

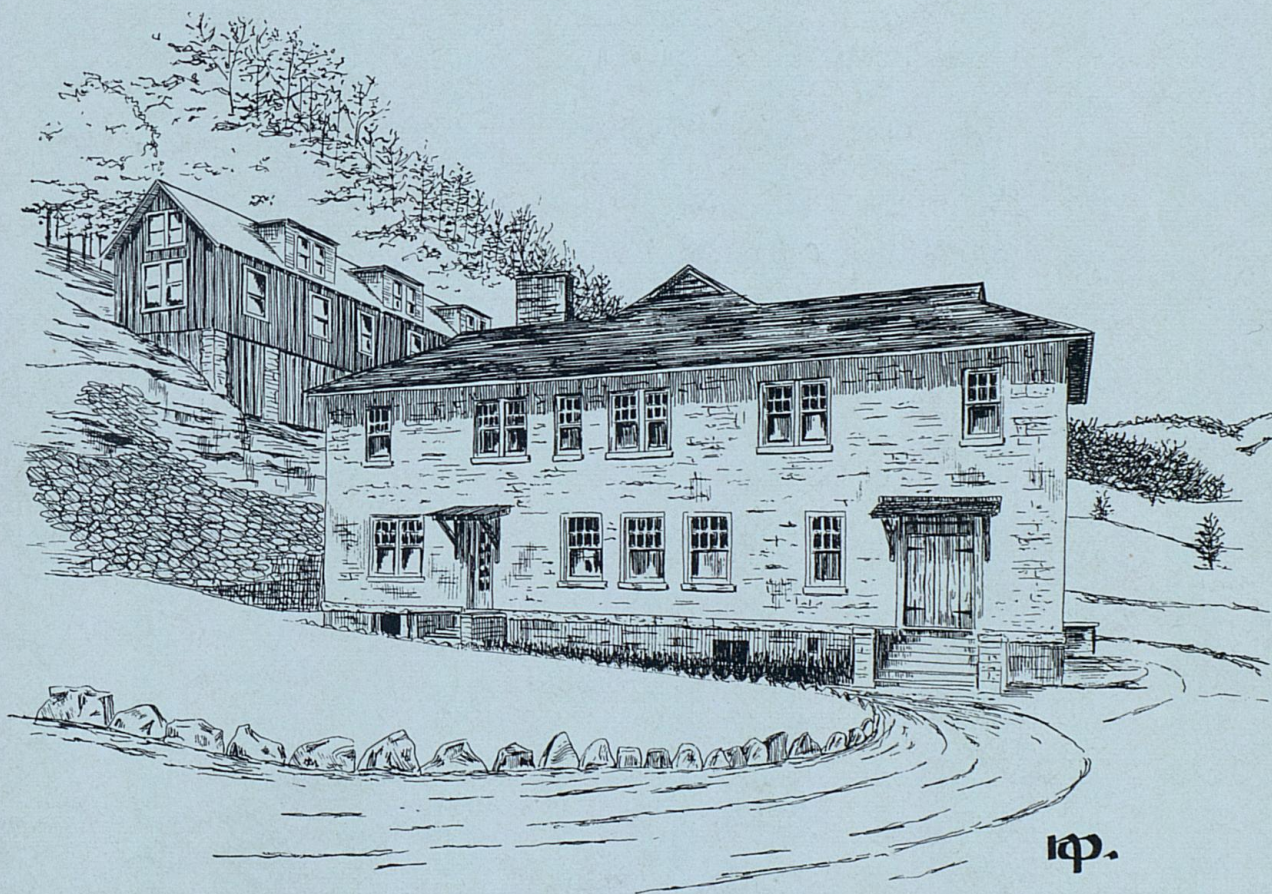
FRONTIER NURSING SERVICE QUARTERLY BULLETIN

VOLUME 51

SUMMER, 1975

NUMBER 1

FIFTIETH ANNUAL REPORT



Drawing by Robert A. Powell

THE OLD HYDEN HOSPITAL AND HEALTH CENTER
A Kentucky Landmark

US ISSN 0016-2116

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FRONTIER NURSING SERVICE QUARTERLY BULLETIN

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FIFTIETH ANNUAL REPORT
of the
FRONTIER NURSING SERVICE, Incorporated
for the Fiscal Year
May 1, 1974 to April 30, 1975

PREFACE

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

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

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

I.

FISCAL REPORT

The figures that follow are taken from the Balance Sheet, the Exhibits and Schedules of the Audit for the fiscal year which ended April 30, 1975.

ERNST & ERNST

Suite 7-B

Citizens Bank Square

Lexington, Kentucky 40507

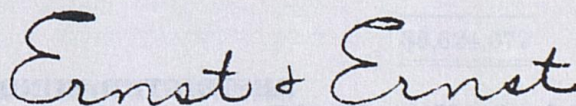
Board of Governors

Frontier Nursing Service, Inc.

Wendover, Kentucky

We have examined the balance sheets of Frontier Nursing Service, Inc. as of April 30, 1975 and April 30, 1974, and the related statements of revenues and expenses, changes in fund balances and changes in financial position for the years then ended. Our examination was made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances.

In our opinion, the financial statements referred to above present fairly the financial position of Frontier Nursing Service, Inc. at April 30, 1975 and April 30, 1974, and the results of its operations, and changes in financial position for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.



Lexington, Kentucky

July 30, 1975

	BALANCE	
	FRONTIER NURSING	
	APRIL 30	
	1975	1974
UNRESTRICTED FUNDS		
Current Assets:		
Cash and certificate of deposit.....	\$ 47,115	\$ 47,506
Accounts receivable:		
Patients.....	950,021	748,059
Retroactive cost reimbursements—Note B.....	—	58,884
Other.....	4,891	1,935
	<u>954,912</u>	<u>808,878</u>
Less allowance for uncollectible accounts.....	795,700	661,000
	<u>159,212</u>	<u>147,878</u>
U. S. Government participation in construction costs incurred.....	79,226	345,445
	<u>238,438</u>	<u>493,323</u>
Inventories—Note A	59,217	46,647
Prepaid expenses	9,150	8,268
	<u>69,367</u>	<u>54,915</u>
	<u>353,920</u>	<u>595,744</u>
TOTAL CURRENT ASSETS		
Property and Equipment—Note A		
Land.....	86,658	86,658
Buildings.....	3,486,549	533,236
Equipment.....	557,896	346,353
Construction in progress (completed in 1975).....	—	2,513,617
	<u>4,131,103</u>	<u>3,479,864</u>
Less allowance for depreciation.....	660,434	616,967
	<u>3,470,669</u>	<u>2,862,897</u>
Board-Designated Funds—Notes A and D		
Consolidated Investment Fund:		
Cash.....	24,474	7,277
Investments.....	1,554,459	1,931,483
	<u>1,578,933</u>	<u>1,938,760</u>
Less endowment fund investments (restricted).....	168,860	170,510
	<u>1,410,073</u>	<u>1,768,250</u>
Mary Breckinridge Hospital and Development Fund:		
Cash.....	21,558	172,596
Investments.....	1,367,852	1,400,904
	<u>1,389,410</u>	<u>1,573,500</u>
	<u>\$6,624,072</u>	<u>\$6,800,391</u>
RESTRICTED FUNDS		
Endowment funds—Notes A and D		
Cash.....	\$ 485	\$ 887
Investments.....	404,393	403,936
Investments included in Consolidated Investment Fund.....	168,860	170,510
	<u>\$ 573,738</u>	<u>\$ 575,333</u>

ANCE
RSING

SHEETS
SERVICE, INC.

APRIL 30
1975 1974

UNRESTRICTED FUNDS

Current Liabilities:		
Accounts payable	\$ 54,573	\$ 28,178
Accrued salaries, wages, and payroll taxes.....	65,152	35,955
Accounts payable and retainage due contractors.....	215,544	375,535
Retirement plan accrual—Note C.....	13,141	13,141
Accrued vacation expense.....	52,413	30,695
Unexpended portion of special purpose funds and other current liabilities.....	35,087	64,598
	<hr/>	<hr/>
TOTAL CURRENT LIABILITIES	435,910	548,102
 Fund Balance	 6,188,162	 6,252,289

\$6,624,072 \$6,800,391

RESTRICTED FUNDS

Endowment funds:		
Fund balance:		
Permanent.....	\$ 468,738	\$ 470,333
Term.....	105,000	105,000
	<hr/>	<hr/>
	\$ 573,738	\$ 575,333

See notes to financial statements.

STATEMENTS OF CHANGES IN FUND BALANCES

FRONTIER NURSING SERVICE, INC.

Year ended April 30, 1975 and 1974

	Unrestricted Fund	Endowment Funds Permanent	Term	Specific Purpose Funds
Balances at May 1, 1973.....	\$5,822,445	\$474,701	\$105,000	\$5,142
Excess of expenses over revenues for the year ended April 30, 1974 (deduction).....	(341,102)			
U. S. Government participation in construction costs incurred.....	713,762			
Donations of property and equipment— at fair market value at time of donation.....	4,013			
Restricted contribution used for purchase of equipment.....	53,171			
(Loss) on sale of investments.....		(4,368)		
Transferred to other operating revenue.....				(5,142)
BALANCES AT APRIL 30, 1974	6,252,289	470,333	105,000	\$ -
Excess of expenses over revenues for the year ended April 30, 1975 (deduction).....	(328,886)			
U. S. Government participation in construction costs incurred.....	231,382			
Donations of property and equipment— at fair market value at time of donation.....	12,240			
Restricted contribution used for purchase of equipment.....	21,137			
(Loss) on sale of investments.....		(1,595)		
BALANCES AT APRIL 30, 1975	\$6,188,162	\$468,738	\$105,000	

See notes to financial statements.

STATEMENTS OF REVENUES AND EXPENSES

FRONTIER NURSING SERVICE, INC.

	YEAR ENDED APRIL 30,	
	1975	1974
Patient service revenue:		
Hospital—inpatient.....	\$ 424,161	\$ 325,076
Hospital—outpatient.....	292,044	275,667
District clinic.....	110,602	62,468
Home health.....	124,596	169,271
	<hr/>	<hr/>
	951,403	832,482
Less discounts, charity, bad debts and contractual allowances—net	428,618	465,163
	<hr/>	<hr/>
NET PATIENT SERVICE REVENUE	522,785	367,319
Other operating revenue:		
Income for specific operating purposes:		
Donations, bequests, and other.....	82,232	86,971
Federal grants	183,106	116,998
Drug sales, meals, and other.....	138,573	117,909
	<hr/>	<hr/>
	403,911	321,878
	<hr/>	<hr/>
TOTAL OPERATING REVENUE	926,696	689,197
Operating expenses:		
Hospital.....	1,030,673	830,861
General and administrative.....	468,274	401,651
District clinic and home health.....	256,516	235,020
School of Midwifery and Family Nursing.....	212,275	162,695
Depreciation.....	57,236	59,272
	<hr/>	<hr/>
TOTAL OPERATING EXPENSE	2,024,974	1,689,499
	<hr/>	<hr/>
LOSS FROM OPERATIONS	1,098,278	1,000,302
Nonoperating revenue:		
Unrestricted gifts and bequests.....	393,684	349,389
Unrestricted income from endowment funds.....	7,665	7,410
Income and gains from Board-designated funds.....	363,194	298,894
Other nonoperating revenue.....	4,849	3,507
	<hr/>	<hr/>
	769,392	659,200
	<hr/>	<hr/>
EXCESS OF EXPENSES OVER REVENUES	\$ 328,886	\$ 341,102

Certain 1974 amounts have been reclassified to conform to 1975 classifications.

See notes to financial statements.

STATEMENTS OF CHANGES IN FINANCIAL POSITION
FRONTIER NURSING SERVICE, INC.

	YEAR ENDED APRIL 30,	
	1975	1974
SOURCE OF FUNDS		
Loss from operations.....	\$1,098,278	\$1,000,302
Provision for depreciation (which did not require funds).....	57,236	59,272
Funds (Required) for Operations	(1,041,042)	(941,030)
Nonoperating revenue	769,392	659,200
Funds (Required) for Operations and Nonoperating Revenues	(271,650)	(281,830)
U. S. Government participation in construction costs incurred.....	231,382	713,762
Decrease in Board-designated funds:		
Mary Breckinridge Hospital and Development Fund	184,090	583,272
Consolidated Investment Fund.....	358,177	189,649
Contributions restricted for purchase of equipment.....	21,137	53,171
TOTAL SOURCES	523,136	1,258,024
APPLICATION OF FUNDS		
Purchase of property and equipment.....	652,768	1,286,407
TOTAL FUNDS USED	652,768	1,286,407
DECREASE IN WORKING CAPITAL	\$ (129,632)	\$ (28,383)
CHANGES IN COMPONENTS OF WORKING CAPITAL		
Increase (decrease) in current assets:		
Cash.....	(391)	283
Accounts receivable.....	11,334	(84,169)
Inventories.....	12,570	(2,172)
Prepaid expenses.....	882	1,296
U. S. Government participation in construction costs incurred.....	(266,219)	345,445
	(241,824)	260,683
Less increase (decrease) in current liabilities:		
Accounts payable	26,395	(11,676)
Accrued salaries and payroll taxes.....	29,197	1,306
Accounts payable and retainage due contractors.....	(159,991)	278,493
Retirement plan accrual.....	-	(6,731)
Accrued vacation payable.....	21,718	-
Other current liabilities.....	(29,511)	27,674
	(112,192)	289,066
DECREASE IN WORKING CAPITAL	\$ (129,632)	\$ (28,383)

See notes to financial statements.

NOTES TO FINANCIAL STATEMENTS

FRONTIER NURSING SERVICE, INC.

Year ended April 30, 1975 and 1974

NOTE A—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

The accounting principles which materially affect the determination of financial position or results of operations are summarized below.

Patient Service Revenues

Patient service revenues are reported on an accrual basis in the period in which services are provided, at established rates regardless of whether collection in full is expected. Discounts, charity allowances, the results of other arrangements for providing service at less than established rates, and the provision for uncollectible accounts are reported as deductions from patient service revenue on an accrual basis.

A major portion of services are provided to indigent patients at nominal cost and bad debts and charity are substantial.

Nonoperating Revenues

Donations, grants and bequests which are not restricted by donors and subject to designation by the Service are reported as nonoperating revenue.

Board-Designated Funds

Donations, grants and bequests received for constructing and equipping a new hospital at Hyden, Kentucky and for certain operating purposes incident thereto are accumulated in the Mary Breckinridge Hospital and Development Fund. Since donations, bequests and income from this Fund in prior years were sufficient to meet the cost of construction of the new hospital, the Service considers all donations, bequests, and income from investments of this Fund in 1975 and 1974 to be available for specified and general operating purposes and such amounts are recorded as nonoperating revenue when received or earned. In accordance with the original designation of the Mary Breckinridge Hospital and Development Fund, the Service has determined that monies remaining in the Fund after completion of the new hospital are to be used for renovation of the old Hyden Hospital and outpost centers, for additional staff salaries, for the funding of the retirement program and for other contingencies.

The Board of Governors has designated The Consolidated Investment Fund for accumulating funds for such operating and general purposes as they may determine. During the years ended April 30, 1975 and April 30, 1974, the Service transferred \$525,000 and \$290,000, respectively, from the Consolidated Investment Fund to meet operating expenses.

Restricted Funds

Endowment funds represent funds which are not available for general operating purposes but the income from which is available for operating purposes. Such funds are classified as restricted funds and income therefrom is credited to revenue when earned in accordance with donors' instructions.

The term endowment, on which restrictions expire beginning April 1, 1978, will be available for social service over a reasonable period.

Frontier Nursing Service, Inc. is also income beneficiary of certain trust funds (aggregate market value at April 30, 1975 and April 30, 1974—approximately \$307,000

NOTES TO FINANCIAL STATEMENTS—Continued**NOTE A—SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES—Continued**

and \$321,000 respectively) which are not administered or controlled by the Service. Accordingly, such funds are not reflected in the balance sheets at April 30, 1975 and 1974.

Resources restricted by donors for additions to property and equipment are recorded as credits to the unrestricted fund balance when expended for the purposes intended. Resources restricted by donors for specific operating purposes are credited to other operating revenues when expended for the purposes intended.

Donated Services and Supplies

The estimated value of services donated through volunteer work is not recorded in the accounts of Frontier Nursing Service, Inc. The estimated value of supplies donated to the Service has been included in income and expense in the statement of revenues and expenses.

Inventories

Inventories are stated at cost (first-in, first-out method) which is not in excess of market.

Property and Equipment

Property and equipment is stated at cost, or fair market value at date of donation for related items received. Depreciation has been computed on the straight-line method over the estimated useful lives generally as follows:

Buildings — 10 to 40 years

Equipment— 5 to 15 years

Vehicles — 4 years

NOTE B—MEDICARE AND MEDICAID PROGRAMS

At April 30, 1975, the Service participated in the Medicare-Medicaid programs for eligible services provided through the Hospital and Home Health Agency.

Under cost reimbursement formulas in effect for the year ended April 30, 1975, eligible program costs for the Hospital and Home Health Agency were in excess of customary charges for service and reimbursement therefor is limited to the lesser of cost or customary charges. The excess cost may be carried over and reimbursed to the extent that charges in the two succeeding years exceed the eligible cost of covered services.

From May 11, 1973 to February 9, 1975, the Hyden Hospital was terminated as a provider of services under the federal Medicare and state Medicaid programs. The termination was a result of alleged inadequate safety precautions required under Medicare regulations at the Hospital. The Service is currently appealing this decision to federal authorities. Legal counsel for the Service cannot give an opinion as to the ultimate outcome of this appeal. If a favorable determination is obtained by the Service for the period of termination, additional amounts may be recoverable from the Medicare-Medicaid programs. No amounts have been reflected in the financial statements for 1975 or 1974 for such potential recoveries.

NOTES TO FINANCIAL STATEMENTS—Continued

NOTE B—MEDICARE AND MEDICAID PROGRAMS—Continued

Operating revenues for 1975 and 1974 include amounts estimated to be reimbursable for home health services and, subsequent to February 10, 1975, for hospital services under the cost reimbursement formulas in effect. Audits of the cost reports have been completed and settled through April 30, 1974.

NOTE C—RETIREMENT PLAN

Frontier Nursing Service, Inc. has a retirement plan for regular full time employees with three years of continuous service who are twenty-five years of age or more. The policy of the Service is to fund pension costs accrued. During the year ended April 30, 1975, the Service made certain changes in the actuarial assumptions for the plan. Past service liability is being funded over a period of 20 years. Total retirement plan expense for the year ended April 30, 1975 and April 30, 1974, was \$20,777 and \$13,719, respectively.

The actuarially computed value of vested benefits as of July 1, 1974 (date of last actuarial valuation report) exceeded the total of the pension fund and balance sheet accruals by approximately \$36,000.

In accordance with the provisions of the Employee Retirement Income Security Act of 1974, the Service will make certain amendments to its retirement plan and make certain changes in the actuarial determination of pension costs. The future effect of the Act on pension expense and funding has not been determined.

NOTE D—INVESTMENTS

Investments are stated in the financial statements at cost and are not adjusted for amortization of premiums and accretion of discounts. Investment income is accounted for on the cash basis which is not significantly different from the accrual method. Cost and approximate market values at April 30, 1975 and 1974 are summarized as follows:

	1975		1974	
	Cost	Market	Cost	Market
Board designated funds:				
Consolidated investment fund:				
U. S. Government obligations.....	\$ 3,987	\$ 3,800	\$ 33,210	\$ 33,000
Corporate bonds	714,511	579,800	815,136	725,600
Common stocks	835,961	1,600,700	1,081,286	2,113,700
Other.....	-	-	1,851	1,900
	<u>\$1,554,459</u>	<u>\$2,184,300</u>	<u>\$1,931,483</u>	<u>\$2,874,200</u>
Mary Breckinridge Hospital and Development Fund:				
U. S. Government obligations.....	\$1,278,852	\$1,294,100	\$1,400,904	\$1,396,200
Corporate bonds	89,000	81,000	-	-
	<u>\$1,367,852</u>	<u>\$1,375,100</u>	<u>\$1,400,904</u>	<u>\$1,396,200</u>
Endowment funds:				
Corporate bonds	\$ 85,028	\$ 58,900	\$ 85,028	\$ 61,700
Common stocks	90,556	77,800	90,099	85,000
Investments in common trust funds.....	228,809	324,500	228,809	355,500
	<u>\$ 404,393</u>	<u>\$ 461,200</u>	<u>\$ 403,936</u>	<u>\$ 502,200</u>

FRONTIER NURSING SERVICE, INCORPORATED
STATEMENT OF CONTRIBUTIONS PLACED IN TRUST
April 30, 1975 with Comparative Figures for 1974

	April 30, 1974	Additions During Year	April 30, 1975
Norah Oliver Shoemaker Memorial Baby's Crib.....	\$ 5,000		\$ 5,000
Children's Christmas Fund in Memory of Barbara Brown	1,000		1,000
Donald R. McLennan Memorial Bed.....	12,750		12,750
Margaret A. Pettit Legacy.....	1,954		1,954
Jane Short Atwood Legacy.....	7,500		7,500
Mrs. John W. Price, Jr. Fund.....	10,800		10,800
Winfield Baird Foundation.....	105,000		105,000
Mrs. Henry Shipman Legacy.....	24,398		24,398
Wilson Neel Memorial Baby's Crib.....	1,462		1,462
Jessie Preston Draper Memorial No. 1.....	15,000		15,000
Jessie Preston Draper Memorial No. 2.....	185,000		185,000
Joan Glancy Memorial Baby's Crib.....	5,000		5,000
Isabella George Jeffcott Memorial.....	2,500		2,500
Belle Barrett Hughitt Memorial.....	17,000		17,000
Bettie Starks Rodes Memorial Baby's Crib John Price Starks Memorial Baby's Crib.....	10,000		10,000
Mary Ballard Morton Memorial Wing.....	85,251		85,251
Marion E. Taylor Memorial.....	10,000		10,000
Fanny Norris Fund.....	10,000		10,000
Marie L. Willard Legacy.....	3,127		3,127
Mrs. Charles H. Moorman Fund.....	1,100		1,100
Lillian F. Eisaman Legacy.....	5,000		5,000
Lt. John M. Atherton Memorial.....	1,000		1,000
Mrs. Morris B. Belknap Fund.....	26,375		26,375
Elisabeth Ireland Fund.....	22,458		22,458
Elizabeth Agnes Alexander Legacy.....	5,000		5,000
Richard D. McMahon Legacy.....	943		943
Mrs. W. Rodes Shackelford in Memory of Her Two Children.....	15,000		15,000
Hattie M. Strong Memorial.....	10,000		10,000
Beulah Bruce Brennan Memorial.....	2,000		2,000
Anna R. Gooch Memorial.....	16,625		16,625
Jeannie B. Trull Legacy.....	33,253		33,253
Frances Kendall Ross Legacy.....	17,100		17,100
Elizabeth Sherman Lindsay Memorial.....	5,000		5,000
Helen N. and Beatrice A. Wilson Fund.....	10,000		10,000
Sophia Cogswell Stiger Memorial.....	23,401		23,401
Dr. Charles N. Kavanaugh Memorial.....	1,000		1,000
Margaret C. Breckinridge Legacy.....	3,000		3,000
Mary Hallock Armstrong Legacy.....	2,000		2,000
Winifred Irene Leckie Memorial.....	1,000		1,000
Lena G. Anderson Legacy.....	7,233		7,233
Lisette Hast Legacy.....	10,944		10,944
Edward S. Jouett Legacy.....	1,000		1,000
Herman Bowmar Fund.....	1,000		1,000
Mrs. Henry James Legacy.....	5,000		5,000
Jean Hollins Memorial Fund.....	5,286		5,286
Anne Steele Wilson Memorial.....	3,043		3,043
Mary Churchill Humphrey Fund.....	1,001		1,001
Mrs. Bissell Carey Legacy.....	5,000		5,000

FRONTIER NURSING SERVICE, INCORPORATED
STATEMENT OF CONTRIBUTIONS PLACED IN TRUST
April 30, 1975 with Comparative Figures for 1974

	April 30, 1974	Additions During Year	April 30, 1975
Dr. John M. Bergland Memorial.....	1,000		1,000
Edward C. Wilson Legacy.....	49,250		49,250
Ann Allen Danson Fund.....	3,432		3,432
Helen Rochester Rogers Legacy.....	5,000		5,000
Virginia Branham Memorial.....	17,109	1,165	18,274
Mrs. Herman F. Stone Fund.....	2,000		2,000
Annie Wallingford Anderson Memorial.....	5,100		5,100
Mrs. Edna C. Lapham Fund.....	15,250		15,250
Edith M. Douglas Legacy.....	10,000		10,000
Adeline Shaw Martindale Legacy.....	82,718		82,718
Flora G. Fletcher Legacy.....	39,753		39,753
Fannie B. McIlvain Memorial.....	3,015		3,015
Catharine Mellick Gilpin and Roger D. Mellick Memorial.....	5,371		5,371
William Nelson Fant, Jr. Memorial.....	78,350		78,350
Lucie Wilshire Graham Memorial.....	17,721	750	18,471
Mrs. Abigail Hodges Trust.....	1,000		1,000
Anna Marshall Miller.....	42,300		42,300
Elizabeth B. Perkins Legacy.....	152,972		152,972
Eliza Davitt Hartley Legacy.....	150,000		150,000
Cordie M. Williams Legacy.....	458,254		458,254
Margaret H. T. Hunt for Caroline H. P. Thornton Memorial.....	1,000		1,000
Anonymous (Bankers Trust Co., N.Y., Trustee).....	137,496		137,496
Elizabeth Canby Bradford duPont Memorial.....	40,000		40,000
Louie A. Hall Legacy in Memory of Sophronia Brooks.....	26,834		26,834
Marion S. D. Belknap.....	175,000		175,000
Elizabeth M. Anderson Memorial.....	4,839		4,839
Margaret Norton Davidson Legacy.....	10,000		10,000
Louise Clark Whitaker Memorial.....	2,654		2,654
Mrs. Louise D. Crane.....	4,000		4,000
Mrs. Frederic Moseley Sackett.....	10,000		10,000
Mrs. Eliza A. Browne.....	16,000		16,000
Winfield Baird Fund.....	550		550
Lillie McGinness.....	4,797		4,797
Harriet H. Grier.....	5,000		5,000
Maurice S. Miller.....	5,000		5,000
Leila A. Morgan.....	5,000		5,000
Eliza Davids.....	6,000	933	6,933
Bertha G. Woods.....	13,029		13,029
Doris A. Farrington.....	4,920		4,920
Mrs. E. A. Codman.....	2,000		2,000
Mrs. Irving E. Raymond.....	4,000		4,000
Mrs. George M. Toewater.....	12,418		12,418
Mrs. Oswald Villard.....	1,000		1,000
Leila M. Weeks.....	2,469		2,469
Frances Margaret Bradford.....	5,000		5,000
William E. Brigham.....	10,000		10,000
Mrs. Polk Laffoon.....	1,000		1,000
Mrs. W. Garland Fay.....	1,000		1,000

FRONTIER NURSING SERVICE, INCORPORATED
STATEMENT OF CONTRIBUTIONS PLACED IN TRUST
April 30, 1975 with Comparative Figures for 1974

	April 30, 1974	Additions During Year	April 30, 1975
Mrs. Louise W. Breckinridge.....	2,000		2,000
Elizabeth R. Hooker.....	5,000		5,000
Mable H. Dwiggin.....	5,000		5,000
Margaret McLennan Morse.....	5,000		5,000
George B. McLaughlin.....	2,500		2,500
May Kirtland.....	5,000		5,000
Rosamond B. Rheault.....	5,000		5,000
Mrs. Harriett D. Cummings.....	1,000		1,000
Annette VanBezey.....	1,000		1,000
Elsie Foerderer.....	2,000		2,000
Ernestine M. McPherson.....	9,270		9,270
Frances K. M. Bowdoin.....	5,000		5,000
Edna Patten Jennings.....	133,885		133,885
Franklin Bruce McKillip.....	7,866		7,866
Katherine B. Tower.....	1,000		1,000
Betsy Ware Adams.....	10,000		10,000
Mildred Horberg.....	1,871		1,871
Walter G. Ross.....	25,000		25,000
T. S. Powell.....	2,390		2,390
Edith D. Wright.....	1,000		1,000
Peter R. Ehrlich.....	694		694
Mary G. Lansdale.....	2,000		2,000
Margaret S. Bigler.....	1,500		1,500
Mrs. Betty Errett Estate.....	1,000		1,000
Charles H. and Donald R. McLennan Memorial.....	11,853		11,953
Jean S. Ramsay Estate.....	5,000		5,000
Florence O. Padgett Legacy.....	7,941	38	7,979
Sarah Minis Goodrich Legacy.....	60,015		60,015
Almeda Spangel Legacy.....	16,624		16,624
Rose M. Starratt Legacy.....	5,000	3,016	8,016
Jean Claire Hanna Memorial Fund.....		25,000	25,000
Katherine N. McLennan Legacy.....		8,000	8,000
TOTAL CONTRIBUTIONS PLACED IN TRUST..	\$2,746,604	\$38,902	\$2,785,506

**FRONTIER NURSING SERVICE, INCORPORATED
LEXINGTON, KENTUCKY**

STATEMENT OF DONATIONS AND SUBSCRIPTIONS PAID

MAY 1, 1974 TO APRIL 30, 1975

S U M M A R Y

	Contributions	Benefits and Bargain Box	Total
Baltimore Committee	\$ 698.00	\$	\$ 698.00
Boston Committee	14,680.37	9,000.00	23,680.37
Chicago Committee	6,349.11		6,349.11
Cincinnati Committee	8,166.00		8,166.00
Cleveland Committee	59,573.57		59,573.57
*Daughters of Colonial Wars.....	1,593.68		1,593.68
Detroit Committee.....	15,141.00		15,141.00
Hartford Committee	7,142.34		7,142.34
**Kentucky:			
Blue Grass Committee	11,168.00		11,168.00
Louisville Committee	16,802.01		16,802.01
Miscellaneous State	12,364.25		12,364.25
Minneapolis Committee	2,432.00		2,432.00
New York Committee.....	75,038.04	3,807.70	78,845.74
Philadelphia Committee	26,270.00	2,992.30	29,262.30
Pittsburgh Committee	37,386.53		37,386.53
Princeton Committee	13,507.00		13,507.00
Providence Committee	507.00		507.00
Rochester Committee	1,459.96		1,459.96
Washington, D. C. Committee.....	16,801.54		16,801.54
Miscellaneous.....	49,789.90		49,789.90
Sub-totals.....	<u>\$376,870.30</u>	<u>\$15,800.00</u>	<u>\$392,670.30</u>
Less Transfer to Endowments.....	1,915.00		1,915.00
TOTALS.....	<u><u>\$374,955.30</u></u>	<u><u>\$15,800.00</u></u>	<u><u>\$390,755.30</u></u>
*Donations from various state chapters.			
**Total for Kentucky:	\$ 40,334.26		\$ 40,334.26

II REPORT OF OPERATIONS

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

1.

INTRODUCTION

Our medical staff has worked hard throughout the year to manage the increasing patient load. The family nurses have been able to relieve the physicians of many routine tasks. The team is working well in demonstrating the expanded role of the nurse. We hope to collect much useful information from the computer at the University of Kentucky, so that we can document our efforts to improve family health in the community and to demonstrate the team approach to rural health care.

Dr. Frank Lepreau performed surgical procedures in our hospital at Hyden, thus saving the patient a trip to the Medical Center in Lexington. Dr. Anne Wasson's efforts in preparing the FNS plan for Utilization Review resulted in a document for which she has been commended by the Kentucky Peer Review Organization. We are grateful to Mrs. Nancy Thompson of New London, New Hampshire, for her help on this project. Dr. Anne is constantly monitoring the endless paperwork that is involved in medical care today, and the staff appreciates the workable plans she designs.

Dr. E. Fidelia Gilbert gives excellent support to the nurse-midwifery staff and conducts the busy family planning and gynecology clinics. In addition, she is the obstetrician for the Leslie County Maternal and Infant Care program by contract with the Kentucky River District Health Department, and conducts the family planning clinic for the County Health Department.

Dr. Thomas Lynch and the pediatric nurse at Hyden conduct clinics for well children as well as children with health problems in the hospital outpatient clinic and at the outpost centers. They enjoy the monthly visits from a pediatric resident from the University of Cincinnati with whom they discuss pediatric problems.

As we close our fiscal year we know that Dr. Lepreau will be returning to his native New England. He and his wife, Monny, will be much missed by our whole community. We are pleased to announce that a family practice physician from the University of Washington has been assigned to us by the National Health Service Corps. We will welcome Dr. Thomas Dean, his wife, Kathy, who is a registered nurse, and their daughter, Gwyneth, when they arrive at Joy House in late July.

We have been fortunate in enlisting the help of physicians for vacation relief during the year. Dr. Gertrude Luther of Anniston, Alabama, Dr. Steward Polk of Rosemont, Pennsylvania, with Dr. Cheryl Kerr of Philadelphia, Dr. Donald Catino of New London, New Hampshire, and Dr. Knowles Lawrence of Needham, Massachusetts, each spent a month with us. In November and December Dr. Jerry Callaway, an internist, and his wife, Donna, a family nurse clinician from Texas, volunteered their services, and then became temporary staff members for two more months. We are most grateful for the help given us by these interested physicians.

During the year senior medical students have spent field terms with us from university medical schools in Vermont, Boston, Connecticut, Ohio and Kentucky. These young students have kept us on our toes and we hope they have derived as much benefit as they have been of help to us.

We wish to express our thanks to Dr. David Stevens for his monthly orthopedic clinics and to Dr. Elmer Pruitt for his eye clinics at our hospital in Hyden. Our medical consultants continue to be of immeasurable help to us. Dr. Thomas Nuzum and his medical colleagues at the University of Kentucky came regularly throughout the year to lecture to our family nurse students and to discuss medical problems with our physicians. Dr. John Duhring was consulted many times by our obstetrician and the nurse-midwives regarding care of patients with problems. Dr. William Keck and Dr. Virginia Fairchild from the Kentucky River District have been guest lecturers in their fields of epidemiology and public health and mental health.

We continue to work towards affiliation with the University of Kentucky College of Nursing and we appreciate the interest of both medical and nursing faculty in this project.

2.

HOSPITAL

For nine months of the year we operated the Hyden Hospital and Health Center. In early February we moved 12 patients to our lovely new Mary Breckinridge Hospital and Health Center. We have combined statistics from both hospitals for this report. A total of 1,372 patients were admitted for care with an average length of stay of 4.7 days. Of these admissions, 192 were newborns with an average length of stay of 5.4 days. There were 12 institutional deaths and 4 patients who died in less than 48 hours after admission. There was no maternal death. Two hundred eighty operations were performed of which 108 were major surgery. In the busy outpatient department there were 24,271 patient visits of which 3,520 were emergencies. There were 3,315 x-ray examinations performed; 797 EKGs were done; and the laboratory handled 31,386 procedures.

3.

DISTRICT NURSING

In the 12 districts operated by the Service from the Hospital, Wendover, and five outpost centers, we attended 10,503 persons in 2,666 families. Of these, 3,853 were children and babies. The district nurses paid 12,888 home visits and received 16,892 visits at their nursing centers and special clinics. Health education for the families has continued to be an important aspect of district nursing.

4.

MIDWIFERY

Registered Cases

The nurse-midwives, and the students of the Frontier School of Midwifery and Family Nursing (under the supervision of their instructors) attended 199 women in childbirth and gave them full prenatal and postpartum care. Of these 199 women, 21 were delivered by a physician. There were 197 live births; 2 deliveries of twins; 243 new cases admitted; 181 closed after postpartum care; 8 miscarriages; 1 still birth.

Emergency Cases—Unregistered

In addition to the regular registered maternity cases, the physician and the nurse-midwives were called in for 21 emergency deliveries, where the mother had not registered or been given prenatal care, which resulted in 5 live births (1 set of twins) and 17

emergency miscarriages (15 early, 2 late). There was no maternal death.

5.

FRONTIER SCHOOL OF MIDWIFERY AND FAMILY NURSING

At the close of the 50th fiscal year, 19 registered nurses were enrolled as students in the three trimesters of the Frontier School of Midwifery and Family Nursing. During the year 12 students, 3 of whom were already nurse-midwives, completed Family Nursing I; 8 completed Family Nursing I and II; and 16 students completed all three trimesters leading to a certificate in nurse-midwifery. In its educational program for nurse-midwives, the FNS has graduated 442 students since the School was begun in 1939. An additional 57 students have completed the first of the first and second trimesters since Family Nursing was added to the midwifery curriculum in 1970.

Our nurse-midwifery students gain additional experience in labor and delivery, as well as in prenatal and postpartum care and family planning, at the Somerset Community Hospital, under contract with the Lake Cumberland District Health Department, and at the Holston Valley Community Hospital in Kingsport, Tennessee, which has an active nurse-midwifery service.

We continue to be deeply grateful for the hours of time given by health professionals who have come to Hyden to share their knowledge and experience with the students, in lectures, seminars and clinics.

6.

SOCIAL SERVICE DEPARTMENT

During the past fiscal year numerous Social Service contacts were made. In addition, frequent and numerous consultations were conducted on behalf of patients. New patients were added to the Social Service caseload and activity continued on behalf of many long-term cases.

The social worker functions in at least four roles: (1) acts as a counselor to those needing support to cope with problems as living; (2) helps locate and refer patients to needed resources; (3) serves as the liaison between the patient and the resource; and (4) works with the medical and nursing staff to plan the disposition of cases involving social problems.

The Social Service Department continued to maintain contacts with the various local and regional service agencies, among them the Comprehensive Care Centers; the Kentucky Department for Human Resources with its Bureau for Social Insurance, Bureau for Social Services, and Services for Physically Handicapped Children; the University of Kentucky Medical Center and Children's Hospital Medical Center in Cincinnati. Social Service arranged for the distribution of used clothing and, with the Courier Service, provided transportation for patients both in and outside the county. Patients are asked to help meet the cost of transportation and pay a nominal sum for the clothing, just as they are asked to help meet the cost of their medical and nursing care.

In addition to services to patients, the social worker was available for consultation with the medical and nursing staff on individual patient problems and helped the staff gain a working knowledge of the resources in the area. Supervision to Social Service was provided by Mrs. Jean Nuzum, M.S.W.

7.

VOLUNTEER WORKERS

Dozens of volunteers, including couriers, physicians, nurses, students and members of the hospital auxiliary, gave thousands of hours of work during the year. They have been of immeasurable help to the medical and nursing staff and to the organization as a whole.

8.

GUESTS FOR OBSERVATION AND STUDY

As in other years, the Service has entertained guests, for observation and study of its work, from many areas of this country and abroad. During the past two decades, health professionals have come to the Kentucky mountains from some 60 countries and from all six continents. The widespread interest in an expanded role for the registered nurse has continued to bring us professional guests from many other parts of the United States.

III

FIFTY YEAR TOTALS

It will be of interest to our readers to see a few totals covering the work of the first fifty years:

Patients registered from the beginning	65,104
Children (including babies under 1 year)	39,018
Adults	25,884
Maternity cases (reg.) delivered	17,252
Maternal Deaths, 11 (9 puerperal, 2 cardiac)	
*Patients admitted into FNS Hospital	45,035
Number of days of occupation in FNS Hospital	278,061

*For 46 years and 6 months. The FNS Hospital at Hyden was opened in the fiscal year 1928-29 and operated only six months in that year.

CONCLUSION

We firmly believe in the team approach to health care and have demonstrated that the nurse who knows her families, and who has good medical back-up can, in every practical sense, extend the arm of the physician in a family centered care program. We are constantly frustrated by the lack of emphasis on prevention of illness. As each year of increasing hospital costs creeps by, we value even more the seeking of ways to keep people well, and helping them cope with health problems.

We are fortunate in having a staff who are interested in teaching. As individuals they share learning experiences with each other, and use their knowledge in the care of patients in hospital, in the clinics and in the care of the family in the home. In this fiscal year we have welcomed medical and nursing students for field periods from universities in the east and middle west. We hope they benefit from their time with us and carry some of our ideas away with them. Our fifty years of experience in rural health care is a valuable asset and should be shared.

None of all these activities could be made possible without the cooperation of our own community and our thousands of friends in this country who believe in what we are doing, and support us professionally and financially. We shall continue to strive for better health care for all peoples.

MARVIN BRECKINRIDGE PATTERSON

(Mrs. Jefferson Breckinridge Patterson), Chairman

HOMER L. DREW, Treasurer

HELEN E. BROWNE, Director

INTERNATIONAL CONGRESS OF MIDWIVES

By Joan Fenton

Work on the FNS exhibit to be displayed at the International Congress of Midwives began months ahead of time. In my mind it was to be an *organized* project. As anyone can tell you the best laid plans of mice and men can go astray.

Our first correspondence regarding the exhibit was answered immediately but a second letter to an unknown committee regarding the details of space, draperies, color scheme, cost, etc., etc., was another matter. It never was answered which ended in sheer frustration on my part, not to mention numerous telephone calls, two cablegrams, and finally a near international incident at the Palais de Beaulieu.

The letter slipped in and out of my mind. I was preoccupied with the Family Nursing internship and planning the exhibit itself. After supper in the Big House at Wendover was the best time to enlist everyone's aid. Official word regarding the Congress had reached us late and there was no time to ship anything. Everyone agreed the exhibit had to be hand-carried. It couldn't even be checked, "it might be lost." How would I ever pack an entire exhibit? Verna said, "Use my cutting board." Leigh said, "I will send my collapsible bed board." From there we went to the theme and the Director said, "Fifty Years of Family Care."

Now how to put it all together and that meant selecting pictures that would tell the story of FNS and family care. There were pictures from one end of the Big House to the other. It was an agonizing process as a great picture had to be rejected only because it did not fit the theme. Finally, with the help of Leigh Powell and Trudy Isaacs, the pictures were chosen. Still no word from the unknown committee.

People were full of ideas regarding the exhibit—stress the fact FNS was the first nurse-midwifery service in the U.S.; be sure everyone knows what we've done to improve maternal and infant mortality; demonstrate our family planning programs; let everyone know how many nurses we have in developing areas, etc., etc. To incorporate all these ideas a handout was compiled, which I thought could easily be translated by various staff who had worked in foreign countries. Not so—you mentioned translating the handout and everyone pleaded they could barely

Speak the language. Someone said, "send it to Marvin Patterson." I did and she arranged for translations in impeccable German, French and Spanish. Verna typed the translations and the English originals and produced a most attractive folder with the FNS seal on the outside.

Things were moving along. Jim Hayes had graciously volunteered to do the lettering. Maxine Morgan had finished the royal blue cover for the cutting board.

Now we could see how the pictures actually looked on the cutting board. Oh no—the picture we had chosen for family planning did nothing for the exhibit. A quick call to Nancy Dammann revealed she would be happy to take another picture in the morning, develop it in the afternoon, and have it ready for mounting in the evening—"just get the patient to sign a permission form." No need for that. I'd be the patient, Verna Potter the nurse-midwife and we'd use the Wendover Clinic. That's how my feet and Verna's hands, holding the IUCD, went to ICM!

At four o'clock on the morning of June 19 I left Wendover and at 8:00 a.m. I learned what it meant to hand carry an exhibit. After checking my suitcase, I still had the cutting board, the film "Cherish the Children", a tape recorder and tapes, all the exhibit pictures, 1,000 handouts and various magazines featuring articles on the FNS. The only place for my ticket was between my teeth.

The cutting board almost got "bumped" off the Washington-New York flight but I won the argument and made the international flight.

Seven hours later I arrived at the Palais de Beaulieu, Lausanne, Switzerland. The temperature was around 70°, the sun was shining brightly and, to make my day, we had an exhibit space! Everyone in the exhibit hall was busily engaged in setting up their booths and I fully expected the workman to set up ours in the afternoon. To pass the time of day and collect my wits, I helped the planning committee assemble registration packets.

As the afternoon wore on and I saw no activity around our booth, I began making inquiries. A young French woman who spoke English came to my rescue and explained one had to hire an interior decorator. I practically burst into tears. It just wasn't fair—how would I ever hire someone at 3:30 Saturday afternoon? I then went back to the planning committee and began to expound on the fact that no one had answered my letters regarding details. Fortunately for me and international relations, a lovely Swill

midwife came to my rescue, listened to my problem, acted as an interpreter and helped me hire a decorator—for a price.

Two hours later I could hardly believe my eyes. The decorator had done a beautiful job and our booth was completely different from all the others—a bright orange no one could miss.

Looking back I don't believe too many midwives *did* miss the booth. The pictures and the handout did tell the story of FNS and family care. I remember one delegate exclaiming, "I didn't think you actually delivered the baby, but pictures don't lie." Another midwife who wasn't a nurse demanded rather angrily, "why do you have to be a nurse?" I just turned and let her see all the pictures—the sick children, the bedridden, the man with black lung. After looking at them for some time she smiled and said, "I see."

The opening ceremony, although exciting with a brass band, the flags from all 48 member countries, the beautiful national costumes or formal evening dress, was solemn. The keynote speaker from WHO emphasized the problems of developing countries and spoke convincingly of starvation, poor health care with high maternal and infant mortality, and an exploding population problem. He was followed by representatives from AID, Pathfinder, and International Planned Parenthood Federation who all discussed various aspects of health care in the third world. Doris Haire, representing International Childbirth Education, provided us all with hope for the future when she told the Congress that no one had yet found a substitute for the mother's womb or the midwife!

The exhibit could not have been more timely. The demonstration project begun by Mary Breckinridge was founded to provide a solution to these very health problems that were so convincingly portrayed in the opening speeches. Her vision in choosing to use a nurse-midwife to implement a decentralized health care system accessible to the people dramatically improved maternal and infant statistics. Her passionate devotion to the well-being of the child and his family paved the way for a successful family planning program in a county with the highest birth rate in the country. For it is only when the family is assured of their children surviving will they accept the concept of population control. The value of the nurse-midwife to the family and the community in a developing area has indeed stood the test of time.

REFLECTIONS AND RENOVATION

Those of our friends who have seen, or read, of our joy at the move from the Hyden Hospital and Health Center into the glorious new Mary Breckinridge Hospital may be a bit surprised to find a drawing of the old building on the Bulletin which inaugurates our fifty-first year. The building was designated a Kentucky Landmark during the past fiscal year by the Kentucky Historical Society and is, therefore, of historical significance in the State as well as in the FNS.

The Hyden Hospital and Health Center became a reality in 1928 because of the generosity of two Louisville women, Mrs. S. Thruston Ballard, and Mrs. Joseph Gill.

Of her dear friend, "Sunshine" Ballard, Mrs. Breckinridge wrote: "It was a year after we began to quarry rock and haul it to the site on mule-drawn wooden sleds before the money was given us for the two wings of Hyden Hospital. The money came as an indirect result of one of my many talks, this time to the Women's Club in Louisville. Mrs. S. Thruston Ballard sat in the audience. She came up after the meeting to tell me she would be glad to give the support of one of our nurses for a year. Her interest in the work once awakened, she followed all the details of it with such concern that within a year she consented to become a member of our Executive Committee. She recognized our need for a hospital without my having to put it into words. So often during the years of our association I was to find that her mind grasped a problem before it was stated. This was true of all kinds of problems and not just financial ones. Mrs. Ballard said she would give one wing of the hospital in memory of her daughter, Mrs. David Morton."

Mrs. Ballard's interest in the FNS did not end with her gift to the Hyden Hospital construction fund. She became the second National Chairman of the Service in the spring of 1929, following the death of Dr. A. J. A. Alexander. Mrs. Ballard served as Chairman during the difficult years of the Great Depression, the drought, the horseback accident in which Mrs. Breckinridge's back was broken, until she died in 1938. Mrs. Ballard passed on her interest in the FNS to members of her family and her great granddaughter is now the vice chairman of our Board of Governors.

We are grateful to Judge Alexander G. Booth of Louisville,

Kentucky, and to his cousin, Mrs. R. C. Wilson, for information about Mary Parker Gill who died six years before the FNS was begun:

"Mary Parker Gill was an intellectually minded woman, widely travelled, of strong opinions—forthright and outspoken always—but possessing a kindly heart that went out to those less privileged than herself. She was a native of Ogdensburg, New York, and met her husband-to-be, Dr. Joseph Gill of Danville, Kentucky, one summer while both were vacationing at Chataqua, New York.

"When Dr. Gill died, his wife sold their Danville farm and sometime around 1907, built a home in "Nitta Yuma" at Harrods Creek, Kentucky. She and Dr. Gill had no children of their own but they were both very fond of young people and enjoyed entertaining them, putting on plays and giving house-parties for the children of their family and friends. In fact, Mary Gill loved all growing things as she was a real horticulturist, and spent much of her time, after being widowed, landscaping her new place and tending her garden.

"In her latter years she lived all alone, almost as a recluse, denying herself all luxuries and many comforts, 'in order to have more to give to others', as she said, and spending the income she had inherited from her father and her husband on her favorite philanthropies."

Judge Booth has explained that the provisions of Mrs. Gill's handwritten Will were so broad in allowing discretion to the Executor that several suits were filed for an interpretation of the Will. The actions were appealed to the Court of Appeals of Kentucky and that Court held the Will to be valid. Judge Booth writes:

"Following the opinion of the Court of Appeals, Mr. Bethel B. Veech, President of the United States Trust Company, and my father, Percy N. Booth, had discussions with Mrs. Mary Breckinridge as to the possibility of including the Frontier Nursing Service as a beneficiary under the Will, for the particular purpose of making a substantial gift for the establishment of the Hyden Hospital. My father took this matter back into the Jefferson Circuit Court, of which I am now a Chancellor, and obtained a favorable ruling. Therefore the gift was made.

"In regard to the trip to the dedication, (of Hyden Hospital and Health Center) it was following my sophomore year at Harvard and Mr. Veech and my father suggested that I come along. We went in the private car of Mr. Edward Jouett attached to the overnight Louisville and Nashville train from Louisville and Lexington to Hazard, arriving there in the early morning of June 25, 1928 . . . There was a breakfast for the guests, including Sir Leslie and Lady McKenzie, at the leading hotel in Hazard. Just as we arrived at the hotel there was a shooting across the street and the man who was shot was carried away. We never found out whether he had died or not. It seemed an appropriate introduction to that part of Kentucky.

"The rain was continuous all day. There was no road between Hazard and Hyden but only trails which turned into rushing streams with the continuous downpour. Sir Leslie and Lady McKenzie left first in a buckboard, and I started off shortly thereafter on a mule. Not too

long thereafter I passed them sloshing up a trail behind the buckboard, in ankle-deep mud. I offered them my mule but they politely refused. I did not see them again until late in the evening when they finally arrived at the hospital above Hyden, several hours after I had arrived. At one point during the long ride I remember my mule going down in a mud hole and being completely covered with mud myself and pulling myself out of the hole and retrieving my seat on the mule! I also particularly remember someone pointing out the trail toward the home of the great World War hero Willie Sandlin.

"The dedication ceremonies the next day have already been well described by Mrs. Breckinridge in the Bulletin. They were very impressive and the whole trip was tremendously interesting."

The old building has undergone many changes over the years. In 1928 it had large screened porches and two wards—one for the midwifery patients and one for everybody else—men, women and children. The staff were housed in the building. Before long, an Annex was built on the hillside behind the hospital for additional staff and the porches were enclosed so more inpatient beds could be added. In early 1950, the Margaret Voorhies Haggin Quarters for Nurses was completed so that the patients could have the space formerly occupied by the staff. At one point, the doctor's office had to be moved from the front of the building to the rear because coal trucks rumbling by made it impossible to listen to a fetal heart! Later in the Fifties, a spacious delivery room, newborn nursery, an office for the midwives and additional bathrooms were added, a drug room was built (and later expanded), and part of the Annex was turned into a classroom for the midwifery students. For years we played "musical chairs" on the ground floor, trying to gain additional space for another examining table, another desk, a few more patients. Once a lab was created out of a pantry measuring approximately five by twelve feet; later, by streamlining the kitchen, we were able to find space for an office for another physician. By the late Sixties we were desperate for space, even though the recreation room in the renovated barn was taken over for a classroom, part of the lab and the pediatric clinic moved into a trailer, and the midwives had "borrowed" space for their clinics from the Health Department.

Then the Mary Breckinridge Hospital was completed and the old hospital is taking a new lease on life to meet the needs of our sixth decade. Under the direction of Phil Isaacs and Eddie J. Moore, remodeling is progressing rapidly on what will be a multipurpose building.

As spacious as the new hospital is, there still wasn't room there for the record and billing offices for the home health agency which are now at Wendover but which need to be more accessible to our Controller. So Nancy Williams and Ann Browning and their colleagues will move from Wendover to the ground floor of the "new" building. There will also be space for a small clinic for the Hyden District nurses, similar to the clinics at the outpost centers. And Dr. Beasley has chosen for his office what was, in the beginning, the staff living room, so he can sit in front of an open fire and rock! We hope this will console him for the battle he lost with the architects to have a fireplace in the new hospital!

On the second floor five staff apartments are being built—two efficiencies, two one-bedroom apartments and one large apartment with three small bedrooms. In the attic there will be three single rooms and a bath for medical students and other temporary staff. This will help a little to ease the acute housing shortage in this area.

The old Annex has been torn down but otherwise there will be little change in the external appearance of the building which is now the Morton-Gill Quarters.

FRONTIER NURSING SERVICE MEDICAL DIRECTIVES

The Seventh Edition of the Frontier Nursing Service Medical Directives will be available in October 1975. Agencies involved in primary care may obtain a complimentary copy by sending a request to the Director, Frontier Nursing Service, Wendover, Kentucky 41775.

Additional copies may be ordered from the above address at a cost of \$5.25 postpaid. We must request that the order be accompanied by a check or money order made payable to Frontier Nursing Service, Inc., as the price covers only our basic costs and it is impossible for us to absorb the further cost of processing purchase orders and invoicing.

DEVELOPING A PHILOSOPHY OF FAMILY NURSING

Elsie Maier, R.N., F.N.C.

Many people get *turned off* by the word *philosophy*, and yet it is the essence by which we live and work. Webster says that philosophy means *the study of the processes governing thought and conduct*. When one is forced to think about one's own philosophy, it becomes a time for soul searching and value identification.

One of the requirements of the Family Nursing Course at FNS is to write a personal and professional philosophy of the family nurse. In order to do this, the student must come to grips with herself. By far the majority of nurses, doctors and volunteers that come to FNS for more than a passer-by's tour begin to take stock of their lives, who they are and what is important to them. Many find the honest, down-to-earth attitude of the Kentucky people hard to ignore. Away from the mainstream of urban living and the support of family and familiar ties, the individual has time and opportunity to reflect on herself. Many times the tears begin to flow and the walks and talks become a precious time of sharing. A closeness develops between co-workers as a mutual helping relationship emerges.

Those who can reach out to the community beyond a professional relationship find that there are immeasurable lessons to be learned about living there. When the nurse becomes involved with the people, she finds strong family ties, characterized by loyalty, frankness and perseverance—a rare phenomenon in our modern day mobile society. She realizes that she learns far more from them than she is able to reciprocate. Indeed we are indebted to the community for the impact they have had on our lives.

The family nurse, or the family nurse practitioner as she is called in many places throughout the country, is beginning to identify her role within the health care delivery system. The nurse-midwife at FNS has been a family nurse ever since Mrs. Breckinridge set up the mechanism for nurses to give health care to the entire family. She realized that in addition to the mother and her newborn infant, there was a father whose health was essential for the support of that family, and children and

grandparents whose needs were just as vital to the family group. We have not had the crises of role identification of the family nurse as have other places throughout the country. The family nurse is an accepted way of life here, and yet we realize the need to help our students and colleagues to define the role. As far as the family nurse is concerned, the delivery of primary health care is based on her approach to the patient as a nurse. Her basic nursing background provides her with the knowledge and skills to identify patient's problems and to find a method to meet those needs. The attitude of considering the patient as a whole, seeing his total needs and providing the care and support he needs, is the essence of nursing. The family nurse is not a *junior doctor* giving second rate medical care to indigent people. She provides quality health care within her expertise as a nurse to all people entering the health care system, following written medical orders for those conditions which she is capable of handling. The physician back-up for her practice is vital to the success of her endeavor, for when the situation is beyond her abilities, she is prepared to recognize that fact and ask for consultation, or refer that problem to the physician.

It can be readily seen that one of the most important factors involved in the success of the family nurse is for both the nurse and the physician to be aware of each other's abilities and limitations and to keep the lines of communication open and flowing. As this interchange and interdependence matures between professionals, the quality of care rises, each relying on the other for their unique contributions.

It can be readily seen, then, that the family nurse student must give much serious thought to her own philosophy so that she may be aware of the processes that govern her thoughts and conduct. The following is an example of one such student's development of her philosophy of the family nurse.

Philosophy Of A Family Nurse

When I first arrived here I wanted very much to be a nurse-midwife—and to work as a missionary in Alaska. I thought of myself as a “stopgap” for a rural population who had need of acute or emergency medical care and no means of transportation to the few scattered metropolitan areas. I wanted to be a missionary nurse, dealing with the total person, physical, emotional and spiritual—able to give primary care, but mostly

emergency stopgap care . . . I felt a great need to gain as much knowledge, skills and experience as possible in order not to be caught in a panic situation later on—in short, I thought of myself as an inadequately trained substitute for something better that must eventually take my place.

My attitude has changed greatly.

I see the concept of Primary Health Care as practiced by the FNP as a very complex entity—involving both medicine and nursing—both caring and curing. The concept involves an awareness and knowledge of self as well as others to enable one to give that needed empathy and to develop that valued trust so necessary for the successful function of an FNP. It involves the additional skills and knowledge of medicine as well as the basic specialized knowledge and skills of a nurse—enabling the FNP to be a “specialist” in her own right—with a unique offering.

A family nurse is uncategorizable, a square peg—often labeled a “supernurse” or “mini-doctor” but actually neither one . . . Someone that no one is quite at ease to deal with—except the patients. The role has not been fully defined and eventually we will define our own role.

We hold a valid position on the health-care-team—that team including anyone who offers patient care in any way—and we are prepared to make some independent judgments and to assume the responsibility for the primary health care of individuals and families, the end results being fewer hospitalizations through careful observation and early detection of illness; as well as a better quality and quantity of maintained community health.

The family nurse must fully and willingly accept the total life experience of love, hope, health, disease, loneliness, suffering, death,—and its kaleidoscope of reactions—and free herself to share in each individual crisis or triumph.

The vocation of the family nurse cannot be duplicated by anyone—she herself is unique and has a one-of-a-kind gift. She has the freedom to meet the needs of her patients, their families, the community—she is free to set the climate for a positive health-promoting experience and to intervene with her own positive life experience to effect primary family care.

I know who holds the future and I know He holds my hand.

With God things don't just happen, everything by Him is planned.

And what a relief it is to know I can absolutely depend on His guidance and help—His love to bear me up. Without it I'm nothing at all . . .

OLD COURIER NEWS

(Edited by Peggy Elmore with thanks to Agnes Lewis
for sharing many of the letters!)

From Mary Graver Littauer, Syosset, New York

I seem to be getting deeper and deeper into things archeological and am busier now than I ever have been in my whole life. We still have dogs, cats, retired cows, ponies, donkeys and chickens and I would not be without them. Our son is getting some recognition for his poetry, which is very nice. He lives near Princeton which means near enough to come home every couple of months. Betsy Parsons Warner is now living in New York in the winter and I see her some, and a year ago I saw Carm Mumford Norton in Washington.

. . . .

From Katherine Trowbridge Arpee, Lake Forest, Illinois

It is a great disappointment to me that I cannot be at the Fiftieth Anniversary celebration. The lovely invitation, the letter from Mrs. Patterson to the Trustees, and, today, Nancy Dammann's courier letter, all have been so cordial and tempting. I know it will be a thrilling occasion!

Harriet (her daughter) is expecting a baby in July after eleven years since Julie was born. She is fine though still carrying a full nursing load at Downeys (Veterans Administration Hospital). We are all excited—especially me!

. . . .

From Ellen Mary Hare Meigs, Philadelphia, Pennsylvania

How terribly sorry I am to miss this great FNS reunion and anniversary. I had thought that if I postponed my answer I could clear that end of May, but having our last son graduate from school has complicated this month. I am especially sorry to miss seeing Agnes who was my first correspondent and advisor when, as a would-be courier, I first applied. Please remember me to any couriers and nurses who might have been there in '48!

From Betty Butcher Eberhart, Hanover, New Hampshire

I would so love to have been able to attend the FNS celebration for I remember FNS as having provided me with three of my happiest summers. Gretchen, our daughter just turned twenty-four, asked for a book called *Immaculate Deception* for her birthday. It has a chapter in it on the FNS. Ann Jonas in Louisville also sent me a large write-up from the paper.

It's hard to imagine the FNS so big and ridden with jeeps as it is now but I'm sure the spirit is the same. One can't hold back so-called progress. But weren't the horses grand!

. . . .

From Florence Booker Rawleigh, Harrods

Creek, Kentucky

We all thought the Fiftieth Anniversary went off beautifully—a day to remember—and it was especially meaningful to me having you and the Branhams (Mr. and Mrs. Roger L. Branham of Hingham, Massachusetts) here.

. . . .

From Ann Danson Muhlhauser, Glendale, Ohio

'Twas such fun seeing you in Frankfort, only much too short. We certainly enjoyed our whole day. We have been here (in Canada) for the month of July.

. . . .

From Fredericka Holdship, Sewickley, Pennsylvania

I had a great time with Cherry Evans. She seems fine and we took ourselves off to Mesa Verde Canyon, with many other stops en route. We ended up with a rafting trip down the Rio Grande for a day! Cherry really loves to be on the water—and there she sits in the desert amongst all the cacti! I missed seeing Peggy (Brown) and Bill Elrington, but they were having a good time in England and Scotland.

Next week I'm off to Austria, Saltzburg and Vienna, Bavaria, and Czechoslovakia.

From Melora Coggeshell, Barnstable, Massachusetts

I've been having a lovely Cape Cod summer, living on the "boathouse" where my family stores our boats during the winter. My first quilt, "Rob Peter to Pay Paul" design, is hanging on a frame from the rafters. I'm very excited about it!

Next week I am off with my father on a seven day cruise on his sloop. I will be trying to keep seven sixteen year old girls under control! Then my mother, father, and my two sisters and I will head for Nova Scotia (by car) to spend a week there.

After the middle of October, I want to visit a friend in Washington and take a side trip to Kentucky. It's almost a year since I first saw Wendover and met all of you who mean so much to me. I hope you haven't gotten too used to peace and quiet because I plan to come disrupt your lives as soon as possible!

. . . .

From Joan Mamelok Abbey, Bradford, Vermont

Wanted to let you know that we are headed for Paris for a year—going September 10. Very exciting!!

. . . .

Mrs. Knight McMahan has written us that her daughter and our old courier, **Margaret McMahan Kolar**, has a son, Jordan Knight Kolar, born July 16, 1975. Our best wishes to this young gentleman and his family.

. . . .

A WEDDING

Miss Helen Parrish and **Mr. Charles Beach III** in Paris, Kentucky, on June 14, 1975.

Helen and Charlie will be living nearby in Beattyville, Kentucky, where Charlie is the mayor, so we hope we will see something of them from time to time.

. . . .

We extend our sincere sympathy to **Ruth Harrison Venable** and **Edith Harrison Conyers** on the death of their father in August.

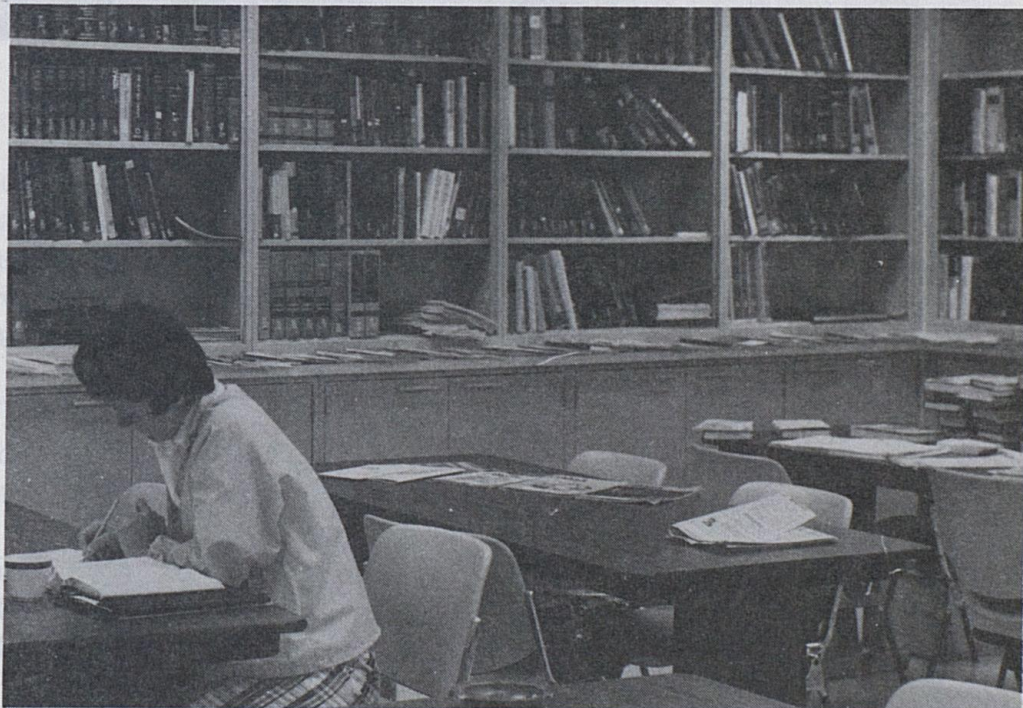
AUDIO-VISUAL AIDS

By Nancy Dammann

The Frontier Graduate School of Midwifery's only teaching aids, when it opened November 1, 1939, were a small model pelvis and fetal skull. There were also a few textbooks.

In keeping with the psychological theory that people learn best when all of their senses—hearing, sight, smell and touch—are involved, the FNS now owns a videotape camera and recording system, half a dozen projectors and tape recorders with complimentary slide, film and tape collections, an almost human "Gynny Doll" with which student midwives practice breach and other complex deliveries, models for many parts of the anatomy and a sizeable library.

Perhaps the most popular teaching aids are the collection of over three hundred tape cassettes on family practice and OB-GYN which are out on almost constant loan.



Sister Kathryn O'Meara studies in the Mary Breckinridge Hospital Library built in memory of Charles David Goodrich Breckinridge.

Photographs by Nancy Dammann

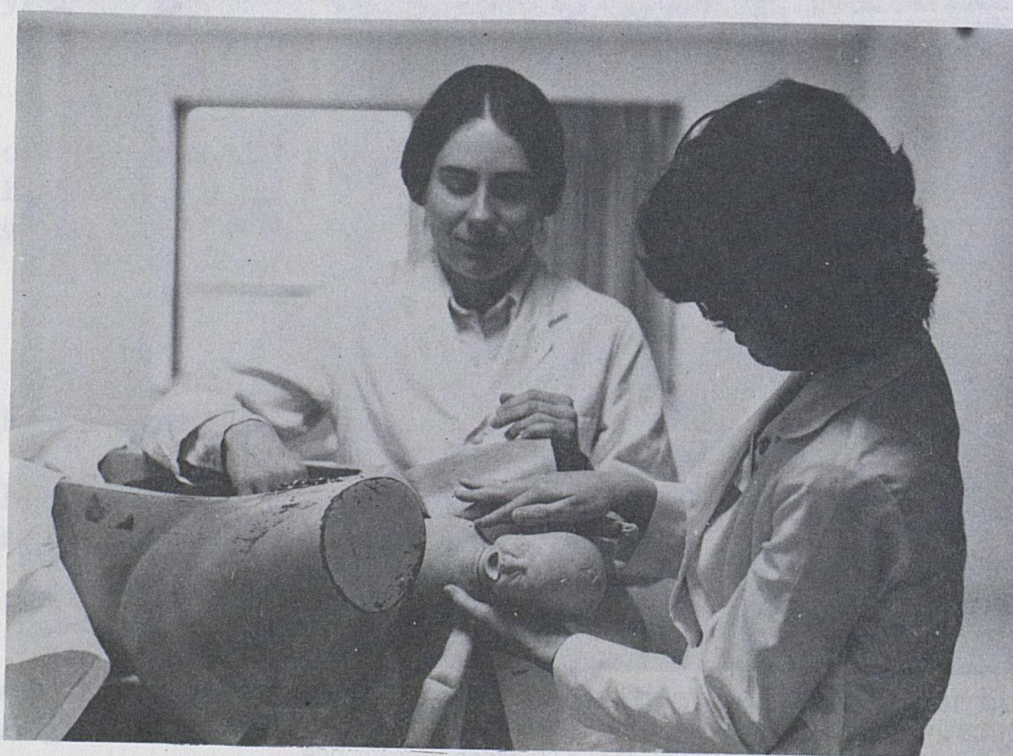
A series of Medcom slides on such subjects as clinical electrocardiography and chronic pulmonary diseases are an equally popular feature of the Frontier School of Midwifery and Family Nursing's audio-visual library. Written case histories and a small viewer accompany each set.

Many of the teaching aids are housed in the third floor hospital conference room which doubles as a student study and lounge. Here the walls are lined with models of the eye, reproductive system and a variety of other organs. Reference books and case studies are also kept in the conference room for the handy use of the students.

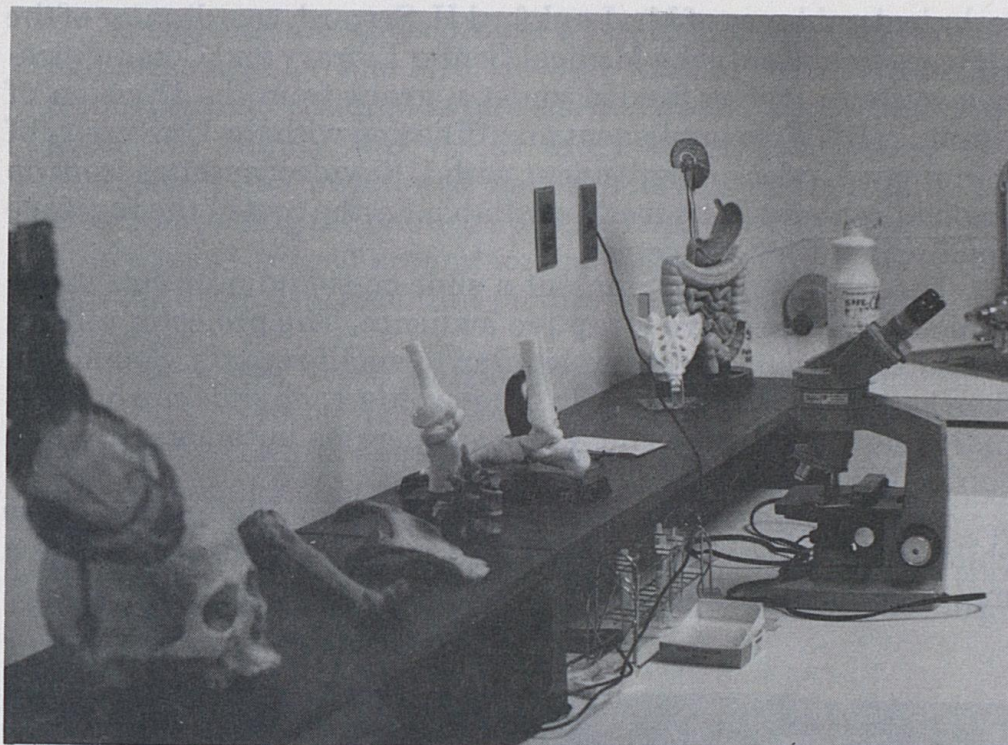
The single camera videotape recording equipment (VTR as it is known among professionals) is the newest addition to the Service's audio-visual setup.

In addition to a portable camera and recorder and three TV sets, the equipment includes three quarter inch and half inch videocassette machines.

With this system the FNS can film its own program and then



Martha Burk and Susan Thomas "deliver" the gynny doll.



Educational Tools

copy them onto cassettes which are playable on machines almost as simple to operate as the small tape deck commonly found in automobiles. The operator merely slips the cassette into the videocassette machine's slot, switches on the monitor or TV set and the recorded program flashes on the screen.

Staff is now developing a list of priorities for videotaping. Two typical subjects recommended by FNS midwives are a breach delivery featuring Miss Molly Lee and a tape on doing the breast examination, for patient education.

Dr. Tom Lynch, FNS pediatrician, has had some experience in videotaping. Other members of the staff will learn videotaping through a special course being taught by a Hazard Community College instructor at the Mary Breckinridge Hospital.

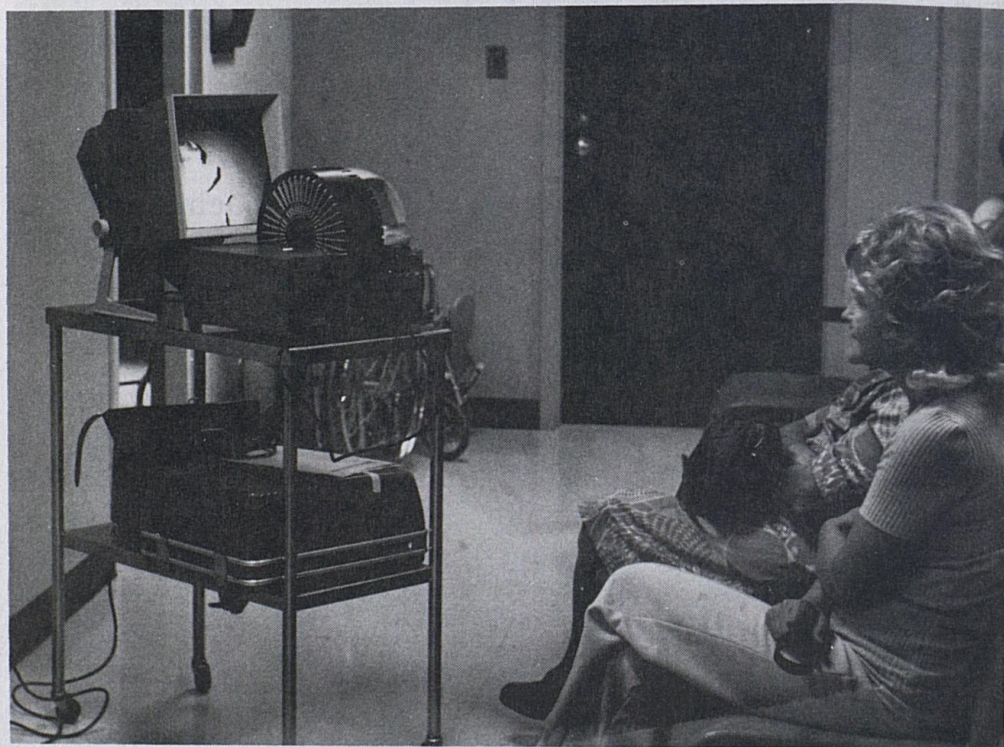
A wealth of excellent training materials on such subjects as the physical examination and complex surgical and laboratory techniques have already been produced by major medical centers and are available for loan or sale.

The videotape system was ordered and installed with the

technical guidance of Mr. Lankford H. Seward, coordinator of the University of Kentucky Medical Center Library and Communication system. It was funded under a grant from the Division of Nursing, HEW, to implement an affiliation with the University of Kentucky. Under an agreement with UK, videocassettes from its medical center will be made available for the cost of the raw tape upon which they are copied.

The FNS is now trying out a slide-on-sound projector in the clinics where we have a captive audience. The projector utilizes 35mm slides put on frames similar to small records. Sound can then be placed on the frame. In other words, each slide can have its individual narration. The machine operates automatically and can be left unattended.

As the subject of our first health education slide set we chose child safety since infant and early childhood accidents are a major problem in this area.



Patients enjoy a child safety lecture. The Slide-on-Sound projector was the gift of the Honorable Order of Kentucky Colonels.

Producing the slides proved a rather harrowing experience. I had persuaded Dr. and Mrs. Howald, formerly of the FNS staff, to let me use their children as models. But when I went to the Howald home the family was up at the hospital clinic. One of the youngsters had swallowed half a bottle of vitamin pills. Later after completing the photography we relaxed over coffee. I heard a funny noise, turned around and saw the youngest girl crawling into the drier. The resultant picture was the most effective one in the series.

The slides were narrated by Mrs. Sue Hightower, the hospital's evening telephone operator, who is blessed with a pleasant voice and excellent diction.

We hope by photographing our own slides, using local models, scenes and narrators, to make it easy for patients to identify with the subject. Our next set will be on hypertension. Later we hope to make a series on diabetic and other special diets to show hospital patients prior to discharge.

A GIFT FOR A FRIEND

An anonymous donor has made a generous donation to start a fund, to be named The Friends Fund. This fund is invested and the income will be used to help families who struggle to pay for their health care.

We want all of our FNS friends to know of this donation and to invite contributions to the Fund from any one who may be wondering what to do with a little extra cash at the end of the year. All contributions are tax deductible. Have you ever considered a tax deductible Christmas gift?

We have attractive greeting cards to announce gifts to your friends if you wish to supply us with the full names and addresses with your donation.

OLD STAFF NEWS

EDITED BY EILEEN H. MORGAN

From Barbara Kinzie in Sanaa, Yemen Arab Republic

—June, 1975

I am presently engaged in a full-time language study program, but this allows for much contact with the Yemeni people as several of the women and girls in the neighborhood have been helping me in my attempts to learn their language. In addition to my regular classes with my language teacher, I've been able to spend several afternoons each week with these women in their homes. They are so kind and friendly and eager to help me in any way they can. Those on the Worldwide Services team who only had six months' language study still feel quite inadequate with the language and think that a year should be the minimum time for full-time study, as most other groups working in Arabic countries require at least two years of language study. I am quite anxious to get into the hospital and clinic work.

.

From May V. Green in Dartmouth, Devon, England

—July, 1975

Betty Lester, her sister, Dinnie and I have been thinking of you and going over the old FNS days. We are all here at my home which is up in the trees and on the edge of the cliff.

I spent a week with the Kellys recently and had a very happy time with Nora and Vi in Wareham. I also saw Marjorie Jackson.

.

From Bridget Ristori Francois in Nelson, New Zealand

—July, 1975

It has been most interesting reading of the new hospital and the Fiftieth Annual Meeting.

With the exception of Betty Lester and Marion Ross, I must be the oldest surviving staff member. Kelly (Nora Kelly) came about eight months after I did. And of course I remember Marvin Breckinridge Patterson. I was one of the actresses in her film, *THE FORGOTTEN FRONTIER*, in which I played a very dull part—going out to work, coming back, etc. She filmed the sequence at Possum Bend.

From Lois Harris Kroll in Seattle, Washington**—June, 1975**

I spent two days at Brutus with Elizabeth Burns who used to work for me at the Center. We did stop by the FNS Center for a quick lunch. I saw several old friends. Of course, they didn't know me at first. Thirty-seven years means a lot! We went on to Berea for a day. The Holmes (Mrs. Holmes used to work at Brutus also) and I drove to Middletown, near Louisville, where we spent two nights with Elizabeth's sister, Mrs. Pearl Martin, who used to live on Bullskin and taught school.

I went on to Chicago for two days' visiting with Margaret Oetjen, a former Wendover nurse. (We were in Scotland together to study midwifery.) It was 93° in Chicago. I nearly roasted!

I then took a bus to Milwaukee and renewed friendship with some of my husband's relatives.

However, it's good to be home again after three weeks' vacation. I have been doing some yard work and I cooked some of my own rhubarb this morning. The weather is cloudy and cool, probably will rain. I saw someone with a fur coat on yesterday morning!

. . . .

From Liz Palethorp in London, England**—July, 1975**

I am at the Troebel College, Grove House, immediately opposite the main gates of Queen Mary's Hospital, for a two week course. The college is in super grounds—huge and lovely, ducks on the lake and squirrels dashing up and down the trees. Yesterday afternoon Bridie Gallagher and a friend came over to see me and tomorrow evening I am going to see Hilly (Betty Hillman) who is about a mile and a half around the corner.

. . . .

From Maggie Wheeler in Fairbanks, Alaska**—August, 1975**

How are things this summer at FNS? I saw a good picture of one of your nurses in the *National Geographic* and I realized how much I miss the "esprit de corps" of FNS. It's really hard working alone and without peer support. The forty-six of us are spread so thin that we rarely see another itinerant PHN. But I am enjoying

the work very much, especially the traveling. I've just returned from a two-week boat trip down the Yukon.

From Kay Doggett Gardiner in Lyn, Ontario, Canada
—August, 1975

I was thrilled to see Hyden and Wendover again after so many years, and to meet a few old friends. Meta (McQuire) and I stayed with Jean (Byrne) on the Thursday night. I am sure all of you must have been exhausted but pleased that your Fiftieth Anniversary went off so well.

We are saddened to learn from **Georgie Nims Nixon** that her husband, John, died suddenly on May 2, and we send our sincere sympathy to her and her family. Of her children Georgie writes: "Suzanne and Dianne are still at home, Joanne is back at Arizona State studying to be a nurse and the boys take turns coming down from their home in Santa Clara which helps."

Mother and daughter were in the kitchen washing dishes while father and seven-year-old Johnny were in the living room. Suddenly, father and son heard a crash as a dish fell to the floor.

"It was Mom," said Johnny.

"How do you know?" asked his father.

"Because," answered Johnny, "mom isn't saying anything."

—*Modern Maturity*, April-May, 1969

BRISTOL

Bristol schoolboy asked if he wanted anything more after gorging himself at a tea-party: "Just carry I upstairs and don't bend I".

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

Annual Subscription for American readers
 \$6.25 checks on their own banks.

Published quarterly by The Countryman,
 23-27 Tudor Street, London, E.C. 4.

SERVICE-TEACHING

By Phyllis J. Long, RN, CNM, MS

Much has been written about the educational benefits of service-learning. I would like to suggest that there are equal benefits in service-teaching and take a stand against the almost universal separation of service and education in nursing and related programs.

In the Frontier School of Midwifery and Family Nursing, nurse-midwifery takes eight months of a sixteen month course of study. Clinical experience is a vital component of the program and is allotted a major portion of the students' time. Classroom instruction in nurse-midwifery has been the responsibility of four of the eight C.N.M.'s staffing the department. All staff C.N.M.'s supervise clinical experience. Because all midwifery patient services at Hyden are the responsibility of the C.N.M. staff of eight, staffing problems frequently arise. We have considered dividing our responsibilities so that each C.N.M. would be responsible for only education or service. However, through the recent and continuing experience of working as a group on curriculum changes, we have discovered the value of dual service-education responsibilities.

Service-teaching maintains the instructor's credibility before students. Demonstration of a procedure in the safety and security of the laboratory situation, followed by the performance under pressure of the clinical situation and demands of time, assures students that the instructor speaks from actual experience. My ability to perform effectively in service to patients maintains my own self-confidence, which is communicated to students. The opportunity to maintain, up-grade skills, experiment and create new approaches to patient care gives evidence of my enthusiasm for clinical practice—another invisible but readily communicable attitude.

Service-teaching results in a "real world" approach to both service and education. The classroom instructor who is also involved in patient service does not make unrealistic demands on students. She knows what they are ready to do clinically and can encourage the student to apply new theory in patient care. A classroom instructor can demonstrate the quality of care she expects in the real clinical setting, instead of being accused of

setting unrealistic standards from afar. The case study approach is educationally sound, but leads to student frustration if she does not also learn to deliver a significant quantity of care without sacrifice of quality. I believe she can only learn this from instructors who are themselves efficient and effective practitioners.

Communication is facilitated among a group if they *share* the responsibility for service and education. Goals related to students and patients can be worked out and mutually agreed upon, avoiding incompatible objectives. Each staff member needs a defined area of specific responsibility and authority to provide job satisfaction. In our group, the percentage of time spent in education or service responsibility varies but all have dual responsibilities. Sharing of responsibilities lends worth to each person's work, because each is involved in decisions related to both education and service goals.

The union of service and education is the source of headaches when practical details of staffing, student schedules and patient load are considered. But conflicting priorities provide a stimulus for on-going group problem solving if the entire group shares the same goals. I feel the time and energy spent in this group process is well invested because improved service and education is the result.

An irate employee went to the paymaster and carefully counted the money in his pay envelope. "It's one dollar short! What's the meaning of this!"

The paymaster checked a record sheet and, smiling broadly, replied: "Last week we overpaid you a dollar. You didn't complain about that mistake then, did you?"

"An occasional mistake, I can overlook," answered the angry man, "but not two in a row!"

—*Modern Maturity*, June-July 1965

“A LITTLE SOMETHING CALLED FNS”

By William R. Bates III
Development Director

“— and later in this hour I’ll be talking with Helen Browne, Director of a little something called the Frontier Nursing Service, an organization that operates in the Appalachian Region of Kentucky —.” This was the opening lead line by Barbara Walters on the May 27 “Today” show. What a way to proclaim to a few million people across the country that FNS would celebrate fifty years of achievement the next day! Personally, I was a bit miffed with the introduction. But after the FNS segment was over—and after Brownie had forcefully acquitted us of being a small, locally-oriented operation—I began to think about what FNS was in the larger scheme of things. My thoughts were called into sharp focus when, a few days later, one of our most interested friends asked, “What do you say to someone who asks—‘Why should I give to something in Kentucky when I live in New York?’” (Or Boston, or Cleveland, or Detroit, or Chicago, et cetera)

I had no pat answer at the time. I still don’t. But I do have some ideas I would like to share.

Any organization, whether in Kentucky or New York, which has grown from an annual operating budget of \$11,500 to over \$2,000,000 is not just “a little something.” The growth indicates, indeeds assumes, that FNS is engaged in work that goes beyond Wendover, Hyden, Leslie and Clay counties in Eastern Kentucky. The work at “home” knows no confined and constricted boundaries. Rather it is nationwide and worldwide.

Were this not true, would we have a waiting list of candidates for admission to the Frontier School of Midwifery and Family Nursing? Would we have a waiting list for prospective Couriers who wish to experience FNS? Would we receive more requests for “on site” visits by health professionals from around the world than we can comfortably accommodate? I think not!

The reputation of FNS does not stem simply from doing a good job locally. Rather, it is because what we have done locally can be introduced and reproduced in other “health poor” areas and that has made FNS and its people the object of investigation, interrogation, and admiration. The “little something” in Kentucky is probably better known in Zaire than in Lexington.

In many ways, this is as it should be. Mary Breckinridge conceived the demonstration project concept as one to be started—and proven—in an area which offered the greatest difficulties and obstacles in the path of success. The idea was to begin with so many insurmountables that when they had been overcome, the “demonstration” could be duplicated elsewhere with comparative ease. This, too, has been done—in remote areas of this country and abroad, in inner-city neighborhood clinics, in the frozen wastes of Alaska, in the steaming jungles of South America, and in the arid plains of Africa. The “little something” has gone around the world.

Just as Project Hope, Care-Medico, Big Brothers, World Neighbors and other organizations with high humanitarian goals have captured the aspirations and called on the assets of Americans, so has—and must—FNS. We are fortunate that, annually, over 3,000 people across the country and living in foreign lands, contribute to the continuing success of FNS. And corporations, foundations, the federal and state governments are equally convinced of the value of FNS and have supported the work over many years. The recently announced half-million dollar grant from the Robert Wood Johnson Foundation to develop a region-wide, nurse-run health care system is further evidence of the quality of work being demonstrated by the “little something” in Kentucky.

What I am really talking about—to the person who asks ‘why should I give?’—is *outreach* on a broad scale with ideas and concepts that *work* and can be applied in progressive health care anywhere, even in the skeptic’s own wider neighborhood.

Outreach is the base, the foundation of FNS. Thousands upon thousands of people are just a bit better, a bit more healthy, a bit more secure because of FNS, its concepts, its work, its people.

So, “why should I give to something in Kentucky?” Because the “little something in Kentucky” is a big something in the world wide care of people. But we could certainly use a “little something” from each of you—and, tell a friend!

Marriage: a sort of graduation ceremony in which a fellow loses his bachelor’s degree without acquiring a master’s.

—*Modern Maturity*, October-November 1972

COMMUNITY MEDICINE ROTATION

By Ann C. Ghory
Senior Medical Student, Ohio State University

The importance and effectiveness of a team approach in order to provide better health care was recognized some fifty years ago by a nurse-midwife, Mrs. Mary Breckinridge, the founder of the Frontier Nursing Service of eastern Kentucky. With headquarters in Leslie County the Service continues to provide primary care to some 15,000 Appalachian folk over a span of 1,000 square miles. Three years after the FNS was begun, Hyden Hospital was built on the slopes of Thousandsticks Mountain. Hospital care facilities consisted of a 25-bed hospital, operating room, laboratory, dispensary, and waiting room. The hospital became the hub of the wheel with seven outlying district nurse clinics being the spokes. At a time when not a single licensed physician inhabited the area, Mrs. Breckinridge realized that a nurse-midwife could be trained efficiently to provide curative as well as preventive medical services.

Mrs. Breckinridge not only had a firm grip on the needs of the mountain people then, but she also had a keen eye to the future. The role of the FNS has been altered to meet the growing and changing needs of the people. In 1970, the health care team was broadened to include the special training of family nurses, thus enabling a district nurse to be the right hand of the physician in providing primary care. In other words, the family nurse practitioner is often the first to intervene between the patient and the health care delivery system. This is a very challenging role and the expectation is that the family nurse will provide comprehensive care, concerning him/herself both with the continuing personal needs of the patient in the context of family, home, work, and community, and also with the disease process itself. It is at this point that a decision must be made and the problems defined so that management and treatment can follow. This may be immediate treatment or referral by means of telephone or radio from a district outpost for additional medical advice by the physician on call.

If the patient is being seen in the outpatient department at the hospital, the nurse initially works up a given patient, presents the case to the Family Nurse Supervisor or a visiting medical student

and, together, they discuss how to manage the problem. To insure a standardized treatment of the more routine illnesses, a book of Medical Directives, written and continually updated by the medical staff, is used as a guide for appropriate therapy, along with specifications when the physician should be contacted. More complex problems are handled by referral either to one of the physicians in the hospital or else to the specialists in the nearby urban center. At the present time a few specialty clinics are conducted through the outpatient department. Neurology, orthopedic and ophthalmology clinics are held once a month; a cardiology clinic is held at the nearby Health Department Center, and an ENT clinic is held twice a year.

The needs of hundreds of Kentucky people are now being provided for in the newly completed Mary Breckinridge Hospital (January, 1975). Although the exterior contemporary design with patio and umbrella balcony may at first seem a misplaced model of modern architecture, the facilities are extremely functional and comfortable. If a patient must be hospitalized, his care does not end once discharged. The continuity of care so often lacking in urban settings is maintained here by means of a Home Health Care Plan completed by the physician, assuring either short term or long term follow-up care by district nurses and/or nurse aides at the patient's home for those unable to get back to the hospital or to the district clinics.

The terrain of the forested area still presents obstacles for easy transportation. Although horseback and mule teams are no longer used, many isolated homes can be reached only by use of jeeps which must traverse streams and many miles of hilly, dirt roads. This continuity of care is one of the most vital and exemplary beauties of FNS.

Some patients are still reluctant to seek medical attention, but the district nurse is not as unapproachable as a physician dressed in a white coat. There is much hesitation and fear on the part of the patient who finds himself in need of medical care in a hospital setting. Even more reluctance is met at the thought or recommendation of further follow-up by a specialist at an urban setting.

The FNS family nurses are being trained in both health promotion and specific disease protection. Attention is given to the individual as well as the family. Periodic selective health examinations, well-baby clinics, diagnostic clinics, family plan-

ning clinics are part of their services. In addition, the family nurse instructs the family concerning necessary diet modification, proper personal hygiene, nutritional habits, allergy control, avoidance of dental caries, postural draining, etc.

After seven weeks participating as part of the health care team of FNS, a whole new concept of human sickness and human health has emerged for me as a medical student. My role was no longer that of *becoming* a physician, but that of *being* a physician in a totally unique environment. There were moments of frustration, anxiety, tension, and unfilled expectations, but somehow there always emerged some specific vector or directional tendency, often accompanied by comforting words of advice given by one of the nurse supervisors or the physicians who were readily available for consultation. By observing, questioning and discussing individual problem cases as well as general philosophies of care, I felt more and more an integral part of the health care team.

My perception of reality and the need of primary care has been sharpened and brought into focus. Division of responsibility is mandatory if the health profession is to meet the demands and needs of any given population. Although each population served is heterogenous, the FNS continues to make every attempt to assure as homogenous as possible an approach to each patient's medical and related social problems by providing care for those who seek it as well as acting as case finders those who should receive care.

The FNS serves a dual function—not only that of providing health care, but also that of training family nurse practitioners and nurse-midwives. Student applicants are all graduate nurses with at least one year of clinical experience. Although their commitment to the FNS is for two years, many have elected to stay to serve the mountain people. Others have prepared themselves to go to distant countries to set up clinics for other deprived people.

The FNS setting is also ideal for medical students in training. Students come from as far away as England to be a part of this unique care system. The type of medicine practiced is quite different from "Ivory Tower" tertiary care that is the forte of an academic setting. The spectrum of diseases is unending, ranging from snake bites, GI bleeders, black lung, congestive heart failure,

seizure disorders, cardiac arrhythmias, burns, fractures, trauma, diabetes, hypertension, skin rashes, impetigo and gun shot wounds to the more common problems such as ear infections, insect bites, headaches, urinary tract infections, fevers, pneumonia and abdominal pain. The responsibility and challenge includes managing problems on an outpatient basis, within the hospital itself, over the telephone or at the patient's home. The emphasis is not so much on accumulation of laboratory data and repeated x-rays, but on the more basic evaluation of the patient at this bedside.

The medical staff has changed over the years and presently includes two family practitioners, a pediatrician and an obstetrician-gynecologist. Although adequate to the present needs, the staff could be supplemented by a general surgeon, an internist and a radiologist. The role of the medical students in this rural setting is rewarding to both the donor and recipient.

A preacher went to the mountains to preach. Upon arriving, he struck up a conversation with the first man he met.

"Brother, are you lost?" he asked.

"Well, I reckon not," replied the mountaineer. "I been here nigh onto thirty years, and know every cow path in these here hills."

"You don't understand," said the preacher. "I mean, are you ready for the Judgment Day?"

"When's it a-comin'?"

"Well," said the preacher, "it might come today or it might be tomorrow."

"For goodness sakes, don't tell my old woman," cautioned the mountaineer. "She'd want to go both days!"

—*Modern Maturity*, August-September 1967

FNS CALENDARS FOR SALE

Two 1976 calendars, illustrating the work of the Frontier Nursing Service over the years, are being prepared by Nancy Dammann and Gabrielle Beasley and will be available for sale in October.

Gabrielle has selected a **desk engagement calendar**, approximately six by eight inches in size, containing eighty-four pages with twenty-six photographs and quotations from Frontier Nursing Service Quarterly Bulletins. This useful, informative and enjoyable engagement calendar may be ordered by sending a check or money order to

**Toad Hall
Wendover, Kentucky 41775**

The cost of Gabrielle's calendar will be \$4.00, plus 50c for postage and handling for mail orders in the United States. Airmail postage overseas will be \$2.00.

Nancy has prepared a twenty-six page **wall calendar** with a photograph of FNS scenes illustrating each month of the year. This calendar will sell for \$2.00 postpaid and may be ordered from

**Nancy Dammann
Wendover, Kentucky 41775**

Both Gabrielle and Nancy tell us that special arrangements can be made for FNS city committees and other interested groups.

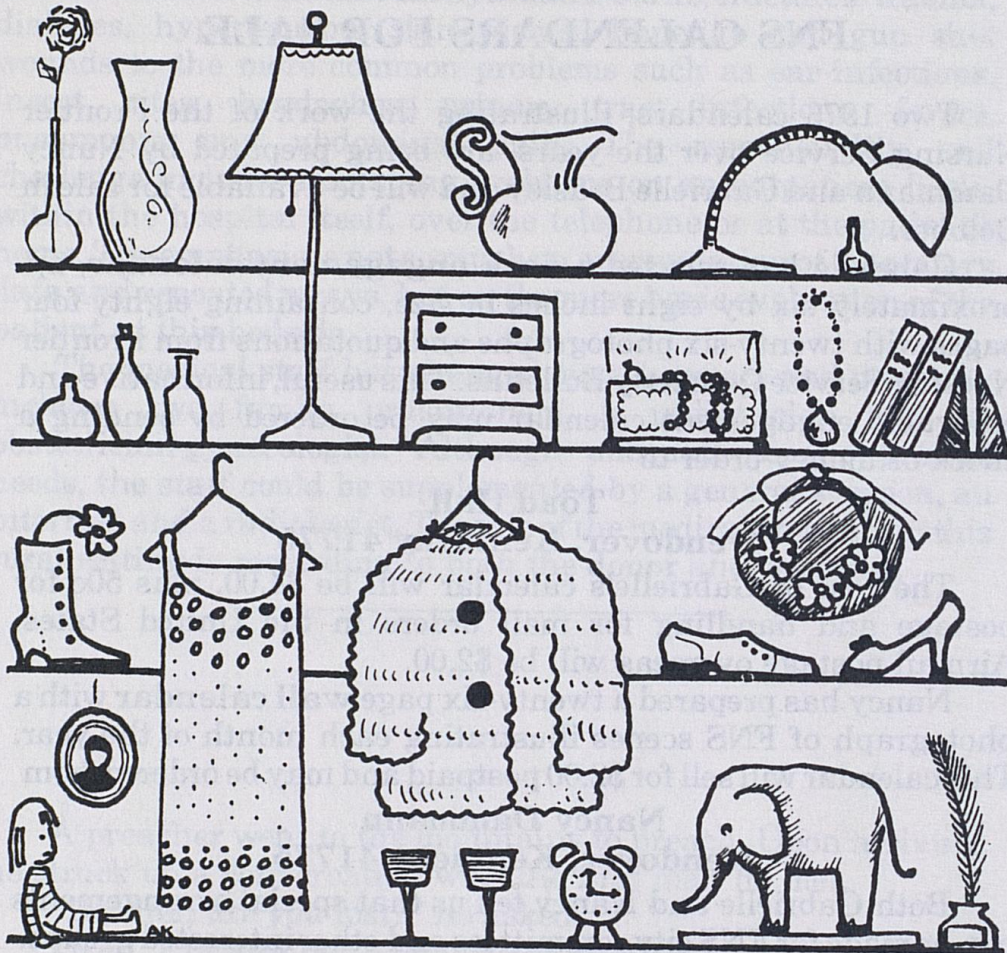
Royalties from the sale of both calendars go to Frontier Nursing Service.

READERS' MOTORING TALES—141

In the early days of motoring a farmer's wife who had been used to a horse and trap took me for a drive in her new car. I held my breath as she zigzagged from side to side of the road all the way up a long winding hill, and at last asked why she was doing it. 'Why,' she explained, 'to ease the car'.—Mabel J. Reed.

—*The Countryman*, Winter 1968-69, Edited by Crispin Gill,
Burford, Oxfordshire, England.

WHITE ELEPHANT



DON'T THROW AWAY THAT WHITE ELEPHANT
SEND IT TO FRONTIER NURSING SERVICE
 1579 Third Avenue, New York, New York 10028

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

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

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KATE IRELAND

National Chairman



At its Fiftieth Anniversary meeting on May 28, 1975, the Board of Governors of Frontier Nursing Service elected Kate Ireland as the fifth National Chairman of the Service, succeeding another "old courier", Mrs. Jefferson Patterson, in that post.

Kate first came to the FNS as a junior courier in 1951, following in the footsteps of her sister Lulu (Mrs. Gilbert W. Humphrey), and continuing a tradition of interest in the Service begun by her grandmother. For the next twelve years or so, Kate was in and out of the mountains, combining the duties of senior and the resident courier with civic functions at her home in Cleveland, Ohio. Among her many volunteer activities in the Cleveland area, Kate included work with the Junior League, the Cleveland Maternal Health Association and the VNA, the Ohio League for Nursing and the highly successful White Elephant Sale for the Garden Center of Greater Cleveland.

Kate was elected to the FNS Board of Governors in 1963, becoming vice chairman in 1968. Since she has made her home in Leslie County, she has served on the boards of the Kentucky River Area Development District, the Upper Kentucky River Regional Mental Health/Mental Retardation Comprehensive Care Center and Berea College.

FIELD NOTES

Edited By
Peggy G. Elmore

The sound of saws and hammers has been heard at Wendover this summer where another bit of reconstruction is taking place. The Upper Shelf at Wendover, built in the Twenties, as a screened hut for the staff members, is quite literally falling apart. The expense of stabilizing it on its foundations, putting on a new roof and repairing the cracks in the chimneys would be prohibitive and rather like putting new wine in old bottles. The log barn, built with funds raised by the couriers and no longer used for horses, is sound and stable with a sizeable loft which can be converted to bedrooms with a minimum of structural changes.

The two outside stalls—the original “Aunt Jane’s Barn”—will be torn down but, otherwise, the Courier Barn will look very much as it always has, and, except for insulation and a concrete floor poured for an entrance hall and a storage room, little change is being made on the ground floor of the barn at present. Construction, under the supervision of Wendover’s foreman, J. G. Morgan, is progressing rapidly and the bedrooms should be ready for occupancy before the end of September. The permanent residents from both the Upper and Lower Shelves will move into their new quarters before cold weather and this will also save the FNS from having to heat the Lower Shelf during the winter months.

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Many hours of volunteer work have been given the FNS this summer. Elyce Kearns was with us as senior courier through the end of July and she had the help of Phoebe Westwood of West Cummington, Massachusetts, and Alicia Hallock, Larchmont, New York. Rebecca Johnson of Philadelphia, Pennsylvania, and Lauren Tresnon, a native of California, who has been living in Kraainom, Belgium, for several years when she was not in college in this country, have worked hard as our second-term summer couriers. Jody Johnson, who was with us earlier this year, turned up for a short visit just in time to show Becky and Laurie around the area.

Peggy Irving, a nursing student from Eastern Kentucky University, spent ten weeks as a volunteer aide in the outpatient clinic at the Mary Breckinridge Hospital. Senior nursing students Cynthia Waller, Winona (Minn.) State College and Kate Aldrich, N. E. Deaconess, Boston, were of much help during their terms with FNS, as were pre-med students Nancy Petersmeyer and Mike Forman who spent several weeks as clinic aides. Two nurses from Massachusetts, Myrtle Neth and Mary Shand, worked as staff nurses at the hospital in late June and July—and we hope they enjoyed their “summer vacation”!

During the past two years we have had one or more senior medical students with us most of the time and we would find it difficult to get along without their eager and capable help. Annie Ghory, Ohio State, was with us during June and July; Mark Blazek, also Ohio State, came for July and August, and during August two medical students from the University of Aberdeen in Scotland, Ruth Smellie and Iain Affleck, were working observers at Hyden.

And last, but by no means least, our Agnes Lewis came up from Tennessee and gave Juanetta Morgan a much-needed vacation.

It was with much regret that we said goodbye, in July, to Dr. Frank J. Lepreau who had been our Medical Director for the past eighteen months. Dr. and Mrs. Lepreau decided that they must return to their native New England to be nearer their family. We have it on good authority that recently when Dr. Lepreau answered a telephone call at his Westport, Massachusetts, home, he flew into the next room to pick up his copy of the FNS Medical Directives before he completed his call!

Joy House did not stand empty long after the Lepreaus left. Dr. Thomas Dean, his wife, Kathy, and their daughter, Gwyneth, arrived at the end of July, after Dr. Dean had completed a residency in family practice at the University of Washington. Dr. Dean is assigned to the Frontier Nursing Service under the auspices of the National Health Service Corps and is already hard at work at the Mary Breckinridge Hospital. Kathy, a nurse, will join the staff in early September and Gwyneth is already attending the elementary school in Hyden.

Dr. Pamela Sutton, a family practice resident from the University of Rochester, relieved for Dr. Wasson's vacation this summer, and Dr. Bruce Kaiser, a pediatrician from Philadelphia, is with us through the month of September, and will take care of our young patients during Dr. Tom Lynch's vacation. Although Dr. Beasley will be too busy as our Associate Director to be much involved in medical practice, he is standing by the nurse-midwives for Dr. Gilbert while she is on a short holiday.

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We are grateful to Dona Standifer, an x-ray technician student from Lexington, for providing vacation relief for Dorothy Asher and Carol Ingram, and to Ann Johnson who has come to us from Maryland to help out in the hospital laboratory.

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Among those staff who have moved on to other assignments this summer are several whose association with FNS goes back for some years. Sally DenBleyker Vink was a member of the first class in the Midwifery School to include family nursing. She has been a member of the nurse-midwifery faculty since 1973 and her husband, Jay, has been in charge of the hospital laboratory. Lucille Lebeau worked as a staff nurse before entering the midwifery school and then was a district nurse-midwife at Red Bird. After returning to the School for the Family Nursing trimester, Lucille served as a clinical instructor in the outpatient clinic at the hospital. She has now moved over to the Buckhorn Community to take over the National Health Service Corps clinic started by Dorothy DeLooff. Anne Cundle joined the staff in 1956 and has since worn many hats—as a district nurse-midwife at Wendover, as field supervisor, as coordinator of the nursing staff. More recently, Anne has been helping with personnel at the Mary Breckinridge Hospital and with getting the PSRO mechanisms and procedures under way. Like Lucille, Anne is remaining in the area and will be working with home health agency services for the Regional Health Department, based in Hazard.

Our best wishes go with Beverly Lambert, Carol Steficek and Diane Thomas as well as with Anne, Lucille and the Vinks.

Two important positions in the FNS have been filled this

summer by William R. Nusz and Christopher Petr. Bill Nusz comes to us from Paris, Kentucky, with a master's degree in Personnel and Health Administration from the University of Iowa to be Personnel Director for the Service. Chris Petr has a master's in Social Work from the University of Kansas and joins Ruth Ann Dome in the Social Service Department. Chris' wife, Tami, has joined our nursing staff as have Shelley Russell, Rita Rhoads, Martin Bledsoe, JoAnn Jackman, Rita Miller, Deborah McKinness, Aleta Freeland, Susan Hoeffel and Sisters Barbara Brilliant, Valerie Chaplain, Kathryn Gates and Virginia Ptak. These nurses are rapidly becoming familiar with their hospital and district assignments before "older" staff members enter the October class in the Frontier School of Midwifery and Family Nursing.

We are pleased to have nurse-midwives Norma Brainard and Kathleen Smith back with us. Kathy, who has been working at Booth Hospital in Philadelphia, will be a clinical instructor in the midwifery department, as is nurse-midwife Joan Fenton who has remained on the staff following completion of the family nursing trimester. Norma returned to the U. S. last winter following service in Thailand with the Agency for International Development and will be entering Family Nursing I in October.

Joe Lewis is delighted to have some help in the Pharmacy from Mrs. Donna Culley of Hazard who is relieving for his day off each week and allowing him time to get out in the field. Linda Rice of Hyden has returned to the clerical staff as Dr. Beasley's secretary.

Martha Burk and Peggy Wieser remained with FNS upon completion of the nurse-midwifery program for an internship and we have had two family nurse interns from other programs. Shirley Baker came from Montreal, Canada, for clinical experience, and Cathy Thornberg came from the Vanderbilt University master's program in family nursing. All of our interns have been of tremendous help and we are especially grateful to Cathy for sharing with the FNS her summer project, the preparation of "A Learning Aide for the Diabetic", a most useful tool for patient education.

On June 14, 1975, Christine Morgan and Dr. Wayne Cooper

were married in the Hyden Baptist Church, followed by a reception in the Big House at Wendover. Chris' parents, Mr. and Mrs. Hayes Morgan, are our near neighbors at "The Clearing" and Chris is an ex-staff member, having worked with us as a secretary following high school and during college vacations. Wayne is a recent graduate of the University of Kentucky Medical School and he and Chris are now living in Louisville where he is doing an internship.

During the summer nurse-midwives from Egypt and the West Indies came from the Downstate Medical Center in Brooklyn, New York, for rural experience with our district nursing staff. Dr. Karen Davis and Dr. Ray Marshall from the Brookings Institution in Washington also spent a day with FNS because of their interest in rural health care. We are grateful to Miss Martha Lyon, President of the Kentucky Nurses Association, for coming to Hyden in July for a meeting of District 12 of KNA. Miss Laura Christianson of Lakewood, New Jersey, and Mr. James C. Neff of New York City, stopped by to see the new hospital in July and various staff members and volunteers have had visits from family and friends.

It was especially good to see three old staff members during the summer. Grace Vandervort spent a few weeks working with the nurse-midwives, Ruth Brown, on furlough from Zaire, stopped by with her mother and a friend to see all the changes that had taken place since 1954, and Martha Lady spent the weekend with two friends in August and was ambitious enough to climb up the hill to see "Devil's Footprint" again! Martha is now on the staff of the nurse-midwifery program in Springfield, Ohio.

We enjoyed meeting Miss Jean Field, a nurse from Sheboygan Falls, Wisconsin, when she came to spend a few days with Verna Potter. Dr. and Mrs. Archie Golden and Dr. Golden's sister, Alice Gaines, stopped by for a brief visit in July, and another physician from Johns Hopkins University, Dr. Henry M. Seidel and Mrs. Seidel, spent a night with us in August. Another August guest at Wendover was Dr. Frederick Geister, a Swiss attorney and friend of our Board member, Mr. Henry Heyburn, who included FNS on his tour of the United States.

As we go to press we are looking forward to a visit from Sir Lance and Lady Townsend from Melbourne, Australia. Sir Lance is a former professor of obstetrics and gynecology at the University of Melbourne and formerly Honorary Secretary of the Victorian Bush Nursing Association. He is in the United States to give the Price Oration at a meeting of the American Association of Obstetricians and Gynecologists at Hot Springs, West Virginia. This will be Sir Lance and Lady Townsend's first visit to the FNS in which he has been interested for many years through correspondence with Mrs. Breckinridge.

Anna May January, who is no longer able to make the long trip to Texas to visit her family, is looking forward to a visit from her sister and niece in early September. Betty Lester has spent the summer in England with her family, returning in early September, and Helen Browne leaves September 1, for a three week visit with her sisters in England.

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The 14th Annual Mary Breckinridge Festival will take place in Leslie County the last weekend in September. The theme of the Festival is Fifty Years of Progress and this year's event will honor the senior citizens who have contributed so much to the success of the Mary Breckinridge Festival as well as to this area. We don't know yet everything that is being planned but we know Mrs. Edward Farmer is working hard to assemble the artists for the craft show and that a number of floats are already being planned.

Come join the fun!

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

—*Modern Maturity*, Dec.-Jan., 1970

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Consultant
Mr. Joe R. Lewis, R.Ph., Pharmacy
Mrs. Dorothy M. Asher, R.T., X-Ray
Mr. Christopher Petr, M.S.W. } Social Service
Miss Ruth Ann Dome, B.A. }
Miss Ann Browning } Records—District
Mrs. Nancy Williams }
Miss Deborah Woods } Records—Hospital
Mrs. Betty H. Couch }
Mrs. Mae Campbell, Food Service Manager
Mrs. Lillie Campbell, Housekeeping

ADMINISTRATIVE HEADQUARTERS:

Wendover, Kentucky 41775

MEDICAL HEADQUARTERS:

Hyden, Kentucky 41749

OUTPOST NURSING CENTERS:

Jessie Preston Draper Memorial Nursing
Center
Clara Ford Nursing Center
Caroline Butler Atwood Memorial Nursing
Center
Belle Barrett Hughitt Memorial Nursing
Center
Margaret Durbin Harper Memorial Nursing
Center
Wendover District
Hyden District
Bob Fork District (Betty Lester Clinic)

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. HOMER L. DREW
First Security National Bank and
Trust Company
One First Security Plaza
Lexington, Kentucky 40507



Our St. Luke's (NYC) Hospital School of Nursing Graduates, Phyllis J. Long, R.N., C.N.M., M.S., Director of Midwifery Service and Education (left), and Peggy Burden, R.N., C.R.N.A., Director of Nurses (right), at the Hospital which was dedicated in memory of the late Mary Breckinridge, St. Luke's, Class of 1910.

