

OPe

CONTACTS

INSIDE: —
HOW'S YOUR BLOOD PRESSURE?
OLYMPIC TRAUMAS
COMMUNITY NURSES

VOLUME 2 NUMBER 4 THE JOURNAL OF THE EASTERN HEALTH BOARD JULY/AUG 1976

At the end of last year a social revolution occurred in this country which nobody noticed.

The Dail and Seanad passed the Social Welfare (Supplementary Welfare Allowances) Act 1975, which will replace the Public Assistance Act 1939, and thus terminate the last vestiges of poor law in Ireland. The new Act will become law when the Minister for Social Welfare makes a commencement order and issues general regulations.

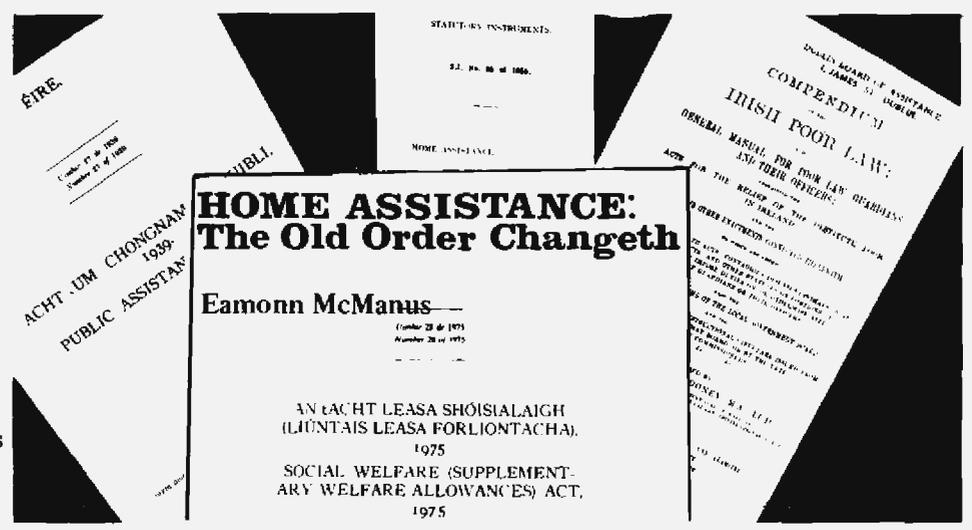
Public Assistance

Under the Public Assistance Act, which remains in force until the new Act becomes law, poor people who are unable by their own industry or other lawful means to provide the necessities of life for themselves and their dependants are eligible for home assistance. The determination of who is eligible and how much assistance in the form of cash, food or clothing should be given is left to the public assistance authorities. The claimants have no right to appeal. These authorities are the County Councils and City Corporations. In practice, public assistance is administered in most areas by the health boards acting as agents for the local authorities. The Eastern Health Board acts as agent for Dublin Corporation, and the County Councils of Dublin, Kildare and Wicklow.

The New Law

The Social Welfare (Supplementary Welfare Allowances) Act changes the whole basis of providing assistance to persons in need. Claimants will now have a legal right to allowances where their means are insufficient to meet their needs. They will also have a right to appeal when they are dissatisfied with the decisions on their claims. Needs will be calculated by reference to prescribed minimum income standards which will be equivalent to the rural rates of unemployment assistance effective at any given time.

Other radical improvements are contained in the provisions that allowances will be payable to people in full-time, paid employment provided that their



earning capacity has been reduced by reason of some physical or mental disability, and also that allowances will be payable to people involved in trade disputes in respect of their dependants (but not in respect of themselves). Anyone in receipt of a supplementary allowance who is admitted to and maintained in an institution may continue to receive all or as much of the allowance as is necessary to service their rent, hire purchase arrangements (if any) and reasonable personal expenses.

People in receipt of the basic supplementary allowances or the equivalent from other sources may qualify for additional on-going payments for items such as rent, heating and dietary needs. Supplementary Welfare Allowance, instead of being a weekly payment as would normally be the case, may consist of a single payment to meet an exceptional need or it can be paid in any case where the urgency of the situation warrants it. But in the latter instance, if the person to whom the allowance is paid is in full-time employment, it will be recoverable in whole or in part.

Parents and Children

When the new Act comes into effect husbands and wives will be liable, as now, to maintain their children under the age of sixteen but parents will, in eligible cases, be entitled to draw supplementary allowances in respect

of all of their children who are under eighteen years of age and are dependent on them for support. Children, however, will no longer be liable to maintain their parents, although their contributions to the household income will be reckonable as part of their parents' means.

Administration

The Act will be administered directly by the health boards, and officers of public assistance authorities will become officers of the local health boards. The employment and superannuation rights of any transferred officers will, of course, be safeguarded. The day-to-day administration will be carried out by officers of the boards to whom the chief executive officers may delegate particular functions.

Appeals officers will be appointed or designated by the Minister for Social Welfare, and they may be officers of the health boards or not.

Finance

The former public assistance authorities will be required to contribute to the local health boards the amounts which public assistance cost them (as a charge on the rates) for the year 1975 plus 40% of any increased cost thereafter and the full cost of administering the new scheme. The balance will be provided by the Exchequer through the Department of Social Welfare.

Meet the Board...

Kevin A. Harrington



Educated at O'Connell Schools and U.C.D. he went into private practice on qualification but maintained interest in student training and teaching by a part-time appointment in the Dental Hospital. Over the years he has been very actively involved in the work of the Irish Dental Association and was honorary secretary, Insurance Section when the Dental Benefit Scheme was re-introduced in the nineteen thirties.

Mr Harrington has always taken a keen interest in organisation and planning and helped in the successful organization of the two International Dental Federation meetings held in Dublin in 1947 and 1960. This latter meeting set a precedent for the successful running of future meetings and incidentally they were a great help in raising the standard of dentistry in Ireland and putting us on the world dental map.

He was a member of the original sub-committee of the Irish Dental Association which initiated the interest in dental health education. The present Health Education Bureau established by the Department is in no small way due to the activities and example of the dental profession who for many years financed dental health education completely from their own resources. He was a member for many years of the Council of the National Film Institute and was a great supporter of the use of visual aids in education especially health education.

He is very keen on the prevention of dental disease and proposed to the Irish Dental Association that they should promote the fluoridation of water supplies which came to such a successful conclusion here and which is still looked upon internationally as the best example to be followed by any country wishing to introduce fluoridation of its water supply.

Mr. Harrington finds the position of patients who were given eligibility for dental treatment without full provision

being made for adequate personnel to carry out the treatment very regrettable. When the political decision was taken about 1972 to extend dental treatment it was obvious that public dental officers could not under any circumstances carry out the necessary treatment and that dentists in private practice would have to be requested to treat some of these patients in a similar manner to the present treatment of patients entitled to Social Welfare Benefit.

One matter which he feels would help to lessen the bed occupancy of our hospitals would be the sending of consultants of all types with full supporting teams to hold regular sessions in various out-lying centres where they could assess patients referred by local G.P.s and refer back those who could be treated locally and not necessarily requiring hospital treatment. In this way he feels that many patients at present sent to general hospitals for examination, investigation and checking would be spared this move and the scheme would also save our bed occupancy and have a considerable economical advantage.

He also expresses concern at the lack of full dental consultant services for our general hospital patients. In many cases such an opinion could be beneficial to the health of a patient who may require urgent conservative treatment. However there are many cases where there is no provision for dental consultants except on the oral surgery speciality and the equipment to carry out all necessary treatment should be incorporated in all future hospital plans.

He married in 1937 and has a son and daughter surviving, both married — so that he is now happy with six grandchildren.

He states that he has enjoyed his time on the Board and has admired the devotion and efficiency of the Board's Officers. For one who has kept out of politics he has also expressed his admiration for the politicians of all sides whom he has met and worked with on the Board.

However, the greatest experience he had in in his long career was when he was appointed, by the late Archbishop McQuaid, as Chairman of the Executive Committee responsible for the running of the Patrician Year Ceremonies in 1961. The success of this undertaking was due to the extraordinary work of hundreds of laymen and clergy, including our present chairman, Mr. Dermot O'Flynn.

Dr John B. O'Regan

AN APPRECIATION

To all his former colleagues and many friends in the Eastern Health Board the unexpected passing away of Dr. John B. O'Regan on 12th May 1978 was a keen loss. Although he retired as Chief Medical Officer in February 1971 after 40 years in health services in Cork, Tipperary and Dublin he maintained close contact with the service right up to his untimely death.

During his term of office in Dublin, which commenced in 1956, he took a special interest in diphtheria immunisation and the tuberculosis service. In the early 1960's he organised the poliomyelitis vaccination campaign which eradicated that disease from the community.

Realising that Dublin was a tourist centre, he attached special importance to the application of the Food Hygiene Regulations and he worked diligently with the health inspectorate to improve standards in the City and County. It was also on his initiative that the sale of raw milk was prohibited in Dublin City in 1963.

He helped to bring about progress in the growth of the geriatric service and in the provision of institutional facilities for the aged. He was also in great part responsible for the introduction of the scheme for the screening of new born infants for P.K.U.

As a man he was truly sincere, and became a real friend to all who had dealings with him. To his immediate staff, all of whom he treated as equals, he was ever solicitous not only for themselves but also for their families. He was a shy man and the hundreds who attended the Church of St. Theresa, Mount Merrion would have embarrassed him greatly. To his daughters we extend our deepest sympathy.

Dr. B. O'Donnell

INFORMATION BOOKLET ON HEALTH SERVICES

An up-to-date booklet on the services provided by the Board is now available. The booklet describes the basic services in simple terms and it can be obtained in Registry, 1 James's Street.

The Heart Foundation Wants To Take Your Blood Pressure



Do you know that up to a fifth of the adult population in Ireland have high blood pressure? Do you know that high blood pressure is associated with increased risk of heart disease, stroke and renal failure? And if you do, do you care? The Irish Heart Foundation does, and they are doing something about it.

A survey carried out by the Foundation showed 24.4% of 15,171 men studied had high blood pressure. Almost 75% of these hypertensive men, were previously undetected.

Clearly the number of hypertensive men and women, whose condition is hidden is quite large. To do something about this problem, the Irish Heart Foundation has this year initiated a programme to culminate in 1978, which has been designated World Hypertension year by the International Cardiology Federation, the International Society of Cardiology and W.H.O.

The objects of the programme are –
To detect hidden hypertensives in the community;
To refer patients for treatment when required;
To evaluate the extent to which treatment is provided and maintained;

To include anti-smoking measures and dilatory measures when necessary as part of the over-all management of hypertension;

To educate the public in the primary prevention of coronary disease and stroke.

Hypertension check centres

The Foundation have already set up hypertension centres at Ennis, Shannon, Kiltush and Kilkenny, and a further centre is being opened at Wexford. More centres will be established in the year.

Each centre will operate a screening programme for men and women under 60 years of age. Screening will consist of blood pressure estimation, cigarette smoking habits, and weight, and will include a previous history of high blood pressure and current treatment.

Criteria for number of measurements of Blood Pressure –

When initial blood pressure measurement 94 mms. H.G. diastolic or less – one measurement suffices.

When initial B.P. measurement is greater than 94 diastolic, B.P. is repeated after five minutes rest. Where the difference between the first and second reading appears excessive a third reading is done.

Referral

Subjects requiring only one B.P. reading (or less) are not referred. Neither are those whose repeat readings are 94 or less. Subjects whose B.P. exceeds 94 but does not exceed 104 mms. Hg. are invited to return for further measurement at a subsequent clinic. These subjects are not referred. Subjects whose B.P. exceeds 104 mms. Hg. are referred for medical evaluation, irrespective of whether such subjects are known hypertensive and are on treatment.

Education

In each area where screening is being carried out, both a public and a medical education programme will be organised to explain the method and purposes of the screening.

The Foundation aims to screen a minimum of 500 subjects yearly in approximately 20 centres providing at least 10,000 for scrutiny.

The programme is being organised with the co-operation of health boards and general practitioners, and obviously deserves the support of us all. After all, in the case of hypertension, prevention is a lot better than cure.

ST. ITA'S NEWS

THE ADVISORY COMMITTEE set up several months ago by Mr. Keyes, Programme Manager, meets regularly to discuss all aspects of the hospital administration. A feature of the committee is that it is made up of members from all departments, medical, clerical, trades, supplies, stores, catering and domestic. Its purpose is to ensure that everyone has a part and a say in the functioning of the hospital.

BISHOP O'MAHONY VISITS ST. ITA'S May 19th was a memorable day at St. Ita's with the visit of the recently appointed bishop to the diocese – Dr. D. O'Mahony.

In the morning he met the medical and nursing staff and in the afternoon celebrated a special mass, assisted by the resident chaplain, Fr. Richard Cantwell. The highlight of the ceremony was the First Holy Communion of seven mentally handicapped children, who were chaperoned by Sister Moylan, senior sister of the unit. In his address Dr. O'Mahony spoke warmly about the work being done at St. Ita's. He toured the hospital, and the patients and staff who met him will remember a very pleasant visit for many a long day.

The new director of Mental Handicap, Dr. Vincent Moloney is beginning to get things moving.

He has set up a mental handicap centre in the house formerly occupied by the land steward, Mr. Hayes. He also has a fully equipped mobility unit for mentally handicapped children, which is situated in the building formerly occupied by Roger King, the hospital tailor.

His services are in demand abroad too. Next September he will speak at the Marianne Frostic Centre, Los Angeles, and in November, 1977 he will be a guest speaker at the 3rd Asian Conference to be held in Bangalore, India.

On the home front, Dr. Michael Conway has been busy for the past month, giving a series of lectures on mental handicap to the nursing staff.

We wish Jack Buckley well on his recent retirement. Jack was one of the first men to be picked for the industrial unit at St. Ita's and helped to develop this most important project to its present thriving status. In his early days he was a noted musician. Does anyone recall the Del Rio Band?

KILDARE NEWS

Arrivals and Departures

Welcome to County Kildare for Limerick-born clerk/typist Cathleen Dunne who has taken up duty in St. Vincent's, Athy, – and our good wishes go to Anne Cooney (nee Riordan) who departed this Board to serve with the Midland in Tullamore, and to Mary Mahon who went to join the 'private sector' in Carlow recently.

Rumoured too, is the imminent departure to private practice of School Dentist, Jim Walsh, who served in Kildare since 1970. We wish him well. Also leaving soon, we hear, to enjoy a well-earned if early retirement is Tom Cribbin, popular ambulance driver with the Board, who will be remembered by many back to the days when the present County Council office building at St. Mary's was a brand new Fever Hospital, and Mai McGrath was the Matron. Pleasant memories Tom, and happy retirement. . .

Dr. Eva Matthews goes to Birmingham in June to represent Irish Dominican Third Order people and some honour, we understand, for the Donegal-born doctor attached to Community Care in Naas.

Our Sympathy goes to the widow and family of the courteous and kindly Dr. P. J. Conlon, one time dispensary doctor in Johnstown Bridge, who died recently at 86, R.I.P.

THE PSYCHIATRIC NURSE'S JOB IN THE COMMUNITY

JOHN NOEL BERGIN

John Noel Bergin RPN is Community Nurse, North Central Clinical H.G., Clontarf

One of the most tragic features of mental illness is that it distorts personality and makes it difficult for the sufferer to enjoy normal, happy relationships with his family, his friends, and fellow employees. Such a person, having withdrawn in one way or another, needs psychiatric help to solve his problems.

There must be few people in our society who are without first-hand experience of mental disorder. At some time many have had to endure the strain and tribulation of a psychiatric breakdown involving a member of the family. Mental suffering shows such scant regard for national and ethnic boundaries that all people can find common purpose in striving to mitigate it.

Psychiatric nurses working in the community have two main purposes — to work in the preventative field, and to rehabilitate the mentally ill. To enable these two purposes to have any real value and effect, they must be prepared to work with many other medical disciplines and with voluntary bodies. Continuity of patient care depends on co-ordination within the psychiatric services.

Three Stages of Prevention

Nowadays advances in psychiatry and the development of chemotherapy have directed attention towards the possibility of early treatment and prevention of mental disorder. The aims of mental health care might be described as the realisation of three stages of prevention: the first or primary stage aims at avoiding disease and cutting down its incidence; secondary prevention aims at shortening the period of disease and mitigating its course once it has become manifest; tertiary prevention aims at reducing the sequelae and disabilities consequent upon disease.

Advances in Psychiatry

Major therapeutic advances in recent years have done much to change the approach of the medical profession and indirectly of the public to mental illness. Recognition of the importance of family, environmental and social factors has further deepened our understanding of mental disorders. These developments have imposed on administrators, planners, doctors, nurses

and various other personnel working in the mental health field the need to re-examine the approach to their work, whether it be in the matter of care, organisation or further planning of our services. To make my point clear, the rehabilitation of previously hospitalised patients demands that systematic attention be given to them in the domestic and occupational environment to which they return, and points to the need for the provision of special lodgings, hostels, and group-homes. Every person leaving hospital is faced with a variety of problems: he will have to handle money and fend for himself; he will need to learn again the discipline of work and how to get on with other people, his bosses and his fellow-workers; he may have to find his own accommodation; he will need to keep in touch with his doctor so that medical supervision can be maintained; most important, perhaps, he will be faced with the difficult task of re-establishing social relations with his family and friends. His capacity to deal with these problems will determine whether or not he can survive in the community. In helping him to cope, the nurse working in the community has a most important part to play. Often the nurse is the person to whom the patient turns to for support and advice in times of stress.

The Concept of Mental Health

The nurse in the community must regard as one of his primary aims the making of the concept of mental health generally known. We now know that with the adoption of modern mental health measures much mental illness need never occur. The point we must get home to the general public is that impaired mental health is as accessible to rational measures as any other illness. For this reason the encouragement of early referral is most important.

Public Education

Education of the public regarding mental

health is essential, and the front-line workers that the community nurse must look to are family doctors, public health nurses, teachers, school attendance officers and probation officers. The media, press, radio and television should be used prudently.

The Aged

A recognition of old age as one period in the life cycle is an essential basis for the promotion of mental health. The ageing of populations is a new challenge, and with the benefits of medical-science and social progress many persons will have an increased life-span. Emphasis as far as possible should be stressed on keeping old people in their own homes as it avoids social breakdown which is one of the commonest causes of admission to hospital. Therefore, psychogeriatric facilities and welfare services are vitally important. Short stays in hospital for the purpose of rehabilitation can also give a family a well deserved rest. The doctor or nurse must be able to judge how much a family can take, and be prepared to urge hospitalisation when the problem becomes too great. In certain instances intellectual decline could become a very common cause for admission to hospital. Because the second childhood has less promise than the first we should not care less about those who are passing through it. We ourselves are part of the treatment of old age.

Chronic Patients

The problem of the chronic hospitalised patient is still with us and will remain so for a long time. We must face the fact squarely that all times we will have a small chronic population in our hospitals and planned treatments will have to be arranged for this type of person. Poverty, enforced retirement and isolation are important sources of senile disturbance. Premature ageing and physical degeneration also make their contribution, and admission to a mental hospital is usually decided by a combination of physical and mental ailments. Experience has shown that many of the mental upsets of old age are reversible and full social rehabilitation is possible if expert medical attention is made available at an early stage. The prevention of mental illness and the promotion of mental health in the aged may yet be

(Continued top of next page)

the greatest single challenge in the years ahead.

The Nurse's Responsibility

Mental health is the concern of us all and the nurse of the future working in the community will have to be taught how to assess accurately such things as the patients' physical, psychological, cultural and financial situations for it is only by his appreciation of the patient as an individual that an effective therapeutic relationship may be established. Not only must he be intellectually and emotionally mature enough to weigh-up the arguments for and against a course of action, he must also have adequate knowledge of the patient and his illness. Therefore, the nurse's changing role implies a greater responsibility for health promotion.

AN APPRECIATION OF DR. EOIN MEENAN

It was with a personal sense of irreparable loss that Dr. Eoin Meenan's colleagues heard of his sudden and premature death. He had shown a fine sense of judgment and leadership in his years working on his return to Dublin as a Consultant in Forensic Psychiatry and he made numerous well-prepared contributions in the area of Health Education with particular regard to drug abuse. His practical sensibility rendered him an occasional challenge to some of his young clientele but he was always seen as a Doctor with their welfare in mind. Many of the victims of family violence treated by him at Ushers Island have indicated their sorrow at our loss as well as the patients who knew him in his work at Mountjoy and the Central Mental Hospital. In recent years, he had become increasingly involved in the law courts where his professional maturity was highly regarded. Psychiatrists too have every reason to be appreciative of the tenacious work which he completed on their behalf as Chairman of the Psychiatrists Group in the Irish Medical Association. He was a man both amiable and honourable. Our deepest sympathy is extended to his family in their grief which we share.

Dr. Liam Daly



THE OLYMPIC GAMES

THE AGONY OR THE ECSTASY?

D. DE LOUGHRY

Desmond de Loughry is head of the Eastern Health Board's Computer Department and Track and Field Coach, An Bord Luath Cleas na hEireann. He has been appointed Coach to the Olympic Team.

1976 is another year in the Olympic Cycle and for months past the public will have been aware of the controversial millions involved in the vast preparations necessary to stage the modern games, while at home social and other service needs are feeling the financial blizzard.

The 20th Century Olympiads, each striving to outdo the other, an extravaganza of "amateur" sport, absorbing vast resources of men and money open a fertile field for the interested economist, moralist or even the theologian.

Regaled previously by the immediate drama of the great race to complete the stadia on time, charges of extravagance, incompetence and even corruption, the media will shortly present the world public with the epilogue, expanding on the human drama involved in every "Games". A vast global audience will share the excitement and the spectacle of many great sporting events in an atmosphere reminiscent of the 'Coliseum' of old. They will participate in the exhilaration of the actual competition, man to man combat, the elation of victory or outstanding achievement, the dejection of defeat or failure. There will be a sense of sympathy and understanding of the inherent pride experienced in a national victory anthem, even if not shared in terms of gold or silver. In the panorama of activity and achievement how many spectators will be aware of the months and years of endeavour undertaken by the men and women who make the olympic spectacle?

These athletes endure months of rigorous pain-racking sessions of weight training, running, on road, field and track, twice and even three times daily, seven days per week. Most Irish athletes train outside their normal 9 to 5 employment, foregoing social activities during this intensive preparation. For some, olympic participation is the only reward; for the few, olympic gold will crown a life's ambition.

Despite all this hard work, disappointment is the lot of the great majority who will fail to reach the severe qualifying standards required for participation, and their agony will be over. For those who qualify there is the gauntlet of inevitable criticism, particularly for the Irish athletes, to whom so little is given and so much is expected. But these are the lesser disappointments. What of those who suffer the soul-destroying experience of nagging injuries, which prevent them from even contesting the final team selection.

This year two Irish athletes who have the exceptional ability to progress in world competition, will not compete in Montreal, because of injury in the final weeks of preparation.

It is one of the sad failures of the Irish sporting scene that there is no institution of sports medicine, no centre for research, diagnosis or treatment for the very specialised needs of the modern athlete. What may be just an irritant to the ordinary citizen can be a disaster for the international competitor.

In the Ireland of to-day with a new College of Physical Education, its medical schools and health authorities and the increasing awareness of sport and recreation as a social influence, there must also be a place for sports medicine. It is vain to hope for even a modest beginning in this direction before the next Olympics.

AN LAR, BRAY— Where Work is Joy

JIM BROPHY

If you want a lesson on the joy and satisfaction that derives from the opportunity to work after years of inactivity you must slip into the Eastern Health Board Day Centre on the Dargle Road in Bray. There you'll find men and women working like beavers, and showing an interest and contentment that belies the fact that many of them had lost all interest in the world around them, before they found their way to this therapeutic unit which comes under the ambit of Newcastle psychiatric hospital.

The centre has given those people the chance to feel useful by providing them with suitable work under professional guidance and in an atmosphere conducive to happy working conditions. The Bray centre known as 'An Lar' attracts an average daily attendance of some 25 men and women and some of those never had an opportunity of working before. They do everything from bottling liquid manure to intricate metal work and professional welding.

The Centre takes on contracts for various kinds of jobs. When I was there, they were

packing and labelling rose plants for the Paul Sexton firm. I saw another man painting garden stakes and some others were packing small bags of garden fertiliser. The firms pay a contract price for those services and the workers often benefit financially when the contracts are completed. They can provide a wide range of services and they are very anxious for contracts in order to keep their people fully employed.

The Centre, originally was the brain child of Dr. Tom Egan, Newcastle. The man in charge is P. J. Costello, Assistant Chief Nursing Officer, and he is very anxious to extend the work. His problem at the moment is space and he's hoping to find extra premises in the near future. He is ably assisted by his deputy, Denis Cody, who is in charge of the industrial therapy. Gill McCullagh is the Occupational Therapist and Gemma Doyle is the receptionist. Bernard Dowling, Netty Lawless, Lucy Sealy, Fred Rowantree, Earland O'Neill and Mrs. Anne Byrne are others who play a major role in the running of An Lar.

Advantages

- (a) One standard Medical Record for EHB.
- (b) Forms would be standard and a lot cheaper to buy.
- (c) When doctors/clerical staff/nursing staff are transferred there would be no confusion.
- (d) A standard filing system would ease work load.

Michael Noble, St. Columcille's

LETTERS Savings

Editor,
Contacts.

My suggestions are as follows:

Medical Record Charts

- (1) Consultations should be made with all the EHB Hospitals re their present charts, stocks, type of forms used, method of filing with view to a standard chart.
- (2) When the above information has been received, a standard EHB Chart/Medical Record should be designed. All those concerned with the chart should be consulted and suggestions discussed etc.
- (3) Forms in the Medical Record should not have the Hospital name on them, this could be stamped in by individual hospitals. Hospital name need only be on cover of record.
- (4) Medical records should be filed all the same way in each of the Board's institutions, steel shelving could be bought in bulk.
- (5) Consultations could be had with Medical Record Officer of the Federated Vol. Hosp. Group and other Dublin Hospitals with view to buying similar forms in bulk etc.
- (6) All this work would take some time but I believe that it would be worth it in the long run.

MISS MAY KEOGH

On Wednesday afternoon, June 29th a very representative gathering at St. Brigid's formally said goodbye to Miss May Keogh, Matron, who had completed almost 40 years service in the Board's hospitals of which over 20 had been spent at St. Brigid's. May had spent practically all her nursing career in Dublin including the Mater, Rialto Hospital and St. Vincent's, Cabra.

Mr. Dermot O'Flynn, Chairman of the Board, presided at the function and paid a warm tribute to Miss Keogh for her outstanding service in the care of the sick and particularly the aged. Mr. Nolan, Deputy Chief Executive Officer, also paid a tribute, praising her for her exceptional kindness to the patients and for her wise administration at St. Brigid's where there was a very happy and contented staff.

Mr. Paddy Bourke, Mr. Paddy Hickey, Very Reverend Fr. Whelan, P.P. and Members of the Dominican Priory, Tallaght, joined in the tributes. Most Reverend Dr. James Kavanagh, Auxiliary Bishop of Dublin conveyed his apologies for being unable to attend. Mr. Mark Clinton, Minister for Agriculture also sent his apologies.

We join all the staff in wishing May very many years of happiness in her retirement.

NURSES DIPLOMA DAY AT THE ROYAL COLLEGE OF SURGEONS

The end of the academic year was celebrated by the conferring of 134 diplomas. Subjects included philosophy, medical ethics, psychology, educational methods, and physiology.

A Mass of thanksgiving was celebrated in the elegant examination hall. Afterwards, the President, Mr. McAuliffe Curtin, welcomed us to membership of the College with all its facilities, lectures, library, meetings and sports centre. Miss Crowley, Dean of the Faculty, spoke of the historic significance of the first year of achievement. She recalled that 85 years ago the first nurses' professional examinations were introduced to Ireland and the first midwifery examinations at the start of the new century. Cardinal Newman's teaching on the relevance and importance of change was stressed, to fit ourselves to contribute adequately to a changing society. The community will be the benefactor of improved knowledge and sensitivity.

Tea was served in the new building and we had a chance to meet the nurses from different parts of the country.

We are very proud to be part of the College of Surgeons with its tradition of service to Ireland and distant nations.

What about a Nurses Literary and Scientific Society in the new academic year?

Claire Gill



(Photo: Jackie Ledwidge)

Congratulations to Kevin Ward on his success in the recent competition for systems analyst. Kevin, who is only 26, entered the service in November 1970 as a clerical officer. He worked in internal audit section and in Clonskeagh Hospital. In August 1975 he was appointed assistant section officer, Recruitment Section, Personnel. He took up his new post in May. As systems analyst Kevin has the job of making detailed specifications of work being put on the computer. This is a highly technical job requiring special training, as well as a deal of common sense and the ability to think logically.

NEWS ABOUT

FAREWELL TO DR. ROCHE

Over one hundred people attended at the staff restaurant, St. Columcille's Hospital on 28 May to pay tribute to Dr. W. J. Roche who had retired from the post of Medical Superintendent, St. Columcille's, in the middle of April. The gathering included members and officers of the E.H.B., staff of the hospital and many of Dr. Roche's colleagues and friends from south county Dublin and north county Wicklow.

Following an excellent meal provided by Miss Moloney, Catering Superintendent, St. Columcille's, and her staff, Mr. O Caoimh, C.E.O. made a presentation to Dr. and Mrs. Roche. Dr. M. Chambers, Registrar, and Chairman of the presentation committee, presided. The speakers included Mr. D. O'Flynn, Chairman of the Board, Mr. O Caoimh, Mr. J. J. Nolan, Deputy C.E.O., Mr. Hugh McCarthy, Senior Consultant Surgeon and Mr. M. Carroll, vice-Chairman of the Board, Dr. Bartley Sheehan, Dun Laoghaire, and Dr. M. J. Twomey, Bray, representing the medical profession locally, also spoke.

All speakers paid a sincere tribute to Dr. Roche for his wonderful work at St. Columcille's and, indeed, prior to that in the Dublin Fever Hospital in Cork Street. The large and representative gathering wished Dr. and Mrs. Roche and their family very many years of happiness.

New Appointments

Two new matrons
We are pleased to advise our colleagues that Miss Catherine Duane has been appointed matron at Clonskeagh Hospital and Miss Eileen T. Moran, Matron of St. Brigid's Home, Crooksling. Both nursing officers have already given many years of loyal service to the Board and its predecessors and we wish them every happiness in their new appointments.

St. Columcille's

Dr. Desmond Cusack has taken up duty as Medical Superintendent, St. Columcille's following the retirement of Dr. Roche.

Eugene Returns to the Sod

I suppose we should congratulate Eugene Halley on his appointment as Financial Accountant to the South Eastern Health Board. Eugene has only recently been promoted Senior Executive Officer in Personnel and those of us who had dealings with him thought he had a great future before him in the Board. He got things done and may the Good Lord bless him for it and give him every success in the future, — even though he did leave us!

Extract from minutes of local health committee: 'The members were pleased to know the type of action which took place as a result of their passing motions as they did not want to be attending meetings with a growing feeling of frustration and uselessness...'

BED BUREAU

On 31 March 1976 the Minister for Health made orders dissolving the Hospitals Commission and transferring to the E.H.B. all property, rights and liabilities and all persons employed by the Hospitals Commission immediately before 1 April 1976.

At that date the functions of the Hospitals Commission had, to a large extent, been already taken over by the Department of Health and other bodies. One function, however, still remained and that was the Bed Bureau, the operation of which was transferred to the E.H.B. under the above orders.

The Bureau, which was set up by the Hospitals Commission, commenced operation in 1941 to deal with applications for hospital beds. Such applications are received mainly from medical practitioners who require hospital beds for their patients. The enquiring doctor specifies the particular hospital and alternatives and the Bureau then contacts that hospital or alternatives and secures a bed or places the name on a waiting list and informs the doctor accordingly.

Approximately 6,500 enquiries are received annually by the Bureau which operates on a twenty-four hour, seven-day week basis. It is located at 52 Upper Mount Street.

We take this opportunity of welcoming Miss Noreen O'Daly, Operator in Charge, and her staff of seven operators.

Day Care Centre, St. Colman's

During the past few months St. Colman's Hospital have been running a day care centre for old people living within a 10-mile radius of the hospital. The centre operates for two days each week. Three or four old people are brought there with the assistance of voluntary workers. They are given their lunch and tea, as well as a bath and hairdo. Many of them visit their friends in the hospital as well. Each old person has an opportunity of attending the centre once a month. The public health nurses in the area report that the centre is of great benefit to their patients. It is hoped to extend the catchment area of the centre as soon as possible.

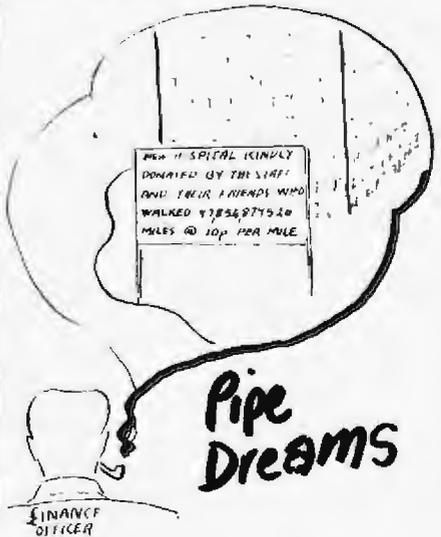
FOOTING THE BILLS

The fifth annual walk to St. Colman's, Rathdrum took place last Sunday. Thousands of people from all over Wicklow took part. They started from various centres, all of which were 10 miles from Rathdrum. The hospital itself was en fete to welcome those on foot — as well as those on wheels, of course! There were stalls, bunting, white mice races, wheels of fortune, a band, Eamonn Lawlor, the launching of a huge balloon, prizes including a week-end in a Ryan's hotel, and free teas for the walkers.

They made £4,800 last year of which £3,000 went towards providing a veranda for the hospital. This year they plan to bring sixty old people from different parts of Wicklow on a holiday to Carne and also contribute £1,000 towards physiotherapy equipment in St. Colman's.

The Wicklow Youth Club organised a walk at the end of May in aid of extra comforts for the patients in Wicklow Hospital. Fr. Colm McCarthy of Ashford took charge of proceedings. Dr. Pat Liston, Medical Officer, thanked all those who took part and made the walk such a success.

St. Columcille's also had a very successful walk which was organised by Sister Angelis. It was attended by Bishop O'Mahony, Fr. Sam Carroll, Eamonn Lawlor (who must be very fit by now!), the hospital staff and their friends including a contingent from headquarters led by Tommy McManus, all of whom made up a very large crowd indeed. How much money did they raise? It was very successful, they replied firmly, but we're not going to risk giving the Finance Officer ideas. (Not even a loan? Ed.)



Glowing Accounts

There was a mysterious fire recently in one of our institutions. To be precise, the confession box went up in smoke. The cause of the fire? — we can but hazard a guess (guess the hazard?). Was it a tale of such burning passion that the very timbers of the box curled, smouldered and eventually burst into flame? Or did the Confessor become so incensed with his penitents that he abandoned the three Hail Marys and called forth fire and brimstone on them? Whatever the reason, take heed ye sinners; next time examine the confession box as well as your conscience!

