where there are space, clean air, birds, pheasants, deer and beautiful sunsets.

Nathan and David are at Northfield-Mount Hermon School this year, Nathan as a senior, David as a freshman. Nat plans to take a year off before going to college and next summer will be working on a ranch in Wyoming. Beth and Peter are adjusting well to a new school and country living.

.

From Priscilla Auchincloss, Staten Island, New York

—January 5, 1974

Since my term as a courier in Spring, 1970, I've been involved in a number of activities—a summer group tour of France; a year of study of modern dance and ballet in New York

City; my freshman year of college at Yale University in Connecticut; finally, for the past year, a return to dance in New York. At the moment I'm preparing to return to college (Columbia University) on a part-time basis, so that I can work toward a degree and continue dancing at the same time.

.
From Anne Carrithers, Powell River, British Columbia—

—January 14, 1974

I had an incredibly fine time in Europe especially when the whole family was together in Portugal. Now I'm on a farm in British Columbia with cows, goats to milk, garden to love and take care of, and the ocean right out the front door. I'm also working on a government grant with handicapped adults, teaching them crafts and cooking and being a friend. I really enjoy the job.

.
From Walter H. Tuttle, Jr. (father of Worthy Tuttle),

Terrace Park, Ohio—February 8, 1974

I will gladly pass on your greeting to Worthy. In March, 1971 she was married to Samuel A. Trufant, IV ("Bo"). At that time he was teaching school and Worthy was working on her masters degree in Community Planning (Mental Health) at the University of Cincinnati. She completed her studies and in September, 1972, they left here for India. They had a fascinating time there, trekking in Nepal, living on a houseboat in Kashmir and visiting many places, before ending up at a United Nations settlement at Pondicherry, near Madras. After several months there, "Bo" got a job teaching school and Worthy was a house mother. When they could not get a renewal of their visas last fall they had to leave India, going by way of Singapore, Bali, Australia and on to New Zealand. On January 29 Worthy gave birth to a 7 lb. 5 oz. boy, named Seth Adams Trufant. Their plans are not definite, but they might return in late spring. Mrs. Tuttle and I are leaving in early March for a brief visit with them in New Zealand and to see our first grandchild.

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A WEDDING

Miss Abigail Hess and Mr. Michael Eugene Henry on October 20, 1973 in Barrington Hills, Illinois.

Babies

Born to Dr. and Mrs. Albert Eckian (Lorna Miller) a son, Philip, on November 21, 1973.

Born to Mr. and Mrs. Samuel A. Trufant, IV (Worthy Tuttle) a son, Seth Adams, on January 29, 1974.

Nancy Dammann is most appreciative of the answers she has received in response to her letter addressed to Old Couriers; and sends many thanks for the generous contributions to the operating fund.

A young housewife was giving an even younger one instructions on making her family's favorite meatloaf.

". . . . Then add five gluks of ketchup," she concluded.

"Five *what?*" asked the listener.

"Gluks."

"What's a gluk?" queried the younger woman.

"Why," replied the older, "you tip the bottle until it goes 'gluk'—then you do that four more times."

Modern Maturity, December-January 1972-73

FNS NEWS

by FNS Staff

Churchgoers were startled by strange sounds in the sky. A Sunday morning basketball game was interrupted at the Leslie County High School as an Army helicopter settled like a large bug beside the playing field. This was the most dramatic moment in a story that had begun many hours before. At 8:03 a.m. on Sunday, February 17, a baby boy was born at Hyden Hospital. This was the end of a long and difficult labor and the end of many anxious hours for the midwives who attended. For the baby it was a difficult beginning. Born feet first, after a long labor, and many weeks premature, the infant was weak and blue and did not breathe on his own.

As usual when a difficult delivery is expected a team was ready to help the baby. Rapidly and gently his nose and mouth were cleaned out and oxygen pumped into his lungs. Special equipment helped warm the baby to prevent the chilling which is so dangerous to any newborn.

Soon the baby responded and began to breathe well. He brightened to a normal pink and even cried. But before anyone could relax he began to show signs of Respiratory Distress Syndrome. This dread disease strikes many premature infants whose lungs are too unformed to work properly.

When signs of this disease develop soon after birth, the problem may be very serious. A call was made to the Newborn Special Care Unit at Cincinnati Children's Hospital for consultation with a specialist in newborn babies. Within the hour a team from the Special Care Unit had been picked up by an Ohio National Guard helicopter and was winging to Hyden.

Meanwhile, the baby continued to receive oxygen and was given sugar and medication by vein. Slowly he began to improve. The helicopter came through the maze of hills and settled to earth, interrupting the basketball game and bringing the specialists to the baby's side before he was four hours old.

Just as the nurse practitioner has constant supervision and support from the doctor to back her up, so also does a com-

munity hospital like Hyden have available the support of the specialized medical center. This support is not always as public or as dramatic as a helicopter evacuation, but it goes on day by day in many important ways. The community hospital doesn't need to call the specialist for every delivery any more than does the nurse who has the skill to deal with the usual health problems and the knowledge to know when to get help from the doctor. But it is good to know that help can come so quickly.

Later Sunday afternoon the baby got a helicopter ride to Cincinnati. At last report he was doing fine.

—*The Leslie County News*

Thursday, February 21, 1974

OLD CHINESE PROVERB

He that knows, and knows
that he knows is a wise man.
Follow him.

He that knows, and knows not
that he knows is asleep.
Wake him.

He that knows not, and knows
that he knows not is ignorant.
Teach him.

He that knows not, and knows not
that he knows not is a fool.
Beat him.

CULTIVATED ENTERTAINMENT

As chairman of our village hall building fund committee I once attended a meeting to hear a ministry official describe what grants could be obtained from the Government for building new halls or improving old ones. Since all cultural pursuits rank for grants, the speakers devoted much time to trying to define the difference between culture and entertainment, and where the line was drawn between the two. The crowded meeting listened with rapt attention; but when the speaker had finished it was obvious that every listener—and even the speaker himself—was in as thick a fog of ignorance as before a word had been spoken. This was epitomised by a large gentleman rising to his feet and booming: 'My committee is about to apply to the Ministry for a grant towards installing new lavatories. Does this come under culture or entertainment?' *George E. Freeland, Kent.*

—*The Countryman*, Winter 1973/74, Edited by
Crispin Gill, Burford, Oxfordshire, England.

An old Norfolk joiner made a book-case, but when put into place against the wall it was out of line. Scratching his head he said, 'Dammet, it be slanting-dicular.' *Elizabeth van Gaalen, New Zealand.*

—*The Countryman*, Winter 1973/74, Edited by
Crispin Gill, Burford, Oxfordshire, England.

THE USE OF DRUGS AT THE FRONTIER NURSING SERVICE BY REGISTERED NURSES WITH SPECIALIST TRAINING IN FAMILY NURSING AND NURSE-MIDWIFERY

INTRODUCTION:

The Frontier Nursing Service has established a system of pre-printed prescriptions and pre-packaged medications in coordination with its Medical Directives which authorize the issuance of specific medications for a limited spectrum of diseases and health problems. These Directives and their related prescriptions are limited to the use of district nurses, family nurses, and nurse-midwives of the Frontier Nursing Service. The prescriptions are meticulously pre-coded to enable precise monitoring of the use of drugs within this health maintenance organization, which includes the Hyden Hospital and Health Center and nine nursing outposts in two counties.

In addition to providing the method to monitor this unique service program in Family Nursing and Nurse-Midwifery, it is felt that an additional use can be made of this data flow (1) to measure the effectiveness of the Medical Directives—Pre-printed Prescription System, (2) to estimate the adequacy of the total Family Nurse training program in coping with health problems, and (3) to evaluate the competency of these specially trained nurses in the interdependent management of drugs.

BACKGROUND:

In preparation for expanding the training offered to registered nurses at the Frontier Nursing Service (FNS) in nurse-midwifery to include the diagnosis and management of common health problems, a careful analysis was made of the diseases and problems encountered by FNS district nurses in 25,000 outpatient contacts over a one-year period (1968-1969). Assuming this morbidity pattern to be a relatively stable one, and using a problem-oriented approach, a curriculum was designed to supplement pre-existing nursing knowledge and experience with an overlay of medical skills interwoven with advanced nursing techniques. The intent of the curriculum is to enable the specially

trained family nurses and nurse-midwives to diagnose a limited spectrum of common health problems, to equip these nurses to provide adequate therapy for this limited disease spectrum, and, further, to orient these nurses for prompt and appropriate referrals of patients whose problems are outside the defined spectrum, and to handle emergencies they encounter according to directives until the physician becomes available. There is also a large preventive aspect in this curriculum.

Family nurses and nurse-midwives are taught to make a diagnosis on the basis of a complete history and physical examination with appropriate supportive laboratory studies. After establishing a working diagnosis, the family nurse is authorized to provide a limited amount of select medications for specific conditions. This authorization is provided through the published set of Medical Directives especially designed to direct the nurse in the usage of specific drugs for those common health problems identified in the morbidity study. Further, the nursing clinic is supplied with a set of pre-printed prescriptions, on each of which is listed the international codes of those diseases for which that medication is authorized. The disease codes on the prescriptions are grouped according to the level of training of the nurse who is to complete the prescription. Finally, the pre-packaged and pre-labeled medications are supplied.

Thus, when the nurse commits herself to a diagnosis, the coded number of the diagnosis and the directions for the medication are provided in the Medical Directives and repeated on the pre-printed prescription.

These pre-printed prescriptions may also be used for special patients not covered by the Medical Directives but for whom special orders are provided by the physician. Furthermore, in the case of emergencies when the situation requires that the nurse must take action and communication with the physician is impossible, the nurse may use the pre-printed prescriptions even though the condition for which she is using the medication is not coded on the prescription. Although the nurse does not sign the prescription, (this is the obligation of the monitoring physician who reviews these prescriptions on a weekly basis) she initials the prescription. The prescription is filled through the special pre-packaged arrangement of the Frontier Nursing

Service Pharmacy, either at the outlying nursing clinics or at the centrally located Pharmacy at Hyden Hospital.

The use of these pre-printed prescriptions for selected coded diseases according to specific Medical Directives for specially trained nurses facilitate (1) the careful monitoring of the drugs being used under the authority of the Directives and by special orders of the physician, and (2) the identification of the inadequacies of the Medical Directives by providing specific data concerning the use of drugs in emergency situations on the initiative of the nurse without previous authorization.

Because the level of the training of each nurse using the prescriptions is identified, it is possible to compare the use of drugs by nurses with various levels of training. The age and sex of the patient provided on each prescription makes it possible to document the age-specific and sex-specific morbidity as perceived by various levels of nursing education, and to estimate the breadth of care that district nurses, family nurses, and nurse-midwives with varying levels of education can provide.

PROCEDURE:

This monitoring program and research project was implemented in the following manner: Each of the nine nursing clinics were provided with a set of Medical Directives, with a set of pre-printed prescriptions, and with pre-packaged prescriptions. When the family nurse or nurse-midwife makes a diagnosis, completes a prescription with a name, age, KMC number, and address of the patient, she encircles the coded medication on the prescription, indicating the authorization for medication, and she immediately provides the patient with the drug. The prescriptions are turned in on a weekly basis to the pharmacist. The pharmacist uses these prescriptions as an order to refill the supplies of the nursing clinic. Subsequently, the pharmacist and physician on the Pharmacy Committee validate each prescription, reviewing the diagnosis, the dosage for the age level, the adequacy of medication when more than one drug is indicated for the condition, the accuracy and completeness of each prescription, and investigate the use of those drugs issued on special medical orders and on an emergency basis. Problems identified are immediately discussed with the nurse over the telephone.

The system for the use of drugs by family nurses and nurse-

midwives in the FNS was designed by Archie M. Bennett, Jr., R.Ph., and was implemented in the summer of 1972. The pre-printed prescriptions and pre-printed labels are prepared in the FNS Pharmacy, using a Magnetic Card Selectric typewriter. The system has worked so efficiently in the monitoring of the use of drugs and also for cost accounting purposes that it was adapted last fall for use by central supply at Hyden Hospital which provides all nursing and medical supplies to the outpost nursing centers.

We feel that this system would be effective in any program using nurses in an expanded role.

EARNING HER KEEP

Seen in a pet shop window in Hertfordshire: 'Kind home wanted for small black kitten. Will do light mousework.' *Robert Fraser, London.*

—*The Countryman*, Winter 1973/74, Edited by Crispin Gill, Burford, Oxfordshire, England.

Trying to teach his parrot to talk, the bird-owner said, "Good morning!" to it each day for several months. But the parrot refused to cooperate.

One morning, the man was out of sorts and walked right by the bird without his customary greeting.

The parrot eyed him coldly. "Well!" it squawked. "What's the matter with you this morning?"

—*Modern Maturity*

OLD STAFF NEWS

Edited by
EILEEN H. MORGAN

From Eve Chetwynd in Watford, Herts., England—July, 1973

I went down to the annual meeting of the College at Plymouth. Nora Kelly was there in great form. She was visiting with May Green so they came over the first day. I also saw Maggie Willson briefly. While staying in Wiltshire with my cousins, Sue Cross came over to dinner. She was well and enjoying her little cottage.

In Bangkok, I saw Norma Brainard a few times. Apart from her official job she seemed to be doing a great deal for young Thai students through her church.

I arrived in England just in time for the fellowship meeting at St. Thomas' and for my nephew's wedding, so I was able to see a lot of people. I got home on a perfect English spring evening—lilac, cherries, hawthorne in profuse bloom.

. . . .

From Anne Cartmell Elder in Oberlin, Ohio—September, 1973

In July of this year John accepted the call to serve as minister of The First Church in Oberlin (United Church of Christ) where two decades ago he and I worked with the Youth Fellowship. We put our Rochester house on the market, collected children from their scattered summer pursuits, and, on August 23, moved into the wonderfully roomy parsonage in Oberlin.

We hope to inspire you to visit Oberlin, encourage your kids to apply to Oberlin College—or at least stop by when you're traveling on the Ohio Turnpike.

We didn't get to see all the FNSers in Rochester before we left. I did talk with Barbara Hunt Bane on the 'phone.

I have started screening pre-schoolers for learning disabilities for the Lorain County Board of Education.

Greetings to all.

. . . .

From Marie Sullivan in Boa Vista, TF Roraima, Brazil

—September, 1973

I have just returned to Brazil and I am in top health.

I have already had two prenatals with problems.

I enjoyed the course in tropical diseases that I took in Toronto. Would you believe just a couple of weeks before I returned I finally got my SRN?!

Our house is in the process of repair, so we're living in Carole Swain's new home while she is in Belem.

Please write. Your letters mean so much.

—January, 1974

Carol James and I were at Surucucu station for the month of December. We returned to Mucajai on Christmas Eve, so the only decorations we had were your Christmas cards. So many of you remembered me, I had lots of those to put on the bare walls.

My new microscope arrived on the plane yesterday. What a difference to use this binocular after using my old monocular! I've started doing skin snips for filaria and stools and urines. Malaria is my next thing.

Greetings to all whom I know there.

.
From Mrs. Grace A. Terrill ("Pixie") in Louisville,

Kentucky—September, 1973

I am getting along really well. I spend several days each month with my sister, Dorothy, in her new condominium and enjoy my visits with her very much. I also spend a few days now and again with Elizabeth and Carroll.

Madeline Gamble went to Europe this summer. I had a card from her in Paris.

My best to all my friends at Wendover.

.
From Lois Harris Kroll in Seattle, Washington—October, 1973

I was in Alaska again this past summer, but I guess it is the last time. I sold the homestead plus the fishing locations. Every day I have regrets—I'm going to miss so much. There were several bears around this summer. Mama moose had her annual calf. The fox had two kits. We even saw a wolf in the distance. He was near the fox dens and did she make a racket! A weasel was in and out of the house when we left. Mostly I miss Mt. Iliamna's view from the window.

I believe the new owner plans to make a hunting lodge out of the place.

It's wonderful how, under Brownie's guidance, the FNS keeps advancing and keeping up with the times. Someday I may drop in to see the many changes. It has been thirty-five years since I left Brutus, Kentucky. A lot has happened and I've been happy. I have two darling grandchildren—four and two years of age. My youngest son is not married.

Margaret Oetjen enjoys the Bulletins which I send her.

.

From Grace Miller in Oregon, Ohio—November, 1973

I have had twelve years of many wonderful blessings being a missionary nurse in Liberia. Now I feel this is in timing with the Lord not to return to Africa. I have loved my work and part of me will always be there.

I was introduced to a very fine Christian man by the name of Edwin Cook in Martinez, California. During the past few months we have become acquainted and it has led to a very pretty diamond on my left hand. Our big day is February 14, 1974, here in Oregon, Ohio. (See *Wedding*)

Our address after February 14 will be: 3125 Elm Street, Oakland, California 94610.

.

From Jill Ash in Bridgwater, Somerset, England

—December, 1973

I expect you are all in the throes of great preparation for all your big parties at Wendover and at the centers.

I am still in the same spot (over two years now) in a little bungalow, working as a health visitor for the county. The work is very interesting. There will be many changes as from April 1st next year. We will be employed by the various 'Area Authorities'.

My leisure hours are spent in learning French. I enjoy reading W.H.O. magazines from Geneva. I still get plenty of riding to keep me fit.

I met Olive Bunce the other day (Devon County). We both plan to get a long leave in approximately three years to pay you all a visit! Will you have a job for us?

When are the reunions in England? I went to one years ago and I would like to make the next.

Do remember me to all I know.

.

From Jane Burt in Yazoo City, Mississippi—Christmas, 1973

I'm getting a little nearer to Kentucky now. I will be working in Kingsport, Tennessee, in January.

I have enjoyed working in Mississippi, a nice job in family planning. I've had horses to ride and golfing.

I hear things are going great guns at FNS these days. More power to you!

.

From Dr. and Mrs. Howard Freas in Red Bank, New Jersey

—Christmas, 1973

Our new apartment home has brought us much joy and satisfaction—new friends and acquaintances, pleasant experiences and useful activities.

Congo (Zaire) contacts have been maintained by correspondence and visits by friends.

In May, 1973 we had the exciting experience of attending Kay's 50th class reunion at Bryn Mawr College to which husbands were also invited. It was most interesting to get caught up on some of the activities and accomplishments of the thirty-one classmates present.

The year would not be complete without our annual vacation at lovely Lake Chautauqua. This time it was followed by overnight visits with various friends.

Merry Christmas to all and God bless you!

.

From Treva Geiger in Republic of Mali, West Africa

—December, 1973

I just returned from a hurried trip to Bamako. I met some friends there, had my Rover checked and did some shopping.

Within twenty-four hours of my return I had two severe

burn cases, four deliveries and twenty-five women at prenatal clinic.

I'm so grateful for my midwifery training there at FNS.

From Judi Gibson in Midwest, Wyoming—Christmas, 1973

Everything is going well with me. I'm still a school nurse and I really like it. This year I am teaching Health, and it's a challenge with no texts and a wide range in ages. I went to summer school this past summer and hope to complete my Masters in Health Education this coming summer.

From Suzanne Johnson in Minnesota—December, 1973

They are going to dry dock Project Hope for one to two years for repairs and installation of pollution equipment. There will not be any chance to get on until after that time.

My experience this summer was very rewarding. We put in many hours but the work with the handicapped children was so interesting. I hadn't seen many of the disabilities some of the children had.

While at camp, I was able to go into New York around nine or ten times and was very pleased when one of our supervisors showed us around the city.

Right now I am planning on staying home until after Christmas. I hope to be working in Duluth in January. My sister plans to get married in June and Duluth is close enough for me to go home now and then to help with preparations.

My hobbies keep me busy. I have finished some more crewel projects.

I've heard the new hospital is coming along well. Some of the girls keep me posted on the Hyden news.

From Pauline Lee Goolkasian in Columbia, Maryland

—Christmas, 1973

Greg and I are now living in Maryland. Greg finished his two years with the Army and is now working with a consultant firm in Baltimore. I just completed work on my Masters' Degree in Maternal-Infant Health at Catholic University. In January,

I am assuming a position on the faculty at the University of Maryland, School of Nursing, Department of Maternal-Child Health.

We are happy and well and hope you are also. I still think of Wendover and FNS often, especially at Christmas.

From Mary Kaldeway in Nigeria—Christmas, 1973

I am enjoying my work here in Nigeria very much. I am temporarily in charge of the midwifery department here at Vom. We have between ninety and one hundred deliveries per month and with lots of complications. I am also able to keep my hand in the general side of things because we take call regularly for outpatients and some of the wards in the evening and night.

I thank the Lord constantly for my year of training and experience with you in Kentucky. I still miss FNS very much.

I was able to go home (Canada) for a holiday (and to my brother's wedding) in August and September. My mother came back to Nigeria for a visit with me and my sister and her family, who also work here, two hundred and fifty miles away. We certainly enjoyed that.

God bless you all in 1974.

From Barbara Kinzie in Chicago, Illinois—December, 1973

Things up here in the big city are going great. I really am enjoying my work with the folks here at Cook County Hospital, as well as the chance to study at the Bible Institute. I am getting a lot of valuable experience and seeing a lot of abnormalities which I had only read about in textbooks before. Of course, we only manage the normal cases, but we work with all the patients and also attend grand rounds and case conferences with the house staff. I have had about one hundred deliveries now.

I have really been grateful for my FN I material and experience. There is so much of it that seems essential in any kind of nurse-midwifery. I can't think of any part of my training that I could do without and still function safely and adequately. I really value Dr. Anne's teaching us to **look** at the patient rather than just looking at a bunch of laboratory results.

From Margaret Martini in Berea, Kentucky—December, 1973

I am now half way done with my third year of nursing here at Berea. School is going well. I hope to make the dean's list again this semester.

For my short term I'm going to work with Connie Becker down in Georgia. I am really excited about it.

I hope everything is fine with FNS, the hospital coming along o.k.

From the Thomas G. Newton, Jr. Family in Marlin, Texas

—Christmas, 1973

We are all well and busy. We have five calves now. We also have a new puppy. The vet said she was pure Lab., but she isn't. There is a collie somewhere behind the woodpile. She is cute and smart, though.

We have a wild half-Siamese kitten. Our Siamese rabbit has two babies and a husband. We acquired three guineas on Saturday, also two hens and a rooster—we hope!

From Charlotte Wittekind in Huehuetenango, Guatemala,

Central America—Christmas, 1973

I enjoyed receiving the last Bulletin to see what was going on in FNS land..

We are always on the go here. We keep busy with our Maternal-Child Program and do lots and lots of walking. I wished for a jeep *before* the gas shortage!

From Susan Simpson in Box Elder, Montana—January, 1974

I have isolated myself on an Indian Reservation in northern Montana. It is interesting work, beautiful country and cold climate. The temperature was around zero at noon today. By evening it was 40 degrees above. It's called a chinook—cold and snow one minute and warm and water the next.

Say "Hi" to everyone for me. I do miss the people there.

Newsy Bits

We extend our congratulations to **Mary Jo Clark**, who was

awarded a Ph.D. in higher education from the University of Michigan on December 16, 1973.

We have learned that **Aase Johanesen (Jo)** has returned to her native Norway after many years in the United States.

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Wedding

Miss Grace Dorothy Miller and Mr. Edwin Eugene Cook in Oregon, Ohio on February 14, 1974.

We extend our very best wishes to this young couple for many happy years together.

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Baby

Born to Mr. and Mrs. Wallace Noonan (**Sue Stanley**) of Fort Lee, New Jersey, a son, Christopher Thomas, on August 29, 1973.

Our hearty congratulations to the proud parents.

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We send much sympathy to **Darline Wilke** on the loss of her father, Mr. Raymond Wilke, who died in January 1974.

Many of our old staff members will remember **Della Int-Hout** who first came to the FNS as a district nurse-midwife in the Thirties. Her friends will be sorry to learn that Inty died in a nursing home in Arizona in October 1973. Much sympathy goes to her family. We learned with much regret that **Rosa Clark** died in December 1973. She was an early graduate of the Frontier Graduate School of Midwifery and spent many years working with families in a rural section of South Carolina. She will be much missed as a member of the profession and as a friend to many people.

In Memoriam

Dr. Nicholson J. Eastman
Baltimore, Maryland
Died in September, 1973

MRS. HENRY T. EWALD
Grosse Pointe Farms, Michigan
Died in November, 1973

MR. WILLIAM C. FARMER
Winchester, Kentucky
Died in November, 1973

MRS. DONALD R. McLENNAN
Lake Forest, Illinois
Died in September, 1973

MRS. JOSEPH B. SCHLOTMAN
Grosse Pointe Shores, Michigan
Died in January, 1974

MISS CORA WARRANT
Rochester, New York
Died in 1973

MR. WILLIAM C. WOODS
Hyden, Kentucky
Died in December, 1973

While they here sojourned, their presence drew us
By the sweetness of their human love;
Day by day good thoughts of them renew us;
Like fresh tidings from the world above;

Coming, like the stars at gloaming glinting
Through the western clouds, when loud winds cease,
Silently of that calm country hinting,
Where they with the Angels are at peace.

Not their own, ah! not from earth was flowing
That high strain to which their souls were tuned,
Year by year we saw them inly growing
Liker him with whom their hearts communed.

Then to him they passed; but still unbroken,
Age to age, lasts on that goodly line,
Whose pure lives are, more than all words spoken,
Earth's best witness to the life divine.

—J. C. Shairp, 1818-95

Mrs. Donald R. McLennan of Lake Forest, Illinois, and **Mrs. Joseph B. Schlotman** of Grosse Pointe Shores, Michigan, were both civic-minded women and long-time supporters of Frontier Nursing Service. Mrs. McLennan served us as Chicago Committee Chairman and later as a Trustee and an honorary member of our Chicago Committee. Her family name will live on in the form of generous memorial gifts to our endowment fund. Mrs. Schlotman opened her lovely home on the lake for a benefit tea for the FNS in the Sixties.

Dr. Nicholson J. Eastman had a distinguished career as a professor of obstetrics. His interest in the welfare of mothers and babies led him to many parts of the world. He devoted a considerable amount of time to the support of midwives throughout the world. He was a member of our National Medical Council and a staunch supporter of the American nurse-midwives. Our profession will miss him.

Miss Cora Warrant of Rochester, New York, and **Mrs. Henry T. Ewald** of Gross Pointe Farms, Michigan, had each been a Committee member in her own area, in our early years.

We send special sympathy to the family and friends of **William C. Farmer** and **William C. Woods** who died suddenly in November and December. Bill Farmer had come to Wendover last year, bringing his young son who was interested in entering medical school and who is now at the University of Louisville. William C. Woods did many kindnesses for us, as manager of a local gas station. He had a lively interest in community affairs and served as a county magistrate.

As the years roll by we have to give up long-time friends, and are thankful for their interest and support over the years. We send our heartfelt sympathy to the family and friends of each of them.

POSTSCRIPT

As we go to press we have learned of the death of **Dr. William MacFee** of New York. His distinguished career as professor of surgery and consultant to many surgical services is well known by members of his profession. He served his country in both World Wars. His interest in the FNS over many years will long be remembered. We send deepest sympathy to his widow who is a member of our New York Committee.

BEYOND THE MOUNTAINS

Louisville

The Board of Governors held its fall meeting on October 12 and 13 at the Galt House overlooking the Ohio River and the new Riverfront Plaza/Belvedere. Courtesy of Mr. Henry Heyburn, the committees of the Board held their meetings in the offices of Henry's law firm in the Citizens Plaza building. Members of the Louisville Committee arranged a reception and dinner at the Jefferson Club for Board members and guests on the evening of October 12. Mrs. Jefferson Patterson, FNS National Chairman, spoke to the group after dinner and brought the latest news of the work.

Boston

Freddy Holdship, Agnes Lewis and I met at Logan Airport in Boston on Friday, November 2, and travelled to Hingham for the annual reunion at the home of Mr. and Mrs. Roger L. Branham. This was a refreshing break before a busy week. On Monday morning Eve Alexander drove me into the city and was kind enough to take me to the Ware Collection of Glass Flowers in the Botanical Museum at Harvard University. This exquisite work demands a return visit, as there is too much beauty to absorb on one visit. After lunch Eve drove me to Dedham where I was the guest of Mr. and Mrs. Richard Higgins. On Tuesday morning I went to the Milton-Hoosic Club to find members of our Boston Committee setting up for their Christmas Preview. I set up the table for the crafts from Kentucky. Hanna Higgins took me to lunch and a visit to the Gardner Museum in the afternoon. Tuesday evening, November 6, was the Sponsors' evening at the Preview. Mrs. Burgess P. Standley, Chairman of our Boston Committee, and her Committee are to be congratulated on another successful year. Special credit goes to the Benefit Co-Chairmen, Mrs. John E. Dawson and Mrs. Richard M. Leach, who were in charge of arrangements. Dinner for the Sponsors' evening was prepared by the members and was a gourmet feast. The Preview was open all day on November 7 and 8. I could only be there one day this year. Jane Leigh Powell had come from New York to take care of the Kentucky crafts at the Preview.

On the evening of Wednesday, November 7, I went to Northeastern University on the invitation of Miss Priscilla Andrews to talk to the students about the FNS program and discuss the role of the Nurse Practitioner. I was delighted to have the opportunity of meeting Dean Long and some of her faculty members at dinner before the meeting. Several senior nursing students from Northeastern have spent field periods in Kentucky.

Chicago

On Thursday morning, November 8, I flew to Chicago where I was met by Mrs. Erskine P. Wilder, Jr. who drove me to Barrington to the home of Mrs. F. B. MacKinnon, mother of our old courier, Marcy. Barrington members of the Chicago Committee had been invited to bring their friends to the MacKinnon home in the afternoon from two to five. Some of the Kentucky crafts were displayed and a delicious tea was served. I was able to give latest news of the FNS in two brief talks during the afternoon. It was good to have interest in our work shown by the two groups. I was delighted to hear from Mrs. Kenneth H. Hess, mother of our courier Abbie Hess Henry, that she will be the Chairman of our Chicago Committee. Mrs. Edward Arpee (old courier Katherine Trowbridge) will turn over the office this winter. Katherine and Ed Arpee drove me to their home in Lake Forest where I was their guest until Sunday. On Thursday evening we went to the Melville Irelands for dinner in their lovely new home in Lake Forest. On Friday morning Jean Ireland drove Katherine and me into Chicago to the Casino Club where we met with some members of our Chicago Committee who were pleased to meet Mrs. Leonard D. Fenninger who, with her husband, has moved to the Chicago area. Dr. Fenninger joined us for lunch, and we continued our discussions on primary health care. On Saturday morning I had an interesting interview with Mrs. Phyllis Mount, women's editor of the Lake Forest-Lake Bluff Mail Advertiser. In the afternoon we drove over to the Great Lakes Naval Station and Katherine and I walked through the outpatient department. On Sunday, November 11, I flew back to Lexington and drove to Wendover where I found a busy schedule of staff, regional health planning and development meetings awaiting me.

New Haven

On January 22, I flew to New York and took the limousine up to New Haven where I was met by Miss Carol Davis, Assistant Professor in the Public Health Nursing Program at Yale University School of Nursing. She had invited me to speak about the FNS at the Contemporary Practice Issues Seminar on Friday, January 23. In the morning I met with the graduate maternal and child health students, an interesting group with varying backgrounds. I lunched with faculty members and in the afternoon a good group of faculty and students came to hear about the FNS. Time passed all too quickly. The grandparents of our courier Laurie Wakeman, Dr. and Mrs. Edward T. Wakeman, attended the meeting and I was pleased to give them news of their granddaughter. Dr. Wakeman is a pediatrician in New Haven. In the evening I was taken by faculty members to dinner at the Faculty Club, a charming old house in New Haven.

I send many thanks to all FNS friends beyond the mountains for their hospitality and help with transportation on my travels.

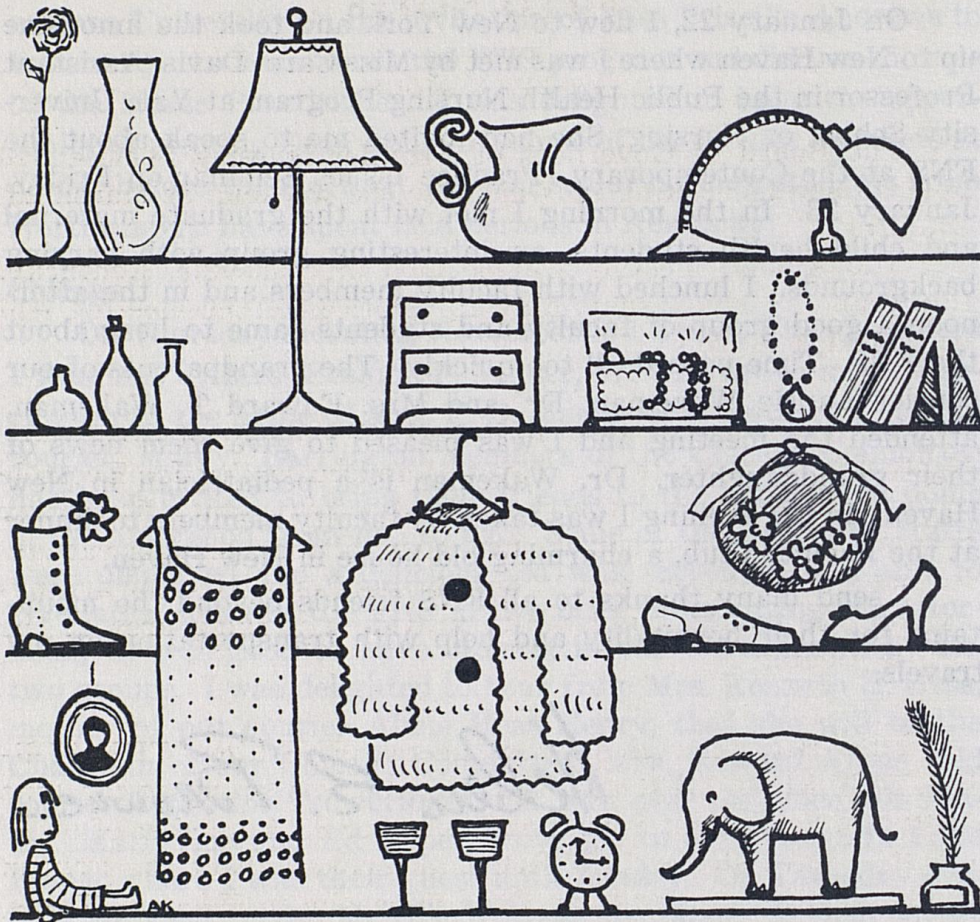
Helen E. Browne

SHROPSHIRE

Shropshire farm worker commenting on his health after a spell in hospital: "I be much better now. They gave me one of them there blood confusions."

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

WHITE ELEPHANT



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

FIELD NOTES

Edited by
PEGGY ELMORE

The Board of Governors of Frontier Nursing Service will hold its spring meeting at Wendover the weekend of March 23-24, 1974.

The Annual Meeting will be held in Louisville, Kentucky, this year—on Wednesday, May 29. Notices of the meeting will be mailed in April.

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We are deeply grateful to Robert W. Dulaney of Crestwood, Kentucky, for the gift of a Toyota Landcruiser; to Joe Eversole of Hazard, Kentucky, for the gift of a heavy-duty Electrolux vacuum cleaner for use in the new hospital and a smaller vacuum for use at Wendover; and to our Brutus Committee for arranging for the county bulldozer to provide a parking area at the Brutus Center.

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Miss Betty Lester showed the two FNS films, *THE FORGOTTEN FRONTIER* and *THE ROAD*, to a group at the Pine Mountain Settlement School on December 3. A number of other old staff have shown *THE ROAD* or spoken about the FNS in recent months, among them Celia Oseasohn in Houston, Texas, Nolie McDonald in Raleigh, North Carolina, Sandy Tebben in St. Louis, Missouri, and in Green Valley, Illinois, Connie Becker in Thomasville, Georgia, Cathy Moore at Indiana University, and Tommy Newton in Marlin, Texas. Staff nurse Susan Bloch showed *THE ROAD* in Nashville, Tennessee, when she went to talk to the Family Nurse Practitioner students at Vanderbilt University about the FNS Family Nurse program.

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Our congratulations go to Betty Sue Bailey, a Wendover staff member, and her husband, Ricky Dean, on the birth of a daughter on February 15. Alison Loann weighed eight pounds, two and three-quarters ounces and her mother continued to work in the record office at Wendover until the day before the young lady arrived.

District Committee meetings were held at the Brutus, Red Bird, and Beech Fork Centers and in Hyden during the late fall and early winter.

The Twelfth Annual Mary Breckinridge Festival, held in Leslie County on September 29, 1973, with the traditional parade and craft show, was an unqualified success. We congratulate the Flat Creek Community on its Grand Champion float—a reproduction of "Buckingham Palace," the little house in which the first Flat Creek nurses lived before the Caroline Butler Atwood Center was built in 1929.

The beautifully detailed miniature log buildings—the Big House, the Cabin and the Wendover Barn—crafted by Cecil, J. G., and Hobart Morgan for the Wendover float, are now a permanent part of the FNS archives.

The Frontier School of Midwifery and Family Nursing continues to draw nationwide attention and inquiries about the School and applications from interested nurses continue to increase. In the last month or so, we have averaged ten inquiries a day about the program.

The demand from nurses for the kind of post-graduate education the FNS offers made it all the more difficult to come to a decision last month that we must decrease the number of students accepted in the Frontier School of Midwifery and Family Nursing. However, the faculty involved in the first trimester were finding it almost impossible to cope adequately with twelve new students every four months and the decision was made, reluctantly, to limit admissions to Family Nursing I to eight month intervals instead of every four months. Those students who want midwifery will continue to enter Family Nursing II or III at four month intervals, depending on the places available in the classes. Unfortunately, we are limited in the number of students who can enter the midwifery trimesters at any one time by a lack of clinical experience in labor and delivery. Both faculty and students have recommended that an internship be developed to provide a better balance between education and service and to broaden the primary health

care preparation of the trainees. Beginning with the class which will be admitted in October, a required four-month internship, which will involve seminars and lectures as well as clinical experience, will be added. This internship may be taken at the end of either the first or the third trimesters, depending upon the recommendation of the faculty and, as far as possible, on the special interest of the students.

Since the much-delayed Summer issue of the Quarterly Bulletin went to the printer in September 1973, we have admitted two classes to the Frontier School of Midwifery and Family Nursing—on October 1 and February 1—and a number of students have completed one or more trimesters in the School. We are pleased that several nurses have remained on the FNS staff and that others have remained to work in Kentucky. Of those who left the School in September, Susan Bloch, Rita Birgen, Susan Hull, Mary Malone and Sally Rinehart remained on the staff. Janice Kersgaard worked with us for two months before returning to her home in Oregon; Margaret Newton returned to Student Health Service at the University of Kentucky; Dorothy DeLooff, Linda Roe and Sally Kimberly have remained in the area, and, although Sara Coner left the state in October, she will be returning to Kentucky in the near future.

At the end of January, Linda Jo Hanson, Clara Jefferis, Sharon Koser, Rebecca Lynch, Mary O'Connor, Cynthia Sherwood and Greta Wiseman returned to staff positions; Barbara Dunphy accepted a position at the near-by Clover Fork Clinic, Barbara Sue Mullins returned to her home in Virginia, Sylvia Hostetler and Marion James have returned to Pennsylvania and Washington State, and Shirley Collins went to Arizona for an assignment with the National Health Service Corps.

Twenty-two students were admitted to the three trimesters in the School on February 1: Madeline Blidberg, Mary Bradish, Martha Burk, Susan Burman, Barbara Criss, Aldena Daye, Sister Mary Eleanora Holdgrafer, Norma Parker, Karen Smith, Susan Thomas, Sister Sebastian Vienneau and Peggy Wieser in Family Nursing I; Rita Birgen, Hazel Canfield, Julaine Johnson and Marilyn Prevatt in Family Nursing II; and Diane DuPont, Mary Hermiz, Rosanna Lenker, Nancy Staheli, Shirley Thomas

and Rexanne Willingham in Family Nursing III. All of the nurses admitted to Family Nursing I had been on the FNS staff for some months except Aldena Daye and Barbara Criss, a former staff nurse-midwife.

In addition to the nurses who have worked with us and then gone into the School, we are happy to welcome a number of new staff members:

Miriam Hansen, Buffalo, New York
Lorraine Johnson, Gouverneur, New York
Rita Johnson, Portland, Oregon
Miriam Litton, Boonsboro, Maryland
Nora McDermott, Santa Barbara, California
Cynthia Morrison, Roxbury Crossing, Massachusetts
Joyce Neff, St. Louis, Missouri
Patricia Prather, Tacoma, Washington
Sherri Rice, Clarion, Pennsylvania
Sally Ryan, West Chester, Pennsylvania
Marsha Sprunger, Berne, Indiana
Jeanne Teraila, Rockville, Connecticut

Two old friends have turned up again—Marilyn Houser, a nurse-midwife who has been overseas in Africa for a number of years, and Sue Warner, who has returned from Colorado after getting her B.S.N.

Archie Bennett, who designed and put into operation the FNS system for dispensing drugs from the central pharmacy to all stations (a system described elsewhere in the Bulletin), resigned in December to accept a position in a South Carolina hospital. Archie and his family hated to leave Hyden, and we hated to see them go, but he felt that the system was working so well that the FNS no longer needed two full-time pharmacists. The pharmacy at Hyden Hospital is now in the charge of Joe Lewis with Jerry Hyland providing relief.

John G. Cecil came to us last fall as Hospital Administrator and we are happy to announce that Charles Thornbury will be joining the staff as Controller before the end of March. Mr. Thornbury was formerly Controller at St. Joseph's Hospital in Lexington, Kentucky, before moving to Florida several years ago.

We are glad to welcome Mrs. Mae Campbell as food service manager and housekeeper at Hyden Hospital.

Our Medical Director, Dr. J. Huston Westover, was instrumental in enlisting the interest of Dr. Frank J. Lepreau of Westport Point, Massachusetts, and Dr. and Mrs. Lepreau visited the FNS last December. We are delighted to announce that Dr. Lepreau will be joining the medical staff of Frontier Nursing Service on February 23, and Mrs. Lepreau will follow her husband to Hyden later in the spring. Dr. Lepreau is a distinguished surgeon who, for the past nine years, has been at a hospital in Haiti where he has been involved in general medicine, in teaching paramedical personnel and in administration, as well as in surgery. Dr. Lepreau is especially interested in our Family Nurse program and we know he will be a great asset to our medical staff.

Our Couriers—bless their little hearts—have continued to provide cheerful help to all departments of the FNS—with their traditional chores with the animals, tea, shopping, time studies on the district nursing staff and transportation, with special projects in the pharmacy and in the offices. The girls who have been here this winter have undertaken the tedious (but not thankless!) job of collating a new handbook for district nurses (prepared by our Community Nursing Supervisor, Natalie Mara, and printed by the “Wendover Press”) and five hundred copies of the revised brochure of the School of Midwifery and Family Nursing.

The Couriers who have been at Wendover during the fall and winter are:

Patricia Bodell, Providence, Rhode Island
Janice Clarke, Grosse Pointe, Michigan
Laurie Cross, Shaker Heights, Ohio
Miriam Early, Frederic, Wisconsin
Adele Green, Lexington, Kentucky
Betti-Sue Hertz, Long Beach, New York
Susan Holmes, Concord, New Hampshire
Carlann (Lanny) Smith, Dedham, Massachusetts
Laurel Wakeman, Durham, Connecticut
Lisa Vilas, Gates Mills, Ohio

Lisa has had as her special project assisting Kate Ireland with the arranging of patient transportation and she and her

helpers have succeeded in getting patients where they needed to go—be it Hyden Hospital or Harlan, Lexington, Louisville, Cincinnati—when they needed to be there, in spite of a rather severe gas shortage in our area. Lisa—and all of us—are deeply grateful to our local service stations for all they are doing to help us keep the fleet on the road.

We were pleased to have old couriers Jane Leigh Powell and Sally Steeves back at Wendover during December and January and are grateful to them for their help with a number of projects.

The Frontier Nursing Service has been most fortunate in enlisting the interest of a distinguished anthropologist from the University of Kentucky, Dr. Marion Pearsall, in its service and education program. Dr. Pearsall spent many weeks of her Sabbatical, from the University, in Leslie County to study the impact of the health services provided by Frontier Nursing Service on the knowledge and attitudes and health practices of a defined group of patients, with special emphasis on the acceptance of the family nurses and nurse-midwives as providers, with medical direction, of primary health care.

Dr. Pearsall was assisted in her research project by Sarah Stiles, a former courier, who returned for three months last fall, and by Laurie Cross, a volunteer from Beloit College. The Frontier Nursing Service appreciates the cooperation of the patients who welcomed Sarah and Laurie into their homes and willingly answered their questions.

Dr. Pearsall has returned to the University of Kentucky and will be compiling and analyzing her findings and writing up her study as time allows. Preliminary reports indicate that the people interviewed had broad knowledge of health services and were accepting of the nurse as a provider of care who could help them manage their health problems, as well as discerning of the difference in the care provided by the nurse and by the physician. Dr. Pearsall was excited by the evidence of change and progress noted in the area since she spent time in Leslie County some ten years ago.

Our guests this fall and winter have included several members of the Board of Governors, among them Mrs. Alfred R. Shands III and her family, Dr. James B. Holloway and Mrs. Holloway, Mr. Homer L. Drew, Mr. W. Leon Hisle, and Leigh Powell.

Welcome guests have included the parents of several of our volunteers—Mr. and Mrs. Frank H. Holmes of Concord, New Hampshire, Mr. and Mrs. Gene Early of Frederic, Wisconsin, Mr. and Mrs. E. M. Allen of Anchorage, Kentucky, Mr. and Mrs. R. McAlister Lloyd of New York came down while their granddaughter, Pam Helm, was with us. It was especially good to be able to show the Lloyds something of the FNS today as Mrs. Lloyd is a co-chairman of the New York Committee and it had been many years since she was in Kentucky.

A number of physicians from the University of Kentucky have "taken the night" at Wendover when they have been in Hyden to lecture to the family nurse students, and Mr. and Mrs. Norbert Stammer of Berea brought Mr. and Mrs. Stuart Faber of Cincinnati by to see us one Sunday.

In December we enjoyed a visit from Mrs. Ann Bliss, senior nursing consultant for the Robert Wood Johnson Foundation, and Miss Olga Ferretti, a member of the Foundation staff.

It has been good to have a visit with these friends and many more during the past few months.

The japonica and Japanese honeysuckle and a few brave daffodils bloomed in early February. We have had cold weather since, and it is inevitable that more will follow, but it's nice to have a promise of spring!

Devon patient to his doctor: 'Oi be better than Oi wore, but Oi baint as well as Oi wore afore Oi wore as bad as Oi be.'

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

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Mr. Philip P. Isaacs

Executive Secretary

Mrs. Juanetta Morgan

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Mrs. Nancy Williams**Contributions and Quarterly
Bulletin**

Mrs. Ruth Morgan

Office Manager—Hospital

Mrs. Virginia Roberts

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



TAMMY AND A FRIEND

Courier Lisa Vilas of Gates Mills, Ohio, with Tammy Morgan, daughter of Mr. and Mrs. Hobert Morgan of Wendover, Kentucky, at the Wendover Christmas Pageant.

Photograph by Nancy Dammann

