

# contacts

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In the month of May, 1975 two new welfare homes were officially opened by the Chairman of the Board, Councillor P. Hickey. On 15th May he opened St. Broc's in Clonskeagh and on 22nd May Clarehaven in St. Canice's Road, Glasnevin.

Both homes, which contain accommodation for forty people were designed by the Board's consulting architect, Mr. P. V. Moloney. The quantity surveyors were Messrs. Morris and Kavanagh and the consulting engineers Messrs. Curry and Gillespie. St. Broc's was built by Messrs. Byrne & Sons and Clarehaven by Messrs. Hugh O'Neill & Co. Ltd. The grounds of both homes were tastefully laid out by the Board's head gardener, Mr. J. Curtis.

These homes have been provided as part of the community care plan to provide accommodation for elderly persons in the Board's area. In 1963 the number of elderly people over 65 in the area was 63,000; the projected figure for 1976 is 90,000. Many of these persons do not require medical or nursing care, but because of their frailty are unable to care for themselves fully in ordinary or sheltered housing. Welfare homes are designed to meet their needs. Unlike nursing homes or homes for the incapacitated, nursing care is not provided. The residents are mobile and to an extent self-reliant; where need arises a supervisor is at hand to take control of the situation. The supervisor is resident in the home, and by means of a bell system can be alerted by the residents. If medical attention is required, a doctor participating in the General Practitioner Services is called.

## WELFARE HOMES OPENED



*At the official opening of St. Broc's Welfare Home, Cllr. H. P. Dockrell, T.D.; Cllr. P. Hickey, P.C., Chairman, Eastern Health Board; Dr. L. Cusack, Medical Superintendent, Clonskeagh; Miss M. Lacey; Cllr. M. Carroll, and Mr. M. Mulvihill, Dept. of Health.*

The design of a welfare home is a single storey building, comprising dining room, kitchen, sitting rooms, a number of single bedrooms and bedrooms for two or three persons. Special attention to the needs of the aged has been paid in the design of bathroom and toilet facilities. The aim is to provide for each elderly person the comfort and security of home, with as much informality as possible. For this reason it is not intended to provide more than 40 places in any home; a large number would inevitably bring in its train the disadvantages of the big institution.

Admissions are controlled by committees consisting usually of the supervisor of the home concerned, a senior public health nurse, a medical officer and a social worker, under the overall control of the chief medical officer. In Kildare and

Wicklow applications are channelled to these committees through the chief medical officer. Persons accepted for admission are required to make a contribution for their maintenance, as provided in the Institutional Assistance Regulations, 1954.

In addition to St. Broc's and Clarehaven the Board has provided a welfare home in Bray and has contributed a grant of £50,000 to the Irish Sisters of Charity towards the cost of a home in Donnybrook. The Board contributes to the maintenance of residents in the Donnybrook home on a capitation basis.

Other welfare homes have been planned for districts in Dublin, Kildare and Wicklow, though, in view of the present economic situation, it may take longer to have these in operation than was originally expected.

# MEET THE BOARD



Architect P. V. Moloney presenting key of Clarehaven to Councillor P. Hickey, Chairman, Eastern Health Board.

## ST. BROC

St. Broc, after whom the new welfare home was named, was an immigrant from Co. Meath who established a church in the district in the 7th century. She was a nun and the daughter of a chieftain named Dall Bronach.

From the site of her church was derived the name of the district Dornnach Broc, later corrupted to Donnybrook.

It is of further interest that her church was associated with the general Monastery of Taney, sited in the district still known by that name near Dundrum. The name Taney is believed to be based on the name of St. Nathy, being a corrupt form of Teach Nathy.



Councillor Mrs. Barlow

Councillor Mrs. Johanna Barlow has represented Dublin Corporation on the Board since July, 1974. A Community Councillor she was elected to Dublin Corporation in the Artane-Coolock-Santry constituency, having been nominated by the Belfield Park Residents Association, which she has served as honorary treasurer for the past 15 years. Although new to politics, Mrs. Barlow has a wide experience of community problems, being a member of the Red Cross Society and of Whitehall Social Council, which is concerned with the problems of old people in its area. She is also a member of the Old Age Pensions Appeals Committee.

A general trained nurse and a practising domiciliary midwife, she trained at the Royal City of Dublin Hospital, Coombe Maternity Hospital and Rialto T.B. Hospital. She is a member of the boards of the Meath Hospital and the Orthopaedic Hospital, Clontarf, An Bord Altranais and the National Health Council.

Mrs. Barlow holds strong views on the present state of the domiciliary midwifery service. She deplores the trend towards increasing maternity hospital admissions, believing that confinements at home are more advantageous to the mother, baby and family than hospital confinements. She contrasts the noise overcrowding and impersonal atmosphere of the hospital ward with the peace and familiarity of the home. An important point which she stresses is that domiciliary confinements tend to improve the understanding between parents and family relations generally. A father who holds his newly born child in his arms experiences a deep sense of satisfaction which strengthens his love and attachment to his wife. The other children, too, show less jealousy of the newcomer when they are involved in the home confinement than when the mother returns home from the hospital with her baby.

In her experience, very few husbands, after the first home confinement, want their wives to go into hospital for subsequent births. Mrs. Barlow feels that much more encouragement should be given to

home confinements, and that husbands should be entitled to paternity leave and not be forced through economic necessity to send their wives to hospital. Home helps should also be provided to assist husbands during confinements.



Deputy Ciaran Murphy has been a board member since 1974, representing Co. Wicklow. He was elected to Wicklow Council Council in 1972 and to Dail Eireann in 1973. Deputy Murphy is also a member of Wicklow Vocational Education Committee, The Eastern Region Tourist Organisation and the Eastern Region Development Corporation.

An Arts graduate with a Higher Diploma in Education, Deputy Murphy is keenly interested in Community work. He considers that improvement of the health services must come through the development of community care and a diminishing emphasis on institutional care. His underlying philosophy is that health services ought to fulfil the patient's requirements. This may seem a rather obvious point—like Florence Nightingale's maxim that a hospital should not do harm to a patient. Yet in large organisations like health boards, managers and planners, deliberating over their long-term plans, may fail to see things from the point of view of the individual in need of care. With men like Ciaran Murphy around there is little danger of this happening in the Eastern Health Board.

## Social and Sports Club News

We were beaten in the final of the Inter-hospital Mixed Hockey Competition by Cedars. We did, however, manage to beat St. Brendan's in the semi-final which must be regarded as a victory and a half! Our players were:

Mary Quinn	Paddy Hennessey
Mary Stagg	Kieran Hannon
Hazel Malcolm	John Keppel
Rosemary Kenny	Pat McGinley
Linda Walpole	Victor Shaw
Stephanie Kirwan	Brendan Carr
Ann Bagnall	

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Teams involved in competitions at the moment are the ladies footballers (having their most successful year ever), inter-hospitals tennis team and two gents teams playing in the Civil Service leagues.

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We would like to take this opportunity to thank the Personnel Officer for the help he has given us in securing a football pitch this year.

### Farewell

Two quiet men, Paddy Boyle from the Salaries and Wages Section and Paddy Melinn from the Maternity Services Section, left us last May, having reached retirement age.

Paddy Boyle who unobtrusively ensured that we all got our salaries in time each fortnight has no intention of giving up his working life just yet. He has moved straight into another job in the Rheumatism Clinic.

Paddy Melinn is perhaps best known to all of you as one of the character actors of the Astra Group. He was last on the boards in the part of Geraghty in *The Righteous are Bold*, and he tells us he will be glad to come back and play for us at any time. In the meantime he is enjoying the sun.

Good luck to them both.

Many of our dispensary porters with long years of service behind them have recently retired. They are: Tommy Geraghty (Curlew Rd.), Patrick Foley (Cabra), James Quinn (Marino), John Corway (Cashel Rd.), and Bernard Brennan (Bride St.). We wish them every happiness in the future.

## Round and About

### One Car for Sister Sarah

Who says senior citizens don't get brainwaves? The best we've heard lately was one produced by the folk who attend Sister Sarah's Day Centre in Naas. They are getting Sr. Sarah a little car—for nothing! Well, not for nothing; for 960 books of Green Shield Stamps. In the first week they collected 60 books.

What about the rest of us—couldn't we throw in a book or two? What about the hundreds of stamps that accumulate in the pocket of the car, or jam up the drawer in the kitchen?

Sr. Sarah could do with a little car of her own. She visits all the old people for miles around before arranging for them to attend the Day Centre. At present she is dependent on lifts, and sometimes she can't get to see all the people she would wish.

With a small band of dedicated workers Sr. Sarah has built up a schedule of activities which has brightened the lives of the old people, many of whom live in isolated rural areas. The centre is in operation four days a week, and old folks are brought in from various areas, including Kilcullen, Newbridge, and Kilcock, on a rota system. People who live in Naas usually come to the centre every day. Transport is provided by the Eastern Health Board as is an excellent pre-prepared lunch served at the centre. The activities for men and women include such crafts as wickerwork, rug-making, crochet, knitting, making of lampshades and carpentry. Some of the items used have been donated by various sources. Cards and other games are also part of the programme. On its open days the centre is in operation from 10.30 a.m. to 4.30 p.m. A chiropodist attends and there are hairdressing facilities. In May a one-day retreat was held in the centre. 'We have to look after spiritual as well as physical and mental needs,' says Sr. Sarah.

You can see Sr. Sarah is not wasting her time. She is not looking for much—just a little car. If you can't let us have a book, why not let us have some of those loose stamps you are always meaning to stick in? You could send them to any of our reporters.

### Benevolent Society for E.H.B. Staff?

At the June meeting of the Board Dr. Walker proposed that a Benevolent or Friendly Society be set up with the object of establishing a fund to aid present and retired members of the Board's staff in times of hardship. The members agreed that there was need for such a society. Mr. Ruane pointed out that the Board purchases its drugs at wholesale rates but does not allow its staff the benefit of buying their personal drugs at these prices. A working party consisting of Cllr. Hickey, Dr. Walker and Cllr. Mrs. Lemass will meet Mr. Lamb, Personnel Officer, to discuss the matter. If members of the staff have any views to express please write to the Editor.

### Appointment of T.S.O.

Mr. John A. Sadlier has been appointed Technical Services Officer to the Board. He is responsible for engineering services (including capital works and maintenance), transport services (including ambulances), and fire precautions, and will serve on the management team. Mr. Sadlier, who is married, is a qualified mechanical and electrical engineer and comes to us from Dublin County Council, where he was Chief Assistant County Engineer. He has also been in Dublin Corporation and has experience of consultancy practice.

He is based in James's Street and has a temporary office in the Personnel building. We wish him every success in his new position.

# Civil Defence!

## What's that?

by Colm McQuaile

'What's that uniform you're wearing, Mr. Mac?' asked a neighbour I met one evening on my way to a meeting. 'Civil Defence,' I replied. He looked at me, puzzled, for a moment, and then, light dawning in his eyes he remarked 'Ah yes, Civil Defence. Very necessary these days with all those skinheads hanging about!'

Well, whatever else it might be, Civil Defence is *not* an organisation for skinhead bashing. I suppose the best definition of Civil Defence that I have come across is 'An organisation comprising civilian volunteers who have been trained to give help to their fellow citizens in the event of disaster, whether that disaster be brought about by natural, accidental or warlike causes'.

The Civil Defence organisation has 5 services, each trained to perform a specialist role:—

1. Rescue (extricating casualties from collapsed buildings).
2. Casualty (first aid).
3. Welfare (care of the homeless and emergency feeding).
4. A.F.S. (auxiliary fire service).
5. Warden (local communications and control).

There is in addition a Headquarters staff attached to County Control.

### Organisation

Nationally Civil Defence comes under the general wing of the Department of Defence. Locally, however, it is a statutory function of the local authority to organise Civil Defence in its own area, and the County Council and County Borough Corporations throughout the State, have on their Staff Civil Defence Officers, whose job it is to look after the Civil Defence organisations in their areas. The Department of Defence provides assistance

in a number of ways e.g. through financial recoupment of a proportion of the local costs, through training instructors at the Civil Defence School in the Phoenix Park, Dublin, and by co-ordinating the Civil Defence work in groups of contiguous counties through Regional Civil Defence Officers. In the Dublin area, where the Dublin Corporation Civil Defence Department organises the service for the entire city and county areas the Civil Defence Officer is aided in his task by three officers seconded from the Army for Civil Defence work.

So much for the general organisation of Civil Defence, but what, you may very well ask, does Civil Defence *do*? Is it all a load of airy-fairy make believe? After all, you might say, we haven't had any grave disasters here since the Famine, or the Night of the Big Wind, so what's the need for an elaborate Civil Defence organisation?

Following the introduction of internment in the North in August, 1971, and again in July, 1972, thousands of families fled southwards into the Republic. The control, billeting, feeding and management of this enormous influx of refugees was handled by Civil Defence. All services, irrespective of their functional training, joined forces to man refugee centres, and with the whole-hearted co-operation of the local authorities, health boards and certain voluntary organisations organised and provided shelter, sustenance and systematic care to these unfortunates until they felt it was safe to return to their homes.

Should a major tragedy occur in Dublin (or indeed in any of our larger centres of population) with casualties in numbers beyond the capacities of the regular life-saving services, the Major Accident Plan

envisages the use of trained Civil Defence personnel, with the Voluntary Aid Societies, to provide back-up services including rescue, first-aid, fire-fighting, emergency feeding, registration and care of the homeless, local control and co-ordination of life-saving activities.

Anyone who saw the television screening of 'Missiles in October', which depicted in dramatic form the reaction of the United States government to the discovery of Russian missile sites on Cuba in 1962, knows how close the world came to a nuclear war at that time. Nuclear weapons are still stockpiled by the major powers. The number of nuclear generating stations is growing. The possibilities of a nuclear explosion, whether by accident or design, have not diminished in the years since the Cuban episode. Even if such an explosion were to occur outside Ireland and the resultant radioactive fallout would present a real threat to this country. Civil Defence volunteers, particularly those in the Warden service, are trained in methods of protecting the public from radioactive fallout and other effects of nuclear explosions.

In the Eastern Health Board's areas the numbers of Civil Defence volunteers active in the organisation are approximately:—Dublin 1,000, Kildare 400, Wicklow 500. One of the numerous ways in which the Board co-operates with the Civil Defence is by allowing many of its health centres to be used by Civil Defence for evening training sessions. Training, consisting of lectures, demonstrations and practical sessions in a wide variety of interesting subjects, is carried out by qualified instructors, who are themselves members of Civil Defence. Many of the Board's staff are already members of Civil Defence. Many more are needed. No matter what your occupation is, there is a role for you in Civil Defence. If you are interested in joining, or want to know more, contact your local Civil Defence Officer (in Dublin at 21, Pembroke Road, Dublin 4, in Kildare and Wicklow at the local County Council Officers).

Remember, Civil Defence is like an insurance policy—you hope you will never have to avail of it, but, should the need arise, you will be more than glad it's there.

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# Swimming in EEC Waters

by John O'Reilly

The main purpose of the Common Market was to create an area within which goods of all kinds would flow freely from and to every part of the Community without let or hindrance and under the same conditions as they do within our own individual nations. To achieve this, acts and regulations have had to be amended. These changes have had their impact for health boards and their staff. Numerous health regulations governing preservatives, colouring, and other additives in food, have been introduced, but the E.E.C. concerns itself with matters other than food controls.

One of the most recent documents from the European Parliament was a proposed directive relating to quality standards for sea water and fresh water for bathing. This directive is of particular interest to us here, since we have within the Eastern Health Board area many beaches which would be subject to the controls envisaged.

For many years public authorities have been concerned about the part played by bathing water which is polluted by sewage matter, in the transmission of infectious diseases. It is now felt that this is a matter not merely of national concern but also of European Community interest. Water pollution whether in the sea or rivers frequently has international implications. It may affect the interests of more than one member state either because the pollution itself moves across national frontiers or because people from several member states, especially tourists, may suffer from the effects of such pollution in the localities which they visit or frequent. As a result of the growing interest shown in environmental questions by public opinion, it has been admitted that bathing water should in addition satisfy criteria other than those of public health, such as amenities, aesthetic attraction and the improvement of the quality of the environment in general.

The aim of the directive is to lay down a series of reference parameters for the various uses and functions of water, especially fresh water and sea water for bathing purposes. Therapeutic use of water and bathing in swimming pools is excluded as are unauthorised places where the bather is at his own risk.

## Inspections

The importance of a general inspection of the environmental conditions of the bathing place is stressed. Such an inspection of the upstream conditions in the case of fresh running waters and of environmental conditions in the case of fresh still water (lakes) or sea water must be scrupulously carried out and repeated in order to establish the topological data and the volume and nature of all pollutants and potentially pollutant discharges and their effects.

## Sampling

Routine sampling must be carried out at regular intervals and its frequency determined according to the importance of the site and the concentration of bathers using it. Special attention should be paid to the sites where the concentration of bathers exceeds a mean value of 10,000 persons per linear kilometer of beach, and a more intensive sampling and analysis programme is proposed in such cases. Sampling would normally be carried out at least a fortnight before the bathing season opens and continued during the season. It is interesting to note that health inspectors have in fact been sampling sea water for many years now and the results of those samples have been published in the chief medical officers' annual reports.

## Regional Variations

The hazards to health will be proportional to the time exposure in

the water and they vary greatly according to temperature. The directive, therefore, prescribes less stringent conditions for those areas where the low prevailing water temperature (less than 20°C) limits the time of bathing as compared with other regions where bathing may continue throughout the day.

## Parameters

Microbiological examination of the waters will be sub-divided into different groups according to their importance. In addition to tests for total and faecal type coliform organisms (which is all that we normally sample for at present), there will be tests for streptococci, salmonella and viruses. The draft directive sets out (i) mandatory standards with which all bathing waters must comply and (ii) guideline standards which are more stringent and which member states may adopt if they so wish. It is interesting to note that the standard of 1,000 coliforms per 100 ml. which we apply here compares very favourably with the mandatory standards suggested. However, not all our samples reach the required standard but the completion of the new greater Dublin sewage scheme should effect considerable improvement in the condition of the water on city and county beaches.

There are also limits for the presence of chemical substances which are toxic only through ingestion (and generally a bather involuntarily swallows a small amount of water while swimming). These include pesticides, arsenic, cadmium, lead, etc. There should not be any trace of mineral oil film or foam on the surface of the water, which should also be free from floating materials such as wood, bottles, plastic containers or other substances. Swimming water should not have an odour of phenol and beaches should be clear of tarry residues.

After this proposed E.E.C. directive is adopted, a period of eight years will be allowed for bringing the bathing areas up to standard. To achieve the desired results, considerable planning and work will be required as well as a public education programme. In the meantime we must keep our heads above water.

# The Annexe—St. Brendan's Hospital

by Margaret O'Farrell

A newcomer to the clerical staff at St. Brendan's is directed to the Annexe—the sombre grey building on the opposite side of the road to the main part of the hospital. If he or she had reported for duty there forty years ago, while externally the building would have appeared the same, the interior would have been very different. No glamorous telephonist behind a glass partition in the hall, answering in soft tones "St. Brendan's"—instead a "Charge Attendant" (the male equivalent of charge nurse in those days) answering in a gruff voice—"Grangegorman".

In those days the hospital was known as Grangegorman District Mental Hospital, the district consisting of Dublin City and County and Wicklow. St. Ita's was the Portrane Branch Mental Hospital. Both hospitals were under the direction of the Joint Committee of Management, composed of thirty-three representatives from Dublin Corporation, six from Dublin County Council and four from Wicklow County Council.

There were no clinics, hostels or day centres. In his report for the year 1935 the R.M.S. said that the question of the voluntary admission of patients and the establishment of mental clinics outside the hospital had been explored during the year but had not yet reached fruition.

The total expenditure for 1935 was £215,485 12s. 1d. which is somewhat smaller than our present bill of about eight million pounds. Even so, by to-day's standards, the clerical staff of that time was unbelievably small. The offices in the Annexe consisted of the Chief Clerk's office on the right-hand side of the hall, the "General" office on the left and the Accountant's office upstairs.

The latter office, staffed by the Accountant and two clerical officers, dealt with all the financial affairs of the two hospitals, including payment of salaries and wages.

Friday mornings saw the three of them busily preparing the weekly wages, which had to be ready by 1 p.m.—no computer in those days. However if a change had to be made in a payment it was a simple matter to cancel a cheque and write another—no waiting for weeks until it had got through to the computer. By mid-day the Accountant was ready to set off for Portrane to sign the weekly wage cheques for the staff there. The cheques were prepared and written by the solitary member of the clerical staff at that hospital. During the war years, when cars were off the roads, the journey to Portrane of fourteen miles by tram, train and bus, took upwards of two hours.

We had Local Government Auditors in those days who were a tougher breed than the courteous gentlemen who visit us to-day. An interesting surcharge is mentioned in the Audit Report for 1935. A patient had been maintained in the hospital for five years, during which time the Joint Committee had claimed his entire pension, amounting to £197 16s 11d. for the five years, towards the cost of his treatment. The patient was discharged and requested a refund of some of his contributions to enable him to re-establish himself in a small business. The Joint Committee decided to give him £49 9s. 3d. which was 25% of the amount received for his maintenance. The auditor ruled that the claim could not legally be defrayed from public funds and surcharged the sum granted.

The "General" office, with a staff of two, dealt with all matters relating to patients. It is not known why it was called the "General" office but the title persists to this day. While forty years ago it may have merited the name, today it is a misnomer. The title should more aptly be bestowed on another office where the occupants are expected to know the whereabouts of every member of the staff, to be able to deal with every vague telephone call

and to answer letters passed on to them from other departments with "you might be able to turn up something on that."

The Chief Clerk's office, which was staffed by himself and a clerk-typist, dealt with everything that did not relate to finance of patients—board meetings, personnel functions, building works—you name it, they did it. It is hard to imagine all this being done by a similar staff today but, as the Chief Clerk had few people to whom he could delegate duties, he had few people reporting back to him, phoning him and calling on him; there were no staff meetings or staff conferences. The Clerk-typist (in case she had any spare time) also did any typing required by the Medical Superintendent.

The Chief Clerk was an imposing figure who inspired fear into the rest of the staff. He must be turning in his grave if he can see the bevy of mini-skirted and trousered females in the annexe offices to-day.

The office hours of 10 a.m. to 5 p.m. (10 a.m. to 1 p.m. on Saturdays) may appear shorter than those of the present day. There was, however, no tea break. Lunch was provided free of charge but it was generally understood that you returned to work as soon as you had finished. You were not supposed to leave the premises during this period and, in fact, could be called out from lunch if required in the office to answer telephone queries or attend to callers. On the days of board meetings, when the members had lunch, the clerical staff were relegated to a room that in these days would surely be condemned as unhygienic. It would, however, have been considered most unseemly for the members of the Joint Committee to have to eat with "the clerks".

You don't believe it could have been like that forty years ago. Well, it's the truth. I was there.

# THE SAMARITANS

## The Samaritans

The social phenomenon of the Samaritans, now five years established in Dublin and one of six Irish branches and 130 in the British Isles, is something of a paradox for, while it is an organisation its rules are directed to one end only—confidential one-to-one contact between individuals.

Most of the people who approach the Dublin branch for the first time are probably surprised to find that they have made contact, not with an organisation, but with a person, and that they are accepted not as 'cases' or problems but as friends.

One of the misleading words used by the Samaritans is 'client'. To the Samaritan volunteer it means someone seeking companionship whether in loneliness, anxiety, bereavement, depression or any other trouble, whether or not suicide has been considered.

Also misleading to some is the name of the organisation itself. The Good Samaritan in the parable provided mainly physical and material comfort. The name would better fit the Simon Community, for, while the Samaritans provide the privacy and comfort of a room for those who visit them and the convenience of a telephone number for those who cannot, material provisions are limited to those that will make talking easier—tea or coffee, biscuits, a cigarette. They do not provide sleeping accommodation, meals or money. Again the name can suggest to some that the Samaritans is a religious group. In fact you do not need to be practising anything to be accepted as a Samaritan volunteer—unless it be a practising human being, sensitive, and with a fair share of tolerance and humility.

One other commodity the Samaritans seldom, if ever, give is advice. It is not cynicism but practical experience that leads the Samaritans to believe that people who ask for advice are in fact usually seeking understanding and support for their own point of view, or a sounding-board on which they can try out

the alternatives. And many human problems have no solutions; the Samaritan sounding-board often proves to be a means of coming to terms with the inevitable.

Who are the Samaritans? They do their work quietly by stealth, and your neighbour or colleague at work may well be an active volunteer without you ever finding out. About the only statistical statement that can be made is that there are something over 300 active ones in Dublin—that is those who put in a three or four-hour duty forty or fifty times a year. In age, sex and occupation they are as miscellaneous a group as you could find anywhere. In the daytime there may be a predominance of housewives or retired people, but during the evenings the seven or eight volunteers are usually far too busy to discuss what they have in common.

For ten hours, from 11 o'clock at night—every night—two Samaritans are left to cope with the two telephone lines (Dublin 778833) and the street door is shut. It is at night that personal problems often reach crisis point, and a number of volunteers are on call at home to go out as a 'flying squad' to clients who need a hand to hold or a shoulder to cry on.

The Samaritans keep sufficient tally of their contacts to publish statistics in their annual report. Last year's counted 2,500 new clients (many of whom became regular callers at least for a while), of which 360 had marital problems, 300 suffered from depression, nearly 200 had drug problems and so down through 20 categories to nine with an alcoholic spouse and six with gambling problems. Women clients slightly predominated, and 17% of new callers were counted suicide risks.

Like most statistics, these hide more than they reveal how many clients call once and never again? How many ought to be under psychiatric care? And of these how many are persuaded to seek it? How many doctor-hours providing

listening therapy to neurotics were saved by the Samaritans? How much misery came through the door and over the wire, and how much reassurance, comfort and practical help went out?

No one will answer these questions, nor the one which perhaps most motivates the Samaritans, the question whose answer is hidden in human hearts, the question that has a meaning unique for every client of the Samaritans:

'How many lives are saved?'

## What is Flexi-Time?

*Flexi-Mini* and *Johnny Come Lately* have written in recent issues about Flexi-time. What were they talking about?

Flexible working hours have been introduced in large towns and cities to reduce the almost chaotic traffic conditions caused by rush hours twice a day. With everyone coming in at the same time, it is taking longer and longer for people to reach their destinations. Many of them arrive late and already under stress from frustrating traffic snarl-ups.

Obviously it is good sense if the daily journeys to and from work can be staggered. There are advantages for all. Commerce in the towns would be eased by a more even flow of lighter traffic. The workers would be able to suit their hours more to their own needs. The employers would gain by not having the inconvenience and annoyance of late-comers and, more important, by having their work done by people who would not be coming into work fretful and stressed.

Under the system everyone must be at work during certain core periods of the day, e.g. 10 a.m. to 12 noon and 2 p.m. to 3.30 p.m.

Instead of all staff attending, say, from 9 a.m. to 1 p.m. and 2 p.m. to 5 p.m., some would come in at 8 a.m. and go home at 4 p.m. and others could come in at 10 a.m. and return at 6 p.m. Lunch breaks would also be staggered.

Flexi-time is operating in insurance companies in Dublin, and the Government propose to introduce it on a trial basis in the Department of Public Service.

Would it work in the Eastern Health Board? Why not let us have your views?

## ON THE MOVE

Since our last issue some of our CONTACTS reporters have been distinguishing themselves. Charlie Killeen and Teresa Downes were successful candidates for Section Officer posts with Charlie getting first place.

The Assistant Section Officer panel is headed by Anne Tobin and includes Ray Keane, Kevin Ward, May O'Donnell, John Hempenstall and Paddy O'Meara. Congratulations to all who were promoted,—its no mean achievement. To those who did not succeed our commiserations and better luck next time.



**Successful candidates for Asst. Section Officer post.** Back row, l. to r.—Kevin Ward, Paddy O'Meara, Gerry Devine, John Leech, John Keppel, Ray Keane, John Hempenstall. Front row—Margaret Mulryan, Anne Tobin, Dolores Kennedy, Pat Muldoon, May O'Donnell.



**Section Officer Panel.** Back row, l. to r.—Kevin Cross, John Brennan, Charlie Killeen. Front row—Bobby Gordan, Norah Greene, Tom Curran. Inset—Teresa Downes.

### LIABILITIES AND ASSES

The severe economic recession has hit the Board. Like other organisations, it is forced to dispose of its surplus rolling stock. In short, the Official Ass and Cart have been sold by Public Tender for £35.

The pair were based at St. Colman's Hospital, Rathdrum. The ass was a fine specimen, 20 years old. Apart from her transportation potential, she was a source of valuable mineral deposits and had no liquidity problems.

She was also an animal of outstanding devotion to humans. Or at least to one patient of St. Colman's who used her on the 12-acre farm there. When this man—Tom was his name—went to his home some 20 miles away on his holidays the ass went missing. She eventually turned up on his doorstep!

Unfortunately, Tom was transferred to Newcastle Hospital and the ass got lonely and couldn't settle down. Hopefully, in different surroundings she will get a new lease of life.

#### Late Ronan O'Neill

We were very sorry to hear of the death of Ronan O'Neill. Ronan worked for many years as a Home Assistance Officer and as an Inquiry Officer in the Medical Card Section. He was ideally suited for these jobs because he was a genuinely kindly person, and was unflinchingly tactful in dealing with his clients. A fine pianist, his music contributed to many of the Astra Group's shows and, indeed, to the parties afterwards. May he rest in peace.

### REMINDER

Short Story Competition  
£10 Prize

Entries should be submitted on or before 14 July, 1975. (Details in May/June issue of Contacts.)

### BRIDGE PROBLEM by Kevin Quinn

At game all your partner opens the bidding with one spade. Your right-hand opponent overcalls two hearts. What do you bid holding?

- |            |          |         |        |
|------------|----------|---------|--------|
| (1) ♠ 86   | ♥ K102   | ♦ AJ65  | ♣ K953 |
| (2) ♠ 2    | ♥ KJ1083 | ♦ Q7542 | ♣ 74   |
| (3) ♠ A962 | ♥ AJ872  | ♦ K3    | ♣ 62   |
| (4) ♠ K54  | ♥ K1093  | ♦ 765   | ♣ J109 |

State reasons for your bids. £1 will be awarded for the best answers.

## CONTACTS

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