

NOTE:- The following documents are not arranged chronologically:-

- (1) Report of meeting held on 14th March, 1963.
- (2) Annual Report for year ended 31st March, 1963.
- (3) Annual Report for year ended 31st March, 1964.

(1) is arranged below (instead of above) the report of the meeting held on 22/11/62.

(2) is the first document of the volume but should have been placed immediately *below* ~~above~~ (1).

(3) is placed above report of 22/11/62 meeting but should have been ^{*under the*} ~~the last~~ *minutes of 25/3/64* document of the ~~top~~ *star* (i.e. nearest ~~the~~ top cover).

NATIONAL HEALTH COUNCIL

MINUTES OF MEETING HELD ON 22ND JUNE, 1962
IN THE CONFERENCE ROOM, CUSTOM HOUSE, DUBLIN.

The members present were:-

E.S. O'Bracoin, Uas.
Dr. D. Connolly
M. Costello, Esq., M.P.S.I.
Professor J.F. Cunningham
Leslie Bean T. de Barra
Miss A.W. Doherty, R.G.N., R.M.
J. Doherty, Esq., R.M.N.
Professor J. Dunne
Sir Anthony C. Esmonde, Bt., T.D.
J. P. Flynn, Esq.
Alderman M.J. McGuinness
M. Macken, Esq.
Dr. E. MacSearraigh
Dr. G. Maguire
M. Moynihan, Esq.
Miss M. Murphy, R.G.N., S.C.M.
E. F. O'Donoghue, Esq., L.D.S.
J. O'Hanrahan, Esq., F.R.C.S.I.
C.A. O'Sullivan, Esq., B.D.S.
L. P. Pelly, Esq., M.P.S.I., Dip.Opt.
Dr. J.P. Shanley
Patrick J. Teehan, Esq.
Dr. F.C. Ward.

Apologies for their inability to attend were received from Mrs. L. Hunt and Dr. H. Quinlan.

Mr. Sean MacEntee, Tánaiste and Minister for Health, who was accompanied by Mr. P. O'Muireadhaigh, Secretary, Department of Health, opened the meeting. The Tánaiste addressed the members as follows:

"For the third time it has fallen to me to re-constitute the National Health Council and on its first assembly to greet its members. On preceding occasions the latter function has been a pleasant one; and it is a pleasant one to-day. Formally, but warmly, I welcome each of you to the Custom House and wish your Council well in its deliberations. These have to deal with problems which are the concern of my Department, and are of great importance not only to the community as a whole but to the individual members of it.

The functions of the Council are defined by law as those of an advisory or consultative body. The Council may advise the Minister for Health on -and here I quote the relevant section of the Act - "such general matters affecting or incidental to the health of the people as may be referred to them by the Minister, and on such other general matters (other than conditions of employment of officers and servants and the amount of payment of grants or allowances) relating to the operation of health services as they think fit." In order that the Council should be in a position to fulfil its functions in an adequate and satisfactory manner, it is so constituted that its members in a variety of knowledge and experience cover the widest range which is compatible with effective discussion and reasonable size. Thus you include among your members persons from the major branches of the medical, dental, nursing and pharmaceutical professions, and from the fields of public administration, commercial life and trade union activities. I feel that in the Council as assembled here to-day there

is a happy blending of special experience and breadth of interest and that I may look to it for useful and practical advice.

As you will be aware, there is at present in session a Select Committee of Dáil Éireann on the health services. This Committee was appointed to examine to what extent, if any, experience has shown that having regard to the general structure of our society, the existing system of health services does not meet in a reasonable way, and - a very important point - at reasonable cost, the essential needs of the various sections of our population for medical care and attention. It is required to review income limits, the existing arrangements for determining eligibility, to consider the practicability of a free-choice of doctor in the services, to examine the financial arrangements for the services, and in general to recommend on these and other relevant matters. It is obvious that the work of this Committee extends in the broadest terms over a very wide range indeed, and that the result of its deliberations will be of great moment to all those, who have a special duty and interest in regard to the provision of health services. It would be wrong, however, to assume that the existence of this Committee diminishes the functions of other bodies such as the National Health Council, whose basic responsibilities relate to the operation of the existing scheme of health services.

The Select Committee, in accordance with its terms of reference, is considering very broad questions of policy as to the adequacy of existing services and the possibility of, or necessity for, changes in their structure. Your Council on the other hand is primarily concerned with the administration of the services as at present established by law, and you would not, as a general rule, be called upon to direct your energies to the consideration of fundamental amendments or alterations in the basic legislative framework within which the services operate. I mention this in case some of you may feel that because of the existence of the Dáil Select Committee the functions of the present Council would in some way be less onerous or responsible than those of previous Councils.

The present Council will in fact be charged in the same measure with the same burdens as its predecessors in advising the Minister for Health on general matters affecting or incidental to the health of the people. Furthermore if, arising out of the deliberations of the Select Committee, new provisions should require to be made by regulation in respect of any matters coming under the Health Acts, this Council will have the special responsibility of rendering advice to the Minister for Health on the making of such regulations.

When, at its inaugural meeting, I addressed your immediate predecessors on the National Health Council, I drew special attention to the cost of the health services. I pointed out that they were then, in the year 1960, costing over £17 million a year from public moneys. Their cost in the present year will be well over £20 million. Everyone, and most of all the Minister for Health, would like to improve public health services. A reputation for liberality is easily earned if one is disposed to acquire it at the taxpayers' expense. It is more difficult to practise prudence and economy and, thereby, to make efficiency an effective substitute for free spending. But it is inevitable, if regrettable, that a public authority can only give to the extent that it can take and, to improve, to widen, to extend one branch of the public services must restrict, delimit or burden the community's resources in some other respects.

Even if it is sometimes forgotten in the heat of political controversy, it must be remembered that every choice exercised represents other opportunities foregone; for there is never just one purpose alone to which all given resources may be solely and entirely devoted. There

are always several necessarily competing alternatives. If things were not so, there would be no necessity for debate, and health services would, indeed, be outside the field of controversy. But as things are, the claims for improved health services must compete with the clamant needs for better economic conditions generally, better social services generally, improved housing, improved education, and so on. True wisdom in this matter is surely to be found not in the pushing to an extreme of any one claim at the expense of others, but in the proper ordering of the innumerable demands so that the whole structure of our economy, the whole way of life of our people is directed with good sense and prudence towards the most practicable ends.

This I need hardly assure you is no simple task. It is a work calling not only for patience but also for discernment; and if your Council, which is concerned with one part only of the responsibilities which fall upon the State should find at times that apparently obvious improvements in the existing services are not taken, you will, I trust appreciate that these measures, when all things were considered, might not in fact be practicable - perhaps even for a variety of reasons. Nevertheless I should like to stress that it is the function of your Council to keep the special interests of the health services foremost in its deliberations, and while this function is a specialised one, it is a most useful and necessary one. Furthermore, since our present expenditure is so big, it can and should be the constant aim of all who are charged with any responsibilities whatever in relation to the services to see that the moneys allocated are put to the best possible use. In this respect there is always room for worthwhile improvement, and in this endeavour especially, the National Health Council can, and no doubt will, continue to be of assistance to the Minister for Health in the execution of his duties.

I should like to conclude by thanking all who have consented to serve on the Council. Individually none of us see eye to eye on everything. Indeed may Providence forbid that on a body such as this everyone should - for that would be to reduce discussion and deliberation to a nullity. But however we may differ or agree on matters of public concern I have a warm admiration for your abilities collectively and individually and for the sense of duty which has moved each of you to accept appointment; and I am very grateful to you all accordingly."

After the Tánaiste and the Secretary of the Department had left the meeting, the Secretary explained the procedure to be followed in the election of an acting Chairman under the Standing Orders.

Mr. Costello proposed that Mrs. Barry be elected Acting Chairman.

Mr. Flynn seconded this proposal.

Mrs. Barry was unanimously elected Acting Chairman.

The Acting Chairman invited nominations for Chairman of the Council for the coming year.

Alderman McGuinness proposed that Mr. O'Braoin be elected Chairman. He said that in his experience of public life he had encountered no other person who could fulfil the functions of Chairman as ably as Mr. O'Braoin. It gave him great pleasure to propose Mr. O'Braoin as Chairman of the new Council.

Mr. Pelly seconded this proposal.

Mr. O'Bracoin was unanimously elected Chairman with acclamation.

The Chairman thanked the members of the Council for electing him again. He recalled that he had first been elected Chairman when the Council was formed in 1954 and he had been elected unanimously ever since. He thought the time had now arrived when it might be well if there were a change of Chairman. His association with the National Health Council had led to his forming many friends among the medical and other professions. It had been an enjoyable experience and much useful work had been done. The suggestions and recommendations made by the Council, even if not accepted at the time, were often adopted ultimately and it was seldom that the Minister turned down completely the recommendations made by the Council. He pointed out that the functions of the Council were defined by statute and that they were limited in the matters which they might consider. He advised the members to read the Standing Orders to familiarise themselves with the Council's procedures.

He said that he would carry out his duties as Chairman to the best of his ability and, as far as possible, to the satisfaction of the members of the Council.

Dr. Shanley proposed that Dr. Ward be elected Vice Chairman.

Mrs. Barry seconded this proposal.

Dr. Ward was unanimously elected Vice Chairman.

Dr. Ward thanked the proposer and seconder of the motion and all the members of the Council for his election as Vice Chairman.

Correspondence

There was no correspondence.

Date of Next Meeting.

The Chairman said that in previous years they had avoided holding meetings in July and August but the Secretary had informed him that it might be necessary to hold a meeting this July to consider Regulations which might be made by the Minister. If such a meeting was being held the Secretary and Chairman would fix the date but the date of the next ordinary meeting of the Council could now be considered.

Mrs. Barry enquired whether some day other than Friday could be chosen for the meetings.

The Chairman said that Friday had originally been chosen because it suited the doctors and surgeons. If the Council wished to change the day of the meeting it could do so.

It was considered that a date late in September would be the most suitable and it was agreed that the next ordinary meeting should be fixed for Thursday the 27th September. If Thursday was found to be unsuitable they could later revert to Friday.

The meeting terminated at 4.45 p.m.

E.S.O. Brown

26.7.62

NATIONAL HEALTH COUNCIL

Minutes of Special Meeting held on 26th July, 1962 in the
Conference Room, Aras Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. Ó Braoin Uas.
Dr. F.C. Ward
Dr. D. Connolly
J. Doherty, Esq., R.M.N.
Professor J. Dunne
Mrs. Lucy Hunt
Alderman M.J. McGuinness
Dr. E. MacSearraigh
Dr. G. Maguire
M. Moynihan, Esq.
Miss M. Murphy, R.G.N., S.C.M.
J. O'Hanrahan, Esq., F.R.C.S.I.
H. Quinlan, Esq., M.D.
Dr. J. P. Shanley.

Apologies for their inability to attend were received from
Professor J.F. Cunningham, Sir A. Esmonde, Mr. J.P. Flynn, Mr. C.A.
O'Sullivan and Miss A.W. Doherty.

Minutes of previous meeting

The Chairman said that while it was not usual to sign the minutes
of an ordinary meeting at a special meeting, there was, however, no
particular reason why it should not be done if those present agreed. The
minutes were accordingly approved and signed.

Correspondence

Two letters, which had been circulated to the members with the
agenda for the meeting, had been received from the Secretary, Department
of Health, requesting the Council's views on draft regulations providing
for increases in

- (1) Disabled persons allowances
- (2) Allowances for persons suffering from
infectious diseases.

The Chairman pointed out on the Disabled Persons Allowances that the
draft Regulations had been submitted for the consideration of the
Council as a matter of procedure and that it would not be practicable
for the Council to recommend amendments in the amount of the allowance.
The Chairman considered that the Minister should be informed that the
Council welcomed the present increase and hoped that he would consider
a further increase when he was in a position to do so.

Dr. Ward remarked that he was glad to see an increase in the allowance.

/Mr. Moynihan

Mr. Moynihan was disposed to urge a bigger increase. The last increase in the allowance had been granted in 1954, and the cost of living had greatly increased since then.

Mrs. Hunt proposed that the Council should agree to the Chairman's suggestion.

Dr. Dunne was of the opinion that, as had been stated by Mr. Moynihan, the increase was not proportionate to rising costs.

Dr. Ward said that payment of an allowance under the Regulations would not debar a person from obtaining Home Assistance. He added that it would still be a matter for the local authority to decide on granting a lesser allowance than 25/-d.

It was agreed that the Secretary should write to the Minister welcoming the decision to increase the allowance and asking him to examine the possibility of a further increase in it as soon as possible.

Infectious Diseases Allowances

In reply to Dr. Maguire's inquiry as to the diseases covered by the phrase "infectious diseases", the Chairman said there was a statutory list. This was read by the Secretary.

Mrs. Hunt asked whether it could be suggested to the Minister that the cost of living had gone up beyond the point recognised by the increases.

Alderman McGuinness asked how the figure of 15/-d. in respect of outgoings on a house had been arrived at. He said that, even when subsidised, the outgoings on a local authority house were normally not less than 27/6d. a week. The amount allowed by the Department was sufficient five or six years ago, but rents have now increased and the figure should also have increased. He suggested that if the Council pointed this out to the Minister it might be possible to have the allowance increased later.

The Chairman asked if the Council wished to bring to the notice of the Minister that the sum of 15/-d. allowed under the regulations in respect of the outgoings on a house did not take account of present-day costs, and that the Council wished him to consider increasing the amount as soon as possible. This was agreed.

Dr. MacSearraigh drew attention to the fact that where a married man is receiving institutional services, his wife gets an allowance of £2.6.0, whereas if both are receiving such services, they get an allowance of only 19/-d. between them.

Dr. Maguire queried the position of a person suffering from tuberculosis who, because the disease was certified as being no longer active, became ineligible for the allowances, while he was still, in fact, unable to work.

Dr. Ward said that the County Medical Officer was always consulted as to the fitness of a patient, and it was doubtful that he would report a person as being fit unless he was quite sure on the point. In the administration of the regulations, he thought that both the local authorities and medical officers acted sympathetically. If a patient thought that he had been subjected to injustice, there were remedies available to him.

/Dr. MacSearraigh

Dr. MacSearraigh said that the tendency was to continue payment of an allowance for longer than was necessary, so that people often regarded it as a pension. He suggested that the Minister should, however, be asked to make new regulations to cover the tuberculosis rehabilitation period, during which a person could not provide for his family. The existing rehabilitation arrangements are not enough, and to get the benefit of them a person must go to an institution.

The Chairman suggested that this aspect of the matter would be more appropriate to an ordinary meeting of the Council. He suggested that the item might be put on the agenda for the September meeting. This was agreed.

Other Business

The Chairman said that two motions which had been submitted by Dr. MacSearraigh were more appropriate to an ordinary meeting of the Council and Dr. MacSearraigh would consider putting them down for the next meeting.

A vote of sympathy to Dr. Quinlan on the death of his brother was passed. The Council stood in silence.

The meeting terminated at 4.15 p.m.

Ó Séalaon
27/9/62

NATIONAL HEALTH COUNCIL

Minutes of meeting held on 27th September 1962, in the
Conference Room, Aras Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. O Braoin, Uas., Chairman,
Dr. F.C. Ward.
Professor J.F. Cunningham.
Miss A.W. Doherty, R.G.N., R.M.
J. Doherty, Esq.
Professor J. Dunne.
Sir Anthony C. Esmonde, Bt., T.D.
J.P. Flynn, Esq.
Alderman M.J. McGuinness
M. Macken, Esq.
Dr. E. MacSearraigh.
Dr. G. Maguire,
M. Moynihan, Esq.,
Miss M. Murphy, R.G.N., S.C.M.
E.F. O'Donoghue, Esq., L.D.S.
J. O'Hanrahan, Esq., F.R.C.S.I.
C.A. O'Sullivan, Esq., B.D.S.
Dr. H. Quinlan,
Senator T. Ruane.
Dr. J.P. Shanley.
Patrick J. Teehan, Esq.

Apologies for their inability to attend were received from Mrs. Barry, Mr. M. Costello and Mr. L.P. Pelly.

Minutes of previous meeting

The minutes of the meeting held on 26th July, 1962 were approved and signed.

Correspondence.

There was no correspondence.

Making of Regulations to cover payment of an allowance during the tuberculosis rehabilitation period.

The Chairman said that at the previous meeting two motions submitted by Dr. MacSearraigh had been deferred for consideration at the present meeting. One of these matters had since been settled in the manner which Dr. MacSearraigh was suggesting. The other item was on the agenda for the present meeting and, while he thought that the Council's functions in relation to this matter were limited, he considered that suggestions could be made to the Minister concerning the making of Regulations.

Dr. MacSearraigh said that, although he had submitted the motions, the matter had arisen in a general discussion concerning difficulties relating

to a family depending on a T.B. allowance which suddenly stopped. The matter was dealt with differently in different counties; in his own county the allowance was usually continued for a period of 2 to 3 months after the disease was regarded as being cured to allow the recipient a breaking-in period. It was not easy, however, to continue the allowance for such periods as the wording of the Regulations was strict. Cases probably arose in every county where people were physically or psychologically incapable of returning to work even though the active disease had been cured. The general idea stressed at the previous meeting was that after the disease was regarded as having been cured there should be some period of rehabilitation during which the allowance could be continued. Whether this period should be a fixed one or determined by a certificate from the doctor concerned was a matter which could be settled by discussion.

Arising out of this general question, he referred to the problem involved in a particular case where a mother will have to pay for the maintenance in a County Home of her son, who will be a life-long invalid as a result of an attack of tubercular meningitis.

The Chairman pointed out that while the Council could probably deal with the general matter of these allowances, consideration of special cases was outside its functions.

Sir Anthony Esmonde said that he was strongly in favour of a rehabilitation period during which an allowance would be paid. The patient was liable to relapse if he could not have a period of rehabilitation.

Dr. Ward said that it seemed clear that the members of the Council were in favour of continuing allowances for a period of rehabilitation. The matter was, however, largely one of administration. Allowances were not suddenly stopped. The Chief Medical Officer or County Medical Officer certifies when a patient is fit to resume work. He would be surprised if the Medical Officer did this immediately on discharge of a patient from a sanatorium, as a rehabilitation period is generally regarded as necessary. The payment of an allowance during this period would not require Regulations, but could be dealt with administratively. He did not consider it necessary that a patient should be suffering from active tuberculosis in order to qualify for the allowance; he could see no reason why the medical officer would not certify the patient as still suffering from the disease even though it was no longer active. He thought that this was, in fact, being done in most areas.

Mr. Flynn said that it could sometimes be difficult in practice to provide for payment during a period of rehabilitation, a term which was not always used very precisely. The Regulations were strict; they specified people suffering from T.B. If payment of the allowance was being extended to cover a period when the patient was no longer suffering from T.B. the question of the duration of this period arose and who was to judge when the allowance should finally cease. He pointed out that home assistance was available in cases of necessity.

Dr. Ward said that all the work in the sanatorium can go for nothing if the patient goes back to work too soon after leaving it.

Mr. Macken said that he agreed with Dr. Ward but he thought that the Regulations were usually interpreted in the way suggested by him. Normally, it is only when the Chief Medical Officer certifies that the patient is fit to return to work that the allowance is stopped. It may sometimes be continued for a period after such certificate to enable the patient to find his feet again. It was not always necessary to pay an allowance for the rehabilitation period. If a person were in a rehabilitation

institution and were earning reasonable wages an allowance could not be paid. He considered that with a liberal interpretation of the regulations, difficulties of the type mentioned would not arise. If the Chief Medical Officer interpreted the Regulations liberally and certified accordingly he could not see that there was any real problem to be overcome.

Mr. Flynn said that to extend the allowance for a matter of months could be reasonable but it was possible that this might continue for some years.

Dr. Shanley said that nobody can say with certainty at what stage the disease is completely gone as it can lie dormant for a period and return if the patient goes back to work too soon.

Dr. Quinlan said that if people were certified as unfit to work, their cases were very well treated by the County Medical Officer and they were given every consideration. Despite occasional abuses he felt the scheme was, on the whole, working very well.

Dr. Maguire said that his experience was that once a patient was certified as being free from active tuberculosis, his allowance was stopped. If he was not able to work, he was then told to apply for a disability allowance. He suggested that the T.B. allowance should be continued during the period of rehabilitation.

Mr. Flynn pointed out that the disability allowance was for permanently disabled people.

Sir Anthony Esmonde said that he agreed with Dr. Maguire. From letters he had received from his constituents it seemed to him that the allowance was stopped when the active disease ceased. He thought that, although the Chief Medical Officer might certify the need for continuing the allowance, the administration might not pay it.

Mr. Flynn said that if the need for continuing the allowance was certified by the Chief Medical Officer, it would be paid.

Mr. Macken agreed that there was no question of refusing the allowance if the medical certificate had been given. He pointed out, however, that some people regard this allowance as something to which they are entitled, a kind of pension, and that they try to hold on to it indefinitely. Dealing with people of this kind sometimes leads to imposing more restrictions on normal cases. In a genuine case, however, if the C.M.O.'s certificate is obtained, there is no further difficulty about paying the allowance.

The Chairman remarked that the cure seemed to be in Dr. MacSearraigh's own hands.

Dr. MacSearraigh said that it was useless certifying a man as fit for light work. There was no such thing, in the sense that there was no job into which a man could put only 25% of his energy. In his own county the greatest possible latitude was given but it sometimes happened that the only income for a family was a tuberculosis allowance. If the allowance was stopped the family became a case for public assistance, and, psychologically, this did not help the recovery of the patient.

Dr. MacSearraigh stated that he had been assisted greatly by the discussion.

Referring to the case previously mentioned by him, he said that he would be grateful for the members' views. This patient will be in the County Home for life, and his mother has to pay £2 per week towards his maintenance there. The patient does not get any allowance because he is not suffering from active tuberculosis but from its effects.

Mr. Macken said that a case of this kind could not be properly considered without all the facts. It was possible that the mother was well off.

Dr. MacSearraigh said that the point was that the boy was suffering from the effects of T.B. and the question of means should not arise.

The Chairman said that the Council could, if it wished, make a recommendation to the Minister on the general question of these allowances.

Following a discussion on the wording of the motion, Dr. Ward proposed "that the Council request the Minister to take steps to provide that T.B. allowances be continued until such time as the Chief Medical Officer concerned certifies that full capacity for work has been restored."

The Council agreed to this proposal.

The Chairman said that cases such as that mentioned by Dr. MacSearraigh might be covered in any general Regulations which might be made.

Dr. MacSearraigh said that he had himself certified that the case to which he was referring was suffering from the effects of tuberculosis, but the Manager would not agree to pay the allowance.

Mr. Flynn pointed out that the Council were not in possession of all the facts concerning Dr. MacSearraigh's case. It might well be that the patient's family were in a position to keep him at home if they wished to do so.

Mr. Macken said that it was very important to remember that allowances such as that paid for tuberculosis were granted on a means test. Some people were inclined to think that they were entitled to such allowances irrespective of their income. People in a case such as that quoted by Dr. MacSearraigh might have considerable means. In that case they would not necessarily get an infectious diseases allowance and, while treatment in a tuberculosis institution would still be available free of charge, they might have to pay the full amount in most other institutions.

Dr. MacSearraigh said that this boy had spent many years in Cherry Orchard Fever Hospital. Following this treatment, he would not be taken into a mental hospital. His mother is a widow and could not nurse him at home and so he went into the County Home. Replying to questions concerning the means of the mother, Dr. MacSearraigh said that she had a 100-acre farm. He added, however, that he was only concerned with the argument that, if the boy was suffering from the effects of tuberculosis, he should not have to pay anything. He would not be taken into a T.B. Hospital as he was not a suitable case for treatment there.

Mr. Macken said that treatment in a County Home could not be provided free of charge if the patient or his family had the means to pay for it.

Other business

Mr. Moynihan referred to the school medical service and subsequent treatment of optical defects and provision of appliances. He said that in his area the contract for the supply of glasses was given to one chemist for the year. The chemist used the County Council's premises for displaying his own frames for which extra money must be paid. The people were not aware that they were entitled to take a standard frame free of charge. He suggested that a standard frame, of good type, should be supplied through the Combined Purchasing Section of the Department of Local Government and that the contracting chemist should not be allowed to exhibit his own frames for sale to these people. If any person wanted a frame other than the standard frame he should make private arrangements to get it.

Mr. Moynihan also raised the question of examining school children for eye defects. He said that the first screening was done by a nurse and that only the obvious defects were shown up. He suggested

that many more defects would come to light if the children were examined in the first instance by an Ophthalmic Surgeon.

Dr. MacSearraigh, referring to Mr. Moynihan's proposal regarding spectacle frames, said that he was very much against the use of circular metal frames. For example, if the lens fell out, it might be wrongly replaced by an unskilled person with serious effects on the eyes. It had been represented to him by the contractor for Laois that shaped lenses and toric lenses were better than the circular ones, and it had been found that these were very satisfactory. The contractor had been asked by the local authority to supply other frames to people who wished to have them. People in his county were not compelled to go to the contractor, but on the whole they found it convenient to do so. He was not in favour of obtaining frames through the Combined Purchasing Section, as he felt that better glasses could be obtained under the local arrangement.

On the question of examination of eyes in schools, Dr. MacSearraigh said that each county had its own system. In Laois the system was that if a child failed to read the second line of the eye chart, he was referred further. Serious defects, such as squint, should be looked after at the age of about 2 years as the damage was done early in life.

Mr. Flynn suggested that Mr. Moynihan might raise with the County Council the question of the chemist using the Council's premises to display his own goods. He said that in his area the frames, which are of good quality, are sent direct from Dublin to the local authority.

Mr. Macken said that a problem arises from the fact that an unacceptable type of frame, usually a steel frame, is tendered for in the first instance by the contractor. The people object to this frame and make some sacrifice to get a better frame. A considerable amount of business is being done in the better frames and there is no check on the charge being made by the contractors. Some local authorities give a reasonably good frame and, where this is done, the number of better types of frame sought is considerably less than when the steel frame is supplied as standard. This better quality frame costs a bit more but is generally acceptable and usually supplied at a competitive price. He suggested that the time had come to abandon the old type of frame and supply something more acceptable which will meet the needs of most of the people concerned. He pointed out, however, that some local authorities find it difficult to get contractors and he stated that when he recently told a contractor that he would not pay for a frame other than that specified, the contractor wanted to terminate the contract.

Mr. Flynn said that it was to the advantage of the local authority to examine all the glasses tendered. The different types of glass used made it difficult to accept the lowest tender. He thought that the Council should recommend to the Minister that the local authority should provide frames which would not be recognisable as having been obtained at public expense.

Mr. Doherty left the meeting at this stage.

Dr. Maguire said that, in regard to the second point raised by Mr. Moynihan, it would impose an impossible task on the Ophthalmic Surgeon if he had to make the initial examination of every child.

Mr. Flynn stated that if the doctors were satisfied that examination by a nurse was sufficient in the first instance, that must be accepted.

Mr. Macken said that a card test may be carried out by a nurse but this is

not the sole examination of the eyes as the full normal examination is carried out by a doctor.

Mr. Flynn proposed the following motion:

that, in the opinion of the National Health Council, local authorities should, in providing spectacles for the school medical service and other recipients, supply a type of frame which does not indicate that the recipient has received the frame at the expense of a Public Authority.

The Council agreed to this proposal.

Mr. O'Hanrahan was of the opinion that what a local authority needed was a chemist with ophthalmic qualifications who would supervise and check on optical appliances obtained under contract. Until this was done, abuses would continue under the contract system.

Dr. MacSearraigh enquired whether this would be going over the head of the Ophthalmic Surgeon.

Mr. Flynn said that he was aware that in one county the glasses came from the contractor to the local authority office and the office staff sent them direct to the recipients. No test was being made that these glasses complied with the prescription.

Mr. O'Hanrahan said that glasses which do not fit cause a lot of trouble and in many cases are not worn by the children.

Dr. Ward enquired whether it was known how many pharmaceutical chemists have ophthalmic qualifications.

Mr. Flynn said that he did not think that this information was available. He stated, however, that in North Tipperary there are two part-time chemists employed by the health authority and that one of these has the necessary qualifications.

Dr. MacSearraigh said that the contractor for Laois was a chemist who was also an optician.

Mr. Macken said that problems arose in getting competition and efficiency in supplying such items as eye appliances, artificial limbs, etc. There was definitely a need for supervision. He considered that the Council should suggest to the Minister that a better method should be devised for supplying appliances.

Mr. O'Sullivan said that the matters raised were of considerable importance and he suggested that they be brought up again at a meeting when Mr. Pelly and Mr. Costello were present.

Dr. Ward suggested that, before looking for chemists with specialised qualifications, the extent to which County Hospitals are served by chemists should first be investigated. He thought that many County Hospitals had no chemists and that it would be better to start with getting chemists for these hospitals and later to look for those with more specialised qualifications.

Mr. O'Hanrahan said that there are one or two chemists attached to most County Hospitals. He said that the general question concerning the supply of drugs was very important. The amount of waste through drugs going out of date was considerable. If one chemist was in charge of the distribution of drugs to all hospitals and dispensaries in a particular

area there could be a big saving. The introduction of a National Formulary would also be of considerable assistance.

Dr. MacSearraigh said that he understood that Galway County Council had done away with the requisition system and ordered supplies as required. He understood that they had saved thousands of pounds per annum by this method.

Mr. Flynn pointed out that the Minister had already been asked to establish a National Formulary. He agreed with the suggestion that a chemist with ophthalmic qualifications should be available to each local authority. He did not, however, agree with the proposal to employ a person to visit dispensaries, as the travelling expenses would be too high.

Dr. Maguire said that some dispensaries already had dispensers. It would be a great advantage if dispensers were available in dispensaries generally.

Mr. Flynn felt that it would be better not to interfere too much with dispensaries. While the consumption of medicines in dispensaries was exorbitant in a few cases, on the whole dispensary doctors did not order excessively.

Mr. O'Hanrahan said that some dispensary doctors sometimes order three months' supply of a drug which becomes obsolete before the supply is exhausted.

Dr. MacSearraigh said that there was a multiplicity of specialists, each ordering something special for his own patients. Co-ordination of supplies could be obtained if all ordering of drugs was done through the chemist employed by the local authority.

It was finally agreed to put the question of the supply of glasses on the agenda for the next meeting.

Date of next meeting.

Referring to the change of day from Friday to Thursday, Sir Anthony Esmonde said that Thursday would not suit him as it was intended that the Dáil would sit on Thursdays during the winter. He would not, however, press for a change if he were the only person affected.

Dr. Ward said that the day of the meeting had been changed to Thursday in deference to the wishes of Mrs. Barry. As she was not present at the meeting, he felt that no change should be made until she was present.

This was agreed, and the next meeting was arranged for Thursday, 22nd November, 1962.

The meeting terminated at 4.50 p.m.

E. S. O'Brien
22/11/62

NATIONAL HEALTH COUNCIL

Minutes of meeting held on 22nd November, 1962 in the Conference Room, Aras Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. Ó Braoin, Uasal, Chairman,
Dr. F.C. Ward,
Leslie Bean T. de Barra,
Dr. D.N. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
J. Doherty, Esq., R.M.N.
Professor J. Dunne,
J.P. Flynn, Esq.,
Mrs. L. Hunt,
Alderman M.J. McGuinness,
Dr. G. Maguire,
M. Moynihan, Esq.,
Miss M. Murphy, R.G.N., S.C.M.,
J. O'Hanrahan Esq., F.R.C.S.I.,
C.A. O'Sullivan, Esq., B.D.S.
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.
P.J. Teehan, Esq.

Apologies for their inability to attend were received from Miss A.W. Doherty, Sir Anthony C. Esmonde, Mr. M. Macken, Dr. E. MacSearraigh, Mr. E. O'Donoghue, Dr. H. Quinlan.

Minutes of Previous Meeting.

The minutes of the meeting held on 27th September, 1962 were approved and signed.

Correspondence.

A letter, copies of which had been circulated to the members, had been received from the Department in connection with Item 4 on the Agenda. It was agreed to read it before discussing Item 4.

Establishment of a National Formulary.

The Chairman said that, since the last meeting of the Council, he and Mr. Costello had had a meeting with some of the Department's officers in connection with the possible introduction of a National Formulary. Since Mr. Costello was more familiar with the items involved, he would ask him to report on the meeting.

Mr. Costello reported that he and the Chairman had been invited by the Department to discuss and clarify with the Department's officers certain matters in relation to the Council's recommendation for the provision of a National Formulary. It had been made clear in the discussion that while the Department of Health was responsible for the administration of the Health Acts, it was not the Department's function to interfere with the private practice of medical practitioners or to dictate to them regarding the manner of carrying on their private practice. The Department's officials had explained the position concerning the supply of medicines under the Health Acts. Two lists of medicines were

prepared by the Department, the Prescribed List, which included all the standard preparations in common use, and the Special List, which was a list of items normally available as proprietary preparations only. There was also a third list, which showed proprietary preparations and their equivalents or analogues on the Prescribed and Special Lists. The Department felt that these lists fully met their responsibilities under the Health Acts. Mr. Costello agreed that the position was satisfactory from the Department's point of view and that the only way to introduce a National Formulary would be for the medical and pharmaceutical professions to combine to produce it. If this were done there was no reason why the Minister would not then approve it. Mr. Costello mentioned that he had been in touch with the publishers of the British National Formulary, who quoted attractive price rates for a publication which would be the same as the British publication but would have a different cover to identify it as the Irish National Formulary.

Mr. Costello said that, since the Department would not agree to produce a National Formulary, no further action appeared to be open to the Council. The Council's function was to advise the Minister on the working of the Health Acts and anything else was outside their ambit. Mr. Costello, however, was still in favour of the Formulary. He felt that a lot of younger doctors taking up practice here after having practiced for some time in England were inclined to prescribe from the British National Formulary, and an Irish Formulary was necessary for reference to such prescriptions.

The Chairman said that Mr. Costello's statement was a fair summary of what had transpired at the meeting with the officials of the Department. It had surprised them that the Department had no responsibility in relation to persons in the higher income group.

Dr. Maguire pointed out that the Department is responsible for persons in the lower income group and, to some extent, for those in the middle income group. These persons also must be supplied with medicines. He thought that the system of obtaining drugs from the Prescribed List was wasteful. For example, dispensary doctors sometimes found that the amount of a particular drug obtained for a patient was more than was required and an unwanted supply of the drug was left on the doctor's hands. He thought that a National Formulary would help remedy this position. He pointed out that C.I.E. have a Formulary for their own use.

Mr. Pelly agreed that a National Formulary should cut down considerably on expenses. The number of proprietary medicines on the market which contain the same ingredients causes quite a lot of unnecessary duplication and expense.

The Chairman said that these arguments were put to the officials of the Department but their reply was that, in so far as the Department's functions are concerned, the position is adequately covered by existing lists. He thought that this attitude would be maintained but he felt

that the Minister would not object if a National Formulary was drawn up by representatives of the medical and pharmaceutical professions.

Mr. Costello said that the list of proprietary drugs with their non-proprietary equivalents could not be equated with the Formulary. In the British Formulary there is a directive from the Ministry of Health giving suggestions and help concerning, for example, the amount of certain drugs to be supplied when this was not specified on the prescription. He did not see anything wrong with the Department's producing a similar list, which need not be compulsory, but which could be given as a guide to medical officers. The general use of this Formulary should help to cut down costs in the local authority service without in any way impairing its efficiency.

Dr. Ward pointed out that, while the Department was not prepared to take the initiative regarding the National Formulary, and while it was not the function of the Council to urge them to do so, nevertheless if the Pharmaceutical Society and the Medical Association were to submit joint proposals, the Minister would be prepared to examine them. Dr. Ward suggested that there was nothing to be gained by further discussion on the matter by the Council.

Mr. Costello said that he wished to make it clear that he tried to keep the discussion in the Department within the terms of reference of the Council. His idea in approaching the Department had been to get their reaction because the Department was concerned with the administration of the health services.

It was agreed that there was no further action open to the Council in the matter.

Supply of Glasses by Health Authorities.

The Secretary read the following letter which had been received from the Department of Health and copies of which had been circulated at the beginning of the meeting.

M.108/6.

16 Sanhain, 1962.

A Chara,

I am directed by the Minister for Health to refer to your letter of 30th October, 1962, regarding a motion passed at the meeting of the National Health Council of 27th September, 1962 referring to the type of spectacle frames supplied by health authorities under their opthalmic services.

The majority of health authorities supply nickel-beaufort framed spectacles for adults and children under their opthalmic schemes. These frames are nickel, with shell covering of the rims and side pieces and could hardly be objected to on the grounds that they would indicate that the recipient had received them at the expense of the health authority. In some areas, however, this type of spectacle frames is supplied to children only - adults being supplied with nickel rimmed spectacles and in a few areas nickel rimmed spectacles are provided for both adults and children.

For several years past, the Department has been urging health authorities to supply a reasonably attractive spectacle frame under their service and these efforts will be continued.

Mise, le meas,

(Sgd). P. S. O'MUIREADHAIGH.

Secretary,
National Health Council,
Room 131,
Custom House,
DUBLIN 1.

Mr. Pelly said that he was sorry he had not been present at the discussion of this matter at the last meeting but he had since been able to study the views expressed by the members at that meeting and had prepared a statement on the subject. The following statement was then read by Mr. Pelly:

I am most grateful to Mr. O'Sullivan for his suggestion at the last meeting of the Council that the matters raised by Mr. Moynihan in connection with the schools medical service and subsequent treatment of optical defects and provision of appliances were of sufficient importance to be brought up again at a meeting when Mr. Costello and myself could be present. Unfortunately, it was not possible for me to be at that meeting but I have had the opportunity since of studying the views expressed by members and can thoroughly endorse Mr. O'Sullivan's views that the matters are of considerable importance. As an optical practitioner of some years standing I feel that I am in a position to make some pertinent observations but would like to emphasise at this point that my views are solely concerned with the visual examination of these patients and the supply of optical appliances as distinct from any medical examination about which I am not competent to speak.

With reference to the supply of spectacles, it is in the direct interest of the patient that the frame should be properly fitted to the individual and that the power of the lenses and their setting in the frame should be verified before being handed over to the patient by the dispenser. It may be trite to say that the efforts of many a good prescriber have been nullified by a bad dispenser but I'm afraid that happens all too frequently and will continue to happen until the services of competent persons, using the necessary equipment, are fully utilised, and I feel reasonably certain that the present system of contracting out this work will never produce the desired results. It doesn't require any great technical knowledge to realise that the oversize, undersize and often misshapen spectacles which are too frequently the end result of this public health work, cannot possibly produce the results intended by the prescriber, and consequently must be regarded as a sheer waste of public money. The type of frame supplied is far less important than that first quality, accurately powered and centred lenses should be fitted to the correct size of frame so as to properly interpret the intentions of the prescriber and this requires both competence on the part of the dispenser and the use of the necessary instruments. I have no hesitation whatever in saying that this service cannot even remotely be regarded as adequate unless these conditions are fulfilled. With particular reference to Mr. Moynihan's statement, I have likewise little hesitation in saying that no dispensing

optician would undertake these contracts unless he had the opportunity of selling the more expensive types of frames - and the operative word is "sell". For that reason, and this is merely a personal opinion, I regard this whole business of contracting out this work as completely wrong for it leads to tendering for contracts for the wrong reason and this cannot be in the real interest of the patient however poor or well-off he or she may be. I can well sympathise with the views expressed by Mr. Moynihan, Mr. Macken, Mr. Flynn, Mr. O'Hanrahan, and other members of the Council, but I think it should be clearly understood that the shape of a lens matters little unless where a cylindrical lens is involved and the form matters little where it does the job that is required of it.

With reference to the second point raised by Mr. Moynihan which was subsequently referred to by Dr. MacSearraigh, Dr. Maguire, Mr. Macken, and Mr. Flynn, I was considerably surprised to learn that even an initial screening by a nurse is apparently considered adequate by the local authorities. While I have excellent reasons for having the greatest possible respect for nurses in their own particular sphere, I do not think that they have the necessary background knowledge to properly assess the results of even a preliminary visual examination which does require the knowledge of a qualified and trained observer.

I would also like to refer to a statement made by Dr. MacSearraigh to the effect that in Laois the system was that if a child failed to read the second line of the chart, he was referred further. If the inference is, as it would seem to be, that if the child could read beyond the second line, no referral was considered necessary, then I feel that the system is badly in need of an overhaul. It may surprise members to know that a child, or anyone for that matter, might readily be capable of reading right to the end of the chart and yet be suffering from visual fatigue and asthenopia arising from refractive errors. Conversely, the fact that the child fails to read the second line does not necessarily mean a medical referral, but then I am speaking in terms of the examination being carried out by a competent refractionist. Naturally, I agree that squint cases should be taken care of at an early age in order to try and preserve the vision of the squinting eye, but squint is a patently obvious condition which can be readily observed. What about the child with a tendency towards squint which is aggravated by a refractive condition which, if allowed to go uncorrected, will turn a latent squint into a manifest one? Such a child might easily read 6/6 on the chart and under existing conditions be allowed to go uncorrected in the absence of a trained refractionist. One might go on ad infinitum about the errors that could arise in accepting the results of such an examination. I will merely say that, in the light of my own experience, I am firmly convinced that a full examination in all of these cases is a vital necessity if the objectives of this part of the Health Scheme are to be fully realised. This naturally presupposes adequate lighting conditions and all necessary equipment. One final point. A record of a child's visual acuity is almost valueless without an investigation of the conditions which produce it.

I realise that to achieve what is desirable in this case may not be too easy, but I hardly think it would be impossible. I am well aware that, as stated by Dr. Maguire, it would be an impossible task for an Ophthalmic Surgeon to examine every child, if only because there are far too many children and far too few surgeons. I am also aware, however, that ophthalmic opticians specialise in refraction and that there are enough of them scattered around the country to staff any centre set up by the local authority. If their services were fully utilised it would leave the Ophthalmic Surgeon completely free to devote his time to ocular surgery and pathology. This could be achieved in either of two ways - an

initial screening of the patient by the Surgeon followed, if necessary, by a refraction by the Ophthalmic Optician, or alternatively, a refraction by the O.O. followed by a referral, where necessary, to the Ophth. Surgeon, a precedent for which is already established in the Optical Benefit Scheme administered by the Department of Social Welfare. I don't think it would be too difficult to work out the details of implementing such an arrangement.

Finally, in answer to a query by Dr. Ward, I would say that there are approximately 600 registered opticians in this country of which approximately 250 are ophthalmic opticians. Of these opticians I would say that upwards of 50% are also pharmaceutical chemists.

Mr. Pelly added that there are two definitions of optician in current use, a dispensing optician who fills in prescriptions and an ophthalmic optician who examines and prescribes.

Mr. Moynihan said that he was gratified to get this authoritative statement on the ophthalmic services. He was not satisfied with this service and it seemed to him that his opinion was borne out by Mr. Pelly's elaboration of the position.

Mr. Pelly stated that the type of frame referred to in the Department's letter is seldom used except in the health services, and is therefore readily identifiable. A better frame could be supplied at little extra cost. There was little profit for the contractor in the nickel-beaufort framed spectacles and the contractor relied on getting most of his profit from private sales.

Mr. Flynn suggested that Mr. Pelly's submissions should be broken into two parts - (1) the question of spectacle frames and (2) the matter of examination of eyes. The latter part was much more important. Mr. Flynn pointed out that the County Medical Officer could be expected to examine patients in a superficial manner only. He would suggest that the existing service under the three headings of eye examinations, referral to specialists and the supply of spectacles should be fully considered and improved where possible.

Reverting to the question of frames, Mr. Flynn offered a nickel-beaufort frame for examination by the members of the Council, and said that an imitation shell frame could be got from the County Council if the patient paid the difference in cost of 5/-. A relatively small number of patients took the imitation shell frames. He did not think that the frames supplied by the Council were objectionable, and people seemed to find them quite satisfactory. He thought that the frames supplied in most counties were satisfactory.

Mr. Pelly agreed with Mr. Flynn that the question of eye examination and supply of proper lenses was much more important than the supply of frames; nevertheless he pointed out that unless one got the proper frame there was likely to be trouble later. It was, therefore, important that the dispenser should attend the patient first to fit the frame, and later, when the patient was being supplied with the spectacles, to make sure that he got what the prescriber had ordered.

Mr. Flynn said that when a local man gets the contract for the supply of glasses, he takes a greater interest than a contractor who operates at a distance as the latter will not normally see the glasses being fitted.

Mr. Pelly said that, in order to have the job done properly, it was necessary that the dispenser should not merely have the necessary qualifications but his own ability and his instruments should also be of a sufficiently high standard. For instance, in the case of a child being corrected for squint, it

was essential that the glasses should be fitted by a competent person, the lenses verified and their position in the frame verified, as otherwise harmful complications could arise.

Mr. O'Hanrahan said that the examination of school children was not being done sufficiently thoroughly. He had seen about 60 children examined in less than 3 hours. These examinations were carried out by an Assistant Medical Officer of Health and a nurse and a number of the children seen were referred to an eye specialist. He thought that, in a large number of cases, the glasses supplied to children were not satisfactory. When a case of defective sight was found this case should be followed up and it should be ensured that the glasses supplied were a proper fit, the lenses, the ones prescribed, and that the glasses were worn as directed. He suggested that the whole question should be thoroughly considered and that the service should be organised so that the children were examined initially by the family doctor at his leisure.

Dr. Maguire said that the most serious complaint appeared to be the inadequacy of examination of children. In most counties the nurse tested the vision of children and they were referred to the ophthalmic surgeon on her recommendation. This system seemed to him to work well in practice. He felt that a change to a more specialised type of examination would over-burden the ophthalmic surgeon and he would not be able to cope with all the cases.

Mr. Flynn said that many aspects of local authority services were less satisfactory than they might be because of the shortage of professional personnel.

Mr. O'Hanrahan said that the supply of dentists and opticians was governed by the money offered for their services. He thought that if the money were provided the men would be available.

Mr. Pelly, referring to Mr. O'Hanrahan's statement concerning 60 children examined in 3 hours, stated that it takes at least 20 minutes to properly examine any person's eyes.

Mr. Flynn suggested that a sub-committee should be set up by the Council, to examine this question. The problem was so important that it could not be given too much attention. He agreed with Dr. Maguire that the present system worked fairly well, but it could be much improved.

Mr. O'Sullivan, referring to dental examinations in the school medical service said that he fully agreed that a thorough examination was very important. In the school medical service the initial examination was generally done by a doctor, although medical schools do not give any training in examination of teeth. Although in most communities up to 98% of the people needed dental treatment, when a doctor carries out the dental examination it is usual to refer 50% of the patients for further treatment. A dentist working in his own rooms under the best conditions would discover a higher percentage who require attention but, even in these circumstances, x-ray would show up a further 30% of defects not visible by clinical examination. In so far as school inspections were concerned, he considered that great harm was being done in not following up these examinations. Many people considered that, once a child's teeth had been examined, nothing further need be done. If the dentists are not available to provide this follow-up treatment then it should be made clear to all concerned that this is the case. In considering the question of examination of eyes, the need for providing follow-up treatment should be borne in mind and any plans made should include provision for it.

The Chairman was of the opinion that the problem was one for consideration by a sub-committee.

The Council agreed that a sub-committee should be set up. The persons appointed were Messrs. Pelly, Flynn, O'Hanrahan, O'Sullivan and Moynihan.

At Dr. Ward's request, the sub-committee agreed to submit their report to the members of the Council before the next meeting.

Date of next Meeting

The Chairman said that Thursday did not seem to be a convenient day for everybody. However, after some discussion, it was agreed that the meetings should continue to be held on Thursday for the present. The next meeting was arranged for 24th January, 1963. If the sub-committee was not in a position to report by then, the meeting could be deferred.

The meeting terminated at 4.30 p.m.

E.S.O. Blacow

14. B. 63

NATIONAL HEALTH COUNCIL

Minutes of meeting held on 14th March, 1963, in the Conference Room,
Aras Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. Ó Braoin, Uasal, Chairman
Dr. F.C. Ward
Leslie, Bean T. de Barra
Dr. D.N. Connolly
M. Costello, Esq., M.P.S.I.
Professor J.F. Gunningham
Miss A.W. Doherty, R.G.N., R.M.
J. Doherty, Esq., R.M.N.
J.P. Flynn, Esq.
Mrs. Lucy Hunt
Alderman M.J. McGuinness
M. Maoken, Esq.
Dr. G. Maguire
M. Moynihan, Esq.
Miss M. Murphy, R.G.N., S.C.M.
E.F. O'Donoghue, Esq., L.D.S.
J. O'Hanrahan, Esq., F.R.C.S.I.
C.A. O'Sullivan, Esq., B.D.S.
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.
Dr. H. Quinlan.

Apologies for their inability to attend were received from Professor J. Dunne, Sir Anthony C. Esmonde, Bt., T.D. and Dr. E. MacSearraigh.

Minutes of previous meeting

The minutes of the meeting held on 22nd November, 1962 were approved and signed.

Correspondence

There was no correspondence.

Report of sub-committee on ophthalmic services

At the meeting of 22nd November, 1962 a sub-committee, consisting of Messrs. Pelly, Flynn, O'Hanrahan, O'Sullivan and Moynihan had been set up to consider questions relating to ophthalmic services. The Committee's report, together with comments by Mr. Pelly on this report, had been circulated to members of the Council.

It was agreed that Mr. Pelly would first deal with the points on which he disagreed with the report as submitted.

Mr. Pelly said that his addendum to the report emphasised the grave discrepancy between his own views and those expressed in the report concerning existing arrangements for screening children at school medical examinations. This screening process was regarded in the report as being generally adequate, although it was also suggested that public health nurses should get additional training for this purpose. He, Mr. Pelly, was quite convinced that the existing screening test was not adequate as it was merely a test of the visual acuity of the child. He understood that the general average of referrals of children for further examination was about 12%. This was gross under-referral as he considered that from 40% to 50% should be referred for

/further

further examination. It was necessary that a proper screening procedure, which could be operated quickly, cheaply and effectively, should be evolved. He considered it practicable to implement such a procedure and to give public health nurses the required training to enable them to undertake the work. He suggested that the Council, after consultation with the appropriate organisations, should recommend to the Minister that he should lay down a standard procedure for training nurses and for screening children. He realised that health authorities would be presented with further problems as they would have larger numbers to cope with; he was not, however, concerned with this problem but only with the care of the eyes of children.

Mr. Flynn said that the present system was generally thought reasonably adequate by the medical profession. Dr. Condon had expressed the opinion, when interviewed by the sub-committee, that the special training which public health nurses could receive, would meet requirements.

Mr. Macken said that he failed to see where the difference between Mr. Pelly and the sub-committee lay. He agreed that, if screening procedures were not adequate, they should be brought up to standard and the sub-committee had recommended that they be improved.

Mr. Flynn said that it seemed Mr. Pelly's idea was that every child should see an ophthalmic surgeon.

Mr. Pelly said that only the cases referred from the screening test should be seen by the ophthalmic surgeon. The existing procedure was such that far too many children were being over-looked. No conclusion could be drawn from the fact that a child could satisfactorily read a chart unless this was accompanied by some further investigation of his eyes. The whole existing procedure of screening tests and provision of spectacles was unsatisfactory. The report gave the impression that this was not so and he, therefore, disagreed mainly with this aspect of the report.

Mrs. Barry said that she wished to congratulate the committee on its work. It appeared from the report that the first examination of children's eyes was not sufficient; also that glasses should be fitted by dispensing opticians. It appeared to her that where Mr. Pelly differed from the other members of the Committee was in the report not laying sufficient emphasis on these two points.

Miss Doherty stated that the suggestion had been put forward that special training should be introduced for public health nurses. She pointed out that public health nurses are already given such special training. She added that this procedure of screening children for further examination where necessary was also followed in other countries and was found to be satisfactory.

Dr. Ward said that most of the points made by Mr. Pelly had been covered in paragraph 9 of the sub-committee's report and it did not seem to him that there was a great difference between the two. The main point he wished to make was that the report ignored the man most concerned with the examination of the children. The whole school medical examination service should revolve around the family doctor but he was forgotten. The nurse should, in the first place, refer children in whom defects were discovered at school medical examinations to the family doctor who would arrange for any further treatment required. The family doctor would then know what was happening to his patients but, with the present system, he is not aware of what happens to children following a school medical examination.

Mr. O'Hanrahan said that the sub-committee considered this method but did not pursue it as there was no provision for a family doctor to refer children for the necessary services in these cases.

Mr. Flynn said that a very important point had been raised by Dr. Ward.

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In the case of any other service, when a defect was discovered at a school health examination the child was referred to the family doctor. He did not think that the public service should assume the responsibility of giving any medical attention without the knowledge and consent of the family doctor or of the parents of the child.

Dr. Ward said that this matter had been raised before by the Council and had been referred to the Minister. The Department had replied outlining the current practice. The Council had then asked the Minister to see that the policy of referring children with defects discovered at school health examinations to the family doctor should be universally adopted. They had not since heard from the Department.

Mr. O'Henrahan said that it often happened that, when a defect was discovered in a child at a school medical examination, the parents were advised to have the matter seen to by their private doctor but nothing further was done to have the defect remedied. He thought that better results would be obtained if the health authority followed up such cases.

Mr. Macken said that it was important that people should be able to get the free treatment to which they were entitled under the Health Act. If, however, children were referred to private doctors, the guarantee of free treatment would break down. Moreover, the District Medical Officer, who would, in some areas, be the family doctor of the majority of cases, would strongly object to having large numbers of cases referred to him. He thought it best that the parents should be notified of what treatment was required and they could then get in touch with their family doctor.

Professor Cunningham asked if it would be sufficient to notify the family doctor of the proposed treatment.

Mr. Flynn said that it should be sufficient if the parents were notified and advised to consult the family doctor. If a major operation is involved, the consent of the parents has to be obtained.

Professor Cunningham said that, in his opinion, the family doctor should be notified in every case.

Mrs. Barry said that it was the parents' duty to see that their children got proper treatment and care.

Alderman McGuinness said that the procedure in Kilkenny was simple. Whether the child's parents had a medical card or not, the child was sent for specialist treatment, free of charge, if a defect was discovered at a school medical examination. The parents were asked for the name of the family doctor who was then notified of the child's complaint and who received reports on the treatment given. In this way the family doctor had a full record of the case, including diagnosis and treatment.

Professor Cunningham said that, if the Public Health Authority has the responsibility for providing the service, it should notify the family doctor; if action is left to the parents they may sometimes not take it.

Mr. Flynn said that he considered that they would be going far enough in notifying the parents and recommending that they should inform the doctor.

Mr. Macken said that in many cases parents say that they have not got a family doctor and if it was left to them to arrange for follow-up treatment, the school health examination system might be impaired.

Mrs. Barry suggested that the specific points of difference between Mr. Pelly and the sub-committee might be further considered.

Mr. Pelly said that it was difficult to reconcile paragraph 9 with paragraph 5 of the sub-committee's report.

/Mr. Macken

Mr. Macken expressed the opinion that one paragraph was merely a corollary of the other and that both sought to improve the present system.

The Chairman said that his experience with children over many years would not support the suggestion that 40% to 50% of the children initially screened required referral for further examination.

Mr. Pelly said that the actual proportion referred was about 12%. He added that the existing system was such that children who required treatment were not being referred for it.

Mr. Macken felt that they would need to have a very good factual basis for informing the Minister that the present system was very bad. He inquired whether any concrete information was available concerning defects in the present system of screening.

Mr. Pelly said that he thought the percentage of referrals should be about 40% but he had no confirmation of this. He would seek confirmation. Regardless of whether this percentage was right or wrong, he believed that the existing screening procedure was not adequate.

Mr. Macken was of the opinion that the Council should have substantial evidence to support any statements which might be incorporated in a recommendation to the Minister and said that, before a recommendation was made, such evidence should be obtained.

Mrs. Barry asked if it would be possible to ascertain how the screening system worked under the various County Councils.

The Secretary replied that, generally, the working of the system throughout the country was fairly standard and that the percentage of all children examined who were referred for further examination was about 12% - the same figure as that given by Dr. Condon for the Waterford area.

Mr. Flynn said that he did not doubt that the present system could be improved, for example, by having every child seen by an ophthalmic specialist, or by having all assistant C.M.O.s and nurses specially trained. In present circumstances, however, the medical people were satisfied that the existing procedure was working reasonably satisfactorily and such improvements as were practicable had been suggested in the report.

Alderman McGuinness said that he was in sympathy with Mr. Pelly's views. He had made similar complaints but had not received satisfactory replies, i.e. he had been told that the school inspection system was not perfect and there was room for improvement. He considered that the system ought not to be in existence at all if it was not perfect. He said that when a child is examined and passed the parents may assume that there is nothing wrong with the child and this can prove a wrong assumption if the examination is not thorough enough to pick up all defects. He agreed that the doctors and nurses could not be expected, under the present system, to carry out an exhaustive examination and he considered that a new system should be devised to give a better service.

Dr. Maguire said that when he was being sent to carry out his first school medical examination he was told that there would be some defects in the children which he would miss as it was not possible to examine any child wholly at such examination.

Mrs. Barry suggested that Miss Murphy, who was a public health nurse, might describe the screening procedure.

/Miss Murphy

Miss Murphy said that she had been doing screening examinations for 31 years. In the normal course, school-children are given three medical examinations during their time at school. In addition, both teachers and parents are invited to bring any child to a medical examination who they think is in need of any treatment. If any doubt arises concerning a child's sight he is referred to the County M.O.H. who refers him to a clinic if he considers it necessary. If a child is provided with glasses, he is later examined with and without the glasses to see whether the defect has been corrected.

Dr. Maguire said that the school ophthalmic service was excellent but he did not think that there were proper facilities for examining children before school-going age.

Miss Murphy said that parents are invited to bring all their children to the school medical examination. There was, in addition, the Child Welfare Clinic where the child could be seen from infancy.

In reply to Mr. Pelly, Miss Murphy stated that $\frac{6}{6}$ in both eyes was regarded as a satisfactory standard.

Mr. Pelly stated that when a child's eyes reached this standard it was assumed that there was nothing wrong with them but that this was not necessarily a correct assumption. He explained that the examination was merely a visual acuity test which would not show up such a defect as a latent squint.

Miss Murphy said that they never missed squints in screening examinations.

Mr. Pelly said that it was easy enough for a trained person to see a squint but a latent squint might be missed. It would be easy enough to evolve a screening process to get over this and he found no reason why a recommendation to this effect should not be put to the Minister.

Mr. Macken inquired whether figures were available of the number of children with latent squints and other latent defects who had been missed at the screening tests.

Mr. Pelly said that he did not have such figures but that, if it happened at all and could be avoided, it should be avoided.

Mr. Macken said that it was important to know what percentage of the children examined would have latent defects before a recommendation was made to the Minister.

Dr. Maguire said that such information could be obtained from an eye-specialist.

Mr. Flynn said that Mr. O'Hanrahan and he were in agreement that before a recommendation could be made the facts would have to be substantiated; they accordingly consulted Dr. Condon and his views coincided generally with those of Dr. Crookes, Ophthalmic Surgeon to Tipperary (N.R.) County Council.

Mr. Pelly said that, speaking solely of refraction, he would be as expert in this particular field as anybody else in the country. He thought that if the Council sought the opinion of a number of experts, these opinions would differ widely.

Mr. Macken said that the Council would need to be satisfied that the existing screening procedure was not satisfactory and that a new system was required. He suggested that the question should be referred back to the sub-committee to try to get details of the short-comings of the existing system and to agree on a new procedure.

Mr. Flynn said that before the matter was referred back, he would like

/to thank

to thank Mr. Moynihan for raising the whole question. When he had looked into it he had found that he had been able to remedy certain defects in the system in Tipperary.

In reply to Mrs. Barry, the Chairman said that the Committee could consult experts in the matter.

Mr. O'Hanrahan said that, before the sub-committee considered the matter further, they should have precise details from Mr. Pelly as to what he required. The present system was reasonably satisfactory and he considered that the number of children passing through the screening tests without having defects detected was very small. The question of special training for public health nurses was dealt with in paragraph 9 of the Report.

Mr. Pelly said that Mr. O'Hanrahan's suggestion was reasonable and that he would comply with it gladly.

Mr. Macken said that there were two points which he would like to be considered by the sub-committee. The first point was that the number of opticians who submitted tenders to a local authority for the supplying of glasses rarely exceeded two and that a way to attract more tenders should be found as a health authority might easily find itself without a supplier. He would also like the sub-committee to consider the possibility of training nurses to fit spectacle frames. The measurements could then be sent to the optician and the nurse would be able to test the spectacles on return to check that they were in accordance with the prescription.

Mr. Pelly said there were practical difficulties in fitting frames which required an optician to do the work.

It was finally agreed that the members of the sub-committee should arrange to meet again to consider the report fully in the light of the discussion. Mr. Moynihan said that, in the circumstances, he would not then pursue a point he had intended to raise about the supply of spectacles.

Mrs. Barry, Mrs. Hunt and Miss Murphy left the meeting at this stage.

Preparation of Annual Report

The Chairman said that the presentation of an annual report was not obligatory but that it had always been done. If a report was being prepared, it should be sent to the Minister as early as possible.

Mr. Macken proposed, and Dr. Maguire seconded, that the Secretary should be asked to prepare the Annual Report.

This was agreed.

Other Business

The Chairman said that one member of the Council was concerned about the position of children who were mentally ill and added that there were two Commissions at present dealing with matters relevant to this question.

Mr. Macken said that both Commissions were still taking evidence and that the Commission on Mental ^{Health} ~~Handicap~~ was concerned with all age groups.

Mr. Doherty said that he would like to get Professor Dunne's views on this question. There was a number of mentally ill children who were not being taken by institutions for the mentally handicapped and these children were accordingly sent to mental hospitals which are for adults and which have no facilities for children. He thought that these children should have the benefit of educational facilities and considered that special regional hospitals might be provided for mentally ill children.

Mr. Flynn thought that the matter would be worth looking into.

Mr. Macken thought that the views put forward by Mr. Doherty would be

met if it was recommended to the Minister that this problem of mentally ill children should be submitted for consideration to one or other of the Commissions at present sitting, as these Commissions had personnel better suited to consider this question than the members of the National Health Council.

Mr. Doherty proposed, and Mr. Moyzihan seconded, that it should be recommended to the Minister that the problem of mentally ill children be submitted for consideration to the appropriate Commission.

Mr. Doherty's motion was agreed to.

Date of Next Meeting

It was decided that the next meeting of the Council should be held on Thursday 25th April, 1963.

The meeting terminated at 5 p.m.

E.S.O. Brown
25/4/63.

NATIONAL HEALTH COUNCIL.

Report for year ended 31st March, 1963.

1. The National Health Council have pleasure in presenting this, their ninth Annual Report, to the Minister for Health.

2. In accordance with the terms of the Health Act, 1953, the term of office of the members of the Council expired on 31st March, 1962 and a new Council was appointed by the Minister. During the year ended 31st March, 1963, this Council held five meetings. The following is a list of the members, with the number of meetings attended by each during the year shown in brackets.

T.S. O'Driscoll, M.B., Chairman (5)
Dr. P.O. Ward, Vice-Chairman (5)
Dr. Declan N. Connelley (4)
Michael Costello, Esq., M.P.S.I. (5)
Professor J.P. Cunningham (4)
Leslie, Sean T. de Barra (5)
Miss A.W. Doherty, R.G.N., R.M. (3)
J. Doherty, Esq., R.M.N. (5)
Professor John Durne (4)
Sir Anthony C. Edwards, Bt., T.D. (2)
J.P. Flynn, Esq., (4)
Mrs. Lucy Hunt (3)
Senator Professor W.F.E. Jessop (-)
Alderman M.J. McGuinness (5)
M. Macken, Esq., (3)
Dr. E. MacSearraigh (3)
Dr. G. Maguire (5)
M. Moynihan, Esq., (5)
Miss M. Murphy, R.G.N., S.C.M. (5)
Eugene F. O'Donoghue, Esq., L.D.S. (3)
J. O'Harehan, Esq., F.R.C.S.I. (5)
T.T. O'Miggins, Esq., S.G., T.D. (-)
O.A. O'Sullivan, Esq., B.D.S. (4)

Laurence P. Felly, Esq., M.P.S.I., Dip. Opt. (3)

Harold Quinlan, Esq., M.D. (3)

Senator T. Dwyer (1)

Dr. J.P. Shanley (3)

Patrick J. Teehan, Esq. (3)

Dr. Mac Searraigh's absence from two meetings was due to illness.

3. Mr. Ó Bracáin was re-elected as Chairman and Dr. Ward was re-elected Vice-Chairman.

4. Establishment of a National Formulary.

This question had been under consideration by previous Councils and recommendations had been made to the Minister to consider preparing a national formulary for use in this country. During the year under review, members of the Council were invited to a meeting in the Department of Health to discuss the matter further. It was explained to the Council members that the Minister's functions in regard to the supply of medicines related only to the services which were made available for eligible persons under the Health Acts. It was not the Minister's function to interfere in private practice or to tell medical practitioners how they should carry out their dispensing work. So far as the Minister's obligations under the Health Acts were concerned, these were met by a number of lists of medicines which were prepared by the Department. A prescribed list of medicines, containing a wide range of standard preparations in common use and a special list mostly of proprietary preparations, ^{is} contracted for on behalf of all health authorities at reasonable prices. A further list is also issued which shows the equivalents, on the Prescribed and Special Lists, of proprietary preparations. The Department of Health was satisfied that this arrangement operated to provide the most economic arrangement for the supply of medicines by health authorities. In the light of this information, the Council agreed that, while the medical and pharmaceutical interests concerned might wish to take the matter further, there was no further action open to the Council.

5. Disabled Persons (Maintenance Allowances) (Amendment) Regulations, 1962.

The Council considered a draft of these Regulations, which provided for an increase, with effect from 1st August, 1962, from 22/6d. to 25/- a week in the maximum allowance payable under Section 50(5) of the Health Act, 1953 to disabled persons. The Council were glad to note that the allowance was being increased and they suggested that the Minister should consider the possibility of further increasing this allowance as soon as it was feasible.

6. Infectious Diseases (Maintenance) Regulations, 1962.

These Regulations provided for increases in the maintenance allowances payable to persons suffering from infectious diseases and to their dependants. The increases proposed were 5/- per week for a male or female with a dependant spouse and for a single person (or widow or widower) with an adult dependant, and 2/6 for a single person (or widow or widower) without an adult dependant. For the first two dependants under 16 years it was proposed to increase the allowance by 2/- in a county borough and 4/- elsewhere.

The Council considered a draft of the Regulations and had no comment to make on the text. They were glad to note the increases in the allowances and they suggested that the Minister should consider the possibility of further increases as soon as this was feasible; in particular, they suggested that the amount of the rent allowance payable under the Infectious Diseases (Maintenance) Allowances Regulations should be re-examined with a view to its being increased as soon as possible, having regard to the extent to which there had been increases in rents generally since the payment in question was last fixed at 15/-.

Arising out of their consideration of these Regulations, the Council also considered the question of eligibility for an infectious diseases allowance during the period of rehabilitation when the disease

is no longer active. The Council requested the Minister to take steps to provide that T.B. allowances be continued until such time as the Chief Medical Officer concerned certifies that full capacity for work has been restored.

7. OPHTHALMIC SERVICES.

Questions relating to ophthalmic services were under consideration by the Council during the year. The main questions considered were

1. the type of spectacle frame supplied by health authorities, and
2. the adequacy of eye screening tests at school health examinations.

On the question of the type of frame supplied, the Council passed a resolution recommending that local authorities should, in providing spectacles for the school medical service and other recipients, supply a type of frame which does not indicate that the recipient has received the frame at the expense of a public authority. A letter was received from the Department of Health in reply to this resolution. This letter stated that the majority of health authorities supply nickel-beaufort framed spectacles for adults and children under their ophthalmic schemes. These frames are nickel, with shell covering of the rims and side pieces, and could hardly be objected to on the grounds that they would indicate that the recipient had received them at the expense of the health authority. In some areas this type of spectacle frame is supplied to children only, adults being supplied with nickel-rimmed spectacles but in a few areas nickel-rimmed spectacles are provided for both adults and children. The letter also stated that, for several years past, the Department had been urging health authorities to supply a reasonably attractive spectacle frame under their service and that these efforts would be continued.

On the question of screening tests, some members of the Council felt that the present system was not sufficient to guarantee that certain defects in children's eyes would be discovered and the children referred for necessary specialist treatment. It was considered, on the other hand, that it would be impracticable to have every child examined

initially by an ophthalmic specialist.

A committee of the Council was set up to examine in detail the various questions raised. During the year the committee held three meetings and prepared a report for the March meeting of the Council. This report reviewed the existing ophthalmic services and made certain recommendations designed to effect an improvement in these services. The report was discussed by the Council and remitted for further consideration by the sub-committee. Their revised report had not been considered by the Council at the end of the period under review but it was adopted at the meeting held on 25th April and is attached as an appendix to this report.

8. During the year the high level of service provided by the Secretary and his assistants was maintained and the members of the Council wish to record, once again, their appreciation of this service.

CHAIRMAN.

Bealtaine, 1963.

Secretary.

NATIONAL HEALTH COUNCIL

Minutes of meeting held on 25th April, 1963 in the Conference Room, Arns Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. Ó Braoin, Uasal, Chairman
Dr. F.C. Ward
Dr. D.N. Connolly
Professor J.F. Cunningham
Leslie, Bean T. de Barra
J. Doherty, Esq., R.M.N.
J.P. Flynn, Esq.
Alderman M.J. McGuinness
M. Macken, Esq.
Dr. E. MacSearraigh
Dr. G. Maguire
M. Moynihan, Esq.
Miss M. Murphy, R.G.N., S.C.M.
J. O'Hanrahan, Esq., F.R.C.S.I.
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.
Dr. H. Quinlan
P.J. Teehan, Esq.

Apologies for their inability to attend were received from Miss A.W. Doherty, Professor J. Dunne, Sir Anthony C. Esmonde, Mrs. Lucy Hunt, Mr. E.F. O'Donoghue and Mr. C.A. O'Sullivan.

Minutes of previous meeting

The Chairman said that the following amendment to the minutes, as circulated, had been suggested:-

On page 6, line 42, "the Commission on Mental Handicap" should read "the Commission on Mental Illness".

The minutes, as amended, were approved and signed.

Dr. Ward said that he wished, on his own behalf and on behalf of the members of the Council, to extend their sincere sympathy to the Chairman and his family on the recent death of Mrs. Breen.

The members of the Council then stood in silence.

Election of Chairman and Vice-Chairman

Mr. Flynn proposed that Mr. Ó Braoin should be re-elected as Chairman.

Professor Cunningham seconded this proposal.

Mr. O'Braoin was unanimously elected Chairman.

The Chairman thanked the Council for re-electing him and said that he would carry out his duties as Chairman to the best of his ability. He thought, however, it was time the Council considered exercising its right to elect another member as Chairman.

Mr. Pelly proposed that Dr. Ward be re-elected as Vice-Chairman.

Alderman McGuinness seconded this proposal.

Dr. Ward was unanimously elected Vice-Chairman.

Dr. Ward thanked the Council for re-electing him.

Correspondence

There was no correspondence.

Report of sub-committee on ophthalmic services

Dr. MacSearraigh doubted if the report would ensure that children under school-going age would be seen by an ophthalmic surgeon. This was important because the damage due to squint may already be caused by the time the child is 3 years of age. He suggested that public health nurses might help in detecting squint.

The Chairman said that he thought this point was covered by paragraph 4 of the sub-committee's report.

Dr. MacSearraigh said he was doubtful if the recommendation in this paragraph would ensure adequate provision for discovering eye defects in very young children.

Mr. Pelly said that, if such defects were not discovered before the child was six years of age, little could be done to correct them.

Dr. Maguire considered that the responsibility for pre-school children rested on the parents' shoulders and for this reason a publicity campaign could help. Parents could be advised to bring their children to the dispensary doctor who could then refer the necessary cases to the ophthalmic surgeon.

Dr. Ward said he thought that the thanks of the Council were due to the members of the sub-committee who had produced a very practical report on the ophthalmic services. He proposed that the Council should accept this report and send it to the Minister.

Alderman McGuinness seconded this proposal.

Dr. Maguire asked if a person who did not wish to take the glasses supplied by a local authority could pay for a better pair.

Mr. Moyrihan said that the sub-committee had gone into this question. The committee considered including a paragraph on it in their report but thought that this was not necessary in view of the fact that, under the Health Act, no one was obliged to accept any service. He thought that everybody should have freedom in the choice of spectacles.

Dr. Maguire asked if a person who made a free choice of spectacles would get a subvention from a local authority.

Mr. Pelly said that, under the Social Welfare code, 15/6 was contributed towards the cost of glasses no matter what price they were.

Dr. Maguire said that he understood that spectacles could be bought at 11/6. He added that objection was taken to the fact that no contribution was made towards the cost of glasses above the standard of those supplied by the local authority.

Mr. Pelly said that in some cases the amount which the patient is required to pay for superior type frames can be quite considerable.

Mr. Flynn said that the sub-committee had learned that, in many cases, contracting opticians were allowed to charge extra for superior type frames. He thought that the local authority should make available a good type of frame, even if they had to pay more for it.

The Chairman thought that it was generally agreed that the recommendation in paragraph 8 of the report was acceptable. He suggested that the Council should accept the report and refer it to the Minister with the recommendation that he adopt the suggestions made in it. It was so agreed. The Chairman thanked the members of the sub-committee for their work in preparing the report.

Annual Report

The Chairman asked if there were any comments on the draft Annual Report.

Dr. MacSearraigh said that his absence from the Council meetings on a number of occasions was due to illness and asked if this might be recorded.

The Chairman said that there would be no objection to this. It had been suggested at the last meeting that the report of the sub-committee on ophthalmic services, when adopted, should be included in the Annual Report and he asked if members wished this to be done. It was agreed that the sub-committee's report should be included and an appropriate change be made in the draft Annual Report.

Mr. Moynihan said that the Report should also record the Council's appreciation of the services rendered by the Secretary and his assistants.

This was also agreed.

Other Business

Mrs. Barry said that she would like to have the question of chiropody services in this country put on the agenda for some future meeting.

Date of next meeting

It was decided that the next meeting of the Council should be held on Thursday, 20th June, 1963.

Mrs. Barry said that, as she could not be present on that day, she would submit a memorandum on chiropody services.

The meeting terminated at 4 p.m.

E.S. O'Brien
20/6/63

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on 20th June, 1963, in the Conference Room, Aras Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. O'Bracain, Uasal, Chairman
Dr. F.C. Ward
Dr. D.N. Connolly
Michael Costello, Esq., M.P.S.I.
J. Doherty, Esq., R.M.N.
Professor J. Dunne
J.P. Flynn, Esq.
Alderman M.J. McGuinness
M. Macken, Esq.
Dr. E. MacSearraigh
Miss M. Murphy, R.G.N., S.C.M.
J. O'Hanrahan, Esq., F.R.C.S.I.
C.A. O'Sullivan, Esq., B.D.S.
H. Quinlan, Esq., M.D.
P.J. Teehan, Esq.

Apologies for their inability to attend were received from Mrs. Barry, Professor Cunningham, Miss A. W. Doherty, Sir Anthony G. Esmonde, Mrs. L. Hunt, Dr. G. Maguire, Mr. E.F. O'Donoghue and Mr. L.P. Pelly.

Minutes of previous meeting

The minutes of the previous meeting were approved and signed.

Correspondence

The Secretary read the following letter which had been received from Mrs. Barry:

"Dear Mr. O'Rourke,

You will recollect that at the last meeting of the Council, I mentioned I might not be present at the June meeting. I had asked that an Item "Chiropody" might be placed on the Agenda for the June meeting and I promised a memo. for circulation.

I shall be in the U.S.A. at the time of your June meeting. I am attaching the memo as promised. The Item can now be placed on the Agenda for the meeting after the June one.

Please tender my apologies.

Yours sincerely,

(Sgd.) Leslie, Bean T. de Barra".

It was agreed that consideration of Mrs. Barry's memorandum should be deferred until the next meeting of the Council.

The Secretary read the following letter from the Department of Health, copies of which had been circulated to the members before the meeting:

"A Chara,

I am directed by the Minister for Health to refer to the resolution passed at the meeting of the National Health Council at their meeting on 14th March, 1963, recommending that the problem of mentally ill children

should be submitted for consideration by the appropriate Commission. I am to state that the problem of mentally ill children is included in the terms of reference of the Commission on Mental Illness. It is understood that the Commission has already given some consideration to this matter.

Wise, le meas,

(Sgd) P. S. O'Muireadhaigh"

Dr. MacSearraigh said that he was concerned about children who were not only mentally handicapped but also mentally ill and for whom there was little accommodation other than in mental hospitals. He considered that no mental hospital, other than a specialist hospital, was suitable for young children and he thought it very important that suitable accommodation should be found for the large number of such children. He hoped that the Commission would note the need for extra beds for these children. He added that the number of existing institutions for backward children was only a fraction of the number required and that the real problem in relation to these children was not so much a question of accommodation but of finding dedicated persons to look after them.

The Chairman said that there were two Commissions concerned with this problem, the Commission on Mental Illness and the Commission on Mental Handicap, and that this problem was getting serious consideration from both. He added that, if any member of the Council wished to give evidence to either of these Commissions, he could prepare a written submission for consideration by the Commission.

Dr. Ward suggested that, as Dr. MacSearraigh had given thought to the subject, he could make a submission to the appropriate Commission.

Dr. MacSearraigh said that it was a recognised fact that there were not enough institutions to deal with the problem of mentally ill and mentally handicapped children.

The Chairman said that he considered that the matter was not really appropriate for discussion by the Council. He suggested that Dr. MacSearraigh might consider taking it up as an individual. He added that the problem of backward children was more an educational than a health matter.

Professor Dunne said that the question of hospitalisation for some of these children was very urgent and that the existence of Commissions sometimes led to decisions being postponed for a long time. In St. Brendan's Mental Hospital there were 60 children as there was no other place for them. He considered that something should be done to relieve the situation while the report of the Commissions was awaited. He added that, in institutions for the mentally handicapped, the condition of a certain proportion of the children often worsens and he thought that there should be provision made in these institutions for dealing with the unmanageable cases. Mental hospitals were often forced, on humanitarian grounds, to admit these children and then the difficulty followed of making provision for them. It might, therefore, be suggested to the Commission that something should be done to relieve the situation pending a final report. He also thought that it was important to make allowance for the fact that individuals may be slow to make submissions to one of the Commissions and there was also the possibility that the Commission might not avail itself of an offer to give evidence.

The Chairman asked if the 60 children at present accommodated in Grangegorman were mentally handicapped.

Professor Dunne replied that about 95% of them were. He stated that there was a 30-bed hospital for the treatment of mentally ill children in operation since April but that there were only five suitable applicants so far for admission. He stated that mentally handicapped children were not accepted for admission

to this hospital. It was too soon yet to say whether it was meeting a demand but it was hoped that it would quickly fill up as the accommodation was available to the whole country and all the counties had been notified of it. The unit accepted children of both sexes from the age of two and, as it was a mixed unit, the acceptability of older children was determined more by their physical development than by strict reference to their age.

The Chairman said that this whole problem was considered over the years by previous Councils and representations had been made to the Minister about it. Because of these and other representations the Minister had agreed to set up a Commission on Mental Illness and one on Mental Handicap. He had also issued a White Paper on the care of mental defectives. The Chairman thought that the report of the Commission on Mental Handicap would hardly be available before the end of next year and he thought Dr. MacSearraigh might consider submitting a report to one or other of the Commissions.

Dr. MacSearraigh said that he would have a submission prepared by the Society of Medical Officers of Health.

Consideration of draft Regulations under Section 50 of the Health Act, 1953.

The Secretary said that, since the draft Regulations had been circulated, three minor changes had been made:

In the Disabled Persons (Rehabilitation) Regulations, Sub-section (1), in the second line, should read Sub-section (2), and the phrase "with the concurrence of the Minister for Finance" at the end of Article 4(2) should be deleted;

The same phrase should also be deleted from Article 5(2) of the Disabled Persons (Maintenance Allowances) Regulations.

On the Disabled Persons (Rehabilitation) Regulations, the Secretary explained that, under existing Regulations, local authorities could provide a rehabilitation training service for persons who had been suffering from infectious diseases. The new Regulations would now enable such training to be made available also for other classes of people. Health authorities could provide the training service themselves or make approved arrangements with other bodies to provide it. There was provision for paying such bodies for providing the service.

In regard to the Disabled Persons (Maintenance Allowances) Regulations, the Secretary pointed out that the Disabled Persons (Maintenance Allowances) (Amendment) Regulations, 1962, which were considered last year by the Council and which increased the maintenance allowances for disabled persons, were repeated in the first part of the new Regulations which also contained provision for a further increase in these allowances from 1st November next. There was also a new provision in the Regulations to enable health authorities to pay maintenance allowances to disabled persons while they were undergoing training.

Dr. MacSearraigh asked if he was correct in assuming that a disabled person in an institution such as Knockanally would get an allowance.

The Secretary replied that, generally speaking, this would be the case.

Dr. MacSearraigh said that he considered the provisions of the new Regulations humane and desirable.

The Chairman remarked that the Disabled Persons (Rehabilitation) Regulations contained general provisions for those in need of rehabilitation and that these Regulations brought into operation Section 50 of the Health Act, 1953 which had hitherto been dormant. He said that this was a decided

advantage as far as health matters were concerned. He considered that the Council should thank the Minister for bringing in these Regulations as they removed a long-felt want.

Professor Dunne said that the Regulations made no mention of the voluntary organisations which were, at present, providing training facilities.

The Secretary explained that the Regulations only empowered the Health Authorities to provide a service. When the regulations were being sent to Health Authorities they would be accompanied by a circular which would cover such matters of detail as the extent of co-operation with the voluntary bodies mentioned.

Mr. Flynn suggested that the Circular being issued with the Regulations should provide for the rehabilitation centres reporting regularly to health authorities on the progress being made by their patients. This would keep health authorities informed and enable them to judge how long payments should continue to be made.

It was agreed that this would be desirable.

Professor Dunne pointed out that there was a problem in securing employment for persons who had completed their rehabilitation training and the solving of this problem required an extensive organisation. He considered that rehabilitation was very important in the case of mental illness. Most mental hospitals had industrial therapy schools and the patients turned out products cheaply. Patients in Grangegorma recently made 200 chairs for a new hotel. Industrial units were needed for sheltered forms of employment in order to have patients discharged from mental hospitals.

Mr. O'Hanrahan, referring to the form of certificate relating to disability, pointed out that the date of examination of a patient was not shown nor the date of the onset of disability. He accepted, of course, that it might not be possible for a doctor to know when the disease started. He thought the date of examination might be shown in the certificate.

The Chairman said that he thought it was the practice to take the date of the doctor's signature as the date from which the patient was eligible for the allowance.

Mr. Macken agreed that this was so.

After some further discussion about the procedure followed in the determination of eligibility for an allowance, the Council decided that, apart from the points mentioned in discussion, they had no further comment to make on the draft Regulations.

Other Business

There was no other business.

Date of next meeting

Mr. Macken said that Thursday was not the most convenient day for him for meetings of the Council and that Friday was much more suitable. He added that the meetings of the Council had been changed from Friday to Thursday at the request of Mrs. Barry but he considered that Friday would be more suitable for the majority of members. He said that he would like this question to be placed on the Agenda for the next meeting.

Mr. Doherty agreed with Mr. Macken and added that Mr. Moynihan also found Thursday inconvenient.

Mr. McGuinness said he found Thursday quite suitable.

It was agreed that the question of the day of future meetings should be placed on the Agenda for the next meeting of the Council.

It was decided that the next meeting of the Council should take place on Thursday, 26th September, 1963.

The meeting terminated at 4.30 p.m.

*E.S.O. taken
26. 9. 63*

National Health Council

Minutes of Meeting held on 26th September, 1963 in the
Conference Room, Aras Mhic Dhiarmada, Store Street,
Dublin.

The members present were:-

E. S. Ó Braoin, Uas., Chairman,
Dr. F. C. Ward,
Dr. D. N. Connolly,
Dr. P. B. Cusack,
Leslie, Bean T. de Barra,
Miss A. W. Doherty, R.G.N., R.M.,
Professor J. Dunne,
Dr. M. J. Dyar,
Sir Anthony C. Esmonde, Bt., T.D.,
J. P. Flynn, Esq.,
Mrs. Lucy Hunt,
Alderman M. J. McGuinness,
Dr. E. MacSearraigh,
M. Moynihan, Esq.,
Miss M. Murphy, R.G.N., S.C.M.,
E. F. O'Donoghue, Esq., L.D.S.,
J. O'Hanrahan, Esq., F.R.C.S.I.,
C. A. O'Sullivan, Esq., B.D.S.,
Dr. Harold Quinlan,
P. J. Teehan, Esq.

Apologies for their inability to attend were received from Professor J. F. Cunningham, Mr. J. Doherty, Dr. G. Maguire, Dr. W.F. O'Dwyer and Mr. L. P. Pelly.

Minutes of Previous Meeting

The minutes of the meeting held on 20th June, 1963 were approved and signed.

Correspondence

The Secretary read the following letter which had been received from the Department of Health:

"A Chara,

I am directed by the Minister for Health to inform you that he has appointed the following persons, nominated by the Irish Medical Association, to be members of the National Health Council for the period ending on 31st March, 1964:-

P. B. Cusack, Esq., M.R.C.P.I., North Road, Monaghan;
W. F. O'Dwyer, Esq., M.D., 34 Fitzwilliam Place, Dublin;
M. J. Dyar, Esq., M.B., M.A.O., Westpark, Loughrea, Co. Galway.

These members have been informed that you will communicate with them regarding the date of the next meeting of the Council.

Mise, le meas,

(Signed) B. Hensey."

The Chairman said that he had great pleasure in welcoming back to the National Health Council representatives of the Irish Medical Association. A rather unfortunate chapter in the history of the Council was now closed. He was sure that the new members would have a valuable contribution to make to the proceedings of the Council, as did the previous members of the Association.

Dr. Dyar thanked the Chairman for his welcoming remarks and said that, as representatives of the Irish Medical Association, they were glad to be back on the Council.

Consideration of draft of the Consultative Health Committees (Dublin, Cork, Limerick and Waterford) Regulations, 1963.

The Secretary read the following letter which had been received from the Department of Health:

"A Chara,

I am directed by the Minister for Health to forward a draft of Regulations dealing with the establishment, under Section 48 of the Health Act, 1953 (as amended by Section 24(14) of the Health Authorities Act, 1960), of Consultative Health Committees in the Dublin, Cork, Limerick and Waterford areas. The former provisions dealing with Consultative Health Committees for those areas were based on the statutory independence of the County and County Borough Councils in each case for health purposes; they accordingly provided for the making of separate appointments by those bodies to the Committee in their particular area and for their giving advice on health matters separately to the City and the County Manager in each case. (The Dublin Committee's functions included the giving of advice to the Chief Executive Officer of the former Dublin Board of Assistance also). The Health Authorities Act provided, however, for the unified administration of the health services in the four areas in question by the new Health Authorities set up under the Act; the draft regulations now enclosed accordingly make provision for a single set of appointments to the new Committees i.e. by the Authority administering the health services in the area in question; and for the giving of advice on health matters to the Authority's Manager (and, in Dublin, to the Chief Executive Officer of the Health Authority also).

Insofar as the constitution, functions and meetings of the Committees are concerned, the draft regulations are based, in general, on the provisions in Section 48 of the Health Act, 1953 which deal with these matters in respect of consultative health committees appointed by county councils.

The Minister will be glad to have the views of the Council in relation to the draft regulations in due course.

Mise, le meas,

(Sgd) K. U. Connolly."

Dr. Dyar stated that in Article 4(5)(b) of the draft regulations reference was made to "the Dublin Chief Medical Officer". He stated that the correct title, in accordance with section 71(4) of the Health Act, 1947 was "the Dublin City Medical Officer". Similarly, in other Articles of the draft Regulations the title "Chief Medical Officer" was used instead of "City Medical Officer".

He stated that in Galway there was an active Consultative Health Committee which was performing useful work. He suggested that the Regulations should provide that the County Manager or his Deputy should attend at meetings of the Consultative Health Committee. This would be much preferable to their reading the minutes of the Committee's meetings and giving their views later.

Professor Durne said that, as far as he was aware, the post of Chief Medical Officer of the City of Dublin was a statutory post designated with this title.

The Secretary explained that the use of the title "Chief Medical Officer" was covered by the Health Authorities Act, 1960 which provided for the establishment of the office of chief medical officer under a health authority established by that Act.

Dr. MacSearraigh inquired whether the sole function of the National Health Council was to report on the draft Regulations before them or whether they might comment on the question of combining the health authorities.

The Chairman explained that the Council was entitled to make recommendations on the Regulations but not on the setting up of the health authorities, which was a matter of law.

Mrs. Barry asked if any changes were contemplated in the functions of the Consultative Health Committees as they previously operated.

The Chairman replied that the only change would be in the number of members on the Committees.

Mr. Moynihan said that there was no provision made for having members of the nursing profession on the Committees and he thought that one of the four members not required to have specific qualifications should be a nurse.

Dr. Dyar said that he supported this suggestion.

Mr. O'Sullivan said that dental disease was one of the most widespread and that many hospital beds were occupied because of lack of proper dental care. A large part of the cost of Social Welfare benefits was due to dental requirements. He suggested that provision should be made for having a Senior or Chief Dental Officer on the Consultative Health Committees.

Dr. MacSearraigh thought that, from the public health point of view, there should be a Veterinary Surgeon on the Committee.

Mr. O'Hanrahan considered that, following the final report of the Select Committee of the Dail on the Health Services, the Consultative Health Committees, which are at present large and unwieldy, should have their functions, duties, and the regulations governing the frequency of their meetings revised.

Dr. Dyar said that in County Galway the Manager or his Deputy always attended meetings of the Consultative Health Committee. He thought that only the Committees of Counties Galway and Westmeath were working properly.

Mr. Flynn stated that the two Consultative Health Committees in Co. Tipperary met quarterly and that the Manager or his Assistant was always present. He added that it was the Manager who supplied the Committee with information. He considered that the Committees were very useful. In County Tipperary there was no fixed agenda as free discussion of any questions raised was preferred. Mr. Flynn added that the County Management Act did not compel the County Manager to attend any Meetings because he could at any time have official business elsewhere. He thought it was better not to put health authority officials on the Committee but to appoint public representatives and private professional men.

Dr. Dyar thought that, if the Manager was present, it would ensure that most benefit was gained from a Committee meeting but that, if he did not attend and merely read the minutes of the meeting later, then he would not be aware of the feeling at the meeting or of the detailed discussions. He considered the Committee a valuable forum because the absence of members of the Press allowed the doctors to talk freely.

Dr. MacSearraigh said that the Committee in County Laois, which met quarterly, provided a good open forum for discussion.

The Chairman said that a letter had been received from Mr. Felly suggesting that the membership of the Committees should include representatives from the Dental and Ophthalmic professions.

Mr. Flynn said that he had not been successful in getting a dental representative on his Committees.

Alderman McGuinness asked if there was any obligation to call meetings of the Committee at regular intervals. He stated that there had been no meeting of the Co. Kilkenny Committee for a considerable time.

Sir Anthony Eamonde remarked that the Regulations applied to Dublin, Cork, Limerick and Waterford only but that the Council were discussing the question of Consultative Health Committees generally.

The Chairman said that Mr. Flynn's point would be met if the recommendations put forward by members of the Council concerning the appointment of nurses, dentists and other professional classes to the Committees were brought to the attention of health authorities by the Minister.

Professor Dunne said that the Regulations made provision for the presence on the Committee of six members of the Health Authority. He suggested that, because of the importance of psychiatric medicine at the present time, there should be a psychiatrist on the Committee.

Mrs. Barry inquired by whom appointments to the Committee were made.

The Chairman replied that the relevant health authority made these appointments.

Professor Dunne stated that, unless a health authority is told to do so, it will not appoint to the Committee anyone not specified in the Regulations, but will fill up the membership by appointing members of the authority. He considered that the Consultative Health Committees should be required by standing orders to meet once a quarter and that there should be specified times and agendas for the meetings.

Mr. Flynn doubted the value of having local authority officers on the Committees. He said that normally it was the duty of the Chief Medical Officer and other local authority Medical Officers to advise the Manager and he considered that their advice in normal circumstances carried more weight than advice given at Committee Meetings.

Professor Dunne stated that he considered that a Committee would not be fully representative unless there was a psychiatrist on it.

Mr. O'Hanrahan stated that it was a flaw that regular meeting dates were not fixed. He added that no agenda was drawn up for Committee meetings and that very little interest was taken in them by the people concerned. He considered that Committee meetings resulted in a debate between different interests as in the case of County Council Meetings. He suggested that the meetings of Committees should be put on a proper basis with standing orders and agenda or else they would serve no useful purpose.

Dr. Dyar said that he did not agree with this view. He stated that the County Galway Committee met regularly, had fixed agendas for its meetings and discussed systematically all aspects of the health service. He added that this Committee was very useful.

Mr. Flynn said that this was not really an agenda but rather a fixed list of items to be considered. He agreed that the Committee was very useful.

The Chairman remarked that in Dublin there were four seats on the Committee which could be filled as the Health Authority wished. He suggested that it might meet the wishes of the Council if the Minister were asked to recommend to health authorities that representatives of other bodies, such as nurses, dentists and psychiatrists, be appointed to the seats on the Committees which the health authorities could fill as they wished.

Mrs. Barry thought that the recommendation that four seats on the

Committee might be filled by representatives of the dental, psychiatric, ophthalmic and nursing professions should be accepted. She considered that it would be well to allow the Consultative Committee itself to decide whether the Manager or his Assistant should be present at its meetings because of the possible effect on their other duties.

Mr. Flynn said that, as far as he knew, County Managers always attended Committee meetings.

The Chairman said that his experience also was that Managers attended these Meetings.

Dr. Dyar said that, in the light of the discussion, he would not press this point any further.

Dr. Cosack suggested that the Council might recommend that provision be made for quarterly meetings.

Mr. O'Hanrahan said that he felt that, if this provision was made, the other difficulties would work themselves out.

The Chairman suggested that a recommendation might be sent to the Minister that the Department should request Health Authorities to consider including nursing, dental and psychiatric representatives in the membership of Consultative Health Committees.

Dr. MacSearraigh said that veterinary surgeons should be included in the Committees from the public health point of view.

It was agreed that the recommendations concerning the composition of the Committees and the holding of quarterly meetings should be forwarded to the Minister. It was also agreed that Dr. Dyar's query regarding the necessity of changing "Chief Medical Officer" to "City Medical Officer" should be drawn to the attention of the Department.

Chiropody Services

Mrs. Barry said that she had raised this question and asked for the circulation of a memorandum because she thought that chiropody should be included in the health service, even though this might not be possible immediately. Chiropody is an essential service in the proper care of the aged. It helps to make elderly people mobile and would reduce the bed occupancy of hospitals. This country is one of the very few in Europe which has not included this service in its National Health Services. The matter had been brought particularly to her notice by the opening in Cork of a College of Surgical Chiropody. Persons could qualify at this College by correspondence courses. The Minister had, in the Dáil, drawn attention to this College and had pointed out that its graduates had no licences to practice chiropody. Some of these people are practising as Chiropodists and in some instances their services have been availed of by Surgeons. She considered that this was not a good development. In England the practice of chiropody by persons who are not properly qualified is being stopped and many of the quacks are coming to Ireland.

Mrs. Barry recommended (1) that chiropody should be included as part of the health service and (2) that hospitals and surgeons should not avail of the services of persons who are not properly qualified.

Dr. MacSearraigh said that he agreed with Mrs. Barry's recommendation. A person whose feet are in bad condition cannot be very active. He considered that there might be a number of difficulties in developing the service such as deciding where chiropody ends and physiotherapy begins. He agreed that chiropody should be a part of the health service.

The Chairman asked on what basis the figure of 800,000 people, who

are stated to require chiropody treatment, was estimated.

Mrs. Barry replied that she considered the number requiring chiropody treatment must be very high, having regard to the numbers who seek appointments with the three chiropodists in Cork. She added that there was no training college for chiropodists in Ireland but that extensive courses are available in Britain. There were, however, only 52 persons in Ireland who had certificates from professional bodies in Britain. She said that the professional bodies in Britain and also in Ireland had decided that they would bring out a list of fully qualified persons and there would then no longer be a danger of hospital authorities employing unqualified persons.

Professor Dunne said that there were chiropodists employed in St. Brendan's, St. Ita's and St. Loman's Mental Hospitals. He said that these chiropodists were very busy. He considered chiropody an essential service in mental hospitals as many patients would be confined to bed if the services of a chiropodist were not available. He also thought that a chiropody service was useful for children. He suggested that an attempt should be made to decide what qualifications a chiropodist should be required to have.

Dr. Quinlan said that he favoured the development of a chiropody service. A large number of patients in hospitals are crippled through lack of chiropody. He suggested that consideration might be given to propaganda for the better design of footwear.

Sir Anthony Esmonde said that the major difficulty was the absence of a register of qualified chiropodists.

Miss Murphy said that persons doing a correspondence course in chiropody might qualify in six months and the person so qualifying could be quite competent.

Sir Anthony Esmonde said that they should be quite clear as to what they wanted and what might follow from their recommendations. If the partly qualified chiropodists were excluded from practice, they might be left, for a time, without any service and this could be a dis-service to the community.

Mrs. Barry said that, until a college recognised by the Department comes into being, a list of minimum qualifications should be drawn up for the attention of the public.

Mr. O'Hanrahan said that there is provision for the Manager to employ a chiropodist in any institution. He remarked that a high proportion of the chiropodists available are poorly qualified and that consequently there would be very few chiropodists left if those poorly qualified were not allowed to practice. He added that if high qualifications are insisted on here then chiropodists, on qualifying, would emigrate to England as the pay would be higher there. When a school for physiotherapy was first set up here the physiotherapists went to England after training.

Mr. Flynn said that we would have to be in a position to recognise the difference in courses of training. He considered that a nurse in a hospital could provide some chiropody treatment but chiropodists have done good work in hospitals. He said that he knew of two persons who engaged in chiropody in their spare time only but that the local authority was very glad to avail of their services, as it was considered that employing such people was better than not employing anybody at all.

Mrs. Barry quoted the following extract from the Minister's reply to a Parliamentary Question on 7th March, 1963:

"In order to make the position quite clear, I think it is desirable that I should put on record that a certificate that a person had undertaken this training (which consists of a correspondence course requiring, according to the prospectus, an hour's study daily for six months,

followed by a fortnight's practical instruction) is not accepted as having any value in relation to any public appointment in this country at present and, further, that it is extremely unlikely that it will have any such value at any future date."

Mr. Flynn said that a qualified nurse who did this course should be able to give a reasonably good service.

Dr. Cusack said that he agreed that a nurse after a course of six months, or even a lot less, should be competent to undertake work in chiropody. A number of the conditions dealt with by chiropodists may be symptomatic of an underlying condition which requires treatment. A nurse, because of her basic training and experience is in a better position than most other persons to recognise and deal with these conditions.

Sir Anthony Esmonde enquired how long did it take for a person to qualify as a chiropodist in the fully accepted sense. He thought that it might be recommended to the Minister that short training courses in chiropody be provided for nurses.

Dr. Cusack was of the opinion that a good nurse with the S.R.N. qualification would be capable of completing such a course in about one month.

Mr. O'Hanrahan said that the Minister's statement in the Dáil was very wise. If an unqualified person treats a foot condition he may do harm to it and the condition may become very serious, with the possibility of the loss of a limb. He suggested that a satisfactory service could be provided by nurses qualified in chiropody visiting the different hospitals.

Professor Dunne said that a course for chiropodists could be provided on the same lines as that for Sister Tutors. If such a course was available the number of qualified chiropodists would soon increase. The first thing to do, therefore, is to establish a recognised training course. Nurses would make suitable candidates for such a course but sufficient numbers of them might not be forthcoming. He did not agree that it would be easy to qualify in chiropody as training was required in a lot of techniques and instruments. He suggested that the Minister might be asked to arrange for the establishment of recognised training courses and to recommend to health authorities that chiropody should be regarded as an important part of the health service.

Mr. Flynn remarked that if provision was made for the training of nurses in chiropody as suggested they would have the necessary background in physiology.

Mrs. Barry stated that the Department could work out the necessary details in regard to the implementation of such a scheme for nurses.

Dr. Dyar said that, although the Minister had indicated the standard of qualifications for chiropodists which he would not accept, he had not indicated the standard which he would accept and he considered that the Minister should be asked what standards he accepted.

Mr. O'Sullivan stated that when the Dental Register was initiated there was the differentiation between dental surgeons and dentists but provision was made for the persons without formal qualifications by allowing them to continue to practice.

Miss Murphy remarked that the same had happened in the case of nurses.

It was agreed that the matter should be referred to the Minister with a request that chiropody be recognised as part of the health services.

Day of Future Meetings

Mrs. Barry said that it was on her request that the day of the meetings

had been changed from Friday to Thursday but that, in view of the inconvenience it was causing to some members of the Council, she was now withdrawing her preference for Thursday.

Dr. Cusack said that Thursday suited him better.

Sir Anthony Esmonde said that he could not normally attend meetings of the Council on Thursdays.

The Chairman stated that Dr. Maguire had stated a preference for Thursday.

Dr. MacSearraigh said that he would not be able to attend meetings of the Council held on the first Thursday or fifth Friday of the month.

Mr. O'Hanrahan proposed and Professor Dunne seconded that the day of the meeting be changed from Thursday to Friday.

This was agreed.

Other Business

There was no other business.

The Chairman explained to the new members that if they wished to have any matter considered at a meeting of the Council they could send advance notice to the Secretary in accordance with the procedure laid down in the standing orders.

The Chairman proposed that the Council extend its congratulations to Mrs. Barry on the signal honour recently conferred on her by the National University.

This proposal was carried with acclamation.

Date of Next Meeting

The next meeting was fixed for Friday, 22nd November, 1963.

The meeting terminated at 4.50 p.m.

E.S.O. Donegan
18/10/63

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on 18th October, 1963 in the Conference Room,
Custom House, Dublin.

The members present were:-

E.S. Ó Braoin, Uasal, Chairman,
Dr. F.C. Ward,
Dr. D.N. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
Dr. P.B. Cusack,
J. Doherty, Esq., R.M.N.,
Dr. M.J. Dyar,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Mrs. Lucy Hunt,
Alderman M.J. McGuinness,
M. Maoken, Esq.,
Dr. E. MacSearraigh,
Dr. G. Maguire,
M. Moynihan, Esq.,
Miss M. Murphy,
Dr. W.F. O'Dwyer,
J. O'Hanrahan, Esq., F.R.C.S.I.,
Dr. J.P. Shanley,
P.J. Teehan, Esq.,

Apologies for their inability to attend were received from Mrs. Barry,
Professor J. Dunne, Mr. E.P. O'Donoghue and Mr. C.A. O'Sullivan.

Minutes of previous meeting

The minutes of the meeting held on 26th September were approved and signed.

Correspondence

The Chairman said that there was no correspondence other than that relating
to Item 3 on the Agenda.

Consideration of Draft of Infectious Diseases (Maintenance) Regulations, 1963.

The Chairman said that these Maintenance Allowances had been under
consideration by the Council on the last occasion on which they were increased,
when the Council had asked the Minister to increase them again as soon as
possible and to examine the amount of the rent allowance. He referred to the
increases proposed under the new Regulations and stated that it was particularly
gratifying to note that the maximum rent allowance was being doubled, from
15/- to 30/- a week.

Alderman McGuinness said that, as he had raised the question of the rent
allowance on the last occasion, he wished to express his satisfaction at the
increase now proposed.

Mr. Moynihan referred to the differential in the amount of the allowance
paid in County Boroughs and in other areas. He suggested that there was now
no need for this differential and that it should be eliminated.

The Chairman said that they could not expect this change to be made in
the present Regulations but that it could be put to the Minister for consideration
on the occasion of the next amendment of the Regulations.

It was agreed that Mr. Moynihan's recommendation should be put to the Minister for consideration on a future occasion. It was also agreed that the Council should express its thanks to the Minister for increasing the rent allowance so substantially.

Dr. MacSearraigh said that a definition of "institutional services" in the Schedule to the Regulations was required. He said that if a patient in a mental hospital was suffering from tuberculosis and was being treated for it in the mental hospital, he was not paid an allowance. He considered that an allowance should be paid in such a case.

Mr. Macken said that the purpose of the maintenance allowance was to encourage persons suffering from tuberculosis to get institutional treatment. In the case of a mental hospital patient, however, he is in the mental hospital primarily for mental treatment and if he develops tuberculosis or any other illness while there the case for payment of an infectious diseases allowance does not exist. Complications would arise if tuberculosis patients in institutions other than sanatoria were granted allowances as this would encourage such patients to seek treatment in non-tuberculosis institutions.

Dr. MacSearraigh said that tuberculosis was not the only disease concerned in this problem.

Mr. Macken said that there were not sufficient grounds to justify a recommendation by the Council that a person in a mental hospital who is suffering from tuberculosis should obtain an allowance. Such a recommendation would be unfair to those patients in mental hospitals who would not get an allowance.

Dr. MacSearraigh thought all persons suffering from tuberculosis were entitled to the same benefits irrespective of where any of them may be receiving treatment.

Mr. Flynn said that he agreed with Mr. Macken. Tuberculosis may be treated either in a tuberculosis institution or outside such an institution and the allowance is paid as an encouragement to the patient to go into the institution. A patient in a mental hospital is not there primarily for the treatment of tuberculosis and there is no justification for paying the allowance to him. Mental patients may, in addition, suffer from diseases other than tuberculosis and there is no reason why the mental patient with tuberculosis should be paid an allowance when a mental patient with any other disease was not.

Dr. Dyer remarked that a mental hospital patient's anxiety about his financial state could be the cause of keeping him in hospital and if an allowance were granted to him, this anxiety would be relieved.

Mr. O'Hanrahan thought that it was very difficult for a chief medical officer of a local authority to certify that a person was receiving adequate treatment for tuberculosis in a mental hospital. He added that it was not fair that one patient in a mental hospital should receive an allowance which the others were not getting.

Sir Anthony Edwards asked what was done about a patient in a mental hospital who developed tuberculosis and who would not be accepted in a sanatorium. He thought that such situations required attention as a tuberculous patient in a mental hospital could affect the others.

Mr. Macken replied that some mental hospitals had a special Unit for the treatment of tuberculosis.

Mr. Doherty said, in reply to a query from the Chairman, that he thought there were very few patients in mental hospitals being treated for tuberculosis. A large proportion of such patients are sent to Castlereagh.

Dr. MacSearraigh said that he considered that the incidence of tuberculosis in mental hospitals was high. He thought that it was a problem which called for attention.

Mr. Flynn said that there are patients in mental hospitals suffering from

tuberculosis but they are there on the advice and under the general supervision of the County Medical Officer of Health. They are, however, primarily mental patients and must be regarded as such.

Dr. MacSearraigh said that the particular case which he had in mind was well known to himself and he was glad to have found that skilful treatment was provided for this person by the Medical Officer of the Mental Hospital. With regard to people not getting an allowance for diseases other than tuberculosis, Dr. MacSearraigh thought that cancer was the most deserving of these especially since it caused so much distress to the patient's family.

Mr. Flynn said that the anxiety of the patients, mentioned by Dr. Dyar, existed for most mental hospital patients and not only for those suffering from tuberculosis.

Dr. MacSearraigh then proposed, and Dr. Dyar seconded, that the Council should ask the Minister to consider giving the maintenance allowance to patients in mental hospitals who were suffering from tuberculosis.

Mr. O'Hanrahan suggested that the recommendation be confined to persons undergoing active treatment for tuberculosis in mental hospitals.

The Chairman said that Mr. O'Hanrahan's statement could be incorporated in the recommendation proposed by Dr. MacSearraigh.

Mr. Macken said that, in discussing this problem, it was necessary to recall the purpose of granting these allowances, which was to encourage people to leave their families and to avail themselves of treatment for tuberculosis. If the cause of leaving his family was something other than tuberculosis then there was no case for paying him the maintenance allowance. If it were to be done for one class of person, then everyone entering hospital should get a similar allowance. He would have to dissent from Dr. MacSearraigh's proposal.

Mr. Flynn said that he also dissented from this proposal. He added that tuberculosis allowances had encouraged large numbers to enter sanatoria and so helped to defeat the disease.

In reply to a query from Sir Anthony Esmonde, the Chairman said that tuberculosis is not the only disease to which the Infectious Diseases allowances apply. He read a list of the other infectious diseases concerned.

Dr. MacSearraigh said that he was constantly receiving representations to get allowances for persons who have passed the infectious stage. He agreed that the primary argument in favour of paying the allowance was to encourage the patient to go into an institution. He thought that a patient being treated for tuberculosis in, say, Ballinasloe Mental Hospital should be entitled to this allowance.

Dr. Dyar thought that there should not be differentiation on the question of granting allowances for administrative convenience. He said that if a person is suffering from T.B., he should receive an allowance irrespective of the institution he may be in and he suggested that this be recommended to the Minister.

A show of hands on Dr. MacSearraigh's resolution gave 9 in favour and 9 against.

The Chairman said that he considered that the case put forward by the County Managers was the proper one but that, as the Council was evenly divided on the issue, he considered that the matter should be put to the Minister for decision. He was, therefore, casting his vote in favour of Dr. MacSearraigh's resolution.

Mr. Moynihan referred to paragraph 1(a) and (b) of Part Two of the

Schedule to the draft Regulations. He said that the amounts specified (17/- and £1. 2. 0d.) are unrealistic as wages in present day circumstances. He suggested that the amount payable under this paragraph should be specified as a fixed amount and that the health authority should not be given the option of reducing it.

Mr. Macken said that in some rural areas domestic wages were very small. The provision in the regulations simply meant that the person receiving this extra allowance would not get more than he was paying out.

Mr. Moynihan said that, while he still considered that 17/- a week was an unrealistic wage, he was satisfied with the reason for this provision.

Apart from the recommendations made above, the Council had no other observations to make on the draft regulations.

Other Business

There was no other business.

Date of next meeting

The next meeting was fixed for Friday, 13th December, 1963.

The meeting terminated at 4.10 p.m.

E.S.O. Khamr.
6/12/63.

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on 6th December, 1963 in the Conference Room,
Aras Mhic Dhiarmada, Dublin.

The members present were:-

E.S. Ó Braoin, Uasal, Chairman,
Dr. D.N. Connolly,
Professor J.F. Cunningham,
Dr. P. B. Cusack,
J. Doherty, Esq., R.M.N.,
Professor John Dunne,
Dr. M.J. Dyar,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Alderman M.J. McGuinness,
M. Macken, Esq.,
Dr. E. MacSearraigh,
Dr. G. Maguire,
Miss M. Murphy, R.G.N., S.C.M.,
J. O'Hanrahan, Esq., F.R.C.S.I.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
P.J. Teehan, Esq.,

Apologies for their inability to attend were received from Mrs. Barry,
Miss A.W. Doherty, Mrs. Lucy Hunt, Mr. M. Moynihan, Dr. W.F. O'Dwyer,
Mr. C.A. O'Sullivan, Dr. H. Quinlan and Dr. F.C. Ward.

Minutes of previous meeting

The minutes of the meeting held on 18th October were approved and signed.

Correspondence

The Chairman referred to the letter of 29th November which had been received from the Department, and copies of which had been circulated before the meeting. The following is the text of the letter:

"A Chara,

I am directed by the Minister for Health to refer to your letter of 4th instant conveying the recommendations made by the National Health Council at their meeting of 18th October, concerning the Infectious Diseases (Maintenance) Regulations. The suggestion in regard to the elimination of the differential in the amount of the allowance paid in County Boroughs and elsewhere has been noted for consideration in connection with any future amendment of the Regulations.

With regard to the recommendation concerning the grant of allowances under the Regulations to tuberculous patients in mental hospitals, I am to explain that the relevant statutory conditions stipulate that allowances are payable only to patients who are undergoing treatment for infectious disease and are thereby prevented from making reasonable and proper provision for their own maintenance or the maintenance of their dependants. It will be appreciated that patients received in mental hospitals who develop tuberculosis do not satisfy the condition referred to in as much as they were admitted to and are maintained in the mental hospital for the treatment of mental illness, and accordingly are not eligible for allowances under the Regulations.

Mise, le meas,

(Sgd.) T.J. Brady."

Sir Anthony Esmonde, referring to the last sentence of the letter, said that, even though the person concerned was a mental patient, the fact remained that he was suffering from, and being treated for, tuberculosis. The allowance is provided for persons who are being treated for infectious diseases and he did not see why such a person who was also mentally ill should be disqualified from this allowance.

Professor Dunne said that this exception to the payment of the infectious diseases allowance applied only to patients who developed tuberculosis after they went into a mental hospital. He said that such cases were exceptional and that it could be argued that it was not worthwhile excluding them from the scope of the allowances. Most tuberculous patients in mental hospitals have developed tuberculosis before entering the mental hospital and these are not precluded from payment of the allowance.

Sir Anthony Esmonde pointed out that the last paragraph of the letter from the Department referred to patients who contracted tuberculosis after admission to mental hospitals.

Mr. Flynn said that infectious diseases allowances were granted to tuberculous patients to encourage them, by helping them to provide for themselves and their families, to seek treatment in a tuberculosis institution.

Sir Anthony Esmonde thought that mental patients, in their lucid intervals, would suffer from anxiety for their dependants just as a tuberculosis patient would. As a tuberculosis patient receives an allowance to relieve his anxiety for dependants he thought there was a good case for bringing mental patients suffering from tuberculosis within the scope of the Regulations.

Mr. Flynn said that this argument for payment of the allowance, i.e., by helping to relieve anxiety to maintain the patient's dependants, applied equally to all patients in a mental hospital.

Sir Anthony Esmonde said that there were two reasons for payment of this allowance:

- (1) to encourage the patient to go to an institution and
- (2) to ease his mind, which, it was generally agreed, helped in his recovery.

He said that mental patients do, at times, appreciate that they have relations who may be in need of assistance and this may cause them worry.

The Chairman said that this question had been dealt with at the last meeting. The fact that a patient who develops tuberculosis while in a mental hospital does not get the allowance, had been referred to the Department for clarification and to get the Minister's views. He thought that the point raised by Professor Dunne, that there were very few such patients and that to extend the allowance to them would not cost very much, was very important. He enquired whether the Council would ask the Minister to consider including these patients at some future date.

Mr. Macken said that it was important to remember that tuberculosis allowances are paid to patients both inside and outside hospitals and that the rate paid to patients outside hospitals is higher. It was also important to remember that it was entirely a matter for the patient's doctor to decide whether he should receive treatment in hospital or not. The purpose of the allowance is to encourage a patient to discontinue his work and so, not only help him to recover, but also help to curb the spread of infection. If the purpose in granting allowances was to ease the anxiety of persons in institutions for their dependants then there would be a case for giving all patients in institutions an allowance. This was an impractical proposition as the expenditure involved would be enormous. In the case of a tuberculous patient in a mental hospital, the conditions on which infectious diseases allowances are granted are not satisfied.

Professor Dunne said that, when a mental patient becomes lucid, he is

generally discharged. If he has tuberculosis he will, at that stage, be referred to a tuberculosis hospital and will qualify for the allowance. If the tuberculosis is discovered only after his admission to the mental hospital, the local authority is informed and the patient becomes eligible for an allowance on his discharge.

Mr. Macken said that, apart from the infectious diseases allowance, other forms of assistance exist for payment in case of necessity. In any case of real need, home assistance is always available. It should also be remembered that a Social Welfare Allowance may be payable to a person in a mental hospital, and, in fact, the infectious diseases allowance may be rebated by the amount of any Social Welfare allowance payable.

Dr. Dyar said that he saw the Manager's point of view but he considered that there was hardship to patients involved. As the number of patients concerned was small, he thought that it should not be too difficult to do something for them. Mr. Macken had pointed out, however, there were other provisions for alleviating hardship and the situation could, therefore, be dealt with in another way. He did not wish, in the circumstances, to pursue the matter further.

Consideration of the following motion proposed by Dr. Dyar:-

"that the Council advise the Minister that, as a contribution towards the early diagnosis of cancer, a cyto-diagnostic service be made available."

Dr. Dyar said that this matter had been considered at the Annual General Meeting of the Irish Medical Association. He said that a cyto-diagnostic service involved getting cells from parts of the body and having them examined to see whether they included any cancer cells. The method was successful in the early diagnosis of cancer. It had been in use for eight to ten years in other countries but in Ireland we are, to an extent, lagging behind. He knew there were centres in Ireland where this work was done but he considered that the service should be expanded and, in particular, it should be available to general practitioners. It was through the general practitioners that there existed the greatest scope for detecting cases of cancer in the early stages since people go far more frequently to their doctor than to specialist medical centres.

Dr. Dyar said that when he had been in New Zealand in 1961 he found that general practitioners there were using the technique for the detection of uterine cancers. Out of a total of 20,000 examinations in 1961 a positive rate of 3 to 4 per thousand had been discovered and this was considered surprisingly high. He said that, generally speaking, the medical profession were agreed on the desirability of this form of diagnosis. He considered, however, that it needed the support of the Department of Health to co-ordinate the available facilities if the scheme were to be operated on a large scale. The way in which the Department organised the arrangements for blood testing and grouping was a parallel case. He said that a certain amount of this work is being done by a number of pathologists in this country but that, if the arrangements were put on a properly organised footing, these pathologists might find themselves short of technicians to handle the increased volume of work. He suggested that, if provision was made for allowing extra technicians to pathologists at two or three centres, the scheme could be got under way.

The Chairman asked Dr. Dyar what the cost of the service was per thousand of population in New Zealand.

Dr. Dyar replied that he did not have exact figures but he thought that it would cost between £300 and £400 to detect a case. He added that in New Zealand the expenditure involved was considered worth while. The service in this country could be undertaken by a National Institute but this would make the service very costly. He thought that the doctors in this country were capable of providing this service but there would be a problem in finding an adequate number of technicians.

Sir Anthony Esmonde said that a difficulty arose in getting people to come forward for examination.

Dr. Dyar said that this was one of the main reasons for having the service provided at general practitioner level as it could be done as a routine, even where there were no symptoms.

Professor Cunningham enquired what difficulty existed in having this service provided at present by general practitioners.

Dr. Dyar replied that any doctor who wished to have these tests done could easily arrange it. He stated, however, that, to organise the tests on a wide basis, it would be necessary to have the assistance of the Department in publicising and co-ordinating the service.

Dr. McSearraigh enquired whether the service would be free to all or to persons in the lower income group only.

Dr. Dyar thought that such a service would come within the category of preventive medicine and could, therefore, be provided free. The fact that it would be difficult to persuade seemingly healthy persons to undergo a costly medical examination was a further reason for providing a free service.

Professor Cunningham said that this was a method of diagnosis which started in America 10 to 12 years ago and has since spread to other parts of the world. In America it was first used to diagnose cancer of the uterus by examining specimens from women who were admitted to hospital. By this means a certain number of cancer cases were brought to light. When the investigation was extended to outpatients, a lower incidence of the disease was found. In England, people in general were now encouraged to come forward for examinations and the incidence of cancer in such persons was found to be even lower. One of the difficulties being encountered is to decide how often people should come forward for this examination. For cancer of the uterus, women of certain ages only were concerned. The need to detect cancer of the lungs also arose.

In Ireland, cyto-diagnostic work is done at U.C.D., College of Surgeons, Mater, and St. Vincent's Hospitals and probably elsewhere. The pathologists say that they are seldom asked to do this work except by gynaecologists. In England it has been found that for a comprehensive scheme of investigation the cost is about 10/- per person examined so that it can cost quite a lot of money to have one case of cancer diagnosed. If a general practitioner wanted to do this examination he could have the pathological work carried out in Dublin. If, however, a diagnostic scheme was extended to the whole population it would be a considerable undertaking. He was against having one centre for all the work and thought that it could best be done by extending the facilities already available.

Dr. Dyar said that he agreed with Professor Cunningham's view that there was no difficulty, at pathological level, in operating the service but that one of the chief difficulties was to get people to use it. The service in New Zealand was evolving into a series of routine examinations and general practitioners there had a kit of the equipment necessary to take the cells and send them to laboratories providing the service. At present, in this country the general practitioners do not carry out routine tests but if a nation wide service were provided these doctors would be willing to avail of it by submitting samples to the laboratories.

Professor Cunningham asked why this service could not be provided within the existing health services.

Dr. Dyar replied that if this were done the laboratories would be flooded with the volume of work.

Professor Cunningham said that, if any doctor wished to have these examinations carried out, he saw no reason why he should not do so. If the pathologist finds that he is being overburdened with work he can look for extra facilities to enable him to cope with this work.

Dr. Dyar said that these examinations were being done as a routine at

outpatient Departments in Galway but that, if the scheme were adopted generally, a very heavy load would be placed on the pathologist. To enable these examinations to be carried out generally he thought that more technicians were necessary. He suggested that it would be a proper function of the Department to organise this service as part of preventive medicine. As it would lead to early diagnosis of disease it would, in due course, involve a saving in the cost of the health services.

In reply to Mr. Macken, Dr. Dyar stated that technicians engaged in cyto-diagnostic work would need to have special training in this technique.

Mr. Macken suggested that the Department be asked to examine the problem in relation to the supply and training of technicians.

Dr. Dyar said that the general question of providing a cyto-diagnostic service had been brought to the notice of the Department by several doctors and his purpose in proposing this motion for discussion by the Council was not, therefore, to bring the Department's attention to the problem but to get the force of the Council's opinion behind the motion.

Mr. O'Hanrahan said that a general scheme was required for women between the ages of, say, 30 to 60 years. An examination once in about every five years should be adequate. An essential feature of the scheme would be an adequate supply of technicians who would require special training in the techniques of cytological examinations. Without this special training the percentage of doubtful and indefinite results from the examinations would be very high.

With regard to cost, he said that the actual test, as carried out in England, cost 1/-. If the result of the test was doubtful the test had to be repeated.

He suggested that Dr. Dyar's resolution might be changed to one suggesting to the Minister that he might examine on a national basis the desirability of launching a scheme for the early diagnosis of cancer. Such a scheme could also take account of cancer of the stomach and of the lung. The question of where the tests would be done would have to be settled. He suggested that there might be three centres, Dublin, Cork and Galway, but he pointed out that laboratories are at present overloaded with work. He recommended that the wording of Dr. Dyar's motion be changed to suggest to the Minister that the possibility of providing a cyto-diagnostic service on a national basis be investigated in all its aspects.

Dr. Dyar said he agreed with Professor Cunningham's statement that any doctor could provide a cyto-diagnostic service but he thought that something should be done to encourage people to co-operate with the service to the same extent as in New Zealand and America. He added that the Irish people are conservative in this and other health matters and if the Department publicised this service it would help considerably.

Professor Cunningham said that a similar problem was experienced in the 1930's in getting maternity patients to come forward for examination. In the National Maternity Hospital it is still found that 30% of the women admitted have had no ante-natal medical care.

Mr. Flynn said that there appeared to be a cyto-diagnostic scheme in existence which was limited by the number of pathologists available and by the small number of persons submitting themselves for examination.

Dr. Dyar said that, as the laboratories are fully occupied, provision would have to be made for the extra work involved in the new service. He added that this pathological work could be carried out in the hospitals throughout the country but he thought that a regional service centred at three or four bases would be sufficient. He again stressed the importance of publicity in launching the new service.

Mr. Flynn said that the immediate difficulty was to get trained technicians.

Mr. O'Hanrahan said that there are technicians in the laboratories who are

doing blood tests, etc. but that these are not capable of examining specimens for the diagnosis of cancer. They must have specialised training and this training takes about two months in England.

Mr. O'Hanrahan said that the course for qualification as a technician was very comprehensive. He added that it was the duty of the technicians to prepare work for the pathologist and they generally become extremely skilled with experience. It would be the function of the technician to stain and test the specimens submitted by the doctor who would also submit a report on his examination of the patient.

Sir Anthony Esmonde said that the problem still remained that only uterine specimens can be taken at general practitioner level and that lung and gastric examination was not provided for at that level.

Mr. O'Hanrahan said there would be great difficulties, financial and technical, in providing such a service at general practitioner level.

Sir Anthony Esmonde suggested that, if a recommendation were being made to the Minister, it should not take the form of a general recommendation concerning the diagnosis of cancer. He thought that a start might be made in the field of diagnosing uterine or cervical cancer.

Dr. Dyar said that the same equipment would deal with the examination of specimens for the diagnosis of different forms of cancer. He said that the matter generally needs publicity and that the Department is in the best position to provide this publicity.

Following further discussion, the following resolution, proposed by Dr. Dyar and seconded by Mr. O'Hanrahan, was adopted by the Council.

That the Council suggest to the Minister that, as a contribution towards the early diagnosis of cancer - in particular, in situ and penetrating carcinoma of the cervix and gastric cancer - the possibility of a cytodiagnostic service for the entire population be investigated in all its aspects.

Other Business

Dr. Dyar said that Dr. O'Dwyer wished to bring up the question of domiciliary nursing and care of the aged. He would like to put the matter on the agenda for the next meeting.

Mr. Flynn suggested that Dr. O'Dwyer might prepare a memorandum on the nursing services, showing the defects which were thought to exist for consideration by the members of the Council before the next meeting.

Dr. Dyar said that he would suggest this to Dr. O'Dwyer.

Dr. MacSearraigh said that he would send in a formal notice of motion suggesting that something might be done for persons in the middle income group who required ophthalmic services, and for whom there is no provision under existing health legislation.

On the motion of the Chairman, the Council passed a vote of congratulations to Mrs. Barry on the recent honour conferred on her.

The Council passed a vote of sympathy on the recent tragic death of Mr. John F. Kennedy, President of the United States, all members standing in silence.

Date of Next Meeting

The Chairman said that as the present Council goes out of office at the end of next March it was necessary to hold two meetings before then. He suggested that the next meeting of the Council be held on 28th February, 1964.

This was agreed.

The meeting concluded at 4.30 p.m.

E. Searraigh
28/2/64

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on 28th February, 1964 in the Conference Room,

Áras Mhic Dhiarmada, Store Street, Dublin.

The members present were:-

E.S. J. Bracin, Uas., Chairman,
Dr. F.C. Ward,
M..Costello, Esq., M.P.S.I.,
Dr. P.B. Gusack,
Leslie, Bean T. de Barra,
J. Doherty, Esq., R.M.N.,
Professor John Dunne,
Dr. M.J. Dyar,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Mrs. Lucy Hunt,
Alderman M.J. McGuinness,
M. Macken, Esq.,
Dr. E. MacSearraigh,
M. Moynihan, Esq.,
Miss M. Murphy, R.G.N., S.C.M.,
Dr. W.F. O'Dwyer,
J. O'Hanrahan, Esq., F.R.C.S.I.,
C.A. O'Sullivan, Esq., B.D.S.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
P.J. Teehan, Esq.,
Dr. H. Quinlan.

Apologies for their inability to attend were received from Professor Cunningham, Miss A.W. Doherty, Dr. G. Maguire and Mr. E.F. O'Donohue.

Minutes of previous meeting.

The minutes of the meeting held on 6th December, 1963 were approved and signed.

Correspondence

The Chairman said that a letter, copies of which had been circulated, had been received from the Department of Health regarding the Council's consideration of the Draft Consultative Health Committees (Dublin, Cork, Limerick and Waterford) Regulations, 1963.

The Council had no comments to make on the letter.

The Secretary read the following acknowledgement from the United States Embassy of the Council's resolution of sympathy on the death of President Kennedy.

"The Ambassador of the United States of America and Mrs. McCloskey wish to express their appreciation of your kind condolences on the occasion of the death of The President of the United States of America John Fitzgerald Kennedy. "

Consideration of Memorandum by Dr. O'Dwyer on Domiciliary Nursing and the Care of the Aged

Dr. O'Dwyer said that the purpose of his memorandum was primarily to bring up the question of domiciliary nursing services for discussion and more detailed consideration. A considerable amount of ground work would be necessary to find out what services were required and how they should be introduced. He thought that a number of people were admitted to hospital more for social

/than for medical

than for medical reasons, in many cases because the person concerned had nobody to care for him at home. It also happens that when a patient is fit for discharge he is retained in hospital longer than is necessary for the same reason. There is also the point that modern treatment may require the continuation of some form of treatment, such as injections, after the period of active care in hospital has been completed. A nurse could carry out this treatment in a patient's home. In the case of elderly persons who are convalescent, it is often found that these could not go home because they had nobody to carry out normal household duties for them. The same applied to the mothers of large families.

He suggested that the best means of trying out a scheme of domiciliary nursing was to have it started as a pilot scheme in a few areas.

Dr. MacSearraigh said it was essential that an adequate number of nurses be employed to operate the service and he recommended that there should be one nurse to each dispensary district. In this way the nurse could attend to all persons who required her services without being overworked. He also stated that cases sometimes occurred of aged persons living alone who were found dead or burned and a proper nursing service could help to prevent this type of case occurring.

Dr. Dasack stated that, in Monaghan County Hospital, there were nine cases of respiratory ailments six of which could be regarded as unnecessary hospital admissions. He explained that the chief agent used by general practitioners in the treatment of respiratory ailments was penicillin administered twice daily, but, as it was not possible for District Medical Officers to find time to do such frequent injections, respiratory ailments had to be treated in hospital. He thought that if each dispensary doctor had a nurse living in his district, such patients need not occupy hospital beds. He added that one nurse in each district would not be sufficient to do all that could be done in preventing the need for hospitalisation but such an arrangement would be of considerable help.

Mr. Flynn suggested that Dr. O'Dwyer's memorandum should be broken into parts which could be dealt with separately. He questioned the general application of the statement that an adequate domiciliary nursing service would relieve hospital beds. He had found in County Tipperary, on enquiring at various times, that there were no patients in any of the hospitals there who could have been adequately treated at home. He did not doubt, however, that such patients were in the County Home. He suggested that the requirements of urban and rural districts should be considered separately. Public health nurses provided a home nursing service in urban areas and the service was thought to be quite effective. In a rural district where houses are scattered it may be uneconomical to provide a full domiciliary service. The difference between home nursing and home assistance should also be recognised as a considerable amount of the nurses' time can be taken up by providing home help as distinct from nursing services. In many cases aged and helpless persons were being neglected by the younger people who did not want the trouble and inconvenience of caring for the personal needs of elderly relatives. He thought that the nursing problem should be taken care of first and that of home help afterwards.

Dr. Dwyer was of the opinion that, as the doctors and matrons of the hospitals to which Mr. Flynn referred were not aware of the extent of services which it was now considered possible to provide for people in their own homes, they would naturally say that there was no patient in their hospitals who could be treated outside. He thought that, as Ireland had a very large number of hospital beds by international standards, people tended to utilise them to the full and to send their sick relatives to hospital on the pretext that they could not accept responsibility for them. Many of these patients could be treated at home if an adequate domiciliary nursing service was available. The problem of the high number of hospital beds could not be easily solved as, the more beds there are available, the more people appear to seek hospital treatment.

Dr. Dwyer was of opinion that the title "Public Health Nurse" was not very suitable and that nurses in the domiciliary service should be well paid and should receive adequate travelling expenses. They should be required to

/take care of

take care of psychiatric and geriatric as well as general patients. There should be one nurse to each dispensary district with the nurse working in close liaison with the doctor. In New Zealand, it is considered economical to keep as many patients as possible at home but there is not the same pressure to do so here. In addition to the cases already mentioned, who were detained in hospital although they could be treated at home, there were also patients who refused to go into institutions although requiring help and perhaps treatment. Nurses are required for these patients to make their beds and provide other similar services.

Mrs. Barry said that, in order to improve the position, it would first be necessary to have full particulars of the situation as it now exists.

Dr. Dyar said that only a token domiciliary nursing service is now available.

Mr. Macken said that there were areas in the country where pilot schemes were being undertaken to assess the possibilities of a domiciliary nursing service. He said that the problem was not only one of nursing but that, in some ways, it related more to welfare and the welfare aspects were the responsibility of the Department of Social Welfare and not the Department of Health.

He thought that there was a lot of merit in the statements which had been made by the medical representatives on the Council and he felt that, by bringing the matter to the attention of the Minister, the Council would be performing a useful function.

Mr. Macken said that some counties were well provided with district nurses. Public health nurses were also available and, as the amount of T.B. work was being reduced, the public health nurses were able to help out in other spheres.

With regard to the number of institutional beds available for old people, he said that, in England, there are about 1.2 to 1.4 beds in geriatric homes and Part III accommodation per 1,000 of the population while the comparable figure for this country is 5. He stated, however, that certain reservations must be made concerning the Irish figure as there are numbers of persons, such as mentally handicapped persons, in the County Homes in Ireland who are accommodated in specialised institutions in England. For this reason, a direct comparison of the bed position in the two countries was not possible. It could be accepted, however, that there are too many beds for geriatric patients in this country and that, in order to reduce the number of these beds, it would be necessary to develop a proper welfare service. It would be necessary in the first instance to educate people who were caring for elderly relatives at home. Some assistance might be given to these people by way of small financial inducements and by providing certain special requirements such as rubber sheeting. The patients also should be educated in making the best use of their physical ability.

Mr. Macken said that he was aware that the Department of Health was actively supporting the development of domiciliary services and that new ideas in this field were being tried out in some counties. He suggested that the Council should at this stage simply draw the Minister's attention to the matters being discussed at the meeting. He felt that the Department would welcome the Council's support in the matter.

Mr. Flynn was of the opinion that the Department would agree to a request from a doctor for a District Nurse but he was not sure if this would be the case if a midwife was requested.

Mr. Macken said that this was because of the small number of domiciliary visits in rural areas. He thought that it would be difficult to combine the functions of a midwife with those of a district nurse.

Mr. Flynn

Mr. Flynn said that arrangements for home help would necessitate a different type of appointment to that of midwife or District Nurse.

Mr. Macken thought that we should not necessarily organise our domiciliary nursing service on the same basis as that at present obtaining in England. The English service was provided for a highly urbanised community and would not necessarily suit our rural areas. He thought, therefore, that an endeavour should be made to organise a system of home help in which neighbours could help by clearing for old people and preparing meals, the cost of which would be refunded. Although there is a considerable number of voluntary organisations which are doing very good work, voluntary welfare work of a practical kind, either by organisations or by individuals, is small.

Sir Anthony Bonoude said that he agreed with what had been said concerning the desirability of enlisting the help of voluntary organisations. In Gorey a nursing association had employed a nurse over a number of years but when the nurse wanted more pay the Association was unable to increase her salary. A subvention, which would amount to about £50 a year, was refused by the Department of Health which said that a District Nursing Service would be set up instead. He said that Gorey was still waiting for a district nurse and he thought it a very short-sighted policy on the part of the Department not to make the required contribution to the voluntary association.

Mr. Macken thought that there must be a grave misunderstanding in regard to the situation in Gorey as the Minister has been emphasising for years that local authorities should do all in their power to help voluntary nursing organisations and to keep them alive. In any event it is a function of the local authority and not of the Department to give financial assistance to these organisations. He added that, in Counties Carlow and Kildare, the subventions by the local authorities to voluntary nursing organisations have been continuously increased over the years. However, in spite of this, it was not always possible to prevent voluntary organisations from going out of existence.

Mr. Flynn said that his experience with the Minister and the Department was similar to that of Mr. Macken. The nursing problem was being gradually solved as more district nurses were appointed but he considered that a big problem in relation to home welfare still existed. He considered that it would be worthwhile paying some local person to provide meals for an elderly person living on his own. Other facilities, such as laundry, would also be required.

Dr. Dyar said he knew of a case where one doctor had two midwives but, because maternity cases were being discharged from hospital at a very early stage, the midwives spent a considerable amount of their time caring for these mothers and infants after discharge. They were, to this extent, imposed upon as they were not paid for this work. He thought that this work should be done by general nurses who would also look after geriatric patients.

Mrs. Barry suggested that the recommendations in Dr. O'Dwyer's memorandum could be divided broadly into two categories:

1. The nursing of the sick in their homes;
2. Home help for the aged.

She thought that if local authorities paid local people to care for the aged in each district a good start would be made in solving the various difficulties. If the ideal plan was sought at the beginning it might be some time before anything practical was achieved.

Mr. O'Hanrahan said that a system of home nursing only would be inadequate as home help was also required. When an elderly patient was being discharged from hospital, the local authority went thoroughly into the question of where he should be discharged to. If he had no home, or home conditions were unsatisfactory, the County Home might be the appropriate place. To provide help in their own homes for all such persons could be very expensive and it might be more economical to improve the County Home and use it more in association with some domiciliary district nursing. He considered that maternity

/patients should

patients should not be discharged within a few days of confinement but that the mother should properly be allowed a period of two or three weeks in a convalescent home.

Mr. Flynn stated that hospital medical officers detained maternity patients in hospital for as long as was necessary.

Mr. O'Harrahan said that the district nursing service had not reversed the trend towards a greater proportion of institutional births. He added that district midwives received 4 guineas for each domiciliary birth they attended in excess of 25 a year.

Dr. Dwyer said that he thought the figure was 6 guineas per case for the first 25 cases and in addition these nurses helped with many cases for which they received no remuneration.

Mr. Flynn said that in some instances it was found that district midwives were receiving about £200 a year for attending about two or three maternity cases. He added that midwives' appointments were being discontinued where possible because of this.

Professor Dunne said that the members of the Council appeared to be in agreement that the development of home assistance would help greatly in caring for old people. In the mental hospitals, a number of old people become fit for discharge but, because they live on their own and have nobody to care for them at home, they are retained in hospital. The provision of a domiciliary service, which would enable these people to be cared for at home, would be a major contribution to the treatment of mental illness. He thought that it was not difficult to get voluntary workers who were willing to help in this field but trained persons were needed to guide and direct them in the work. He instanced the case of a voluntary committee which was established in Dublin in 1937 and which employed four trained nurses to keep the organisers in close touch with the requirements of their work.

He said that, with the establishment of out-patient clinics and the improvement in the methods of diagnosis, the number of patients being admitted to mental hospitals was constantly increasing. Modern methods of treatment enable many of these patients to be discharged after a relatively short period in hospital and when the time for discharge comes the need for home help arises. Sufficient nurses are not available to provide the necessary home nursing and home assistance is not properly organised. The Minister favoured the development of these home services and Professor Dunne suggested that Dr. O'Dwyer's proposals should be submitted to the Minister for his consideration.

The Chairman said he had considered a more detailed examination of this question was necessary but this was rendered difficult as there would be only one more meeting of the present Council. He thought, therefore, that the Council should make a simple recommendation to the Minister that he give consideration to the problem and that a recommendation should also be made to the new Council suggesting that they investigate this matter further, having regard to the points made by the various members during the present discussion. He added that he did not consider that voluntary help for the aged was scarce in Dublin City. Such organisations as the Society of St. Vincent de Paul, the Red Cross, the Legion of Mary and the Little Sisters of the Assumption, Camden Street, rendered a great service to old people. He explained that these organisations cooked meals and sometimes provided company for old people who had nobody to talk to. He thought that an extension of the system of Home Assistance could be applied in Dublin City with great effect. He knew of a case where a voluntary organisation paid £1 a week to a lady who was living next door to an aged and lone man for the provision of his meals and for safeguarding him from the danger of falling into the fire. He thought that it was in cases such as this that the local authorities should step in with Home Assistance grants. There was great scope also for such schemes in the provinces as accidents to old people are all too frequent. He was grateful to Dr. O'Dwyer for bringing this matter up for discussion by the Council and thought it was a great pity that the present Council could not go into the matter more fully.

/He would have

He would have liked to see the Council setting up a sub-committee of experts to investigate this problem.

Mrs. Barry said that it might be preferable to withhold from the Minister at this stage any statement which would necessarily be incomplete and have the whole matter considered in detail by the next Council. The matter could then be fully worked out before it was put before the Minister for his consideration.

Dr. O'Dwyer said that he was aware that his memorandum did not cover all the ground involved in this question. It seemed from what had been said that a lot of work was going on in different places but that there was little common knowledge of what was being done. He suggested that the Department might consider bringing together the various interested groups who could then consider the problems involved. Such an impetus from the top would be of considerable value in the organisation and development of the domiciliary services.

Mr. Flynn said it would be a great help to the next Council in considering the problem if information could be obtained from local authorities on the numbers of nurses and midwives working in their areas and on the allocation of these among the dispensary districts.

Dr. MacSearraigh said that the position in Laois was that there were 12 dispensary districts which were covered by 4 local authority nurses and 4 jubilee nurses and that there were 6 other districts which were not covered at all. Some nurses had to cover two districts and were accordingly very busy. The £100 limit on the mileage allowance payable handicapped the nurses in their work. He thought that an adequate domiciliary service required one nurse to each Dispensary District. This nurse could provide a useful service for the aged and for mental and maternity patients after their discharge from hospital. The nurse could also help with polio clinics and school inspections and also be of assistance to dental officers. On the question of voluntary nursing organisations, he said that these received considerable assistance from Laois County Council and, in fact, the Jubilee Nurses were almost totally dependant on the local authority in his area. He added that all requests by these organisations have been granted by the County Manager.

Dr. Dyar said that the position generally was known to the Department but that little progress was being made.

Dr. Quinlan said that the Council appeared to be unanimous that home nursing and home help services were required. He was aware that there were persons in hospital who need not be there and who could be sent home if home help was available. What they now required was to work out a practical scheme which could be sent to the Department of Health and which could be put into operation in a reasonable time.

Dr. Dyar stated that in England a system is developing under which nurses are assigned to doctors' practices. Nurses naturally prefer this system as the areas which they have to cover are smaller and the people they serve and their problems are, therefore, better known to them. He thought, because of this, that the proportion, which he had recommended, of one nurse to each Dispensary District was the minimum which should be accepted and that, ideally, there should be one nurse to each doctor's practice.

Mr. Maoken said that there would be certain obstacles to getting the idea of domiciliary nursing generally accepted. He had found that personal problems such as the clash of personalities often created difficulties. Some doctors might prefer not to have the assistance of a nurse in caring for their patients. He suggested that the Council, in bringing the matter to the Minister's notice, might emphasise its importance and ask their successors to keep it under review. The speed of development of domiciliary nursing would, to a large extent, depend on the individual doctors and nurses concerned and it was

bound to take some time before the idea was generally accepted to the satisfaction of all. These problems and difficulties should be appreciated and it should be accepted that progress would be slow and that perseverance over a number of years would be necessary.

Mr. O'Hanrahan thought it would be premature for the Council to make a definite recommendation on this problem after discussing it for such a short time.

The Chairman agreed with this view and said that the most that could be done at present was the submission of Dr. O'Dwyer's memorandum to the Minister accompanied by a statement that a full report and recommendation would be made by the next Council.

Annual Report

It was agreed that the Secretary should prepare a draft Annual Report for circulation to the members before the next meeting.

Other Business

There was no other business.

Date of Next Meeting

It was decided that the next meeting should be held on Wednesday, 25th March.

The meeting terminated at 4.40 p.m.

ESG taken
25/3/64

NATIONAL HEALTH COUNCIL

Minutes of Meeting held on 25th March, 1964 in the Conference Room, Aras Mhuirí Dhiarmada, Store St., Dublin.

The members present were:-

E.S. Ó Braoin, Uas., Chairman,
Dr. F.C. Ward, Vice Chairman,
Dr. D.N. Connolly,
M. Costello, Esq., M.P.S.I.,
Professor J.F. Cunningham,
Dr. P.B. Cusack,
Miss A.W. Doherty, R.G.N., B.M.,
J. Doherty, Esq., R.M.N.,
Sir Anthony C. Esmonde, Bt., T.D.,
J.P. Flynn, Esq.,
Mrs. Lucy Hunt,
Alderman M.J. McGuinness,
Dr. E. MacSearraigh,
Dr. G. Maguire,
M. Moynihan, Esq.,
Miss M. Murphy, R.G.N., S.C.M.,
E.F. O'Donoghue, Esq., L.D.S.,
Dr. W.F. O'Dwyer,
J. O'Hanrahan, Esq., F.R.C.S.I.,
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.,
Senator T. Ruane,
Dr. J.P. Shanley,
P.J. Teshan, Esq.,

Apologies for their inability to attend were received from Mrs. Barry, Dr. Dyar and Mr. C.A. O'Sullivan.

Minutes of Previous Meeting.

The Chairman said that the following amendment to the minutes, as circulated, had been suggested:-

In the last line but one on page 3, substitute "desirable" for "difficult".

The minutes, as amended, were approved and signed.

Sir Anthony Esmonde said that he wished to correct the statement which he made at the last meeting and which is recorded on page 4 of the minutes concerning the non-appointment of a district nurse in Gorey. He had since discovered that a district nurse had in fact been appointed to Gorey about a year ago.

Correspondence.

There was no correspondence.

The Chairman said, in reply to a query, that he was advised that the recommendation which the Council had made to the Minister on the question of ophthalmic services was under active consideration in the Department.

Consideration of draft Annual Report.

The Chairman explained that the draft annual report, which had been circulated to all members, followed the usual pattern and he asked if the Council had any comments to make on it.

/Mr. FAYAN suggested

Mr. Flynn suggested that the questions of domiciliary nursing service and home help service, both of which were included in Paragraph 9 of the draft Report, might more suitably be dealt with in separate paragraphs.

This was agreed.

Mr. Moynihan suggested that the Report should record the Council's appreciation of the services rendered by the Secretary and his assistants. This also was agreed.

On the motion of Mr. Moynihan, seconded by Mr. Flynn, the Annual Report, as amended, was adopted.

Other Business

Mr. Costello said that, for personal reasons, he had asked not to be re-appointed to the new Council. There was a matter of some importance which he wished to bring to the Council's attention and, as this was his last meeting, it was necessary that he should do so now. He explained that there was a new firm registered in this country which was importing antibiotics and selling them here at very attractive prices. He had learned from Dublin Castle that the authorised capital of this firm was £100, that two typists employed by the firm held a share each and that the remaining shares were held by two men who had a small office in London. This firm was importing into Ireland such life-saving drugs as tetracycline and prednisone in Continental containers stamped "Made in England". He was certain that the products of this firm were not made by reputable firms in England. He did not believe that this was a reputable firm and he was worried about the ease with which they could sell their products in this country. It seemed that it was possible to form a company and sell as antibiotics substances which might, in fact, be quite useless. He considered it urgent to ensure that other than the well known and reputable ones are controlled to ensure that their products are up to standard. He understood that the Department occasionally took samples from drugs placed on the market but that the firm in question had imported millions of drugs the efficacy of which was doubtful. He said he would like to hear the opinion of the medical men on the Council on this matter.

Dr. Cusack said that this matter caused much worry to the Irish Medical Association over the years and a Joint Committee of the Association and the Department had been set up to go into the question of the supply of drugs. He knew that there was much dissatisfaction with the products of the firm referred to. He himself had experienced the inefficacy of some of their drugs, had heard many complaints from others, and would not allow this firm's products into his hospital. He added that the firm was selling at £1 quantities of tetracycline which could not be manufactured for less than £4. He thought that the situation was appalling and that the Minister should be informed that the Council was deeply concerned by its existence.

Sir Anthony Esmonde enquired whether it was possible that this firm was financed by some large manufacturer in an effort to force other firms out of the market and so establish a monopoly.

Dr. Cusack thought that the firm was merely trying to make a quick profit. He added that it was thought that much of this firm's drugs were obtained from behind the Iron Curtain. He did not know to what extent exactly the drugs were sub-standard.

Sir Anthony Esmonde said that it was quite possible that East European countries might produce goods cheaper than many other countries as labour was much cheaper there.

Dr. Cusack said that tetracycline hydrochloride, which was sold by this firm, deteriorated quickly but that the complex salt of tetracycline, which was produced by the reputable firms, had better lasting properties.

/Mr. Moynihan thought

Mr. Moynihan thought that, while the price aspect was important, the real problem was the standard of the drugs. He thought that there should be fixed standards for drugs and means of ensuring that the drugs on offer reached these standards.

Mr. Costello said that members of the medical and pharmaceutical professions met a group of Civil Servants in Dáil Éireann about three or four years ago to discuss the establishment of a bureau of standards. The Pharmaceutical Society had thought that their own services could be made available to test drugs, especially those offered by new firms. It was found impossible, however, to provide the service owing to staff and other shortages. He thought that a bureau of standards was absolutely essential. The firm to which he had referred could, most probably, produce a certificate for a hand-picked batch of products but he doubted their ability to do so for all their products. Some of these products are on the Combined Purchasing List and have actually been supplied to dispensaries and hospitals. The Pharmaceutical Society, and indeed all concerned, are very worried about this situation and he had accordingly been asked to bring this matter to the attention of the Council.

The Chairman asked if the Department was aware of the situation.

Dr. Cusack replied that the Department did know as some of this firm's products were on the Combined Purchasing List. He added that he himself would not purchase any of their products although they were cheaper than the more reliable drugs. The County Manager had agreed with him in this. He considered that this was possibly the most important matter which had come before the Council since his appointment last August. He said that about two years ago the Irish Medical Association sought the establishment of a Bureau of Standards and the Association and the Department were at present working on this problem. In view of this, he felt that the Council should make a strong recommendation to the Department about the present situation.

Sir Anthony Esmonde asked if it was not possible, even without a Bureau of Standards, for the State to intervene in the case of suspicious drugs and to have them analysed.

Mr. O'Hanrahan said that there was a system whereby supplies of drugs are checked by analysis. He explained that about ten years ago there was a checking system under which Hospital Medical Officers and Dispensary Doctors sent to the Department for analysis samples of the drugs supplied to them. This system became cumbersome as doctors usually chose pills and the Department became inundated with samples of them. This led to the present system under which the Department itself picks the samples for testing.

He considered that the large number of firms supplying drugs in this country, in itself, constituted a problem as the cost of advertising and distributing free samples increased the cost to the consumer.

He considered that laboratory testing of drugs was necessary as it was impossible to test the efficacy of drugs by noting patients' reactions to them since all patients do not react uniformly to the same drugs. He thought that the number of supplying firms should be reduced and that there should be a system of assay to examine the products of the supplying firms, to issue certificates covering the drugs passed and to check periodically on the drugs already certified. The Department and the medical profession should work together in this matter to decide, in particular, what firms should be authorised to sell drugs.

The Chairman suggested that the matter be referred to the Department for consideration with the recommendation that a sub-committee of the Irish Medical Association, the Pharmaceutical Society and the Department should be formed to investigate it.

Mr. Costello said he did not know if it was necessary at present to have an import licence to import Antibiotics in the same way as Vaccines, the importation of which is controlled by the "Therapeutic Substances Act". He considered that such a measure of control by licence was essential.

/ Mr. Flynn

Mr. Flynn remarked that the firm originally mentioned by Mr. Costello had very little to lose if legal proceedings were taken against it because of its small share capital.

Dr. Cusack considered that what Mr. O'Hanrahan had said relating to the general problem of the control of drugs, was very important but what Mr. Costello had brought particularly to the notice of the Council was the activity of this small firm of importers which was a matter calling for urgent action.

Dr. Shanley remarked that hundreds of new and very valuable drugs were coming on the market every year and that if doctors had to await the examination and investigation of these products before using them many patients might die. He pointed out that if drugs do not conform to B.P. standards, then legal action can be taken against the suppliers.

Sir Anthony Esmonde said that, as there was no bureau of standards for this country, the B.P. standards were generally accepted. To change from these standards could be embarrassing to the supplying firms.

Mr. O'Hanrahan remarked that the World Health Organisation had a bureau of standards for drugs and that it issued international certificates.

Dr. MacSearraigh said that it was always possible to send drugs to England for checking and analysis and thus to establish the existence of defects.

The Chairman said that, before doing this, it would be necessary to convince the Irish authorities that there was something wrong in the existing system and it was for this reason that he had suggested that the whole matter be referred to the Department for consideration in conjunction with the other appropriate bodies.

Mr. O'Hanrahan said that particular products of the supplying firms could be examined by sending samples to the Department.

Dr. Cusack remarked that reputable firms carry out sampling at the rate of one in ten and in some cases this ratio may be as low as one in four. In many cases, however, particularly in some Continental countries, the sampling rate may be less than one in one hundred.

It was finally agreed that the question as set out in detail in the minutes should be referred to the Department with a recommendation that it be considered in consultation with the medical and pharmaceutical professions. The Chairman said that it was rather unfortunate that, as it was the last meeting of the Council, it was not possible to go into the question in greater detail. The matter was, however, one which might be re-examined by the next Council.

The Chairman said that, as this was their last meeting, he wished to thank the members for their co-operation which made his role as Chairman very easy. He hoped that many of them would meet again as members of the new Council.

Mr. Costello said that he had been eight years on the Council and he had been impressed during that time by the unselfish way in which the professional and administrative representatives had combined to make their services available. He paid tribute to Mr. O'Bracain's special qualities as Chairman of the Council and he expressed his appreciation of the efficient service rendered by Mr. Hensey and Mr. O'Rourke in carrying out the duties of Secretary.

The meeting ended at 4.15 p.m.

NATIONAL HEALTH COUNCIL.

Report for year ended 31st March, 1964.

1. The National Health Council have pleasure in presenting this, their tenth Annual Report, to the Minister for Health.

2. During the year ended 31st March, 1964 the Council held seven meetings. The following is a list of the members with the number of meetings attended by each during the year shown in brackets:-

E.S. Ó Braoin, Uasal, Chairman	(7)
Dr. F.C. Ward, Vice-Chairman	(6)
Dr. D.N. Connolly	(6)
M. Costello, Esq., M.P.S.I.	(4)
Professor J.F. Cunningham	(4)
Dr. P.B. Cusack, (Appointed August, 1963)	(5)
Leslie, Bean T. de Barra	(3)
Miss A.W. Doherty, R.G.N., R.M.,	(2)
J. Doherty, Esq., R.M.N.	(6)
Professor John Dunne	(4)
Dr. M.J. Dyar (Appointed August, 1963)	(4)
Sir Anthony C. Esmonde, Bt., T.D.	(5)
J.P. Flynn, Esq.,	(7)
Mrs. Lucy Hunt	(4)
Professor W.J.E. Jessop	(-)
Alderman H.J. McGuinness	(7)
M. Macken, Esq.	(5)
Dr. E. MacSearraigh	(7)
Dr. G. Maguire	(4)
M. Moynihan, Esq.	(5)
Miss M. Murphy, R.G.N., S.C.M.	(7)
E.F. O'Donoghue, Esq., L.D.S.	(2)
Dr. W.F. O'Dwyer, (Appointed August, 1963)	(3)
J. O'Hanrahan, Esq., F.R.C.S.I.	(7)
T.F. O'Higgins, Esq., S.C., T.D.	(-)

C.A. O'Sullivan, Esq., B.D.S.	(5)
L.P. Pelly, Esq., M.P.S.I., Dip. Opt.	(4)
Dr. H. Quinlan	(4)
Senator T. Ruane	(1)
Dr. J.P. Shanley	(2)
P.J. Teehan, Esq.	(7)

3. Mr. Ó Braoin was re-elected as Chairman and Dr. Ward was re-elected Vice-Chairman.

Chiropody Services

4. At present chiropody services are made available in certain health authority institutions, particularly County Homes and Mental Hospitals. The services are normally provided by employing, on a part-time basis, chiropodists who are living in the health authority's area.

5. Members of the Council felt that a chiropody service was beneficial and, by helping old people to remain mobile, could reduce the pressure on beds for geriatric cases. There is a difficulty in relation to the qualifications of persons practising as chiropodists. There is no registration of chiropodists in this country nor is there any institution providing recognised training facilities. The expansion of the existing chiropody service would require an increase in the number of trained personnel and the method of providing such personnel would require detailed examination. After a full discussion of the problem, the Council passed a resolution referring the matter to the Minister with the request that chiropody be recognised as part of the health services.

Cyto-diagnostic service

6. The Council considered the desirability of establishing a cyto-diagnostic service in this country. Such a service involves obtaining cells from parts of the body and having them examined to see whether they include any cancer cells. While the most general use of the service is in relation to cervical cancer, the technique is not restricted solely to this type of cancer. The service is of benefit mainly because it helps to detect cancer at an early stage when treatment is most likely to be beneficial.

7. Members of the Council were aware that a cyto-diagnostic service is available at present when it is requested but there is a feeling that extension of the service would be desirable and, if possible, that general practitioners should be in a position to provide such a service as a routine measure. The extension of a cyto-diagnostic service throughout the country would present a number of problems. Experience has shown that it is difficult to get healthy people to present themselves for routine medical checks and the full benefit would not be derived from the service unless people were examined at fairly regular intervals. The extension of the existing service would also involve strain on the pathological facilities at present available but this aspect of the matter could probably be resolved. It was, moreover, clear that, while tests for cervical cancer could be done at general practitioner level, tests in relation to other forms of cancer could not readily be undertaken by general practitioners. The Council finally passed a resolution suggesting to the Minister that, as a contribution towards the early diagnosis of cancer - in particular, in situ and penetrating carcinoma of the cervix and gastric cancer - the possibility of a cyto-diagnostic service for the entire population should be investigated in all its aspects.

Domiciliary Nursing and Care of the Aged

8. During the year the question of domiciliary services came under consideration by the Council. It was suggested that many people are admitted to hospitals and institutions more for social than for medical reasons and that these people could be retained and treated at home if adequate domiciliary services were available. In many cases patients may be retained in hospital longer than is necessary due to lack of facilities which would enable them properly to be cared for at home. It was felt that cases such as these give rise to uneconomic use of hospital accommodation and contribute to the relatively high proportion of hospital beds in Ireland.

9. The question of domiciliary services falls broadly into two categories, nursing the sick in their homes and home help for the aged and infirm. It was felt generally that expansion of home nursing services was desirable. If nurses were readily available to give regular injections or to dress injuries some cases which at present enter hospital could be kept at home. So also could a number of geriatric and psychiatric patients who need regular but relatively simple attention.

10. It was agreed that a nursing service alone would not solve all problems and that a home help service was also required. This would entail carrying out household duties, such as preparing meals, cleaning and doing laundry work for persons who are unable to provide these services for themselves. The possibility of having this work done by neighbours, who could be given financial assistance or provided with other requirements, could be investigated as otherwise in rural areas the provision of home help for all persons requiring it could be very expensive. It emerged from consideration of this matter that some pilot schemes have been initiated and that the Minister for Health favoured the development of domiciliary services.

11. This question came before the Council at its penultimate meeting and the time available was inadequate to enable it to be fully investigated and a comprehensive report prepared for submission to the Minister. It was decided, therefore, that the Council should submit to the Minister a memorandum on the subject prepared by Dr. O'Dwyer and that a full report and recommendation should be made by the next Council. Dr. O'Dwyer's memorandum is attached as an appendix to this report.

Disabled Persons (Rehabilitation) Regulations, 1963.

12. Prior to the introduction of these Regulations, rehabilitation training services could be provided only for persons who required such treatment because they had contracted infectious diseases. The Regulations made provision for the extension of this service to persons eligible for the benefits of the Health Acts and enabled health authorities either to provide the training service themselves or to make arrangements for voluntary bodies to be paid for providing it.

The Council welcomed the introduction of these Regulations and, apart from a minor procedural suggestion, had no comment to make on them.

Disabled Persons (Maintenance Allowances) Regulations, 1963.

13. The Disabled Persons (Maintenance Allowances) (Amendment) Regulation 1962, a draft of which was considered by the Council during the year ended 31st March, 1963, were repeated in the first part of these Regulations. The Regulations provided for a further increase in the maintenance allowances for disabled persons from 1st November, 1963 and they also contained a provision to enable health authorities to pay maintenance allowances to disabled persons while they were undergoing training. The Council welcomed the Minister's decision to make these Regulations and they had no comment to make on the text.

Consultative Health Committees (Dublin, Cork, Limerick and Waterford) Regulations, 1963.

14. The Council considered a draft of these Regulations which provided for the establishment under Section 48 of the Health Act, 1953 (as amended by Section 24(14) of the Health Authorities Act, 1960), of Consultative Health Committees in the Dublin, Cork, Limerick and Waterford areas. The Council had no comment to make on the text of the Regulations but recommended to the Minister that health authorities be requested to consider including representatives of professional groups such as nurses, dentists, ophthalmologists and psychiatrists in the membership of the Consultative Health Committees generally. They also recommended that consideration be given to providing for the holding of regular quarterly meetings. When the Regulations had been made and were being circulated to health authorities the Minister drew the attention of the health authorities to the Council's recommendations.

Infectious Diseases (Maintenance) Regulations, 1963.

15. During the year ended 31st March, 1963, the Council had under consideration a draft of the Infectious Diseases (Maintenance) Regulations 1962 which provided for increases in the maintenance allowances payable to persons suffering from infectious diseases and to their dependants. The Council then suggested that the Minister should consider the possibility of further increases, in particular in rent allowances, as soon as it was feasible. In the year under review, the Council

/considered a draft

considered a draft of the Infectious Diseases (Maintenance) Regulations, 1963 which provided for further increases in the maintenance and rent allowances.

16. The Council expressed their thanks to the Minister for the substantial increase in the rent allowance. They suggested, for consideration by the Minister on the occasion of the next amendment of the Regulations, that the differential in the amount of the allowance payable in County Boroughs and in other areas should be removed. A reply from the Department stated that this suggestion had been noted for consideration in connection with any future amendment of the Regulations.

17. Arising out of their consideration of these Regulations, the Council also considered the question of payment of a maintenance allowance to a patient in a mental hospital who is suffering from tuberculosis. The Council passed a resolution requesting the Minister to consider giving the maintenance allowance to patients in mental hospitals who were suffering from tuberculosis. A reply to this resolution which was received from the Department of Health stated that the relevant statutory conditions stipulated that allowances were payable only to patients who were undergoing treatment for infectious disease and were thereby prevented from making reasonable and proper provision for their own maintenance or the maintenance of their dependants; that patients received in mental hospitals who developed tuberculosis did not satisfy the condition referred to in as much as they were committed to and were maintained in the mental hospital for the treatment of mental illness and accordingly were not eligible for allowances under these Regulations. The Council then decided not to pursue this matter as there were other statutory means of dealing with this particular problem.

18. The members of the Council desire once again to record their appreciation of the services provided by the Secretary, Mr. O'Rourke, and his assistants, Messrs. Trant and Brady, who maintained during the year the high standard of performance to which the Council has become accustomed.

Chairman.

Aibreán, 1964.

Secretary,

Aibreán, 1964.

APPENDIX

Domiciliary Nursing and the Care of the Aged

It is suggested that the National Health Council should review the facilities at present existing in the country for the domiciliary nursing of sick people and the care of the aged in their own homes or the homes of their relatives. It would seem reasonable to suspect that many people are admitted to hospitals and institutions in the first place, or retained therein for unduly prolonged periods of time after treatment or rehabilitation are completed, simply because facilities are not adequate for providing care and treatment at home. If this could be established the social and economic implications would be important. The rising cost of hospital maintenance makes it imperative that as far as possible hospital admission and duration of stay should be determined only by the strict diagnostic and therapeutic requirements of each individual patient. Techniques and personnel for investigation and treatment of disease require the maximum turnover of patients if they are to be economically justifiable. Hospital expenditure on bed space and maintenance alone should be at a minimum.

It is generally agreed that from a social aspect illness, disability and old age should not be allowed to disrupt the family unit where at all possible, and that every effort should be made to maintain such categories at home. To achieve this the following requisites are essential:-

- a. The fullest co-operation of general medical practitioners.
- b. Readily available consultant and diagnostic facilities at a domiciliary or even extern hospital level.
- c. Adequate domiciliary nursing facilities.
- d. A service of home help especially in the case of elderly couples or in the event of the illness, disability or convalescence of mothers of young families.

a. and b. above are outside the scope of this memorandum and in urban areas at least would be unlikely to present great difficulties. Domiciliary nursing facilities exist but their distribution appears to be uneven and in any case would not be adequate to cope with a

/situation in which

situation in which a number of people at present entering hospital for relatively long periods were in future to remain at home for a part, or all, of the duration of an illness.

Medical and nursing facilities in the home would in many cases fail to solve the problem of domiciliary care without the provision of a domestic help service. This is again particularly true in the cases of the elderly and the mothers of young families. As yet, as far as is known, no local authorities have embarked on a scheme for the provision of home helpers for the ill and aged. In Britain such schemes have been in operation during the last decade and their relative success is available for study.

It would be necessary to determine how the concept of increasing domiciliary, as opposed to institutional, ^{care} ~~care~~ would apply in our society here. It might be suggested that pilot schemes in restricted urban and rural areas be instituted. Each scheme would require the fullest possible co-operation between the local authority, the hospitals in the area, the general practitioners and the nursing profession. There are many difficulties in the path of success, but the alternative would appear to be a steady increase in the number of ill, disabled or ageing people requiring bed space in hospitals and institutions involving the community in a rather sterile expenditure on bricks and mortar to the detriment of more dynamic social, psychological and physical measures for dealing with health problems.