

*Doyle*

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# BATTERED BABIES

**- a problem which  
must be faced**

In recent years there has been an alarming number of reports in newspapers in this country and in Britain of babies being badly beaten by adults. The term "battered babies" became part of popular terminology.

In May 1975, following a meeting of "interested parties" in the Department of Health, a committee was appointed under the chairmanship of Prof. E. E. Doyle, Department of Paediatrics, T.C.D., to probe the extent of the problem here. This committee's report, delicately entitled "Report of Committee on Non-Accidental injury to Children" was published earlier this year.

The committee formed the opinion that there are probably 300 to 400 cases of non-accidental injury occurring in Ireland each year, at least 100 of these being in the Dublin area. These figures, however, have not gained universal acceptance. It concluded that the problem in Dublin should be studied first, but did not say why. It may be that the committee felt that identification of the real extent of the problem would be easier in Dublin or that more resources are there available for investigation and treatment of individual cases. However, in a situation in which every thinking person must be an "interested party", the suggestion that there may be in Dublin every year as many as 100 instances of serious injury to children otherwise than through accidents to which we are all liable, is a frightening thought. The danger is that

problems of this sort may come to be thought of in terms of a statistic rather than of the infliction of pain and injury and, possibly, permanent damage or even death.

It is not really a criticism of the report to say that it probably raises more questions than it attempts to answer. One professional group has criticised the committee in concentrating on physical injury, and has strongly emphasised the extent and the consequences of what may be broadly described as emotional battering at the hands of psychopathic parents which may be inflicted in a variety of ways. The group also identifies as a problem requiring urgent attention the physical and emotional hardship to which children of dull intelligence or of normal intelligence with learning difficulties are subjected in some schools.

The report makes the general proposition that every injury to a child under two years of age and any injury not readily explained in older children should be a cause of concern. The committee holds that the full history of how the injury occurred should be compared with the physical findings. It is not clear from the report where the responsibility should lie for reaching a decision about the action to be taken to establish the facts in a suspicious case, or to decide whether further surveillance is necessary, and if so, who should maintain such supervision and under what powers. Nor is it suggested how the admission of children to hospitals for detailed examination may be secured.

But the committee made what must seem a very basic recommendation that a central registry be maintained as a vital element in the arrangements for dealing with the problem. Identified cases of non-accidental injury to children would be recorded together, presumably, with suspect cases which might be encountered again at a later date and not necessarily by the same agency. Unhappily, for what appears to the writer to be insufficient grounds, it seems that the necessary co-operation would not be forthcoming under present circumstances from at least some persons to whom the problem is familiar and expressed as one of great concern. If this is the situation and it is to continue, can the extent of the problem ever be identified and the optimum methods of dealing with it agreed and put into operation?

## Meet the Board...

# Clr. Dan Browne

Councillor Dan Browne, P.C. represents Dublin Corporation on the Eastern Health Board. Educated at Christian Brothers Schools at Francis Street and Synge Street, he is married with seven children.

Councillor Browne has been an active member of the Labour Party since 1943, and is presently Vice-Chairman. He was also Chairman of the Social Welfare Policy Committee set up by the Labour Party in 1968/69 to draw up a basic party policy document on social welfare. He first came into public life in 1973 when he was co-opted as a Commissioner in the Dublin Corporation. He was elected in the 1974 local elections as a Town Councillor.

He is a member of the Bord of Aer Rianta, and also of the Boards of Hume Street, the Meath and St. James's Hospitals. He is a member of the visiting committee of Mountjoy Prison, and is Chairman of the General Purposes Committee of Dublin Corporation, in addition to being a member of the Planning, Community and Environment, and Traffic Sub-Committees.

He is interested in community work particularly in relation to old people, and is Secretary of the Old Age Pensioners' Committee of the City of Dublin Workingmen's Club.

Councillor Browne is concerned about the problems of trying to satisfy ever-increasing demands for health services with the limited resources available. He points out that central government expenditure on health care has risen very rapidly in recent years. In 1970/71 it amounted to some £76.23 m., whereas this year it will have increased to over £250 m., an increase of approximately 230%. Health care expenditure as a percentage of the G.N.P. has increased from 4.4% to about 6.4% between the same years, showing that our health services are consuming a rapidly increasing proportion of our national wealth each

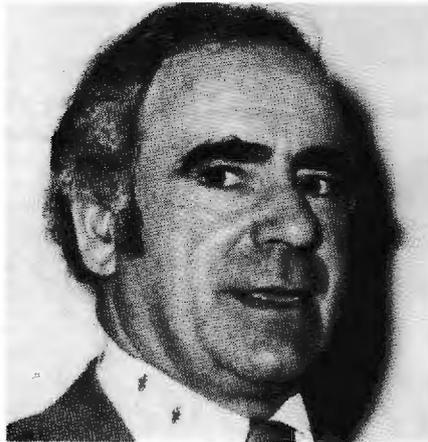


Photo: J. Ledwidge

year. Indeed, it has been estimated that if health expenditure continues to rise as rapidly as in recent years, it will amount to somewhere between 10% and 12% of G.N.P. by the end of this century.

"Despite the fact that expenditure is rising at this unprecedented rate", he says, "the fact remains that there are large areas of unmet need in our health services. While it is true that the traditional medical services are operating in a reasonably satisfactory manner, services for many powerless groups are far from adequate. It is no secret to anyone that services for the mentally ill and the mentally handicapped are in urgent need of development. Similarly, the facilities and services available to our old people, particularly the geriatric sick, leave a good deal to be desired. In addition, social work and other family-support services available to families in distress are still in their infancy."

It is now recognised all over the world that health expenditure is rising more rapidly than any country, even the very richest, can afford. Almost every government in the developed world has set up committees of all kinds to help them reduce growth in this expenditure. We are no exception to this trend.

We will not, as a society, be able to devote the 10% to 12% of G.N.P. to which I referred earlier, to help expenditure in the year 2000.

The choice facing us, therefore, is one of achieving better value for money or, if we fail, of reducing the level of our already inadequate service. We all have a great responsibility to achieve the former rather than the latter solution."

The reality as Councillor Browne sees it is that while this country devotes as big a proportion of its national wealth to health care as other developed countries and, in many cases, an even bigger proportion, this high level of expenditure has not yet enabled solutions to some very pressing needs to be met.

He sums up the problem in these words: "The stark contrast between rapidly rising expenditure and much slower improvements in services is the central issue facing all of us engaged in health care. All the evidence suggests that the time has come for all of us to scrutinise and question the ways in which we spend money much more closely than, perhaps, we have in the past."

What is to be done? Do we just throw up our hands in despair? Councillor Browne is more positive than that. He sees the problem as a challenge to be squarely faced. "We need to think much more deeply about what our priorities are, given that we cannot do everything at once. That's the first thing", he says.

"Secondly, we must strive to achieve better value for money spent. Can we, for example, reduce the inflated price we pay for drugs; or can we reduce the average length of stay of patients in hospital; or can we reduce the number of unnecessary laboratory tests; or can we reduce over-visiting or over-prescribing by doctors. To the extent that we can do any or all of these things, we can devote the savings to services for those who really need them.

### KILDARE

Our best wishes go to retiring Assistance Officers Pat Dunny and Tom Manning who left the service on reaching the age limit in the last few months. We welcome Pat Dunny, Junior, who replaces his father in the Newbridge area. No permanent successor has yet been appointed in the north Kildare area to replace Tom Manning. However, the fort is being ably held for the present by Georgie Sullivan.

And Mr. Yousef Vaizie joins the Kildare dental department, replacing dentist Jim Walsh - welcome Yousef!

### Interest-laden seminars in Kildare

Sat. Nov. 6 - at Osta John Devoy in Johnstown, the Kildare branch of the I.N.O. have organised a very interesting seminar commencing around 10 am and running, with intervals for coffee breaks and lunch, until 5 pm. Subjects to be discussed by experts in their own fields include "Cardiac pulmonary resuscitation", "Physiotherapy - what it is", "Spiritual care of the sick" and "Health education" (Austin O'Connor, Noreen Considine and Anne Redmond, Father Lawlor and Peter Grant the C.E.O. of the Health Education Bureau). Inclusive subscription is £3.

Tues. Nov. 16 - at Council Chamber in St. Mary's, Naas, an afternoon seminar on alcoholism to commence at 3, with Dr. Stevenson and Mrs. Mary O'Hagan of the Irish National Council on Alcoholism. They will talk on the treatment and management of alcoholism and the social problems which it causes.

**Campaign for peace:** to support the campaign a 3-hour vigil with exposition of the Blessed Sacrament and Mass was held at Naas Hospital Chapel on 7 October last. The Chapel was thronged with staff, patients and townspeople.

# Doctor DUNLEVY Retires

Dr. Margaret ("Pearl") Dunlevy retired at the end of September after a long and distinguished period of service with Dublin Corporation, Dublin Health Authority and the Eastern Health Board.

A native of Co. Donegal, Dr. Dunlevy comes from a well-known medical family, two of her brothers and one of her sisters being also doctors.

After qualifying at the College of Surgeons she held a number of hospital posts in England and at an early stage in her career she developed an interest in tuberculosis from working in Cardiff as a tuberculosis physician under the Welsh National Memorial Association.

She returned to Ireland some years after qualifying to do her Diploma in Public Health at U.C.D.

In 1937 she entered the service of Dublin Corporation working successively as a medical officer at Crookslin Sanatorium, at the Chest Clinic at Charles Street and in the child health service. In 1960, with the formation of the Dublin Health Authority, she became Senior Assistant Chief Medical Officer and took charge of the immunisation services for the city and county. In 1971 she became Deputy Chief Medical Officer.

A member of the National B.C.G. Committee, Dr. Dunlevy was mainly responsible for the extensive use of B.C.G. vaccination in the city and county, a measure which largely helped to bring about the virtual elimination of tuberculous meningitis and other lethal forms of tuberculosis which had been such a scourge for many years. Her promotion of diphtheria immunisation over the years resulted in the final elimination of diphtheria. Similarly with poliomyelitis vaccination. The fact that both of these once dreaded diseases have disappeared from the Dublin scene is a tribute to her energy and organising ability.

She has published many papers on medical topics in medical journals and her expert knowledge in matters of immunology has received widespread acknowledgement from her paediatric and other colleagues in the Dublin area.

Dr. Dunlevy carries with her the best wishes of all her friends who have been associated with her over the years.

## The future of the Hospital Maternity Service

by Brendan O'Donnell,  
Dublin Medical Officer.

Comhairle na nOspideal have produced a discussion document on the development of hospital maternity services.

The objectives of health care in relation to maternity services are summarised as

- monitoring and maintaining the health of the mother during pregnancy through regular ante-natal care;
- ensuring safe delivery under skilled supervision;
- ensuring that, through skilful attention, the infant is given the best chance of optimal health and normal development.

The document is intended as a contribution to getting general agreement on how best to attain these objectives so that the Comhairle can perform its task of structuring consultant posts with maximum efficiency and to give maximum satisfaction.

In dealing with the changing structure of our population, the Comhairle points out that it is difficult to forecast the future birth trends in the Dublin area. Factors favouring an increase are the continued growth of population and the decline in emigration, while in favour of a decrease is the fact that the average size of families is tending to decrease.

The Comhairle considers that every expectant mother should

have ready access to the care of a consultant-staffed obstetric/neonatal unit, and advocates the termination of the small district hospital-type maternity unit, where these facilities are not available.

It is suggested that the three large Dublin maternity hospitals should each be associated with a general hospital, so as to pool equipment and personnel. Each pair of hospitals would serve a convenient population catchment area.

*"The Comhairle considers that, in the long run, each of these large maternity hospitals ought to be physically located on a general hospital campus. However, as long as the present hospitals exist as physically separate entities, close links, including shared departments, should be formed with the appropriate major general hospital units serving the population in the same geographical area."*

In order to correct the present north/south imbalance in maternity hospitals accommodation, the report suggests that the maternity unit at St. James's should be transferred to James Connolly Memorial Hospital. It also suggests that the maternity unit at St. Columcille's should be run down and that the unit at St. Patrick's, Navan Road, should be closed.

The remainder of the report deals with hospital services outside the Eastern Health Board area.



The average adult male requires daily about three pounds of food, thirty pounds of air and about four-and-a-half pounds of water. He can survive for about five weeks without food, five days without water and five minutes without air. So food, air and water must forever constitute the survival prerequisites of human and other populations. We will pay for them whatever they cost in time, money and effort since without them we die.

#### Food

The Central Statistics Office reports that 29.2% of urban household expenditure in 1973 was spent on food while 36.6% of rural household expenditure went on the same commodity.

#### Additives

The incorporation of chemical additives into foodstuffs has given rise to a great deal of controversy, much of it ill informed. Several hundreds of such substances are used at present and we can classify them according to their functional uses as hereunder. One example of each kind of additive is given in parentheses.

- Acidifiers (citric acid)
- Alkalis (sodium bicarbonate)
- Anticaking agents (magnesium stearate)
- Antioxidants (B.H.A.)
- Binders (modified food starch)
- Bleaching agents (benzoyl peroxide)
- Bulking agent (methyl cellulose)
- Colouring agents (tartrazine)
- Crumb Softener (lecithin)
- Defoaming agents (dimethylpolysiloxane)
- Dough conditioner (potassium bromate)
- Emulsifiers (Agar)
- Enzymes (papain)
- Flavour enhancers (mono sodium glutamate)
- Flavours (lemon oil)
- Humectants (glycerine)
- Lubricants (mineral oil)
- Mould inhibitors (propionic acid)
- Non nutritive sweeteners (saccharin)
- Preservatives (sulphur dioxide)
- Solvents (iso propyl alcohol)
- Stabilisers (brominated vegetable oils)
- Stimulants (caffeine)

The issue is whether the additives that we add to our food are in any way harmful. It is impossible to prove that they are harmless. All we can hope to do is to establish a reasonable degree of safety. There is no evidence that anyone has ever we can hope to do is to establish a reasonable degree of safety. There is no evidence that anyone has ever suffered any harm from an intentional food additive used in normal trade practice in food manufacture — but neither is there any proof to the contrary.

# You cannot live FOOD AIR & WA

#### Testing of Additives

Before a new additive is accepted by health administrators as suitable for use in a foodstuff it must be shown that its presence in the food will serve a technological organoleptic or nutritional function and that it has been subjected to toxicological evaluation. Schemes of toxicological testing have been drawn up with international approval which provide a reasonable degree of certainty that an additive is safe. They can however give no final proof. Methods of toxicological assessment of additives are costly and time consuming. They include acute toxicity tests on rats and mice plus on other species such as dogs, hamsters, chickens. Oral and parenteral administration of the additive is involved and feeding tests at several dose levels. Short term studies are carried out on rats and mice for 90 days and on other species for 1/10 of their life span. Long term studies include carcinogenicity and fertility studies over the whole life span. In the evaluation of the toxicological tests many criteria of effect are examined. These include measures of mortality, appetite, entire body growth, size and histopathology of various organs such as liver, kidneys, spleen, heart, testes, thyroid and adrenals, haematological and carcinogenic tests as well as teratological (malformations) and reproductive studies.

The highest no effect dose established in animals divided by an arbitrary safety factor, often 100, is used for calculating the acceptable daily intake on a milligram per kilogram of body weight basis for man. In the application of the safety factor of the Joint F.A.O./W.H.O. Expert

Committees on Food Additives have regard to the nature of the additive being evaluated, the circumstances of its intended use and the quality of experimental studies available.

It is quite certain that differences between species occur in the metabolism of additives and that pharmacological and toxicological findings on animals are not necessarily valid for man. So absolute safety in use cannot be proved since experiments on animals do not allow infallible predictions of what will happen in man.

We might now ask since it is impossible to prove the negative requirement that additives be harmless why do we not ban them completely and eat unprocessed natural foods. There are 2 reasons. First society balances usefulness against risk. We do not legislate to keep our teenage sons off motor bicycles. We do not ban gas and electricity because we know their value outweighs the harm they cause.

#### Food can be Toxic Too

So with additives, they are useful and the risk is doubtful. The second reason, the consumption of unprocessed foods only, provides no guarantee of safety. Several foodstuffs contain measurable amounts of known toxic substances. Man has learned by experience to avoid diets that produce undesirable effects. The expensive potato may contain the alkaloid solanine, an average level being 8 milligrams in 100 grams of potato. The toxic dose for man is about 20 - 25 milligrams. So here we have a safety margin of only 3. There is no doubt that if Sir Walter Raleigh only introduced us to the potato yesterday that the F.A.O./W.H.O. would reject

# Without

FIRST OF A SERIES  
THREE ARTICLES

# ER

Last May Dr. Fergus Hill, the Dublin Region Public Analyst addressed the fifth summer school of the Health Inspectors' Association on the effects of the environment on human health. Specially he dealt with our need for pure food, air and water. Dr. Hill and the Health Inspectors' Association have very kindly allowed us to reprint this important lecture. We are doing this in the present issue and the next two following issues.

## Dr Fergus Hill

too late medical consultation and effective treatment. As Bacon wrote —

'We see the weakness and credulity of men as such, as they will often prefer a mountebank or witch before a learned physician.'

The witch has nowadays been replaced by the television advertisement where the spell is cast by some temporary idol such as a football hero or pop-star advising on nutrition.

### Attitudes to Food

Before concluding on food I would like to refer to the extremely wide variation in attitudes throughout the world to foodstuffs. Food will not be eaten by those to whom it is presented unless it conforms to their prejudices, beliefs and taboos. Taboo and custom are potent factors in people's nutrition and they affect primitive communities and advanced societies alike. Among the factors influencing our attitudes to food are familiarity which is interrelated with geographical location and social custom. We in Ireland do not eat horse meat as the horse butcher who opened up in Dublin in the 1960's discovered to his cost. But the Brussels supermarkets have large displays of horse meat in their meat departments. Yellow fatted lambs are considered unacceptable in Ireland though there is no taste difference between them and the normal white fatted lambs. The yellow colouration in the fatty tissues is due to the deposition of the grass pigments xanthophylls. Old cattle and Channel Island breeds also have xanthophyll as well as carotene pigmentation in their fatty tissues. The Dravidians of Ceylon consider milk to be nauseating excrement. We consider it to be a pre-eminent food. We despise rotten eggs but they are a delicacy to the natives of Sarawak. Some Australian tribes consider snakes and maggots to be delicacy and have a high regard for putrid meat. Even some of the food habits of advanced peoples are unacceptable to us. Canned insects such as roasted silk worms, seasoned baby bees, fried grasshoppers and fried ants are popular in Japan. The *Evening Press* of 13th April last gave some details of a 100 course Imperial Chinese Banquet taking place over 4 evenings. The courses included fried bear paws, crane soup, snake meat and antelopes genitals. How would you react if the latter were served up in your local canteen?

Religion is another factor influencing attitudes to food. Beef is abhorred by Hindus, pork is forbidden to Jews. A third factor, chronological age, also attitudes to food. Beef is abhorred by Hindus, pork is forbidden to Jews. A third factor, chronological age, also determines attitudes. Fat bacon is still relished by older people but is rejected by the young and not so young trendies.

the potato as being toxicologically unacceptable. There are substances (goitrogens) in cabbage which can cause goitre, and the consumption of large quantities of cabbage may be responsible for some cases of human goitre.

Even that pre-eminent natural food of Western society — cow's milk now appears to be toxic to possibly 5% of Europeans, 20% of Puerto Ricans and more than 50% of the population of the Far East because of lactose intolerance. When it appears, lactose intolerance occurs in early infancy as severe diarrhoea and malnutrition with the presence of lactose and lactic acid in the stools.

Nutmeg contains a chemical called Myristicin, which causes effects similar to LSD. As little as 1/5 of an ounce of powdered nutmeg can lead to exhilaration, hallucinations and later very unpleasant after effects. One of the effects of nutmeg is a fall in blood pressure. Substances called serotonin and dopamine in bananas have the opposite effect and cause high blood pressure. Almonds, apple pips and plum stones can release hydrogen cyanide (prussic acid) and cases of poisoning from all of them have been recorded. Rhubarb contains oxalic acid, the leaves being particularly dangerous. The seeds of legumes of the lathyrus family, widely used in India contain a substance which affects the nervous system. When they are eaten in quantity, as they tend to be when other foods are scarce, permanent paralysis may result. Marine biotoxins are found in mussels, oysters and clams that have been feeding on toxic dinoflagellates (algae). Case fatality is as high as 10% and is due to respiratory paralysis. Puffer fish poisoning in Japan has a fatality rate of 60%.

However, for a normal person on a normal diet the problem of natural toxicants in food is trivial. The quantities he is likely to be exposed to are too small to matter.

### Health Foods

A concomitant of the affluence of recent years is the Health Food business. We might define a health food as any food that retains all its nutritionally desirable constituents and has not had any substance added that is harmful. Consumption of health foods is promoted by food reform movements. Foods grown in compost or manure are advocated. There is no evidence that organically manured foods are nutritionally superior to any other. Nor do they taste any different. If you doubt this, subject yourself to a pentagonal organoleptic evaluation test involving organically grown food, in which 3 samples of your organically grown product are coded by a friend. He also presents you with 2 coded samples which have been grown using fertiliser. See how good you are at detecting by taste your health food. Incidentally, the pentagonal taste test is a very useful game to play at parties if you want to deflate the wine connoisseur or the whiskey brand braggart. However, back to health foods. Honey being a mixture of glucose and fructose will give extra calories but nothing else. It should not be regarded as a source of nutrients, only energy. Yoghurt is another over rated food. Its nutritional value is only that of the milk used in its preparation.

The greatest danger of health foods arises from a person believing unwarranted claims for their efficacy in curing disease and so postponing until

## PROGRAMME MANAGER THANKS PSYCHIATRIC SERVICES STAFF

I should like to express my personal appreciation to all the staff of our psychiatric hospitals, who during the recent industrial dispute kept going in the face of considerable difficulties and ensured that the services to patients were maintained, and discomfort reduced to a minimum.

It would be invidious to single out any single individual or any section of the staff. All, particularly in St. Brendan's where the need was most acute, worked tirelessly and unselfishly, and deserve the gratitude of us all.

**T. Keyes**  
Programme Manager  
Special Hospital Care  
Programme

## RETIREMENT OF MICHAEL BRENNAN

The news that Michael Brennan of the Finance Department was retiring at the end of October recalled memories of earlier times to his colleagues. Michael's first assignment was as a male typist in 1931 with the old Dublin Board of Assistance. He moved through Finance to the Engineer's department and back to Finance as staff officer in Receipts, making many friends on the way.

Between warbling with Our Lady's Choral Society and playing Hamlet with Astra, he found time to take his Diploma in Hospital Administration and help with parish work.

Michael will be best remembered for his fund of yarns, anecdotes and his punning propensities. May his retirement be as happy as his days of toil and just as long.

Congratulations to Richard McGrath, Health Inspector, who obtained first place in Ireland in the examination for the Diploma in Food Science. The Diploma is based on a post-graduate course held in Kevin St. College of Technology and includes the study of microbiology.

Sister Angelis is off again! She's arranged a Grand Bazaar for 5 December in St. Anne's Hall, Shankill, in aid of patients' comforts. Anyone who'd like to help should contact her at St. Columcille's. We all hope it will be as immensely successful as her previous efforts.

## St. ITA'S

by Dr. Michael Conway

Sports day in St. Ita's was Sunday, 19 September, rather late but despite the lateness and the inclement weather, an enjoyable day. The children's events started the afternoon's proceedings - very much enjoyed by patients and staff. Funny - I have always observed that patients, all patients, are intrigued by the appearance and activities of children, - have psychologists any explanation for this?

The tug-o'-war was the highlight of the day. There was a staff's event which was won by the Stores, and a patients' section and prize money for distribution. Nurse Paddy Leonard organised and supervised the tug-o'-war which, by the way, is NOT all muscle and brawn; there is also a very big dynamic and skillful side to it.

Denis Bowler of recording fame and television appearances and who is also involved in showband biz. was a very capable outdoor M.C. Denis is on our nursing staff and succeeded in having celebrities such as Tom Hickey, Jimmy Keavney and Bobby Doyle at the sports, - thank you, Denis.

As I have said, the day was inclement - rather windy. We nevertheless welcomed Councillor Sam Carroll, the Chairman, cheerful and affable; also Deputy Ray Burke and Senator Boland and ex-deputy and true scout Mr. Paddy Burke who is a trojan friend of St. Ita's - and what better way to neutralise the windy day! Thank you all for being with us to share the day, and congratulations to Mr. Ferris and the sports committee.

## NEWCASTLE HOSPITAL

The chapel in Newcastle is badly in need of repair and a new chapel is urgently required. Unfortunately, there is no money available at present. In the meantime it is hoped that the chapel can be relocated in the badminton hall or the Pine Room.

A new hostel for ex-patients of Newcastle Hospital has been opened in Enniskerry and eight patients are now resident there. The hostel has been named "Curam".

## "AN LAR", BRAY

This day centre now caters for about 40 patients daily. The patients in the industrial therapy unit are engaged on contract work, ironwork and picture framing. Difficulties are being experienced owing to lack of accommodation, and it is hoped that another house near "An Lar" can be got for use as a sheltered workshop.

Fire No. 1 - a straw field near the children's unit raged out of control and threatened a nearby plantation and some caravans. It was caused by the drought of July and August, but put under control by the fire officer, Terry Whelan, and several nurses both on and off duty.

Fire No. 2 - the mid-section of a chalet occupied by domestics was gutted during August. It was also prevented from spreading by the fire officer and several members of the staff before four sections of the Dublin Fire Brigade came on the scene.

The Medical Superintendent, Dr. M. McGuinness, has written commending all concerned on their prompt and efficient work.

Several members of the male nursing staff occupy a number of vacant estate houses while the regular male quarters localised in the old building are being refurbished.

We regret the recent illness of two former members of the staff, Mr. and Mrs. Jack McGonigle, Main Street, Swords. Mrs. Rita McGonigle was our arts and crafts expert for years, and is currently employed at St. Brendan's in a similar capacity.

Mrs. Riordan, Station House, Donabate, continues her successful tour of duty as "stewardess" of our hostel programme.

Dr. Vincent Molony, Clinical Director of Mental Handicap, St. Ita's, has intimated that he will submit a resumé of his recent trip to America during the summer months.

Mrs. Mona Reardon, Drumcondra, has left the clerical staff of our hospital to start her training as a psychiatric nurse at St. Brendan's Hospital.

## ST. VINCENT'S HOSPITAL, ATHY

Sr. Dominic, the matron, told the visiting committee that were it not for the support services in the community, it would be impossible to provide sufficient in-patient accommodation for those seeking it. The day centre at Naas and the day care services at St. Vincent's were reducing demands on hospital beds.

Sr. Dominic said that the Order were very conscious of the need for increasing involvement in community work, and Mother General had recently given permission for one of the Sisters to attend the public health nurse's course which commenced in September.

There was widespread regret at the recent and untimely death of Tommy Farrington, Attendant at the Central Mental Hospital. Tommy died after a short illness. May he rest in peace.

# News . . .

## DISTRICT HOSPITAL, WICKLOW

Pupils from the Vocational School, Wicklow regularly visit the patients in Wicklow District Hospital. The Visiting Committee to the hospital complimented the school chaplain, Fr. McCarthy and his pupils on the excellent work they are doing.

## ST. LAURENCE O'TOOLE CENTRE

This centre for the elderly has 24 residents and about 65 people come every day to the day club.

The services, which are planned and co-ordinated by Dr. L.B. Godfrey, Medical Superintendent, St. Mary's Hospital, include physiotherapy, chiropody, hairdressing and industrial therapy, social activities such as outings, bingo and concerts are also organised.

The day club is run by Miss M. Muldowney with the help of a team of voluntary workers.

Industrial therapy has been developed over the past six years. Ricardo Rampersand, the therapist, keeps in contact with business firms to obtain suitable work and has got contracts such as packing shrubs and rose trees, counting and packing rubber bands, packing biscuits and Christmas cards, weighing and packing nails and screws, sealing and folding record covers. He also keeps in touch with other industrial therapy centres such as St. Michael's House, Cherry Orchard Sheltered Workshop, Stewart's Hospital and St. Loman's Hospital. In 1975 the value of work done was £1,400 and expenses on materials and equipment £100. Unfortunately, owing to the current economic situation, it is becoming increasingly difficult to get suitable contract work.

The club members are encouraged to work in the industrial therapy section and there is an average daily attendance of 25, both men and women. They receive a small weekly allowance for work they do.

All club members are provided with dinner each day.

The Centre is costing about £75,000 a year to run.

Dr. Godfrey feels that this expense is well worthwhile, as the majority of the people who live in or attend the centre daily would otherwise require to be maintained in a hospital or similar institution.

The Board will have to vacate this centre when the developments in the Coombe area are completed. It is hoped with the co-operation of Dublin Corporation to provide a new centre near the present site, which would have much better facilities and could be operated more economically than the existing centre.

# ASTRA

We had an absolutely fabulous day on 28th August when we brought nine young children, ages ranging from 4 yrs. to 11 yrs., from St. Helena's Home Finglas, on a trip to the Zoo. They gorged themselves on an assortment of goodies and Pet's Corner was tops with everyone. Of course we had marvellous co-operation from the Matron of St. Helena's, Miss McGoldrick, and Nurse Frances Gallagher. Frances was a tower of strength in all the minor crises which were bound to happen and did! Many thanks to the Staff Restaurant for the "party tea" they laid on.

Rehearsals of "My Three Angels" are going on apace. The producer and cast are working flat out to ensure that this play will be up to the usual high standard of Astra productions. You are going to support the show during its run in the Assembly Hall aren't you? I guarantee you an enjoyable night out.

Our Spring production "Home is the Hero" will be cast on Monday 15th November and Friday 19th November in the Assembly Hall at 8 p.m. All members are welcome.

As Christmas approaches we will be collecting toys to distribute to underprivileged children in the Board's homes, so if you have any old toys in good condition we would appreciate your giving them to us. We're hoping that our on-the-ward entertainment this Christmas will be successful and enjoyable for the patients and to that end we shall be looking for people who are willing to offer their services. Anyone interested in helping should contact John O'Brien in Expenditure Section, James's Street, 757951.

Finally please renew your membership by paying your 50p now. New members are very welcome.

Contact:

Margaret Power  
Computer Department.  
Ext. 288.

## ST. JAMES'S SOCIAL & SPORTS CLUB

Rugby: Training every Tuesday and Thursday night from 6 pm at the back pitch in St. James's. We have a team entered in the Public Service League which started in October. Anybody wishing to play should contact Tim Lyne or Des Cusack at 757594/5 or Tony Reilly at 757951, Salaries Section.

Hockey: The Inter-Hospital League competition usually commences in March. The Club, in preparation, play a number of practice matches from December onwards. Anybody interested in playing (male and female) should contact John Keppel at 757951 or Brendan Carr at 682011.

Squash: The Club hopes to arrange squash facilities in the near future. Details, when they become available, will be posted on the staff restaurant notice board.

Pitch & Putt: The first event organised by the newly-formed Golfing/Pitch & Putt Society took place at the Garda Pitch & Putt Club, Islandbridge on 2 October. The sponsors were Messrs. J.W. Broadberry & Co. Ltd., who donated two beautiful prizes - Waterford glass and a Parker pen set. The glass was won by George Walters of Salaries who scored 57 net and the runner-up was Andy Ennis of the Ambulance Section who finished with a 58 net and was awarded the pen set. Frank O'Brien of St. Mary's, Phoenix Park, who organised the game, was very encouraged by the numbers who took part and who obviously enjoyed themselves. He hopes to arrange another competition in the near future.

Table Tennis: Facilities are available in the Assembly Hall, St. James's. Details of competitions can be had from Mary Rose Fitzpatrick, Lord Edward St., phone 776811.

The Chess Section of the Club are playing this season in the Leinster leagues. Earlier our players received their baptism of fire by participating in the City of Dublin Championship. The experience gained is proving invaluable.

We meet on Tuesdays at 6 in Personnel Department and Wednesdays at 5.30 in the Federation offices.

If you are interested in playing contact Ronan Lambe, 758932 or Des Cusack 757594/5. Beginners are also welcome.

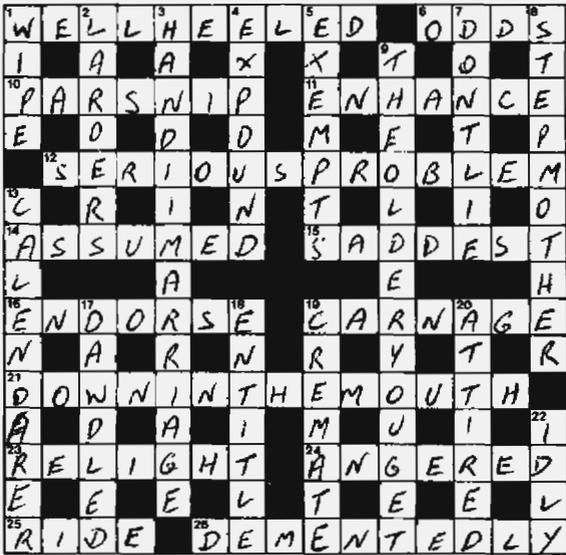


Our picture shows a few friendlies in progress on Tuesday evening in Personnel.

loverleaf

# CROSSWORD

## No. 5



### ACROSS

1. The affluent kicked back after spring (4-6)
2. They are not even chances (4)
10. The umbelliferous plant rips pan asunder (7)
11. Men without leader he can upset, or make more important (7)
12. Plus is more, robe is in disarray. This requires a lot of thought (7,7)
14. In retreat, de Mussa made undue claims (7)
15. It is most sorrowful to find two old pennies in broken seats (7)
16. Approve a heraldic band in material to mend or sew (7)
19. Death and destruction can rage violently (7)
21. Depressed after eating wild duck (4,2,3,5)
23. About to glow and set fire to again (7)
24. Inflamed edge ran riot (7)
25. In Gibraltar I decide to lie at anchor (4)
26. In a crazy fashion deny 550 meet in confused gathering (10)

### DOWN

1. Blow clean (4)
2. The loaders are about right for the food stores (7)
3. What the engaged girl gives the player who is serving the Union (4,2,8)
4. Expose the late sovereign (7)
5. Releases from duty former M.P. set astray (7)
7. Crazy lined to tell the truth (4,3)
8. A short journey with matron. She may have wards to tend. (10)
9. Together you led in all directions. Well, the longer you live ... (3,5,3,3)
13. The indexer upsets a car lender (10)
17. Bird in front moved slowly (7)
18. Give a claim to half-open ownership (7)
19. Three-quarters of acre, partner, to burn (7)
20. Dressed at half-time, blushing (7)
22. Vainly in search of pellucid lymph (4)

Name \_\_\_\_\_

Address \_\_\_\_\_

ENTRIES TO EDITOR, CONTACTS, 1 JAMES'S STREET.  
£3 to first correct solution opened 30 November 1976.  
(Prize sponsored by ASTRA and ST. JAMES'S SOCIAL CLUB)

### cont. from overleaf

Ladies Football: On the 25th of September last the Ladies' Soccer Section ran a very successful 7-a-side ladies' soccer competition for invited sides from the public service. In all 15 sides competed for the St. James's Perpetual Cup.

The eventual winners were Wel. Sox (Department of Social Welfare) who won out, in extra time, after a thrilling contest, over Dublin Castle. The competition was very ably organised by Miss Phil Murphy (Medical Cards Section).

All were agreed that the tournament was a great success and that this was due to Phil's organisational talents at work prior to the competition. Regrettably, the St. James's team did not go beyond the first round - beat 1-0 by Stewart's Hospital.

The cup and plaques were presented to the winning captain, Ann Heuston, and the captain of the runners-up, Margaret Griffin, by Councillor Sam Carroll, Chairman of the Eastern Health Board.

Also present were Councillor Mrs. Eileen Lemass, Alderman Alexis Fitzgerald and Councillor Dan Browne.

Councillor Carroll was very complimentary about the standard of play but he expressed concern about the state of the playing surfaces - he hoped that an improvement in the pitches would be made in due course.

### Solution Crossword No. 4

#### ACROSS

1. Mafia
4. Rooted
9. No right
10. Emended
11. Cochon
12. Narrates
14. Bunch of Flowers
16. Winner takes all
20. At the top
21. Prison
23. Roomful
24. Animate
25. Plural
26. Refit

#### DOWN

1. Minicabs
2. Firm conviction
3. Anguish
4. Rate
5. Opera Cloak
6. Eyebrow
7. Radish
8. Editorial Staff
13. A fur collar
15. Blandest
17. Needful
18. Earlier
19. Carrot
22. Rail

WINNER: Michael Kilameade, Home Section, 1 James's Street.

**ASTRA THEATRE GROUP**  
*Winter Production*

## My Three Angels

A comedy by  
**SAM & BELLA SPEWACK**

Assembly Hall, 1 James Street

Tues. 23 Nov. Wed. 24 Nov. Thurs. 25 Nov.  
Thurs. 2 Dec. Fri. 3 Dec.

8 p.m. Adm. 60p for non-members

*Please note - only two performances are arranged for the second week.*