JOHN BREHONY, Clerical Officer, Wicklow, takes a look at the recently published Green Paper on the disabled.

The disabled - are we heading towards full participation and equality?

The National Understanding of 1980 contained a commitment by the government to publish a Green Paper on the disabled. The Green Paper has now been published with the aim of providing a clear indication of government policy on some of the main areas of concern to disabled people and to invite a constructive public debate on the areas requiring further attention.

The document covers such matters as the numbers of disabled persons in the country, health services, vocational training and employment, income support services, housing, access and mobility, residential care and a final chapter on participation and equality.

There is no comprehensive source of information on the numbers of physically disabled people in Ireland. Whilst there is some information on the prevalence of certain clinical conditions, such information does not necessarily indicate handicap in every case. The numbers of mentally handicapped are contained in the Census of Mentally Handicapped in Ireland 1981 (published by the Medico-Social Research Board).

Health boards will be provided with the necessary resources to ensure the development and continuing operation of an efficient information system on the numbers of disabled persons and their special needs.

Hospital maternity services are examined in the Paper where there may be some scope for reducing the incidence of certain disabling conditions by concentrating resources in well equipped units.

There is also a commitment to extend the developmental paediatric examination service to all areas and to ensure examination at all the recommended ages. The School Health Service will also be looked at with a view to improving effectiveness.

The National Rehabilitation Board (NRB) will undertake various measures to improve the access of disabled people to open employment. The NRB will also examine the operation of training sources for the disabled with a view to improving or altering same. The need for training and long-term sheltered employment places will be examined. (Anyone who has worked on rehabilitation services will be only too aware of cases where people have been in ‘training’ for several years when they are in effect, in a form of sheltered employment). The Minister for Health will set up a working group to examine the fees for training in (a) training centres and (b) community workshops. A special rate for those in sheltered employment will also be looked at.

The Department of Social Welfare will review the philosophy underlying the application of the Occupational Injuries Fund and Social Insurance Fund in relation to people who became disabled during the course of their working lives. Re-training of injured workers for employment will be looked at, as will the income maintenance provisions for disabled people.

The Minister for Health is aware of the need to develop further the community care services eg increasing the public health nurse/population ratio, extending the home help service etc.

A problem which regularly confronts disabled people is access to buildings. The government has directed the Office of Public Works to ensure that all new public buildings are fully accessible and to arrange an on-going and comprehensive programme to modify and adapt existing buildings where practicable.

A committee which has operated for some time, under the auspices of the NRB, has published two handbooks for architects and planners dealing with the design of buildings having regard to disabled people - ‘Access for the disabled -minimum design criteria’ and ‘Design criteria for housing and residential accommodation’. Attitudes are changing for the better but perhaps a greater awareness by the general public of the content of such publications would speed up the process.

Cont. over/...
The Report of the Review Committee on Adoption Services finalised in May 1984 has been available from the Stationery Office since July at a cost of £3.65p.

Mr Barry Desmond, the Minister for Health, appointed a Committee of twelve persons in April 1983 to examine the present standards, practices and laws in regard to adoption and to make recommendations for their improvement or amendment as considered necessary.

Amongst those appointed were Mrs Leonie Lunny, Senior Social Worker, Community Care Area 4, and Mr Denis Greene, Solicitor to the EHB.

The Report begins by outlining the development of adoption in Ireland from the enactment of the Adoption Act 1952.

This gives an historical and cultural perspective and acts as a most useful reminder of what has occurred in the past by way of public debate.

It traces the reasons for the present amendments to the principal Act and gives factual data regarding the increase in the number of births out of wedlock with the percentage of those children legally adopted each year to date.

The Committee states its overall belief that the traditional family of two parents has been and is, the one most likely to fulfil a child's needs in permanent, secure relationships enabling him to grow into a mature, healthily functioning adult. These needs can be categorised as economic/financial, social/educational, spiritual/religious and psychological/emotional.

Based on this seemingly firmly held view, the Committee sets out its recommendations in a clear, easily read way with a concluding summary of the main ones.

The main recommendations cover the areas of:

1. **Eligibility of children for adoption:**
   - it is recommended that children born to married parents be eligible for adoption and that any constitutional difficulty in this recommendation be resolved, if found necessary, prior to the introduction of legislation;
   - the word 'child' should be applied legally so that all children from six weeks to the age of majority should be eligible for adoption. The present upper age is seven years except in particular circumstances acceptable to the Adoption Board.

2. **Eligibility to adopt:**
   - in certain exceptional circumstances and where it is considered to be in the best interests of the child, a single person should be eligible to adopt;
   - it was envisaged that the majority of adoptions would continue to be by legally married couples.

3. **Consent to adoption:**
   - the present procedure requiring two consents; consent to placement and consent to adoption should remain;
   - the consent to placement may be given at any time following the child's birth;
   - the natural parent should have the right to have the child returned up to three months following placement or prior to giving consent to adoption - whichever is the shorter period unless the Adoption Court has ordered otherwise;
   - consent to adoption should be irrevocable;
   - if three months have elapsed without consent to adoption having been given, the natural parent should be required to make application to the Adoption Court for the return of the child (whereupon the Court may decide to dispense with the consent granting an Order in the child's best interest);
   - a new comprehensive procedure allowing the natural parent to give both consents prior to placement is proposed in circumstances where it might not be immediately possible to place a child e.g. in the case of a handicapped child;
   - in the absence of a parent, the consent of a guardian or person having control or charge of the child should be required, as it is at present.
- where parents are unwed, the
  mother will continue to have the right
to give consent irrespective of age. 
However, it is proposed that an 
unwed father in certain 
circumstances and on making 
application to the courts, including 
the Adoption Court, may be granted 
the right to give consent.

4. Dispensation of consent to 
adoption placement: 
- the Committee sets out three 
circumstances where the Adoption 
Court may dispense with the consent 
to adoption placement.

5. Dispensation of consent to 
adoption: 
- the Adoption Court will hear 
applicants for an Adoption Order on 
the dispensation of consent to 
adoption following a period of three 
months during which they have cared 
for the child.

6. Adoption agencies: 
- recommendations regarding the 
registration of agencies, the 
employment of qualified staff and the 
structuring of their work to a required 
standard subject to a three yearly 
review are made.

7. The Central Adoption Authority: 
- it is proposed that the present 
Adoption Board be replaced by a 
specialist Adoption Court having the 
status of the High Court and presided 
over by a single judge specially 
appointed to the Adoption Court;
- the Adoption Court could, in the 
future, be incorporated into a system 
of family courts.

8. Procedures: 
- the procedures to be observed by 
adoption agencies and by the 
Adoption Court are outlined under 
this heading;
- the possibility of obtaining free 
legal advice and aid should be made to 
all parties in disputes before the 
Adoption Court.

9. Guardianship as an 
alternative to adoption: 
- 'The Adoption Court should be 
empowered to grant applicants the 
alternative of an order appointing 
them to be the child's legal guardians'. 
(e.g. in applications made by relatives, 
often grandparents of the child and in 
other defined circumstances).

10. The right to information: 
- The Committee were divided on 
this possibly most contentious issue of 
the adoptee's right of access to his 
original birth certificate on attaining 
the age of eighteen.

A majority of members favoured 
this right being granted to the 
adoptive in all future adoptions. A 
majority also, opposed making this 
provision retrospective.

This is but a summary of the 
Summary of Recommendations. The 
interested person will obtain the 
report for himself. Currently, health 
board personnel are studying the new 
recommendations with a view to 
submitting comments requested by 
the Minister in decision-making about 
the future operation of an adoption 
service. This is primarily a child-
centered report and is thus welcomed 
by those interested and involved in 
child welfare.

Buying jewellery this Christmas?

MONTROSE JEWELLERS LTD.
are offering SPECIAL DISCOUNT RATES TO HEALTH BOARD STAFF

Major step 
towards the minibus

On Sunday 16 September the Good 
Counsel Centre for Mental Handicap 
at Ballyboden was host to the local 
community and many stars of stage 
and screen were at our first Annual 
Garden Fête.

Despite the rain, which was 
unrelenting, we had a good 
attendance and the enthusiasm of the 
crowd kept our spirits up. Two large 
field tents, kindly provided by the 
Army, allowed us to have some of the 
features under cover outdoors.

Mr Hal Roach introduced our 
special guests who included Brendan 
Grace, Tony Kenny and Helen Jordan 
as well as puppet master, Ian 
Wiltshire with his Punch and Judy 
show which was very popular with 
young and old alike. Other attractions 
include a large bookstall, treasure 
and trash (for both of which we are 
debted to the local community), a 
cake stand, wheel-of-fortune, arts 
and crafts, bottle stall, plants and 
fruit produce including home-made 
jams and many tests of skill in 
sporting events.

We are particularly indebted to our 
Health Board colleagues who gave us 
very practical assistance. 
Approximately £2,500 was raised 
on the day, and this money will go 
towards the purchase of a minibus 
which will be used for social and 
recreational outings for the mentally 
handicapped residents and day 
trainees at the centre.

We look forward to welcoming 
everyone to our future garden fetes 
and indeed to the other events 
planned over the next twelve months.
The controversial Nurses’ Bill

The Nurses’ Bill 1984 provides for the establishment of An Bord Altranais (The Nursing Board), the repeal of the Nurses’ Acts 1960 and 1961, and other related matters.

An Bord Altranais

The objectives of the Bill are to provide for the registration and control of persons engaged in nursing and the regulation of courses of training and examinations in nursing by An Bord Altranais. Other objectives include provision for the membership of the Board and the method and appointment of members and staff, the extension and improvement of disciplinary provisions in relation to the fitness to practice of nurses and the assignment of functions to the Board related to nursing and the EEC.

Registration

The Bill provides for the establishment by the Board of a register of nurses, such a register to include divisions for the various disciplines of nursing including a division for midwifery. There is provision for the Board to refuse to register a person on the grounds of unfitness to practice, and allowance for an appeal to the High Court against such a refusal. The Board is obliged to register nationals of EEC Member States who apply for registration, and who hold recognised qualifications awarded in a Member State.

Education and training

The Bill contains provision enabling the Board to provide for courses of training and for examinations at both pre-registration and post-registration levels. There is a new provision under Section 36 by which the Board may determine minimum educational requirements necessary for entry to nurse training and, if it so decides, set up a central applications system to process applications for nurse training.

The Board is required to ensure that requirements for nurse training in this country satisfy the minimum standards specified in any relevant EEC Directive or Regulation.

Fitness to Practice

As well as alleged professional misconduct, the Board will be empowered to inquire into alleged unfitness to practice by reason of physical or mental disability. The Board will be enabled to suspend a nurse’s registration to attach conditions to retention on the register and to advise, admonish or censure a nurse in relation to his or her professional conduct; there is a right to apply to the High Court for cancellation of the Board’s decision by a nurse against whom action of this kind has been taken.

When the Bill is passed, nobody except a suitably qualified person may attend a woman in childbirth except in emergency situations.

EOE McEVOY, gives a brief of the main provisions of the new Nurses’ Bill ’94.

Views of a hospital matron on the Nurses’ Bill 1984

One of the EHB’s hospital matrons, Miss Catherine Ryan of Clonskeagh Hospital, has indicated some reservations about the Nurses’ Bill to Contacts.

(1) Nurses engaged in geriatric nursing and certain other specialist areas are not represented in the membership of An Bord Altranais.

(2) Fees should not be charged to applicants for nurse training.

(3) Section 31 of the Bill gives power to include on the Register persons engaged in a profession or calling ancillary to nursing. This is a Nurse’s Bill and should be confined to nurses - divisions for non-nurses should have no place on the register.

(4) The Board in carrying out its functions may do so in a great number of cases only with the Minister’s approval - is the Minister’s approval really necessary in so many instances?

(5) The concept of a Central Applications Bureau which would help applicants for nurse training who currently have to incur the expense of applying to a number of training schools, is welcomed, provided it does not imply a Central Selection Bureau which would eliminate the element of choice for the student and the employing authority.

Sir -

People who have to bring their cars to work in James’s Street have a rough time of it.

Firstly, there is a large hoarding along one side of the road between Hospital 7 and Hospital 3 which screens the building work behind. It also effectively hides any hazards which may be around the bends on that road. If a car has to pull out to pass an obstruction, the oncoming traffic has very little time to take evasive action. A few mirrors placed strategically at the blind corners would be a help. Or even a notice warning of the dangers.

Another blind corner is at the back gate coming from the side road from Hospital 7 and turning right.

If you survive to the front gate you face the problem of where to park. The limited amount of parking space is usually jammed. As well as staff cars, this area is used by the public when they call to the various offices, and by an assortment of delivery vans.

If we want to get the car out in a hurry invariably we have to chase around to find the owner of the car(s) blocking us in.

The situation is guaranteed to boost one’s blood pressure to meteoric heights. And the sight of all the empty space beside us, fenced off with gently waving bunting, doesn’t help.

I know the Minister wants staff numbers reduced, but surely a more humane system could be found?

-A Wreck
FRANK CORRIGAN, Secretary Manager of Simpson’s Hospital, gives us an outline of its colourful history.

One of the less well known institutions performing a valuable function within the general health care service, Simpson's Hospital was founded in 1799 with funds provided in the Will of George Simpson, Merchant, who died in the closing days of December 1778. Little is recorded of George Simpson's life except that a tradition has it that as a boy he ran away from his home in Co Kildare, because he was badly treated by his stepmother. Weary and footsore he arrived in Dublin and went to sleep in the doorway of a shop in Henry Street where Arnott's Store now stands.

Wakened next morning by the shopmen and questioned by the Manager, he was given employment there. From this point his footsteps were set on the road to success and fortune.

Eventually George Simpson became a merchant and landowner. Nearing the end of his life, afflicted by poor sight and severe gout he reflected on the misfortunes of fellow sufferers, similarly afflicted, but without the means to procure help for their condition. He decided that after providing for his wife, the residue of his fortune should be used to provide a hospital for 'poor, decayed, blind and gouty men'.

Nor had he forgotten his early years for having supported institutions for poor children during his lifetime, he left a number of bequests to the ools of various parishes, the Marine School, the Blue Coat Hospital and for 'poor charity boys'.

His bequests also included £300 each to the hospital erected by Mrs Mary Mercer, St Catherine's Hospital and the Inns Quay Infirmary.

Fourteen of his friends were appointed to administer the Trust together with his widow. Mrs Catherine Simpson.

A large house in Gt Britain Street - now Parnell St. - was purchased, staff recruited, and having obtained a Charter by Act of Parliament under George III, the first inmates were admitted in 1781.

Within a few years this residence could not contain all who sought admission, further premises were bought and a new hospital built at a cost of £6,458 to which was added a splendid dining hall for a further £8,000. Simpson's Hospital remained on this site until 1985 when it was sold to Messrs Williams and Woods.

The Hospital and inmates were transferred to the present beautiful location at 'Wyckham', Ballinteer Road, Dundrum, once the home of the Murphy family of the shipping company, Palgrave Murphy.

The original system for admission required the applicants to be certified by the medical officers as either 'blind or gouty', a blind man replacing a blind man and a gouty man replacing a gouty one. The Trustees then balloted for the candidates' admission at their meeting in May and November. No retailer of spirituous liquors or person who had begged publicly were considered for admission.

Simpson's Hospital
Dundrum, Co. Dublin

No salary or gratuity whatever was allowed to any chaplain, physician or surgeon attending the hospital. Years later when the physicians applied to the Trustees for payment for their services they were bluntly refused and promptly withdrew their services. A fellow physician who had offered to attend the hospital without charge was approached by his colleagues and withdrew his offer - an early example of 'industrial action'. Staff was appointed at yearly salaries of £16 each to steward and housekeeper, cook and porter at £6 each, two housemaids at £5 each and kitchenmaid at £1. The staff was provided with living accommodation, meals and uniforms.

The patients were provided with a brass buttoned top coat, suit and hat. Originally they got a wig but this issue was later discontinued.

A shaver was engaged to shave the patients three times a week at 2/2d per person quarterly.

Over the years the hospital ran smoothly except for the occasional patient who got into trouble for drunken behaviour, after warnings and confinement to the premises, the incorrigible drunk would be expelled.

In 1804 a man and woman called to see a patient to whom they gave a present of a cake. After they left, the cake was shared amongst other patients and all who ate the cake became violently ill. Two, including the recipient of the gift, died. It was discovered that the cake had been poisoned and intended to kill the unfortunate man, who it later transpired was heir to a considerable property.

The Trustees offered a reward, there being no proper police force at that time.

The military went in pursuit of the culprits who, not surprisingly, vanished and were never caught.

Simpson's continues without very much change the service to aged, blind and afflicted men for which George Simpson so generously provided for two hundred years ago.

The present Board of Trustees and staff are determined that Simpson's Hospital will remain a haven caring for the aged for the future so long as there is need for its services.

Looking at the GP's role in the health services

The recently published Report of the Working Party on the General Medical Services has been described by Minister for Health, Mr Barry Desmond, as representing 'a major contribution to the development of health policy'.

The Working Party outlines a set of proposals designed to

1) strengthen the ability of GPs to provide an effective and comprehensive service, and

2) achieve greater cost effectiveness with the money spent on the GMS.

The key proposals are that future health policy:

a) recognise the GP as the central figure in the health care of patients;

b) organise other services - in the community and in hospital - in support of the GP's role;

c) exploit the opportunities for prevention which frequent patient contact provides;

d) give direct incentives to doctors to become more economic in their prescribing.

The more important specific recommendations are set out in the rest of this article.

The future role of the general practitioner

Future General Medical Service contracts should specify minimum standards of record systems to be maintained by all participating doctors.

Future policy towards general practice, including payment systems, should be designed to encourage a style of practice involving a lower volume of (less hurried) consultations.

Education in the case of the elderly should be made available to all medical students and especially to those about to enter general practice.

Participation in the General Medical Service should require that only premises meeting specified minimum standards be used.

Renewed and urgent measures should be taken to promote effective liaison between general practitioners and public health nursing staff, preferably through schemes of attachment. The cost of directly employing practice nurses, on agreed terms, should be taken into
account in calculating the expenses of doctors in the General Medical Service.

The involvement of general practitioners in public immunization services should be pursued as the optimum mode of delivery.

Screening and treatment services should not be initiated outside general practice unless it has been established that family doctors are unable or unwilling to provide the service.

Education and training

The Medical Council in association with the medical schools should take urgent steps to secure radical change in view of the currently inappropriate balance of training for those who will have responsibility for meeting the community's medical care needs.

Medical students should be introduced to the concept of general practice in their pre-clinical years. A chain of general practice should be established in each medical school and occupied eg a family doctor in active practice. Part of each clinical year's training should be conducted by general practitioners and general practice should be reflected in the content of the final examination and in the recognised options for the pre-registration year.

Prescribing and drug costs

The addition of new products to the range of items available through the General Medical Service should depend upon the results of early assessment by an expert advisory group, and the existing range of drugs available in the scheme should be re-examined by the group.

More cost-effective prescribing can be achieved through the use of drugs with lower unit costs. The principal category of such drugs are generic drugs, that is drugs prescribed and dispensed under their official approved names rather than their proprietary names.

Generic drugs are marketed when patent protection has expired on a new drug. The use of suitable generic drugs should be promoted by requiring the pharmacist to dispense a generic version of prescribed drugs, where available, unless the prescribing doctor indicates otherwise. All but one state in the USA currently permits generic substitution.

Paying the doctor

As part of a modified fee system, target drug costs per patient should be established, compatible with good patient care which would yield savings sufficient to avoid any increase in the total cost of the General Medical Service.

A strong element of fee-per-service should continue in the payment of doctors to encourage them to see the 40% of the population with exceptional medical needs and to discourage them from referring patients to hospitals.

However, a modified fee-per-service would encourage doctors to see patients at an agreed frequency appropriate to their needs and discourage unnecessary visits. Such a system would involve establishing norms for visits, both domiciliary and surgery. Where a claim for visits exceeded the norm, an adjusted fee would be payable in respect of the excess. Such a fee would be tapered to yield a lower net return than the standard fee, with the degree of tapering increasing rapidly as the level of visiting in excess of the norm increased. This reduced payment would be necessary in order to encourage a level of consultation emphasising fewer but more intensive consultations.

Administration and review of the Service

The administration of the Scheme should be a more local function with the medical profession being given a more active role in the local monitoring of the Scheme.

Verification of minimum practice standards and of availability in accordance with the contract should be carried out on a regular basis, possibly annually, and the assessment of practice standards should be extended to include referrals to hospital by general practitioners.

At local level a peer group of general practitioners nominated by the profession should be established which would interview general practitioners in respect of whom complaints have been made, and the Chief Executive Officer of a health board having informed the local peer group, should have discretion to refer cases to a disciplinary hearing at regional or national level.

The CEO of a health board should be empowered to suspend a doctor's contract in serious cases and to refer the question of termination to a National Disciplinary Committee whose decision should be subject to appeal to the Minister.

Health boards should appoint a part-time general practice advisor in each region who would be a practising general practitioner, but would be retained to advise the board on ways in which the effectiveness of general practice and the administration of the service could be improved.

Each health board should prepare, in consultation with, general practitioners and other professions, a planned approach to the development of primary care services in their region, which would specify objectives to be met and specify the tasks to be performed by different groups and professions, while outlining the steps to be taken by each of the parties in order to achieve these targets.

A National Review Body should be established which would meet on a continuing basis at regular intervals to review progress towards the achievement of the overall objectives for general practice which are outlined in the report.

Sketch Pad
by Tony Coyne

Gray Street, Pimlico
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Sketch Pad

by

Tony Coyne

Gray Street, Pimlico
We’re three times better off than in the 1920s

Interests by T K Whitaker
(Institute of Public Administration £7.95)

This book is a collection of essays and lectures which sets out many of Dr Whitaker’s ideas on economic and financial matters, but also extends to other preoccupations - Northern Ireland, the Irish language, the commemoration of friends who gave distinguished service to Ireland, to cultural matters generally, and to fishing.

T K Whitaker was born in Rostrevor, Co Down in 1916. Educated at Christian Brothers’ School, Drogheda, he obtained the degree of M.Sc. (Econ.) of London University by private study. He entered the Civil Service in 1934. Assigned to the Department of Finance in 1938, he became Secretary of the Department in 1956. He was appointed Governor of the Central Bank of Ireland in 1969 and retired from the public service seven years later.

More than half this book of 23 pieces is devoted to economic and financial matters, and some are quite beyond my fading knowledge of economics. However, the most interesting essays are quite within the comprehension of anyone who takes a general interest in public affairs.

Perhaps the most comprehensive of the economic essays is the first one - Ireland’s Development Experience - first published in 1982 and in effect a summary of the economic history of the State since its establishment. Outlining the economic situation after sixty years of native government, Dr Whitaker says that the Irish workforce remains virtually at its original level. Only recently has the population risen above the 31.4 million of 1922 - the loss of population through emigration has ceased and in today’s depressed world is unlikely to revive - the provision of adequate employment at acceptable remuneration for all who wish to work in Ireland is still an unrealised and tantalising objective.

However, 'these broad and rather bleak observations must not be allowed to obscure the real gains which have been made under difficult conditions. The static workforce figure conceals an enormous change for the better in its composition and productivity... one measure of the material progress made since independence is the fact that the typical Irish family is now at least three times as well off as its forerunner of the 1920s - another is the ranking Ireland amongst the 25 richest countries in the world... there has been significant improvements in health, education and social welfare but poverty relative and absolute, still affects a disappointingly large minority and unemployment is inordinately high and still rising.'

Cultural matters

In the five essays grouped under the general heading 'Cultural matters', the essay Cultural links is a celebration of Irish history and culture from early times to the Tudor period. It gives a broad view of the heritage transmitted to us largely through the Irish language but in other ways as well.

From the 6th to the 12th century there was much coming and going between monks and scholars and a great exodus from Ireland to the European continent. It was our age of pride when this island of saints and scholars carried the torch of faith and learning back to a Europe engulfed in darkness and barbarism.

The great monastic names are recalled, Columba and Luxeuil and Bobbio, Gall, Kilian, Fursa and Colman of the High King’s family, who was murdered on his way to the Holy Land in 1012. The famous manuscripts, including the Book of Kells containing supreme examples of Irish illuminative art, are mentioned.

Dr Whitaker also touches on early Irish poetry and quotes some country verses.

There is much else that could be written about this book if space permitted - it is, indeed, refreshing to know that a man of Dr Whitaker’s wide range of interests was near the helm of the ship of state for so long.
LOOKING AT TYPEWRITERS . . .

The days when a typewriter just typed are long past. Nowadays, by the use of dual-function keys they can be linked to word processors for storing data, computers for more intricate work or phototypesetters for printing.

One of the latest typewriters has an inbuilt 50,000 word dictionary. Each word typed is checked by the dictionary and if it is mis-spelled the machine goes BLEEP! This could, of course, lead to an incessant racket as well as some embarrassment where a typist is not the best at the spelling. To avoid this, the sound can be adjusted to a discreet snigger.

Some years ago it took courage and an abiding trust in the protective powers of the Almighty to book into a guesthouse which hadn't been recommended to you. But not any more.

Last September a few of us spent a weekend in Clare. In some trepidation we stood on the mat outside a guesthouse in Kinvarra. It was called Cois Cuan. We knew nothing about it but it looked lovely. We were warmly welcomed by the owner, Mrs Walsh, and had the best accommodation and a full breakfast, all for £7.50.

The next night, in Kilfenora, we were lucky again. We stayed with a Mrs Clancy and this time it was £8. Both these guesthouses close for the winter.

In Miltown Malbay we found Leagard House which is run by a Swiss trained couple, John and Suzanne Hannon. We had a lovely, 5-course dinner for £8 and bed and breakfast £9 also. Leagard House is open all the year except for a week at Christmas. Its a single-storey, beautiful old house and they welcome retired people or those convalescing after an illness.

All these places are within easy driving distance of the Burren, the Ailwee Caves, cliffs of Moher, Lisdoonvarna, Lahinich, and other "ravits.

V. returned from a most enjoyable weekend vowing, never again to snigger at Yanks when they go on about 'the friendly Irish'. We met them down in Clare, running guesthouses.

The EHB, and St Ita's Mental Health Association presented a series of lectures for nursing personnel from 10 - 14 September incl. These lectures were very well attended and stimulated much interest in matters related to psychiatric nursing.

The official opening was performed by Mr P B Segrave CEO. Mr Segrave expressed much pleasure in being present to open this in-service educational programme. He expressed his full support for such a venture which in itself was complementary to the EHB's in-service training programme for nurses initiated by the Chief Nursing Officers Group about twelve months ago.

Mr Segrave stated that he saw such courses as an opportunity for professionals not alone to keep up to date with new developments in the nursing field, but also to review and recap on topics of nursing interest generally.

To commence the sessions Mr Sean Sweeney, Nurse Tutor, St Ita's Hospital, gave a lecture entitled A Historical Review of Electroplexy and this was followed by a lecture on the care and nursing management for this procedure by Mr John McTiernan, Clinical Teacher, St Ita's.

Mr Kevin Leonard, Nurse Tutor, St Brendan's Hospital, spoke on diabetes and emphasised the special problems in the nursing management of this condition in a psychiatric setting.

Miss Audrey Kilgannon, Health Education Officer, Jervis St. Hospital delivered a very stimulating lecture on drug dependence. She also described her work, and the objectives of the Jervis St. Treatment Centre in coping with this mammoth problem in Dublin today.

This was followed in the afternoon by a lecture from Det. Garda Noel Clarke from the Garda Drug Squad, who gave a very informative talk on drug abuse from a legal point of view.

On the Wednesday morning we had the pleasure of hearing a lecture from Dr Gabriel Nolan, Consultant Psychiatrist, St Loman's Hospital, who spoke on the topic Child Abuse. He reviewed the topic from an historical aspect, and clearly outlined the symptomatology that may present in such cases.

The afternoon session on Wednesday was taken by Miss Bridie Tierney, Research Officer, An Bord Altranais. She delivered a very valuable lecture on Research value to nursing, illustrating why nursing must become a research based profession.

Miss Tierney also outlined basic methodology for research.

PSYCHIATRIC NURSING

Keeping up with new developments

Dr Michael Conway RMS and Clinical Director of St Ita's, gave a review of the history of psychiatry and spoke at length on the Determinants of abnormal behaviour. He clearly defined the roles of nurture and nature in the maintenance of mental health and outlined where imbalances can lead to mental disorders.

The afternoon session on Thursday was taken by Mr Michael McGuirk, Nurse Tutor, St Ita's, who spoke at length on The Nursing Process. A lively discussion followed on how this could be implemented in the psychiatric setting.

The Friday morning session was opened by Miss Mary O'Hagan, from The Irish National Council on Alcoholism. Miss O'Hagan dealt with the serious problem of alcoholism in Ireland today. She also outlined the work of the Irish National Council and gave details of the alcoholic counsellors' course.

To close the seminar Mr Sean Sweeney on behalf of St Ita's Mental Health Association thanked the participants for attending and for their interest. He spoke on the value of an in-service training programme. He thanked the EHB for their help in providing facilities to run such courses. Mr Sweeney went on to outline the progress St Ita's MHA has made since its formation and he emphasised the importance of people becoming actively involved in order to continue this progress.
Sister Maeve retires - to the missions!

Sr Maeve O’Sullivan (formerly Sr Vincent) retired from the EHB on 21 September ‘84 where she had worked as a social worker since 1970. Initially she worked in the Child and Family Centre, Ballyfermot, where she became very involved with ‘her’ families in the local community and set up a mother’s club. Her book *Let the Client choose* was published in 1974 and was a bestseller!

In 1977, she became one of the pioneering social workers in the newly formed Fostering Resource Group based in Children Section. She travelled far and wide, crossing ditch and dale from Ballymun to Ballitore seeking out foster homes. If she set herself on a course of action, God nor man would not stop her till she reached her goal and in this way found homes for many a child.

Last year she produced yet another mammoth work *Guidelines to fostering in the Eastern Health Board* which has proved an invaluable source of information to social workers.

We will miss her brown bread and cakes which we were fortunate to enjoy at our tea breaks but are consoling ourselves on the expected weight loss!!! We will miss the flowers she lovingly sowed every spring outside Children Section, harvested and dried in autumn for her Christmas gifts.

Most of all we’ll miss her determination, her spirit and her ‘joie de-vivre’. The one secret she would not let us in on was how she kept so young looking and if she could bottle it she’d make a fortune.

We know the foster parents and children she worked with will miss her also. We wish her well next January when she sets off for Nigeria for two years to work with families.

Get yourself a bargain and help your fellow workers

**GUINNESS WORKERS EMPLOYMENT FUND LTD**

**PRE-CHRISTMAS SALE**

Bi-Centenary Centre, Watling Street

Thurs 15 Nov, 1 pm - 9 pm and
Fri 16 Nov, 10 am - 6 pm

Wide selection of toys, jewellery, copper plaques, brass, leatherwork, knitwear, pottery, bicycles, stained glass, hand carved furniture ... and that’s only some of it!

Refreshments available

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**NED BUTLER R.I.P.**

Ned Butler, Senior Executive Officer in the Psychiatric Service, died suddenly recently. We extend our heartfelt sympathy to his wife, Margaret, his son and two daughters.

Ned’s working life commenced in June 1944 when he had a job as clerk in a private business in Clonmel. His public service began in 1946 when he was appointed clerical officer with Tipperary (SR) County Council. In 1956 he took up the post of Superintendent Assistance Officer with Balrothery/Rathdown Board of Assistance and continued in this post under the newly established Dublin Health Authority. He became acting Senior Executive Officer in the SMA Section in 1968 and three years later was appointed CEO in the Psychiatric Service. He was based in St Brens’s Hospital and was responsible for a number of outside projects, including the development of Tolco Ltd (Hostels). A man who did good deeds almost by stealth, he will be very much missed by all his colleagues in the EHB. May he rest in peace.

Guinness Workers Employment Fund

The Guinness Workers Employment Fund Ltd was set up in 1958 with the object of creating and increasing employment.

It was started by a group of Guinness workers based at the Port of Dublin. Saddened by the sight of the steady stream of Irish people emigrating to find work abroad, they felt it their duty to do something practical to improve employment prospects here. Together with other colleagues at St James’s Gate they set up a fund which would be financed from weekly donations by the workers and, indeed, the pensioners. At present the rate is 20p per week and since then over £441,000 has been loaned.

The Guinness Company, with its long tradition of charitable works, gives the fund every assistance.

Projects in almost every county in Ireland have been helped, mostly by loans and occasionally by grants. The projects cover a very wide range and include crafts, tourism, co-operatives, boat-building, market gardening, rehabilitation etc.

If other organisations are interested in setting up a similar fund the number to ring is 756701.

Once a year, the small industries assisted by the fund come together in Watling Street to sell their wares. This sale is well worth a visit. The goods are of high quality, they’re different and they’re decidedly cheaper.
Sports & Social Club NEWS

The Club has almost finished its summer programme, with the climax being reached in many competitions, mainly the Civil Service football, the inter-departmental football (mixed 7-a-side, and the Kenny Cup). Both of these competitions proved very popular, with the Health Inspectors coming out winners in both competitions.

The tennis competitions are also reaching their final stages in all competitions, and it is hoped they will be completed within the coming few weeks. So anyone about who still have matches to play - play them soon.

Plans are now under way for our winter programme, which will include such activities as basketball and volleyball (which is played each Friday in the Dominican Convent in Ballyfermot). A competition in each of these sports is also planned.

The annual quiz will also be held towards the end of November. This has proved to be one of the most popular events on the club calendar, so this year we are again hoping for a big entry.

Other activities include badminton, which will be played each Monday and Thursday nights in the Holy Faith Convent, the Coombe.

A night out is also planned before Christmas, to present prizes for all completed competitions. More details later.

Remember, to take part in the Club's activities you must be a member of the club. Membership for the year is only £2 which you must admit is good value for money. Membership cards can be obtained from any committee member.

Committee '84/85

Chairman: Derek Greene, Personnel
Vice-Chairman: Mary Murphy, Personnel
Secretary: Martina Murphy, Welfare
Treasurer: Derek Doyle, Hospitals
PRO: Jim Murphy, Salaries
Mary Brady, Emmet House; Derek Bauer, Health Inspector; Sharon Doyle, Personnel; Deirdre Howard, Salaries; Siobhain McCrea, CPL.

ASTRA THEATRE GROUP presents
SIVE
A Play in Three Acts
by J B Keane

4 - 7 DECEMBER ’84
Assembly Hall, 1 James’s Street
Nightly 8 pm (sharp)

Produced by Michael Cody

Admission £2, or free to members

Our photo was taken at a very pleasant reception recently in St Vincent's Hospital, Athy. The occasion was a presentation of certificates of the Hotel and Catering Institute following a course in the Principles and Practice of Food Hygiene. The course was organised by the EHB in conjunction with CERT.

Those who received certificates (only some of whom appear in our picture) were:

Alice Ashe, Francis Bolger, Margaret Bolger, Benny Bowden, Breda Brennan, Bridie Byrne, Pauline Byrne, Catherine Campion, Rose Campbell, Marian Cash, Sheila Chanders, Elizabeth Comerford, Elizabeth Cusack, Breda Delaney, Bill Delaney, Terrie Delahunt, Nancy Dooley, Elizabeth Doyle, Betty Dunne, Rita Fennelly, Anne Marie Flynn, Betty Foley, Mary Foley, Brigid Haren, Freda Hoare, Shelly Hughes, Renee Jones, Marie Kane, Breda Kelly, Mary Kelly, Noanie Kelly, Ailish Knowles, Esther Mulhall, Patrick Murphy, Kay O’Beirne, Daniel O’Connell, Patrick O’Keeffe, Esther O’Halloran, Kay O’Rourke, Jenny Robinson, Maureen Robinson, Peg Robinson, Paddy Timony, Sheila Townsend, Elizabeth Whelan, John Wynne.

Well done, all!
CROSSWORD

Name: .................................
Address: .................................

Entries to Crossword, Contacts, 1 James's Street.
£10 to first correct solution opened on Friday 30 Nov. '84.
(Prize sponsored by Astra and St James's Social & Sports Club).

Solution to Crossword

ACROSS

DOWN

Winner: Eileen Brady, Children Section

CHESS

Problem 33

White to play and gain a winning advantage.

The correct solution to problem no. 32 was:

1. B. Q3 B - R7
2. P - R7 B - Q4
3. B - K B x B
4. P - K7 White will Queen the pawn and win.

St James's Chess Club meets each Tuesday at 6.00 pm, at the Coffee Room to the rear of the Staff Restaurant. Beginners and experts are invited to come along.

CLONSKEAGH HOSPITAL
will hold their
Annual SALE OF WORK
in the
Conference Room
Clonskeagh Hospital

Sunday 25 November '84
2.30 - 6 pm

BARGAINS & SUPER RAFFLES
Proceeds to Patients' Amenities Fund
Admission 25p.

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