REPORT OF CONFERENCE OF LOCAL AUTHORITIES TO CONSIDER
PROPOSALS FOR IMPROVED AND EXTENDED HEALTH SERVICES
CONTAINED IN THE WHITE PAPER ISSUED BY THE DEPARTMENT
OF HEALTH IN JULY, 1952.

A conference to consider the 'White Paper' issued by the
Department of Health, setting out the Government's proposals for
improved and extended Health Services, was held in the Council
Chamber, Aras na Cathrach, Limerick on Friday, 24th November,
1952 at 3 p.m., the Right Worshipful Councillor K. Bradshaw,
Mayor of Limerick presiding.

Also present were Dr. J. Ryan, T.D., Minister for Health,
Mr. P. Kennedy, Secretary Department of Health and Mr. J. Darby,
Department of Health. Representatives of local authorities
included Limerick County Manager and County Medical Officer and
representatives of Limerick Co. Council; the County Manager,
County Medical Officer and representatives of Clare County Council;
the County Manager, County Medical Officer and representatives of
Kerry County Council; County Manager, County medical Officer and
representatives of Tipperary (North and West) County Council.
Limerick Corporation was represented by Alderman J. Reidy, T.D., P.C.,
Alderman J. Carew, T.D., P.C., (his Worship the Mayor), the City
Manager and Town Clerk, the City Medical Officer, the City
Accountant and the Acting Assistant Town Clerk were also in
attendance.

At the outset, the Mayor welcomed the Minister, his party and
the delegates to the conference, and said he hoped that the
discussions would prove fruitful.

The Minister in his opening statement, gave a brief outline
of the proposals contained in the White Paper. He stressed the
fact that the introduction of the various new and extended services
would have to be staggered, but said when the scheme is in full
effect, the total additional cost to the entire country would be
approximately £2 million pounds per annum. The cost of the scheme
would be borne equally by the local authorities and the Department,
and the amount to be found by local authorities would, therefore
be 1 2/6 in the £ on the rates. He felt that there was a general
demand for such a scheme as that contained in the White Paper,
but he reminded the delegates that the scheme was as yet, in the
embryo stage, and he would be glad to receive both here, and in
the Dail, constructive suggestions for its amendment.

Alderman J. Reidy said that Limerick Corporation had at present
in operation, Health Services which with intended improvements would
be adequate. The Corporation was fully satisfied with these
services, and there was little new advantages in the scheme which
would not come about in Limerick City within a few years, in the
normal course of events. The rates in Limerick were 3s/10d. in the
£, and an additional impost of 2/6d., which was the figure given
by the City Manager, to achieve at once something which the
Corporation themselves could introduce at a cheaper cost, would, he
was afraid, not be tolerated by the ratepayers.

The City Manager said that the principal objection of the
Corporation to the scheme was on account of the serious loss of
revenue to the Corporation which the introduction of the scheme
would entail. He informed the Minister that he had pointed out to
the Council at a special meeting held on the previous evening, that
this loss would not be less than £30,000 per annum. Dealing with
the means test, the City Manager stated that the £600 per annum
family income was too high in some instances, and possibly too low
in others. One could take the case of a single man having £800
per annum, who would get free treatment under the scheme, whereas the
family man with £550 per annum would be obliged to contribute. He was
well aware that this was an exceedingly difficult problem, but he felt that the minister should try to evolve some more equitable system.

The mayor submitted the following resolution, which had been passed by the Council at the special meeting held on 13th November, 1952:

"That the Limerick City Council directs its representatives to the Conference of Local Authorities with which the minister for health will discuss the white paper on health services, to advise the minister that the Council considers that the scheme as set out in the white paper did not provide any additional benefits above or beyond those at present being provided by the local authority or intended to be provided at an early date, and furthermore that the scheme as envisaged on the white paper lays an additional burden on the already overtaxed ratepayers of the City."

Representatives of the Kerry County Council welcomed the scheme, but said that any additional impost on the rates would be out of the question; similarly with Clare County Council and Tipperary (North Riding) County Council. The representatives of Limerick County Council were divided in the issue. Mr. Madden saying that the scheme should be referred back to the minister to obtain the views of the hierarchy and the Irish medical association, whereas Mr. Collins, T.D., said he felt that the people of County Limerick would welcome the scheme whole-heartedly, and would have no objection to paying whatever increased rates the introduction of the scheme entailed.

The county manager, however, reminded the minister that whereas it might be true to say that there was room for improvement in the health services of the county, it should nevertheless be borne in mind, that the county councils' achievements in regard to housing and sanitary services, must be considered when taking into account the health services. He also stressed the fact that whereas the health grant contribution by the department had increased considerably over the past number of years, this increase was principally absorbed by increased salaries, wages etc., and there was little left to attempt any improvement in health services generally.

The minister thanked the delegates for their contribution to the discussion, and said that he was hopeful of reaching agreement in the dail when the necessary legislation was being introduced.

The mayor thanked the minister and party for coming to Limerick, and the meeting then concluded.

J. Reilly
Alderman

J. Carew
Alderman
AN BILLE SLAINTE, 1952.
HEALTH BILL, 1952.

EXPLANATORY MEMORANDUM.

PRELIMINARY.

1. The main object of the Health Bill, 1952, is to give local health authorities the power and the duty to provide the improved and extended health services outlined in the White Paper published by the Government in July, 1952. After the publication of the White Paper, the views of the several bodies particularly interested in the development of health services were sought on the proposals. Their suggestions for modifications have been taken into consideration in the drafting of the Bill.

ADMINISTRATION.

2. The Public Assistance Act, 1839, and the Health Act, 1947, contain the legal bases of the two branches of the present general health services (as distinct from the mental treatment service). Under the first of these Acts, public assistance authorities provide the medical assistance service (including the dispensary service and treatment in county and district hospitals) for those "unable by their own industry or other lawful means" to provide medical services for themselves or their dependants. The second, the Health Act, 1947, enables health authorities to provide an infectious disease service and certain other services for all classes.

3. In considering the form of the legislation to implement the White Paper, it became evident that it would be undesirable to maintain the distinction between these two codes of law. Important new services—in particular those for the provision of hospital and specialist treatment and the care of mothers and infants—will be made available alike for those in the lower income group and others. To retain the provisions in the Public Assistance Act relating to the medical assistance service for those now eligible under that Act and to deal in the new Health Bill only with the other groups would unnecessarily perpetuate the distinction in the administration of the services between these classes and might lead to difficulties in the development and operation of the new services. It is intended, therefore, in the present Bill to abolish medical assistance as such and to provide that the county councils and city corporations, as health authorities, will be given the responsibility to provide and operate all the general health services. This will be done by providing that those parts of the Public Assistance Act which give to the public assistance authorities the duty of providing medical assistance services will cease to have effect and by re-enacting these provisions, with some desirable modifications, in the new Bill.

4. In the case of the Dublin, South Cork and Waterford areas, an arrangement, intended to be of a temporary nature, is being made for the boards of assistance and the boards of public assistance to continue to manage their institutions, to provide the dispensary medical service and to operate certain other services as at present. In the light of proposals for the unified administration of the health services in these areas which the Minister has under discussion with the local authorities concerned, it is not considered desirable to change in this Bill the present system of administration for the services there.
PART I—Preliminary and General.
5. This Part of the Bill, in addition to the usual provisions in relation to the construction and commencement of the Act, etc., makes it clear (Section 6) that nothing in the Act itself or in any instrument theretofore shall be construed as imposing an obligation on any person to submit himself or any service provided under the Act or to submit himself or any person for whom he is responsible to health examination or treatment.

PART II—Institutions
6. This Part of the Bill, with Part II of the Health Act, 1947, will provide the basis for the provision in future of all local authority hospitals, apart from mental hospitals. Every district institution and dispensary provided by a corporation under the Public Assistance Act, 1930, will be required as having been provided by them a health authority and the sections of the Act under which public assistance authorities provide and administer the county and district hospitals, the county homes and the dispensary will be repealed.

PART III—Health Services
7. The provisions of the Public Assistance Act, 1930, under which medical assistance is provided, and Part II of the Health Act, 1947 (which relates to the provision of health services for mothers and children) will be replaced by Part III of the Bill, which also provides for the new services outlined in the White Paper.

Medical, etc., Services for Lower Income Group
8. The power in the Public Assistance Act, 1930, to provide a general practitioner service, medicine, dental and epileptic treatment, etc., for persons in the lower income group will be replaced by Section 13.

Institutional and Specialist Services
9. Under Section 14, health authorities will be obliged to make institutional and specialist services available for the following persons, with their dependants—
(a) persons invased under the Social Welfare Act, 1942;
(b) adult persons whose yearly means (including the means of certain members of the family) are less than £500;
(c) adult persons whose yearly means (including those of certain members of the family) are derived wholly or mainly from farming and the valuation of whose farms is £50 or less, according to the occupation of the health authority, such services would be unable without undue hardship to provide institutional and specialist services for themselves or their dependents.

No charge for institutional services will be made for those in the lower income group or for such other persons specified in (d), (e), or (f) above as may be determined by the health authority. For the others specified at (d), (e) and (f), and for any of the persons specified at (d) or (e), a charge not exceeding two guineas a week may be made. A higher charge may be made for the remaining persons specified at (d). The section also provides that institutional and specialist services will be available without charge for all pupils of national schools in respect of defects discovered at school health examinations. The institutional services will include treatment and care in a hospital, maintenance in a convalescent home and, for mentally defective or crippled persons and similar cases, maintenance in special homes.

Section 24 will enable health authorities to provide institutional services for paying patients. Public assistance authorities are now authorised to do this.

Special Services for Mothers and Children
11. Health authorities will be required to make a medical, surgical, medical, hospital and specialist service in respect of motherhood available, without charge for women who are eligible for the hospital and specialist service under paragraph 3 above or who qualify by paying annual contributions to the health authority. The contributions will be at the rate of one pound a year and the conditions governing their payment will be set out in regulations.

12. Medical, surgical, hospital, specialist and nursing services will be made available free of charge for children up to the age of six whose mothers are entitled to avail of the maternity service. A service at child welfare clinics and similar institutions will be available without charge for children up to six years old.

13. The present obligation on health authorities to provide a school medical service will be continued and it will extend to dany pupils of all secondary or vocational schools.

Other Services
14. Under Section 15, the present schemes for the provision of dental and ophthalmic treatment and appliances for children will be continued. It is, however, being sought to enable charges to be made in some cases towards the cost of such items as spectacles. It is intended, however, that such charges will be made only where there are excessive replacements through breakage or where there are other special reasons. Charges will be waived if hardship would result from them.

15. Section 22 provides for the payment to women in the lower income group of a cash grant of four pounds in respect of each confinement.

16. The present power to operate free milk supply schemes will be continued under Section 25.

17. Eligibility for the services provided under this Part of the Act will be determined initially on the basis of having the family means less than £500. The provision for penalties for false declarations is intended, however, that such charges will be made only where there are excessive replacements through breakage or where there are other special reasons. Charges will be waived if hardship would result from them.

PART IV—Miscellaneous Amendments of the Health Act, 1947
18. Some amendments of the Health Act, 1947, which experience in its administration has shown to be desirable, are included in Part IV of the Bill. Section 23 of the Act of 1947 is extended so that persons working at or about suspect or infected persons may be so designated as to be vaccinated against smallpox. In view of the special risk to the public of this disease being contracted at the ports it is considered that this power is necessary for the protection of the general public.

19. Under Section 33 the power of a chief medical officer to require the detention and isolation of a person who is a probable source of infection with any one of a specified group of infectious diseases may be exercised unless the detention order is signed by another medical practitioner in addition to the chief medical officer.

20. Sundry amendments of various provisions of the 1947 Act are proposed in Sections 54 to 56 of the Bill. These deal with Infections Diseases Management, pharmaceutical and minor matters of administration by local authorities.

PART V—Miscellaneous
Joint Administration of Services, etc.
21. Section 41 of the Bill, under which joint action by two or more health authorities may be authorised by order of the Minister, will replace Section 101 of the 1947 Act which has been found in practice not to be sufficiently comprehensive. The Section, with
Section 42 will also permit the continuance, as mentioned in paragraph 4 above, of the administration by the boards of assistance and boards of public assistance of their present medical services.

Under Section 43, the powers of health authorities to make arrangements with other authorities for the performance of services on their behalf is made clear.

Rehabilitation and Maintenance of Disabled Persons.
12. Health authorities will be enabled under Section 45 to make available a service for training disabled persons and for making arrangements for their maintenance. They will also be enabled to provide for the maintenance of allowances to certain categories of disabled persons over 45 years of age or they may provide them with the means to earn a livelihood. This Section will replace Section 41 of the Health Act, 1947, which was limited to the rehabilitation of persons suffering, or recovering from, infectious diseases.

District Medical Officers, etc.
13. Sections 46 to 48 of the Bill are consequential on the discontinuance of the medical assistance service as such. They provide that district medical officers will become officers under health authorities, and that any other officer under a public assistance authority or in the provision of general assistance in a county borough or similar institution will also be transferred to the health authority.

Shelter and Maintenance in County Houses.
14. The maintenance of the aged, infirm, and destitute in county houses is at present part of the "general assistance" under the Public Assistance Act, 1925. Under Section 49 of the Bill, it will become the responsibility of the health authority to provide this service.

Care of Children.
15. Sections 50 and 51 of the Bill will replace Sections 44 to 46 of the Public Assistance Act, 1925, which relate to the boarding out, etc., of children. The main changes from these Sections are:
(a) the local authority will assume, or be empowered to assume, the function of transferring to itself, the rights and powers of the parent of an orphan, deserted child, and certain other classes, as is provided for in Sections 44 and 45 of the Act of 1925. Such a transfer of parental rights is not considered necessary for the working of the arrangements for the boarding out, etc., of children;
(b) the power which a public assistance authority has at present to provide for the training of a child in a trade, calling, or business up to the age of six years extended to the age of sixteen years is extended to enable the health authority (which will replace the public assistance authority for this purpose) to provide assistance in connection with the grant of maintenance allowances for persons suffering from infectious disease, to be repaid.

Section 52 contains the provisions of the Public Assistance Act, 1925, as amended by the Guardianship of Children Act, 1912, relating to the guardianship of children.

Control of Filling Materials, etc.
16. Section 53, under which regulations can be made to ensure the cleanliness of materials used as fillers in bedding, upholstery, and other purposes, is extended to provide for the control of filling materials and to require the keeping of records by persons dealing in filling material or articles containing filling material.

Radio-active Substances.
26. Under Section 54 it is intended to give the Minister for Health power to control the use, etc., of radio-active substances, and requiring the record of persons dealing in filling material or articles containing filling material.

Section 55 contains the provision of the Public Assistance Act, 1925, as amended by the Guardianship of Children Act, 1912, relating to the guardianship of children.
AN BILLE SLAINTE, 1962.
HEALTH BILL, 1962.

Mag a tugadh isteach.
As introduced.

ARRANGEMENT OF SECTIONS.

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[No. 44 of 1962.]
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65. Amendment of Mental Treatment Act, 1948.

SCHEDULE.

ENACTMENTS REFERRED.

AN ACT TO AMEND AND EXTEND THE HEALTH ACT, 1947, AND CERTAIN OTHER ENACTMENTS.

BE IT ENACTED BY THE OIREACHAS AS FOLLOWS:

PART I.

PRELIMINARY AND GENERAL.

1. Short title and collective citation.

2. (1) This Act may be cited as the Health Act, 1963.

3. This Act may be cited together as the Health Act, 1947 and 1963.

4. Nothing in this Act or any instrument thereunder shall be construed as imposing an obligation on any person to avail himself of any service provided under this Act or to submit himself or any person for whom he is responsible to health examination or treatment.

5. The enactments mentioned in the Schedule to this Act are hereby repealed to the extent mentioned in the third column of that Schedule.

PART II.

INTRODUCTORY.

6. The definition of "institution," contained in subsection (1) of section 2 of the Principal Act is hereby amended by the insertion of "county home, house for persons suffering from " physical or mental disability," before "maternity home."
7.—(1) Every district institution or dispensary which, immediately before the commencement of this section, was maintained by the council of a county or corporation of a county borough as a public assistance authority shall, on and after such commencement, be deemed to have been provided by such council or corporation under section 10 of the Principal Act.

(2) Where section 10 of the Principal Act applies to a board of assistance or board of public assistance by virtue of an order under section 41 of this Act or section 42 of that Act commencing on the commencement of this section, every district institution or dispensary which, immediately before the commencement of this section, was maintained by such board shall, on and after such commencement, be deemed to have been provided by such board under section 10 of the Principal Act.

(3) Where a district institution or dispensary is in course of erection by a public assistance authority immediately before the commencement of this section, such institution or dispensary shall be completed in like manner as if this Act had not been passed and, when it is completed, subsection (1) or subsection (2) of this section (as may be appropriate) shall apply in relation thereto.

8.—(1) The Minister may make regulations, applicable to every health institution, every health institution of a particular class or a particular health institution, the conduct and management of such institutions or institution.

(2) A health authority may, with the consent of the Minister, make rules for the conduct and management of a health institution maintained by them, for the regulation of persons admitted to the institution or attending there and for the regulation of admission to the institution (including admission on special terms as to payment and accommodation).

(3) Regulations made under section 34 of the Public Assistance Act, 1935 (No. 37 of 1935), and in force immediately before the commencement of this section shall be deemed to be regulations made under this section.

(4) Rules made or deemed to be made under section 18 of the Principal Act and in force immediately before the commencement of this section shall be deemed to be rules made under this section.

9.—(1) A health authority may, with the consent of the Minister, make and carry out an arrangement for the maintenance of each person or of persons of any class, being a person of 40 years or over who is or are eligible for maintenance or treatment by such authority otherwise than under section 34 of this Act, in an institution not managed by such authority or by another health authority, but the payments to be made for the maintenance or treatment shall be in accordance with such scale as may be approved of or directed by the Minister.

(2) Two health authorities may make and carry out any arrangement for the maintenance or treatment of patients by one of them on behalf of and at the cost of the other.

(3) Any arrangement which was in force immediately before the 50th commencement of this section and which would be made by such commencement under this section shall be deemed to be an arrangement made under this section.

10.—(1) Where—

(a) a health institution is discontinued under subsection (1) of section 11 of the Principal Act, and

(b) a person who held an office under a health authority in the institution is offered a similar office in another health institution managed by that health authority or by a joint board some of whose members are appointed by that health authority,

the first-mentioned office shall, for the purposes of any enactment relating to superannuation, be deemed not to have been abolished.

(2) An officer aggrieved by an offer under subsection (1) of this section may appeal to the Minister in writing and the Minister may either refuse the appeal or give such direction (which shall be complied with by the health authority or joint board) as he considers just.

11.—(1) A health authority shall make arrangements with the appropriate authorities for the due performance of religious services.

(2) Such services may be performed in each hospital, sanatorium, county home, home for persons suffering from physical or mental disability, maternity home, seamen's home and preventer maintained by them.

(3) The amount of any payment made to a person by a health authority pursuant to this section shall be subject to the approval of the Minister.

12. — The holding of a local inquiry shall not be necessary in the case of an order under subsection (9) of section 10 or subsection (2) of section 11 of the Principal Act where the order relates to a dispensary, clinic, health centre, first-aid station or any similar institution.

PART III.

HEALTH SERVICES.

13.—(1) A health authority shall, in accordance with regulations, make available, without charge, for the persons specified in subsection (5) of this section, and their dependents, general medical, surgical, medical, obstetrical and dental treatment and medical, surgical and dental appliances.

(2) The persons referred to in subsection (1) of this section are—

(a) persons who are unable to provide by their own industry or other means the means of providing the medical, surgical, obstetrical or dental treatment, or medicines, or medical, surgical or dental appliances necessary for themselves or their dependants.

14.—(1) A health authority shall, in accordance with regulations, make available institutional and specialist services for the persons specified in subsection (3) of this section.

(2) The persons referred to in subsection (1) of this section are the following persons and their dependents:

(a) persons insured under the Social Welfare Act, 1932 (No. 11 of 1932),

(b) adult persons whose yearly means are less than six hundred pounds,

(c) adult persons whose yearly means are, in the opinion of the health authority, derived wholly or mainly from farming, the reasonable valuation of the farm or farms (including the buildings thereon) being fifty pounds or less,

(d) persons not specified in the foregoing paragraphs who, in the opinion of the health authority, would be unable without undue hardship, to provide institutional and specialist services for themselves or their dependants.
(5) Institutional services under subsection (1) of this section shall be made available without charge for the persons specified in subsection (2) of section 13 of this Act and to such other persons specified in subsection (2) of this section as may be determined by the health authority.

(4) Where institutional services are made available under subsection (1) of this section, in cases not covered by subsection (5) of this section, there shall be charged such charges, not exceeding forty-nine shillings for each week during which institutional services are availed of, as may be determined by the health authority, save in such cases being cases of persons specified in paragraph (d) of subsection (2) of this section, as dependents of such persons as may be specified by regulations made by the Minister with the consent of the Minister for Finance and, in those cases, there shall be charged the charges approved of or directed by the Minister towards the cost of the services.

(5) Specialist services under subsection (1) of this section shall be made available without charge.

(6) In paragraph (b) and paragraph (c) of subsection (2) of this section, the reference to yearly means includes, in addition to the yearly means of the person in question—

(a) the yearly means of the spouse (if any) of such person, where the spouse is resident with such person, and

(b) the yearly means of any unmarried son or daughter of

(i) such person,

(ii) the spouse (if any) of such person, or

(iii) any deceased spouse of such person, where the son or daughter is resident with such person.

(7) A health authority shall, in accordance with regulations, make available, without charge, institutional and specialist services for pupils of national schools in respect of defects discovered at school health examinations.

(8) Yearly means shall be calculated for the purposes of this section in accordance with Rule 1 of the Rules contained in the Seventh Schedule to the Social Welfare Act, 1962.

(9) For the purposes of this section, specialist services shall not include optometrical services and services provided otherwise than in a hospital, convalescent home or home for persons suffering from physical or mental disability shall not be institutional services.

15.—(1) A health authority shall, in accordance with regulations, make available, without charge, medical, surgical, midwifery, hospital and specialist services for attendance to the health of women (being women specified in subsection (2) of this section) in respect of motherhood.

(2) The women referred to in subsection (1) of this section are:

(a) women who are, or who are dependents of persons in, any of the classes mentioned in subsection (2) of section 14 of this Act,

(b) women by or on behalf of whom such contributions as may be required by regulations have been made towards the cost of the services under this section.

(3) The regulations referred to in paragraph (b) of subsection (2) of this section—

(a) shall provide that contributions shall be at the rate of 55 per cent for each year (not being a year before marriage) in respect of which a contribution is payable, and

(b) may require the making of different contributions in different circumstances, provided that advance payments of contributions (other than current contributions) shall not be required.

16.—A health authority shall, in accordance with regulations, make available, without charge, medical services, for women—

(1) who are entitled to the services made available by the health authority under section 13 of this Act; and

(2) during pregnancy.

17.—A health authority shall, in accordance with regulations, make available, without charge, a health examination and treatment service for children under the age of six years whose mothers are entitled to avail themselves of the services under section 15 of this Act.

18.—(1) A health authority shall, in accordance with regulations, make available, without charge, a health examination and treatment service for the day pupils of schools providing elementary, secondary or vocational education.

(2) Nothing in this section shall be construed as authorising a health authority to provide any general domiciliary service or any services such as are mentioned in section 14 of this Act.

19.—A health authority shall, in accordance with regulations, make available, without charge or at charges approved of or directed by the Minister—

(a) for pupils of national schools, in respect of defects discovered at school health examinations, and

(b) for children under six years of age attending clinics, health centres or similar institutions, in respect of defects discovered at such clinics, centres or institutions.

20.—A health authority shall, in accordance with regulations, make available, without charge or at charges approved of or directed by the Minister—

(a) for children under six years of age attending clinics, health centres or similar institutions, in respect of defects discovered at such clinics, centres or institutions.

21.—(1) The Minister may make regulations applicable to every health authority, every health authority of a particular class or a particular health authority as to the manner in which and to the extent to which they are to make available the services specified in subsection 15 to 20 of this Act and generally in relation to the administration of such services.

(2) Regulations under this section may, in particular, provide for services being made available for a particular class of persons only.

(3) References in sections 13 to 20 of this Act to regulations are to regulations under this section.

22.—(1) A health authority shall pay to a woman—

(a) who is entitled to the services made available by the health authority under section 13 of this Act; and
(b) where it is not proposed to maintain after confinement (otherwise than for the purposes of medical or surgical treatment) by or at the expense of the health authority, and

c) who fulfils the prescribed conditions, a cash grant of four pounds in respect of such confinement.

(2) In this section "confinement" means labour resulting in the issue of a living child, or labour after twenty-eight weeks of pregnancy resulting in the issue of a child whether alive or dead.

(3) In deciding whether or not he shall make an order under this section, the Juslice shall not take into consideration the fact that the number of the child is entitled to a cash grant under this section.

23.—(1) A health authority may, subject to the prescribed conditions, make arrangements for the supply of milk to children to whom this section applies.

(2) In this section "children to whom this section applies" means children under five years of age whose parents are unable from their own resources to provide such children with an adequate supply of milk.

24.—(1) A health authority may make available institutional services for such persons as are not entitled to services under section 16 of this Act and they shall charge for such services as much as the cash grant or equivalent of the cash grant charged for under the same section 16 of this Act.

(3) Except in cases of urgent necessity, institutional services (other than institutional services in special accommodation designated by the health authority with the consent of the Minister) shall not be provided under this section for a person unless there is accommodation available which, at the time of such person's admission, is not required for a person entitled to services under section 16 of this Act.

(4) Where a health authority provide institutional services in a private or semi-private ward for a person (whether he or she is not entitled to services under section 16 of this Act) on request, they shall, notwithstanding any other provision of this Act, charge for the services the charges approved of or directed by the Minister.

(5) A health authority may, with the consent of the Minister, make rules governing the provision of institutional services under this section and such rules may, in particular, contain provisions governing the timing and amount of payments to officers of the health authority in respect of any services or treatment given by them to persons who avail themselves of the institutional services.

(6) An officer of a health authority providing institutional services shall not demand or take from any person availing himself of such services (or from any other person, on behalf of such person) any payment in respect of the services given to such person, not being a payment demanded or taken on behalf of the health authority, unless the taking of the payment by the officer is expressly authorised by rules made under this section or by the terms of his appointment.

(7) No regulations made under section 31 of the Public Assistance Act, 1939, and in force immediately before the commencement of this section shall be deemed to be rules made under this section.

25.—For the purpose of determining whether a person is or is not entitled to any service provided by them under this Part of this Act, a health authority may require that person to make a declaration in such form as they consider appropriate in relation to the means and may take such steps as they think fit to verify the declarations.

26.—(1) Where a person is recorded for the purposes of this section by a health authority as entitled on account of specified circumstances to a service provided by that health authority under this Part of this Act, he shall notify the health authority of any change in those circumstances such as renders him no longer entitled to the service.

(2) Where a person contravenes subsection (1) of this section, he shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding twenty pounds.

27.—The Minister shall decide, in any case of doubt or dispute as to the responsibility of a health authority, which health authority is to be responsible for the provision for such person or persons of such class (where appropriate) of any service under the Principal Act or this Act.

28.—Where—

(a) a person has availed himself of a service provided under this Part of this Act, and

(b) it is ascertained that he was not entitled to the service, the health authority may charge for the service the charge approved of or directed by the Minister.

29.—Any charge which may be made by a health authority pursuant to this Part of this Act or the regulations thereunder may, in default of payment, be recovered as a simple contract debt in any court of competent jurisdiction from—

(a) the person in respect of whom the charge is made or, in case such person has died, his legal personal representative,

(b) any other person liable to maintain such person for the purposes of the Public Assistance Act, 1939, by virtue of section 27 of that Act or, in case such other person has died, his legal personal representative.

30.—(1) A health authority intending to arrange for a health examination of children at a school, under this Act, may give to the school manager or other person in charge of such school notice in writing of such intention to the effect that all reasonable facilities for the examination will be held and requiring the school manager to afford all reasonable facilities for the examination.

(2) A notice under subsection (1) of this section may be addressed to "the school manager" and may be given by delivering it in the school manager of the school to which it relates or by sending it by post to the address at which he ordinarily resides.

(3) A copy of every notice under subsection (1) of this section shall be delivered to the principal teacher of the school at which the examination is to be held.

(4) The school manager of a school to which a notice given under subsection (1) of this section relates shall cause all reasonable facilities to be given for the holding of a health examination in accordance with the notice and if he fails to do so, he shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding ten pounds.
(5) Without prejudice to the foregoing subsections of this section, a health authority shall consult the school manager of a school before determining the day or days on which and the time at which a health examination of children in the school will be held and shall, so far as may be practicable, comply with the wishes of the school manager.

(6) An offence under this section may be prosecuted by the health authority who gave the relevant notice under this section.

31.—If any person, for the purpose of obtaining any service provided under this Part of this Act, whether for himself or some other person, or for any purpose connected with this Part of this Act—
(a) knowingly makes any false statement or false representation or knowingly conceals any material fact, or
(b) produces or furnishes, or causes or knowingly allows to be produced or furnished, any document or information which he knows to be false in a material particular,
he shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding fifty pounds or, at the discretion of the Court, to imprisonment for any term not exceeding three months or to both such fine and such imprisonment.

PART IV.
Miscellaneous Amendments of Principal Act.

32.—Section 31 of the Principal Act is hereby amended by the addition thereto of the following subsection:
(3) Regulations under this section may, in particular, require the vaccination against smallpox of persons engaged in work at or about airports or seaports, and—
(a) the obligation to contain the provision referred to in paragraph (b) of subsection (7) of this section shall not apply as respects such regulations; and
(b) section 32 of this Act shall not apply in relation to such vaccination.

33.—An order made after the commencement of this section under subsection (1) of section 33 of the Principal Act shall have no effect unless, in addition to being signed by the chief medical officer, it is also signed by another registered medical practitioner.

34.—(1) Section 44 of the Principal Act is hereby amended by the insertion in paragraph (a) of subsection (1) of “acquired immune deficiency syndrome” after “infectious disease”.

(2) Section 44 of the Principal Act shall be construed as authorising the payment of a domestic help allowance where a married woman is undergoing treatment for an infectious disease and her husband is unable to make proper provision for the care of the family.

35.—Subsection (1) of section 46 of the Principal Act is hereby amended—
(a) by the substitution of the words “medical officer of health” for the words “district medical officer” in both places where the latter words occur, and

36.—(1) Regulations under Part V of the Principal Act may provide for all or any of the following matters:
(a) the licensing or registration of—
(i) persons engaged in the manufacture, preparation, importation, storage, distribution or sale of food for human consumption,
(ii) premises, vehicles or stalls in or at which food is manufactured, prepared, stored, distributed or exposed for sale for human consumption,
(iii) the description of premises, vehicles or stalls as licensed or registered,
(iv) the prohibition of the manufacture, preparation, importation, storage, distribution, exposure for sale or sale of food otherwise than by licensed or registered persons or in or at licensed or registered premises, vehicles or stalls (as the case may be),
(v) the cancellation or suspension of licences or registrations,
(vi) matters ancillary to the foregoing matters.

(2) Where regulations under Part V of the Principal Act include, by virtue of subsection (1) of this section, provision for the keeping of registers by health authorities—
(a) any register kept pursuant to the regulations by a health authority shall be deemed to be in proper custody when in the custody of an officer of the health authority authorised in that behalf by the health authority and shall be admissible in evidence without further proof, on production from the proper custody,
(b) prima facie evidence of any entry in any register kept pursuant to the regulations by a health authority may be given in any Court or any legal proceedings by the production of a copy of such entry purporting to be certified to be a true copy by an officer of the health authority authorised in that behalf, and it shall not be necessary to prove the signature of such officer, or that he was in fact such officer or was so authorised,
(c) a certificate purporting to be under the hand of an officer of a health authority authorised in that behalf that a specified person, premises, vehicle or stall was not, during a specified period, registered in a specified register pursuant to the regulations by the health authority shall be accepted in any Court or any legal proceedings as prima facie evidence of the facts so certified, and it shall not be necessary to prove the signature of such officer, or that he was in fact such officer or was so authorised.

37.—Regulations under Part V of the Principal Act may provide for functions to be performed for the purposes of the regulations by justices of the District Court or Peace Commissions, being functions relating to any of the following matters:
(a) the making of orders in relation to the destruction or disposal of food which is diseased, contaminated or otherwise unfit for human consumption,
(b) the reviewing of orders prohibiting the importation or the removal from the place of importation of articles of food or animals or materials intended for use in the manufacture of food,
(c) the amendment or confirmation of orders relating to the cancellation or suspension of licences or registrations or the prohibition of the use of premises, stalls or vehicles for any specified purpose.
40.—An offence under Part V, Part VIII or Part IX of the Principal Act may be prosecuted by the health authority in whose functional area the offence is committed.

PART V

MISCELLANEOUS.

41.—(1) The Minister may by order provide for and authorise joint action by two or more health authorities in the performance of any of their functions either as respects the whole or part of their functional area.

(2) An order under this section may provide for the manner in which the expenses incurred in carrying out the joint action are to be met.

(3) An order under this section may provide for the establishment of a joint board for the purposes of the order.

(4) The following provisions shall have effect in relation to a joint board established by order under this section:

(a) the board shall be a body corporate with perpetual succession by the name given to them by the order;

(b) the board shall have power to sue and be sued in that corporate name;

(c) the board shall have power to hold and dispose of land,

(d) the board shall provide and have a common seal and such seal shall be authenticated by the signature of the chairman or any other member authorised to act in that behalf and the signature of an officer of the board authorised to act in that behalf;

(e) all courts of justice shall take judicial notice of the seal of the board and every document purporting to be an order or other instrument made by them and to be sealed with their seal (purporting to be authenticated in accordance with the foregoing paragraph) shall be presumed to be such order or instrument without further proof unless the contrary is shown.

(f) the board shall be a joint body within the meaning and for the purposes of the County Management Acts, 1930 and 1942,

(g) the board shall be a joint authority within the meaning and for the purposes of the Health Services (Financial Provisions) Act, 1947 (No. 47 of 1947),

(h) the Minister may by order apply to the board any provisions of the Principal Act or this Act or of any regulations thereunder and may so apply such provisions with any specified modifications or limitations;

(i) An order under this section may provide for joint action being carried out by the Dublin Board of Assistance, the Board of Public Assistance for the South Cork Public Assistance District or the Board of Public Assistance for the Waterford Public Assistance District and, for that purpose, may apply to such board any provisions of the Principal Act or this Act or of any regulations thereunder and may so apply such provisions with any specified modifications or limitations.
42.—(1) The Minister may by order authorise the Publicity Board of Assistance or the Rehabs Board of Assistance to perform any functions of the council of the county of Dublin under the Principal Act or this Act and, for that purpose, may apply to such board any provisions of the Principal Act or this Act or of any regulations theretofore and may so apply such provisions with any specified modifications or limitations.

(2) An order under this section applying to a board the provisions of section 101 of the Principal Act shall not be made save with the consent of the Minister for Local Government.

43.—(1) A health authority and an urban sanitary authority may, with the consent of the Minister and of the Minister for Local Government, make and carry out an arrangement for the provision by the urban sanitary authority of any service which the health authority are empowered by the Principal Act or this Act to provide.

(2) Where an arrangement is made under this section by a health authority and an urban sanitary authority, the Minister may, with the consent of the Minister for Local Government, by order apply in relation to the urban sanitary authority any provisions of the Principal Act or this Act or of any regulations thereunder which he considers necessary and may so apply such provisions with any specified modifications or limitations.

(3) A health authority and another health authority may make and carry out an arrangement for the performance of any of the functions of one of the authorities by the other.

(4) An arrangement under this section may include provisions for reimbursement of expenses incurred by an authority in carrying out the arrangement.

44.—A health authority, when making an agreement with any person for the provision by such person of any service which the health authority are authorised to provide, shall comply with any requirements specified by the Minister.

45.—(1) A health authority shall, in accordance with regulations under subsection (2) of this section, make available a service for—

(a) the training of disabled persons for employment suitable to their condition;

(b) the making of arrangements with employers for placing disabled persons in suitable employment;

and for the purpose of the training aforesaid may provide and maintain such premises, workshops, farms, gardens, materials, equipment and similar facilities as are necessary.

(2) The Minister may by regulations specify the manner in which and the extent to which a health authority are to make available the service referred to in subsection (1) of this section.

(3) A health authority may provide equipment, materials or similar articles for the persons specified in subsection (1) of this section.

(4) A health authority may, in accordance with regulations made by the Minister with the consent of the Minister for Finance, provide for the payment of maintenance allowances to the persons specified in subsection (1) of this section.

(5) The persons referred to in subsections (2) and (4) of this section are disabled persons over sixteen years of age who are unable to provide for their own maintenance and whose relatives within the meaning of this subsection are unable to provide maintenance for them.

(6) Any spouse, son, daughter, parent, brother or sister of a person shall be a relative of that person for the purposes of subsection (4) of this section.

46.—Every dispensary district under the Public Assistance Act, 1939, existing immediately before the commencement of this section shall be a dispensary district for the purposes of the Principal Act and this Act.

(2) The Minister may by order vary the distribution of the functional area of a health authority into dispensary districts and may by such order provide for such transfers of offices as he considers necessary or expedient.

(3) The office of an officer transferred by an order under subsection (2) of this section shall, for the purposes of any enactment relating to superannuation, be deemed not to have been abolished.

47.—(1) There shall be a district medical officer or two or more district medical officers for a dispensary district.

(2) Save as provided by subsection (3) of this section, the office of a district medical officer shall be an office under the health authority for the district.

(3) An office of district medical officer for a dispensary district which is situated in the public assistance district of a board of assistance or a board of public assistance shall be an office under such board.

(4) An office of district medical officer to which subsection (3) of this section applies shall be deemed, for the purposes of sections 19 and 20 of the Local Government Act, 1941 (No. 35 of 1941), to be an office under a health authority whose functional area includes the whole or any part of the district of such district medical officer.
(3) Where the whole or any part of a dispensary district is situated in an urban district, an office of district medical officer for such district shall, as respects appointment of duties relating to the functions of the urban sanitary authority for such urban district, be deemed for the purposes of sections 16 and 25 of the Local Government Act, 1901, to be an office under the urban sanitary authority for the urban district.

(4) Where, immediately before the commencement of this section, the Local Appointments Commissioners were engaged in the selection of a person or persons to be recommended for appointment to the office of medical officer of a dispensary district, such selection shall be completed in such manner as the said Commissioners shall think proper, and the person or one of the persons so selected and recommended by the Commissioners shall be appointed as district medical officer for the like district and the provisions of subsection (2) to (5) of this section shall apply in relation to him as if he had been so appointed before the commencement of this section.

(7) A reference in any enactment in force at the commencement of this section to the office of medical officer of a dispensary district or district medical officer or the holder thereof shall be construed as a reference to the office established by this section or the holder thereof (as the case may be).

(8) The following provisions shall apply in relation to a person who, as respects any district, held immediately before the commencement of this section, in a permanent capacity, the office of medical officer under section 41 of the Public Assistance Act, 1909, and the office of medical officer of health under section 23 of the Principal Act—

(a) such person shall, upon the commencement of this section, be deemed to be a medical officer of health for that district;

(b) the first-mentioned office shall, for the purposes of any enactment relating to superannuation, be deemed not to have been abolished.

48.—(1) Subject to subsection (2) of this section, where a person was, immediately before the commencement of this section, the holder in a permanent capacity of an office under a public assistance authority the duties of which related solely to medical assistance within the meaning of the Public Assistance Act, 1909, or to general assistance within the meaning of that Act given by way of admission to an institution, such person shall become and be the holder of the same office under the health authority whose functional area is coextensive with or includes the functional area of such public assistance authority.

(2) The said office under a public assistance authority shall, for the purposes of any enactment relating to superannuation, be deemed not to have been abolished.

(3) If any question arises as to whether the duties of a particular office under a public assistance authority related solely to medical assistance within the meaning of the Public Assistance Act, 1909, or to general assistance within the meaning of that Act given by way of admission to an institution, the question shall be decided by the Minister.

(4) This section shall not apply in relation to any person who, immediately before the commencement of this section, was the holder of—

(a) an office under a board of assistance or board of public assistance,

(b) an office of medical officer under section 41 of the Public Assistance Act, 1909, or

(c) an office of medical officer of health under section 23 of the Principal Act.

49.—(1) In this section "institutional assistance" means shelter and maintenance in a county home or similar institution.

(2) A person who is unable to provide shelter and maintenance for himself or his dependants shall, for the purposes of the purposes of this section, be eligible for institutional assistance.

(3) It shall be the duty of a health authority, subject to and in accordance with the provisions of this section and the regulations thereunder, to give to every person in their functional area who is eligible for institutional assistance such institutional assistance as appears to them to be necessary or proper in each particular case.

(4) The Minister may make regulations governing the giving of institutional assistance to a person, require him to perform such work as the authority consider suitable to his sex, age, strength and capacity.
50.—(1) A health authority may provide, in accordance with regulations, for the assistance of a child to whom this subsection applies, in any of the following ways (whether in or outside their functional area), that is to say, by boarding the child out, or by providing them with a place to live, or by sending them to a school approved of by the Minister, or (where the child is not less than fourteen years of age, by arranging for his employment or by placing him in any suitable trade, calling, or business).

(2) Subsection (1) of this section applies to any child who is eligible for institutional assistance under section 49 of this Act and who is—

(a) a legitimate child whose father and mother are dead or who is deserted by his father and mother or (where one of them is dead) by the survivor, or

(b) an illegitimate child whose mother is dead or who is deserted by his mother.

(3) A health authority may, with the approval of the Minister, assist any person eligible for general assistance within the meaning of the Public Assistance Act, 1939, by doing, with the consent of such person and in accordance with regulations, any of the following things in respect of any child when such person is liable under the Public Assistance Act, 1939, to maintain, that is to say, boarding the child out, or sending him to a school approved of by the Minister or, where the child is not less than four years of age, placing him in any suitable trade, calling, or business.

(4) Where a health authority places under this section a child in a suitable trade, calling, or business, the authority may pay such fee or sum as may be requisite for that purpose and may support or contribute to the support of the child during any period (including, with the consent of the Minister, after attaining the age of sixteen years) during which he is engaged in learning the trade, calling, or business.

(5) Where a child boarded out or sent to a school pursuant to this section attains the age of sixteen years, the health authority, with the consent of the Minister, arranges for the completion of the child’s education and for his maintenance while completing his education.

(6) The Minister may make regulations for the purposes of this section.

(7) A child who, immediately before the commencement of this section, and boarded out, sent to a school, placed at service or placed in a trade, calling, or business under section 48 of the Public Assistance Act, 1939, shall be deemed (as may be appropriate) to be boarded out, sent to a school, placed in employment or placed in a trade, calling, or business by the appropriate health authority under this section.

(8) A school in respect of which, immediately before the commencement of this section, a certificate under section 45 of the Public Assistance Act, 1939, was in force shall be deemed for the purposes of this section to be a school approved of by the Minister.

(9) Where a child becomes adopted under the Adoption Act, 1922 (No. 25 of 1922)—

(a) the child shall thereafter be treated for the purposes of this section as if he were the child of the adopter or adopters born to him, her or them in lawful wedlock and were not the child of any other person,

(b) if there is one adopter only, a reference to the father or mother shall, where appropriate, be substituted in subsection (9) of this section for any reference to the father and mother,
(2) Regulations under this section—

(a) may provide for the enforcement and execution of the regulations by officers of the Minister, by health authorities and their officers and, with the consent of the Minister for Local Government, by officers of sanitary authorities,

(b) may provide for the empowering of specified persons (being authorised officers for the purpose of Part IX of the Principal Act) to seize and remove, and to detain and destroy, or otherwise suitably dispose of, filling material which does not conform with the prescribed standard,

(c) may provide for the giving and taking (without payment) of samples and the carrying out of tests, examinations and analyses of such samples,

(d) may prescribe the classes of persons to be responsible for the carrying out of tests, examinations and analyses of samples of filling material and the means by and the manner in which any such test, examination or analysis is to be made,

(e) may prescribe the certificate or other evidence to be given of the result of any such test, examination or analysis and the classes of persons by and to whom such certificate or evidence is to be given,

(f) may provide that any certificate or other evidence prescribed under paragraph (e) of this subsection and given in respect of the test, examination or analysis of a sample shall as respects that sample be evidence for all purposes of the result of the test, examination or analysis,

(g) may provide for the licensing or registration of premises in which filling material is kept for sale or for use for the purpose of making bedding, cushions, articles of upholstery, toys or similar articles and for the prohibition of the keeping for sale or for the said use of filling material in premises which are not licensed or registered,

(h) may provide for conditions governing the grant, restriction or renewal of licences or registrations,

(i) may provide for the imposition of changes in respect of the grant, restriction or renewal of licences or registrations,

(j) may provide for the marking or labelling of a specified amount of bedding, cushions, articles of upholstery, toys or similar articles containing filling material,

(k) may provide for the keeping of records by persons engaged in the manufacture, preparation, importation, storage, distribution or sale of filling material or bedding, cushions, articles of upholstery, toys or similar articles containing filling material and for the production of such records for inspection by officers concerned in the enforcement or execution of the regulations.

(3) Where regulations made under subsection (1) of this section provide that any particular certificate or other evidence shall be evidence for all purposes of the said result of a test, examination or analysis of a sample, such certificate or other evidence shall, as respects that sample, be accepted by all Courts of Justice in evidence of the result of such test, examination or analysis and shall also be accepted by all Courts of Justice as evidence that such test, examination or analysis was carried out under and in accordance with the regulations.

(4) Where a person is charged with having, in contravention of regulations made under this section, kept for sale any filling material or any bedding, cushions, articles of upholstery, toys or similar articles and it is shown that the material or article was in the possession of such person, the material or article shall, until the contrary is proved, be deemed to have been kept by him for sale.

(5) Where a person is charged with having, in contravention of regulations made under this section, kept any filling material for use for the purpose of making bedding, cushions, articles of upholstery, toys or similar articles and it is shown that the material was in the possession of such person, the material shall, until the contrary is proved, be deemed to have been kept by him for that use.

(6) If the defendant in any prosecution for an offence under this section proves—

(a) that he purchased—

(i) filling material as of a standard of cleanliness which he would not have contravened any regulation under this section, or

(ii) an article containing only filling material of such a standard and with a written warranty that it was so standard and with a written warranty that it was so,

(b) that he had no reason to believe at the time when he committed the offence with which he is charged that the filling material did not conform with the prescribed standard of cleanliness, and

(c) that at the said time the filling material was in the same state as when he purchased it,

the defendant shall be discharged from the prosecution, but shall be liable to pay the costs incurred by the prosecution unless he gave due notice to the prosecutor that he proposed to rely on the said defence.

(7) A statement by the manufacturer, importer or seller of any filling material or any bedding, cushions, articles of upholstery, toys or similar articles containing filling material which is a statement as to the standard of cleanliness of the filling material and which is in an invoice or on a label attached to the filling material or article or in the container in which the filling material is sold shall be deemed for the purposes of paragraph (e) of subsection (6) of this section to be a warranty.

(8) Where it appears to the authority or officer enforcing regulations made under this section that an offence has been committed in respect of which proceedings might be taken under this section against some person but that such person could establish a defence under subsection (6) of this section by proving that the offence complained of was due to an act or default of some other person, such authority or officer may take proceedings against that other person without taking proceedings against the first-mentioned person.

(9) A person who contravenes a regulation under this section or who wilfully obstructs the execution of a regulation under this section shall be guilty of an offence under this section and shall be liable on summary conviction thereof to a fine not exceeding one hundred pounds or, at the discretion of the Court, to imprisonment for any term not exceeding six months or to both such fine and such imprisonment.

(10) An offence under this section may be prosecuted by the health authority in whose functional area the offence is committed.
(11) In this section, the expression "filling material" includes—
(a) rag flock which is produced wholly or in part by tearing up cotton, flax, jute or hemp material or other like fibers whether new or old; and
(b) hair, fibre, down, feathers, wool shavings, sawdust, straw, and other similar materials, whether new or old, used in the making of bedding, cushions, articles of upholstery, toys, or similar articles, and
(c) linings, webbings and coverings (other than outer coverings) used in the making of bedding, cushions, articles of upholstery, toys, or similar articles.

54.—(1) In this section—
the word "substance" means a natural or artificial substance, whether in solid or liquid form or in the form of a gas or vapour, including a preparation or manufactured article or article which has been subjected to any artificial treatment or process;
the expression "radio-active substance" means a substance which consists of or contains any radio-active chemical element, whether natural or artificial;
the expression "medical radio-active substance" means a radio-active substance which may be used as a prophylactic, diagnostic or therapeutic agent in the prevention or treatment of any human ailment, infirmity, injury or defect;
the expression "medical radiating apparatus" means radiating apparatus which may be used as a prophylactic, diagnostic or therapeutic agent in the prevention or treatment of any human ailment, infirmity, injury or defect.

(2) The Minister may make regulations for the control of the storage, use, exportation or other disposal of medical radio-active substances generally or of any particular medical radio-active substance.

(3) The Minister may make regulations for the control of the manufacture, importation, distribution, sale, offering or keeping for sale, use, exportation or other disposal of medical radiating apparatus generally or of any specified class of such apparatus.

(4) The Minister may make regulations for—
(a) the preservation of the health of persons who are employed in the manufacture of radio-active substances or in the use of radio-active substances or in the manufacture of apparatus and of other persons whose health may be endangered by such work;
(b) ensuring the safe disposal of radio-active waste products resulting from the use of radio-active substances or radiating apparatus.

(5) Regulations under this section may, in particular, make provision for all or any of the following matters—
(a) the enforcement and execution of the regulations—
(i) by officers of the Minister,
(ii) by health authorities and their officers,
(iii) with the consent of the Minister for Finance, by officers of Customs and Excise,
(iv) with the consent of the Minister for Industry and Commerce, by officers of that Minister,
(v) with the consent of the Minister for Agriculture, by officers of that Minister.
(b) the prohibition of the storage, use, exportation or other disposal of medical radio-active substances or radio-active waste products, except under conditions prescribed by regulations.

(6) The Minister may make regulations for the prohibition of the manufacture, importation, distribution, sale, offering or keeping for sale, use, exportation or other disposal of medical radio-active substances either absolutely or save subject to specified conditions (including the grant of a licence for such manufacture, importation, distribution, sale, offering or keeping for sale, use, exportation or other disposal),

(7) The Minister may make regulations for the determination of the classes of persons to whom licences under the regulations are to be granted,

(8) The Minister may make regulations for the prescribing of conditions governing the grant, retention or renewal of licences under the regulations,

(9) The Minister may make regulations for the refusal or revocation of licences under the regulations,

(10) The Minister may make regulations for the giving and taking, with or without payment (as the regulations may provide), of samples of radio-active substances,

(11) The Minister may make regulations for the imposition of charges (whether fixed, variable or partly fixed and partly variable) in respect of the grant, retention or renewal of licences under the regulations.

(12) A person who contravenes a regulation under this section shall be guilty of an offence under this section; and shall be liable on summary conviction thereof to a fine not exceeding five hundred pounds and to forfeiture of any substance or apparatus in relation to which the offence was committed.

(13) An offence under this section may be prosecuted by the Minister or by the health authority in whose functional area the offence is committed.

55.—(1) The Minister may make regulations for the prohibition or control of the use in the destruction of rats and mice of substances containing live cultures of organisms pathogenic to man.

(2) Regulations under this section may, in particular, make provision for all or any of the following matters—
(a) the enforcement and execution of the regulations—
(i) by officers of the Minister,
(ii) by health authorities and their officers,
(iii) with the consent of the Minister for Finance, by officers of Customs and Excise,
(iv) with the consent of the Minister for Industry and Commerce, by officers of that Minister,
(v) with the consent of the Minister for Agriculture, by officers of that Minister.
(b) the prohibition of the use in the destruction of rats and mice of substances containing live cultures of organisms pathogenic to man save subject to specified conditions (including the grant of a licence for such use),
(c) the determination of the classes of persons to whom licences under the regulations are to be granted,
(d) the prescribing of conditions governing the grant, retention and renewal of licences under the regulations,
(e) the refusal or revocation of licences under the regulations,
(f) the imposition of charges in respect of the grant, retention or renewal of licences under the regulations.

(3) A person who contravenes a regulation under this section shall be guilty of an offence under this section; and shall be liable on summary conviction thereof to a fine not exceeding fifty pounds.

(4) An offence under this section may be prosecuted by the Minister or by the health authority in whose functional area the offence is committed.
56.—(1) The Minister, after consultation with the Minister for Agriculture, may by order declare, as respects a specified fumigant, that—

(a) all uses of the fumigant shall be restricted, or
(b) the use of the fumigant for a specified purpose or in specified circumstances shall be restricted.

(2) Where an order under this section declares that all use of a fumigant shall be restricted, a person shall not use the fumigant save with the permission of the chief medical officer for the area in which the fumigant is used and in accordance with any directions which the officer may give for the purpose of safeguarding public health.

(3) Where an order under this section declares that the use of a fumigant for a specified purpose or in specified circumstances shall be restricted, a person shall not use the fumigant for that purpose or in those circumstances (as the case may be) save with the permission of the chief medical officer for the area in which the fumigant is used and in accordance with any directions which the officer may give for the purpose of safeguarding public health.

(4) A person who contravenes subsection (2) or subsection (3) of this section shall be guilty of an offence under this section and shall be liable to summary conviction thereof to a fine not exceeding fifty pounds.

(5) An offence under this section may be prosecuted by the health authority in whose functional area the offence is committed.

57.—(1) In this section, the expression "medical officer" means an officer of a health authority whose office is an office of the holder of which is required to be a registered medical practitioner.

(2) A health authority, with the approval of the Minister, may—

(a) provide and maintain a medical school for the postgraduate medical education of medical officers (including medical officers of other authorities), and
(b) make arrangements for the postgraduate medical education of any of their medical officers.

58.—(1) In this section—

the expression "nursing school" means a school for the training of persons to be nurses;
the expression "student nurse" means a person being trained to be a nurse.

(2) A health authority may, with the consent of the Minister, and shall, if the Minister so directs, provide and maintain a nursing school in connection with a health institution maintained by them and may, subject to such conditions as they think fit, admit persons to such school as student nurses.

(3) A health authority who maintains a nursing school under this section may, with the consent of the Minister, pay remuneration to a student nurse of the school.

59.—(1) A health authority may, with the approval of the Minister, give assistance in any one or more of the following ways to any body which provides or proposes to provide a service similar or ancillary to a service which the health authority may provide:

(a) by contributing to the expenses incurred by the body,
Shipping Act, 1934, or section 36 of the Merchant Shipping Act, 1956, in like manner and with the like power as if he had been duly appointed under the said section 36.

(2) Any offence which is to be prosecuted consequent on an inspection carried out in pursuance of this section by an authorised officer may be prosecuted by the health authority.

(3) In this section—

"Irish ship" has the same meaning as in the Merchant Shipping Act, 1911 (46 of 1911);

"authorised officer" means an officer of a health authority appointed in writing by the manager thereof to be an authorised officer for the purposes of this section.

63.—Nothing in this Act or any instrument thereunder shall apply to any person as defined therein, and in the said Act shall be construed accordingly.

64.—The Public Assistance Act, 1909, shall cease to have effect as respects the province of—

(a) medical assistance as defined therein, and

(b) general assistance as defined therein given by way of admission to an institution,

and the said Act shall be construed accordingly.

65.—(1) In this section "the Act" means the Mental Treatment Act, 1945.

(2) Section 19 of the Act (which specifies the general duty of mental hospitals authorities to provide treatment, care, suer, advice and services) is hereby amended by the substitution for paragraph (c) of the following paragraph:

"(c) such person is in, or is a dependent of a person in, any of the classes mentioned in paragraphs (a), (b) and (c) of subsection (2) of section 14 of the Health Act, 1930, or such person (whom the person, if any, liable to maintain him, would, in the opinion of the mental hospital authority for such mental hospital district, be unable without undue hardship to provide the whole of the cost of such treatment, maintenance, advice or service,".

(3) The following definition shall be substituted in section 3 of the Act for the definition of "chargeable patient"—

"such person is in, or is a dependent of a person in, any of the classes mentioned in paragraphs (a), (b) and (c) of subsection (2) of section 14 of the Health Act, 1930, or such person (whom the person, if any, liable to maintain him, would, in the opinion of the mental hospital authority, be unable without undue hardship to provide the whole of the cost of such treatment, maintenance, advice or service.".

(4) For subsection (2) of section 170, subsection (2) of section 187 and subsection (2) of section 198 of the Act, there shall be substituted in each case the following subsection:

"(2) Expenses defrayed under this section shall be payable by the mental hospital authority and shall be regarded as part of the cost of mental hospital assistance (for the person in respect of whom they have been incurred)."

(5) In paragraph (b) of subsection (1) of section 19% of the Act "mental hospital authority" shall be substituted for "public assistance authority" and "mental hospital district" for "public assistance district."
(b) by such amounts as he considers proper in respect of each subsequent year,

and the sums so adjusted shall, subject to any subsequent adjustment under this section or under section 3 of the Act become and be, in respect of the years to which they relate, the standard expenditures for the authorities.

(3) The Minister may, in respect of a particular year and for a particular body, fix a sum which shall be the maximum expenditure which may be included in respect of a health service or part of a health service in the calculation of the net health expenditure of that body in respect of that year.

(4) The Minister, to correct errors or omissions, may at any time amend a certificate of net health expenditure given by him under the Act.

(5) Where, with reference to the Act, any doubt, dispute or question arises, or, in the opinion of the Minister, is likely to arise as to—

(a) whether a particular item of expenditure or class of items of expenditure is or is not capital expenditure, or

(b) the year to which any item of expenditure or any receipt is to be attributed,

the doubt, dispute or question shall be decided by the Minister.

---

Section 5

**SCHEDULE.**

**Enactments Repealed.**

<table>
<thead>
<tr>
<th>Number and Year (1)</th>
<th>Short title (2)</th>
<th>Extent of Repeal (3)</th>
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<tbody>
<tr>
<td>No. 27 of 1939</td>
<td>Public Assistance Act, 1939</td>
<td>Sections 21, 22, 31 to 38, 40 to 51, 75, 81 and 82.</td>
</tr>
<tr>
<td>No. 19 of 1945</td>
<td>Mental Treatment Act, 1945</td>
<td>Sections 232, 233 and 234.</td>
</tr>
<tr>
<td>No. 28 of 1947</td>
<td>Health Act, 1947</td>
<td>Sections 13, 14, 17, 18, 21 to 38 and 41; Subsection (4) of section 44; Sections 56, 57, 73 and 101.</td>
</tr>
</tbody>
</table>
BILLE

dá nguirneor

Acht do lenaú agus do leathnú an Achna Sláinte, 1947, agus achtachún arithne elle.

BILLE

entitled

An Act to amend and extend the Health Act, 1947, and certain other enactments.

BILLE

An tAire Sláinte a thug isteach.

Do hauráidh í Dáil Éireann do chúibhneachadh 11th Soláthair, 1952.

BILLE

Introduced by the Minister for Health.

An tAire Sláinte a thug isteach.

Order by Dáil Éireann to be printed, 11th December, 1952.

BAILE ÁTHA CLIATH:

ARNA PHOLÁTU AG OIFIG AN ISOLÁTHAIR,

Le cearnach díreach ón Óifig Díolta Poblachta Bóthar
An Stuáire, Ard Óifig an Phost, Baile Átha Cliath, nó trí
son dhubhóir leabhar.

Chlé-brisbattle ad CAMILL & Co., LTD.

[Tho. Scilling agus Se Pheinge Glan.]


DUBLIN:

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11th December 1952

Dear Alderman,

I send you herewith draft report of conference between representatives of local authorities and the Minister for Health, which was held in the Council Chamber, on the 11th ultimo, in connection with the White Paper on Health Services.

I should be obliged if you would read through the report and if you are satisfied that it gives a fair resume of the proceedings you might please append your signature.

Yours faithfully,

City Manager.

<table>
<thead>
<tr>
<th>Name</th>
<th>County (Boro) Council Representing</th>
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<tbody>
<tr>
<td>Michael Hickey</td>
<td>Chananel Smith, Tipp.</td>
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<tr>
<td>Richard Cains</td>
<td>Typh. S. M. Manager</td>
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<tr>
<td>John Murray</td>
<td>Lujjer, S. W. G. Sec.</td>
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<tr>
<td>Michael Com. Ainey</td>
<td>Capt. N. R.</td>
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<tr>
<td>Sean de Padraig</td>
<td>Com. Sec. Kerry</td>
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<tr>
<td>J. T. Bres</td>
<td>Town Councillor, Kerry C. Co. Council</td>
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<td>J. T. Bres</td>
<td>Clerk to Council</td>
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<tr>
<td>Richard Magee</td>
<td>Seán de Padraig, Clare C. Boro</td>
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<td>John B. Regan</td>
<td>Clare C. M.</td>
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<td>Limerick Con.</td>
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<td>Tipp. Co. M. O.</td>
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<td>Thomas Wedder</td>
<td>Lujjer &amp; Co. M. O.</td>
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<tr>
<td>Manus O'Meara</td>
<td>Co. Treasurer</td>
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<tr>
<td>Patrick O'Cahill</td>
<td>Mary C.</td>
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<tr>
<td>Patrick O'Cahill</td>
<td>Tipp. M. O.</td>
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</table>
The Catholic Societies Vocational Organisation Conference.

38, Western Road, Limerick.

Secretary,

County/Borough Council.

re: Public Health Act:

Sir,

I am directed by the Executive Committee of the C.S.V.O.C. to ask you to be good enough to bring before your Council at an early date the enclosed copies of two statements made by my Committee to the Press in November, 1952, and January, 1953, respectively.

It is the opinion of the C.S.V.O.C. that the scheme of Public Health Services proposed in the White Paper is contrary to the principles of Social Justice, and, if implemented, will constitute a grave encroachment on the rights of the individual. As much of the Administration of the proposed scheme will be the responsibility of local bodies, the Conference feels that the matter is one that must be of vital interest to your Council.

Yours faithfully,

T. C. O'Gorman,

Hon. Secretary.
Having seen the Press Reports of the recent speech by the Minister for Health at Wellington Bridge, the Catholic Societies Vocational Organisation Conference wishes to re-affirm its objection to the plan as outlined in the White Paper.

Last February the Minister very kindly received a deputation from the Conference which pointed out that no State Health Scheme which did not take due cognisance of the principle of Subsidiary Function could be considered acceptable to the requirements of this country. Subsequent to the Minister's reception of the deputation the Conference sent him in writing a resume of its views and published these in a statement to the Press in November, 1952. Nothing that has happened since then has altered the fact that the Scheme as outlined in the White Paper is wrong in principle and that therefore, no special pleading or streamlining of administration can make it right.

The Conference supports the request recently made to An Taoiseach by the I.M.A. for the appointment of a representative Commission to examine objectively all schemes hitherto proposed, and to report on them.

The Conference maintains that neither this Commission, nor any National Health Council one of the principal functions of which should be to furnish an annual report to the Oireachtas, should have as Chairman a Minister or Government Official.
Health Statement.

The proposals for improved and extended health services, as shown in the recently published Government White Paper, disclose a further intended encroachment by the State on functions which should be performed by subsidiary bodies.

They are consequently contrary to the principles of vocational organisation, and as such must be strenuously opposed by the Conference.

A political system that relies on expediency is incompatible with a true social order which affords a guarantee of stability.

In any country the State is only one of several institutions. If the State assumes functions of a social nature which rightly fall within the scope of those other institutions, then it deprives the individual, the family, and the vocational group of their proper responsibilities in those spheres where they are most effective.

The Conference maintains that a better approach to the solution of public health problems could be found within the general lines of the scheme prepared by the Bishop of Clonfert, Most Rev. J. Dignam, D.D., in 1944. A scheme on those lines would be in keeping with our profession as a foremost Christian nation.

In ignoring the principles of vocational organisation, the White Paper does not even make provision for the establishment of a Council of Public Health. If contrary to the ideals of social justice, a scheme of State-controlled health services is to be imposed on the people, then it is essential for the safeguard of the community that there be established a virile Council of Public Health on the lines of that recommended in the Report of the Commission on Vocational Organisation.

On such a Council would be nominees of the Government, of local bodies, of the medical, dental and nursing professions, of other interested organisations, e.g., employers' federations, trade unions, the Red Cross, etc. The Council should be autonomous with a standing executive and a permanent secretariat. It would keep the public health services continuously under review, act as an advisory body on its own initiative and in response to requests from the Government, and report annually to the Oireachtas.
THE WHITE PAPER ON HEALTH SERVICES

STATE MEDICINE IS BAD MEDICINE

The Government White Paper, if adopted, will mean a great step forward in the control of medical services by the State. It would be foolish to suppose that, while your doctor may worry about this trend, it is none of your affair. A State strangling hold on the practice of medicine places the whole structure of family life in the same immediate peril. In exchange for heavier taxation, loss of privacy and chaotic services, you will be deprived of the very keystone of your individual liberty.

SOME VIEWS ON THE WELFARE STATE

His Eminence Cardinal D'Alton:

"Increased State services tend to lessen responsibility of parents and to undermine their spirit of independence."

Most Rev. Dr. Browne:

"State control results in monopolies which give worse service at higher cost. It also leads to a great increase of Government patronage with great risk of corruption."

Most Rev. Dr. Lucey:

"... The State whose citizens cannot afford to own their own house, pay their own doctor and hospital bills, feed and clothe their own children is failing in its primary duty to them; the very extent of its "free" services is proof of its failure as a Government for the common good."

Most Rev. Dr. Gregg:

"The Welfare State weakens self-reliance and initiative. Its beneficiaries become lost behind the workings of what is, for all its apparent benevolence, an almost inhuman machine."

Rev. Fr. Phelim O'Brien:

"I challenge the Minister to produce a single moral authority in defence of his scheme."

Extract from Report of the American Medical Association on the working of the National Health Act in Britain:

"Abuses of the Service are evident everywhere, and they must lead to more and more regulations, tighter enforcement, greater penalties for violation, further limitation on freedom and further deterioration of the quality of Medicine. In the end the great consumer group will suffer most. What is most to be deplored is the present and future effect on the quality of medical care received by the English people."

Sir Earle Page, formerly Minister for Health in Australia:

"There have been various attempts in different countries to nationalise medical treatment or to give "free" treatment at the taxpayer's expense. These over-simplified solutions have proved wasteful in their administration, disastrous in their effect on the quality of treatment and destructive of the morale of the people."
WHAT DOES THE WHITE PAPER OFFER?

1. Treatment only in public wards of hospitals (para. 26).
2. Birth of your children in public maternity wards (para. 24 (c)). Your own doctor may not attend you unless he accepts State control (para. 27).
3. Private treatment? Yes! If you pay for it yourself (para. 24C and 26).
4. Your health and sickness recorded by the local authority in its files (para. 21).
5. Your doctor ordered around by lay officials (para. 21).
6. Queues for such beds as are available (para. 38).
7. The “Red Ticket” goes—and the “Coloured Card” comes in its place (para. 34).
8. End of assistance to insured persons for private or semi-private maintenance in hospital (para. 39).
9. And, inevitably—wire-pulling and political influence in access to “benefits” (para. 24 (f)).

Facilities for existing services are deplorably inadequate. Yet the Government talks glibly of extending the medical services.

THERE ARE NO PROPER FACILITIES FOR EXISTING SERVICES WHERE ARE THE FACILITIES FOR EXTENDED SERVICES?

WHAT WILL IT COST?

Read what the Minister said:

Dail Debate—30th October, 1962: “It is not possible at this stage to estimate the annual cost of the new Health Services when fully in operation. I have no reliable estimate.”

At Siúf, Mr. Kennedy (representing the Minister) said:

“I cannot guarantee that it will not cost more than 2/- on the rates.”

AND REMEMBER, THE INCREASED RATES WILL COVER ONLY HALF THE COST!

A lesson from Britain:
The original estimate for the cost of the British Health Scheme was £178 million. Five years later the cost reached £460 million. Withdrawal of certain benefits was needed to reduce the cost to the present “ceiling” of £400 million.

THE SAME SORT OF THING WILL HAPPEN HERE!

Your Doctors know your health problems better than the “Bureaucratic Planners”

WHAT DO THE DOCTORS SEEK?

1. Improved Facilities for diagnosis and treatment; the replacement of ramshackle dispensaries and “poor-law” institutions with adequately equipped buildings; more private accommodation for patients in general and maternity hospitals; the extension of the Child Welfare Service in the larger cities and towns.

2. The establishment of a Voluntary Contributory State-aided Scheme, which would include:

   Payment by the individual or head of the family of a weekly, monthly, quarterly or annual contribution to a central Medical Insurance Fund. For this contribution the patient or his family can claim a certain sum of money for diagnostic, hospital or nursing home expenses and treatment. He would have free choice of doctor and full privacy. He may choose any nursing home, hospital or specialist. The expenses would be paid to the level of the sum assured.

Rates of Payment:

(a) The individual patient to pay annually 34/8 or 8d. per week to the Fund. For this he can use up to £100 (annually) for hospital or nursing home maintenance, treatment and doctors’ fees, and certain medicines.

(b) The Family Health Policy to cover a man, his wife and their children. The family becomes entitled to:

   (i) A sum of £200 for the benefits outlined above.

   (ii) A maternity benefit of from £15 to £25 in any one year.

   The payment for this policy would be £3 8s. 4d. per year, or 1/4 per week.

(c) The above rates of payment to be “State-aided,” to the extent of 17/4 per year in the case of the individual, or 34/8 per year in the case of the family. Extra insurance may be taken out at the rate of £2 12s. 0d. per £100 insured.
3. The Doctors' Scheme is so designed that health matters may be administered on lines suitable to this country, free from political party and bureaucratic control. It advises the establishment of:

(a) A Health Advisory Council, composed of representatives of the public and of the Medical Profession, working under the Minister of Health. It would have its own secretariat and publish an independent annual report.

(b) A Health Insurance Company, to manage the financial aspects of the Scheme.

(c) A Medical Services Committee, to study health problems in association with public bodies, and where detailed to do so by the Health Advisory Council.

(d) Local Health Committees, composed of public representatives and local members of the Public Health Services and the medical and nursing professions. This local Committee would further the Health Services in its area.

If the patient is badly off, the premium is paid by the local authority, which recoups from the Central Insurance Fund. If the patient is in the middle income or higher income groups he pays his own premium.

THE DOCTORS' SCHEME IF ADOPTED WOULD:

1. Give you and your family a guarantee against heavy medical expenses;
2. Ensure your self-respect and privacy, and allow you to pay your own way, thus preserving your independence;
3. Observe ethical and moral considerations in medical matters;
4. Reduce the rates in your area;
5. Support and protect the financial basis of your voluntary hospitals;
6. Avoid the Inroad of State interference in Medicine.

DO YOU WANT THESE THINGS? IF YOU DO SEE THAT YOU GET THEM. WRITE NOW TO YOUR COUNCILLORS AND T.D.'S., AND TELL THEM SO.
General Purposes Committee

A Special meeting of the General Purposes Committee was held in the Council Chamber, Arus na Cathraich on Thursday, 13th day of November, 1952, at 7.30 o'clock p.m. the following members being present:

In the Chair:—The Right Worshipful, Councillor K. Bradshaw, Mayor.
Officers Present:—The City Manager and Town Clerk, City Medical Officer, City Accountant, City Engineer, and Mr. J. McHugh, Town Clerk's Department.

MAYOR'S STATEMENT

The Mayor said that the meeting had been called to consider the proposals for improved and extended Health Services as set out in the White Paper issued by the Department of Health in July, 1952. He formally proposed that the Council go into Committee to deal with the matter. Alderman Reidy seconded, and accordingly the Press withdrew.

WHITE PAPER ISSUED BY DEPARTMENT OF HEALTH

The following are the proposals for new or extended Health Services as set out in Part 2 of the White Paper:

II.—PROPOSALS FOR NEW OR EXTENDED HEALTH SERVICES.

18. Under the Government's proposals for new or extended health services, the services already provided under the Public Assistance Act, the Health Act and the Mental Treatment Act will be continued, with changes in certain respects designed to improve them. These changes will not deprive any person of any portion of the services to which he is at present entitled or impose a charge where none is now payable.

19. The Government proposes that the following new or extended services should be provided:

(a) Hospital and Specialist Services;
(b) Medical Care for Mothers and Infants;
(c) Maternity Cash Grants;
(d) Child Welfare Service;
(e) School Medical Service;
(f) Nursing Service;
(g) Dental and Ophthalmic Services;
(h) Medicines and Nutrients,
20. There will be no compulsion on any person to avail of any of the services. Eligible persons may use the services or make other arrangements as they may think fit. The position in that respect will be similar to the position in regard to the present Public Assistance and Infectious Diseases Services.

21. The services will be provided through the local authorities and will be without charge to the recipients unless otherwise stated.

22. In order to facilitate references to eligibility in the following paragraphs it is proposed to refer as follows to persons in particular groups:

- Lower Income Group: Persons in the present public assistance class, as defined in the Public Assistance Act, 1939 (see Paragraph 2).
- Middle Income Group: Persons outside the lower income group who are:
  - (a) persons compulsorily insured under the Social Welfare Act, 1952, or dependants of such persons, or
  - (b) persons whose main income is derived from farming and the rateable valuation of whose holdings (land and buildings) does not exceed £300, or dependants of such persons, or
  - (c) persons whose family income does not exceed £600 a year, or dependants of such persons.

HOSPITAL AND SPECIALIST SERVICES.

23. These services will include maintenance and treatment in local authority hospitals (including mental hospitals) and in other hospitals participating in the scheme, examination, diagnosis and treatment at specialist level in such hospitals and in local authority clinics, and X-rays, laboratory tests and essential medical and surgical appliances. Separate arrangements as detailed in Paragraph 32 for dental and ophthalmic services are proposed.

24. The hospital and specialist services will be available for:

- (a) All persons in the lower income group.
- (b) All persons in the middle income group.
- (c) All women outside the lower and middle income group.

(already provided for under (a) and (b) in respect of motherhood. It will be necessary to give priority in admission to hospital for maternity cases requiring hospital attention on medical grounds or on grounds of social need.

(d) All children under the age of 6 weeks not already provided for under (a) or (b).

(e) All pupils of national schools outside the lower income group and the middle income group (already, provided for under (a) or (b), for defects discovered at school medical examinations.

(f) Persons not included in the foregoing categories whose family income exceeds £600 a year and who, in the opinion of the local authority, because of the long term nature of the illness or for other reasons, would suffer severe hardship compared with persons in the middle income group if not regarded as eligible. The conditions governing this service (including conditions as to partial payment) will be laid down in Regulations to be made by the Minister for Health.

25. In the case of mentally defective persons, crippled persons and similar classes, hospital services will include care and maintenance in any institution approved by the Minister for Health for the care of such persons.

26. Payments to the voluntary hospitals at an agreed rate, in respect of the cost of examination, diagnosis and treatment and (where necessary) the cost of maintenance, will be made by local authorities. Services provided by voluntary hospitals will be on a contract basis and the autonomy of the hospitals will not be affected. In general it is visualised that services will be provided in public wards only. Persons desiring to obtain private or semi-private accommodation must make their own arrangements regarding their maintenance and treatment in such accommodation and no payment in respect of them will be made.

MEDICAL CARE FOR MOTHERS AND INFANTS.

27. Medical care will be available for all women in respect of motherhood. A woman may make arrangements for maternity care, at her own choice, with any doctor participating in the Scheme who is willing to accept her as a patient. All qualified medical practitioners will be eligible to participate and will be remunerated by a capitation fee. The fee will cover care of the mother before, at (if necessary) and after the confinement and care of the child up to the age of six weeks. A dispensary medical officer will be eligible for payment of the capitation fee in respect of any woman, even in the lower income group, who chooses him as her doctor. Medicines and essential nutrients will be issued free to persons in the lower income group. The position regarding hospital and specialist care is covered in paragraphs 23 and 24.

MATERNITY CASH GRANTS.

28. A cash grant of £4, additional to any grant or
allowance payable under the Social Welfare Act, 1952, will be paid in respect of every confinement to persons in the lower income group.

**CHILD WELFARE SERVICE**

29. Child Welfare Clinics similar to those already in existence in Dublin and some other centres will be established generally. A start will be made in the towns but some time must elapse before centres can be provided in rural areas. Medical care and advice will be available for all pre-school children at the clinics. Hospital and Specialist Services will be provided as already indicated (Paragraphs 23-25). Medicines and essential nutrients will be issued at Child Welfare Clinics for children in the lower income group.

**SCHOOL MEDICAL SERVICE**

30. The existing system of school medical service, re-organised on an adequate basis, will be continued. Additional staff will be recruited and examinations will be carried out much more frequently than at present. The medical examination service will be available to all schools. Hospital and specialist treatment will, as already stated, be provided for pupils of national schools for defects discovered at school medical examinations.

**NURSING SERVICES.**

**DENTAL AND OPHTHALMIC SERVICES**

32. Improved Dental and Ophthalmic Services will be made available, free of charge for—

(a) The lower income group;

(b) Children attending Child Welfare Clinics (in respect of defects discovered at the clinic);

(c) Pupils of National Schools (in respect of defects discovered at School Medical Examinations).

It is intended, at a later date, to extend by stages the scope of the dental and ophthalmic services and to make them available to all persons in the middle income group. A charge not normally exceeding half the cost may be made in certain cases. It will not, however, be possible to extend these services to the classes not now enjoying them until suitable arrangements have been made and the local authority in each case has adequate personnel and facilities available.

**MISCELLANEOUS**

33. In the case of persons whose eligibility is not readily ascertainable it is proposed to provide the services for which they may be eligible, on production of a declaration by them that their incomes are within the specified limits. Provision will be made in legislation for the imposition of penalties and for recovery of the cost of services given in the case of persons found to have made false declarations.

34. As indicated at paragraph 11 tickets (white and red) are issued to eligible persons who desire to obtain medical treatment under the Public Assistance Act. Each time a ticket is issued there is an investigation, in theory at any rate, into means. Such investigation is regarded as objectionable and is unnecessary in regard to many classes and it is proposed to abolish the system and to have substituted a system under which cards will be issued, on application, to eligible persons entitling them and their dependants to receive medical assistance during the period of validity of the card.

35. Modification of the Scheme to meet local requirements may be necessary.

36. Voluntary Health Agencies will be encouraged and assisted. Instead of providing a service, local authorities will, in certain circumstances, make arrangements for its provision by a voluntary agency.

37. Before the Scheme can be fully implemented the Dail and the Oireachtas will be asked to agree to proposals for legislation which will include certain amendments of the Health Act, 1947.

38. The full additional benefits proposed in the Scheme can be made available gradually only. The enactment of legislation, the recruitment of staff, the provision of clinic buildings and other facilities are steps which must be taken before the full services can be made available.

39. The new Services will replace the Scheme of Treatment Benefits administered by the Department of Social Welfare (see Paragraph 16).

**SUMMARY.**

40. When the Government's proposals are fully implemented (see Paragraph 38) the health services which will be available, without charge to the recipients except where otherwise stated, for different classes may be summarised broadly as follows:

(A) **LOWER INCOME GROUP**

(see paragraph 22).

(a) General medical practitioner service.

(b) Hospital and Specialist Services.

(c) Medical and Nursing care for mothers and infants (with choice of doctor).

(d) Maternity Cash Grants.

(e) Medicines and essential nutrients.

(f) Child Welfare and School Medical Services (including appropriate nursing services).

(g) Dental and Ophthalmic Services.
(h) Infectious Diseases Service.

(i) Infectious Diseases Maintenance Allowances.

(B) MIDDLE INCOME GROUP

(see paragraph 22)

(a) Hospital and Specialist Services.

(b) Medical and Nursing care for mothers and infants (with choice of doctor).

(c) Child Welfare and School Medical Services (including appropriate nursing services).

(d) Dental and Orthopaedic Services (a charge not normally exceeding half the cost may be made except in the case of the Child Welfare and School Medical Services).

(e) Infectious Diseases Service.

(C) PERSONS OUTSIDE THE LOWER INCOME AND MIDDLE INCOME GROUPS.

(a) Hospital and Specialist Services for—

(i) Women in respect of motherhood and for infants up to 6 weeks of age.

(ii) Persons whose family income exceeds £600 a year, who would suffer severe hardship if not regarded as eligible (see paragraph 24 (f)).

(iii) All pupils of national schools in respect of defects discovered at school medical examinations.

(b) Medical and nursing care for mothers and infants (with choice of doctor).

(c) Child Welfare and School Medical Services (including appropriate nursing services).

(d) Dental and Orthopaedic Services for children attending Child Welfare Clinics and for pupils of national schools in respect of defects discovered at Child Welfare Clinics and at School Medical Examinations.

(e) Infectious Diseases Service.

CHRONIC ILLNESS OR DISABILITY.

41. The Government has under consideration the special problem presented by the cases of persons over 16 years of age who are without means and unable by reason of chronic illness or disability to provide for their own maintenance.

The City Manager said that an examination of the above proposals revealed that when the proposed scheme was put into effect, it would have a serious repercussion on the City rates. He referred to his statement at the General Purposes Committee meeting of 27th September, 1952, in which he estimated an increase of at least 2½d. in the £ on the rates, and said that this figure, which represented a sum of £15,000, could be accounted for as follows:

1. Loss to the Corporation of receipts from patients in the City Home and Hospital and private Hospitals, who are in receipt of contributions under the National Health Acts. (See Paragraph (a) of Article 22 of Scheme) £4,900.

These, he said, were not actual losses but were prospective losses in the sense that if National Health patients are maintained by the Corporation as at present, they have over their National Health Contribution towards the cost of their maintenance, but under the new Scheme, all such patients were entitled to free hospital and Specialist services at the expense of the Corporation; hence the loss of revenue.

With regard to those in the middle-income group, other than those in Section A of the White Paper he had received the following figures from the City hospitals:

2. Contributions from paying patients of middle-income group year ending 31/3/1952:

<table>
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<th>Service</th>
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</thead>
<tbody>
<tr>
<td>St. John's and Barrington's Hospitals</td>
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</tr>
<tr>
<td>City Home and Hospital</td>
<td>£4,457</td>
</tr>
<tr>
<td>Mental Hospital</td>
<td>£1,132</td>
</tr>
</tbody>
</table>

Total £11,589

Explaining what he had taken this figure, the City Manager said that as the Health Authority would be obliged under the Scheme to give free hospital and Specialist treatment to those in the middle-income group, the withdrawal of the above contributions would necessarily mean a loss of revenue to the Corporation. He pointed out that, the Mental Hospital figure did not include criminal patients at present being maintained by the Department of Justice, and which in future, would be the responsibility of the Health Authority.

3. A further matter which would have to be considered was the position of the voluntary hospitals. In the case of Barrington's Hospital, the deficit for the year in question had been £10,000. As the Corporation would in retrospect, have been maintaining all the non-paying patients in Barrington's Hospital during the above period, it was reasonable to assume that the charge made by the Hospital authorities would be sufficient to balance their accounts. Consequently, for the purpose of his calculations, he was obliged to take the figure of £10,000 into account as a prospective liability.
4. An immediate extension of the present Mother and Child Scheme of the Corporation to include classes mentioned in the White Paper, without any improvement in the service itself, would lead to expenditure of an additional £3,460.

5. The cost of grants to mothers in the lower income group would be £1,200 (paragraph 28).

The total cost, therefore, was

1. £4,400
2. £11,589
3. £10,000
4. £23,000
5. £1,200

Total £30,189

50% would be recouped by the Department of Health; therefore, the net cost to the rates would be £15,094 approximately, representing a figure of 2/6d. in the £ on the rates. He would like the Council to understand that these figures were conservative and represented only the cost to the Corporation under the following circumstances:

1. The number of persons availing of the scheme would be no greater than those at present being treated in local authority institutions or voluntary Hospitals under the following headings, for the year ended 40/4/52—
(a) Those in receipt of National Health;
(b) Those whose family income does not exceed £600 per annum.

Furthermore his figures did not take into account any improvement in the health services which might be necessary under the White Paper.

He was unable to give any estimate of the number of people who would avail of the scheme, and accordingly, had confined his estimate to known figures and facts. When pressed by a number of Councillors in the matter, the City Manager said he found it impossible to give an estimate of what the cost of the Scheme might eventually reach. This would depend entirely on the number of people availing of the scheme, and on the cost of the proposed improvement of the health services of the Corporation. He had, however, confirmed with the Department of Health, that no State Grant other than the Health Grant, i.e., 50% contribution, would be available, and the Council could gather, therefore, that whatever the cost, the rates would have to bear half.

PRESENT HEALTH SERVICES — HOSPITAL SERVICES

Continuing, the City Manager said that the Health Services being provided by the Corporation had been considerably improved since 1947. He referred to the special works carried out at the City Home and Hospital under the following headings: T.B. Section, Acute Hospital, and Orthopaedic Section, and said that in regard to hospital and specialist services generally, the Corporation was second to none in the country. He wished to acknowledge the help and encouragement, both financial and otherwise, given to him by the Department of Health in the carrying out of the works at the City Home and Hospital.

MATERNITY SERVICES.

With regard to Maternity services, he felt there might be need for a little improvement, but he reminded the Council that the Regional Maternity Hospital at the Ennis Road would bring the services to a sound and efficient level. Pending the completion of this Hospital, a temporary unit was provided at the City Home and Hospital, where provision was also being made for unmarried mothers. At present, the Child Welfare Clinic was being used to a large extent, and an additional room was now being held each week. In addition, the Corporation sponsored a Free Milk Scheme. With regard to the care of mothers, he said that each of the Public Health Nurses was also qualified as a Child Welfare Nurse. The Council should bear in mind the fact that the Regional Maternity Hospital would be primarily the responsibility of the Corporation.

SCHOOL MEDICAL SERVICE.

Dealing with the Schools Medical Service Scheme, Dr. Hayes, City Medical Officer, said that, while the assistant was not giving as much time as they would wish to this service, owing to the heavy demands of Housing and the T.B. side of their work. At present, the schools in the City were being visited bi-weekly, but when there was an easing off in the Tuberculosis Services, the number of inspections could be stepped up considerably. In the meantime, a Clinic for school-children had been established at 35, William Street and was doing excellent work.

NURSING SERVICES.

The City Manager said that a proposal was at present before the Department to increase the number of nurses from 6 to 9 so as to allow one nurse for Home Nursing in each of the Dispensary Districts.

DENTAL AND OPHTHALMIC SERVICES.

Two whole-time Dentists were employed by the Corporation, and a proposal was before the Department for the filling of these posts on a permanent basis. One Dentist was engaged on the Schools Medical Scheme, and the other dealt with public assistance cases. Dental and Ophthalmic services were available to all in the lower income group, but in any case where a person could afford to contribute to the cost of the service, such contribution was demanded. The Corporation had had to be careful in the matter of
Dental services, in order to avoid encroaching on the province of private practitioners who, of course, dealt with people who could afford the cost of dental treatment.

Questioned by Alderman Russell, the City Manager said he was satisfied that the present Dental services were adequate. He stated that the provisions of the new scheme came into force, it would probably be necessary to recruit additional staff.

In conclusion, the City Manager said that the cost of the Health Services to the Corporation as set out in the estimates for the financial year ending 31st December, 1954, was £177,000 per annum, £81,000 of which would be recouped from the Department of Health, leaving the remainder to be found out of the rates. This represented the sum of £40 (approximately) out of a total rate of £36,104.

A full discussion followed the City Manager's statement. Alderman Reid said that the Corporation would have to bear the major share of the cost of running the Regional Maternity Hospital, and they would also have to contribute towards the Regional Hospital at Dooradoyle. The rates were not an inexhaustible fund, and in view of the present splendid health services provided by the Corporation and the proposed improvements, he felt that the additional impost, which the rates would have to bear if the Scheme came into operation, was too much to ask. He added that, in his wide experience of the working of the Health Services of the Corporation, he had never come to his notice that anyone in need of medical aid was left unaided, owing to the fact that they were unable to meet all or any of the cost.

Alderman Russell enquired whether there would be sufficient beds available to meet the needs of all if the Scheme were put into operation. The City Manager said it would be noted that stress had been laid in the White Paper on the situation of the Home Nursing. Many people who were accustomed to enter Hospital for comparatively minor ailments would be treated under the Home Nursing scheme, be treated in their own homes. The Regional Maternity Hospital would meet the needs of the public with regard to Maternity cases, and he was of opinion that the number of beds available for general use would be sufficient. Councillor Glasgow referred to the statement in Paragraph 36 that hospital treatment will be provided in public wards only, and said he felt this might be a danger on the number of people participating in the Scheme. The City Manager in reply, said he could not agree, as at any time the patient's doctor could prescribe treatment in a private ward for the sake of a patient's health.

In reply to Alderman O'Malley, the City Manager said his figure of 2/6d. in 4d. increase in the rates was a conservative one, and he reiterated what he had already said regarding the calculations of this figure.

Councillor Coughlan said that the Scheme, as he saw it, was a reissue of the scheme of the former Minister for Health, Dr. Browne. The Council would recall the opposition of the Catholic Hierarchy to that Scheme, and he felt that before putting its proposals before local Authorities, the Minister should have obtained the imprimatur of the Hierarchy and other religious sects, and should have consulted the Irish Medical Association, who, it appeared, were hostile to the scheme.

Councillor Finnan said that the withdrawal of the National Health payments was a retrograde step. Councillor Connolly said he felt it would be wrong for people coming under the Scheme, to think that they were obtaining free Health Services; such people would pay for these services through the rates, or if not ratepayers, through increases in rents.

The City Manager said that the present health services of the Corporation left little to be desired. The loss of revenue was the most serious aspect of the Minister's proposal, and it was not possible for the Corporation to overcome that loss, or if the Minister would make a grant in lieu thereof, it was felt that with little expense, the present services could be improved to bring them in line with those envisaged in the White Paper. Another aspect of the matter which the Council might consider was the effect the withdrawal of the National Health payments would have on the character of the working man. He felt that there was only a bad thing for people to believe that they were getting free medical aid. It was much better and a sound social principle to impress on them the fact that their treatment was the result of their own efforts; the National Health payments had achieved that purpose.

After a further brief discussion, the following resolution proposed by Alderman Russell, seconded by Councillor Coughlan, was unanimously passed:

That the Limerick City Council directs its representatives to the Conference of local authorities at which the Minister for Health will discuss the White Paper on Health Services, to advise the Minister that the Council considers the Scheme as set out in the White Paper, does not provide any additional benefits above or beyond those at present being provided by the Limerick Corporation or intended to be pro-
vided at an early date, and furthermore, that the scheme as envisaged in the White Paper, lays an additional burden on the already over-taxed ratepayers of the City.

The Mayor said that, as an alternative, the representatives might suggest to the Minister that he establish a commission representative of all interests concerned to examine the entire question of Health Services and to make recommendations to him in the matter. There was no discussion on the Mayor's suggestion, and the Council took no action in the matter.

A True Record.

M. O MACIN,  
City Manager and Town Clerk.
County Borough of Limerick

Estimate of Expenses

FOR THE
FINANCIAL YEAR FROM 1st APRIL, 1952
TO 31st MARCH, 1953.

ADOPTED AT THE ADJOURNED RATES
MEETING OF THE LIMERICK CITY COUNCIL
HELD IN
ÁRUS NA CÁIRÉ, RUTLAND STREET, LIMERICK,
On MONDAY, 7th APRIL, 1952

MÁIRTÍ DO MARCIN
City Manager and Town Clerk

McKerns Printing, Limerick.

1952
County Borough of Limerick

Estimate of Expenses

FOR THE
FINANCIAL YEAR FROM 1st APRIL, 1952
TO 31st MARCH, 1953.

ADOPTED AT THE ADJOURNED RATES
MEETING OF THE LIMERICK CITY COUNCIL
HELD IN
ÁRUS NA CONÁC, RUTLAND STREET, LIMERICK,
On MONDAY, 7th APRIL, 1952

Maire Ó Maicín
City Manager and Town Clerk

McKerins Printing, Limerick.
1952
<table>
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<tr>
<th>SERVICES</th>
<th>Estimated Expenses for 1933-34</th>
<th>1933-34</th>
<th>Percentage of 1932-33 Expenses</th>
<th>1933-34</th>
<th>Percentage of 1932-33 Expenses</th>
<th>Rate in £ per £100 of Assessed Value</th>
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**TOTAL MUNICIPAL BOND—56.10 in £**

Dated the 7th day of June, 1934

Attest,

City Manager and Town Clerk.

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**NOTE:** Details of the Estimated Receipts and Expenditure in respect of each of the above services are shown in the attached Schedule.
### ROAD

<table>
<thead>
<tr>
<th>No.</th>
<th>Estimate 1951/52</th>
<th>Amount (actually and estimated) 1951/52</th>
<th>Estimate 1952/53</th>
<th>PARTICULERS</th>
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**Total Receipts:** 6450

**Net Leviable:** 15874

### SERVICES

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**Total Expenditure:** 22324

**Net Leviable:** 15874
### PUBLIC ASSISTANCE

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### SERVICES

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### EXPENDITURE

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### SERVICES

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## SANITARY

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Total Receipts: 10412

Net Leviable: 38501

## SERVICES

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Loan Charges:—

- 11 1000 1056  Refuse Vehicles  ...  ...  1081
- 12 2560 3353  Water Supply  ...  ...  4495
- 13 109 1888  Sewerage  ...  ...  1296
- 14 307 307  Public Conveniences  ...  ...  297
- 15 1687 1682  34½ Stock  ...  ...  1680
- 16 100 100  Other Expenses  ...  ...  100

Total Expenditure: 49313

Net Leviable: 45463
## HOUSING

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\[\text{Total Receipts} = 81265 + 103882 = 183147\] 

\[\text{Net Leviable} = 21711\]

## SERVICES

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\[\text{Total Expenditure} = 107976 + 107331 = 215307\]

\[\text{Net Leviable} = 26711\]
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|     | 4066            | 4264                                   | Total Expenditure | 4267            |
## GENERAL

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**Total Receipts:** 643

**Net Leviable:** 6430

## PURPOSES (Vocational Education)

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**Net Leviable** ... 7800
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**PURPOSES (Other Purposes)**

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**GENERAL**
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Dated this 7th day of March, 1952.

Maire Ó Maolmín

City Manager and Town Clerk.
Comhairle Cathair Luimnighhe

A meeting of the General Purposes Committee was held in the Council Chamber, Arus na Cathrach, Rutland St., Limerick, on Monday, 22nd day of September, 1952, at 7.30 o’clock, p.m., the following members being present:-

In the Chair—The Right Worshipful, Councillor K. Bradshaw, Mayor.


Officers present—The City Manager and Town Clerk, the Assistant Town Clerk, the City Medical Officer, the City Engineer, the City Solicitor, and the Gas Engineer.

EMPLOYMENT AND EMERGENCY SCHEMES VOTE, 1952/53.

Submitted following draft programme of schemes to be carried out with the aid of a grant of £14,000, subject to a local contribution of £2,800, allocated from the above vote:-

1. Reconstruction of roadway at Blake’s Boreen .................................................. £1,677 0 0
2. Paths at Killeely Housing Scheme, and supply and erection of gates at Killeely Playground ........................................................... £906 2 0
3. Reconstruction of passageway at Verona Esplanade, O’Connell Avenue .............................................................. £1,761 5 0
4. Provision of new footpaths at Athlunkard Bridge ............................................. £552 10 0
5. Reconstruction and continuation of O’Donoghue Avenue, Jamesboro .................. £5,050 0 0
6. Provision of gate and railings and renewal of footbridge at Corhally Swimming Pool .......................................................... £1,200 0 0
7. Completion of public convenience at the Terence Albert O’Brien Memorial Park, Clare Street .................................................... £250 0 0
8. Construction of roads in the Pennywell No. 3 Housing Scheme ........................ £5,403 3 0

Total ........................................ £16,800 0 0

The City Manager explained with regard to the item for roads in the Pennywell No. 3 Housing Scheme that this
will be a costly scheme as it provides for the widening of the Pennywell Road so as to improve the alternative entrance to the City. He did not think it would be fair to charge the whole cost of this particular road to the Housing Scheme, as it was linked up with the proposal for the widening of the Dublin Road. Consequently, it had included in the Relief Schemes programme a provision for doing a certain amount of the work on the roads in the Pennywell Housing Scheme. After a short discussion, it was unanimously decided on the motion of Alderman Reidy, seconded by Councillor O'Malley, to approve of the programme as submitted, subject, however, to the inclusion of a scheme for the re-laying of portion of the footpath in O'Connell Street, from Bedford Row to Sarsfield Street, at an estimated cost of £700. So as to make provision for this item, it was decided to reduce the amount provided for the Pennywell Scheme.

A rising out of the foregoing discussion, attention was called to the repairs required to the Island Embankment. The City Manager said that the City Engineer was aware of the necessity for carrying out repairs to this Embankment, but for the present, it was proposed to carry out a temporary job until money is available for making permanent repairs. Attention was also called to some bad patches in the footpaths at Thomond Bridge and Sarsfield Bridge.

Councillor Cusack enquired if any provision could be made for the surfacing of the Canal Bank at Plassy Bridge, but the City Manager stated that this would be a big undertaking, involving securing the permission of the Board of Works to carry out repairs to the work, and consideration of the matter, therefore, must be left over for the present.

HEALTH SERVICES.

The City Manager submitted the White Paper outlining the Government's proposals for improved and extended health services in the country; copies of the paper had been circulated to the members prior to the meeting. He said that an examination of these proposals revealed that, when the suggested improvement in the health services, outlined therein, was implemented, it would have a serious repercussion on the City rates. From a rough estimate which he had made, he was satisfied that there would be an increase of anything up to 2½d. in the £, as a result of putting the programme outlined in the Paper into operation in respect of existing services and Maternity and Child Health Services. This was due mainly to the fact that the benefits which insured persons are now getting under the National Health Scheme from central funds, would fall jointly, in future, on the State revenues and on the rates. The White Paper would require careful and detailed examination, and he suggested that Committee should examine in detail the health services which have been provided in the City, and consider what suggestions they may wish to put forward to the Government on the proposals outlined in the White Paper. After a discussion, it was decided, on the motion of Alderman Reidy, seconded by Councillor Connolly, to adjourn consideration of this matter to the next meeting of the General Purposes Committee, and to put it as Item 1 on the Agenda.

CHOCOLATE CRUMB FACTORY.

Again submitted the following communication from the Department of An Taoiseach:

"Department of the Taoiseach,

Dublin.

29th June, 1924.

S.1293.

A Chara,

With further reference to your letter of the 16th instant, relative to the proposed establishment of a chocolate-crumb factory in Limerick, I am to inform you, as regards the concluding sentence of the first paragraph of your letter, that it has been ascertained from the Department of Agriculture that an acknowledgment of your letter of the 29th June last to that Department was, in fact, duly issued on the 23rd inst.

As regards the second and third paragraphs of your letter, I am to inform you that no opportunity presented itself of bringing your letter to the Taoiseach's notice prior to his departure for Utrecht yesterday afternoon. In any event, you will, no doubt, have seen the official announcement that was issued in connection with his departure, in the course of which it was intimated that the Taoiseach had been advised not to carry out any public engagements for the present.

In the circumstances, I am to suggest that the matter should be pursued by you with the Minister for Agriculture. In this connection it is understood that, as the resolution communicated in your letter of the 20th June last, requested the Minister to grant a licence to the Condensed Milk Company of Ireland (1928) Limited, the application is being considered by the Minister in consultation with the Company. It is further understood that the position as regards the various factors governing consideration of the question..."
of the grant of a licence for the manufacture of chocolate crumb was explained fully by the Minister for Agriculture to a deputation, led by the Mayor of Limerick, received by the Minister on the 18th October, 1931.

Mise, e meas,

N. S. O NUALLAIN.

Runaí Cunta.

M. O Maolcain, Uas., B.A., B.Comm.,
Baisteoir na Cathrach,
Bartain Luimnigh,
Arus na Cathrach,
Luimneach."

Councillor Coughlan stated that the Minister for Agriculture had assured a deputation which had waited on him and of which he was a member, that the claim of Limerick for establishment of a Chocolate Crumb Factory would be considered with the claims from other centres. However, he learned that since then, licences for the establishment of such factories had been issued to Dungarvan and Mitchelstown. He was not prepared to approach the Minister for Agriculture in the matter again, as suggested in the letter, and accordingly, he proposed that the City Manager should communicate with the Department of An Taoiseach, stating that, whilst they regretted the circumstances which prevented the Taoiseach from receiving the deputation, the Council requested that the deputation be now heard by An Taoiseach. This motion was seconded by Councillor Connery and passed unanimously.

NAMING OF ROADS IN THE BALLINACURRA WESTON NO. III HOUSING SCHEME.

The City Manager stated that the Ballinacurra Weston No. III Housing Scheme of 100 houses was now nearing completion, and it would be necessary to name the three roads in the scheme. After a short discussion, it was decided to name the three roads as follows:

- Griffith Avenue
- Greenmount Avenue
- Raheen Square

HOUSING.

Councillor Connery stated that a deputation, representing the tenants of the Ballynantybeg Housing Scheme, had waited on him regarding recent increases in their rent. He also referred to the case of Mr. O’Carroll, 112, Hyde Road, Prospect, whose rent had also been increased. The City Manager stated that he had received no representations from the tenants of Ballynantybeg. Any increases in rent were made in the normal way under the Differential Rent Scheme, and as the Committee were aware, these rents were subject to fluctuation from time to time according to the income of the tenant. He undertook, however, to investigate the case of Mr. O’Carroll referred to by Councillor Connery.

Councillor Glasgow stated that he had received complaints from certain tenants of the Rathbane Housing Scheme who stated that their houses were not completely finished as, in some cases, parts of stoves were missing, windows were broken and keys had not been supplied. The City Manager asked Councillor Glasgow to submit to him the names of the tenants concerned, when he would have the matter investigated. Councillor Glasgow also stated that tenants were suffering damage by reason of horse trespass. Their front gardens had been damaged and generally, this was a source of continual annoyance to them. After a short discussion, it was decided, on the motion of Councillor Glasgow, seconded by Councillor O’Connell, to call the attention of Superintendent Colferan, Garda Siochana, to the nuisance being caused by horse trespass at Rathbane, and to ask him to take the necessary steps to stop it.

Councillor Donnellan said that he had an opportunity recently of inspecting the Rathbane scheme, and it was certainly a matter of great concern. He proposed, and Councillor Glasgow seconded, that the Council place on record, their appreciation of the excellent manner in which the scheme had been designed and carried out, and to extend their congratulations to the City Manager, the City Engineer and all concerned.

PUBLIC LIGHTING.

Councillor Cummins stated that a lamp was required at Pennywell, near the Junction of Clare Street and Pennywell, and the City Manager undertook to look into the matter. Councillor Coughlan said the whole question of public lighting of the City should be taken up with the Electricity Supply Board. He was not satisfied with the manner in which the City was lighted at present, as the type of globe or wall used had the effect of throwing the light in patches on the roadways, leaving dark spots between the lamps which were a source of danger to motorists and to the public generally. He had an opportunity recently, of examining methods of public lighting elsewhere, and he thought that this whole problem should be taken up immediately with the Electricity Supply Board.
The City Manager said that he had an opportunity recently of discussing this matter with Mr. Algar of the Electricity Supply Board. The position was that the fittings in use were now out of date and no longer safe and the Council would be faced, in the near future, with the very heavy expense of providing new fittings. The E.S.H. was at present preparing a scheme and working out a system of lighting which would be in accordance with modern ideas. When this was ready, he would invite Mr. Algar to attend a meeting of the Council, and give the members an opportunity of discussing the whole matter with him.

RELIEF SCHEMES

Councillor O'Connell said he understood that the present method of recruiting labour for relief schemes was through the Employment Exchange. Each man was given a maximum period of employment of 8 weeks. He suggested that in order to spread the work amongst a greater number of men, this period should be reduced from eight to six weeks, after a short discussion, it was decided, on the motion of Councillor O'Connell, seconded by Councillor Glasgow, to recommend to the Minister for Local Government, that this be done.

NATIONAL MASS RADIOGRAPHY

The City Manager stated that the National Mass Radiography Association, Ltd., by arrangement with the Corporation, would give free X-ray services for the general public over the age of 14 years, at various centres in the City, from 28th September to 14th October, 1952. Separate sessions would be arranged for men and women. He made a strong appeal to the public to avail of this excellent service, which had been provided for the safeguard of the health of the public. The service was free, and imposed no obligation. Particulars of the various centres, and the hours at which people could attend would appear in the public press and would be announced by means of display cards.

Councillor O'Connell supported the City Manager's appeal and suggested that it might be possible to establish an additional centre for the upper part of the town in the region of Hartstown Street.

CHILDREN'S EXCURSION TO YOUGHAL

It was unanimously decided, on the motion of Councillor O'Connell, seconded by Councillor Coughlan, to congratulate the Mayor and his Committee on the excellent arrangements which they had made and the great success of the recent children's excursion to Youghal.

TRAFFIC CONTROL

Councillor Coughlan stated that the question of traffic control in the City had been discussed at recent meetings of the Council. The matter was a serious one, and he referred to an accident in which a child was involved recently at Park Avenue. He suggested that an appeal should go from the Corporation to those who act as Traffic Marshals in cooperation with the Garda Siochana. After a short discussion, it was decided, on the motion of Councillor Coughlan, seconded by Councillor Connolly, to put this suggestion to Superintendent Collins, Garda Siochana, and to ask for his views. It was further decided unanimously to again appeal to the Minister for Local Government for a grant from the Road Fund to enable traffic lights to be erected at Mary Street junction and at Ball's Bridge.

STAFF APPOINTMENTS

Councillor Coughlan said he understood that there was growing of recruiting staff for the Corporation by means of an Interview Board. He was of opinion that in the making of all local appointments the candidates should first undergo a written examination. This would give the boys who had just left school a better chance. In his view, all appointments should be made on a competitive basis.

The City Manager stated that he did not entirely agree with Councillor Coughlan. It was, of course, the practice, to recruit clerical staff, clerk-typists and staff of that nature by the Corporation to pass a competitive examination, but there were certain appointments which could not be made in this way, e.g., Rent and Rate Collectors. The system which had been evolved was, in his opinion, the best. His only anxiety was to see that every member of the community would get an opportunity of applying for any appointment in the gift of the Corporation. He was satisfied that the arrangement in operation was the fairest that could be devised. After a short discussion, the Committee took no action in the matter.

RECRUITMENT OF CORPORATION EMPLOYEES

Alderman Reidy said that a letter had been circulated to the members in which allegations of undesirable practices and irregularities were made in connection with the recruitment of Corporation employees. These allegations should be investigated and immediately refuted, if they were untrue.
The City Manager said that a certain body of unemployed workers had made these allegations and he was investigating them at the moment.

The City Engineer mentioned that at the last meeting of the Council a deputation from this body was heard and a member of it made an allegation that, as a result of a difference with the Foreman, he had not been employed on Relief Schemes in recent years. He had fully investigated this allegation and was satisfied that the Foreman was entirely blameless. The facts were that the man proved himself a most unsatisfactory worker, although when last employed in 1951, he had been amenable to discipline. Since then, however, his name had not been submitted by the Employment Exchange for employment on Relief Schemes.

**CONDOLENCE.**

It was proposed by Councillor Connery, and unanimously resolved:—

That the sympathy and condolence of the Council be tendered to Mr. Harry Bowles, Thomondgate, on the death of his sister, Mrs. Naughton; to Mrs. P. Enright, Thomondgate, on the death of her husband, and to the Reals family, Thomondgate, on the death of their mother.

A True Record,

M. O MAICIN,

City Manager and Town Clerk.