

## EASTERN HEALTH BOARD

*Minutes of Proceedings of Meeting of the Eastern Health Board held in the Boardroom, 1 James's Street, Dublin, on Thursday, 1st July, 1971 at 3 p.m.*

*Present:*

Senator Dr. R. Belton	Miss Eileen Horgan
Dr. F. de Burgh Whyte	Councillor A. Mahon
Deputy P. J. Burke	Dr. A. Meade
Councillor M. Carroll	Dr. James McCormick
Deputy M. A. Clinton	Deputy Dr. J. O'Connell
Mr. J. Corcoran, M.B.	Dr. J. St. L. O'Dea
Dr. J. Cullen	Dr. B. O'Donnell
Councillor M. Cunningham	Mr. Dermot O'Flynn
Councillor H. P. Dockrell	Dr. B. O'Heriighy
Councillor James Dowling	Mr. K. O'Reilly-Hyland
Deputy Joe Dowling	Councillor John Sweeney
Mr. D. Gallivan, B.D.S.	Councillor John Temple
Councillor Patrick Hickey, P.C.	Deputy G. Timmins
	Deputy Eugene Timmons

*Apologies for absence:*

Deputy P. Belton, Deputy F. Cluskey, Commissioner Garvin,  
Miss K. Kinsella and Dr. P. C. Jennings.

Dr. J. McCormick, Chairman, in the Chair

*Officers in attendance:*

Mr. J. J. Nolan, <i>Deputy</i> <i>Chief Executive Officer</i>	Mr. F. J. Elliott
Professor Ivor Browne, <i>Chief Psychiatrist</i>	Mr. J. Clarke
Dr. M. Crowe, <i>Chief Medical Officer</i>	Mr. L. Hogan
Mr. R. N. Lamb	Mr. E. Butler
Mr. J. F. Reynolds	Mr. J. Doyle
	Mr. J. A. Duggan
	Miss M. Bairead
	Miss K. Dolan

### 57/71                      CONFIRMATION OF MINUTES

The minutes of the monthly meeting of the Board held on 3rd June, 1971, having been circulated were confirmed, subject to the correction that Councillor P. Hickey be recorded as present—proposed by Deputy Dockrell, seconded by Councillor Hickey

## 58/71 PROCEEDINGS OF COMMITTEES

- (a) Report of Meeting of No. 1 Visiting Committee at St. Colman's Hospital, Rathdrum, Monday, 21st June, 1971, at 10.30 a.m.

*"Present*

Dr. J. McCormick, Miss E. Horgan, Deputy G. Timmins.  
Councillor J. Temple.

*Apologies for inability to attend were received from:*

Deputy M. Clinton, Dr. J. Cullen, Deputy J. Dowling,  
Dr. P. C. Jennings. Councillor J. Sweeney.

*Also present:*

Mr. J. O'Sullivan, Department of Health; Dr. Jennings,  
Department of Health; Dr. Walsh, Department of Health;  
Mr. Tallon, Architect, Department of Health; Mr. J. Inglis,  
Consultant Architect.

*Officers in attendance:*

Rev. Sister Philomena, Matron; Dr. D. N. Connolly,  
Visiting Medical Officer; Rev. Sister Lua, Assistant Matron;  
Dr. C. F. Warde, County Medical Officer; Mr. J. A. Duggan,  
Staff Officer.

**BUSINESS**

In the absence of Deputy Clinton, it was agreed that Dr. J. McCormick should take the chair.

Opening the proceedings the Chairman stated that the Eastern Health Board fully realised the urgent need for a new building in Rathdrum and he was taking this opportunity to pay tribute to the magnificent work of the present community of Nursing Sisters under conditions which were almost intolerable. He stated that the purpose of the present conference was to consider the function of the new building at St. Colman's and to decide if they should proceed on the basis of providing a building for aged persons not confined to bed and who were able to fend for themselves, to a considerable extent, or whether the building should be for the care of elderly sick persons, i.e., patients who would require a high degree of nursing and medical care.

Councillor Temple referred to the stigma which he stated still existed in certain areas in relation to the name of Rathdrum with its connotations of associations with the former workhouse and stated that for this reason and because of difficulty of access, people from his constituency of Bray and its surrounding areas were reluctant to become patients

in St. Colman's as it stood at present. He agreed however, that a new building was essential.

The Matron stated that in her opinion, the plans as now drawn up would be very acceptable to her Order with minor modifications.

The meeting next proceeded to examine an analysis of the patients in St. Colman's at present. These totalled 185, the numbers being slightly below normal because of the time of the year. Of this number, 17 were mentally retarded, a further 11 were completely active and entirely able to fend for themselves, while the remaining 157 required nursing care in varying degrees. 55 of this number could walk unaided, while there were 8 patients confined full-time to bed. In addition approximately 16 other patients were on active treatment but were ambulant or semi-ambulant.

In the light of the foregoing, the meeting next considered the type of accommodation proposed for the new building which consisted in the main of six-bedded wards. It was stated in favour of these that the patients would have more privacy and that the atmosphere of an Institution would be minimised by the more personal feeling of the smaller wards. It was also indicated that extensive laboratory facilities were not considered essential because Pathological specimens etc., would continue to be sent to Dublin for examination as at present. Regarding the matter of Occupational Therapy, it was indicated that this would be provided in the same area as Physiotherapy Treatment and that it was probable that many patients would prefer to do the Occupational Therapy in the wards in addition. Furthermore, additional space was available for this in the central lounge between the two blocks. It was agreed that this would probably be sufficient. Following a long discussion it was agreed that the plans as submitted which provided for 6-bedded wards in the main, with toilets en-suite and with night lighting and call-system would, within the limits of the financial resources available, represent the best compromise, in the interests of the patients, and the staff

The matter of the staffing of the new Institution was then discussed. The matron indicated that she did not foresee any particular difficulty in this respect and Miss Horgan pointed out that it was the intention that student nurses would undergo a period of three months geriatric nursing as part of their general training in the near future so that this would provide a pool of trainee nursing staffs to draw upon. Regarding the matter of accommodation for Nursing

Staff, it was considered that this could be most suitably provided in structures of the terrapin-type and by availing of the Gate Lodge which was at present let to a person not connected with the Medical Staff of St. Colman's

It was agreed that the Visiting Committee recommend to the Board that building in accordance with the existing plans should begin as soon as possible.

At the conclusion of the proceedings the Chairman conveyed to the Matron, the appreciation of all present of the hospitality extended to them by the Sisters who provided refreshments.

Proceedings concluded at 12 o'clock noon".

The Report, which had been circulated, was introduced by the Chairman, who said that the further consideration on this occasion of the proposal to build had, with the assistance of the Architect, clarified matters as to space and facilities that would be provided. Information furnished since the Committee's previous visit as to places of origin etc., of patients had also helped members to re-assess the project. They felt, too that the new institution could usefully serve for the geriatric training of trainee nurses, which, in turn, would help to ease staffing difficulties. Councillor Temple supported the Chairman's statement and proposed that the Visiting Committee's recommendation that building in accordance with existing plans begin as soon as possible be accepted. Deputy Timmins seconded and the Board noted the Report and agreed that the recommendation be accepted.

- (b) Report of Meeting of No. 2 Visiting Committee at Bru Chaoimhin on Thursday, 10th June. 1971, at 3 p.m.

*"Present:*

Councillor P. J. Burke, T.D., Vice-Chairman; Dr. A. Meade, Dr. J. St. L. O'Dea, Mr. T. Riordan.

*Apologies for non-attendance were received from:*

Senator Belton and Miss Kinsella.

Councillor Burke presided.

*Officers in attendance:*

Miss N. Gallagher, Matron; Mr. N. Keogh, Engineering Officer; Mr. E. Sheehan, Assistant Section Officer; Mr. T. McManus, Senior Executive Officer.

**BUSINESS*****Bed Occupancy:***

Matron reported that the number of patients in residence at date of visit was 181 (108 male and 73 female). Eighteen of these patients were at present confined to Sick Bay for minor ailments. Due to work on the installation of the lift in Unit 2 and on renovations in Unit 3, eighty-five beds were temporarily out of commission leaving 12 beds available (10 female and 2 male).

***Staffing:***

Matron stated that the staffing position, which was as follows, was satisfactory:

Sisters. . . . .	2	
Nurses. . . . .	9	
Attendants. . . . .	18	(Female)
	14	(Male)
Domestics. . . . .	16	

***Service Provided:***

The function of the Home was outlined by Matron. She stated that patients were mainly elderly persons who for social reasons required residence in the Home. In general patients were admitted from St. Kevin's Hospital and were required to be ambulant. Most of the patients had the Old Age Pension, Social Welfare or other similar allowances, out of which they received a weekly allowance for their own private use. Many of the patients were visited regularly by their relatives. The St. Vincent de Paul Society also paid regular visits to the Home. A shop was provided in the Home for the patients who found it most convenient for the purchase of extra "comforts".

Following a discussion on the Dietary Scale, Matron undertook to have available at the next visit details of the weekly menu.

Members were given details of the occupational therapy work undertaken.

***Engineering Maintenance Work:***

The Engineering Officer gave details of the provision in the Estimates for special works and maintenance works. He stated that extensive renovation works were required in the kitchen and that the Quantity Surveyor was at present

examining prices which were in the region of £10,000 for the work involved.

A sum of £3,800 was provided for the installation of a fire alarm system on the advice of the Fire Prevention Officer. Provision was also made for painting (£3,000) electric wiring (£3,000) and floor covering (£2,500). The specifications for these were being prepared and work would be commenced as soon as possible.

Work on the installation of two new replacement lifts was in hands.

*Fire Precautions:*

Members were informed that fire orders were in operation in the Home. Fire drill was carried out by the staff periodically.

The Engineering Officer outlined details of the fire alarm system to be installed.

*Heating:*

Matron reported that heating was satisfactory.

## INSPECTIONS

Members inspected the kitchen, dining room and recreation (day) rooms. Patients were viewing television at time of inspection. The Chairman talked with some of the patients.

*General:*

Members were very pleased with conditions in the Home and paid tribute to Matron and nursing staff for the manner in which they provided such excellent care for the patients.

## ST. LAURENCE DAY CENTRE (Former Coombe Hospital)

*Inspections:*

Members were met by Dr. Godfrey. Dr. Murray, Sister Shanahan and Mr. T. Healy, Section Officer. An inspection was made of the recreation (day) room and dining room. Patients were participating in group exercises at the time of visit. Members talked with some of the patients. Dr.

Godfrey explained that, while the service was provided by the Health Board, the running of the centre was organised by voluntary workers from the Red Cross Society. Members were introduced to Miss Muldowney and Mrs. Bruce.

An inspection was also made of the adaptation and renovation works being undertaken by the Engineering staff in the adjacent building to provide residential accommodation for patients. It was noted that this accommodation, which would make available 28 beds, would be ready very shortly. Members were very pleased with the development of this Unit in association with the Day Centre and they complimented the Engineering Officer on the very pleasant colour scheme and general layout.

*Meeting:*

A short discussion was held at which Dr. Godfrey outlined the function of the Day Centre. He stated that up to 76 patients were attending the Centre which was open from Monday to Friday each week.

Patients arrived around 11.30 a.m. and returned home at about 4.30 p.m. They were guided in occupational therapy and partook in group activities. A warm mid-day meal was provided.

Patients also received medical care if required. Members were much impressed with the service being provided and stated that many more Day Centres were needed to serve the community in dealing with the problem of caring for the aged.

The Chairman complimented Dr. Godfrey, who pioneered the Centre, which is the first of its kind in this country. He paid tribute to Miss Muldowney, Mrs. Bruce and the other members of the Red Cross Society for the excellent work they were doing in the Day Centre.

PSYCHIATRIC INDUSTRIAL THERAPY CENTRE

(Hanbury Lane)

*Inspections:*

Professor Lynch met the Members and introduced them to the staff in charge of the various departments at the Centre. Mr. E. Butler, Senior Executive Officer, was also present. An inspection was made of each department and work was examined.

***Meeting:***

Following inspection we had a most interesting discussion with Professor Lynch and his staff on the aims and achievements of the Industrial Therapy Centre. This Centre was opened in June, 1970, and both male and female patients were catered for. One hundred and fifty patients had passed through the Workshop during the year and the staff had succeeded in placing 15 patients in outside employment.

Members were pleased to note the success of this Workshop and the Chairman congratulated Professor Lynch and his staff.

Members expressed their desire to see more of these Centres being established in the Community.

***Next Meeting:***

The next meeting of the Committee was arranged for St. Brigid's Home, Crooksling, on Friday, 9th July, 1971, at 3 p.m.

Members thanked all the Officers present for their assistance during the visit and recorded their appreciation of the many advances being made in the services being provided by the Board.

The meeting finished at 6.15 p.m."

The Report, which had been circulated, was introduced by Dr. Meade, who referred in particular to the St. Laurence's Day-Centre.

The Board agreed that the Corporation be informed that if the Old Coombe building at present housing the Centre for Old People were taken over in the course of development of the area, the need for such a Centre would continue and be requested to reserve a site in the area for it.

Deputy Dr. O'Connell referred to complaints that residents in Bru Chaoimhin were roused too early in the morning and put to bed too early in the evening and that patients were accommodated in wards accessible by stairs that made demands too great for their physical condition. These matters were dealt with by Dr. Meade, Councillor Hickey, Deputy Burke and Dr. O'Dea and it was agreed that the Visiting Committee should keep the matter under review. It was also agreed on the request of Councillor Hickey that the report answering previous criticism in this regard which had been submitted to the Dublin Health Authority be now circulated to all members of the Eastern Health Board.

On the proposal of Dr. Meade, seconded by Deputy Burke the Report was noted subject to the items agreed as above.



- (c) Report of Meeting of No. 4 Visiting Committee. St. Mary's Hospital, on Friday. 21st May. 1971, at 1 p.m.

*"Members Present:*

Deputy P. Belton. Mr. D. Gallivan, B.D.S., Commissioner J. Garvin.

*Officers Present:*

Dr. L. B. Godfrey, Medical Superintendent; Dr. P. J. Murray. Assistant Medical Superintendent; Miss N. Cahalan, Matron; Mr. J. V. Crumlish, Engineering Officer; Mr. J. Minogue. Chief Clerk; Mr. T. McManus, Senior Executive Officer.

Apologies for non-attendance were received from Dr. B. O'Donnell and Dr. F. de Burgh Whyte.

Deputy P. Belton presided.

**BUSINESS**

*Type of Hospital:*

The type of service provided in the hospital was outlined by the Medical Superintendent. He stated that almost 80% of the patients were geriatric and beds were designated accordingly. The remaining beds were assigned to acute medical, geriatric assessment, dental and renal patients.

*Bed Occupancy:*

The Medical Superintendent reported on bed occupancy at date of visit as follows:

	<i>Complement</i>	<i>Occupied</i>	<i>Vacant</i>	<i>Commntnt</i>
Acute Medical & Geriatric assessment (including dental)	92	82	10	
Geriatric Rehabilitation	58	31	27	(24 beds closed due to nursing shortage)
Geriatric long-stay	178	172	6	
Geriatric Welfare .... ...	180	152	28	
Temporary Stay .... ...	17	13.	4	
Renal	36	9	27	
	561	459	102	

*Geriatric Units*

He stated that the geriatric long-stay patients were mainly female (142 female; 36 male) and that there was a waiting list for female patients.

The geriatric male patient was more active and occupied most of the Welfare accommodation (120 male; 60 female). This accommodation is provided in the Huts and such patients are required to be ambulant.

*Dental Unit*

A number of beds which have been originally designated for dental patients are now being availed of by geriatric patients.

*Renal Unit:*

The Medical Superintendent stated that this service had just commenced and is provided in association with Jervis Street Hospital. The Unit is comprised of a main ward of 36 beds and a home dialysis training service located in the former library.

Patients are sent to this Unit from Jervis Street Hospital. The following letter from the Department of Health setting out the arrangement for the purchase of the dialysis machines and the recoupment of maintenance costs was noted:

"I am directed by the Minister for Health to refer to your letter (HD. 11220) of 5 May 1971, and previous correspondence regarding the provision of facilities in St. Mary's Hospital in association with Jervis Street Hospital, for patients undergoing treatment for renal conditions. I am to confirm that the necessary equipment (e.g., home dialysis machines and ancillary equipment) will be purchased by Jervis Street Hospital so therefore no expenditure for such equipment should arise for your Health Board.

It has also been considered to be administratively more convenient to have the capitation charges, payable in respect of patients treated in this Unit, made by Jervis Street Hospital in the same manner as they make charges for patients treated in the Artificial Kidney Unit in Jervis Street Hospital. Under this arrangement your Health Board would be recouped by Jervis Street Hospital for facilities (accommodation, staff, etc.) provided at St. Mary's Hospital for Jervis Street Hospital".

***Nursing Staff:***

Matron stated that the nursing position was as follows:

Deputy Matron, 1; Senior Assistant, 1; Junior Assistant, 1; Ward Sisters, 14; Staff Nurses, 61; State Enrolled Nurses, 17; Part-time Nurses, 14; Student Nurses, 4 (Jervis Street).

Members referring to the nursing shortage resulting in the closure of 24 beds, discussed fully the causes militating against full recruitment of staff. The Medical Superintendent stated that geriatric nursing did not attract nursing personnel but as it was proposed that it should be a requirement in the curriculum for student nurses it was likely the problem of nursing shortage in relation to St. Mary's would in time be resolved by student intake from other hospitals. Members also referred to the grade of State Enrolled Nurse which was not as yet recognised in this country. They were informed that a deputation from the Dublin Health Authority met the Minister for Health last October on the subject of recognition and on the training and registration of a similar grade of nurse for Ireland. Members noted the present position and recommended that the matter be again raised with the Minister since this grade of nurse was considered to be very suitable for geriatric nursing.

***Student Nurse Training:***

It was noted that An Bord Altranais had approved of St. Mary's as a training hospital in geriatric nursing and tentative arrangements had been made for the training of a group from Jervis Street Hospital. It was expected that similar facilities would be sought by other hospitals. Following discussion with the Medical Superintendent, members recommended that consideration be given to the incorporation of St. Mary's in a hospital group training scheme.

***Rehabilitation Beds:***

The Medical Superintendent reported that discussions were taking place with Jervis Street Hospital and also with the Mater Hospital on the question of affording some bed accommodation to other hospitals for the rehabilitation of post operative patients.

***Kitchen:***

We were informed that due to the unsatisfactory lay-out of the kitchen area which inhibited efficiency in supervision and other working conditions, it is proposed to undertake

a scheme of renovation so as to bring the kitchen up to acceptable standards. The Architect in consultation with the Senior Medical and Nursing Staff was preparing proposals to remedy the defects in this area.

*Former Coombe Hospital:*

The Medical Superintendent referred to the Day Centre for old people at the former Coombe Hospital. The service is provided by the Board with the assistance of voluntary workers from the Red Cross Society and consists of medical care, a mid-day meal and therapy training and recreation. Patients attending the Centre are those who might otherwise be hospitalised. Members agreed with the Medical Superintendent's recommendation that more of these centres should be located in the community in view of the increasing demand for geriatric beds.

## INSPECTIONS

*Kitchen and Dining Room:*

It was evident from the inspection that the kitchen area should be redesigned and updated. We recommend that the necessary work be put in hands immediately.

*Renal Unit and Home Dialysis Centre:*

These units were tastefully decorated and were bright and cheerful. Members talked to patients who indicated they were pleased with conditions. We wish to compliment the Engineering Officer on his work in preparing these Units for occupation.

*Huts:*

A general inspection was made of the Welfare accommodation. Some of the huts were examined in detail. Members were very pleased with the comfortable conditions and also complimented the Engineering Officer on the work which he had carried out.

*Occupational Therapy and Physiotherapy Units:*

An inspection was made of the therapy units. The Assistant Medical Superintendent outlined the various modes of therapy. The weekly conference of medical and para-medical staff on case work was being held at time of

inspection. We were introduced to the staff and Dr. Wilmot, physician in physical medicine gave us a brief survey on procedures for case work.

*Intensive Care Unit*

We were shown the Intensive Care Unit which accommodates six patients and was fully occupied. We were pleased to note that this Unit was working very successfully and was a great asset to the hospital.

*Swimming Pool*

The swimming pool was in a very clean and tidy condition. It was noted that it was being fully utilised by the Board's hospital staffs.

*Grounds:*

The grounds had a very tidy appearance. We wish to compliment the Head Gardener and his staff on their excellent work and the manner in which flower beds etc.. were maintained.

*General:*

We wish to compliment the Medical Superintendent and Matron on conditions generally in the hospital and to thank them and other officers present for their assistance during the visit.

*Next Meeting:*

The next meeting of the Committee was arranged to be held at St. Loman's Hospital on Friday, 11th June, 1971 at 1 p.m.

The meeting finished at 4 p.m."

The Report was introduced by Mr. Gallivan, who referred in particular to difficulty in recruiting nursing staff.

This matter was discussed at length, by Deputy O'Connell, Senator Dr. Belton, Mr. Corcoran, Deputy Clinton, Miss Horgan, Deputy Burke and Dr. O'Herlihy. The Deputy Chief Executive Officer set out the nature of the difficulty and the efforts made in the past to solve it. Two main proposals developed in the discussion:

1. Proposed by Deputy Clinton and seconded by Senator Dr. Belton that the Board approach the Minister for Health and the Minister for Finance to afford greater income tax

relief to married women in respect of earnings from the practice of nursing.

This was agreed.

2. Proposed by Deputy Clinton and seconded by Senator Dr. Belton that discussion be sought with An Bord Altranais to see what action might be taken to improve the position generally.

It was agreed to await the result of the study which Miss Horgan informed the Board was being made by the Irish Nurses' Organisation.

On the proposal of Mr. Gallivan seconded by Dr. O'Dea, the Report was noted, subject to the item agreed as above.

#### 59/71 CENTRE FOR MENTALLY HANDICAPPED PATIENTS AT ST. ITA'S. PORTRANE

The following Report No. 22/1971 from the Deputy Chief Executive Officer had been circulated:—

"The question of providing a number of new beds for mentally handicapped patients at St. Ita's Hospital was the subject of a number of detailed reports to the Dublin Health Authority and submissions to the Department of Health during 1970. The Authority's concern about the need for new accommodation, in particular to replace the temporary building which houses 112 patients in Units 8A and 8B, led finally to the Minister for Health receiving a deputation on 16th October, 1970. Having considered the views of the deputation, the Minister approved of the provision of 170 new beds and a physiotherapy unit at St. Ita's.

The question of how best the 170 beds should be sited and planned so that the best possible use should be made of all available accommodation was examined in detail by the appropriate officers of the Board, in consultation with the Architect. As a result of this examination, preliminary proposals were submitted to the Department of Health in May, 1971, providing for—

- (a) a new unit to accommodate 100 adults, divided into ten self-contained groups of ten patients for sleeping and day activity spaces, with a common dining area;
- (b) a 70-bed unit for moderately and severely disturbed mentally handicapped patients of both sexes, also divided into groups of ten as at (a), and
- (c) a physiotherapy unit.

The provision of the unit described at (a) will result in the discontinuance of the use of the sub-standard Units 8A and 8B as patient accommodation.

In addition to this project, plans are at an advanced stage for the reconstruction of the three-storey building now known as the Female Chronic Block to provide suitable accommodation for approximately 200 adult mentally handicapped patients at an estimated cost of £120,000.

In view of the urgent need for improvements in the remaining "temporary" buildings. Wards 9 and 11, which were originally intended to be included in the contract for the reconstruction of the Female Chronic Block, arrangements were made to proceed with this work in advance of the main scheme. A contract has been placed for the reconstruction of the toilet and bathing areas, the provision of additional bathing facilities in Ward 9 and the replacement of the floor and tiling in the dayroom of Ward 11. These works of improvement, which will cost about £11,000. were commenced on 12th May, 1971, and are proceeding satisfactorily. The buildings in question are those which were the subject of comment by the Visiting Committee arising from their visit of inspection on 21st April, 1971".

In the course of discussion it was agreed that the works of improvement to cost £11,000 should proceed as well as the principal work and that strong representation should be made to the Department of Health both in regard to the particular proposals for new unit and physiotherapy unit now with them since May. 1971 and in regard to such proposals in general, to expedite the processing of them in the Department so as to enable works deemed necessary by the Board to go ahead rapidly. The Report was noted subject to the item agreed as above.

Dr. O'Connell and Mr. O'Flynn raised the question whether the Board's projects could be set out in order of priority. The Chairman explained that that could best be done when the Board's senior staff structure had been set up.

#### 60/71 INSTITUTIONAL ASSISTANCE

The following Report No. 23/1971 from the Deputy Chief Executive Officer had been circulated:

"The Health Board has the statutory function, under the Health Act, 1953, of providing institutional assistance for persons who are unable to provide shelter and maintenance for themselves and their dependants. The Board may provide

the assistance directly or under arrangements made, under Section 26 of the Health Act, 1970 with other bodies. The Eastern Health Board gives institutional assistance either in its own institutions, homes or hostels or under arrangements with other bodies.

Hostel accommodation for up to 20 men is provided in the Casuals Department, Island Street. Hostel accommodation for women and children was provided up to 1963 in another building in Island Street. This building became dilapidated and was demolished and replaced by a new building, now appropriated to serve the urgent needs of the drug addiction service. Accommodation was obtained temporarily from the Department of Defence at Griffith Barracks to replace that lost at Island Street. This can accommodate up to 100 persons and at present accommodates 70. It was recently visited by one of the Board's Visiting Committees.

Accommodation for homeless persons has been provided for many years by the Legion of Mary at the hostels in North Brunswick Street. At present approximately 90 men and 150 women and children are accommodated there. New buildings now almost ready at North Brunswick Street, provided by the Board, will provide accommodation for 76 women and 44 family units for mothers and children. A further 40 places are available for sole women in the adjoining Regina Coeli Hostel.

The Health Authority proposed to the Legion that, when the new accommodation became available at North Brunswick Street, families and sole women now accommodated in Griffith Barracks would be transferred to the new premises. The Legion have agreed to this and have intimated that they would supervise admissions, but would exercise the maximum flexibility in the application of their admission rules to any persons nominated by the Board. Persons are not normally admitted to the hostels later than 11 p.m. when the voluntary day staff have to leave to get home. The particular question of the latest hour of admission will have to be kept under review and, if necessary, supplementary arrangements made to provide for the few cases likely to require admission later. It may be that the demand will adjust itself to the rule.

The new buildings at North Brunswick Street are bright, modern, architect-designed buildings with all domestic facilities available. Ample play-space and equipment is being provided for children. Those accommodated there long-term attend local schools. The Legion exercise super-



vision over the kind of person admitted and those deemed not suitable in the interests of other residents may be re-directed to other special hostels run by the Legion in other areas.

The accommodation available for men at North Brunswick Street is deteriorating and the Board has made proposals to the Department of Health for the provision of new accommodation under an arrangement similar to that which provided new accommodation for women and children".

In the course of discussion on the Report the Deputy Chief Executive Officer stated that present pressure of demand for places indicated that Griffith Barracks would have to be kept open after the new accommodation at North Brunswick Street became available. Members raised the question whether many of the problems met in this branch of service were not properly housing problems. It was suggested that the Minister for Health be requested to take steps to ensure that the housing element in the problem be tackled by the responsible authorities. It was agreed also that liaison be developed with the housing authorities for closer study of cases of difficulty having a psycho-welfare as well as a housing element. It was agreed that if Griffith Barracks is to be kept open, re-decoration that had been postponed in anticipation of closure be now done. It was agreed that the whole matter be considered again at the next meeting of the Board for which a detailed report on cases maintained there, reasons for admission, cost of running etc., be available. The Report was noted.

#### 61/71 CASUALTY CENTRES IN RESIDENTIAL AREAS

The following Report No. 24/1971 had been circulated:—

"The following letter, 21 Aibreán, 1971, has been received from the Department of Health:

"I am directed by the Minister for Health to state that he has received representations from local organisations representing populous areas in North-East Dublin regarding the lack of hospital and accident facilities in the north city suburbs generally.

In particular, these organisations have requested that consideration be given to the establishment of centres, staffed by nurses, where treatment could be obtained, on a 24-hour basis, for minor injuries (e.g., cuts and bruises) thus obviating the need for journeys to centre city hospitals. It has also been requested that arrangements be made whereby out-patients of city hospitals could

attend at these centres in order to get bandages changed, with the agreement of the consultant at the hospital.

A further argument advanced is that, due to the activities of vandals, it is very often difficult to get a public telephone kiosk in working order for the purpose of calling an ambulance in the event of an accident. If the centres, suggested above, were established, a telephone could be installed for the purpose of calling an ambulance not only in such circumstances but also for major accident cases which might find their way to these centres.

In view of the large growing population in the northern suburbs including a high proportion of children who are most liable to sustain minor injuries of the type which could be treated by a nurse, the Minister feels that there is considerable merit in the suggestion which has been put forward. I am accordingly, to request the Eastern Health Board to consider the possibility of establishing treatment centres on the lines mentioned above".

This question has been raised several times before in one form or another with the Dublin Health Authority and the attitude taken, after consultation with the Chief Medical Officer has been that, with an efficient accident ambulance service available and properly staffed and equipped casualty departments reasonably accessible from all parts of the area, local treatment centres would not serve a useful purpose in relation to the scale of scarce resources of skill and finance that would be needed to maintain them. The point was made that for accident cases of all degrees of seriousness, it was better to transport them to a highly equipped casualty centre in one movement, so that serious cases could get proper care at the earliest possible moment and with minimum of movement, whilst the less serious could be reliably assessed for treatment, observation or discharge.

The Chief Medical Officer has been further consulted following receipt of the above letter and comments as follows:—

"(1) If the proposed centres are to be staffed over the twenty-four hours with nurses to deal with 'minor injuries (e.g., cuts and bruises)' there will be long periods during which they will be idle. It will however, be appreciated that in many apparently 'minor injuries' X-ray is indicated and that some 'simple' cuts need stitching and/or anti-tetanic treatment. In fairness to the nurses even these centres could not be run without medical coverage.

- (2) If, on the other hand, the proposed centres will cater for 'major accident cases' they would be expected to be staffed with medical, as well as nursing personnel, and to be equipped with X-ray and such other ancillaries as would the casualty department of a general hospital and. like the latter, on a twenty-four hour basis—again though for long periods idle.

Criticism could certainly be expected if an accident case arrived at one of these proposed treatment centres and adequate care was not to hand.

If the Eastern Regional Board provides some centres it can expect demands from other localities within its area for like amenities and presented with equal logic—perhaps from a town with no hospital within many miles.

Also if centres are provided to deal only with minor injuries it can expect demands to up-grade them to deal with major injuries.

It is not stated whether treatment at these centres is to be 'free for all'.

Traditionally accident centres are part of general hospitals because staff, equipment, beds, etc., are there. Even so we see in recent years in Dublin the location of accident centres in but a few of the city hospitals in an effort to provide a more efficient and economical service. Perhaps this effort of concentration is most evident in Birmingham—a city with many times the population of Dublin—where all accidents are treated in the one hospital.

This proposal seems to me a fundamental departure from the system heretofore adopted to deal with injuries—great or small—and because of this I concur with the former decision".

The secondary argument put up for local treatment centres seems to depend on the point that telephone-wrecking activities make it impossible in many areas to call an ambulance quickly so as to avail of the transport-casualty services that are available. It would be much cheaper to solve and tackle that particular problem and thus make the transport-casualty service readily available, than to invest in 24-hour local treatment centres of the kind suggested.

It is worth noting that it is open to the Minister for Health, under Section 38 (2) of the Health Act 1970 to give to a health board such direction as he thinks fit in relation to the provision and maintenance of such a centre and the board would be obliged to comply with such direction".

In the course of discussion members accepted that the points made in the Report were valid, and that there would be serious medico-legal as well as practical problems in following the suggestions made by the Department of Health. It was agreed that a need for some degree of first-aid service existed in the areas in question and that officers of the Board **should study the matter in relation to Coolock** in particular to see if a solution could be worked out with the help of general practitioners in the vicinity and report back.

Subject to these points, the Report was noted.

It was also agreed that on every agenda of Board business in future there would be an up-to-date report showing the action taken on recommendations and directions of the Board.

#### 62/71                    AGREEMENT WITH GENERAL                                  PRACTITIONERS AND MIDWIVES

The following Report No. 25/1971 which had been circulated was agreed:—

"The Board has reserved to itself the function of approving any arrangement under Section 26 of the Health Act 1970 with a person or body to provide health services. (Minutes 9/71 of 4/2/71. Clause 1.11).

It is frequently necessary to enter into agreement (under Section 62 of the Act) with registered medical practitioners, and, occasionally with midwives to provide medical and midwifery services for eligible persons. The Seal of the Board must be affixed to such agreements and authenticated by the signature of a member. A member may feel unable to authenticate the Seal in such case pending approval of the individual arrangement by the Board. This difficulty did not present itself prior to the establishment of the Board as the making of such agreements was a managerial function.

It is desirable that such an agreement be fully operative from the earliest date that the general practitioner or midwife desires to provide service under it. The procedure for making them follows a pattern that has followed since

1954. In these circumstances, to enable this commonly recurring business to be expeditiously transacted, the Board is requested to agree that these particular agreements continue to be dealt with as in the Dublin Health Authority and that members be authorised to authenticate the Seal on them by signature, without the requirement that the agreements be brought formally before the Board".

63/71 VISITING COMMITTEE, ST. DYMUNA'S,  
CARLOW

On consideration of the invitation from South Eastern Health Board to appoint three members to their Visiting Committee for St. Dymuna's Hospital, Carlow it was agreed that Councillors Cunningham, Dowling and Mahon be appointed and they accepted the appointment. It was noted that the next visitation was arranged for 2nd July, 1971.

64/71 EXCESS EXPENDITURE

The following Report No. 26/1971 had been circulated:—

*"Sessional Fees to Clinical Consultants and other Specialists at Voluntary Hospitals*

The Department of Health in circular letter S. 100/57 dated 14th May, 1971 indicated that the Minister's sanction may be assumed to the payment of revised sessional rates for Clinical Consultants and other Specialists who provide out-patient services for Health Act patients with effect from 1st April, 1971.

The increase in these rates is estimated to cost £48,000 in the current financial year. As provision was not made in the Estimate of Expenses for this amount it will be necessary for the Board to authorise the additional expenditure of £48,000.

*Revised Scale of Fees for Doctors and Midwives*

The Department of Health in Circular letter 20/71 dated 18th June, 1971 indicated that the Minister had approved of increases in the scale of fees payable to doctors and midwives participating in the Maternity and Infant Care Scheme. The increase in these rates is estimated to cost £32,000 in the current financial year. As provision was not made in the Estimate of Expenses for this amount it will be necessary for the Board to authorise the additional expenditure of £32,000".

It was proposed by Dr. A. Meade, and seconded by Deputy P. J. Burke and unanimously resolved:

"That the Eastern Health Board authorises expenditure of £80,000 in the current financial year in excess of that provided in the Estimate of Expenses for that year, under the following headings:—

<i>Service</i>	<i>Purpose</i>	<i>Amount</i>
HEALTH	Specialist Services. . . . .	£48,000
HEALTH	Maternity & Child Welfare. . . . .	£32,000
		£80,000"

65/71 BOARD FOR THE EMPLOYMENT OF  
THE BLIND

The following Report No. 27/1971 had been circulated:—

'The Board for Employment of the Blind is appointed by the Minister for Social Welfare to conduct workshops for the blind.

The activities of the Board comprise the manufacture of mattresses, mats, baskets and the repair of such articles. The workshops have three main departments, viz., mattress, mats and baskets. About 60 blind craftsmen are employed. The number has decreased in recent years from 80.

Outlets for sales are wholesalers, retailers and direct sales to consumers in the showrooms which front Rathmines Road.

Due to the necessarily lower level of productivity achieved, and the high ratio of indirect to direct workers, there have been losses each year as the Board has to sell at competitive prices.

The Health Act 1970 provides that the administration of the Blind Persons Act 1920 is a function of Health Boards. Section 2 (1) of the 1920 Act provides: "It shall be the duty of the council of every county and every county borough, whether in combination with any other council or councils or otherwise, to make arrangements to the satisfaction of the Minister for Social Welfare for promoting the welfare of blind persons ordinarily resident within their area, and such council may for this purpose provide and maintain or contribute towards the provision and maintenance of workshops, hostels, homes, or other places for reception of blind persons whether within or without their area, and with the approval of the Minister for Social Welfare, do such other things as may appear to them desirable for the purpose aforesaid. The council shall, within

twelve months after the passing of this Act, prepare and submit to the Minister for Social Welfare a Scheme for the exercise of their powers under this Section".

Under the provisions of this Act the local authorities, including those in the functional area of this Board, have with the approval of the Minister for Social Welfare, contributed to the Board for the Employment of the Blind in the following ways:—

- (a) by paying an annual capitation rate for each worker employed, currently £180 p.a. The Department of Social Welfare contributes a further £180;
- (b) by contributing annually since 1956 towards the nett deficit on the Board's operations an amount equal to not more than *1d.* in the £ of the rateable valuation in their areas.

In 1969/70 the amount contributed by the predecessors of this Board under the *id.* in the £ arrangement, was £9,500 approximately of a total of £27,000 approximately. No grant corresponding to this is paid by the Department of Social Welfare.

There are at present 27 workers employed from this Board's area. The total annual payment per worker from this Board will be over £500 per worker in the current year. Wages are approximately £17 per week at present. Despite the substantial contributions mentioned above the Board for the Blind has incurred continuing and increasing deficits which had accumulated to £60,000 in year ended 31st December, 1970.

The Department of Social Welfare has now notified us that the Board's bankers are insisting that an overdraft of £66,000 be discharged and the account put in credit. The Department states that the Minister for Finance has indicated that he is prepared to approve a grant, from Exchequer funds, of £35,000 and that he considers that this Board should pay a further £35,000 "as the authority responsible for the majority of the blind workers concerned".

It has been pointed out to the Department that only 27 of the 57 blind workers employed are from this Board's area. It has been suggested strongly to them that, in view of the substantial grant towards deficits made by the local authorities over the past 10 years (over £250,000) the total amount of the grant proposed should be made out of Exchequer funds. During the same period the Department of Social Welfare has made one repayable grant of £12,000.

No provision has been made in the Estimates of Expenditure of this Board for expenditure of this nature. I propose that a grant of not more than £17,000 be made, subject to the consent of the Minister for Health for the increased expenditure over and above the Board's overall budget. I have asked the Minister for Health to confirm that such expenditure would rank for recoupment in the same way as other services of the Board under Section 32 of the Health Act, 1970, but confirmation has not been received to date".

Following consideration of the matter the Board appointed a working party to examine the operations of the Board for the Employment of the Blind and their relationship with rehabilitation in general, the Working Party to be Dr. Meade, Mr. O'Flynn, Dr. Cullen, Deputy Dowling and Mr. Doyle, Senior Administrative Officer, Welfare.

It was proposed by Dr. A. Meade and seconded by Mr. O'Flynn and unanimously agreed:—

"That the Eastern Health Board authorises expenditure of £17,000 in the current financial year in excess of that provided in the Estimate of Expenses for that year, under the following headings:—

<i>Service</i>	<i>Purpose</i>	<i>Amount</i>
HEALTH	Blind Welfare. . . . .	£17,000"

It was agreed that steps would be taken to clarify the position regarding Health Services Grant in respect of this item.

Deputy Dowling raised the question of the disemployment of a blind telephonist. It was agreed that he be supplied with full information on this matter.

#### 66/71 CREATION OF ADDITIONAL OFFICES AND REVISION OF REMUNERATION

The following Report No. 28/1971 had been circulated:—

##### *"Senior Psychiatrist*

The Minister for Health has indicated his approval in principle with the creation of a third post of Senior Psychiatrist for the medical team based on St. Loman's Hospital which presently comprises a Clinical Director, 2 Senior



Psychiatrists and 3 Psychiatrists. This increase of complement would have the effect of bringing the complement of posts into line with the other four teams presently based on St. Brendan's Hospital (3) and St. Ita's Hospital (1) as recommended by the Chief Psychiatrist.

*Psychiatrist*

The Chief Psychiatrist has also requested approval for the creation of a post of Psychiatrist for the drug addiction service in addition to the existing post of Senior Psychiatrist. The extra appointment is in connection with the organisation and operation of the Usher's Island day centre and the closed unit in the Central Mental Hospital, Dundrum.

*Nurse Tutor, St. Ita's Hospital*

There are at present over 150 Trainees at St. Ita's Hospital but only two qualified Tutors. The ratio of teachers to students is not adequate and I have approved of an application for a third Tutor's post in order to meet the requirements of An Bord Altranais.

*Dental Surgeon*

It is proposed to introduce a local dental service on a sessional basis in Tallaght and in Rathfarnham shortly and, for this purpose, an extra post of Dental Surgeon will be required.

*Sunday and night duty allowances  
Non-nursing personnel*

Early last year claims for an increase in basic rates of wages and for amended conditions of employment generally were made by the Unions representing the general body of hospital and clinic staff. By consent, attention was given first to the question of an adjustment of weekly pay and these negotiations resulted in an agreed 12th Round increase for all the grades of staff concerned—the final instalment of which was payable with effect from 1st October, 1970. Following receipt of the Minister's sanction in this connection discussions were resumed in relation to other aspects of the Union's claims and I have agreed, subject to the Board's approval of the additional expenditure involved and to the Minister's sanction, to increase the allowances paid to hospital non-nursing staffs who work on Sundays, as their duty roster requires, as follows with effect from 1st January, 1971:

**Sunday Duty**

	<i>Current</i>	<i>Proposed from 1/1/71</i>	<i>Increase</i>
<b>Men</b>	25/- full day	40/-	15/-
	17/6 short day	30/-	12/6
<b>Women</b>	15/- full day	25/-	10/-
	10/6 short day	18/-	7/6

**Night Duty**

<b>Men</b>	25/-	40/-	15/-
<b>Women</b>	15/-	25/-	10/-

The additional expenditure would amount to £20,500 a year and to £25,500 in the current financial year for which the Board's consent is requested.

**Revision of Salary Scales****Storekeepers and Assistant Storekeepers**

Following receipt of a claim from the Union concerned and the adjustment of the rates for corresponding posts in the local authority service based on an Arbitration award, I propose, with the consent of the Board, to seek the sanction of the Minister for Health to the revision of the salary scale for the post of Storekeeper at St. Mary's, James Connolly Memorial and Cherry Orchard Hospitals and the posts of Assistant Storekeeper at these institutions and also at St. Kevin's Hospital on the basis set out hereunder—

	<i>Salary Scale pre 1/4/1968</i>	<i>Proposed Scale 1/4/1969</i>
<b>Storekeeper:</b>	£928 x 45 £1,353 x 49—£1.402	£1.153 x 50 £1.266 x 53 x 50 £1.475

With the addition of the 12th Round increase the scale from 1st January, 1971 will be £1.455 x 54(5) £1.725 x 91(1) £1.816 x 46(4) £2,000.

	<i>Salary Scale pre 1/1/1968</i>	<i>Proposed Scale 1/1/1968</i>
<b>Assistant Storekeeper:</b>	£833 x 39 £1.147	£1.105 x 41 £885 x 40(3) x 30(5) £1.155

With the addition of the 12th Round increase the scale from 1st January, 1971 will be £1,325 x 52 £1,481 x 38 £1.633 x 37 £1.670.

The additional expenditure involved would amount to £1,500 a year and to £4,500 in the current financial year for which the Board's consent is requested.

I request the approval of the Eastern Health Board for the increase in the number of permanent offices as proposed and for over-expenditure totalling £30,000 in the financial year ending 31st March, 1972".

Following consideration of the Report it was proposed by Dr. Cullen and seconded by Dr. J. Corcoran and unanimously resolved:—

"That the Eastern Health Board authorises expenditure of £30,000 in the current financial year in excess of that provided in the Estimate of Expenses for that year, under the following headings:—

<i>Service</i>	<i>Purpose</i>	<i>Amount</i>
HEALTH	Institutional Services	£30,000"

#### 67/71 NOTICES OF MOTION

The following motion was proposed by Councillors Dowling, Cunningham, Mahon, Hickey, Carroll, Temple, Dr. O'Herlihy and Miss Horgan:

'That Article 2 of the Standing Orders fixing the time of monthly meetings of the Board be amended by the substitution of '5 p.m.' for '3 p.m.' and '8 p.m.' for '6 p.m.' "

The Chairman said that there were not a sufficient number of members present to deal with the motion. It was agreed that the motion be placed on the Agenda for the August meeting and that Standing Orders be then suspended if necessary to enable it to be dealt with.

68/71 The following motion was proposed by Councillors Cunningham, Mahon and Dowling and agreed:

"That pending the establishment of local committees under Section 7 of the Health Act, 1970 the Minutes of the Eastern Health Board's Monthly meetings be sent to the County Secretary, Kildare County Council and the County Secretary, Wicklow County Council, for distribution to each member of the County Council".

It was agreed that the Minutes be sent to all the relevant local authorities in the Board's area.

#### 69/71 CORRESPONDENCE

The following letter dated 21 Meitheamh 1971 from the Department of Health was read:

"I am directed by the Minister for Health to refer to the meeting held at St. Brendan's Hospital on the 9th instant.

in connection with the transfer of the administration of the Central Mental Hospital to the Eastern Health Board and to confirm that the Minister is prepared to make funds available to provide a unit of 25 beds for drug abusers and an additional unit of 30 beds for custody patients. He considers that the question of the provision of a further unit of 50 beds should be deferred until there is some experience of the operation of the Hospital with the new units and until more reliable estimates are available regarding the number and type of custody patients for whom special provision will be necessary in the future.

The Minister is anxious that the new unit for custody patients should be very carefully planned, so that it can be utilised to the best advantage and that it incorporates modern ideas for the care and treatment of patients, while maintaining adequate security. Experience in this field is limited in this country and the Minister suggests that a small Working Party, containing representatives of the Eastern Health Board and of the Department and possibly of the Department of Justice, should be established to examine the problem and, in particular, to draw up a brief for the Architect who will be appointed later to prepare the necessary plans. It would be necessary for the Working Party to obtain information regarding what is done in other countries and for this purpose a member or members might have to go abroad—particularly to Britain. It might also be necessary to obtain views from different persons or bodies and, possibly, from some outside expert in the field of Forensic Psychiatry. These, however, are matters to be considered, in the first instance, by the Working Party. The Working Party would elect its own Chairman.

If these proposals are acceptable. I am to request that you will be good enough to state the names of the Board's representatives.

As tentatively agreed at the meeting, the Minister proposes to make an Order transferring the administration of the Central Mental Hospital to the Eastern Health Board as from 1st August, next",  
c.c. Dept. of Justice.

On the consideration of this letter the Board appointed Dr. O'Conneii, Dr. Cullen, Miss Kinseila and Mrs. Una Byrne to the Working Party with Professor Browne as adviser and Mr. E. Butler as Secretary.

The following letter dated 15th June, 1971 from Dr. J. A. Woodcock, Jervis Street Hospital on behalf of Dublin Hospital Accident Committee was read:

"I am directed by the Dublin Hospital Accident Committee to inform your Board that a meeting of the Committee was held in I.M.A. House on Thursday, 27th May, 1971. This Committee represents the five Dublin Hospitals who agreed to participate in a night accident service for Dublin. The scheme has been in operation since 1967. The function of the Committee is to provide liaison between the hospital and the hospital ambulance service, to arrange rotas and where possible, improve the service in the light of experience. The Chief Executive Officer of the Eastern Health Board was invited to attend the meeting, and the following officers of the Board attended—Mr. O Caoimh, Dr. Bergin, Dr. O'Dea, Dr. Aboud, Dr. Ivor Browne, Dr. Crowe, Dr. Godfrey, Dr. Callaghan and Mr. Swords.

For some considerable time the increase in the number of accidents and admissions arising therefrom has created a serious bed problem. The escalation has resulted in a shortage of normal medical and surgical beds, resulting in difficulty in admitting urgent medical and surgical cases. The crux of the matter is the disposing of long-stay patients. Patients who require minimal nursing attention are occupying acute beds.

The discussions at the meeting ranged over the use of high cost beds for patients requiring nursing care only, patients occupying acute beds, who should be discharged but had no one to care for them, surgeons spending time trying to obtain beds for accident and urgent cases and serious casualties being treated on stretchers in corridors. The Eastern Health Board Officers accepted that this situation was as stated but that the problem was the failure over years to provide a geriatric service and the development of Dublin city without consideration for elderly people. The real solution in their view, was a community geriatric service involving social workers, community care centres, welfare homes and indeed, a geriatric service in Voluntary Hospitals which would employ a geriatrician with a geriatric assessment Unit.

The Accident Hospital representatives considered that this might be a long-term solution although it posed many problems in itself, their concern was the alleviation of the immediate problem. They reiterated that the situation had reached an impossible stage and asked if the meeting could convey any promise of relief which could be reported to their respective Medical Boards.

The meeting decided that a letter be sent to the Eastern Health Board outlining the position and pointing out that the mounting pressure to cease providing the accident service

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was such that certain hospitals would have no option but to opt out of the accident scheme.

I am accordingly forwarding this letter and would ask you as a matter of extreme urgency to make arrangements to alleviate the immediate problem. The Committee and the Hospitals are, of course, anxious to co-operate fully in any attempts to solve the problem in the long and short term".

On consideration of this letter the Chairman explained that certain information had been requested of the hospitals involved and the matter would be the subject of a later report.

The following letter dated 17th June, 1971 from Roscommon County Council was read:

'The following is a text of a resolution adopted by my Council at Meeting held on the 31st ultimo:—

That this Council request the Western Regional Health Board to donate three Beds in the County Hospital, Roscommon, for Old I.R.A. patients and also suggest that such amenities should be made available in each County Hospital in the twenty-six counties\*.

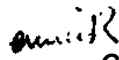
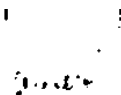
I would be glad if you would place the resolution before your Board for its consideration".

The meeting concluded at 5.30 p.m.

CORRECT.

J. J. NOLAN,

*Deputy Chief Executive Officer.*

  
*Chairman.*