

*ADP*

# CONTACTS

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VOLUME 3 NUMBER 1 THE JOURNAL OF THE EASTERN HEALTH BOARD JAN/FEB 1977

# The Cost of Health

1976 was a rough year for all of us in the E.H.B. who were faced with the task of maintaining adequate health services for the population of Dublin, Kildare and Wicklow in a situation where prices were spiralling and available funds were strictly limited. It seems that 1977 will be at least as rough.

As Councillor Dan Browne put it in our last issue, the time has come for all of us to scrutinise and question the ways in which we spend money much more closely than we have in the past.

Councillor Browne suggested that there were two aspects of the problem. Firstly, we must think more deeply about our priorities, given that we cannot do everything at once. Secondly, we must strive to achieve better value for money spent.

The establishment of priorities in the health services is not an easy task, or one in which unanimity of opinion can be readily obtained. We hope to be able to take up this matter in a future issue.

Achieving value for money is hardly any easier, but if we all think about it and determine to do something about it, perhaps we could show some positive results.

Most health services are statutorily based and are provided on demand. If eligible persons apply for services, their needs must be met. A health board can do little about this demand from the public, and consequently, there

is a limit to the control that can be imposed on spending.

Even so, something can and must be done. Health boards have a responsibility to provide information about their services.

Unfortunately more information about services leads to increased demand, more costs and bigger drains on the limited supply of money available. It is hardly surprising that health boards have been only mildly enthusiastic about supplying information.

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A more positive attitude towards information and education is needed. While it is important to tell the public how to avail of the health services, it is no less important to impress on people that they should be discriminating and reasonable in their demands. A campaign to enlist the support of the public in making ends meet is urgently required.

Through sustained pressure from pharmaceutical advertisers we

have become intolerant of even the most minor ailments and demand immediate relief with the latest drug. If this means calling on a doctor to get the required prescription we don't hesitate to do so, unmindful that we may be wasting his time.

A health services information programme should give some details of the cost of services. It should be aimed not only at the general public but at health board staff themselves, doctors, nurses, social workers, clerical staff etc.

Do busy doctors dismiss a troublesome patient by reaching for the prescription pad?

Do hospital administrators ensure that patients are not kept in bed a day longer than necessary?

Do doctors call for laboratory tests or x-ray examinations when they are not strictly necessary?

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These and many more questions can be asked. Admittedly, this is a very sensitive area, but that should not deter us from facing up to the problem before escalating costs seriously disrupt the services.

*/overleaf*

cont. from overleaf

On a more mundane level, the staff of the board have it within their power to effect reduction in costs. When you stop to think about it, a very small effort on the part of each of us could result in very substantial savings. Take punctuality, for instance. If each of the 620 people employed in the administrative grades from receptionist to section officer didn't commence work until 9.15 a.m. or until 2.30 p.m. after lunch each day, this would not be considered a great loss of time, yet the Board would lose a total of over 80,000 working hours in the year, which is equivalent to a full year's work of about 46 people.

This gives some idea of the enormous saving that would accrue if everyone were punctual. When you consider that the entire staff of the Board is ten times that of this group, the possibility of lost time due to unpunctuality assumes gigantic proportions. Of course, punctuality of itself is no virtue if the work time is not spent productively, but wasted in personal conversations, excessively long tea breaks, private telephone calls etc.

Economies can also be effected by good housekeeping on the part of all staff. This would embrace such things as sensible and economic use of services such as heating, lighting, telephones, copying machines, stationery etc. We should be careful not to use lighting longer than necessary, and heating should be used only to the amount required for comfort and turned off when not essential. Telephone calls should be kept to a minimum duration, and private calls only made in an emergency.

Staff should not make unreasonable demands on management. This is not to say that they should not have adequate and comfortable working conditions with a good standard of heating and lighting to give them an environment in which they will be able to work to their maximum ability. But, just as a family may have to make economies when times are hard, the staff of the Board should be prepared to act in a similar responsible way.

## Meet the Board...

# Dr. James Mahon

Dr. James Mahon is Consultant Physician to St. James's Hospital. Educated in Summerhill College, Sligo, he studied for his M.D. and M.A. degrees in Trinity College, Dublin. He is married with three children, the eldest son being a doctor, thus keeping up a family tradition which began with Dr. Mahon's grandfather.

After qualifying, Dr. Mahon spent eight years abroad, mainly in England and India. He was very glad to return to Ireland to take up the post of County Physician and Medical Officer to the County Home, Sligo. He then came to the old St. Kevin's Hospital in Dublin.

The subsequent advent of St. James's brought about great changes particularly, he says, since the Trinity College Medical School moved in. It is now a teaching hospital, as well as catering for acute and chronic sick and geriatric patients.

"I am very anxious to ensure that we continue the St. Kevin's tradition of looking after the under-privileged," he says. "In the old days the deprived and the chronic sick could always depend on admission to St. Kevin's and the Eastern Health Board must not fail them now."

Dr. Mahon considers that Dublin has probably too many acute hospital beds and not enough beds for the care of the chronic sick and geriatric patients. He would like to see all general hospitals with their own geriatric assessment units. After the assessment stage many of the patients will be found to require long-stay accommodation. Obviously a general hospital would silt up rapidly unless there was somewhere to send these patients but they should make provision for their continuing care.

On his rounds of the wards Dr. Mahon is seeing many more cases of both cancer of the lung and coronary heart disease in women than he did twenty years ago. The case history frequently starts with the patient, who is a heavy smoker, developing chronic bronchitis and this leads to heart failure, coronary heart disease and the dreaded cancer of the lung. Despite all warnings more women are smoking and smoking more heavily than ever before and he spends a large part of his day trying to persuade people to give up cigarette smoking.

Dr. Mahon is inclined to be dubious about the worth of management consultants like McKinsey in the health service. He thinks that the health

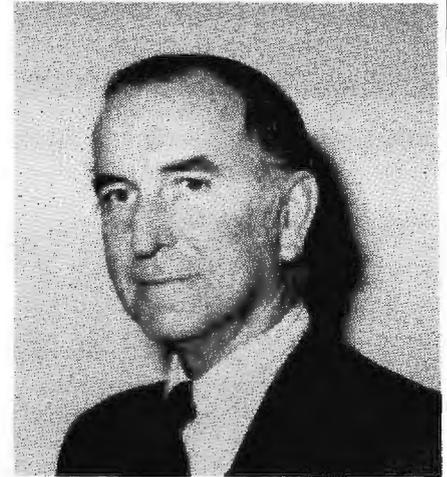


Photo: J. Ledwidge

boards are too big and their administrative structure too unwieldy and more suited to a highly industrialised population.

The modern measure of efficiency of a hospital based on the number of patients who use the beds in a given length of time, which seems to have been borrowed from factory management, may not be appropriate at all. It is based on the theory that a shorter length of in-patient stay combined with greater use of the out-patient department saves money. But this theory is very much open to question, says Dr. Mahon, because of the difficulty of accurately costing all the services provided to outpatients.

He considers that although teaching and research have their place in a hospital, they must always rank as secondary to the main purpose of the hospital which is caring for the sick. There is a danger that increasing emphasis on research and training may result in this primary objective being diminished. Furthermore, he pointed out that worthwhile research was very costly and it was doubtful if we in Ireland could afford the resources for original research; much of what is done may only duplicate the investigations of workers in countries such as America.

Dr. Mahon, who is a quiet, very gentle man, finds his main relaxation in golf. He is a former Irish Amateur Golf Champion and Irish international golfer. When he gave up playing in championships he got involved in golf administration and served on various committees, including the Central Council of the Golfing Union of Ireland and the International Selection Committee. More recently he was Captain of Portmarnock Golf Club. He had a national handicap of +1 but, as he says with a wry smile, "with advancing years it has gone up to 4."

# Of Wine, Worms & Beetles

We welcome back Dr. Colm Gallen, Senior Assistant Chief Medical Officer, who has returned to Charles Street Clinic after spending two years in Saudi Arabia.

He was based in military hospitals in Jeddah and Tabuk. These hospitals, he says, were staffed and run, as far as supplies permitted, like first-class American hospitals. The staff were multinational, about one-third coming from northern Europe including Britain and Ireland, one-third from Jordan, Lebanon and Syria, and the remainder were Americans. The main languages were English and Arabic but mainly English.

Dr. Gallen found that the infectious diseases that were most prevalent in the area were bilharziasis, which is caused by a parasitic infestation, and malaria.

He described the Saudi Arabian hinterland as resembling a large building site over which you can drive at around 25 m.p.h., so you don't worry if you run out of road! The main roads, on the other hand, are first class. The sun shines all the year with the exception of the odd sandstorm or three or four days when it rains. The temperature is around 95 to 100 degrees so air conditioning is an essential feature of all buildings.

One of the main drawbacks of life in Saudi Arabia is the scarcity of supplies, he says. Everything is imported and very expensive. In fact, he found the cost of living much higher than in Ireland (is it possible?!)

The sale of alcohol is forbidden but, undaunted, Dr. Gallen got himself some grapefruit, sugar and yeast and started brewing. He called it wine.

There are no public cinemas, public concert halls or public galleries and it is against Moslem law to show pictures of the human body – clothed or otherwise. Obviously, television by our standards doesn't exist!

Dr. Gallen drove home, all 4,000 miles of it, in his Volkswagen beetle. He crossed Jordan, Israel, Syria, Turkey, Bulgaria, Yugoslavia, Austria, Germany, Belgium, Holland, France and on to England. It took him a total of 21 days, 10 of which were spent in driving.

How does he sum up his two-year stint? "I thoroughly enjoyed it!"

## BATTERED BABIES

### what YOU can do

The North Dublin Social Workers and the I.S.P.C.C. have produced a booklet *Suffer Little Children* appealing for some positive action to be taken about the problem of battered babies. Pending immediate legislation reform, they appeal to every doctor, nurse, social worker, voluntary worker etc. to –

- Offer help and support and not judgement and condemnation.
- Inform yourself about the particular characteristics of battering.
- Suspect any case of injury to young children.
- Report suspected cases to the proper authorities
- Help parents in so far as you can
- Press for the setting up of a central registry system to which cases of child abuse could be reported.

Booklet is on sale, price 40p. Please contact us if you have difficulty in getting a copy.

## A Chance to Care

The Portlaoise/Athlone group of Social Services Councils have produced a discussion document *A Chance to Care* on the role of voluntary organisations.

Stressing that there are two elements in the provision of welfare and caring services, the one statutory and the other voluntary, which are complementary and essential to one another for the care and development of the human person, the group makes recommendations addressed to the government, health boards, the National Social Service Council, voluntary groups themselves and other bodies involved in the health and social services.

Their recommendations to health boards are:

1. To review and broaden their concept of a Community Care Programme to include in their planning ways and means of developing the potential contribution of the voluntary sector to a truly community-based care programme.
2. To develop a more sensitive understanding of the social dynamics of community interaction and of ways of generating and canalising community responses in their attitude and approach to voluntary agencies. Liaison with other statutory agencies involved in this field (e.g. Dublin Corporation's "Community and Environment Dept." and Dublin County Council's "Dept. of Community Affairs") might prove fruitful.
3. To recognise that statutory agencies have the power of fostering voluntary growth as evidenced by e.g. the fruits of the Care of the Aged Grants throughout the country following enactment of the 1965 Health Act.
4. To review the emphasis to date on case-work in the recruitment of professional social workers and to consider the equally important need to deploy social worker skills to the development of voluntary, self-help agencies at local level.
5. To recognise that statutory standards of conformity, control and accountability need to be flexibly adapted to the nature of voluntarism if the latter is to be helped flourish and develop.
6. To appoint a specific member of staff to act as a link person responsible for liaison with the voluntary sector.
7. To recognise that the Eastern Health Board region because of its population density requires special attention and consideration which goes beyond administrative and budgetary requirements and to attempt to devise more effective machinery and criteria to facilitate a more meaningful voluntary and statutory response to numerically staggering needs.

Copies of *A Chance to Care* are available from Ms. Joan Quinn, 1 Main Street, Tallaght.

Air pollution came into prominence after the great London smog of December 1952 when about 4,000 deaths were attributed to it.

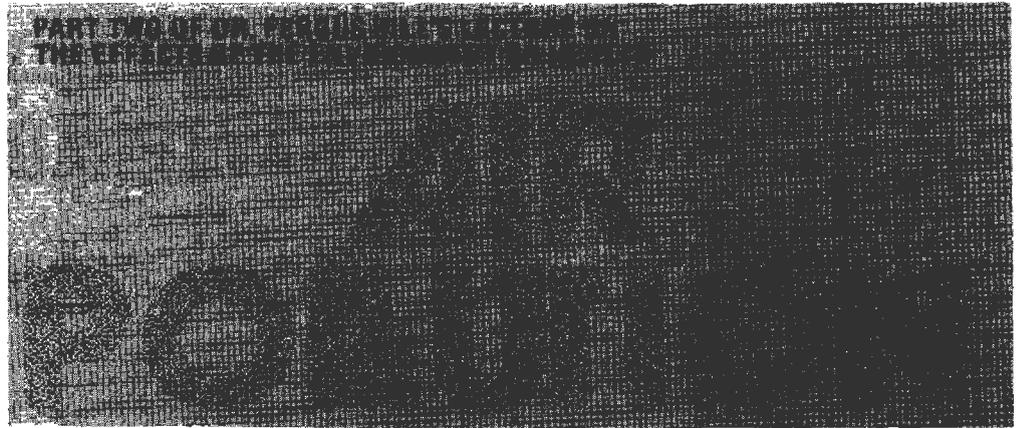
A much earlier episode was that of the Meuse River valley, Belgium, in December 1930. This valley is 15 miles in length and has hills 300 feet high on either side. A thermal inversion occurred.

Usually, the air is colder the farther it is from the ground. Warm polluted air from chimney stacks rises rapidly through the colder layers of air above a city and is quickly dispersed. But, if on a cold still cloudless night the earth loses heat by radiation, the air immediately above the ground becomes colder than the air high above the city. The temperature gradient is inverted. In these conditions contaminated air near the ground is thus cooler and denser than the air above and so cannot rise high enough to be effectively dispersed. The temperature inversion is particularly serious when the cold ground air in a valley forms a pool in which pollutants are trapped. If humid air cools, fog may form and shut off warmth from the sun. The inversion of temperature persists until a change in the weather breaks it up.

A thermal inversion confined the pollutants from the large number of coke ovens, blast furnaces, steel mills, zinc smelters, and sulphuric acid plants in the Meuse Valley. On the third day of the inversion a large number of people became ill with respiratory tract complaints and before the week was over 60 had died. In addition there were deaths in cattle. Older persons with previously known diseases of the heart and lungs had the greatest mortality. Chest pain, cough, shortness of breath, eye and nasal irritation were the common symptoms.

In October 1948, 43% of the 14,000 people living in Donora, Pennsylvania became ill during a period of temperature inversion and foggy weather. The town situated in a horse-shoe shaped valley contained a large steel mill, a sulphuric acid plant and a large zinc production plant.

Cough was the most prominent symptom, but all of the respiratory tract and the eyes, nose and



throat were irritated. Twenty deaths occurred. Among those who died pre-existing cardiac or respiratory symptom disease was common.

#### Damage caused by air pollution

Air pollution corrodes metals, weakens textiles and soils clothing. It causes building stone to crumble and paint to discolour. It destroys leather, fades dyed fabric, and cracks rubber. It damages vegetation and kills livestock. It reduces visibility and is harmful to human health. The Beaver Report in 1954 estimated the cost of the effects of air pollution at that time in the U.K. was about £250 million per year. The immediate effects of a rise in air pollution above normal winter levels aggravate patients with chronic bronchitis or with chronic heart disease. The actual pollutants responsible have not been identified. Concentrations of smoke and sulphur dioxide have been used as indices of harmful pollution but the relative importance of each has not been established and other pollutants such as sulphuric acid and oxides of nitrogen may play some part. The Report of a W.H.O. Expert Committee in 1972 on *Air Quality Criteria and Guides for Urban Air Pollutants* observed that an excess mortality in the general population has been noted when the levels of suspended particulates (smoke) and sulphur oxides have both exceeded 500 micrograms per cubic metre for 24 hours. This increase has been observed largely in the susceptible groups of the population, namely those with cardiac or pulmonary disease. These levels have also been associated with increased hospital admissions. From studies of the daily variations in the condition of bronchitic patients, aggravation appears to be associated with pollutant

levels of 500 micrograms of sulphur dioxide per cubic metre and 250 micrograms of smoke per cubic metre occurring together over 24 hours.

#### W.H.O. long term recommendations

The W.H.O. Report cites findings from the U.S.A. and India which show that persons with respiratory disease may exhibit increased symptoms when the levels of sulphur dioxide and smoke both reach 250 micrograms per cubic metre.

Some annual mean levels in Dublin and London for smoke and sulphur dioxide were:

Dublin	Micrograms per cubic metre	
	SMOKE	Sulphur Dioxide
1963	127	63
1971	62	101
1973	39	85
1974	35	79
1975	32	71
Inner London		
1974	34	103

The smoke figures reflect a decrease in the use of coal since 1963. The sulphur dioxide levels reflect increased industrial emission. There are a few black spot areas in Dublin, which the above annual mean levels do not indicate.

The readings taken in the Cornmarket measuring station are among the dirtiest in Dublin. Our highest sulphur dioxide and smoke readings for 1975 occurred in December and were respectively 593 and 175 micrograms per cubic metre. Eighty-five per cent of the Cornmarket sulphur dioxide readings in 1975 were below 200 micrograms per cubic metre.

In December 1962, 750 deaths were attributed in London to atmospheric pollution associated with fog. The sulphur dioxide concentration was recorded as 4,450 micrograms per cubic metre and the smoke as 2,890.

## Grit and dust

As well as smoke and sulphur dioxide we have of course grit and dust. These come from wear of roads and tyres, ash escaping from chimneys and debris from animal and vegetable matter. On average every month about ½ gram of dust and grit could be collected in a 12" diameter bowl in O'Connell Street and about 0.1 gram in the Phoenix Park. 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.

## Lead in the air

Lead in the air arises from the organic anti-knock agents added to petrol. It is also present in the vicinity of lead smelters and lead mines and battery works.

Our records show that our 12" diameter deposit gauge bowls collect on average less than 1,000 micrograms of lead per month in O'Connell Street but quantities as high as 47,000 micrograms per month have been collected from localities in the vicinities of lead emitting industries. Does this sort of situation constitute a health hazard? Well we have no direct evidence that it does in the short term.

The health of the locals does not deviate significantly from that of non-locals. However, the deposition of such large quantities of lead constitutes a socially unacceptable situation. Certainly in such locations the draft E.E.C. quality air standards for lead of 2 micrograms per cubic metre will not be regularly maintained.

A few years ago there were draft regulations from the Department of Local Government dealing with atmospheric pollution caused by industrial emissions. They incorporated the principle of "best practical means", that is, pollution should be reduced to the greatest extent possible with the methods available in practice but that the cost of doing so should not be unreasonable. Such an approach however, presupposes the existence of an authority responsible for deciding what constitutes the best practical means. Whatever happened to these draft regulations?

# Personally Speaking . . .

At a recent meeting of the International Wopersons' Federation for the Liberation of the English Language, persony people deplored the sexual bias in everyday language.

The use of the word 'man' as a prefix and suffix was insulting to huperson dignity no less than to the dignity of all wopersons, declared Ms. Nancy Personnings, the chairperson. Even neuter words like albuspersons and bitupersons had been degraded by the substitution of the sexually discriminating suffix. It was a sorry example of person's inhupersonity to person.

"It is time," she cried, "to throw off the personacles of the past and insist that language be freed from sexual bias." Children, from their earliest days, should be encouraged to use the language in a dignified personner. "If we have a white Christmas this year," she said, "and the snow personles the countryside let us encourage our kiddies to make their snow persons, but not to annoy people going about their work like milkpersons and postpersons by throwing snowballs at them."

Ms. Personnings did not feel that the battle would be won overnight. Persony person-hours would have to be spent if they were to be successful. What she now asked was a persondate from the Federation to depersond that all dictionaries be apersonsed.

"At least our children will speak freely," she said, sitting down to trepersonsdous applause.

Persony people spoke enthusiastically in favour of the chairperson's address. A Gerperson woperson present said that she was engaged in a similar campaign to apersonsd the Gerperson language.

Ms. Coleperson, a personnel personager in a large firm, said that hupersonkind was indebted to the courage of wopersons like Ms. Personnings.

The chairperson was about to close the meeting when a most unfortunate disturbance occurred.

A lady who introduced herself as Nelchild stood up and denounced all present as hypocrites. "You rail against the use of the word 'man'," she shouted, "but you see nothing offensive in the word 'person', with its equally degrading suffix." If 'man' was sexually discriminatory, she contended, then so was 'son'. She herself had changed her name from Nelson to Nelchild. "Why does the Federation not refer to its members as woperchildren?" she depersonded (deperchilded?). Perchildally she could see no reachild why not. Although she was the wife of a parchild she would go to prichild if necessary for her convictions.

Ms. Nelchild was strongly supported by an American delegate, Ms. Fairsibling. These ideas had already been adopted by the Perchildhatten Division of the Federation in New York. People like Ms. Nelchild, she said, deserved the greatest admiration for their contribution to the siblinghood of perchild.

These outbursts threw the meeting into confusion. Perchildy people saw the cogency of Ms. Nelchild's arguments, but others hotly accused her and Ms. Fairsibling of trying to ridicule the Federation and depersonded their expulsion.

Poor Ms. Personnings tried to pour oil on troubled waters, murmuring something about there being persony personsions in her father's house.

Someone was heard to remark that there was a leschild here somewhere.



"Themselves and their Chairman. Wouldn't you think they'd know it should be Chairperson seeing as how there's no difference nowadays."

# After two years . . .

The beginning of our third year of publication seems a good time to take stock.

In our first issue we said that the aim of CONTACTS was to ensure that all persons employed in the E.H.B. would have an opportunity of becoming reasonably well-informed about the health services in general and the activities of the Board in particular. "The operation of the health services," we said, "requires continual criticism and reappraisal, and if staff members are to play their part in this process they must be informed and articulate. We hope that CONTACTS will enable them to become so."

We stressed that this was a staff magazine and that articles and features should be written by the staff themselves. We have had a very generous response to this appeal from the staff, so much so that our chief embarrassment in preparing each issue was that

we could not fit in all the material we had received.

We have had contributions from doctors, nurses, psychologists, administrators and clerical staff, health inspectors, social workers, porters and many others who modestly preferred to remain anonymous. To all of them we are in debt. Busy people, they patiently bowed to our importunity and made no complaint when their literary efforts were mutilated by the editor or left for months before publication.

We hope we have not offended anyone by seeking an article and then not publishing it! Some of the unpublished articles will appear in future issues; others, for one reason or another, we just could not fit in. But, whether their articles were published or not, we would like to thank all our authors for their interest and enthusiasm.

Nor could we have done without the support of our reporters who keep us supplied with news and ideas, particularly Dr. Michael Conway of St. Ita's, and Rosario Brown of Kildare who were consistently helpful. We should like to thank our friends in the Astra Group and in St. James's Sports and Social Club who keep us in touch with their activities. A special word of thanks is also due to our photographer, Jackie Ledwidge of St. Brendan's, who was always available when we needed him.

With this issue we are enclosing an index for the first two years. We still have a limited supply of back numbers, and if anyone wants a particular issue we may be able to supply. Alternatively we could supply a photostat copy of any article.

How far have we succeeded in producing a magazine that is interesting and informative? You, the readers, are the only ones who can tell us this. In particular, we would be glad of your suggestions for features and articles. If there is any area which you consider should get more coverage than we have hitherto given, please let us know. All your comments will get very careful attention.

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## HELPING THE HOMELESS

In October '75 when I first came to Bray, a lot of people came to me looking urgently for accommodation. The occupational therapist, Gill McCullough, in the Bray psychiatric day centre was looking for a suitable community project which some of her patients could undertake. It seemed a good idea to combine the two needs and so together, Gill and I compiled a questionnaire for distribution in Bray.

The questionnaire pointed out the need for accommodation. It asked what type of accommodation the respondents could offer and for what category of person. We mentioned specifically the unmarried expectant mother; single person; mother and child; married couple; elderly person or couple. Certain types of accommodation were specified e.g. 'To live as family'; or 'a flat' and we enquired as to what type of payment would be expected: full; partial; or none in emergency. We also asked whether the respondent would be able to help in any other way in the community, and suggested home help; child minding; transport; visiting; shopping; home repairs and other voluntary work. It was emphasised that the question-

by Susan Lindsay,  
Social Worker, Bray.

naire was confidential and that the answers would be recorded and kept by the social worker.

Gradually large areas of Bray have had questionnaires distributed and the volunteers have returned at a later stage under the supervision of the occupational therapist to collect the replies.

### Response

Given the large number of families contacted the response has not been great. But a reasonably encouraging number of people have offered help. Several offered to take pregnant single girls in or offered emergency accommodation. There has also been a spin-off in that people who initially didn't feel able to help have contacted me later and offered a holiday for someone or something else they feel might be of help to someone. Several people offered their services as home helps and some potential landladies contacted me. An article was written about the survey in "*The Wicklow People*"

which is widely read in the area and there was also some additional publicity which may have encouraged support. There was no immediate response evident from the publicity, which was interesting in itself.

In conclusion, I feel that this has been a worthwhile attempt to engage the support of those in the community who will offer their services once the need is expressed, and five o'clock on a Friday isn't quite as bad an ordeal for me as it used to be! The difficulty is to ensure that where people offer help they are not left to carry the can for too long. Obviously their help must be short-term and before placing someone I have to be confident that alternative arrangements can be made by the end of the period agreed. It is also impossible for me to give any guarantees to the householder or the client regarding each other's character but at the same time I would not place someone somewhere if there was an obvious risk involved, unless they knew of it and were prepared to take the risk. In these days of materialism it has been very heartening to get a positive response from people in the face of need.

Cast and stage staff of Astra's production "My Three Angels". Included are: Bill Tisdall, Michael Hanratty, Martin Bugler, Paddy Melinn, Deirdre Cassidy, Mary Shannon, Liam Sweeney, Michael Noble, Eileen Larkin, Pat Rust, Tom Brady, Frances Parkes, P. J. Timmons, Eithne Preston, Jack Shortt, Susan Kernan and Margaret Power.



## News

### ST. ITA'S NEWS

Welcome back to Dr. Aideen O'Kelly consultant psychiatrist, St. Ita's, on her return from a recent holiday in Israel. Her general impressions?— a highly technical country indeed. And socially?— well, the Dead Sea ain't that dead!

Best wishes from everyone on the success of the schoolgirls' parish choir of Donabate (the railway end of the parish). They have just made a record which is now on sale. We hope this lovely girls' choir will hit the charts. The girls include children of the St. Ita's staff.

That genial personality, ex-T.D. Paddy Burke, had a Mass said recently for deceased members of the staff and for deceased patients. The hymns were sung by the Springfield Boys' Choir, well known for their backing music and voice support to Joe Cuddy's "Any Dream Will Do". The service was held in the hospital chapel.

The Sam Maguire Cup was shown to the patients here last November by a number of the Dublin G.A.A. team. Thank you, Dubs.

Recent deaths of retired staff —

Sister Kitty Cleere who retired about two years ago and was laid to rest in Clonroche, Wexford. Also Sister Agnes Byrne of Baltinglass. Both were much beloved by all who knew them. May they rest in peace.

A number of our nursing staff are attending the faculty of nurses' special courses at the Royal College of Surgeons — Mrs. O'Grady, Miss Margaret Lynch and Mr. Seamus Griffith. Best wishes to them in their academic pursuits.

Congratulations to Mr. Brian Kinsella who was conferred with the M.I.E.I. degree at Trinity College, Dublin. He is the son of Mr. Frank Kinsella, Chief Nurses's Office, and is at present with a group of consulting engineers in Brighton, England.

A very successful meeting of the Pioneer Total Abstinence Association was held recently in St. Patrick's Hall, Donabate. The meeting was presided over by Rev. Father Dargan and Pioneer Pins were presented to fifty new members, mainly from the staff of the hospital.

Dr. McGuinness and his team wish all the patients and staff of our hospital a very happy and prosperous New Year. We would like to add that with our spirit and verve the New Year will NOT be a black '77 but very much a resoundingly satisfying one, despite the constant thorn about economies and cut-backs.

The cottage hostels are proving a success. Our stewardess, Mrs. Riordan, tells us she now has 15 women and 10 men.

The hustle and bustle of Christmas is over and it is 1977. On behalf of the Group may I wish you all a peaceful and happy New Year.

Well, our play "MY THREE ANGELS" has gone into the realm of Astra's past and can now be remembered with nostalgia and fondness, a fact which did not seem possible during the final back-breaking weeks of rehearsal.

The show could not, of course, have been the huge success it was without the support of the many who came along to help us in every way, and we were genuinely thrilled with the wonderful reception we got from you, our audience, every night (in spite of the bus strike!). A million thanks to each and every one of you. We're so happy to have entertained you and, indeed, it's gratifying to see that we've built up a regular fan club who come along to see our plays. This time we did six hospital shows and broke new ground by staging the play in Leopardstown Park Hospital, where we were very kindly received.

Another success this year was our Christmas on-the-ward entertainment with which we were able to reach more patients than usual. Michael Redmond and John O'Brien are to be congratulated for all the hard

work they put into this project, compiling a programme of songs and conducting rehearsals each week. To all of you who gave of your time for this venture, our gratitude.

Those of you who helped Astra play Santa at Christmas by donating toys for under-privileged children, will be glad to know that your gifts were greatly appreciated and that you helped to make these children happy. The bulk of the toys were distributed to St. Helena's Home in Finglas and St. Patrick's Home, Navan Road.

Rehearsals start at the beginning of January for our spring production "HOME IS THE HERO" by Walter Macken. Our producer is again Walter Harrington. The show will probably be staged between the end of February and mid-March, but don't worry, we'll keep you posted. It is also our intention to visit at least two festivals with this play.

In case you haven't already heard, 1977 is our tenth anniversary. We hope to have a programme of events organised to celebrate this in April or May. Watch the notice boards and this magazine for details!

Margaret Power,  
Chairman.

## St. James's Social & Sports Club

Golf: Frank O'Brien in St. Mary's Hospital has organised some very successful outings to date.

Gaelic Football: Congratulations to Emmet House on winning the Civil Service Cup. They beat Land Registry in the final of the 7-a-side Gaelic Football Competition which is run annually by the Civil Service Club.

We understand that this is the first time that an Eastern Health Board team has won this competition. The Emmet House panel consisted of C. Fagan, P. O'Meara, J. Hurley, M. Griffin (Captain), A. Charles, J. Collins, M. O'Donnell, K. Lennon, J. Kennedy and C. Moynihan.

Chess: The new St. James's Club has played three matches in the Leinster Chess Union's "Chess Enterprises Competition".

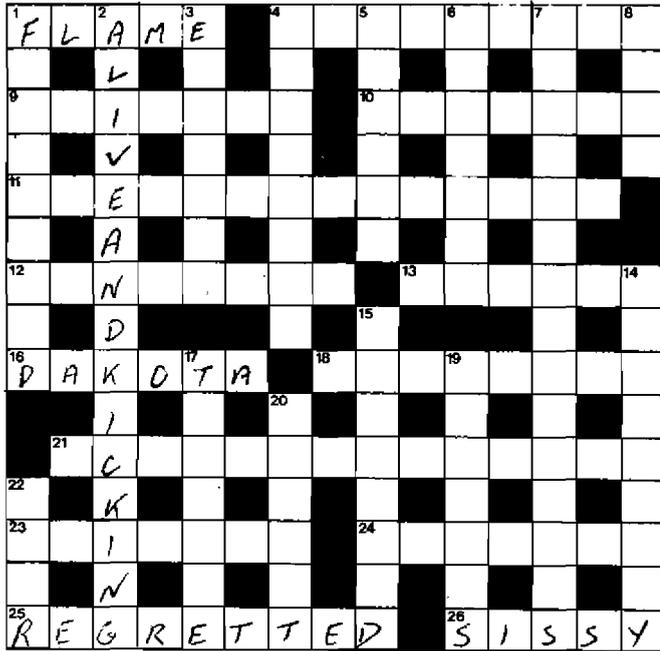
The results were as follows:

V University College Dublin — won 3½ to 2½  
V Collegians — won 6 to nil  
V Dundrum — lost 5½ to ½.

Congratulations to Club Captain Ronan Lambe on winning a grading prize at the City of Dublin Open Tournament.

Table Tennis: The Internal Ladies and Gents competitions have commenced. Details from Mary Rose Fitzpatrick 776811 or Joe Doolan Salaries 757951.

# Crossword No. 6



Name \_\_\_\_\_

Address \_\_\_\_\_

Solution to Crossword No. 5  
 Winner: Clr. Paddy Hickey  
 Board room,  
 St. Brendan's.

ACROSS 1. Wellheeled 6. Odds 10. Parsnip  
 11. Enhance 12. Serious problem 14. Assumed  
 15. Saddest 16. Endorse 19. Carnage  
 21. Down in the mouth 23. Relight  
 24. Angered 25. Ride 26. Dementedly

DOWN 1. Wipe 2. Larders 3. Hand in marriage  
 4. Expound 5. Exempts 7. Don't lie  
 8. Stepmother 9. The older you get  
 13. Calendarer 17. Dawdled 18. Entitle  
 19. Cremate 20. Attired 22. Idly

## ACROSS

1. Me and Alf played with fire. (5)
4. Special P.O. is oddly enough vested in Church dignity. (9)
9. Rule is confused about the beginning of Easter free time. (7)
10. Shorten the French railway with knives. (7)
11. Dull, but it's a nice way to get money. (4,2,8)
12. A pelican is terrific. It has a built-in container. (8)
13. Braces for shoes about to start ripping. (6)
15. The U.S. State plane. (6)
18. Crazy gear nearly all song. (8)
21. Theoretical step for B.A., for instance. (8,6)
23. Twirl a small piece with a philosopher. (7)
24. Profoundest eastern saint stands by the sea. (7)
25. Was sorry about Gret and Edward. (9)
26. When manliness is synthetic you'll find a weakling there. (5)

## DOWN

1. The bold type, satiated, presented a bold front. (4-5)
2. In good form, vital and objecting. (5,3,7)
3. Bird with rising spirit is anxious to compete. (7)
4. Laments in that the lame leg is specially painful. (8)
5. In position, we hear, to stir things up. (6)
6. Has char tar concoction for cold in head? (7)
7. Enjoyment and strange dangers in public parks. (8,7)
8. Puts on airs. (4)
14. Tiny Ella's circulated prominently. (9)
15. Showered down and boxed the scoundrel in. (8)
17. Story about a crushed pod from which a wriggler emerges. (7)
19. Smoking jackets? (7)
20. Tell I'm not all there. (6).
22. The consumer can be certain. (4)

ENTRIES TO: EDITOR, CONTACTS, 1 JAMES'S STREET  
 £3 to first correct solution opened by 31 January 1977.  
 (Prize sponsored by Astra and St. James's Social Club.)

# More News ...

Congratulations to Gerry O'Loughlin from Personnel who was successful in the recent competition for the post of Grade IV clerk in the Mid-Western Health Board. Gerry will be stationed in Limerick. We take this opportunity of wishing him the very best of luck in his future career.

## LATE JACK LEAHY

Jack Leahy of the psychiatric services staff died last October after a short illness. Jack, who was a driver, was extremely popular with the staff and patients particularly those in St. John's House and St. Laurence's Road. May he rest in peace. We extend our sympathy to his family and especially his daughter, Mrs. Valerie Gannon, who is on the staff at St. Laurence's Road.

## RETIRED STAFF REUNION - held on 11.11.1976

Roughly 50 of our retired staff pensioners attended this function which included a Mass for deceased staff, a meal in the staff restaurant and entertainment.

Miss Teresa Egan organised this function and was assisted by a committee of helpers.

Special thanks goes to the Catering Department for a wonderful meal and to all those who came along to entertain.

## NEWCASTLE

Martin Cody, staff nurse, Newcastle Psychiatric Hospital, has resigned to take up a post of charge nurse with the Western Health Board. He had been attached to An Lar for the last year where he was very popular with his colleagues and patients.

Margaret Brady who was a staff nurse in Newcastle for the past five years has also resigned to take up a career as a housewife.

We wish them both every success in their future lives.

Dr. Paul Danaswamy was warmly welcomed back to Newcastle after his spell of sick leave.

Miss Heenan, Chief Nursing Officer, and Dr. Rahill, Acting Clinical Director, organised a two-day seminar for public health nurses recently. Various members of the medical, nursing and para-medical staff spoke on their roles in the psychiatric service team. About eighteen nurses attended the seminar which terminated with a lively discussion during which mutual problems were well aired.

## ST. COLMAN'S, RATHDRUM

We are delighted to hear that Sister Philomena is recovered from her recent illness. In fact, she is in great form which may be due in no small measure to the kindness and generosity which she is constantly encountering. She says she is astonished at the gifts which people - often total strangers - donate to the hospital. Recently they acquired a full-size grand piano as a result of a letter she wrote to the Gay Byrne Hour. This was given by a lady in Stillorgan. A pool table was presented by a man in Blackrock and this is a great success with all the elderly men in the hospital. Last Christmas, five huge turkeys arrived from an anonymous benefactor. Sister Philomena finds that whenever something is really needed in the hospital she doesn't worry about how to get it, somehow it kind of finds its way there!

## Notice on wall of garage in Kildare:

Basic labour charge:	£3.50 per hour
With customer watching	£7.00 " "
With customer helping	£24.00 " "
With customer giving advice	£38.00 " "