

# The Quarterly Bulletin of The Frontier Nursing Service, Inc.

VOL. XI

WINTER, 1936

NO. 3



THE INDIAN NURSES

## JANUARY TRAVEL

"Uncle Sam and a Frontier Nurse"





**PORTRAIT OF A SECRETARY AT  
HER DESK**

(See page 5)

**THE QUARTERLY BULLETIN OF  
THE FRONTIER NURSING SERVICE, Inc.**

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## ST. BRIDE OF THE KINDLY FLAME

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February is the month of St. Bride of the Kindly Flame, St. Bride the gentle mother of all young and tender things. Through the mists of centuries we see her gracious figure, her lamb in her arms, a lamp in her hand. When the bitter winds are still blowing, the kindly flame of her flower, the dandelion, shines out and tells us that spring is near. Gentle St. Bride is spring's harbinger, the patron saint of the first flowers and young children. She watches over mothers and their new-born babes and on the hill-sides she brings the shepherds to the new-born lambs. She is loved in all Celtic lands, from the western highlands and islands of Scotland to Kildare, where, for centuries, her lamp was kept always burning.

St. Bride's father was Dubtach, twelfth in descent from Fedlimidh Rechtmar, King of Ireland in the second century. Her mother was a beautiful slave. When St. Bride took the veil seven virgins followed her example, and each of them chose a Beatitude representing the grace she specially desired. St. Bride chose "Blessed are the merciful for they shall obtain mercy." The various lives of her recount many tales of her gentle pity for all young creatures, and for weak and suffering folk. She was noted for her love of animals and birds, and she particularly delighted in calling the wild duck and geese to her and caressing them.

—From the *London Spectator*.

## Urgent Need

As times get better and people are in funds again, someone will offer to give us a new building. We want to call the attention of this unknown donor to our greatest need, and it is an expensive one. We terribly need a nurses' home for the Frontier Nursing Service Hospital at Hyden. Five hospital nurses, a hospital superintendent, and three district nurses who serve that area, are all residing in the hospital itself where every bed is now needed for patients. There are other things we need in the hospital, which will be given us and installed there when we can get the nurses out—such things as a properly equipped laboratory, an x-ray room, bigger and better linen closets, a proper supply room, a milk room for the babies, etc., etc. These changes can easily be arranged in the hospital itself, when we get housing space for the nursing staff in another building. As matters now stand, nurses are living even in the annex where we have the communicable disease patients. This isn't suitable or right. Sooner or later someone is going to make us a gift of a nurses' home and we hope it will be sooner, namely in 1936.

Incidentally, we need additional land adjoining the hospital, and a new barn. Our horses are worthy of the best in horse housing, but the stalls are full and some of them have to sleep every night in the run-way. This is a frightfully important message. Please read it over, and if you cannot give the nurses' home or the land or the barn yourself, perhaps you know of someone who can and will.

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“This morning I had the special pleasure of welcoming to my office Miss Miller and Miss Clark. They are apparently remarkable young women. It is delightful to think of them as bearers of the message of the Frontier Nursing Service.”

—William J. Hutchins,  
President, Berea College.

## WINTER IN THE MOUNTAINS

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“... Those boughs which shake against the cold,  
Bare ruin'd choirs, where late the sweet birds sang.”

Winter set in early this year with a bleak November. In December the blizzards began, and the Christmas holidays will be long remembered as two uninterrupted weeks of driving snow, icy creeks and rivers. We had to give up the Christmas dances altogether and thousands of children couldn't get to our Christmas tree parties. Friendly men and older boys have carried toys and candies in big paper “pokes” around to the more remote cabins. Those children who did get to the parties were exceptionally jolly, singing their carols, smiling and laughing over the jokes and the Santa Claus, warming their little red hands before the big fires, filling up with hot cocoa and other refreshments. But we will remember the Christmas of this year less for its festivities than for its terrible travel and the awful illnesses we have taken care of against fearful odds.

The Belle Barrett Hughitt Center, at Brutus, and the Jessie Preston Draper Center, at Beech Fork, have been particularly busy. Each had five or six babies due just at Christmas time and both have had dangerously ill maternity cases. One case at Beech Fork was complicated by a bad heart—“mitral insufficiency, hypertrophy and dilatation, broken compensation with fibrillation, partial heart block.” Through a driving blizzard the patient hands of friendly neighbors, superintended personally by Dr. Kooser, carried her by stretcher into the nursing station. We sent up an extra nurse under escort—16 miles through the ice and snow from Hyden—to special the case, as Stevie and Inty were both frightfully busy with five more babies coming. This patient is getting along as well as can be expected.

Over at Brutus, 45 horseback miles from Beech Fork, a young mother came down with double lobar pneumonia. Dr. Kooser rode over, and with Scotty, the nurse, and again the friendly hands of neighbors, carried the patient and her three-days-old baby, by stretcher, through the driving snow, to the

nursing center. Scotty and Doubleday were also expecting five other babies, and so a special nurse rode the 12 miles across the mountains from the Red Bird station to take care of the pneumonia. Night had fallen before she got in, but a man with a lantern had gone to meet her on the trail and escort her the last few miles. A few days later, four miles below the nursing center at Brutus, another young mother, with her first baby, went into convulsions, with no warning symptoms, when she went into labor. She had 21 convulsions, and during that time was stretchered the four miles in, to the nursing center, in the very heart of the blizzard, along the icy Bullskin Creek.

Through all of this horror there was one blessing. Everyone of our loosely-strung, variegated telephone systems, including the forest ranger 'phone on Red Bird, the line put in by our local Committees for us from Brutus to Bowlingtown, and the private line along the Middle Fork—everyone of them held up. Hours of time were saved by this means and our grateful thanks go out to the women at the exchanges at Hyden, and in their homes in the heart of the forests, who stayed up night after night to keep the lines open, so that Dr. Kooser could get into communication with the nursing centers.

Dr. Kooser, going back and forth between these two nursing centers, travelled nearly 150 miles on horseback, over trails so icy that often he and the horse had to slide down them, and always through the driving snow, often impeded by the size of the snowdrifts. When he went to the woman with convulsions the Midwifery Supervisor, "the old Bucket," as we call her, rode with him. They spent the day in the saddle, facing the storm, the night and a second day and night working over the patient, and the next day again in the saddle. The woman with convulsions is living and getting better, but her baby is dead. In the next room, at the Brutus nursing station, the woman with pneumonia has died, leaving a little baby behind her. We are heartbroken. It was a fight against appalling odds and we have lost it, and her.

\* \* \* \*

A word as to our horses. We have always loved them, but after this December we should like to see them created Knights

and Dames, every one. Horses are afraid of ice, and even when one puts fresh ice nails in their shoes after each trip they slide and slip a lot and travel in constant fear. Nevertheless, you wouldn't know it if you saw "Lassie," ridden by Jean Hollins, the New York courier, and "Traveller," ridden by Dr. Kooser, starting off for Beech Fork laden with supplies for glucose infusions, digitalis, brandy, and a hundred extra things. Again and again, the ice at the fords had to be broken with a pick axe before they could get across the river. "Dixie" and "Cameron" carried their riders, on their way down to the Possum Bend Center, straight across the solid ice of the river, too thick to break, in constant danger of crashing through, but gallantly. It was "Dixie" and "Lassie" who took the terrible trip over four mountains with Dr. Kooser and Miss Buck to Brutus, the worst day of the worst storm. It was "The Old Gray Mare" who carried the nurse from Red Bird to Brutus, a good part of the trail after dark; "Pinafore," a five-year-old mare, new to the country, who carried the nurse the 16 miles from Hyden to Beech Fork.

"Gipsy King" it was who carried the Order Secretary, Minnie Grove, to and from the hospital when its water supply froze. All the men who could round up pick axes, headed by Perle Lewis, broke the icy ground and laid bare the frozen pipes, Minnie climbing on all fours up and down the steep mountain-side with them. Meanwhile, the hospital had no water except what could be brought from a considerable distance, and had a row of pneumonias, along with other patients, to take care of. All of the nurses went out and gathered buckets and baskets of snow. But, as MacAlpine, the Superintendent, whimsically remarked, "When it was melted down they had just half a pint of water." When everything had been righted at last, and "Gipsy King" was bringing Minnie home, escorted by Perle on his mule, the ice at the Wendover ford, which had been bearing up the horses, crashed through and they fell into the river with such swiftness that "Gipsy King" may be forgiven for his plunges. Minnie was just thinking, "He's scared out

of a year's growth," when Perle remarked, in his dry, quiet fashion, "That horse will never grow no more."

\* \* \* \*

We beg of you, those friends of ours who live in cities, where a blizzard is met by steamheated houses, modern hospitals, quick ambulance service, plenty of doctors in closed cars—we beg of you to keep alive in your imagination, and hold always in your kind hearts, the thought of what our mothers undergo when they face suffering and danger, and even death, with their only help coming to them after hours of delay in battling storms; when they themselves, in their anguish and terror, have to be carried for miles over icy trails, with only blankets between them and the winter wind and driving snow.

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Little John heard people complaining that his dog barked too much. He was discovered with an apron on and exclaimed, "I'm going to op'rate on this dawg and take his bark out."

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"I enclose \$100.00 for your work as a small thank offering for my little daughter, Eleanor, who arrived just three weeks ago and is round and fat and lovely."

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#### TIME FOR WEANING IN THE MOUNTAINS

When the sign of the Zodiac is out of the bowels and is going toward the knees and feet—Virgo, the Virgin, to Sagittarius, and Capricornus.



## HOW DOES THE FRONTIER NURSING SERVICE HANDLE OBSTETRICAL COMPLICATIONS?

By DOROTHY BUCK, R. N., M. A.

Midwifery Supervisor and Second Assistant Director

According to Dr. Louis I. Dublin's analysis of our last thousand maternity cases, roughly one-third of them showed abnormalities during pregnancy, one-fourth puerperal complications of labor, and one-twelfth puerperal complications during the lying-in period; notwithstanding this not a single mother died. Many people have asked us to tell how we handle such cases to bring about such gratifying results.

Our first aim is, of course, prevention. No midwife wishes to face a serious obstetrical condition; certainly no midwife wishes to do so whose medical help must come to her on horseback over mountains, through rivers and around fallen tree-trunks, landslides and all the various road obstructions that can occur during a mountain storm. For this reason we require all patients expecting to have our nurse-midwives for delivery to register for prenatal care. We encourage them to register early. Our routine for normal cases is to examine each one every two weeks until the seventh month of pregnancy, every week thereafter until delivery. This may be done when the patient visits one of our weekly clinics at the nursing centers, or when the nurse-midwife visits the patient in her own home. These examinations always include urinalysis, the taking of blood pressure and an abdominal examination. We also take the external measurements of each patient. By these means we hope to discover at the first opportunity such things as small measurements, disproportion between pelvis and baby, an undesirable position of the baby, and any signs which point towards toxemia. At the time when we make these examinations we also try to help each patient to build up her general resistance. The two factors which we have especially to combat in doing this are the inadequate and faulty diet of a people living on a land where only the scantiest subsistence farming

can be done, and hookworm, which is ever prevalent where the sanitation is so poor. Our chief weapons against these are cod-liver oil and "worming" under the instructions of our Medical Director, either in their own homes or at the Frontier Nursing Service Hospital at Hyden.

Mrs. White and Mrs. Black are extreme instances which show what our preventive work may accomplish. As it is never possible to know just what one has prevented when the prevention has succeeded completely, I have chosen two women who already had trouble before our treatment was started, and whose condition would, if it had not been checked, probably have become worse. Mrs. White lives in the neighborhood of the Magaret Durbin Harper Nursing Center. Mrs. White, when carrying her baby, seemed anaemic and run down but refused all treatment. Her delivery was short and it was not until she began to "stir around" that she began to have fainting attacks. She still refused treatment, until one day her husband found her in a heap on the floor. After that the nurse managed to get her into our hospital. There, our Medical Director, Dr. John H. Kooser, found that she had a bad case of hookworm with severe heart complications. Carefully graduated hookworm treatments were given her. Her condition picked up and to our delight her heart improved. She has since gone through another confinement satisfactorily, because of the treatment instituted after her first confinement.

Mrs. Black, from the Jessie Preston Draper nursing center district, forty-five miles off the railroad, registered too late to obtain a medical examination. She puzzled us from the start. She was lethargic in the extreme. Questions she answered in non-committal monosyllables. Her eyes were dull and expressionless; never did she evince enthusiasm or even interest. Her labor was slow and wearisome. She became unduly fatigued. At times it seemed as though she would die merely because she didn't have the energy to live. There was no question of medical advice as there was a storm raging. The river was swollen far past crossing and the telephone wires were down. When finally the baby was born both patient and midwife were exhausted. Convalescence was slow and incomplete. As soon as possible a medical examination was arranged and Mrs. Black

was found to have both hookworm and pellagra. She was first carefully "wormed" in our hospital and then given appropriate treatment to be carried out in her own home. As she was out-of-district it was several weeks before the nurse saw her again. Then, one day when Dr. Kooser was holding a clinic at that particular nursing center a woman came in all smiles and apparently overjoyed to be there. It took quite a few minutes to recognize Mrs. Black. She seemed a different woman. Life was again something more than a burden and she had responded with enthusiasm. Of course cases like these two must be "wormed" again and again at proper intervals, and the pellagra treatment extended over a long period of time to obtain the maximum result. We, therefore, keep a special eye on such patients for years.

What do our nurses do when they find any definite abnormality which may hinder a safe delivery? First, they do what they can to rectify things themselves. In doing this they follow our Medical Routine which has been authorized by our Medical Advisory Committee in Lexington, Kentucky. These routines are meant to cover all emergencies which may arise so that the nurse-midwife will always feel that she is working under medical direction. All faulty positions are converted, if possible, into the simplest one for delivery, the anterior vertex. I have sometimes been asked "why we turn breeches in multiparae." The answer is, as in so many of our practices, because of the distances we cover. Two nurses serve a district with a radius of five miles (which is 78 square miles), and some of our deliveries are even farther than that from the nearest nursing center. As travelling is exclusively by foot or horse-back over rough country, and as the time involved includes that of the husband coming for the nurse, as well as the nurse reaching the patient, it may be several hours between the time the patient sends for the nurse and the time the nurse arrives. Among our last thousand cases 115 were delivered before the nurse-midwife arrived. The baby must, therefore, be changed to the position in which he can most safely be born, if the delivery should be unattended.

If the nurse-midwife is unable to rectify the condition she finds, or is uncertain of what it is she has to cope with she

asks for help. In cases where another pair of hands may be useful or a second opinion is desired, the midwifery supervisor visits with her. If together they cannot decide about the case or put it right, the patient is seen by the Medical Director, as are also those cases (like definitely small measurements) for whom the midwife can do nothing. As we have only one physician for our 700 square miles of territory we try to get the patient to come to the nearest nursing center when Dr. Kooser is holding a clinic there or, if it seems expedient, to our hospital at Hyden where he makes his headquarters. However, if she cannot visit the doctor he does visit her in her own home. From then on the case is handled as it would be elsewhere.

If the doctor considers a home delivery safe, the patient returns and is treated according to his directions. If a hospital delivery seems indicated she comes into the Frontier Nursing Service Hospital at Hyden, usually on muleback, and remains there until she has recovered from her delivery. If the case is to be a surgical one, arrangements are made with our surgeon, Dr. R. L. Collins, from the nearest mining town, 24 miles away. Since the completion, four years ago, of our one and only highway this is much simplified as it now takes only one hour for him to reach our hospital. When our Medical Director feels the need of a consultation this is often accomplished by correspondence with Dr. Scott Breckinridge, the obstetrician on our Medical Advisory Committee at Lexington, 165 miles away. This obstetrician also volunteers each year for a gynecological clinic held at our Hyden Hospital, where much is done in the way of corrective and preventive surgery.

When abnormalities needing a course of treatment are discovered the nurse-midwife visits more frequently than in normal cases, to find out if the patient understands and is following instructions, and how she is reacting to the treatment. Often this calls for daily visits. The first treatment given is always that laid down by the Medical Routine. When she gets back to her center, the nurse reports the case to the midwifery supervisor for any further advice, and so that the supervisor may know, as far as possible, how many and from what directions difficulties may be expected. Luckily, though few of our district families have telephones, Dr. Kooser and each of our

nursing centers are so equipped. If the telephone is working, these messages are usually telephoned. If not, which is often the case, they are sent by mail or, if the case seems urgent, by messenger. If the case does not respond to the simple treatment laid down by the Routine, the physician is consulted. Often he manages these cases by frequent telephone messages, receiving reports and giving advice. If necessary, he visits the case. If it becomes evident that the patient is not responding to home treatment she too, is urged to go to our hospital where she is put under intensive treatment. The method of getting there is varied. If the patient's condition allows it she may come on muleback. A few in a very limited area may be able to reach the highway and come from there by car; many are "stretchered" in—carried by relays of kind neighbor-folk on stretchers made from poles cut from the hillsides and a heavy blanket taken off their own beds. During a time when the rivers are swollen the patient may be brought part way by boat which is poled down or up the river. Recently one patient, who had been bleeding quite freely, was taken three miles by stretcher to the river and five miles down the river on a boat. From there the short distance to the railroad station was covered by car. The foot of the mountain on which the hospital is situated was finally reached after an hour on the train and another hour in an automobile, and the patient was again put on a stretcher and carried up the hill. The nurse, of course, accompanies such patients, taking with her an emergency kit.

Complications of the puerperium, or lying-in period, are managed in the same manner as those of the prenatal period. Complications which arise during labor, because of their extreme urgency, probably give cause to a large percentage of our anxiety. We try by constant watchfulness and by careful examinations to detect any abnormalities at the first possible moment. This is to give Dr. Kooser as much time as possible to get to our help. If there is anything about the case which makes the nurse-midwife uneasy she may ask the midwifery supervisor to accompany her on the delivery. This is often done in worrying cases who have refused hospitalization, yet are not considered critical enough to warrant the summoning of the doctor at the beginning of labor as is always done in the most

serious cases. When an emergency actually does arise during delivery, the nurse communicates directly with the Medical Director in order to save all possible time. If he wishes to be accompanied by the midwifery supervisor, or thinks that she can assist the nurse sufficiently herself, he gets into touch with her. Always his saddlebags stand packed waiting for a call.

Malpresentations of the baby perhaps illustrate best the difference between maternity complications in the mountains and maternity complications in the city. To see how these are managed we may take a brief view of Mrs. Brown's case. Mrs. Brown's cabin lies in the neighborhood of the Clara Ford Nursing Center on Red Bird River. The nurse-midwife recognized a "shoulder presentation" of the baby soon after arriving, but unfortunately labor had already made considerable progress. The husband was sent out immediately on the nurse-midwife's horse, with a note to be telephoned to Dr. Kooser. There was then nothing for the nurse-midwife to do, after she had tried to secure rest for the patient by encouragement and sedatives and had prepared for the delivery, but wait for the message. In about two hours the husband was back saying the doctor and midwifery supervisor were on their way. The kitchen fire was renewed and a fresh pot of water put on to boil. The minutes seemed hours as the nurse-midwife waited for the doctor, the patient's pains becoming harder and her own responsibility greater. Would the doctor come before she must act? Would she know the exact minute when it would be no longer safe to wait? At last, hoof-beats! Under these circumstances can there be anything more welcome than the beat of horse's hoofs, the horse which brings the doctor? I think that we all feel that once he has come, nothing can go far wrong. As soon as Dr. Kooser appeared the scene changed. With one glance at the patient the doctor began to make ready; and both the midwifery supervisor and the nurse-midwife began to prepare for him. Instruments were dropped in the boiling water, the patient made ready across the bed, the doctor capped, gowned, scrubbed, the sterile instruments added to the shaky table set up conveniently to the doctor's hand. Then there was a moment when all stood ready—the supervisor by the patient's head with a mask and a can of ether, two neighbors to support the

patient's legs, the nurse-midwife with a flashlight ready to assist the doctor. The open fire was extinguished, the chimneyless lamp put out, the flashlight snapped on; a minute more and the patient was sleeping. Then the baby was pushed up, turned and brought out and the delivery completed; all by the light of one small flashlight. Different perhaps from the city but statistics seem to show as safe.

The most dreaded complication is probably a post-partum hemorrhage. This does its damage so rapidly that it is seldom a doctor can get there in time. Among our last thousand cases 168 hemorrhages occurred after the baby was born. Our usual routine of prevention calls for a clean sterile glove and a filled hypodermic to be at hand during every delivery. The waste of hundreds of rather expensive ampoules is considered better than a moment's delay where delay is dangerous. Consider the case of Mrs. Gray, in her eighty-year-old, windowless, one-room log cabin. Mrs. Gray felt rather honored by the rare event of being attended by two nurse-midwives. One midwife holds the lusty new baby; the other has just completed the delivery. Suddenly there is a gush of blood. It seems almost no time before the mother's face becomes a terrifying white, her skin cold and clammy. While the contents of one hypodermic is pressed home, the other nurse is filling a second. It is evident that the bleeding will not be controlled in time by these drugs. Without a moment's hesitation one midwife pulls on the rubber glove which has been waiting and so crushes the bleeding points between her hands that no further blood can escape. The physician is sent for in post-haste. The one midwife dares not for a moment relax her hold on the uterus, so it is left to the other, with the help of a neighbor woman, to warm blankets and wrap up the exhausted mother, surrounding her with irons heated in the open fire and fruit jars full of hot water, to bandage the arms and legs to keep the remaining blood near more vital organs, and to give rectal salines to replace some of the lost fluid. At last (after four hours!) the welcome hoofs are heard outside and Dr. Kooser arrives to take charge of another critical situation. In cases like this he always brings supplies and a set-up for giving fluid intravenously, and before he leaves Mrs. Gray is much better. It is still not considered wise to move

her even to the nearest nursing center (in this case Possum Bend—the Cleveland center), as is frequently done with patients needing intensive care who cannot be stretchered as far as our hospital. One of the nurse-midwives therefore stays the night with her, as a matter of course, while Dr. Kooser stops over night at the Possum Bend Center close by, ready to come at a moment's notice. With treatment and intensive nursing it was not many days before Mrs. Gray was sitting up in bed, holding her baby, and telling the neighbors of how she had had two "doctor women" and a "doctor man" when she had been "like to die."

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### THE OLD MIDWIFE

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On the fringes of our territory, where there is no one to replace her, the old midwife, naturally and rightly, continues to ply her trade. We say "rightly" because she begins usually as a friendly neighbor and carries on because she is the only person to whom the woman in childbirth may turn. Several times a year we get emergency calls from outside our territory when the old midwife has gotten into trouble. Her patients are her own, but we always go to her assistance. Sometimes it is not too late to save the mother. More than once it has been too late.

Our two most recent experiences with the old midwife came in November. A frantic call was relayed to our hospital at Hyden, where Dr. Kooser is stationed. He and Vanda Summers went by car along the graded road, to an agreed-upon point, where a couple of men with mules met them. They rode for miles up a strange trail to the cabin, where a young wife of fifteen was in terrible trouble. The old midwife had gotten beyond her depth. A quick examination of the patient showed Dr. Kooser that her life depended on hospitalization. Neighbors arranged to carry her by stretcher down to the graded road. One of the mules having run away, Dr. Kooser and Vanda got on the other, he sitting chivalrously on the rump behind the saddle. They got the patient to the car, carried her to the hos-



pital. After operative procedures and several blood transfusions she and her baby are both living. The little mother herself is almost a baby and the clothes she had made ready are the size for a doll. These child marriages are becoming less and less frequent in our own territory.

The second maternity case also lived on a remote creek. The old midwife had been taking care of her for two days and she was hemorrhaging badly from a ruptured uterus. Men carried her by stretcher down to the graded road and then by car to our hospital at Hyden. Our surgeon hurried over from Hazard and operated instantly. The rupture of the uterus was approximately six inches, the loss of blood and shock had been terrible. She never rallied.

There is only one way to give these frontier women safe care in childbirth—the way worked out and demonstrated by the Frontier nurses. Trained nurse-midwives must *live in the frontier countries where the mothers are living*, and for each eight to ten centers of nursing there must be a modern obstetrician and an emergency hospital to care for abnormal maternity cases.

We are confident that when once the American public realize that it is practicable as well as possible to give safe care to its backwoods women the Frontier Nursing Service will be given the necessary funds to train personnel to serve other American frontiers.

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#### MOUNTAIN CURE FOR THRUSH

A bastard adult male, who has never seen his father, must blow down the mouth of the patient.

## FAREWELL LETTERS FROM THE INDIAN NURSES

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December, 1935

My dear Mrs. Breckinridge:

This year with your Service has passed much too quickly—and the experience I have had here has made me realize beyond any expectations, how fine it really is. The manner in which the people respond to all advice and care that the nurses are able to give, how they try to do the smallest task asked of them so that they might better help themselves, makes me wonder what they ever did without the Service.

Living at the centers has been very pleasant, and it gives one such satisfaction knowing that one can be of help to the “always busy” nurse living at these outposts. I was so glad to be able to return to the Caroline Butler Atwood Center for my last days in the mountains. I’ve seen several of the babies that I delivered “growin’ off right nice”—and they are, too. But yesterday was rather a worrying day. The Harrison Lawsons are burnt out—they are a terribly poor family (but he pays the small fee for all of his babies), and they only have the clothes they are standing in. They have four living children, two in school and two pre-schools, and Mrs. Lawson is expecting the fifth in March. They don’t even have a potato. I told everybody that I visited about their bad luck and each person always gave me the same answer when I asked, “What are they to do?” They all said, “Well, hits up to us to help them out—we always do in time of trouble”—and knowing these people for a year I know that they will. As poor as most of them are, they always do their part, and of course we will do as much as we can.

I could write forever and still not half tell you how I have enjoyed this year. I feel so much more able to stand on my own

feet and work under difficulties. I know that this experience down here in the mountains will benefit me and my people.

With love and best wishes,

ADALINE CLARK.

\* \* \* \*

December, 1935

Dear Mrs. Breckinridge:

I have just returned from a delivery, my 25th case. It does not seem possible that I have brought 24 little new babies into the world, since that night almost a year ago when I rode over those two mountains to my first district case. How well I remember that night. We—the senior nurse-midwife, the man who had come for us, and I—went up one of the roughest branches I have ever seen, then down a wild, roaring creek, where it seemed that every step “Raven” took carried me deeper into a swirling, maddened torrent of water. That ride will always be one of my most vivid memories and never shall I forget the sensation of riding through the pitch blackness of the night, not being able to see even my horse’s head in front of me. I can still feel the wall of that mountain looming up on the right side of me and hear the roaring stream far below me on the other side. I expected any moment to go off into space, and how “Raven” managed to keep to that narrow path up that mountain I do not know. Finally, after what seemed hours and hours (I holding my breath every time the mare had to struggle up and over a rock) we reached the top. The mountaineer, who was ahead of us, dismounted and let his mule go ahead of him, then turned to us and said, “From here on hit’s a little rough.” Well I felt like giving up then, and I asked myself seriously, “Is it really worth it?” My answer came two and one-half hours later, in that dimly lit cabin room, when a beautiful babe was ushered into a snowy world and into the loving arms of welcoming parents.

Riding home from my last case this morning, I think the very peacefulness of the dawn, made me think and realize that

the mountain country in spite of its tides, storms, sickness and poverty, has made this a wonderful and worthwhile year. For along with it all, I have seen hope and courage. Now that I am leaving you to go back to my own people, I hope that I can take back some of the spirit I have found here. With the knowledge the Frontier Nursing Service has given me, I feel that I am better prepared now to accomplish some of the work that I want to do for my own people.

My thanks for a wonderful and happy year,

Sincerely,

VIRGINIA MILLER.

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## INDIAN NURSES

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We wish our Indian nurses Godspeed as they start on their work in the Indian Service on reservations in Wyoming and Nevada. We have learned to know them as intelligent, dear girls, well prepared in general nursing at the Pennsylvania Hospital in Philadelphia on scholarships given by the Pennsylvania Colonial Dames. Their year's work with us was made possible financially by the Colonial Dames of Kentucky, Maine, Massachusetts and Michigan and a personal donation from one of the officers of the Colonial Dames in New York.

In summarizing the year's work we gave these two Indian nurses from the complete schedule sent Miss Gregg of the Indian Bureau, we find they had a course of 19 lectures by our Medical Director, Dr. John H. Kooser, and a course of 11 classroom periods for practical instructions by the Hospital Superintendent, Miss Rose McNaught. These were followed by quizzes and final examinations. Their midwifery experience was under the general direction of the Midwifery Supervisor, Miss Dorothy Buck, and taken first in the hospital, and later at the various outpost districts under the senior nurse-mid-

wives. This included prenatal care, delivery of normal cases and recognition of the abnormal with its treatment in emergencies, and post-partum care of the mother and baby in mountain cabins. One of the nurses made 190 prenatal visits, and one 144 such visits; one made 161 post-partum visits, and one 241 such visits; one delivered, under supervision and instructions 24 midwifery cases, and one 25.

Both Indian nurses were given training and experience in rural district nursing and in public health. This included nursing the sick in mountain cabins with supplies carried in saddlebags on horseback, and maternity, infant and child hygiene. They also gained experience in running vaccination clinics—typhoid, diphtheria toxoid, pneumonia and influenza. The general program was arranged and supervised by our Assistant Director, Miss Mary B. Willeford. Near the end of their stay each Indian nurse was allowed to run, under supervision, a rural district.

Special features in the graduate training and experience of these nurses was secured by having them assist the Medical Director in abnormal midwifery, the care of gunshot cases, a gynecological clinic under Dr. Scott Breckinridge of Lexington, Ky., and a trachoma clinic, under Dr. R. L. Sory, of the United States Public Health Service. They were taught our system of record keeping and assisted in this connection by our Chief Statistician, Miss Marion Ross. We also gave these nurses full responsibility in taking patients to the Children's Hospital in Cincinnati and the U. S. Trachoma Hospital at Richmond. They attended, as guests of the President, Mrs. Mason Barrett, the Kentucky Colonial Dames Luncheon Meeting in Louisville.

From all of the above it will be seen that we made a great effort to arrange as full and as complete a year as we could for these graduate Indian students. We know we have not been able to give them all they ought to have, but we have done the very best for them we could in a Service not planned primarily for teaching purposes.

Our experience with these graduate students has shown us that we cannot do a complete and thorough piece of work with others until we have our midwifery school affiliated with the

University of Kentucky. Our plan for this school is to have the graduate students taught intensively for six months in Lexington, before serving under supervision for six months in the mountain field. A satisfactory course of lectures can be arranged in Lexington in affiliation with the University and should include such subjects as rural economics and sociology, as well as obstetrics. The maternity cases needed for practical teaching purposes are obtainable in a limited area in a town.

It is an extraordinarily difficult task—first, in a scattered, remotely rural field, to arrange for adequate case material for teaching purposes, in immediate relation to classroom instruction and midwifery lectures, because the 300 to 400 midwifery cases carried and delivered each year by the Frontier Nursing Service are scattered over 700 square miles and are reached from eight separate stations; and, second, to use for teaching purposes, in addition to their usual duties, a very busy Medical Director, Hospital Superintendent, and Midwifery Supervisor. The Service feels that, although it wishes to continue to give this training to other graduate Indian nurses, as well as to the many nurses serving various religious and secular agencies in remotely rural parts of the United States, it can only do so by establishing a graduate midwifery training school in affiliation with its field work, and with the University of Kentucky.

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Quoted on a New Year's Card from Mr. W. A. Hifner, Jr.:

“Would that we had the fortunes of Columbus.

Sailing his caravels a trackless way,

He found a Universe—he sought Cathay.

God give such dawns as when, his venture o'er,

The Sailor looked upon San Salvador.

God lead us past the setting of the sun

To wizard islands, of august surprise;

God make our blunders wise.”—Vachel Lindsay.

## STUDY OF CERTAIN INDIAN RESERVATIONS OF THE SOUTHWEST

### AN OUTLINE

*Foreword: This report does not cover the actual study made for the Indian Bureau and sent to Commissioner Collier. The complete study which we have neither the authorization nor the space to print in full was made with a twofold purpose in mind. First: to enable the Frontier Nursing Service to plan a year's graduate work in midwifery and remotely rural technique for two Indian graduate nurses, with some knowledge of the reservations where they would ultimately be placed; and second: in order to help the Indian Bureau to integrate the work of these and other Indian nurses (who may later be similarly equipped) with their general medical and nursing program. This study was financed by the Guggenheim Foundation, the Sybil Carter Memorial Fund, and a private individual who is profoundly interested in the Southwestern Indian Reservations.*

Our study of certain Indian Reservations of the Southwest lasted just over seven weeks, from July 6, 1935 to August 26, 1935. During that time we visited a number of reservations in four states, i. e., *Oklahoma, New Mexico, Arizona and California*. The various reservations and the individual places at which we called are given in full. *Oklahoma*: Osage Indian Reservation, visited Pawhuska and Fairfax; Pawnee Indian Reservation, visited Pawnee; Cheyenne and Arapaho Indian Reservation, visited Concho, Clinton and Lawton; Five Civilized Tribes, visited Muskogee. *New Mexico*: Northern Pueblo Indian Reservations, visited Sante Fe, Santa Clara, San Juan, San Ildefonso and Taos; Southern Pueblo Indian Reservations, visited Albuquerque, Cochiti, Jemez, Sia, Isleta, Laguna, Poquate, Mesita, Acomita and Seama. *Arizona*: Navajo Indian Reservation, visited Gallup, N. Mex., Nava, N. Mex., Shiprock, N. Mex., Window Rock, Fort Defiance, Ganada, Winslow and Tuba City; Hopi Indian Reservation, visited Polacca, Toreva and Oraibi;

Fort Apache Indian Reservation, visited Whiteriver; Pima Indian Reservation, visited Sacaton. *California*: Mission Indian Reservations, visited Riverside, Morongo and Soboba.

At all places and under all circumstances we received the most unfailing courtesy and the most unending help. It is impossible for us to express our deep appreciation for the able and pleasant assistance that we received from every member of the Indian Service with whom we came in contact. Any insight into the Indian problem that we may have gained or any knowledge of the medical and nursing situation among the Indians that we may have obtained was entirely due to the information given us and the opportunities for visiting and seeing afforded us by the personnel of the Indian Service. Particularly, do we want to extend our most grateful thanks to Mr. John Collier, U. S. Commissioner of Indian Affairs, whose kind letter of introduction made it possible for us to establish the necessary contacts in the field.

There were, of course, many, many of the Indian Service personnel who were very kind and helpful to us. It is impossible for us to name them all, but we would like especially to mention Dr. R. H. Heterick, Medical Director of the Southwest Indian Reservations, Mr. C. E. Faris, Superintendent of the Navajo Indian Reservation and Dr. W. G. Lewis, Superintendent of the Sante Fe Hospital and Senior Medical Officer of the Northern Pueblo Indian Reservations. These three in particular were especially helpful not only in giving us much information and advice but also in making the necessary arrangements whereby we were able to visit certain out-of-the-way places. On several occasions they even conducted us to places of interest.

We were unable, because of their absence, to see certain members of the Indian Service whom we particularly wanted to meet. We regret exceedingly that we were not able to get in touch with Dr. Stevens in Oklahoma City and Dr. Aberle in Albuquerque.

It is not possible to describe in all its fascinating detail the immense amount of interesting and worthwhile data that we collected on the trip. We do, however, want to comment briefly on what seemed to us to be the keynote of each Indian situation



among the reservations visited. The Indians in Oklahoma seemed to show the result that might logically be expected when a modern civilization is superimposed upon a group ill-prepared to receive it. The Pueblo Indians, living in their tiny villages several centuries old, reveal an ability to maintain their characteristic dignity and reserve almost untouched by a changing world which impinges upon them. The picturesque Navajos in their native dress, still lead a semi-nomadic life as they roam over a huge territory following their herds from highland to lowland; they present a health situation that is at once enormous and acute and is accompanied by a multitude of practical problems. The Apache Indians apparently retain to a large extent certain tribal characteristics which have hindered their adaptation to the white man's civilization. In contrast to the Apaches are the smiling and friendly Pimas who seem to have acquired rapidly the earmarks of progress. Finally, there are the Mission Indians who are rapidly losing their racial identity, partly through intermarriage with the Mexicans.

At all times and under all circumstances we were filled with admiration for the superb efforts that are being made by the Indian Service to provide an adequate medical and nursing service for the Indians. Doctors, nurses and hospitals are located at strategic points in an attempt to reach as many as possible of those Indians who need care. There are, of course, still Indian Reservations which lack adequate care, but in spite of terrific handicaps every effort is being made to provide a medical and nursing service which will eventually meet every need.

To sum up, we gained some insight into the difficulties involved in providing a health service for the Indian Reservations, we developed a greater understanding of and sympathy for the problems of our own Indian graduate nurse students, we obtained a real appreciation and respect for the Indians themselves and, finally, we had a perfectly fascinating trip.

MARY B. WILLEFORD,  
Assistant Director, Frontier Nursing Service.

BLAND MORROW,  
Social Service Director, Frontier Nursing Service.

## FIELD NOTES

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Our Jessie Carson, Contact Secretary, acted as Christmas Secretary this year, ably assisted by Junia Bright of Boston. The Christmas shipments were many and wonderful. Every donor has received a personal letter of thanks, and where hundreds give it is impossible to mention all. However, there are certain old-timers who have sent year after year, that we want especially to thank in public. Our Honorary Chairman in Cleveland, Mrs. Leonard C. Hanna, never fails to send several royal boxes, including not only toys but a great deal of warm clothing. St. Luke's Hospital in New York, and Teachers College, Columbia University, set their barrels out in the corridors early in November and collect a lot of valuable things.

The various chapters of Alpha Omicron Pi sent hundreds of dolls, knives and articles of clothing. Friends who couldn't shop (no less than four, to our profound regret, wrote that they had broken ankles and hips) sent money. Our friend, Colonel E. R. Bradley, the horseman of Lexington, Kentucky, gave us \$200.00 which did wonders in the way of providing refreshments for thousands of children and in buying additional toys.

Gifts were received from a number of schools, colleges, and hospital staffs; from groups of women as far apart as Rockledge, Florida and Palo Alto, California; the Needlework Guild in several cities; committees as far distant as St. Paul, Minnesota, and Boston, who sent six barrels this year instead of two as formerly; our old couriers and their families; and countless other friends, from children to old people of eighty. We thank you all, each and every one.

Mrs. Ballard made again her generous gift of flour and cow feed to all eight stations of the Frontier Nursing Service this Christmas. This is a huge help in budgeting for houses and barns alike and all in the Service are so grateful.

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A welcome guest early in December was Major General James C. Breckinridge of the U. S. Marine Corps. He has been

in more than once to see us and calls our nurses "Marines," because he says they are the only other group of people he has found in the world that are ready to go instantly anywhere when a sudden call comes.

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We extend an overflowing welcome home to our hospital Superintendent, "MacAlpine" (Miss Annie MacKinnon), who has come back to us after a year's furlough, and who holds a solid place, not only in the hearts of everyone in the Kentucky mountains who knows her, but of everyone from outside who has visited at Hyden.

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Miss Rose McNaught, who has been carrying on during Miss MacKinnon's absence as Superintendent of the hospital at Hyden, is taking an extended and well deserved furlough.

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We welcome back with joy Miss Della Int-Hout (Inty) from her period of graduate training in midwifery at the Lobenstine Clinic in New York City.

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We would like to mention with honor the name of Haywood Morgan, from the Wendover neighborhood. He was up against it a year ago and our Social Service Director, Bland Morrow, lent him \$100.00 from her Social Service funds. He has paid back every penny of it during the year in cutting down and delivering cord wood.

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The couriers this season are Jean Hollins of New York, senior; Barbara Glazier of Hartford, Connecticut, junior. Our second junior courier, Evelyn Bouscaren of Chicago, met with a horseback accident and got a badly sprained wrist. She has been a great sport and is returning to us in March.

## BEYOND THE MOUNTAINS

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During the year that has just closed one international circumstance stands out for special mention in this Bulletin. One of the greatest women in England, Miss Rosalind Paget, Hon. Treasurer of the Midwives Institute in London, has been created a Dame of the British Empire by the King.

It would not be possible, short of a full biography, to give all the service that has filled Dame Rosalind's long and honored life. On her mother's as well as her father's side she comes of a family of distinction, and was a niece of William Rathbone. She began her life's work at the age of 20 when she took her training as a nurse, and later obtained her certificate at the London Hospital in 1879. Her midwifery training she obtained after that, at the British Lying-in Hospital. As one of a little group of British gentlewomen, at a time when there were few trained nurses and no adequate trained midwives, Dame Rosalind founded the Midwives Institute in 1881. When the famous Queen's Institute of District Nurses was established with funds from Queen Victoria's Jubilee, Dame Rosalind was enrolled as the first Queen's nurse and later the first Queen's Inspector. Upon her resignation, years later, she was appointed to the Queen's Institute Council where she served until retirement in 1925.

Dame Rosalind's work as a nurse and as a midwife began in the heart of the London slums—and in those days they were slums! We once made a Dickens' tour with her, and visited sections where she spent her youth—among them that plague spot, now cleared away, known in "Bleak House" as Tom-all-alone's.

Dame Rosalind thought of the country districts as well as the cities, and was one of the pioneers in making provision for trained nurses and trained midwives to attend mothers in rural areas. This part of her work has always held a high place in her affections. Dame Rosalind was active in securing state Reg-

istration of Midwives in 1902, and has always taken a prominent part in securing adequate training for midwives and district training for nurses. The famous Queen's Nurses now carry over 50,000 midwifery cases annually in England alone, and the government assumes responsibility for medical aid for their abnormal cases. Their maternal death rate is one of the lowest in the world, usually less than 2 per thousand live births. During the past fifty years the number of mothers and babies cared for through Dame Rosalind's influence, must run into the millions. Few women have had so glorious a career.

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Another remarkable woman in the international field was Dr. Anna Hamilton, of Bordeaux, who has passed on to her great and beautiful reward during the past year. Dr. Hamilton was a French citizen, of Scottish descent on her father's side. When she was taking her training as a physician at the close of the last century she was horrified at the condition of the sick in French hospitals. She chose as her thesis the subject of trained nursing, when she was going up for her medical degree. When this thesis was handed in to the critical Faculty of Medicine at Montpellier in June, 1900, it was gossiped about that it would not be accepted on account of the menial subject. However, it was accepted, and Dr. Hamilton took as her life long work the field of training nurses along Florence Nightingale lines in the Maison de Sante Protestante at Bordeaux, where she held the dual position of Resident Medical Officer and Directrice of the School of Nursing. This institution was chosen by the American Nurses' Association for their memorial to their colleagues who "died in service" during the Great War.

No one who did not know the condition of the French hospitals could realize how astounding was Dr. Hamilton's innovation. No one who has not made use of her graduate trained nurses, as we did in the American Committee for Devastated France, can appreciate the admirable work they do. Dr. Hamilton's life was a long battle to gain recognition for trained nursing for the sick in France. As is the lot of pioneers, she

has died when her cause gains recognition that will lead to victory.

“Not for delectations sweet,  
Not the cushion and the slipper, not the peaceful and the  
studious,  
Not the riches safe and palling, not for us the tame en-  
joyment,  
Pioneers! O pioneers!”

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It is a great pleasure to learn that the famous midwifery training school known as the British Hospital for Mothers and Babies in the Woolwich Dockyard section of London, is putting over successfully its drive for another Block of 10 beds. We hope that more than the required sum will be raised, as this Hospital could easily fill 50 additional beds, and still not meet the demands upon it.

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We have the pleasure of announcing that Mrs. George Norton, Jr. has taken the chairmanship of our Louisville Cimmittee.

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The Louisville Committee on December 27 gave a Ball at the Casa Madrid as a benefit for the Frontier Nursing Service.

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An excellent article about the Frontier Nursing Service appeared in the “International Altrusan” for the month of December.

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The annual meeting of the Frontier Nursing Service at Detroit took place at the beautiful home of Mr. and Mrs. Stan-

dish Backus at Grosse Pointe, with the chairman of the Detroit Committee, Mr. Gustavus D. Pope, presiding. The director made her annual report and was overjoyed to meet again so many of the Frontier Nursing Service's earliest and closest friends. She also spoke to the Merrill-Palmer School, and the Liggett School. Our grateful thanks to the Merrill-Palmer School for their hospitality.

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The annual meeting in Cleveland took place at the home of Mr. and Mrs. William G. Mather, with Dr. William H. Wier presiding. The beloved honorary chairman of this committee, Mrs. Leonard C. Hanna, is now too feeble to attend meetings, and our active chairman, Mrs. John Sherwin, Jr., was regrettably absent, with influenza. Again a large group of old friends attended the meeting. In both Detroit and Cleveland the most royal hospitality was extended by hosts and hostesses.

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As this Bulletin goes to press the director will be meeting a number of engagements in the east, and attending annual meetings in eastern cities where the Frontier Nursing Service has committees. About the time this issue reaches our readers the New York Committee will have put over its great benefit of the year—The International Tennis Championship Matches in Madison Square Garden, the night of January 11. Full details will appear in our spring number.

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We grieve to report that one of the most distinguished members of our committees has died during the past year at the age of 67. Dr. Joseph Colt Bloodgood, Professor of Clinical Surgery, John Hopkins University of Baltimore, one of the most outstanding men in America, honored us with his interest, his advice, one might almost say with his affection. His loss will be profoundly felt both in the scientific world and in the world of friendship.

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## DIRECTIONS FOR SHIPPING

We are constantly asked where to send supplies of clothing, food, toys, layettes, books, etc. These should always be addressed to the *Frontier Nursing Service* and sent either by parcel post to Hyden, Leslie County, Kentucky, or by freight or express to Hazard, Kentucky, with notice of shipment to Hyden.

If the donor wishes his particular supplies to go to a special center or to be used for a special purpose and will send a letter to that effect his wishes will be complied with. Otherwise, the supplies will be transported by wagon over the 700 square miles in several counties covered by the Frontier Nursing Service wherever the need for them is greatest.

Everything sent is needed and will be most gratefully received, and promptly acknowledged.

*Gifts of money should be sent to the treasurer,*

**MR. C. N. MANNING,**  
Security Trust Company,  
Lexington, Kentucky.

### FORM OF BEQUEST

For the convenience of those who wish to remember this institution in their wills, this form of bequest is suggested:

"I hereby devise the sum of .....  
dollars (or property properly described) to the Frontier Nursing Service, a corporation organized under the laws of the State of Kentucky."

.....

.....

It is preferred that gifts be made without restriction, since the Trustees thereby have a broader latitude in making the best possible use of them. Of course, however, they are also welcome where a particular use is prescribed.

To facilitate the making of gifts of this sort, it is suggested that if they come by will there be added to the form shown above some such language as the following:

"This devise is to be used (here describe the purpose.)"

#### Suggestions for special bequest:

- \$50,000 will endow a field of the work in perpetuity.
- \$12,000 will endow a Frontier hospital bed.
- \$ 5,000 will endow a baby's crib.
- \$10,000 will build and equip a Frontier center for the work of two nurses.
- \$15,000 additional will provide for the upkeep, insurance, repairs and depreciation on this center, *so that*
- \$25,000 will build and maintain in perpetuity a center.

A number of these centers have been given and equipped, and provision has been made for the endowment of three.

Any of the foregoing may be in the form of a memorial in such name as the donor may prescribe, as, for example, the Jane Grey Memorial Frontier Nurse, the Philip Sidney Frontier Hospital Bed, the Raleigh Center, the Baby Elizabeth Crib.

*Any sum of money may be left as a part of the Frontier Nursing Service Endowment Fund the income from which will be used for the work of the Service in the manner judged best by its Trustees, and the principal of which will carry the donor's name unless otherwise designated.*

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.”

