SECOND FLOOR

Laboratory 1

John Stephens  
Dara Clarke  
Ursula Fearon  
Eugene Halligan  
Mary Heffernan  
Dervilla Birmingham

Reading Room

Teresa Willcocks  
Diarmuid Mulherin

Computer Room

Laboratory 2

Maura Callaghan

Coffee Room

THIRD FLOOR

Administrative Section

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Ethna O'Keefe  Admin. Secretary  (9) 230

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Susan Dejong  Secretary  (9) 230

Endocrinology Research

Dr. Tarek Fiad  
Jenny Dunbar  (9) 236

Dept. of Preventative Medicine

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Colette O'Brien  Secretary  (9) 240  
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Ms. D. Comerford  Research Nurse  (9) 244  
Ms. P. Kelly  Research Nurse  (9) 244  
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Ms. Gina Brennan Secretary
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Reid, V. Dietary aspects for primary prevention of coronary heart disease - guidelines for the paediatric age group. Biomedical Science 1992, 2, 113-117


Hassan, J., Feighery, C., Bresnihan, B., Whelan, A. Effect of
Prof. B. Bresnihan/Dr. O. Fitzgerald - Immunohistochemical analysis of rheumatoid and psoriatic synovium in early and late disease. (Diarmuid Mulherin)

Dr. T.J. McKenna - Impact of Progestogen and Oestrogen on LH Pulsatile secretion in Polycystic Ovary Syndrome. (Tarek Fiad)

Dr. M. Hutchinson - A Prospective study of cognitive function, disorder and disability in a population of early diagnosed multiple sclerosis patients. (Judy Hutchinson)

Prof. N. Parfrey - Mutations of the P53 tumour suppressor gene in the pathogenesis of immunodeficiency-associated lymphoproliferative disease. (Teresa Willocoks and John Stephens)

**RECENT PAPERS PRESENTED FROM THE CENTRE**


Byrne, B., Cunningham, S.K., Igoe, D., Conroy, R., McKenna,
by a MSc. in Immunity/Biochemistry in the same institution. Mary commenced her work in the Education & Research Centre in November 1990 and is carrying out research with Dr. Oliver Fitzgerald on Rheumatoid Arthritis to explore further the role of endothelial cells in the joint capsule.

JUDY HUTCHINSON, M.Psych.Sc. is originally from Co. Tyrone. She has a degree in Psychology from University College Dublin and completed her Masters in "Pain in Multiple Sclerosis". Judy is working with Dr. Michael Hutchinson completing a 3 year study on cognitive problems in early Multiple Sclerosis.

EAMONN McENROE, BSc, is from Cavan. Eamonn is a Dublin City University Graduate in Analytical Science working with Dr. Rosemarie Freaney on the standardisation of Ionised Calcium Measurements.

DIARMUID MULHERIN, MB, MRCPI is from Leitrim. Diarmuid is a graduate from University College Dublin working with Professor Barry Bresnihan and Dr. Oliver Fitzgerald examining the processes causing joint damage in patients with Rheumatoid Arthritis.

JOHN STEPHENS is a Senior Laboratory Technician from Carlow. He is working with Dr. Teresa Willcocks and Prof. Nollaig Parfrey on mutation of the P53 gene which is a tumour suppressor.

TERESA WILLCOCKS, DPhil, is from Oxford. Teresa is a graduate of Trinity College Dublin and Oxford University in Molecular Genetics. She is working with Prof. Parfrey and John Stephens on mutation of the P53 gene which is a tumour suppressor.

ONGOING PROJECTS

Dr. O. Fitzgerald - Mechanisms of mononuclear cell/endothelium cell interactions in Rheumatoid and Psorietic Arthritis. (Mary Heffernan)

Prof. B. Bresnihan - Examination of aspects of Rheumatoid factor production in Rheumatoid Arthritis. (Maura Callaghan)

Dr. T.J. McKenna - Collagen abnormalities in subjects with limited joint mobility and their role in the development of Diabetic complications. (Eugene Halligan)

Dr. J. Duffy - The study of plasminogen activators and inhibitors in Breast Cancer. (Dervilla Bermingham)

Dr. R. Freaney - Standardisation of Ionised Calcium Measurements. (Eamonn McEnroe)

Dr. S.K. Cunningham/Dr. T.J. McKenna - The identifying of androgen stimulating factors present in patients with ectopic ACTH production. (Ursula Fearon)

Dr. T.J. McKenna - The control of androgen production in human adrenals. (Dara Clarke)
in general practice with individual and group management sessions in
the general practices. This department provides a nurse facilitator
and dietetic expertise to the practices.

It is now intended to extend this programme and funding is being
sought from the Irish Heart Foundation.

A study "Census of Coronary Care Units" in Irish hospitals is being
undertaken in late April 1992. This study will document the
prevalence of acute Coronary Artery Disease, usage of monitored
beds, and other practical considerations of critical care units in
hospitals throughout the country. This study should become an
annual project in monitoring trends. Other departmental activities
in the Education and Research Centre include evaluation of the
Coronary Care Unit in St. Vincent's Hospital (Pauline Kelly), anti-
smoking group counselling service (Denise Comerford et al),
ambulatory 24 hour blood pressure monitoring (Denise Comerford),
Coronary patient rehabilitation programme (Vivian Reid and Elizabeth
Dinn), and European Healthy Cities Project (Denise Comerford et al).

RESEARCH SECTION PERSONNEL AND PROJECTS

The Researchers currently located in the Centre include:

DERVILLA BERMINGHAM, BSc, is from Clare. She obtained BSc in
Biotechnology in University College Dublin. Dervilla commenced work
in the Centre in September 1991 carrying out research work with Dr.
Joe Duffy into Breast Cancer.

MAURA CALLAGHAN, BSc, is from Galway. She obtained BSc in
Biotechnology in Dublin City University. Maura commenced her work
in the Education and Research Centre in May 1991 and is carrying out
research with Prof. Barry Bresnihan into Rheumatoid Arthritis.

DARA CLARKE, BSc, is from Cavan. Dara, is another University
College Dublin Graduate again in Biochemistry. Dara commenced work
in the Centre in September 1991 working with Dr. McKenna on the
control of androgen production in human adrenals. This project also
should throw light on ovarian dysfunction.

URSULA FEARON, BSc, is from Dublin. Ursula also graduated in
Biochemistry from University College Dublin. She commenced work
in the Centre in September 1991 carrying out research work with Dr.
Sean Cunningham on identifying androgen stimulating factors in
patients with ectopic ACTH production. This will provide new
information on infertility in women.

TAREK FIAD, MB, MRCP, is from Lybia. He is a graduate from the
University of Tripoli working with Dr. McKenna as a research fellow
examining Polycystic Ovary Syndrome, a common reason for
infertility.

EUGENE EALLIGAN, BSc, has spent a year developing the special skills
of a collagen biochemist in Bristol. Eugene now plans to apply
these techniques to identifying subtypes of collagen which render
subjects particularly likely to develop diabetes complications.

MARY BEFFERNAN, MSc, is from Dundrum, Co. Tipperary. She obtained
BSc. (Honours) in Biotechnology in Dublin City University followed
The opening hours of the Library Section are:

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<th>Days</th>
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<td>8:30am - 9:00pm</td>
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The Library is closed during lunch hour.

DEPT. OF SURGERY

Ms. Cecily Dawson, Study Co-ordinator, Dr. Phillipa Mercer, Senior Lecturer in Surgery, Dr. Simon Cross, Senior Registrar.

DEPT. OF MEDICINE

Dr. A. Heffernan, Dr. J. Hayes, Dr. C. Quigley, Dr. B. Bourke and Dr. C. Odlum.

INFORMATICS LABORATORY

Dr. Catherine Odlum has taken over the running of the Informatics Laboratory which has been relocated from the third floor to the second floor. Amongst other tasks Dr. Odlum runs introductory courses on the use of computer based medical information retrieval systems.

DEPT. OF PREVENTATIVE MEDICINE/CARDIOLOGY

Personnel: Prof. Noel Hickey, Dr. Elizabeth Dinn, Pauline Kelly, Denise Comerford, Vivienne Reid and Veronica O'Neill.

The Community/Hospital integration programme (CHIP) is examining the structure of services pertaining to patients who require hospital admission. The study describes these patients, their routes of gaining admission, the need for admission, communication between hospital and general practitioner, in-patient stay, and planning for continuing care after discharge. The study follows up discharged patients to ascertain their state of health and the need for community services.

This study is nearing completion. It is the first major study in health service research conducted at St. Vincent's Hospital and it is envisaged that this type of research will continue in other areas of the Health Services.

The Community Risk Factor Programme (CRISP) is a high risk prevention strategy for cardiovascular disease in general practice in the catchment area of St. Vincent's Hospital. The programme is being piloted in two large group practices in Dun Laoghaire and Bray. The programme involves the identification of at-risk patients
Treatment", "Osteoporosis", "Treatment of Back Pain", "Progress in Treatment of Breast Cancer", and "Advances in Diabetes Treatment", while the topics scheduled for the rest of the meetings are "Management of Asthma", "Screening for Bowel Cancer" on March 30th, "Liver Transplantation" and "Investigation of Heart Disease" on April 27th, and "Stroke Prevention" and "Living with Arthritis" on May 25th. The lectures have proved very popular so far with attendance exceeding expectations.

**Lunch for John Monaghan**

A lunch was held on September 6th for John Monaghan to thank him for his contribution to looking after the Education and Research Centre and to wish him well for his retirement.

**POSTGRADUATE OFFICE**

Dr. D. O'Donoghue, Co-ordinator Post-Graduate Education. Ms. Gina Brennan, Secretary.

The Postgraduate Office co-ordinates all post-graduate education activities in St. Vincent's Hospital. Gina also takes care of bookings for the conference facilities. These facilities have been heavily booked over the last year with both internal and external meetings which generate regular funds for the Centre. The external meetings have included:

- The Irish Sports Medicine Association
- The Irish American Orthopaedic Surgeons Association
- The Irish Nurses Seminar
- The Society of St. Vincent de Paul
- The Association of Occupational Therapists
- The Association of Clinical Biochemists
- The Irish Hospital Consultants Association
- The Irish Matrons Association
- Irish Critical Care Nurses
- The Irish Society of Gastroenterology
- Coronary Care Nurses
- The Department of Health

**DEVELOPMENT OFFICE**

The Development Office is run by Maire Garvey with the assistance of Barbara Keogh. Fundraising events last year included the annual golf day, the pre-derby ball, the celebrity cook-book, the film premier of "Robin Hood - Prince of Thieves" and the art exhibition.

**MEDICAL LIBRARY**

The Medical Librarian Mrs. Hylda Beckett is ably assisted by Sr. Marie Hilary. It is located on the first floor of the Centre. The opening hours of the Study Area are:
This is the second Education & Research Newsletter.

Firstly, we would like to welcome some newcomers.

Dr. Billy Bourke
Dr. James Hayes
Dr. Catherine Odlum
Dr. Philippa Mercer
Maura Callaghan
Dervilla Bermingham
Ursula Fearon
Dara Clarke
Dr. Diarmuid Mulherin
Judy Hutchinson
Bernard Mullen
Marian Given
Ethna O'Keeffe
Dr. Teresa Willcocks
John Stephens
Colette O'Brien
Susan Dejong

Dept. of Medicine
Dept. of Medicine
Informatics Laboratory
Dept. of Surgery
Research Laboratories
Research Laboratories
Research Laboratories
Research Laboratories
Research Laboratories
Research Laboratories
Research Laboratories
Research Laboratories
Janitor
Receptionist
Administrative Secretary
Research Laboratories
Research Laboratories
Preventative Medicine
Dept. of Pathology

ADMINISTRATIVE OFFICE

As many will be aware Ethna O'Keeffe and Marian Given are now working in Administration. Any day-to-day problems or enquiries regarding the Centre should be brought to their attention and they will do their best to find a solution. They request that any new people starting to work in the Centre (it doesn't matter for how long) or any events taking place be brought to their attention to make life easier at Reception and for general administrative purposes.

Open House Meetings

The Centre is currently running a series of "Open House Lectures" on health matters of interest to the general public. These lectures started in November and are scheduled to run until May. The topics covered so far include "Keyhole Surgery", Modern Management of Pain", "Reconstructive Surgery", "A decade of progress in Cancer
Annual General Meeting 1992 - Agenda 2

Report of the Chairman of the Board 3

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Financial Review 13

Hospital Committees 17

Departmental Statistics 18

Departmental Reports 21

Medical Publications 52
1. Report of the Chairman of the Board of Management

2. Report of the Secretary Manager and Chairperson of the Executive Council

3. Report of the Chairman of the Medical Board

4. Accounts for the year ended 31st December 1991

5. Any other Business
As Chairman of the Board of Management of St. Vincent's Hospital, I have pleasure in presenting the Annual report for the year 1991.

This is the first year of my chairmanship and I wish to pay tribute to my predecessor, Professor Michael MacCormac, under whose wise strategic guidance and direction so much was achieved for St. Vincent's Hospital in recent years. Professor MacCormac has contributed greatly to the development of the hospital and we are indebted deeply to him. He has now assumed the Chairmanship of the Charity/Mercy Health Care Co. Ltd. and the Board of Management wishes him every success in this very important and demanding role.

The occasion of the Annual General Meeting and the publication of the Annual Report is a time both for taking stock and for looking forward, so I wish to structure my contribution around two central questions:

* From the perspective of the Board of Management, what are the essential characteristics, indeed responsibilities, of St. Vincent's Hospital? And - in this context - what important developments have taken place during 1991?

* What key challenges must be met and overcome in the years immediately ahead if St. Vincent's Hospital is to be developed satisfactorily, and thus contribute appropriately to its surrounding community, and to Irish society?

ST. VINCENT'S HOSPITAL: CHARACTERISTICS/RESPONSIBILITIES

St. Vincent's Hospital is a multi-faceted organisation with several very broad and, sometimes, conflicting responsibilities.

* It is a large 500 bed hospital, with a wide range of specialties, and is responsible for the effective delivery of top quality health services. It is the flagship hospital for South-East Dublin and it co-ordinates its activities with the hospitals in or near its catchment area. St. Michael's in Dun Laoghaire, the National Rehabilitation Hospital in Rochestown Avenue, St. Colmcille's Hospital in Loughlinstown, St. Luke's and St. Anne's Hospital, the City of Dublin Skin and Cancer Hospital in Hume Street, the National Maternity Hospital, Holles Street, and the Royal Victoria Eye and Ear Hospital, Adelaide Road. It holds joint appointments with some of these hospitals in the areas of pathology, anaesthetics, and other specialties. In addition to providing services for its local community, St. Vincent's Hospital is also a tertiary referral hospital for the whole of Ireland and it provides acute services in all disciplines. It is the policy of the Board of Management that this broad and most important responsibility...
Many important developments have taken place during 1991 in relation to the achievement of the three broad responsibilities I have just listed:

* The overall performance of the hospital's operations has been maintained at an adequate level - but only just, and after the application of cutbacks, bed closures, and self-imposed pressure on all staff to maintain standards. This situation is compounded by the fact that patients now being admitted have more complex medical and surgical conditions than heretofore;
* A new Whole Body Radionuclide Detection Unit and a new School of Diagnostic Imaging were created;
* The Coronary Care Unit was redesigned and a Cardiac Catheterisation Laboratory was opened;
* Laboratory services were expanded;
* A plan for the development of information technology in the hospital over the next two years was drawn up and presented to the Department of Health.
* It was agreed to develop the Education & Research Centre as an organic part of the hospital ... as befits a premier teaching and educational hospital, but on strict financial and funding lines;
* New consultants were appointed in the specialisations of Bacteriology, Immunology and Histo-Pathology;
* Waiting lists were evaluated in detail;
* The Charity/Mercy Health Care Co. Ltd. was established by the Sisters of Charity and the Sisters of Mercy. Its prime purpose is to act as a vehicle for rationalisation and the strengthening of common elements between the six hospitals (including St. Vincent's Hospital) which operate under the purview of the two Orders. The Board of Management of St. Vincent’s Hospital has welcomed this development and commenced a close working relationship with the Charity/Mercy Health Care Co. Ltd.

In short, much has been achieved in relation to the delivery of the three broad responsibilities I have listed. But there is no room for complacency. Much more needs to be done, on many fronts, if these responsibilities are to be adequately addressed.

**PROBLEMS/CHALLENGES**

In the time immediately ahead, a number of acute problem areas, or challenges, need to be addressed as a matter of urgency. The main ones are:

* More space and appropriate facilities are required for a range of specialties, particularly Pathology, Microbiology, Haematology, Immunology, and Outpatient Care;
* The age of the hospital's radiologic imaging equipment is a cause of concern, and there is a need for the re-equipment of the Radiographic Rooms if safe modern services are to be provided;
* A delicate balance must be achieved between the provision of an efficient and responsive Accident and Emergency Service, while also facilitating and realising new developments in...
the delivery of specialised medical and surgical services;

- There is an ever-growing demand for the care of the elderly in South East Dublin and St. Vincent's Hospital endeavours to meet this demand... but there are inadequate geriatric services to cope with the work load. This situation impacts negatively on the capacity of St. Vincent's Hospital to cater for elective patients and waiting list patients, and to provide other specialised facilities;

- There is a constantly increasing work-load from more numerous accident and emergency cases and from acute referrals from Regional and County Hospitals. This increasing work load is met, in the short to medium term, from the hospital's existing resources and while containing hospital costs. It is a constant challenge to meet quality requirements in these circumstances.

Each of these challenges must be addressed and, hopefully, overcome, in a climate where public and other resources for health services are not infinite. So, the agenda of the Board of Management and the staff of St. Vincent's Hospital is both full and demanding.

**GRATITUDE**

It will - I hope - be apparent that the successful development of St. Vincent's Hospital during 1991 - as in earlier years - was due to the extra special effort made by a wide range of interests, including the staff and friends of the hospital. Our deep gratitude is due to them, and I wish to thank all who have contributed to the hospital's welfare.

I would like to thank Professor MacCormac, my predecessor as Chairman of the Board of Management; all my colleagues on the Board of Management, and those who undertook extra board-duties in addition to being members of the Board.... Mr. Gerald Scanlan as Chairman of the Finance Committee of the Board; Mr. Cathal MacAlister as Honorary Secretary of the Board; Mr. Patrick Meade who devoted his time to the Development Office and to fund-raising issues; Mr. Denis Bergin for his legal advice to the Board; Professor Muiris FitzGerald as Chairman of the Medical Board; Dr. T. Joseph McKenna as Director of the Education and Research Centre; Sr. Agnes Reynolds, Director of Nursing, and the nursing staff; and Sr. Teresa Avila, who leads the Sisters of Charity within the hospital, and all the Sisters of Charity in the hospital.

Our special thanks are also due to Sr. Mary Magdalen both as Secretary/Manager of the hospital and Chairperson of the hospital's Executive Council, and the members of the Executive Council; Mr. A. Moriarty, Chairman, and the members of the Safety Committee; Professor Barry Bresnihan, Chairman, and the members of the Ethics and Medical Research Committee; Professor Geoffrey Bourke, Dean of the Medical School, and the professorial staff, lecturers and assistants in the School; Ms. Maire Garvey, Head of the Development Office; and Mr. Sean Fagan and his staff for finance and personnel matters.

Suffice is to say that all these persons who so willingly and fully contribute to matters directly relevant to the responsibilities of the Board of Management do so while also discharging onerous, demanding, and important responsibilities in their respective fields. Deep gratitude is due to them.

A special debt of gratitude is due to Sister Francis Ignatius, the Superior General of the Sisters of Charity for her and her Order's continuing and loving interest in St. Vincent's Hospital. Without this, there simply would not be a St. Vincent's Hospital as we know it.

During the year Mr. Barton Kilcoyne, Deputy Chairman of the Board of Management, decided to discontinue his membership of the Board for personal reasons. On behalf of the Board, I wish to acknowledge the fundamental contribution made by Mr. Kilcoyne to the development of St. Vincent's Hospital over many years and to thank him for it.

I wish to thank the Minister for Health and the officials of the Department of Health for their continuing close interest in the hospital's development, for their willingness to discuss our many plans and proposals with us, and for their understanding of the natural tensions which exist as between the aspirations which we have for the hospital's successful development and the ensuing financial requirements. As in previous years, the Board of Management will continue to make every effort to understand the severe financial and policy constraints under which the Minister and Departmental officials must formulate public health policy.

As we head into 1992 and beyond, we are deeply conscious of our hopes, aspirations, plans and indeed responsibilities, for the hospital's future development... and also of the financial and other realities which face us. We have every hope that the social, community, public policy, and national roles inherent in the development of St. Vincent's Hospital will be accorded the recognition and importance which they deserve. The fulfilling of these roles in a climate of scarce resources is the key challenge facing the Board of Management of St. Vincent's Hospital.
Despite the many difficulties facing the hospital our overall performance in 1991 has been maintained at an adequate level. The demand on services has continued unabated with the hospital working at almost maximum capacity with an average occupancy rate of 95.3%. We are aware of the tremendous pressures on all of our staff during the year as they have tried to maintain standards and I take this opportunity to thank each one who has contributed in the various departments. It is recognised that patients now being admitted often have more complex medical and surgical conditions. Greater emotional and physical demands are, therefore, made on staff and, of course, patients with these complex conditions consume more high cost services thus creating more pressure on hospital budgets.

The number of inpatients treated during the year was 137,536 and outpatient attendances numbered 74,169. Patients who availed of day care services numbered 4,951. Demands on our diagnostic and ancillary services were significant, in particular, pathology tests, nuclear medicine tests, x-rays and physiotherapy treatments. Details of these are included in the statistical report.

Prior to the Department of Health's decision to validate waiting lists we had begun to examine our waiting lists for a number of specialities. This exercise was in response to concern expressed by members of the Board of Management that there did not seem to be an appreciable reduction in the waiting lists. Elective waiting lists continued to increase due to the continuous need for beds to accommodate emergency admissions from the Accident & Emergency Department. The examination of our waiting lists concentrated primarily on those specialities which had the greatest number of patients awaiting admission, such as Genito-Urinary, Plastic Surgery, Vascular Surgery and ENT. The validation exercise will be an ongoing one as a special project. The five-day units for medical and surgical cases have continued to be very successful during 1991.

NEW DEVELOPMENTS

A new Whole Body Radionuclide Detection Unit was opened on 25th March 1991. This unit, the only one of its kind in the country, measures radioactivity in the human body. It is part of the National Radiation Accident Centre which is based at St. Vincent's Hospital and is an important element in the national radiological emergency plan. The Nuclear Energy Board allocated £150,000 for the purchase and installation of the new detector unit. The Department of Health met the cost of accommodation for the unit at the hospital. Apart from its vital importance in accident situations, the detection unit is in constant use for normal patient care at St. Vincent's.

SCHOOL OF DIAGNOSTIC IMAGING

St. Anthony's Hospital on Herbert Avenue, which had been vacant for some years, was put at the disposal of St. Vincent's Hospital by the Superior General of the Sisters of Charity. The Department of Health gave approval for the refurbishment of the hospital to accommodate the increased number of students in the School of Radiography. A capital grant of £140,000 was received to cover building alterations and refurbishment and the School of Radiography is now known as the U.C.D. School of Diagnostic Imaging.

CARDIAC SERVICES

During the summer of 1991 the Coronary Care Unit was redesigned resulting in a more satisfactory patient area and an improved work environment for medical and nursing staff. Our Cardiac Department is now a first class unit following the acquisition of new monitoring equipment which had been long awaited.

The opening of the Cardiac Catherisation Laboratory in October has provided the hospital with the facilities to carry out routine cardiological investigations in an efficient manner. The equipment is regarded as state of the art and will enable us to carry out interventional technologies. The department is under the direction of Drs. Brian Maurer and Peter Quigley and has been run very successfully by Sr. Joan Miliken. The throughput of patients has exceeded the number envisaged prior to the opening of the service.

LABORATORY SERVICES

With the expansion of the laboratory services in St. Vincent's and the provision of services to a number of hospitals in the south-east Dublin area, the inadequacy of space in this department has become a major problem. Negotiations are in hand with the Department of Health with a view to some expansion as an interim solution. It is likely that agreement will be reached on the utilisation of a laboratory floor in the Education & Research Centre.

IN-HOSPITAL HEALTH PROGRAMME

The Department of Preventive Medicine initiated its third health programme for hospital staff during the month of November. The key issues were eating habits, AIDS and infections, hepatitis, cancer and stress management. The programme included staff screening and assessment of fitness.

The management of the hospital are indebted to Professor Noel Hickey and his staff for co-ordinating this very fine programme. An occupational health office has been set up with nursing and secretarial staff whose main responsibility is the provision of Hepatitis B injections and ensuring that staff are aware of our T.B. prevention programme.
BED MANAGEMENT
Following the appointment of a Bed Manager, Miss Margaret Conway, in January 1991 and as a result of recommendations from the Dublin Hospital Advisory Group, a Bed Management Committee was formed. The members meet regularly and review the implementation of the hospital’s admission policies. A key concern for the Bed Manager and the committee has been the elimination of ‘extra beds’ which, in the past, has been a cause of major concern to the hospital management. There is good co-operation from both consultant and nursing staff with the Bed Manager and ultimately this co-operation should result in a more streamlined operation.

COMPUTERISATION DEVELOPMENTS
During the year the only development in computerisation was the radiology information system which was made possible by a grant from the Department of Health. This development was long overdue and we are concerned that there are many departments in the hospital still without computerisation. A plan for the development of information technology over the next two years has been presented to the Department of Health.

HOSPITAL VALUE FOR MONEY STEERING GROUP
St. Vincent’s Hospital has been involved with the above Steering Group since its formation and a number of sub-divisions have now been formed involving our Personnel Officer, Mr. Noel Cassidy, covering absenteeism and sick pay; our Purchasing Officer, Mr. Pat Mullan, in the purchasing of medical and surgical supplies; and finally our Chief Pharmacist, Mrs. June O’Shea. These sub-groups will continue to function and it is envisaged that there will be benefits arising in all areas. One area where the group hospitals have been particularly successful is in the group approach to insurance cover which has yielded considerable savings for all the hospitals concerned.

INTERNAL REFURBISHMENT OF DEPARTMENTS
Throughout the year many ‘small moves’ were made to facilitate developments in a number of departments. The Department of Gastroenterology was relocated in the former small tutorial room, thus freeing up office space for the Department of Anaesthesia adjoining the theatre suite. Many other relocations and improvements were facilitated through the co-operation of the staff in the Works Department. Improvements are taking place throughout the hospital on an ongoing basis with a view to the fullest utilisation of all available space.

With the expansion of many services it may be necessary in the future to have a sharing of facilities. Staff are to be commended on their forbearance and cheerfulness in maintaining services, often under adverse and trying conditions.

COLLABORATION WITH HOSPITALS IN SOUTH DUBLIN
It has been a disappointment that the collaborative effort, as mentioned in the Annual Report 1990, between the Eastern Health Board and St. Michael’s Hospital for the development of services for the psychiatry of old age has not materialised. The three organisations are still very committed to the development of services for the elderly and while we are aware that this development is unlikely to happen in 1992 we believe it will materialise in 1993. Given the high population of elderly in our catchment area our proposal is one which needs to be actively pursued.

As the hospital stands today St. Vincent’s is an extremely busy hospital providing services for the local community and is also a tertiary referral hospital for the whole of Ireland. It provides acute services in all disciplines and runs at maximum capacity. Its budget is tight and staff/patient ratios are at the lower end of the scale when compared to hospitals with a comparable mix of patients. Staff amenities are limited and while the hospital is an exciting and fulfilling place in which to work it relies heavily on the goodwill of our staff and for this commitment we express our sincere thanks to one and all. My thanks are due in a special way to all of those who contribute to the various hospital committees, my colleagues in management, and department heads who have been a source of great support. The level of collaboration continues to be one of our great assets.

A significant initiative taken by the Sisters of Charity in 1991 involved St. Vincent’s Hospital joining with five other hospitals under the banner of the Charity/Mercy Healthcare Company Ltd. This initiative, which had been under discussion for over three years, was launched publicly in June 1991. All staff were invited to a formal meeting on 25th June when details were presented. The reasons for the new development, as given in the information kit which was distributed on that day, were - the desire to continue and develop the tradition of caring and medical excellence which has characterised our hospitals over the past one hundred and fifty years. The need for closer cooperation between the various hospitals belonging to both the Sisters of Mercy and the Sisters of Charity was recognised.

The new company, the Charity/Mercy Healthcare Co. Ltd., has a clear brief; to facilitate the group of hospitals to make a unique and positive contribution to the development of caring health care ministry through combining resources and collaborative working.

The first Chairman appointed to the new company is Professor Michael MacCormac who had to vacate the Chairmanship of the Board of St. Vincent’s Hospital. While this was an unexpected loss for the Board and the hospital, it was with a certain pride that we released Professor MacCormac, knowing
that his involvement in the hospital would undoubtedly be of great benefit to him in his new role. We must take this opportunity to express our heartfelt appreciation to him for his commitment to the hospital, his availability to management and, above all, his encouragement and support through the years.

In September 1991 the Board of Management elected Professor Noel Whelan as Chairman. In the ensuing months all of us have come to realise the wisdom of that choice. Notwithstanding his onerous duties as Vice-President of the University of Limerick and many other commitments, Professor Whelan has given himself indefatigably to the duties of Chairman of our Board. We are confident that he will provide a leadership which will enable all of us to surmount difficulties and guide the hospital through the current period of ever increasing change.

The service provided by our Auditors, Messrs. Oliver Freaney & Co., our Legal Advisors, Messrs. Arthur Cox & Co., our Insurance Consultants, Brennan Insurances Ltd., and our Architects, Messrs. Downes, Meehan & Robson is acknowledged and appreciated. We record our thanks to the Garda Siochana at Donnybrook for their help at all times.

Sister Mary Magdalen
Secretary/Manager
The past year has seen the Hospital develop new
programmes and services in the face of considerable
difficulties and challenges, old and new. The new
problems confronting the Hospital this year
included the adverse consequences of the
introduction by Government of a patently
unworkable Accident and Emergency rota which
soon caused huge surges and peaks in Accident and
Emergency loads for each of the hospitals. Our
hospital was united with all of the other hospitals in
Dublin in pointing out the impracticability of the
rota; and subsequent events proved the correctness
of our position. The rota has since been withdrawn
and we are now dealing with a more manageable
and even work load. The lesson of this failed
experiment is that informed medical, nursing, and
administrative advice cannot be ignored and
arbitrary unproved theoretical models of health care
delivery cannot be imposed without appropriate
consultation.

The old problems, which have been dealt with
extensively in previous hospital reports remain with
us and, indeed, have become more critical. A full list
would make depressing reading but one cannot fail
to mention the huge problems caused by lack of
space and elemental facilities for the Departments of
Pathology, Microbiology, Haematology and
Immunology. Similarly, the ageing profile of vital
radiologic imaging equipment in the Department of
Diagnostic Imaging is giving cause for concern and
several of the Radiographic Rooms require total re-
equipping if safe modern services are to be provided
in the coming years. Only significant injections of
capital equipment monies and provision for
additional space can deal with these increasingly
pressing problems.

A continuing problem for the hospital is trying to
balance our mission in providing an efficient and
responsive Accident and Emergency service while at
the same time forging ahead with new
developments in the delivery of specialised medical
and surgical services on an elective basis. The
hospital has risen to this challenge by setting up
large efficient One Day and Five Day Units and we
now have the largest proportion of beds in this
format in any hospital in Ireland. However, despite
the significant improvement, which this strategy
has produced in dealing with minor and
intermediate level cases on our medical and surgical
services on an elective basis. The Kennedy
Report laid great emphasis on the provision of
Geriatric services and it is mandatory that the
hospital presses vigorously at Department level to
have its recent conjoint submissions (with St.
Michael's Hospital and the Eastern Health Board)
urgently considered.

One of the most striking features of the evolution of
health services in the past decade has been the
increasing case-complexity and high-dependency
status of patients who are now in our acute
hospitals. This is very evident in St. Vincent's
Hospital where the high proportion of Accident and
Emergency cases, acute emergency referrals from
Regional and County Hospitals and the large
segment of elderly patients causes major problems
for nursing and all paramedical staff. Compared to
the hospital of a decade ago, patients are much
tsicker and fewer and fewer patients with non-
critical illnesses are now in hospital. This means an
ever-increasing workload and extremely
heavy nursing requirements. There appears to be no
let-up in the pressure and the staff nurses and
student nurses of today are confronted with a
relentless workload which never ceases. This is a
fact that is sometimes overlooked but needs to be
addressed carefully. Staffing ratios at nursing level

No apology is made for re-emphasising this year, as
in previous years, the huge onrushing tide of
problems related to the care of the elderly in South
East Dublin. Our catchment area contains the
highest proportion of patients over 65, over 75 and
over 80 in the entire metropolitan area. Yet, we
have inadequate Geriatric services to cope with this
workload. The number of Consultant Geriatricians
per thousand patients over the age of 65 is grossly
inadequate and lower than in any other segment of
the City. Additionally, despite requests for a
Geriatric Day Hospital, Geriatric Rehabilitation
Services and an increased stock of extended care
beds and long stay beds, no progress has been made
during the past year in any of these areas. The
impact of this major deficit is to be seen every day
in the wards of the hospital. On one occasion during
a bed crisis recently it was shown on a spot census
that 7 - 8% of the patients in our wards were elderly
patients who no longer needed to be treated in an
acute hospital such as ours but who remained on
because of complete unavailability of long term care
beds in our area. Unless this problem is addressed
as a matter of urgency it is likely to swamp the
services in this area of Dublin and lead to a
reduction in our ability to cater for elective patients,
waiting list patients and minimise our ability to
provide other specialised services. The Kennedy
Report laid great emphasis on the provision of
Geriatric services and it is mandatory that the
hospital presses vigorously at Department level to
have its recent conjoint submissions (with St.
Michael's Hospital and the Eastern Health Board)
urgently considered.

In the coming years, only significant injections of
capital equipment monies and provision for
additional space can deal with these increasingly
pressing problems.

The situation is greatly exacerbated by the
increasing number of bed closures and their
duration in order to effect economies and to stay
within our allocated budget. A significant disruption
of service results and it appears out of all proportion
to the monies saved. The approximate calculations
suggest that in order to save one per cent of the
hospital budget it is necessary to reduce activity by
approximately five per cent. This seems to be a very
poor return and one has to question the overall
strategy that imposes such constraints for three to
four months of the year.
and in other paramedical disciplines is low by virtue of this escalated work intensity. It is all too common nowadays to learn of medical, nursing and paramedical staff who choose to leave the acute services because of the remorseless nature of the work, causing significant physical exhaustion and psychological frustration. The time is opportune for a detailed study of workload in our hospitals relative to the staffing ratios that currently operate.

Despite all of these difficulties and frustrations, the hospital has risen to meet many of these challenges and it is my pleasant duty to record the improved services that have come on stream in the past year. The Cardiac Catheterisation Laboratory is now fully functioning and has transformed the care of our cardiac patients and has cut out the problems of transfer to other facilities. We would like to salute the dedication of nurses, radiographers, technical personnel and our cardiologists, Dr. Brian Maurer and Dr. Peter Quigley for getting this service off the ground in conjunction with their radiological colleagues. Another multidisciplinary team has been assembled during the past year to deal with the problem of our stroke patients who in the past, have been the “orphans” of internal medicine care.

A skilled team, comprising expertise in the area of geriatric medicine, rehabilitation medication, neurology, vascular medicine and surgery as well as physiotherapy, occupational therapy, nursing and social work has been assembled to give more comprehensive care for patients with cerebrovascular accidents. As a result, there is now a programme of early intervention, rapid mobilisation and intensive nursing and rehabilitation care initiated as soon as the patient is admitted and has been investigated. In this way it is hoped the physical and psychological impact of stroke will be minimised and that the maximum amount of recovery can be achieved. It is heartening to see this kind of development which has addressed an unmet need of our patients and which undoubtedly will reap beneficial dividends in the future. We have also seen a very encouraging expansion of our diagnostic services in the Department of Pathology and allied disciplines. 1991 saw an influx of highly talented new Consultants in the disciplines of Bacteriology, Immunology and Histo-Pathology and we now have a remarkable array of expertise. Increasingly, all of these disciplines liaise with the clinical teams in medicine and surgery and several new conjoint conferences have been initiated.

On the academic front our undergraduate medical students at UCD have had an enormously successful year in terms of exam results and similarly the talented output from our nursing school, and school of radiography has attested to the vigorous intellectual climate that pervades our hospital. We salute all of our graduates and we know that they will contribute in no insignificant fashion to the health services and academic life in the future.

Finally, a word about team work in our hospital. We have been blessed by a very united staff who have found ways to overcome obstacles to solve interdisciplinary tensions and to express a vigorous sense of team spirit. As Chairman of the Medical Board it has greatly lessened my task and made the administrative role so much the easier. I would like to express my gratitude to all of the staff in this regard. The coming year will throw up more problems and challenges but one of the characteristics of our hospital is its muscular resilience, its sense of innate optimism and its high sense of professionalism.

Professor Muiris X. FitzGerald
Chairman.
REPORT OF THE DEPARTMENT OF NURSING

Director of Nursing: Sister Agnes Reynolds
Deputy Director of Nursing: Miss Pauline Doyle

One of the major functions in the year is our Prize Giving Day. This year Dame Ruth King inaugurated the Cecil King Scholarship for Nursing which is valued at £2000. The recipient was Staff Nurse Anne Choiseul.

A total of 55 nurses completed the Post-Basic Courses which include Accident & Emergency, Coronary Care, Intensive Care and Theatre Course.

A six months Anaesthetic Course was commenced for the first time in February 1991 with a second course commenced in September. A total of 10 nurses in all participated in these courses.

The number of candidates admitted for Nurse Training in 1991 was 99. Nine of these were Post-Graduate students.

NEW APPOINTMENTS

The following appointments were made:
Sr. Anne Curry Principal Tutor
Miss Paula Craig Ward Sister - St. Josephs Ward
Miss Philomena Shovlin Liver Transplant Co-Ordinator
Ms. Noreen Holland Palliative Care Sister
Mrs. Patricia Sweeney Night Sister
Mr. Kevin Connaire Charge Nurse - St. Teresas Ward
Mrs. Catherine Peters Junior Ward Sister - St. Pauls Ward
Miss Louise Hederman Ward Sister - St. Catherines Ward
Ms. Siobhan Milliken Cardiovascular Angiography Sister
Mrs. Anne van den Ancker Clinical Teacher
Miss Mary Casey Nurse Tutor
Mrs. Susan Caslin Acting Junior Ward Sister - St. Michaels Ward
Miss Geraldine Murray Junior Ward Sister - I.C.U.
Miss Bridget Dreelan Junior Ward Sister - St. Vincents

Staff Nurse Kathleen Sheanon successfully completed her Oncology Course in UCD in June 1991.

FAREWELL TO SR. ANGELA KELLY

We were indeed very sad to see Sr. Mary Angela Kelly leave us in August 1991 to take up an appointment as Superior of St. Mary's Orthopaedic Hospital in Cappagh. Need I say that Sr. Mary Angela was very much loved and appreciated by all of us here, and made a very big impression on the many patients and staff with whom she came in contact during her fifteen years in St. Charles Ward.

To say that Sr. Mary Angela loved her time on the GU Unit was evidenced by the very professional and warm manner in which her ward was run. This is borne out by the way patients and ex-patients and staff enquire for her and miss her warmth and welcome. She shall, I have no doubt, have a big share in their prayers.

Going to St. Mary's Hospital in Cappagh won't be entirely new to her, as she came from there initially to take up the post in St. Charles's Ward. We wish Sr. Mary Angela many years of happiness and good work in the service of the Lord in Cappagh.

During the year activities in the Department of Nursing continued to expand, despite budgetary constraints. In order to facilitate ward closures a number of our qualified nursing staff took unpaid leave of absence. I would like to thank the nursing staff for their co-operation during the time of the closures.

An Bord Altranais returned for a follow-up visit to check the progress made after their recommendations on their second inspection, and were pleased with the implementation of the changes.

PALLIATIVE CARE SERVICE

The Palliative Care Service in St. Vincent's Hospital began in September 1989 with the appointment of a part-time consultant in Palliative Medicine. In April 1991 there was a development in this service with the appointment of a full-time Palliative Care Sister.

The objectives of this service are:
1. To assist in the relief of symptoms and to give emotional, social and spiritual support to patients, and the families of patients, who have a terminal illness.
2. To provide counselling and support to relatives and to the bereaved.
3. To provide support and advice to the staff caring for these patients:
   and
   To take part in education programmes on a multi-disciplinary basis.
This post is funded by the Irish Cancer Society for three years.

**LIVER TRANSPLANT PROGRAMME**

We have established strong links with Kings College Hospital, London, where, to date, a number of our staff nurses have successfully undertaken and completed ENB Course A09 in Liver Transplantation. There are currently two candidates on this course which is due to finish in February 1992. It is also hoped to send a number of Theatre and Anaesthetic nursing staff to Kings College Hospital to gain experience in Liver Transplantation in the appropriate areas.

In August 1991 a new Cardio-Catheterisation Laboratory opened and a Sister and three staff nurses were appointed to this Unit.

At the end of another challenging year my gratitude and appreciation extends to all the nursing staff for their continued commitment and support.

*Sir* Agnes Reynolds

Sister Agnes Reynolds
Director
# Summary Financial Statement

for the Year Ended 31st December 1991

## Results for the Year

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>1990</th>
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</thead>
<tbody>
<tr>
<td><strong>Income</strong></td>
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</tr>
<tr>
<td>Patients income</td>
<td>1,591,656</td>
<td>1,432,664</td>
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<td>Other Income</td>
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<td>1,349,870</td>
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<td>Buildings &amp; Equipment</td>
<td>2,150,837</td>
<td>593,229</td>
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<tr>
<td></td>
<td>5,476,983</td>
<td>3,375,763</td>
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<td><strong>Expenditure</strong></td>
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<tr>
<td>Salaries &amp; Wages</td>
<td>23,605,117</td>
<td>20,296,204</td>
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<tr>
<td>Surgery &amp; Dispensary</td>
<td>6,778,362</td>
<td>5,798,005</td>
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<td>Provisions</td>
<td>732,906</td>
<td>721,241</td>
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<td>Domestic</td>
<td>1,573,601</td>
<td>1,429,994</td>
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<td>Administration</td>
<td>670,635</td>
<td>749,483</td>
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<td>Establishment</td>
<td>612,746</td>
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<td>Bank Interest &amp; Charges</td>
<td>322,294</td>
<td>280,107</td>
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<td>Miscellaneous</td>
<td>496,699</td>
<td>327,768</td>
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<tr>
<td>Depreciation - Buildings &amp; Equipment</td>
<td>2,150,837</td>
<td>593,229</td>
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<tr>
<td></td>
<td>36,943,197</td>
<td>30,483,207</td>
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<td>Excess of Expenditure over Income</td>
<td>(31,466,214)</td>
<td>(27,107,444)</td>
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<tr>
<td>Refundable from the Dept. of Health</td>
<td>30,785,927</td>
<td>27,019,000</td>
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<tr>
<td>Deficit Transferred to Accumulated Deficiency</td>
<td>(680,287)</td>
<td>(88,444)</td>
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## Financial Position at End of Year 1991

<table>
<thead>
<tr>
<th></th>
<th>1991</th>
<th>1990</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
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<tr>
<td>Fixed Assets</td>
<td>63,049,273</td>
<td>8,881,018</td>
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<td>Current Assets</td>
<td>7,719,243</td>
<td>7,602,603</td>
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<td>Total Assets</td>
<td>70,768,516</td>
<td>16,483,621</td>
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<tr>
<td><strong>Liabilities/Reserves/Capital</strong></td>
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<tr>
<td>Creditors</td>
<td>8,619,399</td>
<td>7,717,808</td>
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<td>Capital - Sisters of Charity</td>
<td>52,538,600</td>
<td>808,723</td>
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<td>Hospital Trust &amp; Other Grants</td>
<td>10,583,546</td>
<td>8,249,832</td>
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<tr>
<td>Accumulated Deficiencies</td>
<td>973,029</td>
<td>(292,742)</td>
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<tr>
<td>Liabilities/Reserves/Capital</td>
<td>70,768,516</td>
<td>16,483,621</td>
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</tbody>
</table>

Approved by the Board of Management on 27th April, 1992

Noel Whelan, Chairman
REPORT OF THE AUDITORS

We have audited the foregoing financial statements in accordance with Auditing Standards. In our opinion the financial statements give a true and fair view of the state of the hospitals affairs at 31st December, 1991 and of its deficit and source and application of funds for the year then ended and comply with the constitutional provisions under which the hospital is established.

In our opinion proper books for accounts have been kept by the hospital and the balance sheet of the hospital at 31st December, 1991 is in agreement therewith.

Oliver Freaney & Company
Chartered Accountants
HIGHLIGHTS OF THE STATEMENTS OF ACCOUNTS

DEFICIT
The Deficit for 1991 at £31,466,214 increased by £4,358,770 (16%) over the 1990 figure. The Department of Health allocation of £30,785,927 resulted in the hospital being underfunded by £680,287. The cumulative underfunding of £973,029 in the last three years is now placing considerable pressure on the hospital through its bank borrowing.

COST PER INPATIENT
The cost per inpatient increased by £222 (19%) from £1,186 in 1990 to £1,408 in 1991.

ACTIVITY LEVELS
Other than increases of 11% in new patients attending outpatient and a similar increase in x-ray numbers, the throughput of patients in 1991 compared with 1990 remained constant.

PAY COSTS
Pay costs increased from £20,296,204 in 1990 to £23,605,117 in 1991, an increase of £3,308,913 (16%).

The average number of employees funded in 1990 was 1,316 and in 1991 this increased to 1,410 an increase of 94 (7%).

A number of wage awards were granted in 1991 including the National Wage Award of 4%, a revision of the Consultants Common Contract, Student Nurses and N.C.H.D. increased rates of pay.

NON-PAY COSTS
Goods and Services cost £11,187,243 in 1991 compared with £9,593,774 in 1990, an increase of £1,593,469 (17%).

Development costs of the Intensive Care Unit, the Catheterisation Laboratory and costs related to the Safety and Welfare Act have been significant factors in non-pay cost increases.

INCOME
Income has increased by £534,612 (19%) from £2,782,594 in 1990 to £3,326,146 in 1991.

Substantial income increases arose from revised statutory charges to patients, increased pension deductions commensurate with a higher pay-roll and income generated from the provision of a Pathology service for St. Columcilles Hospital.

REVALUATION OF FIXED ASSETS
The Hospital Land, Buildings and Equipment have been revalued in accordance with Department of Health Standard Accounting Policies and the surplus arising from this revaluation has been credited to the Sisters of Charity Capital Account.
HOSPITAL COMMITTEES

BOARD OF MANAGEMENT
Chairman: Professor Noel Whelan
Secretary: Mr. Cathal Mc Allister
Members:
Mrs. Joyce Andrews
Sister Teresa Avila
Mr. Denis J. Bergin
Miss Marion Doolin
Professor Muiris X. FitzGerald
Professor John Kelly
Dr. Terence J. Mc Kenna
Mrs. Patricia Maguire
Mr. Patrick Meade
Mr. James J. Nolan
Mr. William Quinlan
Sister Agnes Reynolds
Mr. Gerald Scanlan

EXECUTIVE COUNCIL
Chairperson: Sister Mary Magdalen
Members:
Sister Teresa Avila
Mr. Sean Fagan
Professor Muiris X. FitzGerald
Dr. John Hegarty
Mr. William Quinlan
Sister Agnes Reynolds

EXECUTIVE OF THE MEDICAL BOARD
Chairman: Professor Muiris X. FitzGerald
Hon. Secretary: Dr. John Hegarty
Members:
Dr. Vincent Hannon
Mr. Vincent Keaveney
Dr. Walter Mc Nicholas
Dr. Diarmuid O'Donoghue
Professor Niall O'Higgins
Dr. Anthony Owens
Mr. William Quinlan
Dr. Robert P. Towers
Mr. Oscar Traynor

ETHICS & MEDICAL RESEARCH COMMITTEE
Chairman: Professor Barry Bresnihan
Members:
Mrs. J. Andrews
Mr. D. Bergin
Ms. L. Browne
Ms. H. Deane
Dr. B. Ferris
Sister Mary Magdalen
Dr. A. O'Grady
Dr. D. O'Donoghue

FINANCE COMMITTEE:
Chairman: Mr. G. Scanlan
Members:
Miss Marion Doolin
Mr. Sean Fagan
Professor John Kelly
Dr. Terence J. Mc Kenna
Sister Mary Magdalen
Mr. William Quinlan
Sister Agnes Reynolds
Professor Noel Whelan

SAFETY COMMITTEE:
Chairman: Mr. A. Moriarty
Members:
Dr. R. Assaf
Miss H. Barry
Dr. M. Casey
Mr. Noel Cassidy
Mrs. P. Cuddihy
Mr. P. Fletcher
Miss P. Leahy
Sister Mary Magdalen
Miss P. Martin
Miss A. Mc Allister
Miss A. Nash
Miss D. O'Neill
Mr. D. O'Neill
Mr. K. Roche
Mr. S. Savage
## DEPARTMENTAL STATISTICS 1991

<table>
<thead>
<tr>
<th>Department</th>
<th>1989</th>
<th>1990</th>
<th>1991</th>
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<tr>
<td><strong>CARIOLOGY</strong></td>
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<td>Inpatients: Admissions</td>
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<td>1,653</td>
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<td>3,562</td>
<td>3,916</td>
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<td><strong>RENAL/METABOLIC UNIT</strong></td>
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<td>Inpatients: Admissions</td>
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<td>565</td>
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<tr>
<td>Discharges:</td>
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<td>529</td>
<td>488</td>
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<td>115</td>
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<tr>
<td><em>St. Anne's Day Centre:</em></td>
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<tr>
<td>Admissions:</td>
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<td>1,295</td>
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<td><strong>PSYCHIATRY</strong></td>
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<td>Inpatients: Admissions</td>
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<td>288</td>
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<tr>
<td>Discharges:</td>
<td>284</td>
<td>295</td>
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<td>2,644</td>
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<td><strong>ENDOCRINOLOGY</strong></td>
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<td>Inpatients: Admissions</td>
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<tr>
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<td>Outpatients: New Patients:</td>
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<td>Diabetes Clinic: New Patients:</td>
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<tr>
<td>Total attendances:</td>
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<td>Diabetes Centre: Attendances:</td>
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<td><strong>GERIATRIC MEDICINE</strong></td>
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SCHOOL OF NURSING

Principal Tutor: Sister Anne Curry

St. Vincent’s Hospital is registered by An Bord Altranais for the education and training of student nurses for registration on the General Register of An Bord Altranais. It has post basic education/training in Accident & Emergency, Coronary Care, Intensive Care, Anaesthetic Nursing Course, Theatre Course and Back to Nursing Course.

SCHOOL STAFF AS AT 31ST DECEMBER 1991

Staff involved in the General Nurse Education Programme:

Tutors: Sister Anne Curry - Principal Tutor
Miss Maureen Ashe
Miss Geraldine McSweeney
Mrs Anne Malone
Miss Marie Maume
Miss Sheila Byrne
Miss Heather Kevelighan
Miss Mary Casey

Clinical Teachers: Miss Mary Killeen
Mrs Ann Ancker (part-time)

Acting Clinical Teachers: Mrs Anne Moriarty
Ms Teresa Husband

Post Basic, In-Service Education and Back to Nursing Course: Miss Loretto Browne - Tutor

Post Basic Theatre Course: Miss Mary Nicoll - Clinical Teacher

Post Basic Course in Anaesthetic Nursing: Miss Maureen Flynn

Secretary: Miss Jennifer Carthy
Miss Barbara Morrissey (part-time)

NUMBER OF STUDENTS

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STATE EXAMINATION

Number who sat examinations:

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ST. VINCENT’S HOSPITAL

St. Vincent’s was a Centre for the November Oral Examination. Some Tutors examined in other Centres throughout the country.

PRIZE GIVING

Prize Giving took place on Tuesday, 12th February 1991. The Address was given by Professor Niall O’Higgins and Most Reverend Donal Murray distributed the prizes. The following nurses received prizes:

Miss Patricia Hennessy Hospital Gold Badge for loyalty and long service to the hospital.

Miss Marie Maume (Tutor) Mother Mary Aikenhead Medal for loyalty and devotion to duty. (Senior Staff).

Miss Maureen Flynn Mother Mary Bernard Medal for loyalty and devotion to duty. (Junior Staff).

Nurse Deirdre Murphy Magennis Medal for the best nurse over three years training.

Miss Ruth Conboy The Nuala Deeney-Brennan Memorial Prize. Donated by her husband for further Nursing Education.

Staff Nurse Anne Choiseul The Cecil King Memorial Prize for distinction in training and personal qualities of dedication and attention to her patients.

Prize for Outstanding Patient Care:

3rd Year Nurse Anne Egan
2nd Year Nurse Deirdre Connolly
1st Year Nurse Eilish Cusack

1st Place in Examination for 3rd Year Nurses:

Group A Nurse Patricia O’Leary
Group B Nurse Ellen Conalty
Group C Nurse Deirdre Murphy
Group D Nurse Patricia Scanlon

1st Place in Examination for 2nd Year Nurses:

Group A Nurse Carmel Durkin
Group B Nurse Carmel Shields
Group C Nurse Breda Murphy
Group D Nurse Helena Wall
1st Place in Examination for 1st Year Nurses:

Group A  Nurse Aine Lynch
Group B  Nurse Mary Wymer
Group C  Nurse Eileen Cusack
Group D  Nurse Claire Nee

Sister Anne Curry returned from Nigeria and joined the School Staff as Principal Tutor on February 12th and Miss Mary Casey came on 22nd July. This addition of the School Staff was welcomed.

E.C. DIRECTIVE 89/595 concerning Nurse Education/Training.

On 22nd February 1991 An Bord Altranais circulated a letter concerning E.C. Directive 89/595 of 10th October 1989 to the effect that an extra twelve weeks theoretical input be mandatory as from the Autumn intake of students. In a further letter of the same date the Registration Part I Examination and the Oral Examination in the Final Registration were to be discontinued for the intake of students of Autumn 1991.

A series of meetings took place and as a result, these Directives were deferred until the Spring intake of 1992. The E.C. Directive applied to students entering Nurse Training on or after 13th October 1991. It, therefore, transpired that the September intake was in accordance with the current programme. The need to develop a Curriculum was felt by all teaching staff and steps were taken to set up a Curriculum Development Team, representing Administration, Teaching, Clinical areas, and student nurses. The aim of the C.D. Team was to develop a Curriculum for General Nursing Education in St. Vincent's Hospital and the work of the Committee was to begin in January 1992.

FOLLOW-UP INSPECTION BY AN BORD ALTRANAIS

This took place on August 13th 1991, and the following recommendations were made:

1. The existing large wards be reduced.
2. A plan be submitted as to how the R.N.T. and R.C.T. student ratio will be resolved.
3. A proposal be submitted as to how the link between theory and practice might be enhanced.
4. A statement be submitted regarding the extra space acquired by the School of Nursing.
5. Aspects pertaining to an Infection Control Officer be examined.
6. The excellent work with regard to forward planning be extended and consideration be given to the setting up of a liaison group to ensure all aspects, especially criteria pertaining to allocations be achieved.

7. Management considers how best to ensure that all students have access to the Nurse Education Committee.
8. The excellent learning opportunities available at ward level be developed.
9. A written reply to this report be forwarded to the Chief Education Officer within one month of receipt of this report by the hospital.

The former School of Radiography has been acquired as extra space for the School of Nursing and reconstruction is to commence in January 1992. It will be necessary that this be completed by May 27th as we shall have 106 students in Block and the present classroom facilities will not accommodate the large number.
The Education Committee meet 3 monthly and a Constitution has been drawn up.

A Centenary Committee was set up to organise the Centenary of the School of Nursing.

Staff continue to be members of the different Committees within the hospital and are also involved in the Organisations and Associations.

Miss Loretto Browne is currently Secretary of the Nurse Teachers division of the I.N.O.

Staff attended a number of Study Days throughout the year and were also involved in addressing different groups.

Miss Heather Kevelighan is involved in the Continence Interest Group and has lectured in the College of Surgeons.

Miss Geraldine McSweeney has given input to the Pastoral Care Group and Miss Mary Killeen has also spoken to members of the Hospital Chaplaincy Association.

Miss Loretto Browne delivered an address to the Critical Care Nurses in Paris. As we move into 1992 we look forward to the challenges facing us in developing the new Curriculum.
STAFFING

Professor of Medicine: Prof. Muiris X. FitzGerald
Consultants: Prof. Muiris X. FitzGerald
Dr. Walter T. McNicholas
Dr. Timothy McDonnell
Dr. Colm Quigley (Locum)
Non-Consultant: 1 Lecturer in Medicine
Research Registrar
3 Registrars
Hospital Doctors: 2 Senior House Offices (1 shared with Dermatology)
2 Interns (1 shared with Dermatology)

CLINICAL ACTIVITIES

A. INPATIENT:
The inpatient workload of the department continues
to increase, the great majority of patients being
admitted through the Accident and Emergency
department. Continued difficulties are found in
admitting elective and urgent patients who require
admission for more than 5 days, and thus cannot be
catered for in the medical 5-day ward. This problem
is particularly important where transfer is sought
from other hospitals for patients who require
specialised respiratory investigation and
management. These difficulties threaten the special
profile of the department. The recent appointment
of a bed manager has helped to alleviate some of
these problems.

Two bronchoscopy sessions per week continue. Over
400 bronchoscopies were performed in 1991, many
as day cases admitted to St. Mark’s ward.

B. OUT-PATIENT:
One general respiratory outpatient clinic is held
each week, attended by all staff of the department.
In addition, a weekly asthma outpatient clinic is
held at the National Maternity Hospital, and a
consultation service is provided to both the National
Maternity Hospital and St. Luke’s Hospitals. A
specialised Respiratory Sleep Disorders Clinic is
urgently needed to cater for the increasing numbers
of patients being referred to the department for
investigation of suspected respiratory disorders
during sleep. This latter group of patients cannot be
adequately catered for in a general respiratory
clinic.

C. LABORATORY AND OTHER ANCILLARY
SERVICES:
The workload of both the Pulmonary Function
Laboratory and Respiratory Sleep Laboratory
continues to increase. Because of increasing storage
problems for the bulky sleep records, the need to
switch to a computer-based recording system in the

Sleep Laboratory is becoming increasingly obvious.
The Asthma Education Centre continues to provide
a very important educational service to the
asthmatic patient.

STAFFING

Consultants: Dr. Sarah Rogers.
Dr. F.O.C. Meenan.
Non-Consultant: 1 Registrar.
Hospital Doctors: 1 Senior House Officer.
2 Rotating Interns.

PAPERS PRESENTED

April 1991
Irish Association of Dermatologists Meeting.
“Psoriatic arthropathy and Sjogren’s syndrome”
Dr. Paul Collins.
“Toxic epidermal necrolysis and necrosis with
methotrexate”
Dr. Sarah Rogers.

May 1991
Registrar’s Prize, Royal Academy of
Medicine, Dermatology Section.
“Bath-water delivery of 8-methoxypsoralen PUVA
therapy in psoriasis”
Dr. Paul Collins.

July 1991
Fifth International Psoriasis Symposium,
San Francisco.
“Methotrexate therapy in psoriasis”
Dr. Paul Collins.
“Bath-water delivery of 8-methoxypsoralen PUVA
therapy in psoriasis”
Dr. Paul Collins.

October 1991
Overseas meeting of the Royal College of
Surgeons of Ireland and the Royal College of
Physicians in Ireland to Kuala Lumpur.
“New horizons in psoriasis treatment”
Dr. Sarah Rogers.

October 1991
European Academy of Dermatology and
Venerology - 2nd Congress, Athens.
“Treatment of plaque psoriasis with bath
compared to oral 8-methoxypsoralen PUVA”
Dr. Paul Collins.
“Toxic epidermal necrolysis and necrosis with
methotrexate”
Dr. Sarah Rogers.
“Treatment of alopecia areata”
Dr. Sarah Rogers (Invited Speaker)
January 1992

Royal Society of Medicine, London.
“Tuberculosis verrucosa cutis (Prosector’s warts)”
Dr. Eugene Healy

March 1992

Inaugural National Scientific Medical Meeting, Royal College of Physicians of Ireland.
“Bath-water compared with oral delivery of 8-methoxypsoralen PUVA therapy for chronic plaque psoriasis” Oral presentation.
Dr. Sarah Rogers.
“Cutaneous lupus erythematosus - A retrospective study of clinical, laboratory, therapeutic and prognostic factors in 65 patients” Poster presentation.
Ms. Eimer Kieran, Dr. Sarah Rogers (HRB Summer Student Grant).

In addition to the above papers, clinical cases were presented regularly at clinical meetings of the Dermatology Section of the Royal Academy of Medicine.

Dr. Paul Collins,

Dr. Eugene Healy,
Registrar – July 1991 – Present
DEPARTMENT OF ENDOCRINOLOGY AND DIABETES MELLITUS

STAFFING

Consultants: Dr. T. J. McKenna
Dr. A. Heffernan
Dr. M. J. McKenna

Non-Consultant: 2 Registrars

Hospital Doctors: 2 Senior House Officers

Laboratory Staff: Sean Cunningham (Principal Biochemist)
M. Culliton
S. Connolly
A. O'Broin
V. D'Arcy
E. Halligan (PhD Student)
D. Clarke (PhD Student)
U. Fearon (PhD Student)
J. Kirby (Medical Student - Summer Research Project)

J. Acton (Secretary)

Diabetes Centre: 3 Diabetic Nurse Specialists
1 Research Nurse
1 Dietitian
1 Secretary

TABLE 1. ACTIVITY ANALYSIS

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<thead>
<tr>
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<td>Out-patient Attendances</td>
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<tr>
<td>Laboratory Tests</td>
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<td>10,508</td>
<td>12,033</td>
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NATIONAL AND INTERNATIONAL APPOINTMENTS/HONORS

T. J. MC KENNA

- Council Member, Royal College of Physicians of Ireland;
- Committee Member, Irish Endocrine Society;
- Honorary Secretary: Diabetes Section, Irish Endocrine Society;
- Member, Academic Board, Royal College of Surgeons of Ireland;

Editorial Boards: Clinical Endocrinology (Oxford); Irish Journal of Medical Science; Modern Medicine of Ireland.

M. J. MC KENNA

- Investigator award for paper entitled “Quantitative sensory testing versus conventional nerve conduction velocity studies in the evaluation of distal symmetric polyneuropathy in diabetes mellitus” presented in association with Dr. J. M. T. Redmond, Dr. M. Feingold, Dr. B. K. Ahmad at the 38th Annual Meeting of the American Society of Electrodiagnostic Medicine in Vancouver, September 1991.

S. K. CUNNINGHAM

- Council Member. Association of Clinical Biochemists in Ireland (A.B.I.);
- Chairman, Scientific Meetings Committee, A.C.B.I.;
- Regional Tutor, Republic of Ireland Region, Association of Clinical Biochemists (G.B.);

J. J. CONNOLLY

- M.Sc., Conferred by University of Ulster, July 1991.

M. CULLITON

- Hon. Secretary, Academy of Medical Laboratory Science.

D. GLEESON

- Sub-Committee Member, Irish Diabetes Nurse Specialist Assoc., Convened Workshop for Insulin Dependant Diabetic Patients, April 1991 in St. Vincent’s Hospital.

L. PARKE

- Chairperson, Diabetes Interest Subgroup, Irish Nutrition and Dietetics Institute.

PRESENTATIONS MADE BY DEPARTMENTAL PERSONNEL

British Diabetes Association, Education Section, Annual Conference, Winchester


British Diabetes Association, Brighton.

Corrigan Club, Cork.

Association of Clinical Biochemists (GB) National Meeting, Glasgow.

Growth Hormone Meeting, Stockholm.
30th May - 1st June 1991.

European Congress in Hypertension, Milan.

Aldosterone Conference, Washington D.C.

Endocrine Society Meeting, Washington D.C.

International Diabetes Federation Meeting, Washington D.C.

Nutrition Society, Irish Group Annual Meeting, Coleraine.

International Symposium on Diabetes and Atherosclerosis, Dublin.
8 - 10 September 1991.


(Dr. T.J. McKenna, Convenor and Co-Chairman).


(Dr. M. McKenna, Dr. T.J. McKenna - Sessional Chairmen).

Diabetes Leadership Conference, Boston.

Moving Points in Medicine, RCPI.
18 - 19 October 1991.

(Dr. T.J. McKenna - Invited Speaker, “Aldosterone and Renin: The Association in Health and Disease”; Dr. T.J. McKenna - Invited Speaker, “Osteoporosis”)

Irish Endocrine Society, Belfast.

A.C.B.I. Annual Conference, Dublin.

Mayo GP Society Seminar. 4 - 8 November 1991.

(Dr. T.J. McKenna - Invited Speaker, “Thyroid Disease”)

Irish Endocrine Society, Belfast.

A.C.B.I. Annual Conference, Dublin.

Mayo GP Society Seminar. 4 - 8 November 1991.

(Dr. T.J. McKenna - Invited Speaker, “Thyroid Disease”)

PRESENTATIONS MADE BY DEPARTMENTAL PERSONNEL

British Endocrine Societies

1. Connolly, J.J. McKenna, T.J., Cunningham, S.K.
2. Montwill, J., Igoe, D., McKenna, T.J.  
Response of patients with Cushing's Syndrome in the overnight Dexamethasone Test.  

Endocrine Society, Washington, D.C.

3. - McKenna, T.J., Montwill, J., Igoe, D.  
The overnight Dexamethasone test is a procedure of choice in screening for Cushing's Syndrome.  

Irish Endocrine Society, Belfast

4. Cunningham, S.K., McKenna, T.J.  
Dissociation of Adrenal Androgen and Glucocorticoid Production in Cushing's Syndrome.  
Irish Journal of Medical Science (In press).

5. Montwill, J., Cunningham, S.K., McKenna, T.J.  
Interconversion of glycosylated haemoglobin results obtained with different methods.  
Irish Journal of Medical Science (In press).

6. Fiad, T. M., Culliton, M., Mc Kenna, T. J.  
Irish Journal of Medical Science (In press).

7. McKenna, T. J.  
Aldosterone and Renin: The Association in Health and Disease.  
Moving Points in Medicine, RCPI, 18 - 19 October 1991.

8. Mc Kenna, M. J.  
Osteoporosis.  
Moving Points in Medicine, RCPI, 18 - 19 October 1991.

9. Mc Kenna, T. J.  
Thyroid Disease.  
Mayo GP Society Seminary, 4 - 8 November 1991.

10. Connolly, J. J., McKenna, T. J., Cunningham, S. K.  
Controversial Aspects of Plasma Renin Activity Measurement.  
(Awarded Poster Presentation Prize)  
Association of Clinical Biochemists in Ireland (A.C.B.I.)  

DEPARTMENT OF NEUROLOGY

STAFFING

Consultant: Dr. M. Hutchinson  
Non-Consultant: 1 Registrar  
Hospital Doctors: 1 Senior House Officer  
1 Intern

For the last two years there has only been one Neurologist serving all the south Dublin Hospitals and, as a result the service workload had to be spread thinly. Since September 1991 Dr. Ray Murphy has been appointed to the Adelaide and Meath Hospitals. The Comhairle report on Neurology Services has been published and following on this, a third Neurologist will be appointed this year to St. James's Hospital with two sessions in St. Vincent's Hospital. It is hoped also that the post of Consultant Neurophysiologist shared between the southside hospitals will be advertised shortly. Mr. Fergus Donovan has been providing EEG reporting in lieu of this latter appointment and we are grateful to him for this excellent work and also his sage advice. He continues to arrive on racing bicycle heralded by a glimpse of yellow socks in the St. Vincent's Hospital driveway! The EEG Department gives superb service despite having only one over worked EEG technician, Mrs. Patricia McGee. Neurology, despite being thinly spread, managed to see 2,546 out-patients including 680 new referrals. These figures will further increase with the new Consultant appointment. At present the waiting list is three months.

Our ex Registrar, Dr. Mary Reilly, continued her academic career by going to the National Hospital, Queen Square, London, to do a research project on Amyloid Neuropathy with Prof. Anita Harding.

DEPARTMENT OF PSYCHIATRY

STAFFING

Consultants: Prof. Noel Walsh  
Dr. Mary Darby  
Non-consultant: 4 Registrars  
Hospital Doctors: 1 Senior House Officer

ST. CAMILLUS UNIT:

The department continues to operate a very busy service for in-patients, day-patients and out-patients. The Eating Disorder Treatment Programme continues with increasing numbers of tertiary referrals; we appreciate the input and professionalism of our dietitians, Margaret Doyle and Anne Malone in this difficult work.
Three Accident and Emergency beds in the Department are being used to deal with medical/psychiatric emergency patients; cooperation between the medical and psychiatric teams has allowed for the efficient use of these beds.

The Lithium Clinic now runs on the unit and increasing numbers of patients are attending the Phenothiazine Depot Clinic. Both of these services are run by Mrs. M. McDonnell, Ward Sister and the nursing staff.

THE DAY HOSPITAL:
The Day Hospital under the supervision of Staff Nurse Treena Hynes and Senior Occupational Therapist Ms. Adele Thompson, accommodated over three thousand attendances in 1991 with the introduction of a new modular programme. Art Therapy has now become a regular feature of this programme with Ms. Deirdre Horgan. In spite of the limited space the daily programme has been running very successfully.

GROUP THERAPY:
Group therapy has developed considerably in the Department and there is now a regular weekly large group run for in-patients and day-patients by Mrs. McDonnell and S/N Treena Hynes. A small group therapy for in-patients has also developed and is run by the nursing staff under the supervision of staff presently being trained by the Institute of Group Analysis London. Two long term evening groups are now being run by S/N Ann Choiseul and Ms. Teresa Dowd. The Wednesday evening group offers valuable support for discharged day-patients and is run by Ms. Teresa Dowd, Psychiatric Social Worker and S/N Treena Hynes and Ms. Adele Thompson.

STRESS BIOFEEDBACK CLINIC:
The Stress—Management Biofeedback Clinic operates 4½ days per week, seeing on average thirty clients per week. In 1991 91 clients started the programme and there was a total of 844 sessions held. The clinic runs a Stress Management Programme for people with stress-related disorders and illnesses. This programme runs for six weeks, one session per week and clients are reviewed at one and three month intervals until recovery is attained.

Dr. Derek McGrath, Consultant Psychiatrist is Director of the Clinic and Ms. Aisling Molloy is the Biofeedback Therapist. All clients are seen on a one-to-one basis by both staff.

The Stress Biofeedback Clinic also runs a separate training programme for doctors, nurses and para-medical staff, wishing to use stress-management and biofeedback techniques in their own discipline. This course is run twice yearly for ten weeks, one full day per week.

THE SCHOOL OF PSYCHOTHERAPY:
The School of Psychotherapy under the direction of Dr. Cormac Gallagher now has 56 students in the Group Psychoanalytic Course run in conjunction with the Institute of Group Analysis London. There are 15 students attending the Individual Psychoanalytic Psychotherapy Course and preparing for the Masters Degree in Psychotherapy in association with U.C.D.

EDUCATIONAL AWARDS:
Two staff members Ms. Teresa Dowd and S/N Ann Choiseul were accepted on to the Diploma Course of The Institute of Group Analysis. S/N Ann Choiseul received funding for this from the Sir Cecil King Memorial Award presented by Dame Ruth King at the Annual Prize Giving in St. Vincent’s in 1991.

Staff Nurse Mary Walsh completed a two year Diploma Course in Safety Health and Welfare in the Workplace at University College Dublin graduating in October 1991.

Staff Nurse Jo Reilly was awarded a Diploma in Psychology from the Royal College of Surgeons.

Staff Nurse Breda O’Connor completed the Biofeedback training programme.

Staff Nurse Treena Hynes completed the Year One Advanced of the Group Analytic Course.

Mrs. Mairead McDonnell completed the Year Two Advanced of the Group Analytic Course.

PRESENTATIONS:
Prof. Noel Walsh presented a paper “The Psychodynamic Model of Post Traumatic Stress Disorder” at the Annual Meeting of the Royal College of Psychiatrists in Brighton on 5th July 1991.

Dr. John Sheehan presented a paper on “Group and Individual Psychotherapy a comparison of outcome” at the same meeting.

Dr. Elizabeth Cryan presented a Poster on “Mood Swings, motor on-off fluctuations and hypersexuality in Parkinson’s disease at the Annual Meeting of the Royal College of Psychiatrists in Brighton on 5th July 1991.

Dr. Cormac Gallagher, Clinical Psychologist presented a paper on “Lacan’s Optical Schema” at the first Annual Research meeting of the School of Psychotherapy in May 1991.

Dr. Mary Darby presented a paper “Clinical Applications of Lacan’s Optical Schema” at the first Annual Research meeting of the School of Psychotherapy in May 1991.

TEACHING:
Student nurses now spend 5 weeks in the Department of Psychiatry and the members of the Department are actively involved in a one week educational block covering psychiatric topics for student nurses.
The Department runs three two month teaching blocks for undergraduate medical students and also offers a course in Eating Disorders for undergraduates from the College of Surgeons.

The weekly Case Conference is attended by students on the Mastersons Course in Psychoanalytic Psychotherapy, the course in Pastoral Counselling and the Course in Counselling Psychotherapy in U.C.D.

OFFICE ADMINISTRATION:

STAFFING: Ms. Rosaleen Maguire.
Ms. Brenda Lavin.
Ms. Pat Thompson.

The administration staff have had a very busy year during which a computerised system has been introduced to enhance the administration of the Department and School of Psychotherapy. Ms. McGuire attended a computer course and the administration staff are continuing to develop training in this field.

COFFEE MORNINGS:

We have been very pleased with the response to our occasional coffee mornings which have been very well supported by staff throughout the hospital. The funds from these events have been used to buy extra comforts for our patients and have also enabled us to fund our annual Christmas event for day-patients, in-patients and their families.

Another valuable social event for day patients and in-patients is the weekly social outing organised by the nursing and occupational therapy departments.

The members of the Department of Psychiatry feel that the success of all of these ventures, clinical, educational and social depend entirely on the team spirit to which all of the staff contribute.

RENAL AND METABOLIC DEPARTMENT

STAFFING

Consultants: Prof. F.P. Muldowney
Prof. Brian Keogh

Non-consultant: 1 Registrar

Hospital Doctors: 1 Senior House Officer

Dietitian: Elizabeth Barnes

Metabolic Laboratory: Dr. R. Freany
Miss Y. McBrinn
Mrs. Barbara Murray

NURSING AND DIALYSIS:

The numbers of patients requiring acute dialysis service continues to grow. Major surgery requirements generate a heavy load of acute renal failure, so that we dialyse both in St. Peter's and in I.C.U. regularly.

Infection continues as a major cause of morbidity, and we have taken a decision that insertion of "beds between beds" on the Metabolic and Renal Ward can no longer be tolerated since it conflicts with a "reasonable standard of care". 20% of all deaths in renal failure are caused by infection (New England Journal of Medicine 1990, 322, 717).

CONFERENCES ATTENDED:


RENAL AND METABOLIC DIETETIC SERVICE

Covering in-patient's and out-patient's with renal/metabolic conditions, as well as semi-private ward (St. Michael's) and Oncology ward (St. Anne's).

SCOPE OF SERVICE:

Dietary assessment and management of all renal/metabolic patients with appropriate dietary advice and follow-up when discharged from hospital. Similarly, both renal and metabolic out-patient clinics are provided with a dietetic service.

Presentations of nutritional/dietetic information at medical case conferences and renal/metabolic case conferences. Lecturing to student nurses on renal nutrition/dietetics, biannually.

Four dietetics students from Trinity/D.I.T. completed their dietetic internship in St. Vincent's Hospital and five students received renal training in this centre.

CONFERENCES ATTENDED:

(2) The Renal Interest Group of the Irish Nutrition and Dietetic Institute held their annual meeting in Beaumont Hospital on 19th July 1991. This was attended by 12 dietitians, who are involved with renal patients.

PROJECTS IN PROGRESS:

Continuation and conclusion of study began in 1989 on the clinical and biochemical effects of restriction of dietary sodium in the management of hypercalciuria specifically hypoparathyroidism and hyperparathyroidism.

METABOLIC LABORATORY:

CONFERENCES ATTENDED:

Dr. R. Freany: (1) Meeting of the European Bureau of Reference (BCR), Brussels, May 1991.
SCOPE OF SERVICE:
Specialised biochemical investigations were provided for patients with:
1. Parathyroid disorders.
2. Renal stones.
3. Bone disease in patients with normal renal function and in patients with dialysis related bone disorders. These tests include assay of parathyroid hormone, ionised calcium, cyclic adenosine monophosphate, urinary hydroxyproline and Vitamin D metabolites.

DEPARTMENT OF PREVENTIVE MEDICINE/CARDIOLOGY

STAFFING
Prof. N. Hickey
Prof. G. Bourke
Mrs V. Reid
*Mrs. D. Comerford
*Dr. L. Daly
*Dr. E. Dinn
*Mrs I. Higgins
*Mrs. P. Kelly
*Dr. D. Kilcoyne
*Mrs. C. Kennedy-Pye
*Mrs. V. O'Neill
Miss G. Mundy

*RESEARCH SUPPORTED

The concept of medical audit includes comparison of services activity with some defined gold standard, the acknowledgement of falling short of this standard and the method of reducing this short coming. In a sense audit is a mixture of research and service. What it certainly is not is simply peer review and what may assume increasing importance in audit is the value of what one is achieving in terms of cost-effectiveness.

This first annual report from this department is in no real sense an audit. However, in some aspects of it's activity, there is an attempt to commence audit for example the activity of the Lipid Clinic is at present being evaluated in relation to effectiveness. Other activities such as the general practice cardiovascular prevention programme is also being evaluated. The very process of audit implies a rigid system of data processing, documentation and analysis which even at a clinical level provides valuable insights for consultants.

PREVENTIVE CARDIOLOGY

St. Vincent's Hospital, UCD has the chair of Preventive Cardiology. Risteard Mulcahy held the first such chair and was able to harmonise preventive, clinical and rehabilitation medicine in the field of cardiology. This is no longer possible. However, the component of preventive cardiology which form the present research/service includes a primary prevention programme, a lipid and hypertension outpatient clinic, an evaluation of the coronary care unit, and a rehabilitation programme.

GP PREVENTION PROGRAMME (CRISP)

In line with the UK, the US and other European countries the Irish Heart Foundation (IHF) have discussed with the Minister of Health its control programme for cardiovascular disease. This programme includes two strategies - a National Health Promotion and a High Risk Strategy. This department has indicated the latter strategy in the catchment area of St. Vincent's Hospital. This involved outlining a programme of detecting high risk patients in practice and in facilitating a back-up management programme, both in general practice and in St. Vincent's. This department discusses the programme with the GP's, provides the documentation and guidelines, liaises with the practices weekly, collects the data for computerisation and provides a feed-back of activity to the practices. In addition, this department facilitates the management process which is conducted in the practices, and documents on evaluation of outcome.

This activity requires close collaboration with the GP's, visits by our dietitian and facilitator nurses to the practices often at out of work periods in the evenings, and the transfer of data to computer and analysis of data.

At present, evaluation of this programme is being conducted in two large practices in Dun Laoghaire and Bray. An initial report of outcome was presented at the Irish Hyperlipidaemia Association in November 1991. While there are some obstacles at general practice to the implementation of this programme and funding implications for this department, it is likely that this will evolve into a strong component of general practice medicine in the coming years.

Participating staff in this programme include Mrs. Denise Comerford, Mrs Vivien Reid, Mrs. Pauline Kelly and with the support of Dr. Paddy Daly and Dr. John McManus.

THE LIPID CLINIC

St. Vincent's has the largest lipid clinic in Ireland. The objective of this clinic is to reduce risk of cardiovascular disease in referred patients. 60% of patients are referred by GP's, 30% are referred from the cardiac department and 10% from other sources. In 1990, 343 patients attended the clinic. The upper
5th percentile of these patients in relation to blood lipids have been evaluated. These patients achieved a 16% reduction in total cholesterol, a 30% reduction in tryglycerides and a 12% increase in HDL-cholesterol on a regimen of dieting and lipid-lowering drugs. Because most patients had either a family history of cardiovascular disease or had a genetic type of hyperlipidaemia, this first audit suggests this need for a more aggressive management policy. A preliminary evaluation of the lipid clinic was presented to the Irish Hyperlipidaemia Association by Dr. Elizabeth Dinn. Following the meeting in Northern Ireland in November 1991, the department has been invited to outline a process of audit for lipid clinics in Belfast, Dublin and other areas of Ireland. Staff participating in the Lipid Clinic include Mrs. Pauline Kelly, and Mr. Deren Comerford (on-site measurement of total cholesterol levels and counselling), Mrs. Vivien Reid, dietitian, Drs. Elizabeth Dinn, David Kilcoyne (clinical) and Mrs. Pauline O'Gorman (Bio-Chemist).

**CCU REGISTRAR**

Risteard Mulcahy pioneered a register of patients in the CCU at St. Vincent's jointly with Dr. Brian Maurer. This register is maintained. At present, St. James's Hospital and the Utility-Meath hospital are becoming linked to this process which provides a basis for CCU audit. This department is arranging a one-week census of all intensive care units in Ireland to ascertain not only the utilisation and value of coronary care but also to indicate a study of CCU trends in Ireland. Participants include Mrs. Dennis Comerford, Mrs. Pauline Kelly, Dr. David Kilcoyne and Sr. Yvonne Burke, CCU.

**REHABILITATION**

There is an overwhelming need to improve our rehabilitation programme for patients with heart disease. This can be achieved when we can fund 2-3 sessions for our medical colleagues in Stress Management, spaces for stress testing and physiotherapy. This process involves a team which requires clinical cardiologist, nursing, dietetic, physiotherapy and social workers. At present Mrs. Vivien Reid, dietitian, organises a monthly programme for patients and family but as it stands the rehabilitation programme falls far short of what is required. Dr. Maurer, Quigley and Hickey all agree on the need for this programme which is not expensive but is a major caring priority. Dr. Dinn is also actively involved in this programme.

**HEALTH SERVICE RESEARCH**

In February 1991, a community/hospital research programme was undertaken which will be mainly completed in February 1992. This project examines the extent to which general practice, hospital and community care service provide an integration service for patients. Because aspects of this project were relevant to the Dublin Hospital Initiative Group (the Kennedy Report) the department was requested by some aspects of community service, which were included in the programme. An interim report has recently been submitted to the Dept. of Health and has been considered by the Kennedy Group.

It is envisaged that this department will assume a major role in health service research which can provide some information for administrative and clinical decision making.

This programme was in collaboration with general practices Community Care Area 2 (Director, Dr. J. Barry) and was conducted by the staff of this department.

Participants include Dr. Elizabeth Dinn (co-ordinator), Mrs Veronica O’Neill, Mrs. Denise Comerford, Mrs Carol Kennedy-Pye, Mrs Pauline Kelly and Mrs Isabella Higgins (computer programmer). The steering group included Prof. G. Bourke, and Dr. L. Daly (UCD), Dr. J. Barry and Dr. M. Scully (EHB) and Dr. J. Ryan (general practitioner).

A study of waiting time to hospital admission is at present being considered by the Health Research Board.

**CLINICAL TRIALS**

One clinical drug trial was conducted in 1990 and at least one trial is in process of preparation for 1992. This will provide some much needed funding to the department as well as answering the question as to the impact of anti-hypertensive drugs on blood lipids.

**KILKENNY HEALTH PROJECT**

Evaluation of this project continues under way to ascertain health promotion is effective. This is a major project supported by the Dept. of Health and the Irish Heart Foundation. Mrs. V. Reid in particular has a major input in this project.

**CHRONIC PAIN CLINIC**

This department provides a positive life-style input into this important new development. The initial feed back from this holistic approach to patient care is encouraging and with its present leadership, the clinic should go from strength to strength.

**PUBLIC EDUCATION**

The Dublin tabloid “Life Times” now carried an article on health from doctors at St. Vincent’s Hospital and other doctors which gets into 300,000 homes. Mrs. Vivien Reid co-ordinates the provision of this regular health features which will help educate the public in the catchment area of St. Vincent’s Hospital, as well as in North Dublin.

**AMBULATORY 24 HOUR BLOOD PRESSURE MONITORING**

Together with the Clinical Cardiology Department this service is provided for hospital patients and for patients of General Practitioners by Mrs. Denise Comerford and Mrs. Pauline Kelly.
RESEARCH LECTURER IN PREVENTIVE CARDIOLOGY

This endowed post was held by Dr. David Kilcoyne over the past three years. The post is now open, and depending on financial endowment, it is hoped that an appointment will be made early in 1992.

ST. RAPHAEL'S WARD AND SURGICAL PROFESSIONAL UNIT

STAFFING

Professor of Surgery: Prof. Niall O'Higgins
Consultants: Mr. James J. Murphy
Mr. John Hyland
Mr. Oscar Traynor
Non-Consultant: 
1 Lecturer in Surgery
2 Senior Registrars
1 Registrar
Hospital Doctors: 
4 Senior House Officers
7 Interns

The last year has seen an exceptional development in the Department of Surgery in the hospital. The most striking advance has been the widespread use of laparoscopic surgery for a variety of intra-abdominal conditions. Details of our experience have been well received at meetings of the Association of Surgeons of Great Britain and Ireland and at the Surgical Research Society. The clinical throughput of patients continues to increase but continuing difficulties with limitation of beds have caused hardship. Surgical emergencies are dealt with expeditiously but delay in the admission of patients for elective surgery is causing considerable strain to patients, their families and on nursing and medical staff.

The activities of the Breast Institute increased and more than 125 new primary breast cancer patients were treated in 1991. There were 3,776 attendances at the Breast Clinic.

The results in the Final Medical Examination in Surgery were outstandingly good and there were no failures in surgery from St. Vincent's Hospital. The excellent results were due in great measure to the work of the Clinical Lecturer in Surgery, Mr. Enda McDermott, who has left us to take up a Consultant post in Scotland in early March. His technical surgical skills in addition to his clinical and teaching talents have been appreciated by all those with whom he has come in contact. His research output in the past two years have been exceptional and he has been responsible for computerisation of much of the clinical data in the Academic Department of Surgery. He will be missed greatly and we wish him well.

Ms. Philippa Mercer from Christchurch, New Zealand, joined us in July 1991 as Special Lecturer in Surgery and is spending some time in the department where she is developing her special interest in breast and endocrine surgery.

During the year, Mr. Murphy and Mr. McDermott were invited to Bahrain to establish laparoscopic surgery at the invitation of Mr. Khalid Al Khalifa, Consultant Surgeon and former alumnus of St. Vincent's Hospital. As a result of this successful visit, laparoscopic cholecystectomy has now become routine practice in Bahrain.

The large textbook, “Surgical Management” edited by Professor O'Higgins was published in 1991 and has been well received internationally. Professor O'Higgins was appointed to the Executive Committee of the European Society of Surgical Oncology and to the Executive of the Federation of European Cancer Societies. Considerable research activity has continued throughout the year and this has been reflected in the publications listed.

DEPARTMENT OF ANAESTHESIA

STAFFING

Consultants: Dr. Vincent Hannon (Director)
Dr. Alan McShane
Dr. Richard Assaf
Dr. Brian Ferris
Dr. Edward Gallagher
Dr. Anthony Healy
Dr. Jarlath Keane
Dr. Neil J. McDonald
Dr. Kevin McKeating
Dr. Dennis Molyneux
Dr. Declan O'Keeffe
Dr. Denis O'Leary
Non-Consultant: 
2 Senior Registrars
4 Registrars
Hospital Doctors: 
7 Senior House Officers

The year began with the tragic and untimely death of our consultant colleague Dr. Gerard Dorrian on 30th January. Now a year later our prayers and thoughts are still with him. His loss casts a shadow over many of the developments that took place in 1992.

ACTIVITY OPERATING THEATRES

1991 saw an increase of approximately 9% in the overall number of general anaesthetics administered in the theatre complex. A most welcome development was the return to utilization of all 10 operating theatres towards the end of the year. This is the first time that all theatres have been available for surgical use since the financial constraints were imposed 5 years ago. The hospital received a special capital budget allocation of approximately £225,000 to the Department of Anaesthesia which allowed the long overdue purchase of replacement anaesthesia delivery systems for the theatre complex.
SAUNDERS DEPARTMENT OF ANAESTHESIA

After prolonged negotiations between St. Vincent's Hospital, Department of Health and Comhairle na nOspidéal on the subject of a joint South East Dublin Department of Anaesthesia, final agreement was reached between all participating hospitals on the matter in October 1991. St. Vincent’s Hospital was dedicated as the flagship hospital for this joint department and the development has been highly praised by both the Department of Health and Comhairle as a way forward regarding the improvement and provision of excellent patient services in this region.

PAIN SERVICE

The improvement in pain services at St. Vincent’s Hospital recorded in 1990 continued throughout 1991 with Dr. Declan O'Keeffe as Director. The multidisciplinary approach adopted earlier the previous year continued and saw the development of a weekly pain outpatients, therapeutic nerve block sessions in the operating theatre and a pain management programme. Over a thousand patients were seen in the pain outpatients during the year and over 400 therapeutic nerve blocks were performed in the operating theatres during this time. A most significant development was the setting up of a comprehensive multidisciplinary pain management programme in St. Anthony’s unit at the hospital. This is one of only 3 such programmes available in these islands at present and allows patients to be treated on a 4 weekly programme attending 5 days per week between 9.30 a.m. and 5.30 p.m. on an outpatient basis. The setting up of a full acute pain service for management of post operative pain is the next priority of the pain service.

POST REGISTRATION ANAESTHETIC NURSING COURSE

The Department of Anaesthesia was very pleased to see the first course of its kind in this country coming to completion in July of 1991. Six postgraduate nurses passed the course and received certificates on prize giving day. An Bord Altranais has granted the course continued approval as a suitable post registration course and the Department of Anaesthesia would like to record its sincere appreciation and thanks to Sr. Maureen Flynn, the anaesthetic sister and co-ordinator who was involved in the course from its inception and saw the first group of students successfully through in July.

EDUCATION AND RESEARCH

Throughout 1991 clinical research continued throughout the department with special emphasis on the areas of tracheo-oesophageal reflux and renal protection during vascular surgery. A number of abstracts and papers were presented and published on these topics among others. We were especially pleased that Miss Patricia Robertson won the Summer Student Research Prize for her project which examined the peri-operative incidence of gastro-oesophageal reflux during mask anaesthesia. This project was funded by the Health Research Board. Miss Robertson presented the results of the project at the GP Study Day where it was also very well received. We would like to record special credit also to Dr. Anne Fanning, Registrar in the department who won the medal in the anaesthesia section of the Royal Academy of Medicine in Ireland for her presentation, “Anaesthesia for Emergency Caesarian Section followed by Resection of Phaeochromocytoma”.

FUTURE DEVELOPMENTS

1992 will see the appointment of a Consultant Anaesthetist/Intensivist whose special skills will be dedicated to the area of intensive care and provide continued improvement in patient management in this specialty. We will also be developing an acute pain service to complement the already established chronic pain programme.

We envisage further development of the Joint South East Dublin Department of Anaesthesia in 1992 with particular emphasis on educational opportunities being made available to participating hospitals here on the St. Vincent’s Hospital campus.

INTENSIVE CARE UNIT

Director: Dr. Alan J. McShane
Sister in Charge: Miss Geraldine Carey

Despite only having statistics for the first 6 months of last year it was apparent that it was a busy year in the Intensive Care Unit. Analysis of the figures reflect a similar pattern to previous years; namely surgical patients account for about 75% of the bed occupancy and medical patients about 25%. Again as was pointed out last year about 42% of patients admitted to the Intensive Care Unit stayed for one day or less. This again points out the glaring need for a high dependency type facility at St. Vincent’s Hospital. This case would be more eloquently put if we were to have complete audit of the activity and non-activity in the Intensive Care Unit. The figures which have been gathered make no reference to the numerous surgical cases which had to be cancelled and deferred and also the many patients who were discharged early because of pressure of beds. The situation is most compelling and really let us hope that in the coming year some positive move will be made towards provision of a high dependency type facility at St. Vincent’s Hospital to alleviate some of the pressure on the Intensive Care beds.

Despite the high level of activity in the Intensive Care Unit there has been no capital expenditure in the unit over the last year. We urgently need to replace 3 ventilators and to install a system of piped air. This will lead to long term savings for the
hospital as the part of the ventilators which most commonly needs to be replaced at about £1,000 a time is the air compressor.

The active participation and enthusiasm of Dr. Lynda Fenelon, Microbiologist, in the work of the unit over the last year has been much appreciated and I feel has greatly improved the quality of patient care with regards antibiotic therapy. The weekly Intensive Care meeting has also been greatly improved with the greater participation of other specialty groups.

Over the last 2 years work has been done on Intensive Care patients on the incidence of reflux and tracheal contamination of reflux material. This work has been presented at meetings both at home and abroad.

In the coming year it is hoped that the Anaesthetist/Intensivist position will be advertised and filled.

**ICU ACTIVITY ANALYSIS**

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<th>Category</th>
<th>Value</th>
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<tr>
<td>Ventilated Patients</td>
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<tr>
<td>1 Day Stay Patients</td>
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</tr>
<tr>
<td>Deaths</td>
<td>34</td>
</tr>
</tbody>
</table>

**DR. GERARD DORRIAN**

The death occurred in St. Vincent's Hospital in January 1991 of Gerry Dorrian at the age of 38. He had been on the Consultant staff at St. Vincent's Hospital since 1984.

Gerry graduated from UCG in 1976 and following internship, he commenced his anaesthesia training in Mount Sinai Hospital in New York. A year later he joined the Northern Ireland Anaesthetic Training Programme based in Belfast, and passed his Fellowship exams in 1980. In 1981 he went to the Massachusetts General Hospital in Boston as a fellow and lecturer attached to Harvard Medical School. He returned to Ireland as a senior registrar spending time in Our Lady's Hospital, Crumlin and the Mater Hospital.

From the outset Gerry was a most capable and productive member of the staff - making valuable contributions not only at clinical level but also at the organizational and committee level. He was appointed Director of the Department of Anaesthesia & Intensive Care in January 1987. Patient safety was always a prime concern of his and he obtained funding to bring standardized high quality monitoring equipment into the ICU and the operating theatres. He expected and insisted on the highest quality of care among the NCHDs.

Gerry was also far-seeing, and in this respect he initiated moves to provide an Anaesthetic Nurse Course. This has now been successfully established and is the first in the country. He also enthusiastically supported new initiatives such as liver transplantation surgery.

His organisational skills were widely recognised and he was elected to the Executive of the Medical Board of St. Vincent's Hospital, the Council of the Anaesthetic Section of the Royal Academy of Medicine in Ireland and the inaugural council of the Intensive Care Society of Ireland. He also became the youngest ever ministerial appointee to Comhairle na nOspidéal in July 1989. On all of these committees he carried a heavy work load and delivered on all projects undertaken.

On a more personal level, it should be noted that everywhere he worked Gerry formed deeply rooted friendships. He was fiercely loyal to friends, as they proved to him during the terminal phase of his illness. Those who know Gerry understand this, for he always evoked strong feelings of loyalty because of his personality. Some of the adjectives and phrases which can be used to describe him may help explain why people felt this way. These indicate the fact that he was trustworthy, reliable, discreet, loyal, professional, fastidious, hardworking, dutiful, erudite, a renaissance man and had a wonderfully droll sense of humour. He was also fair minded, objective and an excellent sounding board for his colleagues. He was a warm person and excellent company.

In a comparatively short life Gerry achieved much professionally and personally. He died as he wished at peace in the loving care of his family, nurses and nuns at St. Vincent's. Our sincere sympathy goes out to his family and friends.

A. J. McS.
Theatre Superintendent: Sr A. Riordan

All theatres are now in use as theatre 3 was reopened during the year for ophthalmology.

ENVIRONMENT

There is a great need for an upgrading of the theatre areas as there is a major space problem. The Recovery Room and patient waiting area both need to be extended and in addition there is a need to improve the staff changing facilities.

Some improvements have taken place with the enlargement of the registrars changing area and the urodynamics department. Following the advice of a Fire Consultant adjustments have been made to the fire emergency exits.

During the reconstruction of theatre 8a to accommodate the Cardio-Vascular Theatre, some minor alterations were carried out which has enabled the storage of x-ray machines. Some anaesthetic machines were replaced during the year.

NEW DEVELOPMENTS

Sister Maureen Flynn has completed two Anaesthetic Nursing Courses successfully. Six of our nursing staff have been sanctioned to attend Kings College Hospital, London, to improve their knowledge for the reopening of the Liver Transplant Programme. We welcome the pending Transplant Programme and will endeavour to make it a success.

STAFFING

There was an improvement in nursing staff levels during 1991. At the moment an extra nurse has been allocated for emergency night duty, to facilitate a second theatre for emergencies, but unfortunately, due to the lack of anaesthetic staff this is not always possible.

A desirable development, which would eliminate patients coming to theatre for minor surgical procedures under local anaesthesia, would be greater use being made of the Extra Mural Theatre. This would require extra staff nurses.

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<th>MONTH</th>
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<td>46</td>
<td>887</td>
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</tr>
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</tr>
<tr>
<td>December</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>TOTALS</td>
<td>9,222</td>
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<td>9,737</td>
<td>9,517</td>
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</tbody>
</table>
Mr. K. O'Rourke attended and provided tuition in the A.O. Fracture Fixation Course in Nottingham and he also attended and provided tuition at the Advanced A.O. Course in Fracture Treatment held in Switzerland.

Mr. B. Hurson attended the International Society for the Knee meeting in Toronto and also the International Arthroscopy Association meeting in Toronto.

He attended and made three presentations at the Knee Instability Course held in Oswestry and attended as a Faculty member and gave two presentations at the International Knee Meeting held in Nottingham. He attended the two meetings of British Orthopaedic Oncology Society held in the U.K. in 1991.

Nearer home Mr. Hurson attended the Combined Meeting of the British and Irish Radiology Association meeting held in Dublin and gave a presentation on imaging of bone tumours.

Mr. W. Quinlan attended an International Symposium on Knee Replacement Arthroplasty held in Monte Carlo.

As a result of this integrated trauma delivery system the through-put of patients in the Orthopaedic Unit of St. Laurences Ward is phenomenal and speaks volumes for the nursing staff at that unit.

During 1991 we have seen increased numbers of patients at outpatient clinics and have had an increase in the number of inpatients treated at St. Vincent's Hospital.

During the year Mr. Quinlan became the Irish Representative on the London based Advisory Committee on Orthopaedic training.

1991 was a satisfactory year for the Orthopaedic Department. We have succeeded in finalising the development of an integrated trauma service for South East Dublin with the co-operation of St. Michael's and St. Colmcille's Hospitals. This means that the vast majority of the patients requiring surgery for trauma receive the appropriate treatment within 24 hours of injury.

As a result of this integrated trauma delivery system the throughput of patients in the Orthopaedic Unit of St. Laurences Ward is phenomenal and speaks volumes for the nursing staff at that unit.

During 1991 we have seen increased numbers of patients at outpatient clinics and have had an increase in the number of inpatients treated at St. Vincent's Hospital.

During the year we negotiated the first step towards developing St. Anthony's Unit into a dedicated bone and joint centre for St. Vincent's Hospital. The orthopaedic in-put into St. Vincent's Hospital has now increased to give specialty clinics in problem backs, upper limb conditions and major joint reconstruction, each clinic being held once/month. A bone tumour clinic will soon commence.

Each of the four Orthopaedic Surgeons has been able to pursue his sub-specialty interest i.e. major spinal surgery, upper limb reconstruction, bone tumour surgery, knee ligament reconstruction and the surgery of rheumatoid disease satisfactorily during the past year. The major portion of the elective sub-specialty interest work is carried out at Cappagh Hospital and the more complicated cases at St. Vincent's Hospital.

Technology and techniques as applied to orthopaedic surgery have advanced considerably in the past 10 years leading to significant developments in instruments and implants. To keep pace with these developments a major capital input is required in the near future.

During the year the Orthopaedic Surgeons attended a number of meetings and seminars:

Mr. E. Kelly attended the Advanced Shoulder Surgery Course at Reading and he also attended the International Shoulder Symposium held in Majorca.

STAFFING

Consultants: Mr. W. R. Quinlan
Mr. S. K. O'Rourke
Mr. E. P. Kelly
Mr. B. Hurson

Non-Consultants: 1 Senior Registrar
2 Registrars

House Doctors: 2 Interns

STAFFING

Consultants: Mr. Michael Earley
Mr. Seamus O'Riain

Non-Consultant: 1 Registrar

Hospital Doctors: 1 Rotating SHO in General Plastic Surgery
1 Rotating Intern General Surgery/Plastic Surgery

NUMBER OF OUTPATIENT CLINICS:

Plastic Surgery Mr. O'Riain – 1
Mr. Earley – 1

Hand Surgery Mr. O'Riain – 1

Operating Sessions Mr. O'Riain – 2
Mr. Earley – 2

Extra Mural Operating Sessions (Local Anaesthetic/Outpatients)
STATISTICS 1991:

January to June inclusive: 1 Consultant Plastic Surgeon

- In-Patients: 160
  - General Ward: 97
  - 5 Day Ward: 27
  - Day Ward: 36
  - 228 Operations performed (including EMT)
  - Number of Operating Sessions executed: 46 (1 session = 4 hrs)

July to December inclusive: 2 Consultant Plastic Surgeons

- In Patients: 216
  - General Ward: 124
  - 5 Day Ward: 39
  - Day Ward: 53
  - 337 Operations performed (including EMT)
  - Number of Operating Sessions executed: 96 (1 session = 4 hrs)

In reading this report, three facts should be borne in mind:

1. An advanced Plastic Surgery Unit is a prestige unit in a hospital.
2. Plastic Surgery is one of the cheapest specialties in a hospital (mainly due to the very small investment in equipment that is necessary and the rapid throughput of patients).
3. The demand for Plastic Surgery in the S.V.H. Catchment Area and nationally is substantial and increasing.

DEPARTMENT OF UROLOGY

STAFFING

Consultants: Mr. Daniel G. Kelly
Mr. David M. Quinlan

Non-Consultant: 1 Senior Registrar

Hospital Doctors: 1 Senior House Officer
3 Rotating Interns

As in previous years, the Department of Urology had a very busy year and a very large throughput of work. There were major changes on ward level with the loss of Sr. Angela who has been the bulwark and pivotal point for the Department of Urology for many years. She has taken up a new position as Reverend Mother at St. Mary's Orthopaedic Hospital in Cappagh. There was associated changes at ward level on many fronts. Sr. Angela will be greatly missed, her contributions to this Department are legendary. We were pleased to have her replaced by Sr. Louise Hederman who has an outstanding track record in this hospital in promoting surgical units. The expertise she displayed in Neurosurgery and the Five Day
Surgical Ward is now being seen in the Department of Urology. A Nurses' Teaching Programme was instituted with weekly lectures covering surgical topics aimed at house staff and nurses. It is hoped that this could develop into a urological nursing course giving accreditation at the end of a period of one year with rotations at ward level, through urodynamics and through theatre.

Mr. Maurice Mulcahy was replaced by Mr. Eamonn Kiely who subsequently took up a post as Lecturer/Consultant in the Institute of Urology in London. He was replaced by Mr. John Harney who has displayed excellent hard work.

Our interest in radical pelvic surgery has continued with a now large series of radical prostatectomies in the management of localised prostate cancer. The ancillary help of other departments in this is greatly appreciated, particularly our uropathologist, Anne O'Brien, the x-ray department and Dr. Robin Gibney with transrectal ultrasound, Dr. Joe Duffy for his use of prostate specific antigen. Several research projects using prostate specific antigen were undertaken in the department during the year as well as a study on radical prostatectomy. Our use of continent diversion has continued. Endo-Urology was greatly improved by the acquisition of a slender distal rigid ureteroscope and a long flexible ureteroscope. These have greatly improved our ability to deal with ureteral calculi and diseases of the collecting system of the kidney. We are awaiting a method of intraluminal lithotripsy to complete this Endo-Urology scenario. Percutaneous stone work is still very active and its combination with extra corporeal shock wave lithotripsy has greatly reduced the need for open surgery on the kidney. The Department continues to have a strong work load and interest in other oncological diseases such as testis tumour (with retroperitoneal lymph node dissection) and renal cell carcinoma (with inferior vena cava thrombus).

**DEPARTMENT OF DIAGNOSTIC IMAGING**

**STAFFING**

Consultant: Dr. Anthony Owens, Director.
Dr. J.B. Hourihane.
Professor D.P. MacErlean.
Dr. J. Masterson.
Dr. J. Griffin.
Dr. R. Gibney.

Non-Consultant: 2 Registrars

Hospital Doctors: 5 Senior House Officers

Superintendent Radiographer: Miss Deirdre Scott-Hayward

**ACTIVITY:**

Statistics give some indication of the increasing demand for imaging services which was up 10% on the previous year. However, this does not reflect the complexity of many interventional procedures which exert a considerable strain on man hours. Once again all services show a marked increase in workload. The C.T. unit continues to run at saturation level. There has been an unprecedented demand for chest x-rays which were 17% higher than in 1990.

In-patient services increased 15%, while out-patient examinations were up 10%.

Our efforts to improve G.P. access to imaging services bore fruit with a 17% increase in these examinations. The long waiting lists in this area could only be further reduced by the re-equipping of a room which has now been defunct for almost five years.

The chronic shortage of radiographers which was the pattern in 1990 and into 1991 eased slightly mid-year thus enabling us to fill those positions which had been held by a succession of short term radiographers.

**EQUIPMENT:**

The Cardiovascular angiography equipment was installed and the unit opened for patients in September. One of the components required for providing hard copy of the images was an imaging camera. By selecting a laser imager and installing it in the C.T. area we were able to make use of this one component for the central collection of hard copy images from five different work stations - C.T., Cardiovascular angiography, and three ultrasound units. This has resulted in much more efficient use of facilities, as well as improved image quality without the cost of purchasing new technology units for each individual work station.

The film processor in the chest unit was replaced. It had been in use since the opening of the unit in 1983.

We also acquired a compact daylight processing system for our Casualty Department which was badly needed and has improved working conditions.

We were fortunate to be granted funding for computerisation. Computerisation of our departments records and processes commenced in a limited way in December and will, hopefully, bring many benefits in the year ahead, as the process is completed.

The anticipated replacement of our general radiography equipment has still not taken place, despite the urgency of the situation.

**NEW APPOINTMENTS AND RESIGNATIONS:**

We congratulate Professor Donal MacErlean on his appointment to the Chair of Radiology in U.C.D.

Congratulations are also due to Dr. Michelle McNicholas who was appointed Lecturer in Radiology.

We are pleased to welcome Ms. Elizabeth D'Arcy on
Ms. Veronica Ryan, Senior Radiographer has gone to the United States on a three year career break.

Ms. Fiona O’Mahony in charge of clerical services in our department resigned in August. We were sorry to lose her and wish her well.

COURSES ATTENDED:
Ms. Paula Heuston, Radiographer, commenced a course leading to the Diploma in Medical Ultrasound.

Ms. Mary-Pat Corridan, Senior Radiographer, undertook training in cardiovascular angiography both in the U.K. and Ireland prior to starting up this service at St. Vincent’s. Other radiographers also visited St. James’s Hospital for orientation purposes.

Ms. Patricia Grenham, Acting Clerical Supervisor, is undertaking a Diploma in Firstline Management (Supervision).

Ms. Elaine McCormack, Radiographer, has commenced the Health Services Management Course and a number of other radiographers have attended short courses, meetings and conferences on a variety of topics.

Ms. Catherine McCoy, Superintendent Radiographer, along with Dr. Michael Casey ran a training course for Practitioners directing Medical Radiation Exposure.

EDUCATION AND RESEARCH:
This department is committed to on-going education and research. Papers have been presented at many national and international radiological meetings. A large number of topics are researched each year with benefits both to the patient and the service. The Radiology Department continues to have a number of articles accepted for publication in the international radiology literature.

SCHOOL OF DIAGNOSTIC IMAGING
PRINCIPAL TUTOR: SR. C. PATRICIA

BUILDING:
The relocation of the School of Diagnostic Imaging was completed at the beginning of August 1991. This building was kindly donated by the Mother General of the Irish Sisters of Charity and refurbished by Department of Health grants. It is a two-storied building, providing all the necessary facilities and an ideal working environment for both staff and students. We are deeply grateful to Sr. Mary Magdalen and the administrative team for their generous support.

The Official Opening is scheduled for April 1992.

STUDENT SUCCESSES AND ACHIEVEMENTS:
The eight Final Students who successfully completed the combined DCR and Degree Course are currently employed in St. Vincent’s, Mater Misericordiae and St. James’s Hospitals, Dublin, Regional Hospital, Cork and Ardkeen Hospital, Waterford. Eleven students successfully passed their 2nd Year University Examination and fifteen passed their 1st Year Examination. A further twenty students commenced their training in October.

The U.C.D. Scholarship Award for 1991 was won by Miss Siobhan Hogan, and the Philips and Siemens Awards in Radiography were won by Miss Fiona Flatley and Miss Fiona O’Neill, respectively.

STAFF ACHIEVEMENTS
One member obtained a Masters in Education, two obtained the Clinical Tutors Certificate and three passed the modules undertaken for the Higher Diploma of the College of Radiographers, London.

All members of the school staff are actively involved in continuing education, e.g. two have undertaken a course for an M.Sc. Radiography, and another has undertaken a course on Statistics.

The school staff participated in several Career Guidance Seminars and both students and staff were involved in the UCD Open Days.

The school continues to undertake a wide variety of post-registration courses, including the Diplomas in Medical Ultrasound and Radionuclide Imaging, Computerised Tomography (CT), and it is proposed to commence a course in Dental Radiography for Nurses in the near future.

A four year (Hons.) Degree Programme will be presented to the CPSM and the College of Radiographers, London, for formal validation in its own right. Once this Degree Course has been so validated, the need to pass the DCR in order to gain the Licence to practise is removed. This submission was passed by the Faculty of Medicine and the Academic Council, UCD, in January 1992.

STAFFING
Principal Biochemist: Dr. Joe Duffy.
Senior Biochemist: Frances Sherry.
Basic Grade Biochemists: Marian Davis. Sheila Lyons.
Lab Aide: Maria Conroy.
ACTIVITIES:
Dramatic increase in test numbers: The number of assays carried out in our laboratory in 1991 increased by 32.5% compared with the previous year. This was the biggest increase ever, since the setting up of the laboratory in the early 1970's. Increases occurred in almost all our procedures, but especially in the area of thyroid hormones and cancer markers.

RESEARCH:
Collaborative research continued with the departments of Surgery, Medical Oncology and Pathology. The main emphasis was on evaluating oncogenes and proteases as new markers in breast cancer. A new research grant was obtained from the HRB (to Dr. Joe Duffy) to study the C-erbB-2 oncogene in breast cancer.

DEPARTMENT OF NUTRITION AND DIETETICS
Head Dietitian: Miss June Ruigrok
1991 saw improvement and consolidation of a number of objectives for the department.
Three, previously temporary posts were made permanent:
Margaret Doyle, who has worked with us for ten years in a temporary part time capacity is a very welcome addition to the ranks of permanent staff.
Lynda Parke and Julie Dowsett also made the transition from temporary to permanent status.
Our long lost senior post was restored and ably filled by Elizabeth Barnes who joins us from Beaumont Hospital.
Anne Malone rejoined the department after her two year career break.
A review of the departmental statistics was undertaken to assist in answering a questionnaire for the F.I.E. The results of a three year audit are shown below.
The number of patients under the care of the Dietitian has increased steadily. The modest increase in the numbers tube fed is offset by the significant increase in those receiving Oral Supplements.
There has been a phenomenal increase in the number of patients being fed parenterally, this demands particular expertise on the part of Dietitians and all involved in managing these patients and reflects the increase in acutely ill patients.


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<th>YEAR</th>
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<td>23,157</td>
<td>6,435</td>
<td>38,507</td>
<td>928</td>
<td>3,725</td>
</tr>
<tr>
<td>1991</td>
<td>28,446</td>
<td>6,349</td>
<td>43,438</td>
<td>1,814</td>
<td>4,668</td>
</tr>
<tr>
<td>Percent Increase '89 -'91</td>
<td>30.5%</td>
<td>5% **</td>
<td>50%</td>
<td>96%</td>
<td>46%</td>
</tr>
</tbody>
</table>

The out-patient statistics are for the general out-patient clinics held. They do not include those specialist clinics where a dietitian is in attendance with the medical team.

e.g. Diabetic Clinics: Monday, Tuesday and Friday afternoons.
Lipid Clinic: Monday morning.
DEPARTMENT OF OCCUPATIONAL THERAPY

Head Occupational Therapist: Miss Clare Lenehan

The Occupational Therapy Department is committed to the delivery of an efficient and high quality service to the patients of St. Vincent's Hospital. This has proved more difficult in 1991 due to poor staffing and facilities.

At present there is a total of six staff in the department which is unchanged since 1990. The Occupational Therapists are, therefore, limited to certain areas of treatment.

In 1991 the Occupational Therapy Department treated 3,704 patients with a total of 49,574 treatment units. This has increased since 1990.

The Occupational Therapy Department has encountered many problems in 1991 to meet service demands and it is hoped that some solution may be found in 1992 to alleviate this pressure.

In 1991 the Occupational Therapy Department was involved in future planning in areas such as community liaison, discharge planning and service developments for the future. Each year the department establishes objectives for the coming year and each therapist works hard to attain these. These objectives could not be met without the professional commitment of all the occupational therapy staff and the support of hospital management.

ORTHOPTIC REPORT FOR YEAR 1991

Orthoptist: Mrs. Sheila de Courcy, D.B.O.

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL NUMBER OF VISITS FOR YEAR</td>
<td>544</td>
<td>459</td>
<td>404</td>
<td>412</td>
</tr>
<tr>
<td>Visits by In-Patients</td>
<td>7</td>
<td>9</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Visits by Out-Patients</td>
<td>537</td>
<td>450</td>
<td>396</td>
<td>404</td>
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<tr>
<td>TOTAL NUMBER OF NEW CASES</td>
<td>127</td>
<td>111</td>
<td>91</td>
<td>115</td>
</tr>
<tr>
<td>TOTAL NUMBER OF VISITS FOR HALF YEAR</td>
<td>290</td>
<td>239</td>
<td>229</td>
<td>209</td>
</tr>
<tr>
<td>January to June New Cases</td>
<td>290</td>
<td>239</td>
<td>229</td>
<td>209</td>
</tr>
<tr>
<td>(70)</td>
<td>(59)</td>
<td>(55)</td>
<td>(60)</td>
<td></td>
</tr>
<tr>
<td>July to December New Cases</td>
<td>254</td>
<td>220</td>
<td>175</td>
<td>204</td>
</tr>
<tr>
<td>(57)</td>
<td>(52)</td>
<td>(36)</td>
<td>(55)</td>
<td></td>
</tr>
</tbody>
</table>

There is an Orthoptic Clinic every Wednesday morning.

If there are patients to be seen there is an Orthoptic Clinic on Monday morning. There is no waiting list.
have contributed to the ongoing problems with MRSA. St. Vincent's first two cases of penicillin resistant pneumococcal infection have occurred, and some interesting infective problems were seen in patients returning from King's College Hospital following liver transplantation. Computerisation of the Department has greatly facilitated result retrieval and epidemiological surveillance, although the omission of the "co-writer" from the original package due to lack of resources has meant that only very minimal epidemiological surveillance is possible. Full marks to laboratory personnel for getting the system up and running so rapidly.

PERSONNEL

Ms. Martina Power was successful in passing Part 1 of the Fellowship of the Institute of Medical Laboratory Sciences, London.

Ms. Anne Brady passed the Diploma of Medical Laboratory Sciences in Microbiology.

Ms. Belinda Hanahoe attended a course on Diagnostic Blood Parasitology in Liverpool and was accepted onto the MSc course in Biomedical Sciences at the University of Ulster.

Dr. Fenelon spoke on Fungal Infections at The International Congress of Chemotherapy in Berlin and on the same topic at "Moving Points in Medicine" in Dublin. She also attended the Interscience Conference on Antimicrobial Agents and Chemotherapy in Chicago.

HISTOPATHOLOGY

During 1991, the volume of work handled by the Department of Histopathology continued to rise, at a rate somewhat above the previous year. A total of 28,344 blocks of surgical specimens was processed representing an 8% rise on 1990. Immunocytochemistry grew slightly and frozen sections rose a little to 583 for the year. Autopsies declined to 160 although it is considered that the autopsy rate will rise when audit becomes established. Cytology remained almost exactly at last years figure. As pointed out previously, however, rises in numbers do not tell the whole story as changes in surgical management and the increased use of short-stay facilities place more pressure on the department. It is hoped that this will be alleviated when our new appointees, Dr. Kieran Sheehan, Dr. Susan Kennedy and Dr. Niamh Nolan, take up duty. Space, as ever, remains a problem and plans to deal with this are under consideration by the Department of Health.

In addition to the new consultants mentioned, Dr. David Gibbons joined the Department as a registrar during the year.

Dr. R.P. Towers attended meetings of the Association of Clinical Pathologists in Waterford and London.

Dr. Mary McCabe presented a paper on breast pathology at the Faculty of Radiology Oncology Symposium in March.
Dr. Akthar Hussain presented "Necrotising Sarcoidal Granulomatosis" to the Section of Pathology of the Royal Academy of Medicine in Ireland.

**BIOCHEMISTRY**

In the Biochemistry Department the 1991 workload continued to escalate, but at a more modest rate of 4.5%. Promised funding was not received for the badly needed computerization of this area of the Pathology Department. This is not appreciated outside the laboratory area, and leads to fruitless enquiries and much unnecessary waste of time for laboratory personnel.

**PERSONNEL**

Mrs. Paula O'Shea successfully completed her MSc course in Clinical Biochemistry in TCD and will be conferred early in 1992.

Dr. R. Freaney and Mrs. Paula O'Shea presented two posters;

1. Neuron Specific Enolase in small cell and non small cell cancer - at the Clinical Oncology section of the International meeting of the Royal College of Radiologists Dublin 1991.
2. Neuron Specific Enolase and Immunoperoxidase markers in small cell and non small cell lung cancers. (Same authors)

**MEETINGS ATTENDED**

Miss Doolin attended:


**OFFICES HELD**

Miss Doolin completed her term of Office as Secretary of the National Committee for Biochemistry of the Royal Irish Academy.

**HAEMATOLOGY**

During the year all areas of the department experienced the now normal increase in demand of services, not always matched by the resources available. A Labstar Computer System has been installed and has "gone live" in Haematology, Blood Transfusion and Microbiology. It has been a success.

The Department of Haematology had an 8% rise in tests performed during the year, it has been possible to cope with this increased workload without increasing numbers of staff because of the acquisition of new technology - a Coulter Stk S and Coulter T890.

During the year we welcomed our new consultant Dr. Donald McCarthy from the Charing Cross and Westminster Medical School, London.

**PHARMACY DEPARTMENT**

**STAFFING**

Chief Pharmacist – Mrs. J. O'Shea, M.P.S.I.
Senior Pharmacists – Miss J. Deane, M.P.S.I.
Pharmaceutical Technician – Miss M. Tyrrell

**ACTIVITIES**

1991 was the busiest year on record for the Pharmacy Department with large increases in the volume of drug issues and drug information requests.

Low staffing levels in the department continue to be a major problem both in coping with increasing demands on the service and developing pharmaceutical services which should be available in a modern acute hospital.

A top-up drug distribution service was initiated in the intensive care unit and St. Laurences ward. Ordering of routine drug stocks on these wards is now done by our technician, giving nursing staff more time for nursing duties. It is hoped that all wards will eventually have this service if resources are made available.

Drug expenditure increased again in 1991. There were several reasons

e.g. - the opening of the new cardiac catheterisation laboratory, increase in the number of C.F. patients, increase in activity in I.C.U. and St. Anne's Day Care Centre and the emergence of improved but more expensive drug treatment for certain diseases.

A new computer system (materials management) went live in the Pharmacy in March 1991. This system has been a tremendous help in eliminating much of the paper mountain in the department. It is hoped that in the coming months we will acquire another PC for drug information and clinical pharmacy projects.

In 1991 we were asked to assist in three clinical trials.

**COURSES AND CONFERENCES**

Miss J. Deane and Mrs. S. Trimble attended the European Association of Hospital Pharmacists meeting in May.

Miss J. Deane attended the European Society for Parenteral and Enteral Nutrition meeting in Antwerp in September.

**NEW APPOINTMENTS**

Miss Myra Tyrrell was appointed as a Pharmaceutical technician in April.
DEPARTMENT OF PHYSIOTHERAPY

Superintendent
Physiotherapist: Ms. Pauline Leahy

There is a heightened awareness and appreciation within the Health Service of the key role played by rehabilitation in patients care and management.

The aim of rehabilitation is to achieve the patient's early return to a state of health and fitness which ensures his/her timely discharge.

The Physiotherapy Department has sought to administer an efficient and effective acute care service in tandem with a structured goal-orientated rehabilitation service.

We recognise that this dual service must not be developed in isolation, but should contrive to become an integrated part of multidisciplinary hospital service.

PHYSIOTHERAPY RESPIRATORY SERVICE (MEDICAL)

The Medical Respiratory Service has been extremely busy throughout the year 1991, with a large proportion of the patients in the over 70 age group. As well as the routine chest care, these patients generally require assistance to regain their mobility, and so remain on treatment for longer than similar patients in a younger age group.

The adult Cystic Fibrosis Centre has been enabled to further develop its role as the National Referral Centre for this condition, with the appointment of Ms. Martine D'Arcy to the full time physiotherapy post in C.F. Ms. D'Arcy is currently engaged in studying the effects of exercise on C.F. patients, in conjunction with different treatment regimes, and it is hoped to have the results of this ready for the World C.F. Congress to be held in Dublin in August 1992.

The Centre was visited by physiotherapists from many parts of Ireland and from abroad during the year, and final year physiotherapy students gain valuable experience - unavailable elsewhere - during their placements in St. Vincent's Hospital.

PHYSIOTHERAPY RESPIRATORY SERVICE (SURGICAL)

This service continues to experience a high throughput of patients with I.C.U. demanding a high level of commitment from the physiotherapy staff. On the plus side, the advent of laparoscopic cholecystectomy has meant that there are fewer post-op complications, with emphasis now on pre-op instruction.

The number of breast surgery patients continues to increase steadily, so increasing the demand for physiotherapy.

The advantage of a physiotherapy lymphoedema service is currently being investigated and would provide an excellent service for patients with this incapacitating condition.

PHYSIOTHERAPY NEUROLOGY & REHABILITATION SERVICE

The demand for earlier and more intensive rehabilitation for an ever increasing number of in-patients, is a result of an increased awareness of the role of rehabilitation.

Within the twin constraints of lack of treatment space and low staffing levels, the Stroke Rehabilitation Programme continues to demonstrate the effectiveness of goal orientated rehabilitation programmes, and a multi-disciplinary team approach.

We continue to promote our theme of “Team Approach - Stroke Patient” amongst nursing and teaching staff, as we recognise the key role they have to play in the 24 hour treatment plan of correct positioning and handling of stroke patients.

PHYSIOTHERAPY GERONTOLOGY SERVICE

In view of the large number of elderly patients admitted to the hospital each year, and the predicted increase in the number of elderly people in this area, the importance and relevance of this service cannot be understated. The high turnover of physiotherapy staff in this unit during the past year has curtailed the development of this service. We are confident that the recent appointment of Ms. Joanne Creaven as Senior Physiotherapist will enable this service achieve its goals. The planned opening of the Day Hospital for geriatric patients did not materialise in 1991, however, we look forward to its realisation in 1992.

PHYSIOTHERAPY ORTHOPAEDIC SERVICE

The Physiotherapy Orthopaedic Service has been one of the most rapidly growing services within the Physiotherapy Department. This growth, coupled with the on-going development of the orthopaedic sub-specialities, has brought about progressive innovations in treatment programmes i.e. the use of cryocuff post ACL reconstruction - the development of post-op ACL procedures and the introduction of hip assessment forms for a retrospective study in pre and post op mobility.

The Back School and Biochemical Foot Programme are further areas of development. We recognise the importance of interdisciplinary communication and have increased our participation at ward rounds, fracture clinics and x-ray conferences.

PHYSIOTHERAPY OUT-PATIENT SERVICE

Our policy of immediate assessment and prioritizing of all patients referred from the fracture clinics (100 - 160 referrals per month), the early assessment and instruction of whiplash patients, and the assessment and streaming of patients with chronic pain, (within 48 hours of a referral), has reduced the length of out-patient waiting lists, minimised the onset of complications, and improved patient care.
SAINT ANTHONY'S REHABILITATION CENTRE

The Physiotherapy service in SARC has had a successful year with the transfer of several physiotherapy specialities to the area, i.e. the special pain programme, back school, colles class and hand service.

This transfer of specialities and the introduction of new services are part of a comprehensive plan by this Department to maximise the usage of the facilities in this unit.

PHYSIOTHERAPY PAIN MANAGEMENT SERVICE

Since its inauguration a year ago, this service has developed from a comparatively small and limited service to an extensive, comprehensive and dynamic service.

Patients referred from the Pain Clinic are assessed by a physiotherapist and directed to one of four treatment programmes:

2. T.E.N.S. Programme.
3. Special Pain Programme (multidisciplinary team approach).
4. Relaxation therapy programme.

The efficacy of this service will become more apparent as its development continues.

MANUAL HANDLING PILOT PROGRAMME

The Physiotherapy Department, in conjunction with the School of Nursing and Clinical Tutoring staff, devised and conducted a Manual Handling Instruction Programme for P.T.S.

The aim of the programme was to provide the P.T.S. with the resources which would enable them to handle mechanical and physical loads as safely as possible in the work place. The Programme consisted of 8 lectures delivered over an eight week period. The lecture content included anatomy, physiology, physics, with the practical component including flexibility exercises and lifting principles.

A copy of this Manual Handling Instruction Programme was presented to the Safety Committee in January 1991 for their perusal.

UNDERGRADUATE PROGRAMME

The Physiotherapy Department continued its commitment to the UCD Undergraduate Programme 1991. A proposal to increase the number of UCD Undergraduates attending the department is currently under review.

Clinical placements were also provided for two physiotherapy undergraduates from the University of Ulster.

POST GRADUATE

Ms. Elizabeth Laffan attended a Bobath Course at Beaumont Hospital.

Ms. Theresa Flynn attended a course on Occupational Safety and Health for Chartered Physiotherapists in the University Industry Centre, UCD.

During 1991 the physiotherapy staff attended a wide range of courses, conferences and symposia.

INSERVICE EDUCATION

The Physiotherapy Department continues to be closely involved in the in-house nurse training programme, with lectures and demonstrations at undergraduate and postgraduate level.

HOSPITAL HEALTH PROGRAMME

By organising the now annual Fitness Testing Event, the Physiotherapy Department was pleased to demonstrate its continued support of the Hospital's Health Programme, as indicated by the number of participants.

PRE-MARATHON ADVISORY CLINIC

The Pre-Marathon Advisory Clinic was held in the Research and Development Centre in October 1991, and consisted of demonstration of flexibility exercises and advice on training procedures.

COMMUNITY CARE & HOSPITAL PHYSIOTHERAPISTS MEETING

Meetings between Dublin South East Community Physiotherapists and SVH Physiotherapists were ongoing during 1991. The purpose of the meetings was to develop close co-operation between the two services.

LECTURES

“Medical & Surgical Emergencies”, presented by Ms. Anne O'Brien and Ms. Deirdre Concannon, Senior Physiotherapists, in February 1991, to Final Year Physiotherapy undergraduates in UCD.

“Indications and Administration of Home O2”, presented by Ms. D. Concannon, Senior Physiotherapist Respiratory Care, in April 1991 to Association of Community Physiotherapists.

“Professional Organisations & Code of Conduct”, presented by Ms. D. Concannon, Senior Physiotherapist, in April 1991, to final year Physiotherapy undergraduates UCD & TCD.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>IN-PATIENT ATTENDANCES</th>
<th>OUT-PATIENT ATTENDANCES SVH AND SARC</th>
</tr>
</thead>
<tbody>
<tr>
<td>1989</td>
<td>31,893</td>
<td>22,889</td>
</tr>
<tr>
<td>1990</td>
<td>34,177</td>
<td>23,598</td>
</tr>
<tr>
<td>1991</td>
<td>40,655</td>
<td>27,724</td>
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</table>
Head Social Worker: Miss K. P. Hennigan

The purpose of the Social Work Department is the timely and effective reintegration of the patient into the community following his hospital stay. This results in the bulk of our work being with the patient and his/her family, together with outside agencies which include liaison with community health and social services as well as statutory and voluntary bodies. Our services are now accepted as being an integral part of the overall development of positive health care.

STAFF NUMBERS:
There is at present an establishment for eight social workers and two secretaries in the department. One social worker provides part-time service to St. Anthony’s Rehabilitation unit.

PATIENT NUMBERS:
Total Numbers: 1990 1991
2043 2450

Number of Patient Interviews: 10,222 8,991

TEAM WORK WITH FELLOW PROFESSIONALS:
In recent years this area of work with student groups continues to grow - this would include talking to nurses in Training, Pastoral Care, Theology Students, Radiography and Dietetic Students and for the new intake of non-consultant Hospital Doctors. This is aimed at ensuring that emerging health care professionals have a proper understanding of what social work can offer in the overall scheme of hospital working.

As a department we continue to contribute to the training of social work students both at under-grad and post-grad level. This commitment to student training is necessary to maintain and build the reputation of the hospital as a teaching institution.

STAFF TRAINING AND DEVELOPMENT:
Money was made available in 1991 for essential conferences and seminars. A selection of those attended included:

(1) Social Policy and Mental Health Practice - the framework and the flesh.
(2) “Confronting ageing”.
(3) Working with people with Dementia - Service Development and Practice.
(4) Communication System and Physical Environment - the needs of older people.
(6) Hepatobiliary Study Day.
(7) Direct work with children and teenagers about H.I.V. and A.I.D.S.

(8) In and out of marriage, Irish and European Experience.
(9) The Role and Future Development of Nursing Homes in Ireland.
(10) Practice and Ethics in Social Work.
(11) Social work in Palliative Care.
(12) Counselling skills.
(13) Dealing in major disasters.
(14) Health perspectives in the final decade of the 20th century.

Our Social Worker in Psychiatry has started the first year of a two year course leading to a Diploma in Group Analysis. Once again the hospital has contributed to the fees of this course.

On-going in-service training is essential for the development and maintenance of staff morale and interest.

SCOPE OF SERVICE:
Once again this has changed little in recent years due to staffing limitations. Areas of high demand and need remain fairly constant.

- Geriatric Service - special needs of the 80+ age group.
- Psychiatric Service.
- Orthopaedic Service.
- Rehabilitation of Stroke Patients.
- Oncology.
- Terminally ill patients.
- Respiratory illness.
- Pain Management Programme.
- A & E crisis intervention referrals.
- Liver transplantation programme.

Three areas in particular need further mention:
- The establishment of the Pain Management Programme is a new and exciting development. There are three main areas of input from the Social Work Department - Patient Assessment, Group Therapy and the Educational Programme.
- The joint Liver Transplantation Programme with Kings College Hospital is yet another area of work which needs social work support - in the area of Psychosocial assessments and ongoing counselling support for the patients and their families as they go through the programme.
- The demand for social work intervention in the A & E department is one that continues to grow. The need was recognised in 1990 with the publication of the report of the Kennedy Committee. However we are still only able to provide an emergency service on a rota basis as no increase in staffing levels has been allowed to underpin this service.

ACTIVITY ANALYSIS FOR SOCIAL WORK DEPARTMENT (1990 AND 1991)
APPENDIX 1. MONTHLY FIGURES (PATIENT INTERVIEWS)

<table>
<thead>
<tr>
<th>Month</th>
<th>1990</th>
<th>1991</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>851</td>
<td>916</td>
</tr>
<tr>
<td>February</td>
<td>934</td>
<td>896</td>
</tr>
<tr>
<td>March</td>
<td>785</td>
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<td>April</td>
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<td>May</td>
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<td>June</td>
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<td>July</td>
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<td>August</td>
<td>777</td>
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<td>September</td>
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<td>692</td>
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<td>October</td>
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<td>624</td>
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<td>November</td>
<td>875</td>
<td>738</td>
</tr>
<tr>
<td>December</td>
<td>696</td>
<td>581</td>
</tr>
<tr>
<td>Total</td>
<td>10,473</td>
<td>8,963</td>
</tr>
</tbody>
</table>

In-patient Interviews: 1990, 1991
Out-patient Interviews: 3,833, 5,518

3,472, 3,445
MEDICAL RECORDS DEPARTMENT

Medical Records Officer: Miss Patricia McDonough

During the year 1991 workload for the clerical/secretarial staff in the Medical Records Department and Patient Care Services areas was increased due to a higher number of patient attendances (OPD, X-ray, Pathology); new patient services (EMG's, Cath. Lab, 3 new orthopaedic specialty clinics, additional plastic surgery clinic, pain programme); and new Consultancy posts. Overall staffing numbers remained the same although there was constant recruitment of temporary staff due to career breaks, maternity leave and resignations. Staff that remained with us are to be commended for keeping things going and for their continued patience with training in new replacements.

The acquisition of word processors for more of the medical secretaries continued and this has helped to increase productivity.

In the H.I.P.E. coding section both the download of the patient administrative data (from the SMS system) to the H.I.P.E. PC and the acquisition of a more powerful PC (in December) should eventually prove to expedite the collection of discharge data.

The Admissions Department have become more involved with the on-going maintenance of the hospital's computerized inpatient waiting list. There has also been a gradual development of providing secretarial assistance for the Bed Manager as well as a more definite liaison between the Admissions Department and the Bed Manager.

Admission totals between 1990 and 1991 did not change significantly but the increased role with waiting list functions and changes in patient eligibility regulations has kept the staff very busy.

STAFF PROMOTIONS/RESIGNATIONS

The following staff were promoted to Grade III positions:

Kate O'Sullivan Pathology Reception
Siobhan O'Rourke Outpatients Reception
Louise McNicholas Department of Anaesthesia
Katherine Mulcahy Diabetic Centre

The following re-grading of positions were approved by the Department of Health:

Eileen Murtagh Grade IV, SARC
Rosaleen Maguire Grade IV, Psychiatry Department
Pat Thompson Grade III Psychiatry Department
Nuala Martin Grade III Pulmonary Laboratory

Patricia Grenham was promoted to Acting Grade IV, X-ray Department.

The following permanent staff resigned:

Fiona O'Mahoney Supervisor, X-ray Department
Ann O'Reilly
Elizabeth Naughton

There was also the very sad passing of Mrs. Phyllis Gavigan who had worked in St. Vincent's for over 30 years and was a member of the Admissions Staff.

PERSONNEL DEPARTMENT

Personnel Officer: Mr. Noel Cassidy.

In 1991 the workload of the hospital and the numbers employed continued to expand at a moderate rate. In particular approval was obtained for recruitment of staff for the Cystic Fibrosis Unit and the opening of the Cardiac Catheterisation Laboratory.

In July 1991, the Department again curtailed the flexibility of the Hospital in making permanent appointments even for replacement. This led to a considerable growth in the percentage of temporary staff in post.

In the field of Health and Safety the Personnel Department was involved in the election of a Safety Representative and the distribution of the Hospital's General Safety Statement. In addition a start was made in providing an Occupational Health Service for two half days each week. So far the Centre has concentrated on providing the Hepatitis B vaccine.

One of the reports of the Value for Money Committees (Fox Group) addressed the problem of absentee levels. The Personnel Department now provides fairly detailed absentee statistics on a monthly basis to the Department of Health and a committee representing most of the bigger hospitals compares statistics and shares problems and solutions.

The Hospital Management agreed to allow the Personnel Department to purchase a small computer facility which is beginning to show benefits in terms of producing various personnel statistics.

In August our well-known and popular Head Porter, Mr. Larry Quinn, retired after almost 20 years service. He has been replaced by Mr. Paddy O'Neill.

SUPPLIES DEPARTMENT

Purchasing Officer: Mr. Pat Mullan.

The general level of activity in the Supplies
Department continued to increase in the course of 1991. Staff responded well to the additional demands placed upon them.

The purchasing section relocated to new premises in the linen room providing much needed space. Newcomers to the department included Eileen Gill and Maria Ward in stock control and David Wall in Purchasing.

The purchasing section was involved in two major joint procurement initiatives in the course of the year - the Charity/Mercy Purchasing Group and the Department of Health sponsored Value for Money initiative. Both required a major time commitment but both should bear fruit in the new year in securing better value for money by purchasing on a group basis. It is anticipated that these initiatives will expand their product range and will prove invaluable in containing expenditure in the months ahead.

EQUIPMENT

Funding for capital equipment remains an area of considerable concern with so much equipment in need of replacement. The Department of Health provided a total of £390,000 for the following:

- 8 Anaesthetic Machines
- 1 Operating Table
- New premises
- 2 Auto - analyzers

In addition the following major items were purchased from revenue:

- 1 Tissue Processor
- 1 Calcium Analyzer
- 1 Horizon Monitor
- 1 Diathermy Unit
- 1 Stress Test Machine
- Replacement windows

There remains an urgent need for funding to replace basic equipment particularly in Radiology, Endoscopy, I.C.U., and Theatres.

It is envisaged in the coming year that a more structured approach will be adopted in relation to the management of stock at user department level. This should contribute to a more efficient and cost effective service to the various departments in the hospital.

WORKS DEPARTMENT

Group Engineer: Mr. Kevin Roche.
Assistant Engineer: Mr. Sean Savage.

During 1991 St. Anthony's Hospital was altered to accommodate the transferral of the school of Radiography to that building. A telephone cable was also laid to link St. Anthony's Hospital with the main hospital P.A.B.X. system.

The layout of C.C.U. was altered and the electrical wiring upgraded to meet the National Rules for Electrical Installations in Medically Used Rooms. A new nurse call system was also installed in C.C.U.

The Catheterization Laboratory was installed in theatre and here too, the electrical wiring was upgraded to meet National Standards. The theatre changing room was extended with the consequent relocation of the Department of Urodynamics.

Part of the ground floor in St. Rita's Hostel was converted into the Liver Unit, whilst another section of the ground floor was adapted for the Department of Anaesthetics. The fire doors and alarm systems on the ground floor were upgraded to meet safety standards.

All asbestos was removed from the hospital where it was practical; where it was impractical it was rendered safe - lift doors have yet to be done.

The Purchasing Department was relocated, as was the Creditors Accounts Department. The car park was extended, main road surfaced, and a section of the out-door lighting improved and extended.

Alterations were carried out in order to accommodate the installation of X-ray equipment in C.T., theatre and A & E; the installation of a cold room and dishwashers in catering department, and the installation of fume cupboards in Histology.

Because of the danger to pedestrians in very windy weather (people have been blown off their feet), safety railings were erected around St. Mary's Nurses Home.

The Health and Safety Act has generated a lot of additional work for the department and our staff level has not been increased to cope with the extra workload.

Our secretary, Mrs. Caroline Lyons retired in April. She had been with the Works Department for more than 18 years and we wish her a healthy and happy retirement.

EDUCATION & RESEARCH CENTRE

Director: Dr. T. J. McKenna
Administrative Assistant: Ms. Ethna O'Keeffe
Receptionist/Telephonist: Ms. Marian Given

GRADUATE STUDENTS:
Ms. Derville Birmingham BSc
Ms. Maura Callaghan BSc
Ms. Dara Clarke BSc
Ms. Ursula Fearon BSc
ONGOING PROJECTS

Dr. Oliver FitzGerald - Mechanism of mononuclear cell/endothelium cell interactions in Rheumatoid and Psoriatic Arthritis. (Mary Heffernan)

Dr. Barry Bresnihan - Examination of aspects of Rheumatoid factor production in Rheumatoid Arthritis. (Maura Callaghan)

Dr. T. J. McKenna - Collagen abnormalities in subjects with limited joint mobility and their role in the development of diabetic complications. (Eugene Halligan)

Dr. Joe Duffy - The study of plasminogen activators and inhibitors in breast cancer. (Dervilla Birmingham)

Dr. Rosemary Freaney - Standardisation of ionised calcium measurements. (Eamonn McEnroe)

Dr. T. J. McKenna/Dr. S. K. Cunningham - The identifying of androgen stimulating factors present in patients with ectopic ACTH production. (Ursula Fearon)

Dr. T. J. McKenna - The control of androgen production in human adrenals. (Dara Clarke)

Prof. Barry Bresnihan/Dr. O. FitzGerald - Immunohistochemical analysis of rheumatoid and psoriatic synovium in early and late disease. (Diarmuid Mulhern)

Dr. T. J. McKenna - Impact of Progestogen and Oestrogen on LH pulsatile secretion in Polycystic Ovary Syndrome. (Tarek Fiad)

Dr. Michael Hutchinson - A prospective study of cognitive function, disorder and disability in a population of early diagnosed multiple sclerosis patients. (Judy Hutchinson)

Prof. Nollaig Parfrey - Mutations of the P53 tumour suppressor gene in the pathogenesis of immunodeficiency-associated lymphoproliferative disease. (John Stephens)

OPEN HOUSE MEETINGS

The Centre is currently organising and housing a series of lectures and discussions for the general public on the last Monday of each month under the title “Open House Lectures”. These have proven to be very popular, and lively discussions always follow the presentations. Topics covered this year included “The Treatment of Back Pain”, Mr. Kieran O’Rourke; “Osteoporosis”, Prof. F. P. Muldowney; “Keyhole Surgery”, Mr. J. Hyland; “A Decade of Progress in Cancer Treatment”, Prof. J. J. Fennelly; “Modern Management of Pain”, Dr. Declan O’Keeffe; “Reconstructive Surgery”, Mr. M. Earley.
Publications

BRESNIHAN, PROF. B.
Yanni, G., Bresnihan, B.
Experience with a juvenile rheumatology clinic.

Hassan, J., Feighery, C., Bresnihan, B., Whelan, A.
Elevated T cell receptor gamma delta + T cells in patients with infectious mononucleosis (letter)

Hassan, J., Whelan, A., Feighery, C., Bresnihan, B.
Induction of IgM and IgM-rheumatoid factor synthesis in vitro by Indomethacin.

CONCANNON, D.
Concannon, D.
Treatment of Cystic Fibrosis.

DUFFY, M. J.
Reilly, D., Mc Dermott, E., O'Higgins, N., Fennelly, J. J., Duffy, M. J.
Cathepsin D concentration in breast cancer cytosols: Correlation with biochemical, histological and chemical findings.

FENNELLY, PROF. J. J.
Cathespin D concentration in breast cancer cytosols: Correlation with biochemical histological and clinical findings.

FITZGERALD, PROF. M. X.
Kidney, J., FitzGerald, M. X.
Occupational asthma.

Fahy, J. V., Walley, T., Gibney, R. T. N., McCabe, M., FitzGerald, M. X.
'Slurry lung': A report of three cases

Mulherin, D., Ward, K., Coffey, M., Keoghian, M.T., FitzGerald, M.X.
Cystic fibrosis in adolescents and adults.

Mulherin, D., Fahy, J., FitzGerald, M. X., et al
Aminoglycoside induced ototoxicity in patients with cystic fibrosis

Chadwick, G. A., Crowley, P., FitzGerald, M. X., McNicholas, W.T.
Obstructive sleep apnoea following topical oropharyngeal anaesthesia in loud snores.

Fahy, J., Toner, M., O'Sullivan, J., FitzGerald, M. X.
Haemopericardium and cardiac tamponade complicating pulmonary lymphangioleiomyomatosis.

Donnelly, S., Ward, K., FitzGerald, M. X.
Analysis of patients lost to follow up at a sarcoid clinic.

O’Laoide, R. M., FitzGerald, M. X., Masterson, J., et el
A chest radiograph scoring system in adult cystic fibrosis:
Correlation with pulmonary function.

Fahy, J. V., Walley, T., Gibney, R.T., McCabe, M., FitzGerald, M. X.
Bacteraemia and gungaemia in adults with cystic fibrosis.

O’Mahony, M. S., FitzGerald, M. X.
Cystic fibrosis and seizures (letter)

Moloney, D. B., O’Connor, C. M. FitzGerald, M. X.
Human neutrophil collagenase - its isolation and purification.

Coffey, M. J., FitzGerald, M. X., Mc Nicholas, W. T.
Comparison of oxygen desaturation during sleep and exercise in patients with cystic fibrosis.
Chest 1991 100 p. 659 - 62

FITZGERALD, DR. OLIVER
Mulherin, D., FitzGerald, O.
Management of rheumatic disease in the elderly.
Mod Med. 1991 21 (3) p. 145.

FitzGerald, O.
Opportunities for a career in rheumatology

FitzGerald, O.
The classical signs of rheumatoid arthritis.

Veale, D., FitzGerald, O. et al.
Primary fibromyalgia and the irritable bowel syndrome: Different expressions of a common pathogenetic process.
HURSON, MR. B.
O’Flanagan, Dervan, Stack, Magee, Hurson, B.
Imaging in bone tumours.
British Journal of Bone and Joint Surgery.
Brady, Hurson, B.
Book chapter on meniscal injuries.
Moran, Waldron, Hurson, B.
Bone tumour surgery.
Irish Journal of Medical Science.

HUTCHINSON, DR. W. M.
Reilly, M., Hutchinson M.
Neurological manifestations of Lyme disease.
Reilly, M., Connolly, S., Stack, J., Martin, E. A.,
Hutchinson, M. Bilateral thalamic infarction: A
distinct but poorly recognised stroke syndrome.
Reilly, M., Connolly, S., Stack, J., Martin, E. A.,
Hutchinson, M. Bilateral paramedian thalamic infarction: A
distinct but poorly recognised stroke syndrome.
Reilly, M., Connolly, S., Hutchinson M.
Bilateral paramedian thalamic infarction: A distinct
but poorly recognised stroke syndrome.
Reilly, M., Hutchinson M.
An epidemiological study of Wilson’s Disease in
Ireland.
Reilly, M., Connolly, S., Hutchinson M.
Bilateral paramedian thalamic infarction: A distinct
but poorly recognised stroke syndrome.

HYLAND, MR. J.
Hyland, J.
Investigation of colorectal/anorectal disorders.
Hyland, J.
Clinical evaluation of colorectal/anorectal disorders.
Hyland, J.
Laparoscopic cholecystectomy.
Hyland, J.
Modern management of haemorrhoids.

KELLY, MR. E.
Kelly, E., Gibney, R.
Comparison of ultrasonography and arthrography in
diagnosis of rotator cuff tears.
Accepted for publication in British Journal of
radiology.

MC ERLEAN, DR. D.
Campbell, Dr. M., Geraghty, J. G., McBride,
K., Murphy, J. J., Mc Erlean, D.
Radiologically controlled balloon dilation of rectal
strictures.

MC KENNA, DR. T. J.
Mc Kenna, T.J.
The treatment of chronic hyper-androgenaemic states: Adrenal suppression in chronic
hyperandrogenic anovulation.
Byrne, B., Cunningham, S. K., Mc Kenna, T.J., et al.
Sex steroids, adiposity and smoking in the
pathogenesis of idiopathic hirsutism and polycystic
ovary.

Byrne, B., Cunningham, S. K., Mc Kenna, T.J., et al.
Sex steroids, adiposity and smoking in the
pathogenesis of idiopathic hirsutism and polycystic
ovary.

Mc Kenna, T. J.
The control of adrenal androgen secretion.
MC KENNA, T. J.
Investigation and treatment of thyroid disorders.

MC KENNA, T. J.
Investigation and treatment of thyroid disorders.

MC KENNA, T. J.
Investigation and treatment of thyroid disorders.

MC KENNA, T. J.
Investigation and treatment of thyroid disorders.

MC KENNA, DR. M. J.


MC NICHOLAS, DR. WALTER


Quigley, C., Donaghy, D., Mulloy, E., Mc Nicholas, W. T. Audit of patient education in asthma management. Thorax (in press)


MC SHANE, DR. A.

MAURER, DR. B.

MOLONY, DR. J.

MULDOWNEY, PROF. F. P.

MURPHY, MR. J. J.


McDermott, E. W., Murphy, J. J.
The palpable gall bladder.

MC Cabe, MARY
Coleman, K., Hope-Ross, M., Mc Cabe, M., Coleman, R., Mooney, D.
Disk Drusen and Angioid Streaks in pseudoxanthoma elasticum.
Collins, P., Barnes, L., Mc Cabe, M.
Poikiloderma Congenitale: Case report and review of the literature.
Collins, P., Rogers, S., Keenan, P., Mc Cabe, M.
Acute Febrile neutrophilic dermatosis in childhood (Sweet's syndrome).
Fahy, J. V., Walley, T., Gibney, R. T. N., FitzGerald, M. X., McCabe, M.
'Slurry Lung'. A report of three cases.

O'HIGGINS, PROF. NIALL
O'Dwyer, P. J., O'Higgins, N. J., James, A. G.
Effect of closing dead space on incidence of seroma after mastectomy.
Cathespin D concentration in breast cancer cytosols; Correlation with biochemical, histological and clinical findings.
Mc Allister, V., O'Dwyer, P. J., O'Higgins, N. J.
Effect of fibrin sealant on the healing colonic anastomosis (letter)

QUILNAN, MR. W. M.
Brady., Quinlan, W. M.
Arthroplasty of the elbow joint.
Accepted for publication of British Journal of Hand Surgery.

ROGERS, DR. SARAH
Rogers, S.
Psoriasis: Tailoring the therapy to the patient.
Rogers, S.
Managing leg ulcers in general practice.
Rogers, S.
Use of topical steroid creams and ointment in general practice.
Collins, P., Rogers, S.
Bath-water delivery of 8-methoxypsoralen therapy for psoriasis.

Collins, P., Rogers, S., Goggins, M., Manning, W.
Cryotherapy for lentigo maligna.
Guidelines for management of patients with psoriasis. Workshop of the Research Unit of the Royal College of Physicians of London: Department of Dermatology, University of Glasgow. British Association of Dermatologists.
Collins, P., Rogers, S.
Methotrexate therapy for psoriasis.
Rogers, S.
Skin thickness in psoriasis.
Rogers, S.
Measurement of plaque thickness and evaporative water loss in psoriasis with PUVA and dithranol treatment.
Rogers, S.
Guidelines for management of patients with psoriasis.
Healy, E., Rogers, S.
Tuberculosis verrucosa cutis.
Collins, P., Mc Cartan, B., Rogers, S.
Psoriasis, psoriatic arthritis and the possible association with Sjogren's syndrome.
Rogers, S.

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