

# CONTACTS

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This report, published in October 1979, contains the findings of a sub-committee set up by Comhairle na n-Ospideal in January 1977.

The sub-committee's task was to examine the organisation and operation of the paediatric services, and to advise on its future development, the number of consultant paediatricians required, the relationships of consultant paediatricians with other branches of the hospital services and with the community services for children, and the number, size and location of in-patient paediatric units needed.

The report stresses that the Comhairle recognises quite well that hospital services are only part of the total child health services, and that they can only function at maximum efficiency and effectiveness as an integral part of a wider range of child care and treatment services – community care, hospital care and residential care.

A useful list of publications on child health services is contained in the report – many of them of recent origin. Quotations from each of the publications listed are given and it is interesting to note that each quotation is concerned with the prevention of handicap. A table giving an international comparison of infant and perinatal mortality rates shows that Ireland had an infant mortality rate of 15.7 in 1977 (as compared with 30.5 in 1961), Sweden 8.3 in 1975 and Italy 20.9 in 1975.



## Sections of the report deal with:

- existing paediatric facilities in hospitals
- basic issues relating to future development
- care of the new born infant
- general hospital services for children
- paediatric surgery and anaesthesia
- infectious diseases
- other specialist services
- diagnostic services
- consultant manpower needs in paediatrics
- co-ordination of hospital and community care services
- training of paediatricians
- prevention – the role of the parents and the public

A DISCUSSION DOCUMENT ISSUED  
BY COMHAIRLE NA N-OSPIDEAL

# Development of HOSPITAL PAEDIATRIC SERVICES

by Matt O'Connor

The report concludes that there is great scope for preventive care at all levels in paediatrics but most especially in the period surrounding birth. "With improved antenatal, obstetric and neonatal services many infants' lives can be saved; much brain and other damage associated with birth can be prevented; and many conditions preventing normal development of a child can, if detected in time be ameliorated or remedied. The extent to which the community as a whole can benefit from what is now known depends

on the extent and the manner in which it is prepared to invest its resources in developing the preventive aspects of the child care services. The savings in terms of human misery and suffering for the individual family are incalculable: the economic and social benefits for the community are substantial."

In the appendices to the report information is given on in-patient statistics relating to children (1976), consultant paediatric out-patient clinics, fever hospital statistics (1976).



# Some of the recommendations

- The overall objective should be the development of an integrated child health service oriented towards prevention.
- All children admitted to hospital should be accommodated in a children's environment separated from accommodation for adults.
- Close and formal links should be developed between the children's hospitals in Dublin and the general hospitals.
- A paediatric unit and hospital should, ideally, be part of a general hospital and be located on the same site.
- The range and frequency of out-patient specialist clinics, obstetric and paediatric, at convenient centres of population should be improved.
- Maternity units should be provided as an integral part of the new major general hospitals at Beaumont and Tallaght.
- Our Lady's Hospital, Crumlin, and the Children's Hospital, Temple Street, should continue to be developed as major paediatric centres.
- General paediatric accommodation and other facilities should be provided at St. Vincent's Hospital and the proposed Tallaght Hospital in close co-ordination with Our Lady's Hospital, Crumlin. As a consequence, the admission of children to St. Columcille's Hospital should be discontinued.
- A general paediatric service should be provided at Beaumont Hospital in close co-ordination with the Children's Hospital, Temple Street.
- The overall aim of the strategy recommended for Dublin is to create co-ordinated and integrated

services in South Dublin and in North Dublin that are not only capable of achieving a high degree of specialisation but also cater for basic community needs.

- Sub-specialisation in paediatrics should be largely confined to the two major paediatric centres in Dublin.
- The two major paediatric centres in Dublin should develop fully-equipped and staffed casualty departments.
- Paediatric surgeons should only be based on the two major centres in Dublin, and they should function as a single team.
- Greater emphasis should be placed on providing proper facilities for out-patient clinics and treatment on a day-care basis.
- Cherry Orchard Hospital should be retained, in the short-term, as a separate isolation hospital in its present location.

- Special units for infectious diseases should be provided in Our Lady's Hospital for Sick Children, Crumlin, and in the Children's Hospital, Temple Street.
- The Comhairle accepts the need to introduce appropriate arrangements to achieve co-ordination and to strengthen the association between hospital and Community Care services for children.

The Comhairle recommends that, in future, all general paediatricians in the major urban centres should have an involvement in Community Care and be linked to the Community Care districts already established.

- To win the understanding and co-operation of the public in relation to necessary changes, it is essential that there should be an educational campaign to highlight the important issues and to impart the facts about them.

## Glossary of Terms

Infant .....	refers to a child under one year of age
Infant Mortality Rate .....	infant deaths up to one year per 1,000 live births
Neonate .....	live born baby under four weeks
Neonatal Unit .....	special unit for the care of newborn babies which is an integral part of a maternity hospital or a maternity unit at a general hospital
Perinatal .....	refers to the period from the 28th week of gestation of the fetus to one week after the birth of the baby
Perinatal Mortality Rate ..	fetal deaths (still births) at or over 28 weeks gestation together with deaths of live born babies aged under 1 week per 1,000 live and still births



# BIG is BEST

The report comes down heavily against small maternity units, recommending a minimum scale unit of 1,500 to 2,000 births per annum staffed by at least two obstetricians and two paediatricians, with supporting medical, nursing and paramedical staff and equipment.

The submission of the Irish Paediatric Association is cited as stating that in units delivering less than 5,000 infants per annum cannot, in our economy, be adequately staffed to ensure optimal care of the patients. The British Paediatric Association/Royal College of Obstetricians and Gynaecologists Liaison Committee's report is also quoted, indicating that the preferred size of a maternity unit in the United Kingdom is one having 2,000 to 5,000 deliveries a year.

It is pointed out that in this country no less than 78 out of a total 96 maternity units cater for less than 1,000 births a year and that 67 of these have less than 500 births a year.

"If progress is to be made in improving the care of babies in this country," says the report, "these small units must be closed as and when the opportunity occurs."

The sub-committee recognise that, if their proposals are implemented, some women will suffer inconvenience in having to travel great distances to have their babies. Nevertheless they are adamant that there is no other way.

"The savings in terms of human misery and suffering, to say nothing of the financial savings to the community in avoiding the substantial cost of supporting a mentally handicapped child for the rest of its life, are very great. When the reasons for advocating the closing or phasing out of small maternity units are fully understood, the Comhairle believes that most mothers will be more than willing to go to a properly staffed unit, even when it is at a distance from their homes."

## — but not TOO big

The Comhairle considers that the three major maternity units in Dublin, each catering for 6,000–8,000 births a year, are too big:

"There are potential dangers in this situation in relation to the provision of efficient ante-natal, intrapartum and neonatal care because of the difficulty of maintaining standards where facilities and staff are strained by overcrowding."

They recommend that the aim should be to reduce the major maternity hospitals to about 4,000 to 6,000 births a year, with augmented intensive care facilities for neonates.

## *Preventing handicaps in children*

Have you ever thought of what it really means to be either physically or mentally handicapped? How sad it is for these children and their parents that through no fault of their own they have to go through life, be it short or long, without being able to enjoy the little things that can mean so much such as – walking unaided, hearing normally, playing without falling, etc.

In Ireland the incidence of congenital defects appears to be on the increase and comparative studies with other European countries show that this country has the highest incidence of congenital defects of the central nervous system on medical record. If the incidence of physical and mental retardation is to be reduced in Ireland, then a detailed study of all inherited defects must be undertaken at national level as the risk to future generations is growing steadily.

Prevention commences with research and that is why the above Foundation was set up earlier this year so that research could be carried out to try and prevent these tragedies in our society. Some parents make a tremendous sacrifice and keep the handicapped child with the family. There are 2,133 of these children in the Eastern Health Board area for whom allowances totalling £881,000 per annum are paid by the Health Board. If the child is institutionalised for life, the cost to the State is £300,000. When this amount is taken into account, is it not worth spending some money to prevent even one child becoming handicapped?

You can support this great work by voluntarily contributing a small donation – say 25p or 50p a month, maybe for a year – to help raise funds for this project because without money RESEARCH WORK CANNOT GO ON. If you wish to be associated with the above Foundation, please contact the Director of Research, St. James's Hospital, Dublin 8 – Tel. 757941, Ext. 223/224.

Wouldn't it be nice to think that we could prevent some of the next generation from being either physically or mentally handicapped by supporting the Foundation for the Prevention of Childhood Handicaps and asking our friends to help too.

**IT COULD BE YOUR CHILD.  
PLEASE GIVE IT A THOUGHT!**



# A Paediatrician's view of the Discussion Document

by Victoria P. Coffey,  
F.R.C.P.I., PH

The discussion document on the development of hospital paediatric services published by Comhairle na nOspideal must be welcomed by all for drawing attention to the inadequacy of our existing child health services. Some of its comments and recommendations will attract controversy, but that is a good thing if it leads to a consensus of how best to improve the service.

In its opening chapter on prevention, one can certainly agree with the statement taken from the Court Report\* that "the greatest single need in medicine in the next 25 years is to give prevention the degree of scientific and educational attention that has been given in the last 25 years to treatment ....." We are all undoubtedly aware of the need for finding the basic causes of physical malformations and mental retardation, and, since a good deal of the causes of these cases occur before birth, the need for ante-natal study is obvious.

The prevention of cerebral palsy and its associated handicaps is stressed. One certainly agrees with the need for further study into the prevention of this and similar conditions since the cost of caring for one child throughout 50 years of its life is estimated at £300,000. Other countries are spending millions of pounds in this field of prevention so why not Ireland? The need to educate pregnant women on the importance of early attendance at ante-natal clinics is stressed and is one of the preventive measures that would warrant the expenditure of public money. The harm involved in excess smoking and excess alcohol intake in pregnancy is also a matter for general education. Prevent rather than treat physical

defects should be the watchword of all paediatricians and obstetricians.

The section on existing facilities in hospitals is one that is bound to cause some disagreement.

In the section on accommodation for neonates, the fact that all 242 beds are staffed by consultant paediatricians is interesting but one wonders how much time each consultant paediatrician can possibly spend in each hospital when there are so few neonatologists available. It should not be necessary for one paediatrician to attend 3 to 4 hospitals as well as outlying clinics if satisfactory work is to be maintained. One wonders why Galway Regional Hospital has 9 cots to deal with about 2,500 deliveries a year and St. James's Hospital, who deal almost with the same number, has 30 cots – surely a larger number would be needed for Galway Regional Hospital. One must agree with the remarks that much needs to be done to improve existing hospital facilities for infants and children to bring them to an acceptable level for a modern paediatric service.

The age when a patient ceases to be classified as 'paediatric' is something that the Irish Health Services has never actually defined. The commonest age is 12 years but under the Health Acts a person under 16 years of age is treated as a child portraying, in my view, the crying need in our country for the development of adolescents departments as part of our medical curriculum. That children are often admitted to hospital too frequently and for too simple a reason is a statement which with which most paediatricians will agree but without proper out-patients facilities this has

been unavoidable up to now, but it is a matter that could be rectified.

One can foresee that some paediatric members of the profession will disagree with the Comhairle on the statement about special childrens hospitals. The need for a paediatric department on the campus of every major hospital is such a commonsense statement as to be indisputable in my opinion. Undoubtedly, the existing special children's hospitals in this country have done a tremendous amount of good but the Comhairle's remarks that the problems of physical isolation of these hospitals is becoming increasingly recognised and would be better for more interdependence between the different branches of medicine which, in turn, demands more contacts. No one could dispute the Comhairle's statement that a major general hospital without a paediatric unit is unacceptable.

The amalgamation of the National Childrens Hospital with Our Lady's Hospital, Crumlin, is not, I understand, likely to come to fruition and this I think is a wise decision. I cannot visualise the holder of the Chair of Paediatrics of both universities being situated in the same hospital – it would not lead to harmonious working, and it would certainly not result in the best student teaching of paediatrics.

The Comhairle report on development of paediatric services may lead to much discussion but it contains a great deal to commend it in its human, common sense approach to the problem of paediatrics. What a pity the question of adolescence has once again been ignored.

\* "Fit for the Future" – The Report of the Committee on Child Health Services (H.M.S.O. 1976)



## ... and an Administrator's view

by **Tom McManus**  
Senior Executive Officer

This report, although issued as a discussion document, contains some very positive views expressed by Comhairle on how the services should be developed. In the final analysis, one would be expected to accept Comhairle's views.

The main contention of the report, in relation to hospital services, is that children should have separate accommodation in regard to both in-patient and out-patient (including casualty) services. How to arrange this is the essence of the report's deliberations.

The Comhairle refers to the community nature of paediatric services, and considers that a major general hospital without a paediatric unit would be unacceptable. It, accordingly, favours a paediatric unit as an integral part of each general hospital. This unit, it states, should be served by staff with special training and expertise in child care. The ideal in Comhairle's view is to have a comprehensive hospital providing general, paediatric and maternity services on the one campus.

### Anomalies in report

What I find confusing is the view that, in the future, no further special hospitals should be built, and that the transfer of the present children's hospitals in Dublin to the campus of the general hospitals should be a long-term objective. In the meantime, closer links between these children's hospitals and the general hospitals should be developed. Yet, the Comhairle thinks that Our Lady's Hospital for Sick Children, Crumlin, and

the Children's Hospital, Temple Street, should continue to be developed as major paediatric centres serving the basic community needs, and that the specialist services in these hospitals should continue and be expanded to serve regional and national requirements.

### Amalgamation

With regard to the two remaining children's hospitals in Dublin, Comhairle accepts the moves for amalgamating between the National Children's Hospital, Harcourt Street, and Our Lady's Hospital for Sick Children. Teach Ultain, they consider, should be discontinued as an acute paediatric hospital in favour of an association with Our Lady's Hospital, for the provision of residential care. However, as the negotiations for amalgamation between the National Children's Hospital and Our Lady's Hospital have not been successful, the Board of the Harcourt Street Hospital now faces the dilemma of either continuing activities on the present site or seeking an association with a major general hospital. To fall in line with the Comhairle recommendation that general paediatric accommodation should be provided in St. Vincent's Hospital and also at the new hospitals for Beaumont and Tallaght, Harcourt Street Hospital might consider developing their services on the St. James's Hospital campus where a link could be developed with the maternity unit there. There is the added incentive for this move by virtue of both bodies having established links with the same educational college.

### 40-Bed units

The recommendation that 40-bed units should be established in the general hospitals is a departure from the opinion that paediatric specialty services can be effective only in a special children's hospital with the full support of sub-specialists.

It is not stated what services it is intended would be provided in these units, save that some beds would be allocated for surgery and that the overall care of the children would be supervised by a consultant paediatrician who, with the other consultants concerned, would jointly manage the clinical care of the patient.

It is visualised in the report that it may be necessary to transfer certain cases from these units in the general hospital to the special children's hospital for specialised treatment.

Do these units, then, not become the first line of care in a community service? In an area of dense population, is there not a case for a special children's hospital complex providing a core of services (including out-going) for these units? Why then disband, as suggested in the report, the children's unit at St. Columcille's Hospital which, in all its services, functions as a typical community complex?

There are many recommendations in the report which are easily acceptable, but the points I have outlined will, I believe, require some thought in depth before a final decision can be made with regard to the special situation obtaining in the Dublin area.

# What is the Comhairle ?

In 1968 the Report of the Consultative Council on the General Hospital Services (the Fitzgerald Report) drew attention to the need to secure a rational and co-ordinated distribution of specialised services throughout the country, and recommended the setting-up of a "Consultants Establishment Board".

The proposal was accepted by the Government and section 41(1) of the Health Act 1970 provided for the establishment of this body under the title of Comhairle na n-Ospideal.

## Functions of Comhairle

The functions of the Comhairle were defined as -

1. to regulate the number and types of appointments in hospitals of consultant medical staffs as may be prescribed;
2. to specify qualifications for appointments of consultants subject to any general requirements determined by the Minister for Health;
3. to advise the Minister or any body established under the Health Act 1970 on matters relating to the organisation and operation of hospital services;
4. to prepare and publish re-

ports relating to the hospital services;

5. to perform any functions which may be prescribed, after consultation with the Comhairle and with such bodies engaged in medical education as appear to the Minister to be appropriate, in relation to the selection of persons for appointment as consultants;

6. to perform other cognate functions in relation to hospital services as may be prescribed.

The importance of this enactment was that, for the first time, a body was created with the specific statutory authority to regulate consultant appointments in both health boards and voluntary hospitals.

## Membership

The Health (Hospital Bodies) Regulations 1972 (Amendment) Regulations 1978 provide that the Comhairle consist of twenty-seven members, not less than fourteen of whom must be hospital medical consultants. All the members are appointed by the Minister for Health. The present board, under the chairmanship of Mr. Richard Godsil, will hold office until 31 May 1982.

## Publications

The Discussion Document on the Development of Hospital Paediatric Services (reviewed in this issue) is part of a series of important reports on hospital and allied services published by the Comhairle. Other reports were -

*Report on Future Development of General Hospital Services - (a) Dublin North City Area, (b) Dublin South City Area (November 1973).*

*Proposals for a Common Selection Procedure and Machinery for Consultant Appointments. (March 1974).*

*Report on Future Development of General Hospital Services - Cork City Area. (May 1974).*

*Discussion Document on the Role of the Smaller Hospitals. (November 1974).*

*Development of Hospital Maternity Services - a discussion document. (May 1976).*

*Development of Orthopaedic Services - a discussion document. (May 1977).*

*Psychiatric Services at Consultant Level - a discussion document. (March 1978).*

*Consultant Manpower Projection up to 1981. (August 1978).*

In addition, the Comhairle has published two general reports about its activities, the first covering the period from September 1972 to December 1975 and the second the period from January 1976 to December 1978.

A report on ophthalmic services is being prepared and will be published in the near future.

## *Clinical evening in St. Columcille's*

About 120 people including local GPs, public health nurses and social workers, attended a clinical evening in St. Columcille's last November. The subject discussed was antenatal care interlinks between the hospital and the community services.

The main speakers were -

Dr. Cyril Warde, Wicklow Director of Community Care, who outlined the services available to pregnant women in his area;

Miss Agnes Hanley, Supt. Public Health Nurse in Dun Laoghaire, who spoke on the public health nurse's role in antenatal care. She said that a Community Care nurse had recently been introduced, at the request of Dr. Brennan, Obstetrician/Gynaecologist, to the antenatal clinic in St. Columcille's to further patient education.

Dr. Ray Hawkins of Bray and Dr. Roger Feely, Physician, St. Columcille's, spoke on commonly encountered medical problems in post and antenatal care.

Dr. Brennan, Obs/Gyn., St. Columcille's, discussed the role of the hospital in antenatal care.

The meeting was chaired by Dr. T.D. Hanratty, Obstetrician-in-Chief, St. James's Hospital.

In the course of the discussion held afterwards, Professor Conor Ward, Paediatrician, St. Columcille's, referred to the need for a fully serviced paediatric unit at St. Columcille's.

It was a lively and informative meeting which imparted to its audience plenty of food for thought.

The recent sudden death of Dun Laoghaire Councillor Percy Dockrell has saddened officials and members who have been associated with him over his years as a member of the Dublin Health Authority, the Eastern Health Board and St. James's Hospital Board.

He was a solicitor by profession and he devoted a very great part of his time, energy and skills to the public service as a public representative. Indeed, his contribution as a public representative spanned almost the widest range possible, from membership of the humble, yet indispensable hospital visiting committees through hospital board, health board, Corporation and County Council to Dail membership. In all of the roles to which he was called, he discharged his duties assiduously, never without the leavening of a lightly puckish humour.

He was at one time or another Chairman of Dublin County Council, Dun Laoghaire Corporation, Dublin Health Authority and St. James's Hospital Board.

Most of his interest and energy in recent years in the health field was caught up in the quickening pace of activity in the affairs of St. James's Hospital where, apart from having been chairman of the Board, he took a very active part in the various committees and groups concerned with management and development.

He was a man of wide interests in public administration, through which his basic and central concern for the Borough of Dun Laoghaire was always clearly discernible. He was a strong contender for County Borough status for it.

He was a strong defender of the status of St. Columcille's Hospital. His strong local bias was again apparent in the forcefulness with which he supported the idea of the Community Care Visiting Committee.

On a wider plane, he was deeply interested in all poss-

## **Percy Dockrell - a tribute**



ibilities for development of mental health services, an input, perhaps, from his experience in the practice of law.

However, it is as a person that most of us will remember him. Perhaps it was, again, the discipline of his profession that gave to his style of chairmanship a crisp and effective authority. On the other hand, one can in retrospect understand the contribution that his style and personality made to fusing the disparate groups, public representatives and officials alike, thrown together in the infant Dublin Health Authority. His affable conviviality, natural ease of manner and capacity to hit it off with all sorts of people were a strong unifying force at that time.

That, alone, would be a splendid thing to be remembered for.

R.N.Lamb

A seminar on Health Education was held in the Royal Starlight Hotel, Bray on 25th October last. The seminar was sponsored by the Health Education Bureau and the Eastern Health Board. The purpose of the Seminar was to devise the outline of a Health Education Programme for Co. Wicklow. Approximately one hundred delegates, representing all the health professions working in the Co. Wicklow area, attended. These included doctors, nurses, social workers (from the Community Care and Psychiatric services) together with Dentists, Community Welfare Officers, Health Inspectors, Speech Therapists, Physiotherapists, Geriatricians, Obstetricians, Matrons of Hospitals and administrative staff of the Eastern Health Board.

Under the chairmanship of Mr. Fred Donohue, Programme Manager, Community Care, Eastern Health Board, the seminar got under way. Mr. Noel Daly, Head of Education and Training, Health Education Bureau in a short but succinct address told the delegates that he was not going to say what the priorities for Health Education in Co. Wicklow should be. Rather would he expect that the health professionals refer to the vital statistics of Co. Wicklow and from them deduce what Health Education interventions would be most appropriate.

Mrs. P. Webb, Area Health Education Officer, London, developed Noel Daly's theme and discussed how Health Education could best be integrated into general health programmes. With deft strokes Mrs. Webb sketched the ways in which Health Education could be delivered:

1. By inculcating health related behaviours throughout the life of the individual — from the cradle to the grave.
2. By modifying behaviour.

Health Education of the community would of necessity

# Health Education Seminar in Wicklow

Deirdre Clear,  
Health Education Coordinator,  
Co. Wicklow.

require that both strategies be used.

Mrs. Webb described how the baby, if his mother smokes, will associate the smell of smoke, the appearance of smoke being exhaled by her, as a part of this caring loving and beloved being and so consider smoking to be a good thing.

When the child is at school, although the pros and cons (if any) of smoking may be discussed so as to enable the child to make a rational choice (which is surely what "education" is) it is the hidden curriculum (the smokey haze issuing from the staffroom) which will exert more influence.

In his teens what his peers do, say and think regarding smoking will have more of an influence on the teenager's behaviour than either parents or teachers.

So too, where the young adult is concerned, the media — particularly TV — will influence him when smoking is associated with sexual attractiveness and achievements in the sports arena.

In other words, Mrs. Webb by inference described the areas of influence and the factors which have to be taken into account, if successful health education

interventions are to be made in order to establish health related behaviours.

Where modification of behaviour is required it would be necessary to pinpoint the target group and prepare a programme in accordance with their needs, e.g. how to motivate them, by taking account of the norms, their attitudes and convincing them that the effort involved is worthwhile. The new behaviour should also be able to be incorporated easily into their lifestyle.

The situation where behaviour modification is most likely to take place is, Mrs. Webb emphasised, in the one-to-one situation between the professional and patient/client, provided the professional has empathy with the patient/client and allows or encourages reflexive feedback.

The use of fear is not necessarily a good motivating strategy and high fear arousal not alone tends to switch-off the individual but causes him to erect even stronger defence mechanisms against further Health Education messages.

The need for additional training for the professionals was stressed by Mrs. Webb. This

would include training in communication/sensitivity techniques, keeping their health knowledge up-to-date and making them aware of the necessity for co-operation with their colleagues. The need to standardise health messages was emphasised.

Health Education in the community would seek therefore to motivate the individual to attain his full health potential by:

1. His own efforts.
2. The stimulation of appropriate services to fulfil those needs when his own efforts are inadequate.

In conclusion Mrs. Webb said it was necessary to decide by means of sound research what health education programmes were necessary, for whom, at what stage the intervention should be made and where best to find the individual group, e.g. in the family, at school, in work groups, voluntary groups, self-help groups or in a combination of some or all of these situations.

After this thought-provoking address, the delegates broke into working groups for discussion.

Approximately forty-five minutes later, the delegates returned to the lecture area and the reporting secretary of each group advised the meeting of their recommendations.

Mr. Fred Donohue drew all the recommendations together, processed them and then elucidated them as follows:

1. The Community Care Teams should be extended to include GPs and Pharmacists.
2. Wicklow should be divided into four functional areas for Health Education, e.g. Bray, Wicklow, Arklow, West Wicklow.
3. Each area should have its own Health Education Committee – preferably a local leader could be asked to assemble such a committee which would comprise:

- a) Health Professionals
- b) Teachers
- c) Sporting Groups
- d) Clergy
- e) Voluntary Groups

4. Health Education programmes should be devised for
  - i) Parenthood
  - ii) Achieving a healthy baby
  - iii) Drugs/Addiction, e.g. Alcoholism, Smoking, other drugs
  - iv) Nutrition

5. Special efforts should be made for the disadvantaged.

6. Factors which militated against the advancement of Health Education in Co. Wicklow were:
  - i) Lack of staff
  - ii) Lack of funds
  - iii) Lack of aids and resources.

Mr. Donohue said that the Eastern Health Board would try to redress these inadequacies.

7. In conclusion Mr. Donohue said it was the consensus that health professionals should be brought together. Too often the professional ploughed a lone furrow, not knowing what others in the field were doing. The need for cooperation among the professionals was demonstrated.

Our sincere thanks are due to: Mr. Fred Donohue for his presence and his competent chairing of the seminar. Mr. Noel Daly for his co-operation, the financial and secretarial support from the Health Education Bureau, his confidence in the venture and his stimulating opening address.

To Mrs. Webb who captured the enthusiasm and admiration of the delegates by her critical insight into the practicalities of integrating Health Education into general health programmes and to all those who attended the seminar and by so doing played the biggest part in making it the undisputed success it was.

*Blooming Great!*



*John A. Curtis*



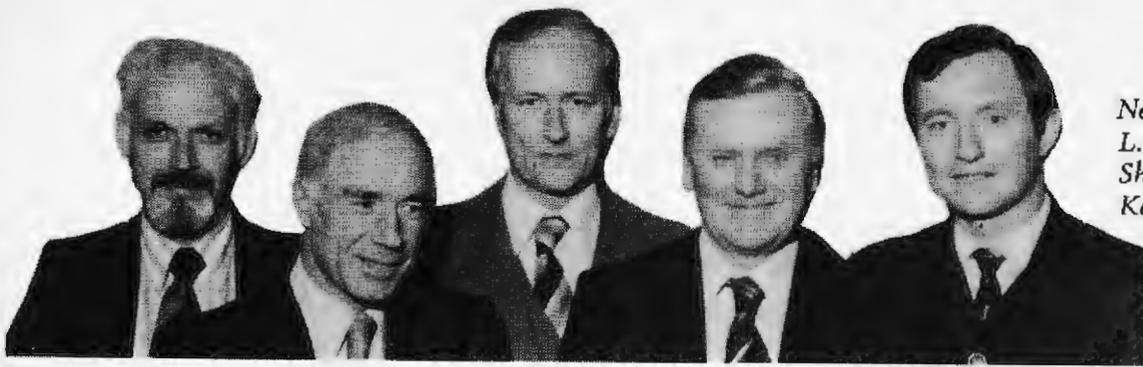
*Joseph P. Curtis*

Our gardener (and poet) Joe Curtis is very proud of his two sons - and with good reason.

The younger, John Anthony (20) distinguished himself by taking first place in the Foundation 11 Examination of the Chartered Accountants in Ireland. At a ceremony held in December last he was awarded the Arthur H. Muir Memorial Prize.

The other son, Joseph Patrick (21) has been awarded a first-class honours degree in Physics by Trinity College.

Congratulations, Joe.



*New Senior Executive Officers:  
L. to R. Michael Hanratty, Pat  
Sheehan, Matt O'Connor, Wally  
Kennedy, Benny Hollywood.*

# THE NEWLY PROMOTED



In the closing months of last year there was a great flurry of studying and learning as young (and not so young) hopefuls prepared to face interview boards for appointment as SEOs, SOs and ASOs. The examinations were held in December and when the results were announced there were so many cheerful faces around the place that we had to record the phenomenon.

*New Section Officers: Mary Kelly, P.J. Timmons,  
John Leech, John Hemenstall, Maura O'Donnell,  
Enda Halpin, Pat O'Brien and Seamus O'Brien gracing  
the centre.*



*New Asst. Section Officers: Top - John Cregan, Mairead Hughes, Jim McCormack, Joe Cahill, Billy Quinn,  
Andy Russell;*

## ST. ITA'S NEWS

by Dr. M. Conway

The winners of the *Tops of the Town* contest for 1979 entertained the patients and staff of St. Ita's with their Christmas show early last December. They are the variety group from Technicon (Ireland) Ltd. The audience really enjoyed themselves.

As a mark of their appreciation, the patients and staff presented the group with a piece of Carrickmacross lace which had been made by patients in the occupational therapy dept.

### RAISING THE ROOF WITH 'FIDDLER'

Anyone who has kept an eye on the Astra Group down the years must by now be wondering what they've done on CIE. More often than not, once the curtain comes up on their show it comes down on the buses.

Not that the missing buses affected the audiences for the Group's recent production *Fiddler on the Roof*. The night I was there it was standing room only.

And we really enjoyed ourselves. Bill Tisdall and Catherine Murphy led a large and very accomplished cast who manipulated us at will. We laughed with them, we sorrowed with them.

Bill, as the old Jewish milkman burdened with a wife and five daughters was superb. His was a whimsical, fatalistic and very lovable Tevye. He hardly left the stage for the 2½ hours of the show yet he never faltered.

Catherine, as his overworked, somewhat jaundiced wife, was the ideal foil. Her rich contralto voice seems to improve with each show. Newcomers Mary Cilcawley and Jim Hurley were most impressive.

The supporting cast acted and sang with verve, assurance and grand clear diction. They seemed to be good dancers too, but I was sitting behind a heap of hair and could only judge by what was happening at the knees.



Members of Astra who entered the one-act festival scene so successfully.

L.to R. - P.J. Timmins, M. Power, M. Hanratty, P. Kavanagh, M. Cody, F. Timmins, T. Brady.

The nurses of St. Ita's  
Cambodian refugees.  
overtime (less tax!).  
collection and passing  
£1,000.

### Recent deaths

Two popular member male nursing staff died. They are Michael Kir Michael Maher. Both comparatively young men tend our deepest sympathy to their relatives. May they find peace.

### Promotion

A well-known figure staff, Joe Carroll, has been appointed A/CNO. His congratulations, Joe.



The musical numbers were a feature of the show. The chorus produced a mellow tone which was pure pleasure to hear, especially in the Sabbath Hymn with its lovely harmonies. The Astra Group have not given us this level of music before and we would have loved a few encores. They're a credit to you, John O'Brien.

As ever, with Paddy Kavanagh producing, the whole show went like clockwork. Crowds came on and melted off and you'd think there was acres of space backstage instead of inches.

Maybe when they build the new complex the stage facilities will be more suitable for a production of this standard. And while they're at it, they could do something about the seats. The present ones are fierce hard.

Annie Welts.

Alderman Fitzgerald, recently opened a new boutique for patients. The boutique, which is in the occupational therapy department, is stocked by various firms. It is a great incentive to the more disadvantaged patients as they can now buy their own outfits at cost price.

### THE TRUTH ABOUT ASTRA

Bustin' at the seams with talent - that's Astra. And not only in the field of acting.

This year we broadened our horizons and ventured into one-act festivals. Michael Hanratty produced a one-act play called *The Truth about the Truth* by Benn Levy, with a cast of Frances Timmins, Margaret Power and Michael Cody. The play was entered for the Tallaght festival Palmerstown festival and the Dublin one-act festival, the latter being held at John Players' Theatre.

At Tallaght, Frances was judged best actress of the festival and 15 plays were performed in the course of the festival. She won the same award at Palmerstown when 13 plays were performed. At the Dublin festival Michael won the award for best producer in an entry of 11 plays, and Margaret won a special certificate of merit for her performance.

Awards are only won by team effort and equal praise must be given to Michael Cody in the male lead, Tom Brady and P.J. Timmins on stage and Phyl Kavanagh on costumes.

E. Larkin

ACROSS:

- 1. Sprinters' leader falls, though they make an impression on paper (8)
- 5. Serpent and saint display pride (5)
- 9. Drama after person believed guilty sounds chicken. Dirty work afoot? (7,4,4)
- 10. Long heavy waves for making waves? (7)
- 11. Anna has X-aerial (7)
- 12. At Bird's old city (6)
- 13. Aged worker has lots of experience (3,4)
- 15. Salesman broken over reprimand (7)
- 17. Soft bookie is one of a team (6)
- 19. Red Lane turns green (7)
- 20. Our tech' is disorderly. Seek to improve the scene by adding new strokes (7)
- 22. Collect and state pronouncements without a judge's direction to jury (5,2,1,7)
- 23. Sidles in with conceited gestures (5)
- 24. Spring study makes you learned (4-4)

DOWN:

- 1. Problem for the model girl (5)
- 2. A still unusual occurrence - plenty of action, though (3,3,9)
- 3. Hen tore about madly on it (7)
- 4. Describes on paper, we hear, the ceremonies (5)
- 5. Late in bed is very late (7)
- 6. "All the time you need" - a song about a pound. Shakespeare's play hasn't got it (2,4,2,3,4)
- 7. After score, it's more difficult to put in extra effort (3,6)
- 8. He bears gifts for scholarly fellow on a hill (7)
- 12. Consent can be pleasing (9)
- 14. Fresh, upstanding Trev gets around Dan (7)
- 16. Fruit duck passes over (7)
- 18. Exact work for work (7)
- 20. Be sorry about even half the musical sketches (5)
- 21. Detested ugly death (5)

Entries to CROSSWORD, CONTACTS, 1 JAMES'S STREET. £5 to first correct solution opened 31 January 1980. (Prize sponsored by Astra and St. James's Social & Sports Club.)

Solution to Crossword No. 23

ACROSS:

- 1. Dish 3. Apple cart 9. Feather
- 10. Seepage 11. Out-of-the-way-spot
- 12. Tiler 13. Pure fluke 15. Decoy duck
- 16. Racer 20. Pipped at the post
- 22. Sultana 23. Enounce 24. Toy makers
- 25. Edit.

DOWN:

- 1. Defrost 2. Smart Alec 3. Airship
- 4. Post-war 5. Enemy of freedom 6. A lamp
- 7. Trestle 8. The Forsyte Saga 14. Uncrowned
- 15. Deposit 16. Unaware 17. Kittens
- 19. Retreat 21. Pally

Winner: Sheila McDonnell, Bonnybrook

# New Publications

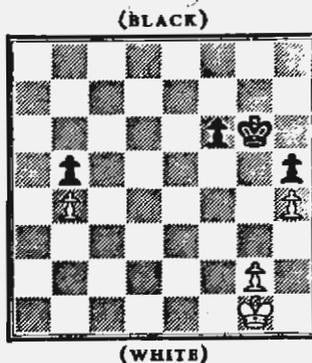
The National Social Service Council have published a new edition of *Entitlements for the Elderly*. This comprehensive and clearly-indexed booklet would be most helpful for people dealing with the public and also for the swarm of swotters in our midst. It costs 20p.

Another booklet recently published by the Council is *Call and Stay Awhile*. This booklet is designed to help people who visit the elderly.

Michael Hanratty, Michael Noble and the rest of the staff dealing with Supplementary Welfare Allowances have moved to Emmet House. Their phone number is now 719222, ex. 44, 53 or 55. The Winter Fuel Scheme and Footwear Scheme is still based in James's Street but their extension numbers are now 257 and 262.

Please note - persons seeking Supplementary Welfare Allowances should NOT be sent to Emmet House but referred, in the first instance, to the Community Welfare Officer in their local health centre. The Officers are normally in attendance each day between 10 and 11 am and 4 and 5 pm.

## Chess



PROBLEM NO. 6

White to play and win.

Answers to: The Editor, Contacts, 1 James's Street, Dublin 8.

### THE GARDENER'S PRAYER

Dear Lord, give me the eyes to see  
Thy beauty in all growing things,  
From lowly moss to mighty pines,  
To know the Source from which it springs.

Teach me O Lord the miracle  
Of tiny seeds that rise  
From Mother earth, to grow and bloom,  
Reflecting back the summer skies.

That I may in the flowers fair  
See Hope and Love, may understand  
They were created at the Dawn,  
And painted by the Master's Hand.

- J. Rustic