

Moyle

contacts

THE JOURNAL OF THE EASTERN HEALTH BOARD

Vol. 1 No. 4

May-June 1975

St. Laurence's Geriatric Unit was formally opened by Mr. Richard Barry, Parliamentary Secretary to the Minister for Health, on 12th March, 1975.

Situated in the grounds of St. Brendan's Hospital, the Unit will be staffed by St. Laurence's Hospital and financed by the Eastern Health Board.

In welcoming Mr. Barry and guests, Mr. A. B. Clery, Chairman of the Board of Governors, St. Laurence's Hospital said that the occasion marked the culmination of a number of years of effort on the part of the staff of St. Laurence's and St. Brendan's Hospitals to provide for our more elderly patients a place where they could receive care and treatment suited to their physical condition and age.

Mr. Clery reminded his hearers that there was a long tradition of co-operation between St. Laurence's and St. Brendan's Hospitals, both having evolved from the old Dublin House of Industry founded in the eighteenth century.

In opening the Unit, Mr. Barry congratulated St. Laurence's Hospital and the Eastern Health Board in providing the centre, the first of its kind in the Country. He hoped that many more units like it would be established in the future.

Proposing a vote of thanks to Mr. Barry, Mr. P. Hickey, Chairman of the Eastern Health Board, said that the opening of the centre marked a milestone in the development of services which can best evolve from co-operation between the Eastern Health Board, voluntary hospitals, general practitioner and voluntary agencies providing domiciliary services for the aged.

New Geriatric Centre



Dr. Jacques Noel, Consultant Physician in Geriatric Medicine, St. Laurence's Hospital, describes the purpose of the centre.

St. Laurence's Geriatric Unit consists of a thirty bedded ward with ample day and rehabilitation space, and enjoys full diagnostic and consultative facilities of a teaching hospital.

The Unit has four principle functions. It provides facilities for the diagnosis, treatment, rehabilitation and resettlement of elderly patients. This is achieved by the team of doctors, nurses, therapists and social workers led by the Physician in Geriatrics. Referral is usually through the general practitioner or following consultation from other departments of St. Laurence's or other hospitals in the North City. The patients referred usually fall into two groups—patients aged 65 and over who suffer from a multiplicity of degenerative disease giving rise to physical, mental and social disabilities. The other group includes the very old—one must

realise that a person is not old until he is well over the age of 75. Disease in the latter is often latent and atypical, and symptoms very often tend to mask the true nature of the illness which may remain undiagnosed and untreated.

Its second function is to help the community to care for the old, and this is achieved by the early admission of patients needing hospitalisation; by providing a consultant service to the general practitioner through general outpatients and domiciliary visiting; by the provision of a continuing care programme which would include a Day Hospital for the maintenance of physically disabled patients and extended care beds for the nursing dependent patients. A number of beds may become available shortly for that purpose in an adjacent unit in the grounds of St. Brendan's and will be staffed by St. Lau-

rence's. It is hoped that the building will be able also to accommodate a day hospital catering for thirty places.

The third function is to actively participate in the Community Care Programme by promoting the development of health centres, day centres for the elderly, welfare homes, home help schemes, etc. This is an area of preventive medicine which merits full support. One positive development has been the secondment of a Health Visiting

Community Nurse to the Geriatric Service of North Dublin in the recent weeks. We hope that her appointment will be followed by more in the other disciplines caring for the elderly in the community.

Lastly a major function would be to teach undergraduates from Medical School, Nursing School and Remedial Therapy School. Medical students attached to St. Laurence's will be expected to spend part of their clinical clerkship in geriatrics. Bord Altranais has appointed a

sub-committee in geriatric nursing and they have made a strong recommendation that all nurses should spend at least eight weeks of their training in a recognised geriatric unit and this is expected to become compulsory by 1977. Already occupational therapy students are being seconded to the unit for practical experience. Future recruitment of all staff will depend to a large extent on the success of the teaching and training programme.

MEET THE BOARD . . .



Thomas Hand

Thomas Hand represents Dublin County Council. He was co-opted to the Council in 1973 in place of Richard Burke, the Minister for Education, and elected in the 1974 local elections for Dundrum area.

Councillor Hand is something of an expert in management. He was president of the Irish Institute of Supervisory Management for eight years and is a member of the Irish Management Institute. He holds diplomas in Management, Social and Economic Science and Industrial Social and General Psychology. He is currently listed for membership of the Organisation for the Development of European Management.

Councillor Hand told us he was keenly interested in the progressive ideas and actions of the Eastern Health Board. He feels that what has already been achieved and what will be achieved in the future is dependant on the dedicated social conscience and involvement of each member of the board.

He is a firm believer in the old saying, from him who has been given much, much is expected.

With the commitment of the entire Eastern Health Board, members and officers, he sees great strides in the war against physical and mental illness in our area.



P. C. Jennings

Dr. P. C. Jennings, M.B., K.S.G., has been a member of the Board since it was set up in 1970. Born in Galway, he was educated at St. Mary's College there, and qualified with honours from U.C.G. He worked in English hospitals and general practice, and, in 1947 took up duty as District Medical Officer in the North Strand area which is still his base. He is married with five children.

In his long experience as a family doctor, particularly among the people of North Dublin, Dr. Jennings learned that a doctor's work involves far more than the mere attention to the physical well-being of his patients. From the many human problems he met in his daily

practice he became convinced that pre-marriage instruction and education of prospective parents was of the utmost importance, and that if it were more general, or even, as in some countries, obligatory, the problem of child delinquency would be lessened. He was one of the founders of the Pre-Marriage Counselling Courses, and lectured for many years from the early fifties. He remains convinced that one of the most important areas in adult education is the counselling and instruction of young people preparing for marriage and also young married couples.

His concern with such medico-moral problems led to his becoming an active member and for many years Master-General of the Irish Guild of Ss. Luke, Cosmos and Damian, an association of Catholic doctors.

In 1960 he became Chief Medical Officer of the Dublin Diocesan Pilgrimage to Lourdes, which post he held until last year. During this period, he accompanied invalids to Lourdes on many occasions. For his outstanding services to the Church and his fellow men over a long period, Dr. Jennings was signally honoured by the Papal decoration of the Order of the Knighthood of St. Gregory.

Having worked for so many years under the dispensary system, Dr. Jennings welcomed the introduction of the Choice of Doctor Scheme which removed the stigma of the old red ticket system. He would dearly like to see health services being provided free to all, feeling that no person should suffer financial hardship because of illness. 'It's bad enough being sick,' he remarks, 'without having to pay for it.'

Social and Sports Club News

ROUND and ABOUT

Inter-Hospital Hockey

There are 12 entries for this competition. The Eastern Health Board is represented by St. Brendan's Hospital and ourselves. Each team consists of six girls and five men. The competition was organised jointly by the two clubs. We would like to thank Ted Breen for taking the initiative in organising the competition. I'm sure he too would be happy with a St. Brendan's v. St. James's Final.

We will be taking part in the Business Houses mixed competition in May and by that time we should be capable of improving on previous years performances.

Inter-Hospital Table Tennis

We organised this years competition. It was quite successful. *The Adelaide* put an end to our own teams unbeaten run, at the semi-final stage. *St. Brendans* and *St. Patricks* meet in the other semi-final.

The St. James's Team was:

Joe Doolan
Eamonn Scully
John Ryan
Angela Cruise-O'Brien
Mary Rose Fitzpatrick
Valerie O'Gorman

Football (Gents)

The Seven-a-Side competition has commenced. We will play two teams in the Civil Service League. One in Division 1 and the other likely in Division 4.

Football (Ladies)

Gerry Meehan tips the girls to follow Manchester United's example and win Division 2 this year. He has assembled a fine team including Mary Lyons, Catherine Colgan, Amy Brennan, Kathleen Keegan and Carmel McKiernan.

Transfer of Offices

The Programme Manager, Community Care, his support staff and the Welfare Department have moved to Emmet House, 138/140 Thomas Street, phone 682011. Children Section will remain in their present location at 1 James's Street.

Nurse Hannah McNamara

The staff of County Hospital Naas gathered at the hospital on Sunday the 2nd of March to pay tribute to Nurse Hannah McNamara on the occasion of her retirement. A native of Co. Clare she began her career in the Co. Hospital, then in Kildare town and moved to Naas when the Co. Hospital was transferred there. The high esteem she was held in by staff and colleagues was evident by the tributes paid to her by the Matron and Medical staff. Her absolute dedication to duty and her kindness and skilled care of the patients will long be remembered at the Co. Hospital Naas. Her many friends in Co. Kildare and the Hospital staff wish her many many years of health and happiness in her years of retirement. A presentation was made by Matron on behalf of all the staff.

Film Shows-

The staff of St. Columcille's have regular film shows in the hospital. The venture is organised and financed by the staff and is a great success.

New appointments

Susan Trapnell has taken up appointment as Speech Therapist with the Board and her initial assignment is to St. James's. Mrs. Mary Morrissey, Speech Therapist, has also been appointed. At An Lar, Bray, Miss Gillian McCullough has taken up duty as Occupational Therapist.

We welcome these new members of the staff and hope they will be happy amongst us.

Welcome to Kildare

Social Workers — Mrs. Marion Buckley, and Mary Cummins to help Mr. Paddy Wynne, Senior Social Worker in Kildare. Paddy's grey hairs are now gradually disappearing, and he is able to straighten up again—after his first hectic year here.

Welcome also to Miss Rosaline Keenan who transferred from the North Eastern Health Board and has taken up duty as *Public Health Nurse* and to *Sister Sarah* of the St. John of God order who is getting the new Day Centre in Naas for old people into smooth running order.

Mass X-Ray Board

The Mass Radiography Board has been dissolved and its staff and property transferred to the Eastern Health Board. The dissolution took place on 1 April 1975 under the terms of the Mass Radiography Board (Establishment) Order 1964 (Revocation) Order 1975.

Short Story Competition

£10 PRIZE

Astra Group have donated a prize of £10 to the writer of the best short story submitted to the Editor of CONTACTS, 1 James's Street, on or before 14th July 1975.

Stories should be:

- * original work of member of EHB staff
- * not more than 1,000 words
- * not published previously
- * written or preferably typed one one side of paper only.

Results and winning story will be published in September/October issue.

The Public Analyst's Lab

by Fergus Hill

If we look back in time about 200 years to the 1770's at the diet of the people of these islands, we see that it was rather restricted and generally home produced. There was little if any legal or administrative control governing the sale of foodstuffs. The only officials who were concerned with the inspection of foodstuffs in those days were "Garblers" who were inspectors appointed by the Grocers' Company to examine parcels of imported spices and to remove from them stones and other visual impurities before they were marketed. Several towns appointed "Ale Connors" whose duty it was to test the quality of the local brew, presumably by organoleptic evaluation, and to mark the barrels with Xs according to the quality of the brew.

The beginning of the 19th century saw a rapid increase in urbanisation and industrialisation. There was an increase in the standard of living and this resulted in an increased demand for several different kinds of foodstuffs. However, this increase in demand was not accompanied by any administrative protection for the consumer and adulteration of food became quite commonplace.

Dandelion Coffee

Not alone were our great-grandmothers in 1850 concerned with the price of food commodities just as we are today but they also had to contend with serious adulteration. The addition of water to milk, a practice which has not unfortunately completely disappeared, the addition of iron filings and foreign leaves such as beech leaves to tea, the presence of bone ash and alum in bread, the addition of chicory and dandelion root to coffee, and of flour to mustard, pepper and spices were not uncommon. Also toxic compounds of lead, arsenic and mercury were used to improve the appearance of confectionery.

The public, at this time, were be-

coming increasingly concerned about these malpractices and Mr. Wakley, the editor of the *Lancet*, set up "The *Lancet* Analytical Sanitary Commission" under the direction of Dr. Hassall, a physician and enthusiastic microscopist. Hassall's investigations on the adulteration of food were published in a collective volume in 1855 as a result of which a Select Parliamentary Committee was appointed to report further on the matter. The committee found that the adulteration of foodstuffs was widespread and that the health of the people was at risk. As a result of the committee's findings the first anti-adulteration Act was drafted and in 1860 there appeared in the statute book an "Act for Preventing the Adulteration of Articles of Food or Drink".

Public Analyst

With the coming of the Act a new local authority official appears on the scene—the Public Analyst. His duty from the point of view of the Act was to examine the purity of articles of food or drink which were on sale to the public. The first Public Analysts to be appointed under the Act were Dr. H. Letheby for London and Dr. A. Hill for Birmingham. Dublin Corporation was not slow to take action on the matter and on the 3rd October 1862 Dr. Charles Cameron, who in 1852 had been elected professor to the Dublin Chemical Society and whose published lectures on chemistry had attracted considerable attention, was appointed Public Analyst for the City of Dublin. Dublin then became the third city in the British Empire to have a Public Analyst. Within three years more than 50 persons were convicted of selling adulterated foods in Dublin. Dr. Cameron was later appointed Public Analyst to no fewer than 23 of the 32 Irish counties and in 1874 he took on the extra duty of Co-Medical Officer of Health for Dublin City.

Food Adulteration

Cameron in his report for 1863, the first year after he was appointed Public Analyst tells us that he analysed 46 samples of food. Of 19 milks, 18 were found to be adulterated and contained added water varying in amounts from 20–60%. Of 9 breads which he analysed 4 were found to be adulterated with potatoes, rice flour and alum. One Bermuda arrowroot starch was found to contain potato starch and a sample of coffee contained 30% chicory. Our records show that in Dublin in 1870 fines for food adulteration amounted to £158.10.0. In that year 10 confectioners had sold confectionery containing poisonous pigments and china clay. One sugar stick was found to contain 1% of red mercuric sulphide. Other confections were found to contain the yellow pigment lead chromate. In 1872 there were 62 convictions in the Dublin Courts for the sale of adulterated food. In Dublin between 1862 and 1872 the following articles were frequently adulterated—milk, butter, tea, coffee, cocoa, mustard, flour, bread, arrowroot, confectionery, rum and wine.

Under the 1860 Act, the magistrate had power to order publication of a second conviction at the expense of the culprit. Advertisements of this kind frequently appeared in the Dublin newspapers. In the front page of the *Irish Times* of February 27th, 1872, the following advertisement appears much displayed and in large type:—

PUBLIC ADVERTISEMENTS

Adulteration of Milk

At the Northern Police Court
On Saturday the 17th February 1872
John Doyle, Dairyman
of 127 Dorset Street
Was Fined Five Pounds
For Selling Milk
Adulterated with fifty per cent. of
water

In addition to the above penalty the cost of the advertisement had to be defrayed by John Doyle.

There was a serious weakness in the 1860 Act—the word adulteration was not defined and this led to many dismissals in Court. The prosecution and defence frequently had different ideas as to what was meant by adulteration. In 1875 the Sale of Food and Drugs Act appeared on our statute books. This is still the most important Act in Ireland dealing with food adulteration.

After the passing of the 1875 Act adulteration of many articles of food gradually died out. Tea, flour, bread and coffee are now never found to be adulterated. If we look at recent annual reports of the Dublin Region Public Analyst we see that occasional samples of whiskey and of milk are found to be watered and that there are a number of infringements of Preservative Regulations. Under the Health Acts regulations dealing with food additives such as preservatives, colouring matters, antioxidants, solvents, mineral hydrocarbons and cyclamates and the contaminants arsenic and lead have been made.

In Public Analyst's food work the emphasis has shifted from adulteration to additives and contaminants.

EEC Food Laws

Entry into the European Economic Communities has had the effect of giving us a huge reservoir of laws.

In the food sector alone there are about 50 draft directives on various foodstuffs such as cocoa and chocolate, sugar, preserved milks, honey, fruit juices, jams, marmalades, fruit jellies, emulsified sauces, starches, meat extracts, flavouring for soups and other food, broths, soups, butter, oils and fats, margarine, sugar confectionery, yeast, beer, tomato products, soft drinks, frozen foods, bread, macaroni, spaghetti, edible ices, flour, confectionery and biscuits, vinegar, mustard, meat products, fish and fish products, spirits, canned fruit and vegetables. Enforcement of the food standards aspects of these directives will be a matter for the Public Analysts' Laboratories of the Health Boards.

The Food Standards Act 1974 was passed on 12th June 1974 and sponsored by the Ministers of Agri-

culture, Industry and Commerce, and Health. It allows the country to accept where appropriate international food standards drawn up by the Codex Alimentarius Commission. It also provides a convenient means of implementing E.E.C. Directives in the food sector and also provides a means of prescribing national food standards for certain products.

Pollution

The Public Analyst's Laboratory also plays an important role as environmental watchdog with respect to water and air pollution. Each year over 2,000 samples of public and private water supplies are examined to ascertain if they are pure and wholesome and fit for human consumption. Under the Health (Fluoridation of Water Supplies) Act 1960 fluoridated piped waters are examined to see that the legal amount of fluoride 0.8 to 1.0 parts per million is present. A much lower rate of dental decay in children is associated with the presence in drinking water of one part per million of fluoride.

Samples of effluent from sewage works are frequently evaluated as a check on the efficiency of the works and swimming pool waters are tested to ensure that they are properly disinfected and have a sufficient alkalinity reserve thus ensuring no discomfort to the swimmer.

Industrial development, increased urbanisation, intensive agriculture and improved standards of living have all given rise to increasing demands for water supplies. Unfortunately the same factors have given rise to a corresponding increase in water borne wastes resulting at times in severe localised pollution in parts of our rivers. Accordingly the demands on the water analysis section of the laboratory are very great.

The programme of action of the European Communities on the environment includes the determination of limits of pollutants in the environment. Fixing these limits requires standardisation or harmonization of analytical methods to render the results of pollution measurement in the Community comparable. The laboratory is participating in

E.E.C. studies on analytical methods for food, water and air.

Smog

Since 1963 the laboratory has been continually engaged in air pollution measurements. The important pollutants are sulphur dioxide gas, smoke, grit and dust and lead. Large quantities of sulphur dioxide are emitted in the combustion of some solid and liquid fuels and in humid conditions will tend to form sulphur acids. The burning of soft coal in domestic open fires produces minute droplets of tar and black smoke. Grit and dust come from industrial progress, wear of roads and tyres, from ash escaping from chimneys as well as from coal smoke. Lead in the air arises from the organic anti knock agents added to petrol. It is also present in the vicinity of lead smelters. Particles in the air greater than 10 microns in diameter are trapped in the nose and upper air passages. Small particles such as smoke float in air and are carried to the lungs in breathing.

It has been estimated that the great dense fog in London in December 1952 in which air pollution reached an unusual high level was responsible for the deaths of up to 4,000 people. During the fog and afterwards there was a large increase in deaths from bronchitis, pneumonia and tuberculosis. We do not know precisely how air pollution may cause death in a patient with chronic disease of the lungs and the heart. Narrowing of the airways by irritation of contaminated atmosphere reduces the flow of air in and out of the lungs and the supply of oxygen to the heart and other tissues. Increased difficulty in breathing follows and the oxygen content of the blood falls.

The mean annual smoke levels in Dublin fell from 127 micrograms per cubic metre of air in 1963 to 62 in 1971. This decrease can be attributed to the decreasing use of coal. During the same period increased industrial emission raised the sulphur dioxide mean annual levels from 63 to 101 micrograms per cubic metre. The corresponding figures for Inner London for 1971 are 48 for smoke and 137 for sulphur dioxide. In December 1962, 750 deaths were attributed in Lon-

don to atmospheric pollution associated with fog. The sulphur dioxide concentration was recorded as 4,450 microgrammes per cubic metre and the smoke as 2,890.

Lead levels in the air of O'Connell Street are about 2 microgrammes per cubic metre which is low compared to traffic areas in some E.E.C. cities where levels up to 6.5 are recorded.

Hospitals

A service for hospitals requiring analyses of blood and urine specimens, for alcohol and heavy metals such as lead, zinc and copper is also provided by the laboratory.

In conclusion, it is seen that the laboratory has an important role to play in the protection of the citizens' health, environment and pocket.

EFFICIENT INEFFECTIVENESS

It is often contended that some public service organizations are inefficient but this view is certainly misguided. In fact, it would be difficult to conceive more efficient organizations for manipulating paperwork than these public services. Their operations are fantastically efficient particularly when one reviews the populous battalions of administrators who have to be controlled. Well might they show a keen interest in Organization and Methods rather than in matters of policy or resourcing.

But these public services are also often ineffective to a remarkable degree. This is probably a natural outcome, because long years of efficiency at paper-handling does not necessarily go hand in hand with the ability to question why certain things are done. If one's days are full of the paper chase, where is the opportunity to ponder what lies at the capture of the last piece of flimsy? When the watchword has so long been efficiency and 'How can we do this job more efficiently?', the mind is seldom able to open to the watchword of effectiveness 'Do we need to do this job at all?'

—Wicks, C. T. and Yewdall, G. A. :
Operational Research.

INVISIBLE SPENDING

by Walter Kennedy

Economists tell us that invisible earnings are what a country earns from tourism, shipping freight charges and so on. Invisible spending is what the Accounts Section of the Eastern Health Board does.

We never see a penny of the money we manage to get through. This year we expect to get through about £14 million. Not without help of course. All you people in hospitals, health centres and offices who order goods and services for the Board assist us.

You are usually in direct contact with the public. You are more directly aware of the needs of the community. You see them come and "ask". You see that they "receive". You see them grow a little healthier, a little happier. In many ways your job can be pretty rewarding. "Job satisfaction" is what they call it nowadays. You may sometimes think of the people in the Accounts Section. If you do, you probably pity them for being stuck in a dull routine job. Or you may think how slow they are in clearing those accounts you sent in as far back as yesterday. Most likely you never think of them at all.

Yet in our own way, we too are needed. Someone has to see that what you bought for the Eastern Health Board is paid for. Someone has to keep a tally of what every one else spends. A dull, routine job much of the time? Yes, but we have our occasional excitements. Someone in a faraway office has ordered something but forgot to let us have the document—the certified invoice that tells us he got the item and is

quite happy with it. The firm that supplied it is not so happy. They say so—to us in Accounts. Sometimes forcibly. It can be quite exciting pursuing a missing invoice and just getting it through the computer for payment before the deadline set by the firm when they will "place the matter in other hands". It's the kind of excitement, though, that doesn't do anyone any good. Not the firm, not us, not anyone! So what then?

If you think about it, you will realise that you pay your grocer, your milkman, your butcher pretty quickly for the good things they give you. For one thing it is morally necessary. For another—if you don't, they might turn ugly. For a certainty they would not give you any more good things. So the next time that supplier turns up at your office, or your stores, or anywhere else with the things that were so badly needed, do not just relax and say "Thank Heaven they came just in time". Say also, "I must see that they get paid quickly for these. I'll do it now. I will not let the sun go down on an uncertified invoice". Let your order book be your conscience. If everything you ordered and received has been passed for payment, you have a clear conscience.

It means of course no irate firms hounding us. Some of the excitement will have departed. But we don't mind. We take that kind of tedium.

A final thought. Where did we get that £14 million? That's another story—and another days work.

LONG TERM ILLNESS

Persons suffering from any of the following long-term illnesses will be supplied, free of charge, with medical preparations necessary for the treatment of the illness:

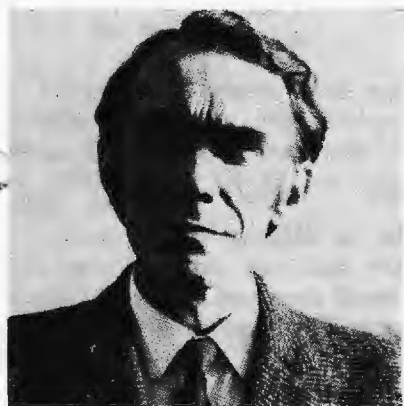
Phenylketonuria
Spina Bifida
Haemophilia
Epilepsy
Cystic Fibrositis

Mental Handicap
Hydrocephalus
Cerebral Palsy
Diabetes Insipidus
Diabetes Mellitus
Mental Illness (persons under 16 years)
Parkinsonism
Multiple sclerosis
Acute Leukaemia in children
Muscular Dystrophy

TOM HEALY

AN APPRECIATION

To all his colleagues in Health Board, his former colleagues in Dublin Corporation and his many friends both outside and within the service, Tom's passing away on the 15th February was a keen loss. To Hospital Services where he had served as Minor Staff Officer under successive administrations since the Public Health days of 1958, Tom was always the steadying influence through the hectic years of change, and his going is a particularly heavy blow.



In retrospect it is very fitting and entirely typical of the man that in his last year, when he could not have been very well, he finished a detailed survey of all our general hospitals and homes in Dublin, Kildare and Wicklow. His dedication to his work was sincere and selfless, and was not confined merely to the performance of duties. One fondly remembers his insistence on giving his personal attention to the successful running of the Old Coombe Hostel and Day Centre—years before it became fashionable to set up what are now called welfare homes. Many years ago, too, before our Personnel Dept. had introduced its Training Section, he took it on himself to organise talks in his own home for large parties of 'hopefuls' who were preparing for interview. In fact the abiding memory is not at all of a local health official but of a friend and counsellor who was ever ready to go out of his way to help.

The most eloquent testimony to the esteem in which he was held was paid in silence by the many hundreds who attended Raheny Church to say their last farewell. It would have embarrassed him greatly.

EUROPEAN SOCIAL FUND

A primary purpose of the European Social Fund is to render the employment of workers easier and to increase their geographical and occupational mobility within the Community. Most people will be aware that this country has received substantial benefit from the Fund over the past few years in that context through grants to A.N.C.O. and to individual industries for the training or re-training of workers. Some Health Boards and voluntary organisations working in the field of health care have also benefitted in respect of operations related to the rehabilitation and the training of handicapped persons for employment. This development has been facilitated by a decision of the Council of the European Communities in 1974 to support approved operations to facilitate the employment and the geographical and professional mobility of handicapped persons. To date, the Eastern Health Board has received £50,142 from the Social Fund in respect of 1973 operations and has received notification of the approval of a further

£55,827 in respect of 1974. The Board's application for the current year has been forwarded to Brussels. The operations covered by these grants are as follows:

1. Hanbury Lane workshop and Mount Pleasant Square; St. John's, Clontarf; Usher's Island; and St. Loman's Hospital day centres.
2. Training and placement undertaken by the National Council for the Blind, the Board for the employment of the Blind, the National Association for the Deaf, the Polio Fellowship.
3. Allowances to persons undergoing training at Rehabilitation Institute centres.
4. Training of instructors.

The level of support for operations of the Board such as those referred to at 1. above has been related by the Social Fund to the degree of success in placement in employment. This will, no doubt, prove an incentive to all concerned, particularly in this period of financial stringency involving curtailment of development.

Letters to the Editor

WHO'S SCRUFFY?

—NOT US!

Sir,

At the meeting of the Branch Committee on the 20th March attention was drawn to an anonymous letter which appeared in your Journal (Vol. 1 No. 3) which stated that at an I.P.A. Course recently the Offices and Staff were described as the "scruffiest" in Dublin.

The Committee were concerned that your Journal could be used to make such an adverse reference to the Board's Staff.

While agreeing that some of the Offices could be described as such, the Committee took exception to the publication of such a denigrating description of the Staff.

Perhaps you would let us have your editorial comments on this matter.

M. P. Monaghan,

*Branch Hon. Secretary—
Local Government & Public
Service Union.*

The views of letter writers are their own. If the cap fits . . .

FLEXIBLE HOURS

Sir,

Flexi Minnie, who wrote in the last issue about flexible working hours, has a point. However, it is not clear whether she is advocating flexible working hours within the Board or that the Board's hours should be the same for all staff but different from those of other organisations and firms.

I believe that we should think along the lines of the first of these alternatives wherever possible. Let us get rid of the present rigid system of line-drawing and lates. Let ability and effort be rewarded by variable working hours which will fit in with domestic and social arrangements. In such an atmosphere will not the worker, too, be flexible to facilitate the Board and produce extra effort in emergency situations, in the knowledge that the Board adopts a similar attitude to his needs. Let there be give and take on both sides. Where there is no give and all take discontent will breed and morale will be low.

Johnny-come-lately.

ASTRA

Drama Festivals Success for Astra

From mid-February to the end of March each year amateur drama festivals are held all over the country, some in small towns with exotic names like Kilmuckridge and Tubbercurry, and the more important ones in places like Dublin, Wexford, Thurles and Navan. During this season drama groups, large and small, travel around from festival to festival, often appearing at seven or eight venues over a period of two or three weeks.

For the more competitive groups the object is to win as many festivals as possible and so secure nomination for the All-Ireland Amateur Drama Festival which this year will be held in Athlone. Groups also compete to gain experience, to benefit from the advice and criticism of the adjudicator and to meet and exchange views with members of other groups.

This year the Astra Theatre Group entered their production of *The Righteous are Bold* for the Wexford Festival in February and the Navan Festival in March. In both the opposition was formidable with some of the strongest groups in the country competing. Astra's performance at Wexford was well up to the standard of those staged in the Assembly Hall and was very well received by a large audience.

The adjudicator, Peter Coates from England, however, was not impressed, though he did praise the performance of Margaret Power as Norah Geraty. The award for the best play of the festival went to the Sundrive Players for their production of *The Voices of Shem*.

At Navan, Astra again gave a good performance and on this occasion the adjudicator, Mr. Jim Mooney of Dublin, found much to praise in the production. In the overall result Astra finished fifth out of nine entries, the main award going to the Strand Players production of *The Poet and Women*. Margaret Power was awarded a Certificate of Merit for an outstanding performance and Astra were awarded the Audience Cup for the production voted by the audience as the best of the festival.

I spoke with Michael Hanratty, Chairman of Astra who told me that the Group were very pleased with the result. He said that, as the group set out principally to entertain their audience, the Audience Cup was the most satisfying award they could have won. Congratulations to all concerned on this measure of success. No doubt this will give the necessary encouragement for even greater achievements in the future.

BRIDGE HAND Kevin Quinn

Nil all

Dealer South

♠K2	N	♠Q10954
♥J4	W	♥8
♦J10753	E	♦K92
♣QJ54	S	♣10872
♠A8763		♥A10962
♥A10962		♦Q6
♦Q6		♣9
♣9		

Bidding:

South	West	North	East
1H	2D	4D	—
4H	—	—	—

Lead Diamond J

Covered by D, A, 9 and 6. Declarer then led AK hearts, clearing trumps, then led AK clubs, discarding diamond Q from hand. Ruffing a club, a spade, a club, a spade, a diamond, a spade. declarer made 12 tricks, losing last diamond. What went wrong? North's 4D bid was Swiss, showing 2 aces, 4 card trump support and 13/15 points. South response of 4H, was closing the bidding, showing a minimum hand. Who was at fault? North's hand is too strong for a Swiss—his correct bid was 3D. South then bids 3S. West passes. North should then Blackwoods, getting response of 4H (2 aces) and 5C (no kings) before proceeding to bid 6H.

Solution to Bridge Problem

Bidding	South	North
1 Heart		1 No Trumps
2 Spades		3 Hearts
4 Hearts		Pass

No solution was received which agreed with the panel's and the prize will be awarded for a problem in the next issue.

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