contacts

THE JOURNAL OF THE EASTERN HEALTH BOARD

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Editorial—MAKING CONTACT

By any standards, the Eastern Health Board is a very large organisation. It provides health services for about 1 million people in Dublin City and County, Dun Laoghaire, Kildare and Wicklow, and employs a staff of almost 6,000.

The development of a modern health service is a complex affair, involving the co-operation of outside agencies such as doctors, chemists and voluntary organisations (from large voluntary hospitals to local groups of people providing such services as meals on wheels and home helps). It is difficult for any person, however well-informed, to keep track of all that is going on. Inevitably many members of the staff are only vaguely aware of what is being done outside of the area in which they are personally involved.

The aim of CONTACTS is to insure that all persons employed by the Eastern Health Board will have the 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 requires continual criticism and reappraisal, and if staff members are to play their parts in this process they must be informed and articulate. We hope that CONTACTS will enable them to become so.

Although we hope to be educational, we certainly don't want to be stodgy, and we don't intend neglecting the lighter side. Social and Sports news will be regularly featured and articles of more general interest will appear from time to time.

CONTACTS is a Staff Magazine. Its articles and features will, we hope, be written by the staff themselves, though, if we get an interesting contribution from outside, it will not be rejected. The success of the venture depends entirely on the support of the staff, and we mean *active* not *passive* support. Most people agree that a magazine like this is a good idea, but they do not see themselves as active participants. If they are asked to write about their own interests or activities, they protest (a) they are too busy, (b) they have nothing new to say about their job, or (c) that they cannot write. None of these excuses will wash. It is well known that it is only the very busy people who do anything. Even if you have nothing new to say, somebody will not have heard it before and will learn from you. And if you can't write, don't worry. You just pretend you are sending someone a letter. You will be surprised how well it sounds.

We want contributions from everyone, from nurses, doctors, clerical staff of all grades, storekeepers, cleaners, ambulance men, social workers, gardeners, radiographers, everyone. Whatever your job is, there is something that only you can contribute.

So if you have an article or news item, please let us have it. Send it to the Editor, 1 James's Street or to any of the reporters listed on page 10.

MEET THE BOARD

The Eastern Health Board consists of 35 members of whom 19 are public representatives appointed by the local authorities in the Board's area as follows:

Dublin Corporation	7
Dublin County Council ...	4
Dun Laoghaire Borough Corp.	2
Kildare County Council ...	3
Wicklow County Council ...	3

The remaining members are composed of 3 nominees of the Minister for Health and 16 representatives of the professions concerned with the delivery of health services. These are:

9 Medical Practitioners (including: 4 General Hospital Consultants, 1 Consultant Psychiatrist, 3 General Practitioners, 1 General Practitioner with special knowledge/experience in preventive medicine),
1 Dentist
1 General Trained Nurse
1 Psychiatric Nurse
1 Chemist

Each issue will include profiles of our members. Profiles of our chairman and vice-chairman appear overleaf.

PROFILES

CHAIRMAN

Mr. Paddy Hickey

Mr. Paddy Hickey, our Chairman is a Fianna Fail County Councillor and has been representing Dublin County Council on the Dublin Health Authority and the Eastern Health Board since 1967. Mr. Hickey has been a member of Dublin County Council since 1960 and has served on Planning, Development, Finance and Housing Committees. He is keenly interested in education, being a member of the County Dublin Vocational Education Committee, the Advisory Council on Post Primary Education in the greater Dublin area and the Board of Management, Ballinteer Community School. He is also a member of Dundrum Family Recreational Centre, Balally Residents' Association and Dundrum Hurling Club. On the political level he is an important person, being on the National Executive of Fianna Fail since 1965.

Mr. Hickey is one of the most energetic of the public representatives on the Board. Formerly Vice-Chairman he became Chairman when Mark Clinton had to resign on becoming Minister for Agriculture. When the election of Chairman came up this year, his re-election was never in doubt. He is also Chairman of the James Connolly Memorial Hospital Board.

What pleases Mr. Hickey most is that the Eastern Health Board did not swamp the two counties Kildare and Wicklow, which became joined to Dublin. As Chairman he has always made it his business to see that the interests of these counties were not neglected and he is particularly happy with the improvement in health services since 1971 in all areas, not the least being Kildare and Wicklow.

Mr. Hickey's particular interest is Community Care, especially the care of the aged, who, he feels, deserve far more from the State than they received in the past.

VICE-CHAIRMAN

Mr. Dermot O'Flynn

Mr. Dermot O'Flynn, our Vice-Chairman has been a Board member since the establishment of the Eastern Health Board, having been nominated by the Minister for Health.

Mr. O'Flynn is very much involved in health and welfare services.

He is the Administrator of the Mater Hospital Pools Society, the Secretary of the Mater Hospital and the Secretary of St. Vincent's Psychiatric Hospital, Fairview. He is on the Board of Our Lady's Hospital for Sick Children, Crumlin, and the National Medical Rehabilitation Centre, Dun Laoghaire.

Mr. O'Flynn is deeply concerned with youth welfare and is the Chairman of Comhairle Le Leas Oige, the Youth Welfare Council. He is also Chairman of the National Film Institute, the Voluntary Hospitals Section of Federated Union of Employers, the Visiting Committee, St. Patrick's Institute and the Inter-Departmental Committee on Drug Abuse. He is Vice-Chairman of the Dublin Institute of Adult Education and Treasurer of the Catholic Social Service Conference. A member of the North City Hospitals Council, he is active on various working parties and sub-committees.

An active member of the Board, he has worked on many ad-hoc sub-committees over the years and is a member of the No. 3 Visiting Committee.

Mr. O'Flynn told us he has found his membership of the Eastern Health Board interesting and rewarding. He stressed the team spirit which exists between members of the Board and their supportive staff, a spirit based on a common purpose, viz. a genuine interest in the many aspects of work for the community.

'Speaking for the Voluntary Hospitals," he said, "I am glad to record the excellent progress we have achieved by removing old misconceptions in so short a space of time. Members of the Board and the officers have worked hard to build bridges of co-operation and understanding. The willing and generous spirit with which this was achieved augurs well for the continued harmony and growth of the area Health Board as a vital catalyst in the shaping of Health and Hospital Services for the unknown years that lie ahead of us."

Health and Hygiene in Old Dublin

by Dr. Patrick Logan

When men came together to live in towns they found it necessary to appoint authorities to see that the towns were kept tidy, and that the streets were passable and tolerably clean.

The city authorities also made great efforts to ensure that food offered for sale was fit to eat, and that a supply of good water was available. They tried hard to prevent the spread of infectious diseases by forcing strangers to leave the city in times of danger, and by isolating the sick when the disease had got in.

From the ancient records of the City of Dublin it is possible to see how the Lord Mayor and Council tried to administer the city during the fifteenth and sixteenth centuries.

The Lord Mayor and 24 Aldermen met weekly, the full common council of 96 members met four times a year.

Most of the time of the Common Council was taken up with complaints about such perennial sources of trouble as the dirty streets, the smells, and the quality of the food exposed for sale in the markets. One of the ordinances of the City of Dublin declared that no mains from latrines might open outward in the city, a fine of 2/- being imposed for default. In 1456 a fine of Id was imposed on anyone who failed to remove dung from in front of his house after he had been given a warning.

There was an official street cleaning service in Dublin, a cess being imposed in 1543 to cover the cost, 7d per quarter for a house with a stable, 2d per quarter for a home without a stable and 2d for every cellar or shop inside the walls. In addition each citizen paid the carter one "whytt grote" for every load of rubbish he removed. Some persons showed remarkable ingenuity in finding places to dump their rubbish, and so avoid paying the carter. St. John's Churchyard in Fishamble Street appears to have been a popular dumping ground. It is a little surprising to learn that the carter paid the Mayor "30 pecks of corn" yearly—his must have been a profitable occupation.

In 1560 "a common jakes" was built in Wood Key. The master of the city works built two more in 1571, one "by east of Mr. Fyann's new tower (east of the north end of Fishamble Street) and the other over the mill stream without Gormand's Gate." People must have approved, for in 1579 the Assembly agreed that John Luttrel Fitzrobart, Merchant, shall have the sum of 40d sterling paid to him by the sheriffs upon warrant towards the making of a common privie in the lane leading from St. Michael's land to the key and the pavement thereof.'

In the Dublin records of the 15th century there are references to an official, the city swineherd, who was warned that he must not allow pigs to stray in to the city. A century later his title had been changed. He was now "the warden of the beggars and the overseer of the swine." So began the social services and the veterinary services.

The food hygiene regulations of Dublin were stern: a baker appears to have been executed for making bad bread. The regulations declared that fish must not be gutted in the fish market. In 1459 the fishmongers were ordered to wash their boards and forbidden to throw the guts underneath. In 1566 a meat inspector, Richard Conron, was appointed. He was paid £3 a year, four yards of board cloth and his table with the mayor. His duties were to oversee the new shambles and the fishambles. Two years later his salary was increased to £5 a year; but shortly afterwards he was dismissed.

Colman's Brook which ran down from High Street to the Liffey was a great source of trouble—the neighbours used it as a sewer. In 1590 Thomas Nolan was appointed "to look to Colman's Brook from time to time and notify the defects to the Mayor." Thomas did the job so well that the following year he was given an assistant—a successful civil servant!

Dublin was probably no dirtier than any other city in those days. It could be a dangerous place. In 1636 we find Daniel O'Neill, a nephew of Owen Roe, writing from Dublin:

> "People here are very ill with great pox and small pox. There are 300 people tubbing of it. Lord and Lady Moore are in a dreadful state."

The Secretary's Day

A.M.

"He hasn't come in yet" is what she will say
"I expect him in a minute, there's been some delay"
"He just sent word he'd be a little bit late"
"He's been in but now he's just going out of the gate"

P.M.

"I expect him in, in just a short while"
"He hasn't come back yet," she says with a smile
"He's somewhere in the building, He's not where I tried.
If you hold on just a minute—his car's outside"
"I don't know whether he'll be back again or not."
"No, he's gone for the day."
Well . . . that's her lot.

Community Care

Pilot Project

McKinsey & Co. Inc. in their report "Towards Better Health Care," submitted to the Minister for Health in November, 1970, recommended the organisation of Health Boards in three Programmes—General Hospital Care, Special Hospital Care and Community Care.

They proposed that Community Care be delivered by health personnel organised at local level in community care teams. The Programme Manager, Community Care has proposed that the Eastern Health Board's region be divided into 10 areas with populations of 100,000 to 120,000, each of which would be served by a Community Care Team.

It was decided initially to organise a Pilot Project in the Crumlin/Walkinstown area with a team headed by Dr. John Walker as Community Care Director backed by an administrative staff under Matt O'Connor, Section Officer.

A progress report on the operation of the Pilot Project was submitted to the Board at its September meeting.

At the outcome the area chosen for the project comprised the Roman Catholic parishes of Clogher Road, Crumlin, Walkinstown and Walkinstown Upper (Greenhills) with a population of 57,000 at the 1966 census. The parishes of Mourne Road and Templeogue were added later bringing the population to 90,000 and close to the figure of 100,000 which is coming to be accepted as a reasonable figure for a Community Team to handle.

Portable Headquarters

Dr. Walker and an administrative staff of three commenced work in a caravan-type office. By kind permission of the Sisters of Charity this office was originally located in Armagh Road beside the Crumlin Social Service Centre. When Mourne Road was included in the project, the portable office was moved to the grounds of the health centre at Old County Road. The clinic buildings there are being altered to give four or five new offices. The telephone system is inadequate, and difficulty is being experienced in getting extra lines.

Staff

At present the Director has a staff of 2 doctors, 15 nurses, 3 social workers and an administrative staff of 5.

Services

* Maintenance and rehabilitation of disabled persons (including the blind).
* Allowances under Infectious Diseases Regulations.
* Public health nursing service.
* Social work service.
* Development and support of voluntary organisations providing health and welfare services.
* Child developmental and child welfare clinic services since July. (School health examination service will be taken over as soon as further medical staff is available.)
* Provision of services for the aged.
* Home help service.
* Information and health education.

General Practitioners

The director and his staff have had individual and collective discussions with the twenty-six general practitioners who have centres of practice in the area in regard to the operation of the Choice-of-Doctor Scheme and the provision of nursing, social work and other services at the request of the doctors. With the continued co-operation of the general practitioners it is proposed to hold these meetings on a regular basis to get their views and suggestions for improvements in the services.

Voluntary Organisations

Liaison is maintained with voluntary organisations, who are encouraged to extend their services. Crumlin Social Service Centre provides a social work service in the Crumlin area together with other important services such as Meals-on-Wheels, Pre-school Play Group, etc. New voluntary projects include a Senior Citizen's Day Centre at Clogher Road and a Community Centre at Mourne Road which will receive substantial grants from the Board.

Home Helps

The Home Help Service has been re-organised. A special committee consisting of representatives of the Community Care Team and of the relevant voluntary agencies in the area has been established to provide a comprehensive service throughout the area. A Home Help Organiser and a Supervisor have been employed.

Health Education

A start has been made with a modest scheme of Health Education and a series of lectures for teachers in a number of Primary Schools was held early this year.

Medical Cards

Owing to lack of suitable offices it has not yet been possible for the project to underake the processing of applications for medical cards. It is hoped to do this work when the alterations to the clinic at Old County Road are completed.

Child Care Services

The most important of the other services remaining to be assigned to the project are the Child Care Services (foster care, adoption and provision of residential care) and Public Assistance.

It was not possible to transfer the Child Care Services until a Senior Social Worker was available. This officer has been appointed and it is hoped to make the assignment shortly.

Tallaght

While Tallaght is outside the present boundary of the Pilot Project an area office will be set up there as soon as possible to provide a focal point for the Board's services and to establish liaison with the various voluntary organisations in the area. The staff in the Pilot Project will supervise the work.

Future Talks

Among the major tasks to be undertaken by the Director and his staff in the Pilot Project in the immediate future are:

* To develop links with the general practitioners.
* To continue the development and support of voluntary organisations providing health and welfare services and to co-ordinate their work with that of the Board.
* To develop liaison with Education and Youth agencies and to extend Health Education.
* To develop the assessment, rehabilitation and care services for the handicapped.
* To continue the programme of developing services for the aged in the area.

Adequate accomodation essential—Experience to date has shown that community-based projects of this nature will not succeed unless there is adequate staff and proper facilities.

As the service became known, the staff found it difficult to cope with the increasing numbers of people attending. The lack of suitable interviewing rooms and a conference room where the team could meet to discuss cases and problems was the cause of much frustration.

If the directors and teams are to do their work properly in the proposed community areas, adequate office accommodation must be provided.

Miss Breda Blanche, clerk typist in the Community Care Department, Basin Street, Naas, has volunteered as a teacher of shorthand/typewriting with CONCERN. Breda left for Bangladesh in mid-August. She was granted special leave for 18 months. All the good wishes of local staff go with her. Breda was very active in amateur drama groups and local youth clubs. We look forward to having some news from her in the near future and, of course, her eventual return to the ranks.

The General Practitioner In Ireland

by CANICE MANSFIELD

Early this year the Consultative Council on General Medical Practice in Ireland published its report "The General Practitioner in Ireland." Set up in October 1971 by the former Minister for Health, Mr. Erskine Childers, T.D., under the chairmanship of Dr. James McCormick, the council was directed to examine and report on the following matters:

* The number of general practitioners required and their recruitment.
* Their qualifications, pre-entry and post-graduate education.
* The development of group practice and other joint arrangements.
* The provision of nursing and other staff for general practice.
* The co-ordination of general practice with the health services, particularly the psychiatric services.
* The relationship of general practitioners with hospitals and homes.

The council was also asked to comment on the operation of the General Medical Service under Section 58 of the Health Act, 1970, and of the Maternity and Infant Services under Sections 62 and 63 of that Act, and any other specific matter referred by the Minister.

The first part of the report describes the evolution of general practice, its present organisation and the health problems confronting it.

History

Chapter 1 sketches the historical background of the medical services in Ireland from the days of the Brehon Laws to the establishment of the Dispensary System and its recent displacement by the choice of doctor scheme.

General practice now

The present organisation of general practice in Ireland is described in Chapter 2. The general practitioner is defined as the doctor who provides comprehensive primary medical care for his patients.

There are no legal or professional controls in Ireland over the number of doctors who may take up general practice. As soon as he is fully registered, a doctor may set up a practice, though most spend some-time at first in post-graduate work in general or specialised hospitals at home or abroad. The typical Irish general practitioner works single-handed, usually from his own home, though many former dispensary doctors continue to work from former dispensaries or other premises owned by the local health board.

The report goes on to describe the choice of doctor scheme, where practitioners under contract from health boards now provide a service for eligible people. Since only about 30 per cent of the population is covered by this scheme, the majority visit their doctors as private patients.

Public opinion

The council tried to obtain the views of the public on the service given by G.Ps. The main criticism was the difficulty in getting prompt attendance of a doctor in an emergency. Mention was also made of the reluctance of some doctors to answer night calls. People also complained about the high cost of prescriptions and queried why doctors should write prescriptions for items which could be purchased without paying a dispensing fee. There was little criticism of doctors' knowledge, though the need for refresher courses was often mentioned.

The idea of group practice was favourably received, and the importance of continuity of care acknowledged, though with the right to change doctors if this was necessary. In all, there was fairly general satisfaction with the system, though the image and standing of the general practitioner in the community during recent years has suffered with the curtailment of his hours. It appeared to many that some doctors are now more concerned with conditions and pay rather than with the patients. It was also felt by the public that the doctor's attitude to the patient tended to vary with the patient's social status.

Health needs

The role of the G.P. in relation to the health needs of our society is discussed in Chapter 3. Ireland, it is pointed out, is in a state of rapid change. In recent years there has been a massive growth in urbanisation, so that for the first time in our history the majority of the population live in towns. Mobility within our society has increased, leading to a weakening of family ties and a reduction in the support which is available at times of crises. At the same time our society has been increasingly exposed to new cultural influences. All these changes have contributed to an increase in conflict, emotional insecurity, neuroses and addiction.

About 90 per cent of known illness is still treated outside hospital and the G.P. is usually the first point of contact between patient and the Health Services. This makes a doctor's competence as a diagnostician of greatest importance and the report recommends that the doctor should have diagnostic aids available in the surgery and have access to simple radiological procedures and laboratory services. Attention is drawn to the psychological factors present in a large number of illnesses, and the need to consider the patient as an individual, as well as a patient with symptoms. The report draws attention to the interaction of psychological and social factors and the need for the doctor to have a thorough knowledge of the patient's social circumstances in order properly to understand the symptoms and to make proper decisions. The doctor's role in educating his patients in proper eating and drinking habits, in pre-marriage counselling, advice during pregnancy, with help regarding infant feeding, upbringing of children, etc. is stressed. The report expresses concern about the rising cost of drugs and considers that doctors should be encouraged to avoid prescription of expensive proprietary drugs when there is a less expensive and equally effective alternative. It also goes on to recommend that all prescriptions dispensed should be labelled with the name of the drug dispensed unless the doctor directs otherwise. It suggests that the levels of profit of the pharmaceutical industry at manufacturer, wholesaler and retailer level may be too high and should be subject to close scrutiny.

An interesting, and perhaps controversial, recommendation is that doctors' certificates should not be required for periods of sick leave of one week or less.

Primary health service

The organisation of a primary health service is discussed in Part 11 of the report. The main aims of such a service should be:

* The early identification and the prompt efficient treatment of the disease.
* The prophylaxis of disease both physical and mental.
* The continuing care of patients —individuals, and families—and the provision of support to the chronic sick, the disabled, the mentally ill and the elderly.

Team work

The council considered that these aims—which include the provision of emergency care outside normal hours—could not be adequately achieved by single handed G.P.s working on their own. They could best be realised through a team approach, co-operation between doctors and good practice organisation. These teams should consist of G.P.s ideally in a group partnership of three to six doctors, nurses and secretarial staff. The team should be able to call on the assistance of social workers, home helps, physiotherapists and chiropodists, and should have available to them the advice and help of others, particularly visiting consultants, and should work in close association with voluntary organisations.

The public health nurse should be brought into much closer association with the G.P. Ideally she should become a member of the practice team and should work from the same premises as the G.P. so as to be constantly aware of the medical needs of the community. She should also be in attendance at the surgery with the doctor where her nursing skills could be most effectively employed. This would suggest the attachment of public health nurses to all practices, though it is conceded that this would be hard to achieve, having regard to the numbers required. However, the report recommends that public health nurses should be attached to group practices where possible. Where such staff was not available the group practice should be assisted in paying the salaries of nurses. The inclusion of social workers, home helps, physiotherapists and chiropodists in the team would, the report concludes, assist in supporting people at home and producing appreciable saving in the need for hospital beds and would also facilitate early discharge from hospital. The general practice team could also assist in creating an awareness of community health problems, and should be in a position to guide, and where necessary teach, those anxious to help. An important part of this would be close co-operation with voluntary organisations.

Group Practice

The report recommends grouping and co-operation between doctors in practice, listing the advantages for both patient and docto. as follows:—

* it enables the members of a group to provide cover for each other for off duty, sickness, emergencies, holidays and attendances at continuing education courses;
* it facilitates the more economic use of equipment and premises;
* it provides for the more efficient use of supporting ancillary staff;
* it facilitates the provision of continuity of care and enables the patient to relate to specific premises where each member of the group has access to his records; a fellow group member will be naturally more attuned to his colleague's clinical practice than would a casual deputy and over a period the patient will find it possible to relate to all members of the group;
* members of a group can benefit educationally from working in close association with each other.
* individual members of the group find it easier to develop and pursue special interests, e.g., developmental paediatrics, maternity and geriatrics;
* it reduces the economic barrier to entry to practice.

There are very few partnerships or group practices in Ireland, and the report recommends that they should be gradually introduced, by persuading doctors of the advantages of co-operation and by providing incentives.

It recommends that health boards should provide health centres which include accommodation for the practice team and the health board services. Where health centres are not provided, doctors in group practice should receive grants or loans to assist them to provide their own premises and also contributions towards the salaries of secretarial staff. The report stresses that group practice can provide a high quality of care only by good organisation, the main elements of which are an appointment system, good records and adequate secretarial and administrative staff. The development of services on the lines suggested will require that a single individual be given the responsibility for providing the necessary advice, encouragement and co-ordination in each area. The report recommends that the director of community care be given this responsibility.

The recruitment and methods of entry to group practice is the topic of Chapter 5. There are upwards of 1,500 G.Ps. working in the Republic of Ireland today, and, taking the country as a whole, the average number of persons per doctor is just over 2,000. A figure which is regarded as indicating a reasonable provision for primary medical care. The report notes that about 15% of the total of doctors in general practice are over fifty years of age, and estimates that if the current doctor/patient ratio is to be maintained, about 1,000 new G.Ps. will be required in the next twenty years, an average entry of fifty a year.

If the distribution of G.Ps. is left entirely to chance, the number of undoctored areas is likely to increase. Therefore a more favourable climate for entry to general practice as a whole must be created, and rural practice, particularly practice in more remote areas, made more attractive to the doctor. Ideally the young doctor should be absorbed into an existing practice as an assistant, with the expectation of proceeding fairly rapidly to become a partner.

The report recommends that young doctors be allowed to enter the choice of doctor scheme, providing that they have undergone approved vocational training and that their names appear on a vocational register to be established.

About 30% of our present medical graduates are women. Although they have a special contribution to make, relatively few of them enter general practice.

The growth of partnerships and group practice should offer increased opportunities to married women to work in general practice on a part-time basis.

(To be concluded)

The Free Milk Scheme

by MARIE MOONEY

The work on which the Milk for Mothers and Children Section, 21/25 Lord Edward Street, Dublin 2, is engaged is that of providing milk to necessitous families, i.e. those with "full eligibility" under the Health Act, 1970. The supply is made available daily by the roundsmen of the dairies with whom the Eastern Health Board has an annual contract.

Children under 5

The allocation is for children under 5 years of age and is made on the basis of a pint per day for one child and a half pint for each additional child, except that where there is an infant under six months a pint is allowed for the infant. Dried milk, if the local Child Welfare Clinic Medical Officer recommends it on a written certificate, is allowed in lieu of liquid milk at the rate of five one-pound packets per four-week period, being the equivalent of the liquid allowance. A certificate is required at four-weekly intervals and the supply is given from one week to six months of age. Babies born in the Rotunda, National Maternity Hospital, Holles Street, and Coombe Hospital are supplied by these hospitals until they are over six weeks old. In all other cases a certificate from the mother's doctor or hospital medical officer is accepted for the provision of dried milk to infants from birth to six weeks by the Eastern Health Board. As dried milk is perishable it is not stocked at all Clinics and, in some cases, people have to call or write to Lord Edward Street with their certificate to collect it.

Expectant and Nursing Mothers

Expectant mothers are allowed one pint of milk per day for six months before confinement on production of a certificate from their doctor or hospital medical officer or midwife, giving the expected date of delivery. The allowance for nursing mothers is one pint of milk daily for six months after the birth on production of a certificate from their doctor or hospital medical officer or midwife giving the date of birth and stating that the mother is breast-feeding.

Under the present arrangement, applications for the supply of free milk are received by the Health Board:

(a) from applicant calling to Lord Edward Street office and filling out form;
(b) from applicant calling to Assistance Office and filling out form for transmission to Lord Edward Street;
(c) through Public Health Nurse, Irish Society for the Prevention of Cruelty to Children, Social Workers and other interested bodies.

Difficulties with Accounts

A notice of entitlement is sent to every beneficiary at the end of each quarter together with a green receipt card for the quarter expired. The beneficiary is required to sign and return the green receipt card to Lord Edward Street or it may be handed into any Health Centre as convenient. In fact, not more than 55% comply with this requirement. All receipt cards are filed for reference when accounts are being checked. There is no effective way of ensuring that all receipt cards are returned by the beneficiaries. Beneficiaries threatened with stoppage

frequently claim that receipt has either been posted or handed in to local centre. There is no way to disprove such a statement. Also, all complaints regarding non-delivery were immediately rectified by dairy on receipt of complaint from Board. The poor return of receipt cards has resulted in long delays in paying the balance due on the dairy accounts, as there was no proof from the beneficiaries that the milk ordered was delivered. Ninety per cent of an estimated figure for deliveries made during a month is paid each month to the dairies.

New system

An alternative system is being considered whereby the beneficiary would hand a voucher each week to the roundsman to be returned with the dairy invoice. This system, it is hoped, will provide proof of delivery and eliminate delay in paying accounts. It should also reduce the workload of the office staff in listing beneficiaries and checking accounts. A simple filing system could be used instead of the present one which is arranged in seven dairy areas. It will be a more suitable system for itinerants who change address at frequent intervals.

Volume

There is a constant increase in the number of beneficiaries, corresponding to the rising number of Medical Card holders. However, this is offset by a slight decrease in the birth-rate. At 1/8/1974 6,641 households were being supplied, in comparison to 4,384 on 1/8/1969.

During the year ended 31/3/1974 figures for the milk scheme were as follows:

Pints supplied	3,041,407
Cost	£159,956
One lb. packets of Dried Milk supplied	29,838
Cost	£7,487

The Infant Aid Society first operated a milk scheme in Dublin in 1911 when there was dire poverty in the city. From 1954 the Dublin Corporation and latterly the Dublin Health Authority and the Eastern Health Board operated the scheme with the Society until last year (in accordance with Section 65 of the Health Act 1953) when the Society ceased to exist. In the early days the scheme prevented starvation but nowadays it is more in the nature of a family income supplement.

Along the banks of the Grand Canal

By Maura Clarke

Few of us who daily use the Rialto entrance to St. James's as we rush in to work in the mornings to beat that "line" realise that we pass over a part of old Dublin which will soon disappear. If we glanced over Rialto Bridge we would see a slimy mess of near stagnation, filthy and overgrown with weeds, filled with rubbish, car wrecks and an occasional dog carcass, sadly belying its name—the Grand Canal.

For those of us who grew up in Rialto, the canal has many memories. It brings back thoughts of summers spent fishing for "pinkeens" with net and jam-jar. We took our "catch" home and put it into the bath, but, removed from the canal, these fish only lived a few hours. On hot days the boys used to swim in the canal. They jumped from the bridges and, if extra brave, swam the length between the bridges. It was not considered proper for girls to swim in the canal. I can only remember one ever doing so. She was considered a "proper hussy" by all the mothers, though I don't think the boys objected.

Then there were the swans, the beautiful swans. The stretch from Rialto to James's Harbour at Guinness's was the nesting place of at least 30 swans. Strangely, there never seemed to be many cygnets. We children, concluded that this was the "widows' and widowers' rest home." We had been told that a swan takes only one mate and decided that when one died the bereaved partner came here to end its days. These beautiful birds gave a grace and elegance to an area which is sadly lacking in both.

But our fondest and most lasting memories will be of the barges, those ungainly but sturdy boats which chugged up and down the canal, going to distant places. We came to know many of the boatmen who, besides giving us a cherry greeting in passing, supplied us with "Guinness's Ropes" for skipping and and for swinging from lamp posts.

Grand Canal Harbour, James's Street, was the nerve centre for the whole canal system. From its opening in 1779 to its closing on 27th May, 1960, it carried passengers and cargoes, to places as far away as Limerick and Waterford. It took four days to get to Limerick, and it was considered that the people of that city obtained the best porter in Ireland as it had time to mature on the journey.

When the barges were in use, there were three harbours at James's St. The outer one was completely unprotected until the mid-1950's when bollards were built along the road. It was quite common for some poor driver to take a wrong turn and drive right into the canal. Fortunately, there were very few fatal accidents. A channel led into the middle harbour which was used for loading and unloading. A further channel led to the inner harbour. On one side of this harbour was the entrance to what was known as the Guinness Pond. A swing bridge on the roadway was opened to allow boats to discharge malt into the Guinness stores. We spent many enjoyable afternoons watching in fascination the little bridge move backwards and forwards.

To carry the stout around Dublin, Guinness's chartered horses and carts. These belonged to Messrs. W. Richardson and they were stabled at Herberton Road, Rialto. At 7 a.m. one would awaken to the clatter of hooves and the jangle of harness as one after another the

big draught horses made their way to the harbour to begin their day's work. At 6 p.m. they would return up James's Walk, through Rialto and into Herberton Road. They were a part of our world, and many local lads learned the Dublin art of "scutting" on the back of Richardson's drays. They also provided a cheap source of fertiliser for the gardens of Rialto.

Though stout was the main cargo for the barges leaving Dublin, they did carry other goods such as tar and hides. On the return journey to Dublin they usually carried malt to the Guinness Pond and sugar from Carlow which was held in a store at the harbour.

Having left the harbour the boats made their way along by James's St. C.B.S. and Basin Lane Convent. Until 1869 this area was the city basin reservoir. Twenty per cent of the water for this reservoir was supplied by the Dodder River, the Grand Canal supplied the other 80 per cent. Because of this, bathing, and "swimming dogs" were prohibited in the canal. In 1845 a suggestion was made that the water was unfit for human consumption. An analysis however reported that the water was "soft, sweet and wholesome and well adapted for domestic use of every description." The basin was closed because it was unable to cope with the increasing demand for water in the city.

After the basin, the canal passes under the strange iron footbridge known as the "birdcage". It widens then and passes St. James's Hospital on the right and Fatima Mansions on the left. Flowing under Rialto Bridge and on to Suir Bridge, it is joined by the "Circular Line". The "Circular Line" or "Ringsend Branch" is a branch line of the canal which was opened in 1796. It connects the "Main Line" with the port of Dublin and sea-going ships. From Suir Bridge the canal runs on to Inchicore and the first of the 36 locks on its way to join the Shannon. At Lowtown, near Robertstown, a branch cuts off and joins the river Barrow at Athy.

What of the future? A proposal was made in 1971 that sewerage pipes be laid on the canal bed from Clondalkin to Ringsend. Due to public pressure this plan was dropped and a promise was extracted from the Government that the canal would be retained. However, there is no hope that the junction from Suir Bridge to James's St. Harbour will be saved as it gives access only to the now filled-in harbours. Plans have already been drawn up for the filling in of this stretch of the canal. If accepted, it will mean that the canal will eventually become a park and provide play facilities for the children of an area which lacks such amenities. It will be a fitting end for a waterway which provided a happy playground for many generations of children.

Astra Theatre and Social Group

by TOM BRADY

The Group was reformed in 1967 or as our honourable member Vincent Tracey tells us, rising Phoenix-like from the ashes of previous drama groups. Our primary aim is the entertainment of hospital patients.

We try to achieve this aim in several ways. At least two shows are produced a year. These vary from such frolics as "See How They Run" to high drama—"Anastasia" with the occasional attempt (successful, of course) at musicals—"Salad Days." The shows are brought to the Board's hospitals to entertain those who could not otherwise see them. In addition patients are transported by volunteers to the hall at James's Street, for special showings. Public showings are given, of course, to raise funds to defray the cost of production. In this way we can finance our other activities on behalf of patients. If only we were given more support how much more money would be available for these.

While the publicity attached to the shows is gratifying the other activities are much more satisfying. Did you know that each year some 50/60 patients, many of whom have not been outside their geriatric wards for years, are brought on outings? If you did, I fear that very few know that a similar number are sent on a pilgrimage to Knock Shrine annually.

If you have full marks for knowledge so far I am sure that you did not know that, this year, we have contributed a substantial sum to help defray the cost of sending two seriously ill patients to Lourdes. We have also sponsored two old ladies on a holiday to Butlins.

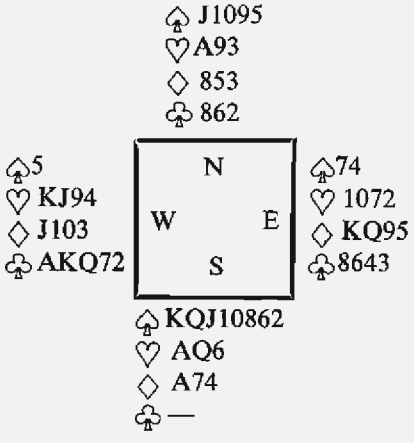
Why am I so sure! Because if you did you would already have become a member of the group, and as our total membership is 500 out of a staff of over 5,000 the odds that you are, are pretty low. The cost?—a mere 50p annually! For this paltry sum you will be assisting us to continue our efforts to entertain patients and as a gesture of thanks we will give you one ticket—completely free, to each of our shows.

Send your subscription now to our Treasurer—Miss D. Kennedy, Personnel Department—only 50p.

BRIDGE HAND

Kevin Quinn

*Game A*11 *Dealer West*



Bidding:

West	*North*	*East*	*South*
1C	Pass	2C	4S
Pass	Pass	Pass	

Lead Club K

Declarer can see 9 top tricks. How to conjure the 10th. Ruffing lead with SJ—he led SK overtaking with ace. Then CJ, discarding D4. West then led DJ, declarer winning with ace. The S6 was overtaken by S9 and C.10 led, declarer throwing D7. Ruffing D return, declarer then led 2S to dummy 3S and discarded heart loser on established 9 of clubs. It shows how important entries to dummy are. Supposing declarer ruffed the opening lead with S2!

ST. JAMES SPORTS & SOCIAL CLUB

BRENDAN CARR

The Social Club welcomes this new publication and will be reporting regularly on activities within the Club. Our own "NEWSFLASH" will continue to appear as usual.

Briefly, for people who are not familiar with social club activities, we have ladies and gents football teams, a G.A.A. team, a swimming club, a chess club, a tennis club, a hockey team and a table tennis team.

Most of our members are active, 90 footballers (20 of whom are girls), 40 tennis players and the other interests are also well established at this stage.

In existence for less than three years, our greatest successes have been on the football field, but we hope that with better and improved facilities success will follow in other areas as well.

Finance as usual is a major problem. Our main sources are social evenings and membership fees. Our very long term aim is to have our own social centre but on our present income it will always remain long term.

Football—Civil Service league team

Over forty teams representing the staffs of government departments, state sponsored bodies, and local authorities compete each year for the Civil Service League and Cup competitions.

We have partaken each year since the club was founded and our record reads:

1972 – Winners Division 3 and Cup Finalists
1973 – Cup Winners
1974 – 3rd place in Division 1 and Cup Finalists

Next years the committee are planning to enter a second team, that is, if a suitable footfall ground can be procured. This year we experienced great difficulties in arranging home matches because of the lack of a pitch.

Internal Competitions

Each year three seven-a-side competitions for persons employed here are organised. The most popular is the Kenny Cup, an inter-departmental championship. It is under way at the moment. Previous winners were Porters/Engineers 1972 and General Medical Services 1973.

At the start of each season the Football Sub-Committee collects the names of all persons interested in playing and selects eight captains who pick a team each from the panel of players presented to them. This gives more balanced sides and helps towards the selection of the Civil Service team.

The third competition is for players not selected for the Eastern Health Board team and is the least serious of all. Actually taking part is more important than winning.

Ladies football

The novel attraction of this sport must have been the reason why up to seventy girls played football in the 1972 season. This number is now down to twenty. The club also enters a team in the Civil Service League, Cup and Shield competitions.

The record to date reads:

1972 – 6th in Division 1
1973 – Relegated from Division 1
1974 – 4th in Division 2 and semi-finalists in Civil Service Cup and Shield.

The standard of performance from this quarter has improved immensely this year and the good run in the knock-out competitions included victories over Division 1 teams.

Swimming

We have just completed a 16-week course of swimming classes in the C.B.S. School, Parnell Road, and a new series has commenced at St. Mary's Hospital in the Phoenix Park.

If you cannot swim this is your chance to learn and, if you can, this is your opportunity to improve your style. You have choice of Mondays or Thursdays, 5 p.m. to 7 p.m.

Tennis

Each year we hold three internal competitions:

1. Mixed Doubles
2. Men's Singles
3. Ladies' Singles

Last year a special Shield was presented to the club by the proprietors of the Elm Bar in James's Street.

We also play in the inter-hospitals tennis competition but have achieved little success.

Our greatest problem here is a lack of facilities. The committee is endeavouring however to have courts made available.

Chess

We entered this sport only last year. We have played some full scale matches against outside competition. During the winter months it is hoped to train and coach some very promising beginners in the club. A Swiss tournament is planned for the months ahead also. Once again lack of facilities is a major problem. We would like to have a room available at all times for chess and other table games.

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