

Al Doyle



CONTACTS

THE JOURNAL OF THE EASTERN HEALTH BOARD
VOLUME 3 NUMBER 4 JULY/AUGUST 1977

"An interview will be held.."

Promotions to junior and senior administrative grades are made on the basis of recommendations of interview boards who assess the candidates' knowledge of the health and social services and the relevant legislation, experience, personality and general suitability. Staff training is provided by lectures from senior staff, and I.P.A. courses.

What do junior members of the staff think about the E.H.B.'s policy of staff promotion and training? To find out we decided to do a survey of the views of clerical officers who recently attended interviews for promotion to the grade of assistant section officer.

Thirty-three candidates (twenty men and thirteen women) six of whom were successful, were interviewed.

Three basic questions were asked —

1. Did you get an opportunity to give a good account of yourself at the interview?
2. What are your views on the interview system of selection?
3. What are your views on staff training?

THE INTERVIEWS

Six of the candidates felt the interview board had not given them an opportunity to give a good account of themselves as the questions asked were either of the "quiz" variety, were not designed to show the candidates potential, or the interview was too short. The majority felt that they had been given either a "good" or "fairly good" opportunity to acquit themselves well and three people said that the interviewers were very nice to them.

Eleven candidates complained that the questions were obscure and three of them had to ask the board for explanations. One of these is convinced that the board didn't know what they were getting at themselves.

Insufficient time to formulate answers was another criticism that we heard. Five people felt very strongly about this. They said they were pushed to give a short answer and were discouraged from enlarging on their replies.

Of the thirteen girls who took part in this survey, three got on the panel and eight of the remainder felt that as women they were at a disadvantage in relation to the men. They considered that the board was disinterested in them. Some said they were asked very simple questions, and two of them firmly believe that the interview was only a formality as the candidates were already chosen. In general, they thought that to get on the panel a girl has to do a

better interview than any of the men. A promoted clerk typist was given the impression by the board that she was seeking promotion prematurely because she was only a few years working as a clerical officer, irrespective of her comparatively long service and the clerical nature of her duties while a typist.

People in outlying offices tended to think that the board didn't know what went on there. Nervousness affected the performances of a few people and some found it difficult to face a board of three interviewers.

A number of the candidates felt that the interviewers didn't go through their application forms in sufficient detail. Two people said that when the board asked for opinions they expected to hear views coinciding with their own. One candidate was surprised when he was asked questions which he knew had already been asked a number of times.

INTERVIEW SYSTEM OF PROMOTION

Most of the candidates we interviewed were dissatisfied about the present system of selection for promotion. Only five — two of whom were successful — felt that an interview was adequate. The views of the critics could be summed up in the words of one of them — "interviews do not take into account your working ability; they are just a test of how good you are at interviews".

The element of luck was considered too great by a few people. One of them said that "if two interview boards of similar status were sitting in adjacent rooms interviewing the

same candidates, I believe that with the possible exception of two or three people, they would come up with different results". For at least seven candidates the interview system is shrouded in mystery. They wanted to know what the board was looking for in an 'ideal' candidate, was the assessment based purely on the interview, or were personal records, experience, working ability and reliability taken into consideration, and if so, to what extent?

Some people thought they should be told how they fared during their interview or have access to the board's report on them.

Finally, one group of eight candidates who are not based in James's Street felt very strongly about delays in notifying successful candidates of the results. They said that Personnel should contact these people individually in order to avoid "leaks".

ALTERNATIVE SYSTEMS OF PROMOTION

The most popular alternative to the present system was an interview coupled with a staff appraisal report. It was generally agreed that, although a perfect selection method didn't exist, staff appraisal had the advantage of relating work performance to promotional prospects. Interviewers should then have a far better knowledge of each candidate's ability, and staff in general would have an incentive to work harder. An interview allied to a written exam was favoured by others. One person suggested that this exam should involve writing a thesis on one of a set list of subjects as, he said, "this would involve people more with the job and the research could be useful". The group method of interviewing was considered by some to be superior to the present board-versus-candidate system. A further comment made was that as incoming staff have a higher expectation of promotion while having to face longer odds than ever before (i.e. about 100 clerical officers were eligible for 12 posts), can it not reasonably be expected that they will demand that their future careers be determined by a system which, at the least, they can consider fair?

STAFF TRAINING

Before the interviews were held special tutorials had been arranged by the Personnel Department. The majority of people we questioned agreed that these tutorials had been very helpful. However, there were complaints about them being rushed through at the last minute.

People in Kildare found it difficult to get to the tutorials because of the distance and also because five of them were doing the interview and they just couldn't all walk out.

There was criticism of the tutorials as a last-minute cramming exercise. The point was made that the primary purpose of a training programme was not to promote people but to enable them to be efficient officers, capable of giving good service to the board and the public.

The general consensus of opinion was that, apart from tutorials, staff training does not exist.

Many people felt that there should be an interchange of staff between sections, and that the heads of the various departments should initiate comprehensive training courses. The view was

WHAT C.Os. THINK ABOUT TRAINING

Tutorials are O.K. but when they are not job-related they are merely theoretical.

A.S.Os. should be more involved in the training of clerical officers and S.Os. should train their A.S.Os.

It's a bit much to expect people to go to James's Street every afternoon for two and a half weeks.

Staff should be trained to deal with the public. There are times when I'm shocked at the way our own staff treat them - they couldn't care less. This is one area of training on which we have slipped up very badly. Even bosses who have been on courses have a lot to learn about basic politeness.

What training?

Leaflets should be available to new staff members giving information about the Board and its services and details of interest to staff about such matters as superannuation, leave, training and promotional opportunities, insurance deductions and entitlements, etc.

There should be talks every month on a regular basis which are not tied to promotion.

Didn't know there was supposed to be training.

Tutorials should be extended.

I'd really love a course on interview techniques.

held that training had been left to Personnel, but they had not sufficient staff to organise it properly. Training systems should be under the direction of Personnel, but implemented by the heads of departments.

A large proportion felt that staff appraisal should be introduced and tied in with a definite training programme.

CONCLUSIONS

We should like to thank the people who assisted us in making this survey, and the clerical officers who candidly expressed their views. The overall impression of those who did the survey was that the junior staff were very eager to better their work performance and to improve the services provided to the public. Some of them had warped views on how interview boards actually operate, but in their defence it must be conceded that the system has never been fully explained to them.

The promotion of a clerical officer to assistant section officer is probably the most important step in his career. The a/s. o. grade is the first level of management from which officers will proceed to senior status. That a representative number of clerical officers should be dissatisfied with the method of selection for the post and the quality of training merits the serious consideration of top management.

WHAT THEY SAID ABOUT INTERVIEWS

It was purely a question and answer interview.

I heard that in Personnel they go through the applications and put an x on certain ones and more or less eliminate the rest.

I would have expected a broader type of questioning.

I think there is a policy in Personnel to promote bright young men, and the girls only get in as an afterthought.

Most of the questions were well-formed but very wide ranging and could be answered in four or five different ways.

The questions were clearly formed and I think the whole system is quite good.

For me, it was just like a quiz, all question and answer and if you took your time you felt you were holding up the interview board.

In the Civil Service they do not rely on interview boards alone, but also on assessment of heads of departments. The Eastern Health Board should consider this.



Some of the successful candidates in recent competition for Asst. Section Officer. L. to R. (front) John Broe, Margaret Magaharan, Maura O'Donnell, Adrian Charles. (Back) P. J. Timmons, Tom Gorey, Vincent Martin, Tony Reilly, Tom Mahon.
Inset: Michael Noble.
The other successful candidates are Pat O'Brien and Catherine Doyle.

Royal Hospital, Donnybrook

Our readers will, no doubt, be aware that this old-established hospital in the Donnybrook area has provided a service for elderly sick people. It may come as a surprise to learn that the hospital has been serving the elders for 224 years. The Chairman, Board members and officers were pleased to be associated with the function at the Royal Hospital on 18th April at which Mr. Brendan Corish, Minister for Health and Social Welfare, formally opened the new physiotherapy unit. Here again we must join in the tributes paid by the Health Board at their April meeting to Mrs. Ross and her team of voluntary workers who raised over £20,000 towards the provision of this fine unit. We look forward to the Hospital and more especially the Ross Physiotherapy Unit providing a major contribution in the care of the aged and chronic sick in the south Dublin area.

Incoming Board members

Elections have been held for representatives of professions on the Board and the five local health committees. The new members will serve for the next five years commencing July 1977. Lists of members of the Board and committees will be available from Secretariat, 1 James's Street, towards the end of July.

The representatives of professions on the Board who have been appointed by election are: Dr. J. S. Doyle and Dr. D. G. Kelly, consultants in a general hospital, Dr. J. D. Behan, consultant psychiatrist, Dr. A. Meade, Dr. P. McCarthy, Dr. J. McCormick, Dr. B. Powell and Dr. B. Sheehan, general practitioners, and Dr. J. Walker, a medical officer with "special knowledge of experience in preventive medicine". The dental profession is represented by Mr. K. Harrington, the nurses by Sister Columba McNamara and the psychiatric nurses by Mr. Bernard Mulledy. Mr. Hugh P. Corrigan has been returned unopposed to represent the pharmacists.

How NOT to prevent a heart attack

He was a farmer, a grand strong man and never a day sick. So it was a great shock to his family when he was carted off to hospital with a heart attack. His daughter works in our midst and for the purposes of this saga we'll call her Petunia. (It's an anonymous sort of name anyway.)

Well, he recovered quickly enough, T.G., and when he was discharged our Petunia thought the weekend would never come so she could get home and reassure herself that things were back to normal.

It was a marvellous few days and the father, though still a bit weak, was getting back to himself. The anxious times were over and life was resuming its normal pattern.

Petunia had Monday off and her father told her he'd call her in time to catch the 8.30 bus.

Now, in common with many others in the EHB our heroine had a simple virtuous nature and, like them too, she could sleep the sleep of the just. In fact, he'd a fierce time getting her out of the bed. If he didn't drive her to the crossroads she would miss the bus.

They arrived at the crossroads to find it disappearing from view. Not one normally given to hysterics was Petunia but this was too much. "Me bus!" she shrieked wildly. They gave chase. When the bus stopped to pick up a passenger she flung herself out of the car, ran towards the bus, remembered her suitcase and when she got back to the car the bus was gone.

Next time it stopped she missed it by a few inches. And the next time, and again the next time.

The back seat of the bus was full of schoolchildren who began to take an interest in this female who was constantly charging from the car to the bus and back into the car.

They were well on the way to Dublin when the bus stopped again. By this time father had stopped muttering and was saying it out loud.

Our Petunia, stiff with determination, fell out of the car and the bus started up the hill. The car chased the bus leaving Petunia, clutching her suitcase to her chest, to chase the both of them.

The back seat fell apart with the laughing. To their utter disgust the uproar brought the conductor down to them and he immediately solved the problem.

They write to her a lot from home lately, long newsy letters. They tell her they know how busy she is what with her good job and all and they quite understand if she can't get home as often as she used to.

New Director of Community Care

Dr. Kevin Quinn

Dr. Kevin Quinn has recently taken up duty as Director of Community Care. He is based in St. Brendan's and has taken over the administration of the No. 6 area which covers Grangegorm, Phibsboro, Cabra, Glasnevin, Finglas, Casteknock, Blanchardstown, Mulhuddard and The Ward.

Dr. Quinn qualified from the Royal College of Surgeons. His post-graduate qualifications include the Diploma in Public Health and the Diploma in Child Health. He is also a member of the Faculty of Community Medicine. He worked in Westmeath and Kildare as Asst. County Medical Officer of Health. He left Kildare in 1966 on his appointment as Leitrim County Medical Officer.

It is interesting to note that he was the very last C.M.O. appointed in the country. The Health Act 1970 was even then in the offing, and the McKinsey boys were whizzing in with the re-organisation of the health service structures as we knew them.

A quietly competent man, Kevin Quinn has an infectious sense of humour. We hear from Leitrim that he was very highly regarded for the manner in which he reorganised and built up the Community Care services

there. The general consensus of opinion is that the services in Leitrim are at such an efficient state — all due to the hard work, tenacity and dedication of their recently promoted C.M.O. — that they are among the best in the country. Great tributes were paid to Dr. Quinn at a representative function in Carrick-on-Shannon recently and, despite long distances, many former staff came back to be associated with his send-off.

In addition, he was a distinguished sportsman. He played rugby at senior cup and league level for Belvedere during the golden age of Irish rugby and was capped on five occasions between 1947 and 1953. His three brothers also figured on the Irish team during this period. He was also capped many times for cricket when he was playing for the Phoenix Club.

Maintaining his interest in both sports, he has been a wise mentor for junior enthusiasts. Since hanging up his boots he has taken up the more leisurely sport of golf and we understand that he was a very promising player with the Carrick-on-Shannon Club.

We welcome him and wish him well in his new fields.

1. INTRODUCTION

Many people, including some of the staff in the Eastern Health Board, know little if anything about the medical care available to persons moving from one E.E.C. country to another, whether holidaying – seeking employment – on retirement. Do you know that insurance is the qualifying factor and a constant source of confusion is ignorance of the fact that income has no bearing in the Irish context of the Regulations?

The Regulations covering the scheme are vast and written in bureaucratic English translated from French. Keeping to the exact meaning of the Regulations, I shall try as simply as possible to give you in this article the salient points.

Health services for E.E.C. workers is closely linked with social security benefits and both are governed by the same regulations as I shall explain later. It would be quite impossible to extract health services and deal solely with that issue. I shall endeavour therefore to give you a brief outline of entitlement to social security benefits and then explain the manner in which health services are provided and classify the persons eligible for such services.

One of the aims of the Treaty of Rome, which established the European Economic Community (the E.E.C.) is to enable workers who are community nationals to move freely from one country to another within the community, either to work or to seek work. To facilitate this freedom of movement, provision is made in community law for safeguarding the social security rights (including the right to health services) of such workers. The relevant E.E.C. regulations (1408/71 and 574/72) are applicable to Ireland as a member of the enlarged E.E.C., with effect from 1st April 1973.

The purpose of these regulations is to ensure:

- (i) that nationals of a member state working in another member state will come under social security cover in the same way as nationals of the country of employment.

- (ii) that periods of insurance in different member states may be combined in determining eligibility for social security benefits and
- (iii) that social security benefits may be received anywhere within the community.

The other member states are Belgium, Denmark, France, the Federal Republic of Germany, Italy, Luxembourg, the Netherlands and the United Kingdom. It is to be presumed throughout this article that mention of movement of workers between countries refers to movement between the member states.

2. WHO ARE COVERED BY THE REGULATIONS

The regulations apply to employed persons and their dependants and to social security beneficiaries and their dependants. They do not apply to self-employed persons unless such people had continued to pay insurance as voluntary contributors when they ceased to be insurably employed.

workers" are an exception to this. They are workers attached to a firm in one member state and insured in that state but temporarily assigned to work in another member state. There are special arrangements as well for civil servants and diplomatic staffs working abroad.

The regulations do not apply to people who are not nationals of a member state. However, stateless persons and refugees are covered by the regulations if they are permanently resident within the community.

The effects of the regulations on the various health services administered by the Irish health boards as "Competent Institutions" and the Department of Health as a "Competent Authority" are explained in the following paragraphs. The regulations also apply in respect of workers' eligibility for social security benefits and any enquiries about the latter should be addressed to the Department of Social Welfare which is the "Competent Authority" under

Health Services arrangements for travellers in the European Economic Community

Each member state defines which of its workers shall be eligible for the purpose of the regulations. In the case of Ireland, workers compulsorily or voluntarily insured under Section 4 of the Social Welfare Act, 1952 are covered, as are persons in receipt of pensions/benefits, etc., based on such insurance. Dependants of the foregoing are also covered. Most of the working population of Ireland (including civil servants and public officials) are covered since the abolition of the income limit for social welfare contributions.

Generally speaking, social security insurance is payable by the worker to the Department of Social Welfare or its equivalent in the country where he is employed. However, "detached

the regulations in that case. Anyone going to work in another country should contact that department too.

3. BENEFICIARIES UNDER THE REGULATIONS

In general, five classes of persons can avail of health services under the regulations:

- (i) Temporary visitors (holidays/business trips) and their dependants.
- (ii) Persons going to seek employment in another member state and their dependants.
- (iii) Detached workers and their dependants.
- (iv) Dependants of an insured worker in another member state.

- (v) Social security pensioners resident in one member state who are paid a pension by another member state. The pensioners' dependants are also included.

4. RANGE OF HEALTH SERVICES AVAILABLE

- (a) Temporary visitors and seekers of employment are entitled to urgent treatment for sudden sickness or an accident.
- (b) Persons in classes (iii), (iv) and (v) of Paragraph 3 above, can avail of all medical care.
- (c) There is provision under the Regulations to cover people who wish to go to another country for the specific purpose of continuing medical treatment begun at home. However, for various reasons this provision has not been put into practice by this country.

Medical attention in all cases is provided on the same basis as

People eligible under Irish legislation are asked by the authorities in the U.K. to complete a simple statement giving their name, address, insurance number (or pension number) and the name and address of their employer in this country.

Persons from the United Kingdom visiting Ireland:

Persons eligible under U.K. legislation must complete Form 1408/71 at the point of service. This form is supplied to doctors in the Choice of Doctor Scheme, to hospitals and to clinics by the Department of Health.

NOTE:

Form E111, described in the next paragraph, may be used instead by the Irish and British in each other's countries but it is not essential. Detached workers may show either form E101 or Form E102 obtained from their appropriate insurance authority.

People from Ireland visiting an E.E.C. country other than the U.K.:

Persons resident in Ireland who are:

Dependants of insured workers in another country and social security pensioners and their dependants are entitled to the same range of health services as is a G.M.S. card holder. It is advisable therefore for them to apply for a medical card to their local health board stating that they are applying under E.E.C. regulations.

Where necessary, statements can be confirmed by writing to the appropriate competent authority/institution. Medical cards are not given to detached workers.

Approximately 0.46% of medical cards issued in the Dublin area are held by persons eligible for them under E.E.C. regulations.

Entitled persons under Irish legislation residing abroad:

Living in the U.K.:

Persons in this category should register with a doctor practising under the National Health Service.

Living in a member state other than the U.K.:

Such persons should register with the competent authority/institution for health services in their area using Form E109 or E121 (as appropriate) obtained from their local health board.

6. HOW TO CLAIM HEALTH SERVICES

Irish persons abroad:

The local Health Boards supply a booklet free of charge called "Medical Care and the Visitor to Common Market Countries" which sets out the procedure to be adopted when applying for health services in an E.E.C. country other than Ireland.

E.E.C. persons in Ireland:

Persons coming from the U.K. and other E.E.C. countries can obtain similar booklets in their home country. They must apply for health services in the same way as an Irish Medical Card holder.

Further information:

A leaflet entitled "Medical Care and the Visitor to the Eastern Health Board's Area" is available from the Hospital Services Section (E111), 1 James's Street. Social Security "Guides" are published by the Official Publications

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for insured nationals of the country being visited/or being lived in (as appropriate) and in accordance with that country's legislation. In some instances such legislation may require the patient to pay part of the cost. Payment in full may have to be made in advance subject to a reimbursement.

In Ireland, temporary visitors and seekers of employment are entitled to "Full Eligibility" - Health Act 1970 - treatment on an emergency basis. This service is available on a non-emergency basis also for persons in classes (iii), (iv) and

5. PROVING ENTITLEMENT

People from Ireland visiting the United Kingdom:

In other Common Market countries, persons eligible under Irish legislation must produce a special form certifying entitlement to health services. This form (Form E111) should be obtained in advance from their local Health Board to cover the period of their trip. Detached workers may show Form E101/E102 instead.

Persons from an E.E.C. country other than the U.K., visiting Ireland:

Persons eligible under the legislation of another member state must show Form E111 at the point of service. This form is supplied to them by the health board's equivalent in their home country. Detached workers may show Form E101/E102 instead. Applications for Irish Medical Cards under E.E.C. Regulations:

Continued

Office of the E.E.C., Luxembourg, and copies may be obtained from that office or from the Department of Social Welfare.

7. APPEALS

Persons aggrieved by the treatment/services afforded them under National legislation may appeal to the Administrative Commission on Social Security for Migrant Workers in Brussels.

8. LANGUAGE

Stereotype application forms in the series E101-E127, E201-E214, E301-E303 and E401-E410 are available in all the official languages of the E.E.C. These are laid out in such a way that the different versions are perfectly interchangeable. This makes it possible for the person/body to whom the form is addressed to receive the form printed in the home language. As the forms cover most eventualities, letter writing is kept to a minimum. E111 is the form most often used.

9. SPECIAL TYPE CONSULTATIONS IN IRELAND.

Doctors in the Choice of Doctor Scheme who treat patients who hold Form E111 or who have completed Form 1408/71, are paid a special Type Consultation fee. This also applies to Pharmacists who supply drugs/medicines prescribed at such a consultation.

10. FINANCIAL ARRANGEMENTS.

Each country provides services to eligible persons at the expense of their home country. However a "knock-for-knock" arrangement has been reached between Ireland and the United Kingdom and it is hoped that a similar arrangement will be arrived at with the other E.E.C. countries.

In the meantime, statistics are being kept of the services provided under the regulations for eventual reconciliation with the countries in question. The Hospital Services Section (I.S.A.) is the control unit of the Eastern Health Board for this purpose.

11. NUMBERS AVAILING OF THE SERVICES.

About 2,500 E111 forms are issued annually by the Eastern Health Board as follows:

- 20% to civil servants making business trips to Brussels.
- 10% to businessmen making business trips to E.E.C. countries.
- 10% to students and others seeking employment.
- 60% to holiday makers.

The number of forms issued appears very small when one considers the number of holiday makers who are insured and their dependants who leave Ireland yearly. Perhaps they are unaware of the E.E.C. regulations since these regulations have received such little publicity. The number of students going abroad to seek employment and who apply for form E111 also appears low. The reason for this may be the worldwide recession since 1973.

12. DIFFICULTIES.

The main difficulties arise when persons travel abroad without form E111 or do not avail of services through the proper channels. This person will be required to pay for the cost of the service at source.

It is also difficult to identify services provided to medical card holders under the regulations. An average costing is taken of services provided to all medical card holders and it is related to the numbers on the G.M.S. Register who obtained the card by virtue of the regulations.

It is important to remember that a person from another member state, regardless of income, who is covered under the regulations according to his/her home country's legislation, qualifies for "Full Eligibility" service in Ireland.

On the other hand a person who holds, or is the dependant of the holder of an Irish medical card granted on hardship grounds under the Health Act 1970, is not automatically covered under the regulations in another member state unless he/she is insured under the Social Welfare Act 1952 or in receipt of a contributory benefit, pension or allowance based on such insurance.

(a) The payment of a V.H.I. contribution or (b) in the case of self-employed or retired persons, the payment of a health contribution or (c) being in receipt of a non-contributory benefit, pension or allowance under the Social Welfare Acts does not entitle one to cover under the regulations.

13. Under the European Convention on Medical and Social Assistance and Protocol 1954 Treaty series No. 7, countries who signed the treaty, may provide assistance to foreigners who are destitute.

14. THE EUROPEAN SOCIAL FUND.

Under a different set of E.E.C. Regulations to those I have been describing, health boards and voluntary organisations working in the field of health care have benefited in respect of operations related to the rehabilitation and the training of handicapped persons for employment.

These activities and the other activities subsidised by the Fund are described in the May-June 1975 issue of "CONTACTS".

15. CONCLUSION.

The Social Security Regulations are amended from time to time by new regulations or through court decisions etc. and particulars of these changes must be published in the Official Journal of the European Communities. Health boards are advised by the Department of Health of such amendments.

16. FURTHER READING.

"Working Together" by Emile Noel describes the workings of the E.E.C. - obtainable free from the Information Office, Commission of the European Community, 29 Merrion Square, Dublin 2.

"European Community Directory and Diary" -- may be consulted in the Hospital Services Section (E111).

New Welfare Home

The foundation stone of the new welfare home in the grounds of St. Patrick's, Navan Road was laid on Corpus Christi, 9th June. This will be the fourth home provided since the health board was set up in 1971, the others are at Bray, Clonskeagh and Ballymun. The new home will provide an additional forty places making a total of 160 places for elderly persons who are no longer able to live on their own and who require some degree of support. The architect is Mr. P. V. Moloney and the builder is Mr. William Byrne, who has already built such a fine structure at Clonskeagh. The Chairman of the Board, Mr. Sam Carroll thanked the Minister for Health for making the substantial capital sum available for this new venture which will provide a welcome addition to our services for the aged.

Overheard in a hairdressers: "There's a new shampoo out now, it's only great. It costs three quid but I get it from me pal who has a medical card. Those medical cards are very handy."



Enjoying the sunshine during the Hospital Week at St. Ita's -
L. to R. Denis Bowler, Brendan O'Reilly, Clr. Carroll, Tom Anderson and
Dr. McGuinness.

St. Ita's

Dr. Michael Conway

The landscaping of our hospital grounds is excellent. They never looked more beautiful than during our recent annual Hospital Week and Brendan McGrath and his staff and patients deserve the highest praise for their hard work. Indeed it was a kind gesture by nature herself to the man who over the years laid the foundations of the lovely grounds here, Mr. Andy Wolohan, who died just a few weeks ago. He was head horticulturalist to the Board and a man who pioneered group activities long before many of us were born, the kind of group therapy now being rediscovered. Our sympathy also goes to the relatives of Mr. James McGuinness, a man of infinite jest but above all, kindness. May they both rest in peace.

We have a museum, so if you are over 21, with a long and interesting memory and old photographs of either your mother-in-law or boy friends send them on. Also any wooden legs, old prescriptions, any old testimonials (preferably in good condition) will be welcomed. The main theme of the museum however, is to collect items of treatment, procedures and management in mental hospitals of the past.

Annual Hospital Week

The week was relished by all - staff, visitors and speakers. It was the first Annual Hospital Week, not an Open Week as I think that implies that we're closed for the remainder of the year. It started on 22 May with a spectacular garden fete in the new St. Joseph's Mental Handicap Centre area. The fete was opened by Mrs. Hillery. It was sunshine all the way. The catering by Mr. Kumnig and his staff was excellent; so much so that one consultant in a moment of flippancy said we should have an open week every night.

St. Columcille's

On May 12 an inaugural clinical meeting sponsored by Syntex Pharmaceuticals Ltd. and organised by Dr. Miriam Brennan, Obstetrician/Gynaecologist, was held at St. Columcille's Hospital. Mr. Hugh McCarthy, the Board's Senior Surgeon, presided.

The meeting was attended by upwards of one hundred medical practitioners and consultants from south County Dublin and County Wicklow. As this was the inaugural meeting, the Board and management of the E.H.B. was represented by Clr. Carroll, Chairman, Clr. Sweeney, Chairman of the visiting committee, Deputy Timmons, Chairman of Wicklow local health committee, Councillors Kinsella, Hickey and Durning, Mr. O Caoimh, C.E.O., Mr. Nolan, Deputy C.E.O. and Mr. Swords, General Administrator.

There were two tape-slide presentations on the significance and management of pain and the orthopaedic implications of rheumatoid arthritis. Mr. F. Warde, Consultant Surgeon, gave a highly interesting talk on the latter. Prof. Conor Ward and Dr. Rahill also spoke, with comments and questions also from many of the practitioners present.

It is intended to hold about three such meetings a year and the next one will be arranged in the autumn.

And for the organisation of this exercise we thank colleague Dr. Gay Nolan and the many pharmaceutical firms who sponsored it.

Survey on Marital Breakdown

An interesting meeting was held in St. Ita's recently. It was sponsored by Messrs. Lundbeck, the well-known pharmaceutical firm. Two papers were read and afterwards there was a buffet supper. Dr. D.A.W. Johnson, lecturer at Manchester University and Consultant Psychiatrist, spoke on "Practical considerations in the use of drugs", and Dr. G. Nolan, Consultant Psychiatrist, outlined the results of his own research in a paper entitled "Patterns of marital breakdown in Ireland". Fifty couples took part in this survey. Their marriage had irrevocably broken down and they had recourse to the Courts to resolve questions of maintenance and custody of children. Each couple had an independent psychiatric examination.

It was discovered that 85% of them came from families where there was a lack of parental attention, especially by the father. The majority were under twenty when they got married and slightly more than half of the wives were pregnant before marriage. Another factor which caused trouble was couples living with parents. This led to stress and strain in the first year, from which the marriage rarely recovered. Dr. Nolan emphasised the fact that few people had received any treatment or knew how to go about getting help.

The overall conclusion from this paper was that marital breakdown in Ireland appears to occur for the same reasons as exist in the western world in general.

Dr. Nolan's paper was an original piece of research and may spearhead further work in the near future in the area of counselling and psychiatric help.

Irish Srs. of Charity

The people of the Donnybrook area are well aware of the excellent work being done at St. Mary's, Donnybrook. During the past few years a new welfare home has been built by the Sisters. In the present year the Sisters, with the encouragement of our Hospitals Department, are providing a new residence for over forty handicapped girls. This work is now well in hands. Mother Agnes and the community expect to have this project completed by the end of the year. Mother Ignatius and her community are also making considerable progress in improving the accommodation at Our Lady's Hospice, Harold's Cross.

St. Vincent's, Athy

Mr. Dermot O'Flynn and his team on the No. 3 visiting committee have arranged to meet on their next visit the voluntary organisations from the Athy, Newbridge and Kildullin areas who provide many services for the three hundred or so patients at St. Vincent's and also to the old and handicapped still in the community. Sister Dominic has a special word of praise for the many young people who give of their leisure time towards this laudable work.

INFORMATION BOOKLET
Revised copies of "A basic guide to the services of the Eastern Health Board" are available from Registry, 1 James's Street.

Kildare

Rosario Browne

Comings and Goings: We are delighted here in Kildare to welcome Dr. Val Barry, as Director Community Care. A Dublinman, he comes to Kildare trailing countless honours (apologies - O Milton), academic and others, garnered along the wide field of his varied medical career since he qualified at the R.C.S.I. in Dublin. From hospitals in England and Wales, he has been for a time in public health in Co. Tipperary, and in the Department of Health, and now comes to us from the community care-conscious County of Kilkenny and the South-Eastern Health Board. We in Kildare hope he will like this new commitment here - enough to stay - despite the almost tumble-down quality of his headquarters - such a contrast, we hear, from the palatial building he ruled from in the marble city. And so we say with one accord - welcome Dr. Val Barry - we hope you'll stay a long while in Kildare!

Our good wishes go to our staff members who are leaving soon for pastures new ... Goretta Walsh, quietly efficient clerical officer of "G.M.S. and Farmers' Contributions" fame leaves for new service in holy matrimony in Carbury. Elaine Dunne, unassuming Naas Public Health Nurse, and Marian Buckley, one of our early social workers in Kildare are also departing to concentrate full-time on their families. We wish all three continued success and happiness in their new commitments.

Funds for the Swim: At present, our Kildare Public Health Nurses and clerical staff in Naas are working tooth and nail (their efforts spearheaded by Eilish Fullam, Anne Duignan and Tess Whelan) raising funds for Sister Carmel's swimming pool in the residential care centre for mentally handicapped in Moore Abbey, Monasterevan. In co-operation with the Newbridge Lions Club, they are busy each evening around the county and neighbouring areas selling tickets for a monster draw (due on 12th June). The money is rolling in for this deserving cause - and a substantial cheque has just arrived from America - sent by an emigrant restaurateur who read about the venture in a certain local weekly which he gets regularly in the U.S.A. Our colleagues in James's Street and Emmet House have also been kind with their support - and many local firms have contributed handsomely. Our grateful thanks to you all.

Moore Abbey, of course, was once the home of our beloved tenor of the thirties and forties - Count John McCormack. The pool in question - an excellent one - was installed some years ago but no funds were forthcoming from the powers-that-be for its running costs. Hence this local effort in this very deserving cause.

Lest we forget: May we hasten with congratulations to Joe Reynolds, genial health inspector who was promoted recently to senior health inspector - in fact and in cash!

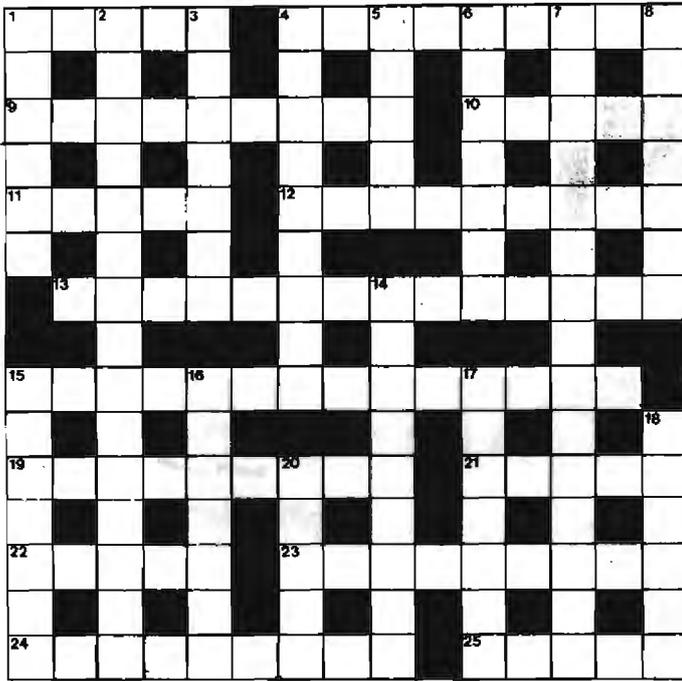
Naas Co. Hospital

A second X-ray machine with ancillary equipment is being installed at the County Hospital, Naas. Sister Antoinette, Matron, and the staff look forward to the provision of improved kitchen and dining facilities which we hope will get under way shortly.

STOP PRESS!

Result of Moore Abbey Monster Draw: In case you were thinking of dusting off the sideboard in anticipation of your new colour T.V., forget it. The winner is Breda Connolly, Dowdstown House, Maynooth. The second prize of a transistor radio went to Sarah Connolly, 17 Derheen, Thurles. The draw brought in the handsome sum £2,200 towards the running costs of the swimming pool at Moore Abbey Residential Centre for Mentally Handicapped. The organisers gratefully acknowledge the generous support they received from staff and public alike.

Crossword No. 9



Name _____

Address _____

ACROSS

1. Corner in satanic hell (5)
4. Pop sound or policeman's melody? (4, 5)
9. Impression after C.R.E.E.P. broke up is something to go by (9)
10. The time being in aeon once here (5)
11. Girl with half lung at U.S. agency (5)
12. Cease, girl to conspire to sin against the holy place (9)
13. Learn to do what the horse thief in the old west could do with a rope (3, 3, 4, 2, 2)
15. The royal workers who could not help H.D. when he fell from a position of eminence (3, 3, 5, 3)
19. Advocate of change to make one good man better (9)
21. Match umpire is a duffer at heart (5)
22. Frenchman in some French river (5)
23. Latest lie mystified attendant (9)
24. Get watcher in to inspect a torturer at work (9)
25. We hear bookmaker backs like a king (5)

DOWN

1. One climbing tree makes inflammable gas (6)
2. The three card trick man's advice to murder investigator (8, 2, 5)
3. The Spanish agent confused, but smooth (7)
4. Meat from grouses over wood (9)
5. Worker in charge of caper (5)
6. Attending to dead English Cardinal (7)
7. Meaning of safety is what well-insured person has (5, 2, 8)
8. Merciful hundred allowed to surround workers (7)
14. One turn up one missing recorder (9)
15. Staters upset because of apprehensions (7)
16. Imaginary rabbit lost his tail on the street, getting product (7)
17. Lay clear U.S. muddle (7)
18. Call for a soft carillon (6)
20. Insert in group (5)

ENTRIES TO CROSSWORD, CONTACTS, 1 James's Street.
 £3 to first correct solution opened 31st July, 1977.
 (Prize sponsored by ASTRA and St. James's Social Club).

SOLUTION, CROSSWORD No. 8

ACROSS:

1. Grouses. 5. Deduces. 9. Absorbent.
10. Mimic. 11. Turn upside down.
13. Chemist. 15. Inertia. 16. Obligated.
18. Gestalt. 20. Camping holiday.
23. Until. 24. Terminate. 25. Sedates.
26. Despair.

DOWN:

1. Glad. 2. Obscure. 3. Shrinking violet.
4. Sheep. 5. Detaining. 6. Dampened Spirits. 7. Comfort. 8. Second Arts.
12. Ace of Clubs. 14. Tidegates.
17. Limited. 19. Alabama. 21. Oared.
22. Deer.

Winner: **Gretta O'Farrell**, St. Brendan's Hospital.

St. Brigid's, Crooksling

There is good news too from St. Brigid's. Miss E. Moran, Matron, and her staff appreciate the help and encouragement which St. Brigid's is receiving from the local voluntary organisations including the Rathcoole/Crooksling Projects Committee, who have offered to provide a covered way from Unit C down to the Church. The volunteers will work in their spare time at weekends. We hope to have more news of this in our next issue.

Hospital of the Year

There was a pleasant function in Cherry Orchard on 12 May at which Mr. Richard Barry, Parliamentary Secretary to the Minister for Health and Social Welfare presented the Hospital of the Year Plaque to Cherry Orchard and conveyed the congratulations of the Minister and himself to Sister Griffin and also to the Hospital. Clr. Sam Carroll, Chairman, presided at the function at which Miss Lacey, Vice-Chairman, and Mr. K. Harrington, member of the visiting committee, spoke. Sister Griffin's success, apart from being a personal tribute to herself, is also a tribute to Dr. O'Herlihy, Miss Taaffe and all the staff of Cherry Orchard.

Walking it off..

Fortunately the rain cleared off on Sunday, May 1st, and so the second annual walk for St. Columcille's Hospital was an outstanding success. Cyril Cusack led the walk and, as usual, our genial Chairman, Clr. Sam Carroll, was amongst the walkers, as was Mr. O Caoimh and Mr. Nolan. Sister Angelis and her staff are deeply grateful to the scores of young people who kindly gave up their afternoon to help towards the success of the venture. To Sergeant O'Sullivan of Shankill and his hard-working committee we extend our thanks.

Miniature air display at St. Colman's, Rathdrum

Not to let St. Columcille's take all the lime-light, Sister Philomena, her staff and helpers organised their annual walk on 5 June. Walkers from all over north County Wicklow converged on St. Colman's where a welcome cup of tea was provided for them by the committee. There were numerous attractions including pony rides, wheel of fortune and a miniature air display.

Rumour has it that the staff and the committee are contemplating the provision of a day centre for elderly people which will be associated with St. Colman's. We wish them every success. Their hard-working secretary, Mrs. Phillips advised the annual meeting of the various voluntary groups at St. Colman's last April that upwards of £22,000 had been collected during the past few years towards the purchase of equipment for the hospital, the provision of holidays for elderly people, and many other related activities.

Odd

ENTRANCE GATES

In publication we note your comment,
 Where entrance gates you quote a lament,
 It is our view, in spite of this,
 That the writer in question should note our width.
 In technical parlance, we note our delay,
 But the Planning Department we must obey,
 In point of fact we do show tact,
 And weasel words to ensure that act.
 With our colleagues in the Corporation,
 We look forward to co-operation,
 And soon 'Dear Poet' you will see,
 An entrance gate as safe can be.

'Technicats'

Odd

THE FOUR WALLS OF JAMES'S ST.

Mr. Editor, we are despondent,
 Who is your poetic correspondent?
 To our confused minds it would seem,
 We have another O'Brien from Sneem,
 Or mayhaps jokes re loos (which pall)
 Would indicate our friend Frank Hall,
 Or could it be - oh dammit no,
 It couldn't be the _____



My Mouth is ever watering
 And my tum can hardly wait
 For the luscious fruits to grow
 In yon glasshouse by the gate. - Gut

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