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ÉIRE.

DEPARTMENT OF LOCAL GOVERNMENT AND PUBLIC
HEALTH.

TUBERCULOSIS

DUBLIN:
PUBLISHED BY THE STATIONERY OFFICE.

Price Sixpence.

[P. No. 7368.]

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In this White Paper the Government wishes to inform the public of the present position as regards tuberculosis in this country both in relation to the past history of the disease and the present plans for dealing with the problem.

During recent years it has become apparent that satisfactory measures to deal with tuberculosis must be based upon a much wider approach than that hitherto employed. With the increase in knowledge of causation and prevention, it is appreciated that the existing organisation to combat the disease can no longer be regarded as adequate. Further, the influence of social factors must be given increased attention.

The question of tuberculosis in Ireland is considered under three main headings :—

- (1) The problem of tuberculosis in Ireland.
- (2) The gradual development of measures to fight the disease.
- (3) The reorganisation at present taking place in the Tuberculosis Services.

PART I.

THE PROBLEM OF TUBERCULOSIS IN IRELAND.

Tuberculosis has always been a major public health problem in Ireland and each year a great number of Irish people die from the disease. The position can best be shown by expressing these deaths in actual numbers. In 1944, 2,935 persons died from pulmonary tuberculosis, that is, tuberculosis of the lungs, phthisis or "consumption", and 904 persons died from non-pulmonary tuberculosis, or tuberculosis of bones, joints or other parts of the body. If these figures are considered in another way it can be seen that, for every 100,000 of the population, 130 people die each year as a result of the disease. Fortunately, however, the position is much better now than it was, say, 40 years ago. For instance, in 1904, 12,694 persons died in Ireland from tuberculosis, giving an annual death rate from all forms of the disease of 288 as against 130 in 1944 for each 100,000 persons (excluding figures relating to the Six North-Eastern Counties of Ireland). Diagram I shows the fall which has taken place in the death rate since 1910.

It is difficult, for reasons which will be discussed later, to say how many persons in this country are suffering from tuberculosis, but it can be stated that 22,879 people are now receiving treatment under the various local authority schemes. Since many others are being treated by private practitioners and as there is also a large number of people who, unknown to themselves, are suffering from the disease, this, of course, is not the total number. Estimates of these groups have been made but it is felt that the information available is not sufficiently reliable to establish a firm conclusion. A first necessity, therefore, is to increase our knowledge of the actual numbers affected by the disease in Ireland.

Studies carried out in America, and confirmed in this country, have demonstrated that the spread of tuberculosis shows certain phases. There are three such phases and each is related to the general resistance of the population to the disease. When tuberculosis first attacks a country there is little or no natural immunity amongst the people. As a result, its distribution is widespread and all sections of the population are attacked and large numbers speedily succumb. This phase is particularly noticeable when tuberculosis is introduced amongst a native population. The second phase is that in which the disease is also widely distributed, but certain groups of people have developed an immunity and, generally, the population is more or less protected, apart from the weaker elements to be found amongst young adults. In the third phase, tuberculosis is no longer widespread, and even amongst the relatively small groups affected, resistance is so great that, instead of pursuing a short, rapid course leading to death, the disease becomes more chronic and persons usually continue to suffer for long periods with varying degrees of incapacity.

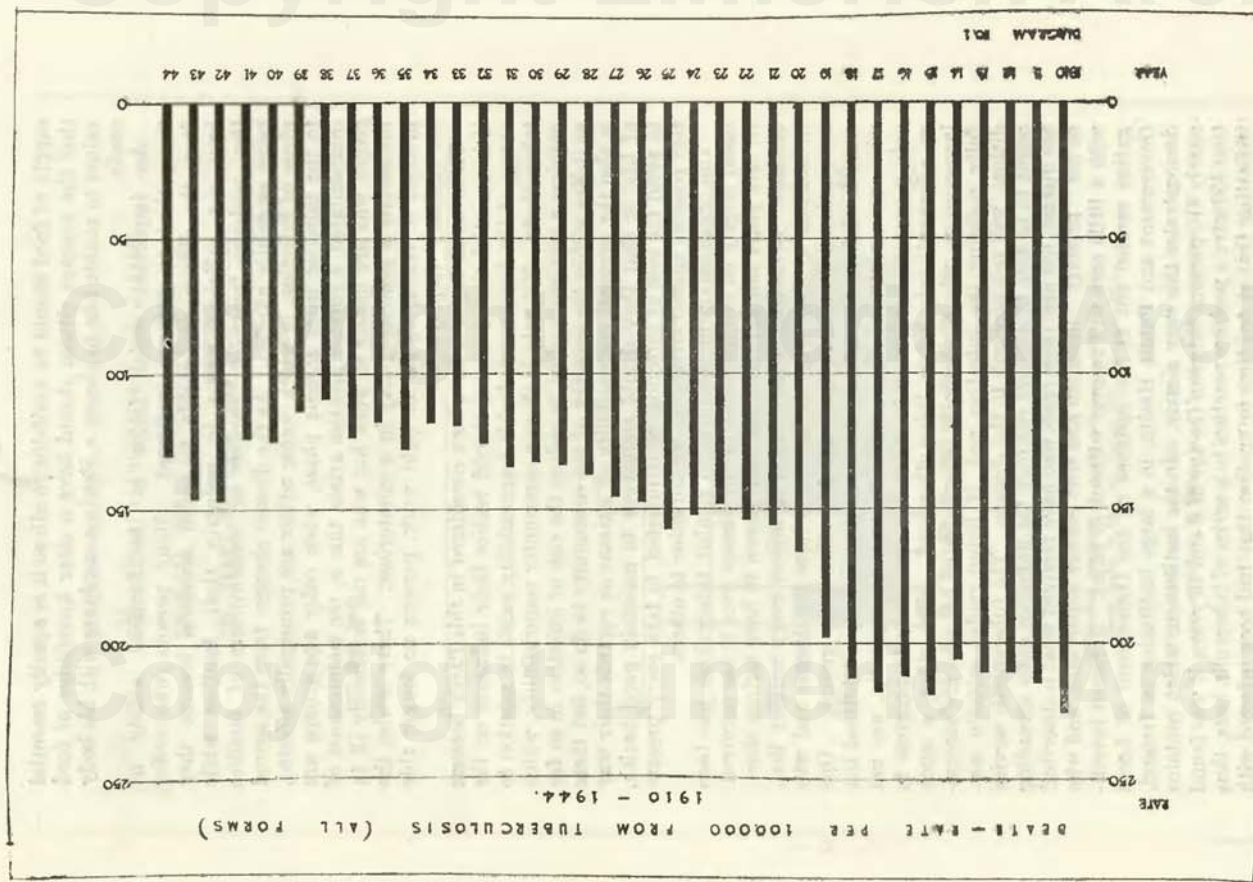
The exact phase of tuberculosis existing amongst a population

can be defined by determining the ages of those who died from phthisis each year. For instance, in the first phase, when infection is widespread and resistance low, deaths are distributed over all ages. A prominent feature of this phase is the short fatal course of the disease. In the second phase, deaths occur principally amongst young adults and other vulnerable groups. When the disease strikes, in this phase as in phase 1, the same short, acute course usually occurs amongst adolescents. As the second phase develops into the third, the signs of increasing community resistance become more apparent. In the third phase, chiefly as a result of increased immunity and also by reason of improved protection methods, the distribution of the deaths alters, and the disease is now found to affect much older age groups and to show a more prolonged and chronic form. Thus the number of deaths from tuberculosis amongst people of 40 years and over, increases, whilst the number of young adults dying rapidly diminishes. In Ireland, we have for some decades been going through the second phase, in which infection is relatively widespread, but resistance increasing and the disease principally affecting young adults. See Diagram II. Prior to the recent war, however, a gradual improvement was apparent but, unfortunately, influences which always come with wars brought about a "flare-up" amongst adolescents and a definite setback as regards general progress. It is anticipated with confidence that, granted reasonable conditions of life and the ability to put into practice, on an adequate scale, modern methods of fighting the disease, a speedy transition to the third or favourable phase may be expected.

A wide variety of explanations has been advanced as to why the rate of decline of the disease in Ireland has not been as rapid as in some other countries. Some observers have placed the blame on social factors and habits of life, others attribute the unsatisfactory progress to nutritional causes, and while undoubtedly any or all of the factors cited may have a bearing on the incidence of the disease, it cannot be too strongly emphasised that poverty, overcrowding, malnutrition, or even starvation will not cause tuberculosis in the absence of tubercle bacilli—the germs that cause the disease.

It is, therefore, abundantly clear that the provision of facilities for the segregation of infective cases must be regarded as an urgent and fundamental requirement. There is no need to stress that havoc would be wrought if an infectious case should be allowed to remain in close physical proximity to the other members of the household in an over-crowded dwelling.

As under-nourished people cannot resist tuberculosis infection nearly so well as those properly fed, the effect of nutrition is definite when infection is encountered. The exact nature of the physical and chemical relationship between malnutrition and the onset of tuberculosis is not completely clear, but it is believed that deficiency in certain dietary factors has a specific effect. Just as it is essential for the maintenance of health that a sufficient



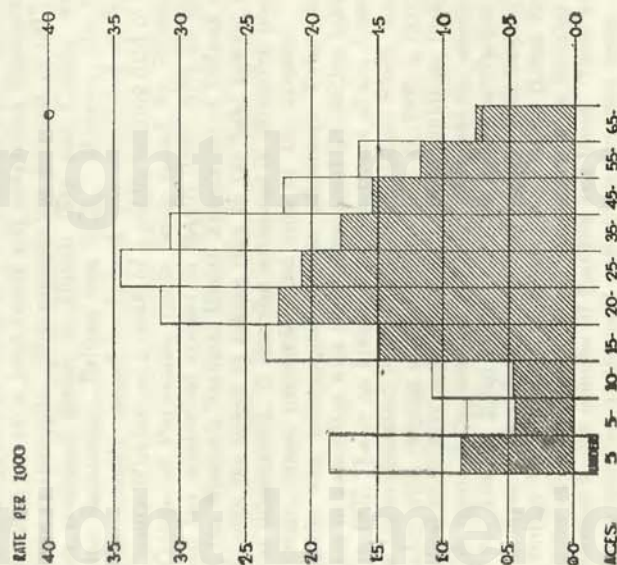
supply of food should be available to all, so it is equally essential that the average citizen should have a clear knowledge of food values to enable him to choose a diet in accordance with his body needs.

An important social factor is the financial ability of the patient to undergo treatment. Many persons who suffer from the disease are unable to go to sanatoria because they have not sufficient means to maintain their families while they undergo treatment; parents or breadwinners of families being especially affected. As the disease changes from the second phase of infection, in which young adults are principally affected, to the third or more chronic phase, when older age groups are incapacitated, a further problem arises, this is, the maintenance of people who are unable to work but who are not sufficiently ill to necessitate a prolonged stay in a sanatorium. There is also the problem of rendering fit for light work, persons no longer able for ordinary employment.

These social features have been considered in this Paper because it is essential that everyone should realise their influence on the course of the disease. A double responsibility exists in relation to tuberculosis. Not only is there a community responsibility, which requires a maximum effort to reduce the risk of infection in so far as it lies within the capacity of the community to do so, but there is also the personal responsibility of citizens as regards their way of life, in that they should endeavour to maintain good health, to avoid the risk of infection, or if infected, to take every precaution possible against conveying the infection to others.

The organisation of measures to combat tuberculosis has been based largely on the treatment of the disease once it has occurred. Of late years this approach has been shown to have serious shortcomings. Investigators have found in almost every country that, in addition to those who are known to have the disease and who are receiving treatment, there are two other large groups. One consists of those who actually have the disease fully established but who are unaware of their condition and, consequently, are not only a source of infection to others but are likely to progress to an advanced state before being diagnosed. The other, a much larger group, who are actually being infected but who are successfully resisting the infection and, if living under suitable conditions, will not succumb to the disease. The tuberculosis service ought to be able to discover not only the unknown cases spreading the disease, but also those cases who have received what is described as the "primary" infection and who require supervision, and who with a little care will recover without ill effect. A recent investigation carried out at the instance of the Department of Local Government and Public Health, in a large institution in Ireland, demonstrates this very clearly. In the institution, which contains nearly 810 persons between the age of 6 and 16 years, it was found that 450 gave a positive reaction to a series of tuberculin tests, thus indicating that at one time or another they had been infected with

DIAGRAM NO. 2.
COMPARISON ILLUSTRATING DEATH-RATES
FROM ALL FORMS OF TUBERCULOSIS IN
THE YEARS 1912-1914 AND 1944.



At Each complete column indicates the death rate in the age group shown for the years 1912-1914.

At Shaded position of each column indicates the death rate in the age group for the year 1944.

At The death rate in the age group as years and over was greater, in 1912 than in the years 1912-1914.

tuberculosis. A group of 409 positive reactors was then x-rayed and five showed evidence of active disease. Of the five persons, one was found to have pleurisy and four others early tuberculosis. Without such a survey it is unlikely that the four cases of tuberculosis would have been discovered until their condition had become much worse. In contrast, it might be said that throughout the country more than half of all cases when first referred to the local authority's tuberculosis services are in an advanced state. The application of such diagnostic measures to the population as a whole, by means of mass radiography, tuberculin-testing schemes, contact-examination, etc., will enable the disease to be discovered in its early and curable stages.

PART II.

GRADUAL DEVELOPMENT OF MEASURES TO FIGHT THE DISEASE.

Since the 18th century local authorities have been providing isolation hospitals for infectious diseases, but it was not until the early years of the present century that special measures were taken against the spread of tuberculosis. Before this, however, boards of guardians in many workhouses had made arrangements for the isolation of inmates suffering from the disease. In 1904 the sanitary authorities of County Cork combined with the Corporation of Cork City, and by means of a Provisional Order confirmed by Parliament, set up a joint board and established Heatherside Sanatorium at Doneraile. This example was followed, in 1907, by a similar combined action in Dublin City and County when Crookslings Sanatorium, Brittas, was built. However, the first sanatorium actually opened in Ireland was established at Newcastle, County Wicklow, as a result of a public meeting held in the Royal College of Physicians, funds being raised by voluntary effort and the sanatorium opened in March, 1896, with 24 beds. In 1907, the Women's National Health Association of Ireland was founded, with the object of taking part in the fight against the ravages of tuberculosis. It was also concerned in educating people in the origin, cause, prevention and cure of the disease. Its inauguration was accompanied by an admirable Tuberculosis Exhibition in association with the International Exhibition held in Dublin in 1907. Later an interesting development of the Association was the organisation of an itinerant exhibition which toured the country with varying degrees of success. In 1909, a further Tuberculosis Exhibition was held in the Rotunda Buildings, Dublin. A tangible result of the work of the Association was the establishment of the Allan A. Ryan Home in Dublin on the benefaction of Mr. A. A. Ryan of New York. This hospital was later taken over by the Dublin Corporation and became the Pigeon House Road Hospital for advanced cases. Small institutions were founded by the Association in the counties of Laoighis and Clare. These were subsequently acquired by the local authorities for these areas.

The Tuberculosis Prevention (Ireland) Act was passed in 1908. The administration of Part II of the Act was entrusted to the county councils and the county borough councils, who were empowered to establish and maintain hospitals and dispensaries for the treatment of persons suffering from tuberculosis in their areas, or to enter into an agreement with the authorities of existing institutions for the provision of such treatment. An attempt was made to control infection by requiring that certain cases of tuberculosis should be notified, but it was not possible to apply this satisfactorily and notification was restricted to forms of tuberculosis which, on medical grounds, were regarded as infectious. A more active phase in the struggle

against tuberculosis commenced when the National Health Insurance Act of 1911 became law. Sanatorium benefit was provided and insurance committees set up to administer the benefit then available to insured persons. A State grant of £145,623 was given to meet the cost of building tuberculosis sanatoria, hospitals and other institutions. This sum was divided amongst the county councils and the county borough councils. Towards the end of 1912, from their respective shares 15 of these councils contributed a sum of money to the Women's National Health Association to provide capital for the building of Peamount Sanatorium to accommodate people in their counties suffering from tuberculosis. In the financial year 1913-14 an Exchequer grant of half the cost of approved tuberculosis schemes was provided and since that time State aid to this extent has been given to county and county borough councils to assist them in providing treatment and care for persons suffering from tuberculosis.

Diagram III shows the increase in expenditure on tuberculosis. The expansion of schemes is shown by the fact that the amount of the State grants for the treatment of tuberculosis increased from £21,114, in 1922-23, to £198,830 during the year 1944-45.

In 1930-31 the insurance committees which had been set up by the National Health Insurance Act of 1911 were abolished and the sanatorium benefit for insured persons ceased. As compensation, a sum of £27,750 was given by the State to county councils and under section 24 of the Act a limited rate of sanatorium treatment was still given to insured persons. In addition to the annual State grants, which in the year 1944-45 totalled £198,830 and represented half of the net annual expenditure on tuberculosis, a further sum of £540,000 from the Hospitals Trust Fund has been spent in providing bed accommodation for persons suffering from tuberculosis, as well as grants totalling £173,175, which were made from Sweepstakes Funds before the Hospitals Commission was established.

Having considered the extent of the tuberculosis problem and the amount of money spent in dealing with it, it is necessary now to examine the organisation set up by the local authorities, with the assistance of the State, to combat the disease. As a result of the offer of a State grant in 1913, and of the encouragement given to each county borough and county council, there is now in every county and county borough a scheme for the prevention and treatment of tuberculosis. These schemes are largely standardised and are administered by the county councils and county borough councils under the supervision of their chief medical officers and other medical staff. The first contact of persons suffering from tuberculosis with schemes is through the local tuberculosis dispensary. These dispensaries are maintained at focal points in each county area. They act as centres to which persons who are thought to be suffering from the disease can be sent by their family physician, or where they may

go for diagnosis on their own initiative. They are also available for the treatment of the disease and act as centres from which nursing of cases and the social welfare of sufferers may be supervised. One centre in each county has always been regarded as headquarters and there records of the patients and their progress are preserved. Most counties also provide local sanatoria and these are largely utilised to accommodate advanced cases who are in an infective condition and where symptomatic treatment can be given. In recent years some of these sanatoria have been equipped with x-ray apparatus and the medical officers of such institutions carry out artificial pneumothorax and other modern treatment. Where x-ray facilities are not available arrangements have always been made to utilise the services of local hospitals. Many counties, in addition, send patients to voluntary institutions and contribute towards their treatment and maintenance. A nursing service has been provided, either by appointing special nurses for the purpose or utilising public health nurses or nurses attached to local District Nursing Associations. With regard to the social background of the disease, suitable clothing for those going to sanatoria or under treatment and special allowances of eggs, milk and butter (supplemental to the ordinary rations) and other forms of assistance are granted to persons suffering from tuberculosis.

PART III.

THE REORGANISATION OF THE TUBERCULOSIS SERVICES.

Many new treatment techniques and the advances in chest surgery have shown that small local sanatoria cannot provide the service which modern requirements demand. Even more important has been the changing medical views on the epidemiology, or the spread of the disease. Prevention of tuberculosis has developed greatly and "case finding" or the detection of persons suffering from the disease in its early and curable stages is now the primary preoccupation of tuberculosis medical officers. Hence, the question of improved and extended institutional accommodation which will fully provide for modern methods of treatment for early cases, and also for the segregation and treatment on modern lines of infective and advanced cases, is regarded as the foundation on which a reorganised tuberculosis service must be based.

The Hospitals Commission in their Second Annual Report examined the question of institutional requirements in connection with the treatment of tuberculosis and recommended to the Minister for Local Government and Public Health the provision of sanatorium and hospital beds at a rate of approximately one bed per death for all forms of the disease. The outline plan of reorganisation suggested by the Hospitals Commission included a sanatorium for each selected region, a central chest hospital, chest hospital units attached to regional general hospitals and, finally, improved small local sanatoria mainly for chronic and advanced cases. Unfortunately it was not possible to go ahead with this programme owing to emergency conditions. In 1942 there occurred a serious increase in the number of deaths from tuberculosis and this spread of the disease aroused active public interest. A tuberculosis sub-committee appointed by the Council of the Royal Irish Academy of Medicine made a Special Report to the Minister for Local Government and Public Health in that year and submitted a scheme for the detection, treatment, cure and prevention of pulmonary tuberculosis. In December, 1943, the Anti-Tuberculosis Section of the Irish Red Cross Society presented a report of their Survey Committee which had been considering the outlines of a long-term tuberculosis scheme.

As a result of intensive examination and study of the situation, a plan of reorganisation was devised in the Department of Local Government and Public Health. The scheme would enable modern methods of detection to be applied universally throughout the country and ensure that each person who developed the disease would receive first-class specialised treatment and be provided with sanatorium accommodation of the appropriate kind. The social factors responsible for the disease were also considered. In view of the urgency of the matter and in order to hasten the reorganisa-

tion of the services and the provision of the necessary accommodation it was decided to seek additional legislative powers so that by direct action the extra sanatoria, a prime essential, could be provided in the shortest possible time, after building materials become available. For this purpose the Tuberculosis (Establishment of Sanatoria) Bill, 1945, was submitted to both Houses of the Oireachtas and, after a most favourable reception, became law on the 6th March, 1945.

The Hospitals Commission had advised that Ireland should aim at the establishment of one sanatorium bed for each death occurring from tuberculosis. This provision was not considered sufficient by the Irish Red Cross Society, who advised that, at least, two beds per death were required. It was pointed out that the countries which had obtained the best results against tuberculosis were those in which the largest number of beds had been provided and that in some cases as many as three beds per death were considered necessary. There are, however, in Ireland some areas where, by reason of the social circumstances and the extent of infection, two beds are necessary, while in others the provision of slightly more than one bed per death would be sufficient. Therefore, it was decided to relate bed provision more closely to the geographical distribution of the disease, and supply accommodation in accordance with requirements rather than by a simple flat rate. The existing accommodation was surveyed and it was decided to discontinue or abandon some institutions and to improve or enlarge others. Three new sanatoria will be built:—

- (1) An institution containing 1,000 beds to serve the needs of Dublin City and County;
- (2) An institution containing 700 beds to be located in Cork to serve the Counties of Cork, Limerick, Waterford, Clare, Kerry and Tipperary (S.E.) and (N.R.), together with the County Boroughs of Cork, Limerick and Waterford;
- (3) An institution containing 400 beds to be located in Galway and to serve the Counties of Galway, Mayo, Roscommon, Sligo, Leitrim and Donegal.

The eastern region consisting of the Counties of Monaghan, Cavan, Louth, Meath, Westmeath, Leix, Offaly, Kildare, Wicklow, Carlow, Kilkenny, Wexford and Longford, will be served by Pearmount (which is being enlarged) and Newcastle Sanatoria, Our Lady of Lourdes Hospital, Dun Laoghaire, and by modernised existing local institutions. It is estimated that the three new sanatoria will cost upwards of £2,000,000.

The successful carrying out of any large constructional work speedily, satisfactorily, and economically, depends on the proper direction and co-ordination of the work from the very commencement of planning to the actual completion. Such a project requires not only the co-operation of the Medical Section of the Department responsible for the reorganisation of the tuberculosis services and the planning of the necessary institutions, but of architects to

effect the constructional development, engineers to provide the mechanical services and administration officers to operate the administrative, financial and accountancy services. Since the various elements were available in the Department of Local Government and Public Health, a special section has been set up to provide the new sanatoria under the direction of the Chief Engineering Adviser of the Department, aided by a selected technical staff. In this manner there will be obtained the united and directed effort necessary to supply as soon as possible the much-needed accommodation.

Great care and thought have been devoted to selecting the most suitable sites for the sanatoria. It was considered essential that they should be situated near large cities so that the best medical talent might be available. The visiting of patients by their friends and the recreation of the staff would also be facilitated. In planning these institutions it was decided that all forms of the disease should be accommodated and that in addition to pulmonary tuberculosis, which would comprise the majority of the cases, beds would also be provided for the treatment of non-pulmonary tuberculosis and for young adults with primary infections, whose health or circumstances prevent them from resisting the disease in the normally successful manner. A special section will be reserved to accommodate, in separate units, children with infective tuberculosis and those with "primary" disease. In planning the sanatoria, arrangements have been made to ensure that children, while enjoying all the advantages to be gained from residence in such an institution, would be completely segregated from adults.

The utmost study has been devoted to the planning of the institutions, which are designed to provide the comfort necessary to enable patients to remain for long periods and to give what might be described as "homely" surroundings. Further, beds will be so arranged that it will be possible to segregate patients in varying stages of the disease. The lay-out will also permit of the maximum amount of time being spent in the open air, since the buildings will provide loggias and other sheltered places.

An important feature in each institution will be that from 10 to 12 per cent. of all the beds will be of a hospital type. In fact, a hospital will be included as part of the sanatorium, so that, as distinct from sanatorium treatment, hospital treatment also will be provided for those who require it. There will also be facilities for minor chest surgery, advanced radiography, physiotherapy, eye, ear, nose and throat, and other treatment. A special section will contain admission, observation and isolation units, so that before admission to the wards, a thorough investigation of each patient's case will be undertaken before treatment is commenced.

Extensive recreation facilities are also being laid out. They will include recreation rooms of different kinds and a concert hall which can also be used for cinema shows and dances. A canteen is being provided with a tea room for the use of patients and visitors. Libraries, hairdressing and other amenities will also be available.

Partly to enable patients to enjoy their stay and to relieve the tedium of the long hours of convalescence and also to commence the rehabilitation work which will be continued after the patient leaves the sanatorium, extensive handicraft and other educational opportunities will be provided. An institute for this purpose will be established in each sanatorium and facilities for instruction in gardening, fruit-growing, poultry-keeping, etc., will be available.

As regards medical research, opportunities will exist not only in the sanatorium proper but also in the fully-equipped laboratory. Training will be given to practitioners, students, and nurses, and a system of rotation arranged by which tuberculosis officers can as temporary members of the staff, take part in the practice of the hospital and thus obtain experience in the latest methods of treatment.

Apart from the regional sanatoria, additional bed accommodation is being provided, both by the enlargement of existing institutions as in Woodlands Sanatorium, Galway, where an extra 84 beds were recently added, or by the opening of new institutions such as the sanatorium at Monaghan with 90 beds.

It is impossible to enumerate easily all the features of such a vast project, but it is felt that these few details will convey some impression of the work to be undertaken and the methods by which it will be carried out. Since the new sanatoria are only a part of the reorganisation at present taking place in the tuberculosis services, it is necessary to consider some other aspects.

With regard to personnel, in recruiting new county medical officers and county assistant medical officers, special attention is being paid to their experience in tuberculosis work. Extensive knowledge of modern methods of diagnosis and treatment is being made a qualification for appointment. Towards the end of last year a post-graduate refresher course in tuberculosis was organised which continued throughout a large part of 1945 and was attended by all tuberculosis officers and those medical officers of health associated with tuberculosis. The course was organised with the invaluable assistance of the Tuberculosis Section of the Public Health Department of Dublin Corporation. It is expected that further courses will be required. Arrangements are being considered to send selected tuberculosis officers abroad for training, and an effort is being made to enlarge the opportunities in this country for young graduates to obtain experience in tuberculosis work.

Steps are being taken to improve the relationship between the officers of the Local Authority Tuberculosis Service and other members of the medical profession, particularly the family doctor, on whom the matter of early diagnosis is so much depends.

Domiciliary nursing of tuberculosis is of great importance. The efficient supervision of patients enables the knowledge of correct living taught to them at the sanatorium to be continued successfully, and hence it is proposed to further expand this service.

An examination by the Department of the question of tuber-

culosis nursing revealed the necessity for special training in this type of nursing. Accordingly the General Nursing Council has instituted a special roll of tuberculosis nurses. Local authorities have been empowered to pay an additional allowance to nurses who possess this special qualification. Arrangements are being made all over the country for the instruction of nurses in the specialised technique of tuberculosis nursing and the first examination for the qualification will be held in the summer of 1946. Recent advances in the knowledge of the spread of tuberculosis have enabled the Department to devise a scheme for the protection of medical and nursing staffs in sanatoria and other institutions. Accordingly, a circular letter has been issued to local authorities explaining the scheme and giving instructions on its application. The services of the local tuberculosis officers are being utilised in connection with this scheme.

A Bill is before the Oireachtas which will, if passed into law, enable a local authority to make a grant towards the construction of an extra room in a house where there is a pulmonary tuberculosis case receiving domiciliary treatment and where the county or city medical officer of health certifies that the existing accommodation is inadequate for segregation. This provision is to apply only where the premises are suitable for the proposed enlargement. The Minister for Local Government and Public Health will be empowered to recoup to the local authority two-thirds of the cost of the extra room. Where the provision of an additional room is not feasible the Bill provides corresponding financial facilities for the supply of a chalet in suitable cases.

A survey of local institutions in relation to the reorganisation of the tuberculosis services is being undertaken. While some will be enlarged or improved, others may be abandoned. It is the intention, as a result of this reorganisation, to discontinue, so far as is possible, the accommodation of tuberculosis patients in general hospitals or other institutions not used solely for the treatment of tuberculosis. It is hoped, as a result of the survey, to bring each local institution up to a high degree of efficiency and to provide whatever accommodation or equipment is necessary. A number of fluoroscopes, sufficient for the first stages of this reorganisation plan, has been ordered. By the time this Paper is published some will have arrived and will be already in operation. New types of pneumothorax apparatus and other necessary equipment are also on order and will soon be forthcoming. A mass radiography unit will shortly commence operations in Dublin and it is hoped later to extend this service throughout the country.

An important feature of the reorganisation scheme will be an improvement in the tuberculosis dispensaries. Steps have been taken to ensure that they will provide a full diagnostic service and, in addition, a wide range of specialised treatment which, in most cases, includes artificial pneumothorax refills. With regard to tuberculosis dispensaries and the administration of county schemes

generally, the question of case-recording is being examined, with a view to the institution of an improved system which will render the data more readily subject to statistical analysis.

It has been found that the inability of fathers of families or other breadwinners to support themselves or their dependants deterred them from seeking treatment in the early stages of the disease. The provisions of section 34 of the Public Health Bill, 1945, if adopted by the Oireachtas will supply the statutory machinery for the solution of this problem. If the section as proposed becomes law the local authority will be under a statutory obligation to provide reasonable maintenance for the patient and his dependants (if any) during a period when employment has to be abandoned for the purpose of treatment or segregation.

The payment of a maintenance allowance for the dependants would be of immense benefit and would enable persons suffering from the disease to receive the full benefits of treatment without either fear or worry concerning the welfare of their dependants.

Since a maintenance allowance to the dependants may not in particular cases be the most appropriate arrangement, power is being sought under the Bill to enable a local authority as an alternative arrangement to defray the cost of the employment of another person to act as a substitute for such person during his absence or incapacity. Lest there should be any failure of the local authority to supply reasonable assistance the Bill provides that the nature or amount of such assistance or any doubt, dispute, or question arising therefrom should be decided by the Minister. It is expected that great benefits will follow the implementation of those powers. By more efficient organisation it is hoped to develop the measures for assistance in respect of clothing, food, beds, bedding, etc., already available. The Irish Red Cross Society has been invited to accept responsibility for rehabilitation and for such welfare work as is not immediately the responsibility of the State. The Society is actively engaged in organising training schemes and other facilities of a social nature in relation to tuberculosis. It is also energetically pursuing a programme of education of the public in the prevention of the spread of the disease and in the attainment of a way of life most likely to prevent such spread. The achievements of the Society in this field have been of very great value.

In the hope of discovering a drug (similar to penicillin or the sulpha group of drugs) which would be capable of killing the tuberculosis bacillus in the human body, grants amounting to £7,500 have to date been made by the Government to the Medical Research Council of Ireland to enable them to carry out research into the chemotherapy of Tuberculosis.

Two scientists have been working on the problem and, although the task is tedious and one of great difficulty, the Medical Research Council is satisfied that progress is being made.

The success with which tuberculosis medical officers will bring under control the evil of tuberculosis, depends largely on the co-operation they receive from medical practitioners, particularly in the matter of notification of the disease. It is obvious, however, that the existing law is defective in that it only requires a practitioner to notify a case, when he is satisfied that it is infectious. Under Section 20 of the Public Health Bill, 1945, the Minister will have power to improve the regulations governing notification. If necessary he may make compulsory the notification of all cases of the disease. Special provisions are contemplated to deal with cases of "primary" infection which will ensure that tuberculosis officers will have knowledge of a maximum number of cases at risk in their areas. The form of notification of primary infections will differ from that used in cases of active disease. It will convey clinical information and if required be followed by progress reports on the patient's condition. It is desirable in such cases that treatment and care should be the responsibility of the family physician, with the Tuberculosis Medical Officer acting in a consultant capacity. In either form of notification, all available information regarding sources of infection and persons in contact with the case will be supplied.

In the review of tuberculosis in Ireland, it was shown that certain groups of the population are more vulnerable than others. This knowledge can be turned to advantage and it is therefore amongst such groups that the maximum case finding efforts must be concentrated. The possibility of examining radiologically, rapidly and simply, large numbers of people, to determine hidden sources of infection or early cases, is of great advantage in "case-finding" work. To utilise this advance, a mass-radiographic unit is being established in Dublin. An organised drive will begin and adolescents, young adults, expectant mothers, hospital patients, students and other groups with low resistance to the disease will be X-rayed. Later the general public in business, trade, industrial and social classes will be investigated. Then, as apparatus and facilities become more easily available, it will be possible to extend the scope of the work until the whole country is covered. The entire proceedings will be conducted on a confidential basis and units will as far as practicable work unobtrusively.

It is necessary that people should realise the importance of direction in case-finding and that the best results will be obtained by ready and willing co-operation. Parents, for instance, could assist by ensuring that in their families, adolescents and young adults will present themselves for this examination when facilities become available. The understanding and support of the public in this, as in every other aspect of case-finding is essential.

Other developments under consideration are:—the utilisation of B.C.G. vaccination against tuberculosis, improved laboratory facilities and the establishment of a national chest hospital

which would provide a specialised service for the entire country. But, as has already been emphasised, the construction of suitable additional accommodation is the first essential. While work affecting the personnel, equipment, etc., may proceed, it is not possible to develop to the full extent the "case-finding" organisation until such accommodation is available. Once the essential accommodation has been provided, the organisation for the early diagnosis and detection of the disease, which will be built up simultaneously, will supply a service that cannot fail to inspire public confidence. This service will operate to warn persons who, by reason of family or other contact, are likely to contract tuberculosis, of their danger, and will induce them to avail of the special care given by the tuberculosis services, and so to escape the fate which otherwise awaits them. By these measures, constituting the plan of campaign against the disease which the Government has approved, it is hoped that within a comparatively brief period the incidence of tuberculosis, and the mortality due to it, will cease to be a problem of major concern to the Government and the people.

TOTAL EXPENDITURE OF STATE AND LOCAL AUTHORITIES ON TUBERCULOSIS.

£=£20,000

1922-23	£ £	
1923-24	£ £ £	
1924-25	£ £ £	
1925-26	£ £ £ £	
1926-27	£ £ £ £	
1927-28	£ £ £ £	
1928-29	£ £ £ £ £	
1929-30	£ £ £ £ £	
1930-31	£ £ £ £ £ £ £	
1931-32	£ £ £ £ £ £ £	
1932-33	£ £ £ £ £ £ £ £	
1933-34	£ £ £ £ £ £ £ £	
1934-35	£ £ £ £ £ £ £ £	
1935-36	£ £ £ £ £ £ £ £	
1936-37	£ £ £ £ £ £ £ £	
1937-38	£ £ £ £ £ £ £ £	
1938-39	£ £ £ £ £ £ £ £	
1939-40	£ £ £ £ £ £ £ £	
1940-41	£ £ £ £ £ £ £ £	
1941-42	£ £ £ £ £ £ £ £	
1942-43	£ £ £ £ £ £ £ £	
1943-44	£ £ £ £ £ £ £ £	
1944-45	£ £ £ £ £ £ £ £	

PRESENT BED ACCOMMODATION FOR CASES OF TUBERCULOSIS

[illegible]

UIMH. THAGARTHA
(Reference No.)

..D.112/444....
(Part V).



AN ROINN SLÁINTE
(Department of Health),

BAILE ÁTHA CLIATH
(Dublin).

17 Deireadh Fómhair, 1955.

A Chara,

I am directed by the Minister for Health to forward herewith, for your information and for purposes of comparison, a summary of the particulars received from health authorities in regard to the number of persons in receipt of food vouchers at the 31st March, 1955, and to the amounts expended on food, clothing and bedding under the Domiciliary Welfare Scheme, together with the amounts expended on medicines and appliances for tuberculosis patients receiving domiciliary treatment during the year ended 31st March, 1955.

Mise, le meas,

P. Dunne

To County or City Manager.

Copy to Chief Medical Officer.

L/AM/PH/1/9/6(3)

TUBERCULOSIS SERVICE

EXPENDITURE ON DOMICILIARY WELFARE SCHEME ETC. - YEAR ENDED 31st MARCH, 1955

(1)	(2)			(3)	(4)
Health Authority	Expended on Domiciliary Welfare Service			Expended on Medicines and Appliances	Patients receiving Food Allowances on 31.3.1955
	(A) Food	(B) Clothing	(C) Bedding		
COUNTIES	£	£	£	£	
Carlow	205	418	84	437	15
Cavan	306	444	76	47	21
Clare	307	551	103	549	20
Cork	2,864	4,586	1,283	1,075	155
Donegal	488	1,435	101	588	45
Dublin	1,082	1,008	245	1,220	83
Galway	508	1,274	433	-	51
Kerry	864	887	382	258	68
Kildare	781	1,728	427	409	67
Kilkenny	791	851	277	660	58
Laoighis	196	440	190	31	13
Leitrim	97	188	39	101	12
Limerick	776	355	213	1,065	54
Longford	46	268	49	161	4
Louth	980	1,140	475	619	63
Mayo	255	1,026	67	842	12
Meath	112	586	304	254	11
Monaghan	256	601	166	164	3
Offaly	204	852	260	327	14
Roscommon	61	517	47	105	12
Sligo	413	728	79	52(Figures not available for Medicines) 25	
Tipperary N.R.	124	191	108	35	10
Tipperary S.R.	428	283	196	656	35
Waterford	1,333	306	180	142	96
Westmeath	228	878	223	404	12
Wexford	348	597	186	807	29
Wicklow	569	531	129	830	37
<u>Co. Boroughs</u>					
Cork	893	4,615	871	858	58
Dublin	4,523	11,692	4,045	8,095	348
Limerick	585	18	-	215	43
Waterford	405	262	174	537	32
TOTALS:	21,028	39,256	11,412	21,543	1,506

21AH/PH/11/9/6(4)
10574
CORPORATION OF LIMERICK



Telephone 387

Public Health Department,
28/29 Lower Gerald Griffin St.,

Limerick, 5th April, 1957.

Ch



Dear Sir,

I wish to acknowledge receipt of your letter of the 26th ultimo concerning vacancies in the City Sanatorium.

On the 30th March, 1957 the position was as follows:-

Rosary Hospital — No vacancies - all 40 beds occupied.

Tuberculosis Institution — One male surgical bed vacant.
Three female surgical beds vacant but two of them allocated. They have since been occupied.
One female non-surgical bed vacant.

There are not city patients in extern sanatoria apart from children in St. Senan's, Foynes and St. Mary's, Cappagh.

Consequently I think that the time is not yet opportune to ask the County Health Authorities to bring back patients of theirs from extern sanatoria.

Yours faithfully,

Richard Hayes
Richard Hayes,
City Medical Officer.

noted
8/4/57
[Signature]
M. O Maicin, Esq.,
City Manager.

L/AH/PH 1/19/6(5)

26th March, 1957.

Dear Sir,

You will recall that some time ago you informed me that there were a good number of vacant female beds in the City Home. It has now occurred to me that we may have female patients in extern sanatoria who could be brought back to Limerick, or alternatively it might be possible for the Limerick County Council to bring back some female patients from the County who are in extern sanatoria.

I shall be glad if you will examine this matter as I feel that it is desirable to keep the sanatorium full with a view to keeping costs within reason.

Yours faithfully,

City Manager.

Dr R. Hayes
C.M.O.
Dr. Conor Molony,
R. M. S.,
City Home and Hospital.

L/AH/PH/1/9/6
573 (6)

On 2 pages.

4/4/56

Correspondence from
Dr. H. H. H. H. H.
Particulars as to the
numbers of patients
on J.B. Register and
new cases registered
in the year 1956.



D. 112/177

(Vol. II)

chus

SR.

44/4

Bainisteoir agus Cléireach na Cathrach.
Rúnaí an Chomhairle Chontae.

Particulars as to the numbers of patients on the
tuberculosis register and new cases registered
in the year 1956.

Please furnish particulars on the attached forms in regard
to:-

- (A) numbers of registered patients and contacts
investigated under the Health Authority's
Tuberculosis Service in the year ended 31st
December, 1956;
- (B) classification of new cases of tuberculosis
registered in the year ended 31st December,
1956.

Particular attention is directed to the footnotes on the
forms.

An Roinn Sláinte.

2 Aibreán, 1957.

copy of circ. sent Dr. Hayes. 4/4/57

L1A/H/PH 1/19/6(8)

AN ROINN SLAINTE

Tuberculosis Service

..... County (Borough)

A. Tuberculosis Register

Return of number of registered patients and contacts investigated under the County (Borough) Tuberculosis Service in the year ended 31st December, 1956.

	Respiratory Tuberculosis			Non-Respiratory Tuberculosis			Total
	Children under 15 years	Other persons		Children under 15 years	Other persons		
		Males	Females		Males	Females	
1. On register 1st Jany. 1956. <u>Additions to Register during year ended 31 Dec. '56:</u>							
2. New patients treated - (a) under the T.B. Service (b) by private medical practitioners or otherwise							
3. Patients formerly on Register who returned during the year 1956 and are not already reckoned under 1. above.							
4. Total of 1 plus 2 plus 3 above							
5. <u>Removals from Register during year ended 31st Dec. '56:</u> (a) discharged quiescent (b) died (c) other reasons Total removals							
6. On Register on 31st Dec. '56 i.e. 4 less 5 above							
7. Persons under 'observation' on 31st Dec. '56							

8. Number of home contacts of patients referred to at 2 _____
9. Number of home contacts of patients referred to at 2 investigated during the year _____
10. Number of all home contacts investigated during the year _____

NOTES

Leading 2. These numbers are to relate only to patients who, for the first time, have been registered under the Service. Cases of primary disease without spread are not to be included as new cases.

Leading 7. Observation cases are not to be included in any of the figures given at 1, 2 and 3, relating to numbers of patients treated. Cases of primary disease without spread should be regarded as observation cases.

L/AH/PH/1/9/6/9

B. Age and Residence Classification of new Patients referred to at 2(a) and (b) of Table A.

R. = Respiratory cases; N.R. = Non-respiratory cases

	Urban (i.e. Towns of 1,500 population and over) X						Remainder of Health Authority's Functional Area					
	Males		Females		Total		Males		Females		Total	
	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.	R.	N.R.
Under 5 years												
5 years and under 15												
15 " " " 25												
25 " " " 35												
35 " " " 45												
45 " " upwards												
Total												

Date _____

Signature _____

City/County Medical Officer.

X As defined in paragraph 3 of Circular No. 12/57 of 8 Márta, 1957.

L/AH/PH/1/9/6 562
(10)

5 Recd. Enq.
Public Health Dept.

25-3-57

Letter dated 27/3/57
from Dept of Health
Re 72 Patients trans-
ferred from Liff. District
during year ended
31/12/57.

L/AM/PM (1/9/60)
555

Leas Rents Ex.
Public Health

21/3/57

copy of letter
dated 14/3/57 from
Dept. Health re
British Ex. Service -
men.

File
2/B.
Circular No. 12/57 *12/3/57*

4 Márta, 1957.
cm

Monthly Returns of Cases of Tuberculosis Registered

A Chara,

1. I am directed by the Minister for Health to state that with the decrease in the mortality rates for tuberculosis it has become necessary for epidemiological purposes that more precise information about the morbidity rates for the disease should be available. This information will be of assistance in determining, for example, the rate at which new cases of the disease are coming forward, their nature, the areas concerned and, in general, the success of the national campaign for the prevention and control of the disease. As mortality rates have ceased to be adequate for the making of estimates and comparisons in connection with the incidence and prevalence of the disease it is necessary, also, that for purposes of international statistics and returns more reliable indices should be available.

2. This matter was discussed at the Conference held last March with the Chief Medical Officers and Medical Superintendents of Sanatoria and there was general agreement on the need for the provision of more accurate information in regard to morbidity rates and that this should be based on defined classifications related to objective criteria of diagnosis such as the results of radiological and bacteriological examinations. It was, therefore, agreed at the Conference that Chief Medical Officers would furnish to this Department a monthly return of cases of tuberculosis entered in the local tuberculosis register required to be kept in pursuance of Article 39 of the Infectious Diseases Regulations, 1948. The attached monthly return form (Appendix I) is substantially the draft which was discussed at the Conference and agreed on.

3. The monthly Return Form is designed to elicit information as to the number and nature of cases entered in the local tuberculosis register during the previous month, the age, sex, marital status, occupation, of cases, how they were discovered and the basis upon which the diagnosis was made. Column 2 of the Return should be completed by insertion of the age in years, last birthday. Column 4 should be completed by insertion of the letter 'M' if married, the letter 'S' if single, the letter 'W' if a widow or widower. Column 7 should be completed by insertion of the letter 'U' if the case arises in a town or built-up area of 1,500 population and upwards, otherwise the letter 'R' should be inserted. The letter 'U' should be used for towns of the population indicated even though the town may not have legally defined boundaries or, for cases occurring outside the legally defined boundaries of towns but within their built-up areas if the total population exceeds 1,500. In all cases of doubt the name of the town should be inserted in Column 14. In appropriate cases in the County Dublin, County Cork and County Limerick areas the words "Dublin Suburbs", "Cork Suburbs" or "Limerick Suburbs" should be inserted in Column 14. For the purpose of completing the Return it will be necessary to have regard to the Classification Codes A, B, C, D and E (Appendix II) attached.

Classification Code A should be used for completing Column 6 of the Return. As regards Code number '7' the name of the area from which transferred should be given in Column 14.

Classification Code B should be used for completing Column 8 of the Return. This Code is designed to give a classification of x-ray findings of Pulmonary Tuberculosis by broad pathological types of the disease. The

/classification

classification lists Primary Tuberculosis, Disseminated Tuberculosis, Pneumonic Type Tuberculosis, Infiltrative Tuberculosis in their various forms and also Nodular Tuberculosis, Indurative Tuberculosis with two sub-divisions and Mixed Type Tuberculosis. This latter (Mixed Type Tuberculosis) will normally be the classification for elderly chronic patients with continuing active disease. Apart from Pleurisy, the classifications: Displacement of Organs, Calcifications and Deformities of Treatment, will seldom be used for new cases. For purposes of completing Column 8 e.g., a case of Infiltrative Tuberculosis with Primary Complex should be indicated by inserting the number '0.3' in the Column, a case of Infiltrative Tuberculosis without Primary Lesions but with a Draining Cavity or Cavities and with Dissemination would be indicated by the number '3.0.' If a degree of Fibrosis were present in the latter case it should be regarded as Mixed Type Tuberculosis and would be indicated by inserting the number '6.0' in the Column.

Classification Code C should be used for completing Column 9 of the Return. This is a classification recommended for use by a Study-Group of W.H.O. (Technical Report Series, 1956, 112) and is designed to indicate the grade of severity of the x-ray findings in Pulmonary Tuberculosis. Its use is necessary for purposes of comparison of cases diagnosed in this country with those diagnosed in other countries. The Code is self-explanatory and Column 9 of the Return should be completed by insertion of the appropriate Code number.

Classification Code D should be used for completing Columns 10 and 11 of the Return. The W.H.O. Study-Group recommended a more elaborate coding for bacillary findings of sputum examinations which postulated a more extensive use of bacteriological tests than is current practice in this country. Code D is, therefore, a simplified modification of the Code recommended by the Study-group. Column 10 should be completed by describing briefly the nature of the Sputum Test used and column 11 should be completed by insertion of the Code number appropriate to the result of the test.

Classification Code E should be used for the completion of Column 12 which relates to Non-Pulmonary forms of Tuberculosis. This Code classifies these forms of Tuberculosis by site of disease and is that prescribed in the Manual of the International Statistical Classification of Diseases, Injuries and Causes of Death (W.H.O. 1948). Column 12 should be completed by insertion of the appropriate Code number, e.g. a case of Tuberculosis of Meninges and Central Nervous System would be indicated by the number '0.0,' a case of Active or Unspecified Tuberculosis of the knee would be indicated by the number '2.2.'

4. The first Returns, in respect of the month of January, and the month of February, 1957 should be furnished, in duplicate, to the Department by the Chief Medical Officer as early as possible but in any event not later than the 31st March next. Subsequent monthly Returns should also be transmitted to the Department, in duplicate, as early as possible after the end of the month to which the Return relates and at the latest by the last day of the following month.

Misc, 1e meas,

P. Clinneide

To Health Authorities.
Copies to Chief Medical Officer.

Month..... Year 195.....

[illegible]

L/A#PH/11916(14)

APPENDIX II

CODE AHow discovered

1. Private practitioner
2. District Medical Officer
3. Hospital
4. Mass Radiography
5. Contact
6. Own accord
7. Transfer from another area
8. Other.

CODE B

CLASSIFICATION OF PULMONARY X-RAY FINDINGS BY PATHOLOGICAL TYPE

Primary Tuberculosis

- 0.0 Bipolar primary complex
- 0.1 Unipolar primary complex:- (a) Hilar lymph node enlargement
- 0.2 " " " (b) Primary pulmonary lesion
- 0.3 Infiltrative tuberculosis with primary complex.

Disseminated tuberculosis

- 1.0 Miliary tuberculosis
- 1.1 Disseminated acinous tuberculosis

Pneumonic type tuberculosis

- 2.0 Bronchopneumonic type tuberculosis
- 2.1 Lobar-pneumonic type tuberculosis

Infiltrative tuberculosis

- 3.0 With cavity, with drainage and with dissemination
- 3.1 " " " " " without dissemination
- 3.2 With cavity, without drainage and with dissemination
- 3.3 " " " " " without dissemination
- 3.4 Without cavity, with drainage and with dissemination
- 3.5 " " " " " without dissemination
- 3.6 Without cavity, without drainage and with dissemination
- 3.7 " " " " " without dissemination

4.0 Nodular tuberculosisIndurative tuberculosis

- 5.0 Circumscribed induration
- 5.1 Lobar induration

6.0 Mixed type tuberculosisFleurisy

- 7.0 With effusion
- 7.1 With adhesion, without thickening
- 7.2 " " with thickening

Displacement of organs

- 8.0 Mediastinum
- 8.1 Diaphragm
- 8.2 Rib

Calcification

- 9.0 In lung
- 9.1 In hilar lymph nodes
- 9.2 In pleura

Deformation by treatment

- X.0 Pneumothorax
- X.1 Thoracoplasty
- X.2 Extra pleural plumbage
- X.3 Phrenic paralysis
- X.4 Pneumoperitoneum
- X.5 Pulmonary re-section.

CODE C

CLASSIFICATION OF PULMONARY X-RAY FINDINGS BY GRADE OF SEVERITY
(W.H.O.)

- 0. No pathology
- 1. Pulmonary pathology on one side only, no suspicion of cavity
- 2. Pulmonary pathology on both sides, no suspicion of cavity
- 3. Pulmonary pathology on one side only, suspicion of cavity
- 4. Pulmonary pathology on one side only, definite cavity
- 5. Pulmonary pathology on both sides, suspicion of cavity on one side
- 6. Pulmonary pathology on both sides, definite cavity one side
- 7. Pulmonary pathology on both sides, suspicion of cavity on both sides
- 8. Pulmonary pathology on both sides, definite cavity on one side, suspicion of cavity on other side
- 9. Pulmonary pathology on both sides, definite cavity on both sides.

NOTE: Definite calcification is not to be considered pulmonary pathology.

CODE DSputum

Test used: Describe. Direct or concentrated test, sputum culture, laryngeal swab.

- | | | |
|---------|-------------------------|-------------------------|
| Result: | (1) Negative microscopy | (2) Positive microscopy |
| | (3) Negative culture | (4) Positive culture |
| | (5) Not tested | (6) No sputum |

CODE E

CLASSIFICATION OF NON-PULMONARY TUBERCULOSIS0.0 Tuberculosis of meninges and central nervous system1.0 Tuberculosis of intestines, peritoneum and mesenteric glandsTuberculosis of bones and joints, active or unspecified:-

2.0 Active or unspecified tuberculosis of vertebral column

2.1 " " " " of hip

2.2 " " " " of knee

2.3 " " " " of other and unspecified bones
and jointsLate effects of tuberculosis of bones and joints:-

3.0 Late effects of tuberculosis of vertebral column

3.1 " " " " of hip

3.2 " " " " of knee

3.3 " " " " of other and unspecified bones and
jointsTuberculosis of skin and subcutaneous cellular tissue:-

4.0 Primary tuberculosis of skin

4.1 Erythema nodosum specified as tuberculosis

4.2 Lupus

4.3 Other tuberculosis of skin and subcutaneous cellular tissue

5.0 Tuberculosis of lymphatic system6.0 Tuberculosis of genito-urinary system7.0 Tuberculosis of adrenal glandsTuberculosis of other organs:-

8.0 Tuberculosis of eye

8.1 Tuberculosis of ear

8.2 Other

Disseminated tuberculosis:-

9.0 Acute miliary tuberculosis specified as non-pulmonary

9.1 Acute miliary tuberculosis, unspecified

9.2 Other forms of disseminated tuberculosis

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

fén uimhir seo:—
(quoting:—)

D115/18



AN ROINN SLAINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

3 Samhain, 1956.

A Chara,

I am directed by the Minister for Health to refer to this Department's Circular No. 39/56 dated 5 Míl, 1956, requesting submission of claims for recoupment of the cost of tuberculosis treatment afforded to serving and ex-service personnel of the British forces during the year ended on 31st March, 1956, and to say that although a reminder in this regard was issued on the 6th ultimo no claim has been received from the Limerick Corporation to date. As the British Government Departments concerned have pressed for the early disposal of these claims I am to request that the claim for the year in question be submitted without further delay.

Mise, le meas,

Bill Mac

City Manager,
Limerick.

*copy sent to S. Keal - M. 434
14/11/56*

COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES

UIMH. THAGARTHA
(Reference No.)

LIAH/PT/11/9/6
9/9 (19)
AN ROINN SLÁINTE
(Department of Health),

BAILE ÁTHA CLIATH
(Dublin).



.....
Circular 63/56

31 Iúnasa, 1956.

PSYCHIATRIC SERVICE FOR PATIENTS IN TUBERCULOSIS
INSTITUTIONS

A Chara,

I am directed by the Minister for Health to refer to this Department's Circular 30/56 of 29 Bealtaine, 1956, requesting, inter alia, that it be arranged that the services of the psychiatrists of mental hospital authorities should be made available to the medical officers of local authority institutions and to say that it is considered that the arrangements should provide that the services of a psychiatrist will be made available to the medical officers in charge of local authority institutions in which tuberculosis patients are treated. I am to request, accordingly, that the medical officers in charge of these institutions may be informed of the arrangements for making the services of the mental hospital authority psychiatrists available to them.

Mise, le meas,

P. Minneigh

To

City and County Manager.

Secretary,
Cork Sanatoria Board.
Western Health Institutions Board.

*copy fwd. to P. Minneigh - M. 245
" " - Dr. O'Higgins - M. 246
3-9-56.*

L/AH/PH/1/9(6(20)

March 7, 1956.

Dear Sir,

I am asked by the City Manager to send you Circular dated 6th instant Reference D112/669 received from the Department of Health in relation to a conference between the Department's Medical Advisers, Chief Medical Officers etc. to review present arrangements for dealing with tuberculosis.

The Manager would be glad to learn that it would be possible for you to attend the conference.

Yours faithfully,

(T. J. McHugh)
Asst. Town Clerk.

Dr. R. Hayes,
C.M.O.

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

fén uimhir seo:—
(quoting:—)

Circular No. 9/56.



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

27 Feabhra, 1956.

A Chara,

Toghermore Re-ablement and Training Centre

The Minister for Health has asked me to bring to your notice that vacancies exist in the Toghermore Re-ablement and Training Centre, Tuam, for suitable male tuberculosis patients, particularly those who might have an interest in, and an aptitude for, woodwork. The two year course in woodwork provided by the Centre is recognised by the Trade Union as portion of the apprenticeship period for the woodworking trades. In addition to woodwork a limited amount of training is provided in market gardening and other graded work. Patients resident at the Centre are under regular medical supervision.

The Minister approves of the Centre for the rehabilitation of suitable tuberculosis patients and expenditure incurred will rank for recoupment from the Health Services Grant. The present approved capitation rate is 11/- per day.

Enquiries regarding the acceptance of any particular patient should be addressed to the Superintendent, Toghermore Re-ablement and Training Centre, Tuam.

A copy of this letter is enclosed for the Chief Medical Officer's information.

Mise, le meas,

P. Clancy

To each Health Authority
" Secretary, Cork Sanatoria Board,
" " Western Health Institutions Board.

Copy forwarded to Dr. Hayes

28/2/56

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary)

fén uimhir seo:—
(quoting:—)

D.112/462



1541/1
L/AH/PH/1/9/6
AN ROINN SLÁINTE
(Department of Health),

(22)

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

Janáir, 1956.

A Chara,

I am directed by the Minister for Health to refer to this Department's circular letter (D112/462) of the 21st ultimo and to state that the supplementary statement requested therein, in regard to non-pulmonary tuberculosis patients, has not been received with the monthly bed accommodation return furnished by your Health Authority for December, 1955.

I am to request that this statement be now forwarded immediately as the information concerned is urgently required in this Department.

Mise, le meas,

S. Gould

Bainisteoir agus Cleireach
na Cathrach,
Luimneach.

L/AM/PH/1/9/6(23)

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

fén uimhir seo:—
(quoting:—)



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

D.112/462

21 Nollaig, 1955.

A Chara,

I am directed by the Minister for Health to refer to this Department's circular letter of 14th November, 1949 (PH.35/288) on the subject of monthly returns of tuberculosis patients in and awaiting admission to institutions and to request you to furnish with the returns for 31st December a supplementary statement in respect of non-pulmonary tuberculosis patients giving the following particulars:—

Site of disease	Male		Female	
	Adults	Children	Adults	Children
<u>In Institutions</u>				
Meningitis				
Bone or Joint Disease				
(a) spine				
(b) hip				
(c) knee				
(d) elbow				
(e) other joint				
(f) bone				
Abdominal				
Genito-Urinary				
Cervical Glands				
Other non-pulmonary tuberculosis				
Total				
On waiting list (classified as above)				

Mise, le meas,

M. M. M. M. M.

To Secretary, County Council.
" City Manager.

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

téan uimhir seo:—
(quoting:—)



2/AN/AH/1/9/6
(24)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

21 Nollaig, 1955.

D.112/462

A Chara,

I am directed by the Minister for Health to refer to this Department's circular letter of 14th November, 1949 (PH.35/288) on the subject of monthly returns of tuberculosis patients in and awaiting admission to institutions and to request you to furnish with the returns for 31st December a supplementary statement in respect of non-pulmonary tuberculosis patients giving the following particulars:—

Site of disease	Male		Female	
	Adults	Children	Adults	Children
<u>In Institutions</u>				
Meningitis				
Bone or Joint Disease				
(a) spine				
(b) hip				
(c) knee				
(d) elbow				
(e) other joint				
(f) bone				
Abdominal				
Genito-Urinary				
Cervical Glands				
Other non-pulmonary tuberculosis				
Total				
On waiting list (classified as above)				

Mise, le meas,

M. Ó. Meara

To Secretary, County Council.
" City Manager.

UIMH. THAGARTHA
(Reference No.)

D.112/564.....



éire

AN ROINN SLÁINTE
(Department of Health),

BAILE ÁTHA CLIATH
(Dublin).

8/11
21 Deireadh Fómhair, 1955.



A Chara,

I am directed by the Minister for Health to state that the position has now been reached when it is no longer necessary or desirable to seek accommodation outside the Southern region for any pulmonary tuberculosis cases requiring institutional treatment. Insofar therefore as accommodation is not available in the City Home and Hospital I am to recommend that the Chief Medical Officer should refer adult patients to the Resident Medical Superintendent of St. Stephen's Hospital, Sarsfields Court, Cork. In particular, it is desired that patients should not be referred to Peamount Sanatorium, Co. Dublin, Newcastle Sanatorium, Co. Wicklow or Our Lady of Lourdes Hospital, Dun Laoghaire, as accommodation in these institutions will in future be reserved for counties in the Eastern Region, namely, Cavan, Donegal, Kildare, Laois, Longford, Louth, Meath, Monaghan, Offaly, Westmeath and Wicklow.

Mise, le meas,

Q.D. MacDonagh

*notes Tappin
Refer copy [unclear]*

City Manager and Town Clerk,
Limerick.

MQ/

COPY/

*sent J. Earls.
Dr. Maloney.
Dr. Hayes.
J. McMahon. Acting CA.*

*L/AH/PA/1/9/6
(26)*

DEPARTMENT OF HEALTH,
CUSTOM HOUSE,
DUBLIN.

Circular 35/55

1st July, 1955.

Reimbursement of Expenses of Treatment
for Tuberculosis of British War Pensioners
and British Service Personnel.

A Chara,

1. I am directed by the Minister for Health to state that having regard to the increase in the cost of residential and non-residential treatment afforded by Health Authorities to British war pensioners and British service personnel and following consultation with the British Ministry of Health the increased rates of charge for purposes of re-imbursement of expenses in pursuance of the arrangement set forth in Memorandum T.B. 20 (revised 1948) have been agreed as follows:-

Residential Treatment

	s.	d.	
Ordinary tuberculosis hospitals and sanatoria	17.	6.	per day
Tuberculosis institutions where major thoracic surgery is carried out, viz.			
St. Mary's Chest Hospital, Dublin, Rialto Tuberculosis Hospital, Dublin, St. Laurence's Hospital, Dublin, Our Lady of Lourdes Hospital, Dun Laoghaire, Peamount Sanatorium, Newcastle, Co. Dublin, The Royal National Hospital for Consumption for Ireland, Newcastle, Co. Wicklow, St. Patrick's Chest Hospital, Castlereagh, Co. Roscommon, Mallow Chest Hospital, Co. Cork, Limerick City Home and Hospital, Limerick.			
	20.	0.	per day

It should be specially noted that

- (i) these rates apply irrespective of actual daily average costs as ascertained for the purposes of the Public Bodies Orders or of the actual daily rate of payment made to external institutions,
- (ii) the 20s. rate applies in respect of the institutions stated irrespective of whether or not the patient charged for has undergone thoracic surgery, and
- (iii) these rates are fully inclusive of the cost of treatment for tuberculosis and that extra charges may not be made for, say, x-ray examinations, special drugs and treatments (including blood transfusions and thoracic surgery).

Cont'd.....

Non-Residential Treatment

X-ray examinations and reports.

	e.	s.	d.
Ordinary	1.	1.	0.
Tomograph	3.	3.	0.
Screening only		5.	0.

Laboratory Tests.

Sputum, Pleural Fluids;

Direct Examinations	5.	0.
Culture	10.	0.
Artificial Pneumothorax		
Induction	1.	1.
Refill (inclusive of cost of screening)	10.	0.
Domiciliary visits by District Medical Officers (plus mileage)	10.	0.
Ambulance charges per mile	1.	6.

Other charges to be continued to be made on the existing basis, e.g. actual cost of such drugs as Streptomycin, Para Amino Salicylate and Isonicotonic Acid Hydrazide.

2. A supply of Re-imburement Claim forms is forwarded herewith. The three-year period ended 31st March, 1954, should be dealt with as a unit and a total single claim made in respect of that period. The forms may be suitably amended for this purpose. A separate claim should be made in respect of the year ended 31st March, 1955. The rates of charges set forth in paragraph 1 above apply to both periods and in completing the claims regard should be had to the terms of Memorandum T.B.20 (revised 1948).

3. As regards -

- (a) British War Pensioners' Forms T.B.17, T.B.17a and T.B.18 should be used for "accepted" cases only, i.e. those notified to the Health Authority as having been accepted by the British Ministry of Pensions under the terms of Memorandum T.B.20 (revised 1948). These forms should be completed in duplicate. Dates of A.P.T. refills and x-ray examinations should be shown on forms T.B. 17a and claims for re-imburement of expenses of x-ray examinations should be accompanied by copies of the x-ray reports, a separate sheet of paper for each patient being used for this purpose.
- (b) British Service Personnel forms T.B.17B should be used in respect of claims (1) for the treatment of personnel whose discharge from the British forces has not been notified to the Health Authority and (2) for the treatment prior to date of discharge of discharged personnel. As patients in these two categories are dealt with by the appropriate British Service Authority, i.e. Army, Navy or Air Force, separate forms should be completed in triplicate for each of these branches of the British Forces.

Cont'd....

4. It is necessary that these Re-imbusement Claims be disposed of as early as possible. Claims in respect of the three-year period to 31st March, 1954, should be transmitted to this Department as soon as complete but in any event not later than the 16th July, 1955, and claims in respect of the year ended 31st March, 1955, should be forwarded without undue delay.

In all cases "Nil" Returns should be furnished where applicable.

Mise, le meas,

Signed:

TO: City Manager,
County Secretary.

COPY/

DEPARTMENT OF HEALTH,

CUSTOM HOUSE,

DUBLIN.

Circular 35/55

1st July, 1955.

Reimbursement of Expenses of Treatment
for Tuberculosis of British War Pensioners
and British Service Personnel.

A Chara,

1. I am directed by the Minister for Health to state that having regard to the increase in the cost of residential and non-residential treatment afforded by Health Authorities to British war pensioners and British service personnel and following consultation with the British Ministry of Health the increased rates of charge for purposes of re-imbursment of expenses in pursuance of the arrangement set forth in Memorandum T.B. 20 (revised 1948) have been agreed as follows:-

Residential Treatment

	s.	d.	
Ordinary tuberculosis hospitals and sanatoria	17.	6.	per day
Tuberculosis institutions where major thoracic surgery is carried out, viz.			
St. Mary's Chest Hospital, Dublin, Rialto Tuberculosis Hospital, Dublin, St. Laurence's Hospital, Dublin, Our Lady of Lourdes Hospital, Dun Laoghaire, Peamount Sanatorium, Newcastle, Co. Dublin, The Royal National Hospital for Consumption for Ireland, Newcastle, Co. Wicklow, St. Patrick's Chest Hospital, Castlerock, Co. Roscommon, Mallow Chest Hospital, Co. Cork, Limerick City Home and Hospital, Limerick.			
	20.	0.	per day

It should be specially noted that

- (i) these rates apply irrespective of actual daily average costs as ascertained for the purposes of the Public Bodies Orders or of the actual daily rate of payment made to external institutions,
- (ii) the 20s. rate applies in respect of the institutions stated irrespective of whether or not the patient charged for has undergone thoracic surgery, and
- (iii) these rates are fully inclusive of the cost of treatment for tuberculosis and that extra charges may not be made for, say, x-ray examinations, special drugs and treatments (including blood transfusions and thoracic surgery).

Cont'd.....

L/AH/PH/1/9/6
(30)

Non-Residential Treatment

X-ray examinations and reports.

	e.	s.	d.
Ordinary	1.	1.	0.
Tomograph	3.	3.	0.
Screening only		5.	0.

Laboratory Tests.

Sputum, Pleural Fluids;

Direct Examinations	5.	0.
Culture	10.	0.
Artificial Pneumothorax		
Induction	1.	1.
Refill (inclusive of cost of screening)	10.	0.
Domiciliary visits by District Medical Officers (plus mileage)	10.	0.
Ambulance charges per mile	1.	6.

Other charges to be continued to be made on the existing basis, e.g. actual cost of such drugs as Streptomycin, Para Amino Salicylate and Isonicotonic Acid Hydrazide.

2. A supply of Re-imbusement Claim forms is forwarded herewith. The three-year period ended 31st March, 1954, should be dealt with as a unit and a total single claim made in respect of that period. The forms may be suitably amended for this purpose. A separate claim should be made in respect of the year ended 31st March, 1955. The rates of charges set forth in paragraph 1 above apply to both periods and in completing the claims regard should be had to the terms of Memorandum T.B.20 (revised 1948).

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- (a) British War Pensioners' Forms T.B.17, T.B.17a and T.B.18 should be used for "accepted" cases only, i.e. those notified to the Health Authority as having been accepted by the British Ministry of Pensions under the terms of Memorandum T.B.20 (revised 1948). These forms should be completed in duplicate. Dates of A.P.T. refills and x-ray examinations should be shown on forms T.B. 17a and claims for re-imbusement of expenses of x-ray examinations should be accompanied by copies of the x-ray reports, a separate sheet of paper for each patient being used for this purpose.
- (b) British Service Personnel forms T.B.17B should be used in respect of claims (1) for the treatment of personnel whose discharge from the British forces has not been notified to the Health Authority and (2) for the treatment prior to date of discharge of discharged personnel. As patients in these two categories are dealt with by the appropriate British Service Authority, i.e. Army, Navy or Air Force, separate forms should be completed in triplicate for each of these branches of the British Forces.

Cont'd....

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In all cases "Nil" Returns should be furnished where applicable.

Misc, 1c mass,

Signed:

TO: City Manager,
County Secretary.

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

fén uimhir seo:—
(quoting:—)

D.115/16.



Limerick 1/19/6
351/4
(32)
AN ROINN SLAINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

C/a.
C.M.O.

26 Aibreán, 1955.



A Chara,

I am directed by the Minister for Health to refer to the arrangements with the British Ministry of Pensions for recoupment of the cost of treatment afforded to tuberculous British ex-servicemen and to state that he is in correspondence with the British Ministry of Health regarding a revision of the rates of charge in respect of the years subsequent to the 31st March, 1951. Pending the outcome of these discussions an advance of £500 is being made in respect of expenses incurred by the Limerick Corporation during the three year period ended 31st March, 1954 and a Payable Order for this amount is enclosed.

Mise, le meas,

P. Ruane

City Manager,
Town Hall,
LIMERICK.

L1AH/PH/1/19/6C33)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK. To Dr. R. Hayes,
City Medical Officer.

Date.....29th April 1955.....

SUBJECTCost of treatment afforded to tuberculous British
ex-servicemen.

Attached find (copy of) communication, dated 26th instent..... Ref.: 351/4.....

fromDepartment of Health,

ofCustom House, Dublin

for your.....attention please

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L/Am/1/9/6 (34)

CORPORATION OF LIMERICK

From THE CITY MANAGER & TOWN CLERK. TO ... City Accountant.

Date.....28th April, 1955.

SUBJECT ...Cost of treatment afforded to tuberculous British ex-Servicemen.

Attached find (copy of) communication, dated.....26th April, 1955..... Ref.: ...351/4.....

fromDepartment of Health,

ofCustom House,.....DUBLIN.

for your.....attention please.

UIMH. THAGARTHA
(Reference No.)



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH.
(Dublin).

D.112/444
(Part IV)

J.B.

14 Eanáir, 1955.

A Chara,

I am directed by the Minister for Health to forward herewith, for your information and for purposes of comparison, a summary of the particulars received from health authorities in regard to the number of persons in receipt of food vouchers at the 31st March, 1954 and to the amounts expended on food clothing and bedding under the Domiciliary Welfare Scheme together with the amounts expended on medicines and appliances for tuberculosis patients receiving domiciliary treatment during the year ended 31st March, 1954.

Mise, le meas,

P. Uí Néill.

To County or City Manager.

Copy to Chief Medical Officer.

L/AH/PH/1/9/6

(36)

TUBERCULOSIS SERVICE

Expenditure on Domiciliary Welfare Scheme etc. - year ended 31st March, 1954.

Health Authority	Expended on Domiciliary Welfare Service.			Expended on medicines and appliances	Patients receiving Food Allowances on 31.3.54.
	(a) Food	(b) Clothing	(c) Bedding		
	£	£	£	£	
CARLOW	238	572	87	637	16
CAVAN	273	476	176	37	21
CLARE	366	526	182	712	23
CORK CO.	2,998	4,871	891	1,137	172
DONEGAL	510	1,127	35	854	43
DUBLIN CO.	1,116	1,446	448	2,210	82
GALWAY	383	851	258	Nil	38
KERRY	1,592	1,054	515	326	70
KILDARE	986	1,124	289	560	113
KILKENNY	762	652	311	306	62
LAOIS	262	460	130	101	16
LEITRIM	37	219	15	53	5
LIMERICK	726	313	132	900	44
LONGFORD	83	492	207	93	5
LOUTH	763	1,001	521	452	82
MAYO	181	1,002	115	772	4
MEATH	78	574	152	110	6
MONAGHAN	167	531	113	166	4
OFFALY	277	806	146	183	14
ROSCOMMON	57	589	19	119	7
SLIGO	325	320	104	(Appliances £42. Figures not available for medicines)	31
TIPPERARY N.R.	212	340	52	Nil	8
TIPPERARY S.R.	464	212	84	560	30
WATERFORD	1,297	384	196	110	88
WESTMEATH	364	716	200	529	24
WEXFORD	512	591	244	87	23
WICKLOW	559	832	89	256	54
GORK C.B.	927	4,483	914	1,093	27
DUBLIN C.B.	8,017	8,658	4,580	8,534	284
LIMERICK C.B.	587	103	Nil	171	42
WATERFORD C.B.	501	212	60	705	29
	25,620	35,537	11,265	21,815	1,467

Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

fén uimhir seo:—
(quoting:—)



L/AH/PH/1/9/6
(37)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

Circular 6/55.

26 Eanáir, 1955.

A Chara,

I am directed by the Minister for Health to refer to Circular A.1/52 of 18 Feabhra, 1952 (as amended) regarding payment for the treatment of patients in certain extern hospitals and to state that he has approved of the following addition being made to the Circular:

Appendix 'B'

Add St. Patrick's Hospital, Baldoyle (in respect of members of the Irish Christian Brothers suffering from pulmonary tuberculosis).

Having regard to the fact that members of the Congregation mentioned are normally transferred frequently from school to school, the Minister suggests that the health authority in whose functional area is situated the community to which a Brother was attached when it was found that he was suffering from tuberculosis should accept liability for his maintenance while in St. Patrick's Hospital, even where he may have been attached to that community only for a short period.

While, in deciding whether to accept liability under the foregoing arrangement in respect of any patient, health authorities should have regard to the terms of Circular D.12/53 of 18 Márta, 1953, it is presumed that they will have regard to the suitability for the patient of the accommodation which they might be able to provide in their own institutions.

Mise, le meas,

To
The Secretary of each Health Authority
Each City Manager.

Copy to
Each Chief Medical Officer.

21/12/54 1/9/6 (38)

CORPORATION OF LIMERICK.

from THE CITY MANAGER & TOWN CLERK. To F. Earls, Esq.,
City Home and Hospital.

Date 3rd December 1954

SUBJECT Particulars of Cases of Tuberculous Meningitis.

Attached find (copy) communication, dated 1st instant Ref: 68/54

Department of Health,
from

Dublin
of attention

for your.....please

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Seol aon fhreagra chun:—
(address any reply to:—)

AN RÚNAÍ
(The Secretary),

tén uimhir seo:—
(quoting:—)

68/54.



AN ROINN SLÁINTE
(Department of Health),
TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

1 Nollaig, 1954.

Particulars of Cases of Tuberculous Meningitis

A Chara,

I am directed by the Minister for Health to request you to furnish particulars on the attached form of cases of tuberculous meningitis admitted to the local authority Fever Hospital(s) during the year ended 31st December, 1953.

Mise, le meas,

P. Minneide.

*City Manager,
Limerick*

~~The Secretary,~~

~~County Council.~~

~~Board of Public Assistance.~~

~~Dublin Fever Hospital Board.~~

AC/

L/AH/PH/1/9/6
(40)

Year ended 31st December, 1953

No. of Cases of Tuberculous Meningitis admitted to local authority
Fever Hospital(s) and number which left such hospital(s)

	No. admitted	No. of cases which left hospital(s) in the year		
		Discharged home	Died	Transferred to another hospital (X)
Children under 10 years				
Males				
Females				
Persons over 10 years				
Males				
Females				
Total				

(X) Name of other hospital to be indicated in all cases.

Seol eon fíreagra chun:—
(address any reply to:—)

AN RÚNAI
(The Secretary),

fén uimhir seo:—
(quoting:—)

D 103/63



L/AH/PH/1/9/6(41)
AN ROINN SLÁINTE
(Department of Health),
TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

12 Aibreán, 1954.

A Chara,

I am directed by the Minister for Health to forward herewith for your information, and for purposes of comparison, a summary of the particulars received from Health Authorities in regard to the numbers of tuberculosis patients in receipt of allowances under the Infectious Diseases (Maintenance) Regulations on the 31st March, 1952, and the 31st March, 1953.

Attention is invited to column 9 of the statement showing for each area the numbers of persons who, on the 31st March, 1953, were in receipt of allowances for more than three years expressed as a percentage of the total number of persons in receipt of allowances at that date.

Mise, le meas,

T. Ó SÚILEABHAIN

To/

County or City Manager.

PC

L1AH/AH/1/9/6
(42)

INFECTIOUS DISEASES (MAINTENANCE) REGULATIONS

Health Authority	Number of tuberculosis patients in receipt of allowances on 31/3/1952			Number of tuberculosis patients in receipt of allowances on 31/3/1953			Number of tuberculosis patients in receipt of allowances for more than 3 years ended 31st March, 1953.	Figures in column 8 expressed as a percentage (approximate) of figures in column 7.
	(a) in institutions	(b) at home	Total (a&b)	(a) in institutions	(b) at home	Total (a&b)		
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
<u>Co. Councils</u>								
Carlow	30	93	123	38	80	118	75	64
Cavan	40	112	152	31	100	131	67	51
Clare	54	164	218	62	140	202	57	28
Cork Co.	295	465	760	322	529	851	318	37
Donegal	148	226	374	134	274	408	169	41
Dublin Co.	58	301	359	87	436	525	120	23
Galway	199	250	449	204	225	429	121	28
Kerry	90	285	375	95	221	316	151	48
Kildare	40	162	202	54	142	196	115	59
Kilkenny	59	97	156	56	111	167	68	41
Laois	17	100	117	20	95	115	55	48
Leitrim	39	46	85	35	42	77	27	35
Limerick Co.	41	185	226	46	210	256	91	36
Longford	33	25	58	33	52	85	25	29
Louth	64	166	230	79	152	231	80	35
Mayo	126	315	441	118	336	454	179	39
Meath	51	99	150	42	87	129	21	16
Monaghan	70	55	125	55	70	125	47	38
Offaly	33	126	159	31	116	147	51	35
Roscommon	32	130	162	26	98	124	32	26
Sligo	49	74	123	52	59	111	37	33
Tipperary (N.E.)	22	100	122	15	98	113	41	36
Tipperary (S.E.)	40	138	178	58	98	156	52	33
Waterford Co.	34	51	85	53	58	111	27	24
Westmeath	41	91	132	47	98	145	45	31
Wexford	56	92	148	65	102	167	34	20
Wicklow	61	111	172	72	83	155	58	37
<u>Corporations</u>								
Cork	94	163	257	84	221	305	97	32
Dublin	294	1,866	2,160	309	2,038	2,347	894	38
Limerick	26	118	144	30	130	160	60	38
Waterford	21	73	94	30	63	93	39	42
Totals	2,257	6,279	8,536	2,383	6,566	8,949	3,253	36

L/AH/PH/1/9/6
(43)

8th March, 1954.

Dear Sir,

I enclose herewith copy of communication dated 19th ultimo enclosing copy of letter dated 19th idem (also enclosed) which has been forwarded to the Secretary of the Cork Sanatoria Board.

Yours faithfully,

(M. Ó Maicín.)
CITY MANAGER.

Dr. R. Hayes,
City Medical Officer.

Seol an t-áireagra chun:—
(Address any reply to:—)

AN RÚNAÍ
(The Secretary),

féin uimhir seo:—
(quoting:—)

D.52/1.



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

19 Feabhra, 1954.

2 OFEB 1954

LIMER

80005

LIAH/PH/1/9/6

A Chara,

I am directed by the Minister for Health to transmit herewith for the information of the Corporation, copy of a letter sent to the Cork Sanatoria Board regarding the arrangements for the control and management of the Southern Regional Sanatorium, Sarsfieldcourt, Cork.

Mise, le meas,

V.P. Boll

Bainisteoir & Cléireach
na Cathrach,
Luimneach.

fulis

[Handwritten signatures]

MBH

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L/AH/PH/1/9/6(45)

D.52/1.

19 Februa, 1954.

A Dear,

I am directed by the Minister for Health to state that the Sanatorium in course of construction at Sarsfieldcourt, Cork, to serve the needs of the Southern Region will, it is expected, be ready for occupation by patients towards the end of the present year. The new Sanatorium will provide the full range of medical, surgical and radiological facilities for the treatment of 450 patients suffering from pulmonary tuberculosis. Of this number, it is expected that up to 175 will be patients from outside the Cork area. Separate provision is being made, in the Orthopaedic Hospital in course of construction at Gurranebraher, for patients suffering from bone and joint tuberculosis.

As the Board are already aware, the use of Mallow Chest Hospital as a tuberculosis institution will be discontinued when the new Sanatorium is ready for occupation. At that stage, the patients in Mallow Chest Hospital will be transferred to the new Sanatorium and the Mallow hospital will revert to the Cork County Council for use as a general medical and surgical hospital.

The Sarsfieldcourt institution will be fully furnished and equipped (in part by the transfer from the present Mallow Chest Hospital of the furniture and equipment provided there in anticipation of the completion of the new institution) and will be fully self-contained except that the laundry facilities are being provided on the site of the Gurranebraher Hospital and will be under the control of the authority charged with the management of that Hospital.

The Minister is prepared to transfer the Sarsfieldcourt institution, when completed, to the Cork Sanatorium Board under the Tuberculosis (Establishment of Sanatoria) Act, 1945, as amended by Section 70 of the Health Act, 1953, to be managed and controlled by the Board, on the understanding that the Board will reserve therein 175 beds for patients from adjoining counties, including Limerick County Borough. Patients from such areas would, of course, be paid for in the same manner as Cork patients in Ardkeen Chest Hospital are now paid for. There is power in Section 7 of the 1945 Act mentioned to require the transferee authority to repay to the Minister up to one-third of the cost of providing the institution but he does not propose to exercise that power.

The Minister will be glad to be informed whether the Board is prepared to accept the transfer of the institution in due course on the terms mentioned in the preceding paragraph.

Copies of this letter have been sent to the County Councils of Cork, Kerry and Limerick and to the Corporations of Cork and Limerick for their information.

Mine, 1c mens,

P. S. O'MALLEY

The Secretary,
Cork Sanatorium Board.

Seol aon fhreagra chun:—
(Address any reply to:—)

AN RÚNAÍ
(The Secretary),
fén uimhir seo:—
(quoting:—)

Circ. D. 46/53.



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

14 Lúnasa, 1953.

PAYMENT OF TRAVELLING EXPENSES AND SUBSISTENCE
ALLOWANCES TO PERSONS ATTENDING CLINICS OR
X-RAY CENTRES UNDER THE TUBERCULOSIS SERVICE.

A Chara,

1. I am directed by the Minister for Health to state that he has received a number of enquiries from health authorities regarding the payment of travelling expenses and subsistence allowances to persons attending clinics or x-ray centres for purposes connected with the tuberculosis service. The Minister, having considered the matter, now approves of the payment of travelling expenses and, if necessary, subsistence allowances at such rates as may be determined by the health authority, to

- (a) tuberculosis patients in necessitous circumstances attending clinics for medical examination or treatment or follow-up treatment;
- (b) persons in necessitous circumstances attending clinics or x-ray centres on the recommendation of any medical practitioner, for medical or radiological or other examination for the purpose of ascertaining whether they are suffering from tuberculosis; and
- (c) persons in necessitous circumstances attending clinics for B.C.G. vaccination or the tuberculin tests associated with such vaccination under arrangements approved by the Chief Medical Officer.

2. Where a person in necessitous circumstances attending a clinic or x-ray centre for any of the purposes referred to in paragraph 1 must be accompanied by another person, e.g., where it is necessary for a child patient to be accompanied by a parent or guardian, travelling expenses and, if necessary, subsistence allowance may be paid for both persons.

3. For the purpose of the foregoing arrangements any person in receipt of an allowance under the Infectious Diseases (Maintenance) Regulations may be regarded as necessitous.

4. Travelling expenses and, if necessary, subsistence allowance may at the discretion of the health authority be paid to non-necessitous persons attending clinics or x-ray centres in the circumstances referred to in paragraphs 1 and 2 if they apply to the health authority therefor.

5. Travelling expenses or subsistence allowance should not normally be paid to a person who applies on his own initiative for examination at the clinic or x-ray centre. If, however, the examination reveals that there were reasonable grounds for his request for examination or if it appears that the person concerned has been in contact with a known tuberculosis patient, travelling expenses and, if necessary, subsistence allowance may be paid to that person on his applying therefor or without his applying therefor if his circumstances are manifestly poor.

6. Travelling expenses should not be paid unless the distance between the home of the patient (or person to be examined) and the clinic or centre is such as to justify payment. Travelling expenses should not exceed the cost

of third class rail or bus fare, where rail or bus transport is available at suitable times. Car hire at current local rates may be paid only where rail or bus transport is not available at suitable times or where it is necessary for the patient (or person to be examined) to travel by car to a place where he or she can continue the journey by rail or bus to the clinic or x-ray centre. Vouchers, provided they give no indication of the purpose of the journey, may be used for rail or bus travel by arrangement with the public transport authorities or a refund may be made to the person concerned when he attends the centre or clinic.

7. A reasonable subsistence allowance may be paid for an absence from home of not less than 7 hours for the purpose of attending a clinic or x-ray centre. If the clinic or centre is a considerable distance from the person's home and it is necessary for the person concerned to stay away from home over-night, an appropriate subsistence allowance may be paid for over-night accommodation. A subsistence allowance for an absence from home should not be paid where the duration of the absence is attributable to business other than attendance at the clinic or centre. Health authorities should arrange with the officers in charge of clinics and x-ray centres to give priority, as far as practicable, to persons who must travel long distances to attend a clinic or centre so that they may be able to return home as quickly as possible, due regard being had to the relevant bus or train time table. Vouchers should not be used for the grant of subsistence allowances unless the arrangements under which they are issued are such as do not (a) give an indication of the purpose of the journey and (b) restrict the recipients to specified hotels and restaurants.

8. Expenditure incurred by health authorities in the payment of travelling expenses and subsistence allowances in accordance with the above arrangements will be regarded as approved health expenditure for the purposes of the Health Services Grant.

Mise, le meas,

P. Minnide

To:

Secretary of each County Council;
Each City Manager;
Secretary, Joint Committee of Management of Cork Sanatoria;
Secretary, Western Health Institutions Committee.
Copy to each Chief Medical Officer.

L/AM/PH/1/9/6(48)

CORPORATION OF LIMERICK



Telephone 387

PUBLIC HEALTH DEPARTMENT,
28/29 Lr. Gerald Griffin St.

LIMERICK, 16 Sept 1953.

Mr. Patrick Reddy & Donnell's
Dunlany's Prospect. is not in
receipt of an allowance under the
Infectious Diseases (Maintenance) Regulations
same being discontinued as he left
the Sanatorium against Medical
Advice.

H. E. Donnell es.

This man is stated to be suffering -
from Thymus + he can
try to be well
MJD

*After City Council
Mental Hospital*
file
Circular No. D.54/53.

1st Deire Fómhair, 1953.

CMO.
F-E
A Chare,

The Minister for Health has requested me to invite attention to the activities of the Central Committee for Rehabilitation of the Tuberculous, a voluntary body, which is taking a very practical interest in the rehabilitation of former tuberculosis patients. The Committee has already established two Centres in Dublin, a factory, - "Pleasant Wear" - at 23 Pleasants Street for the training of women in the manufacture of ladies' ready-made clothing and a workshop at Portland Row for the training of men in the operation of woodworking machinery and the production of certain articles of furniture.

"Pleasant Wear" have been appointed Official Suppliers for the supply of frocks, skirts etc. to persons coming within the scope of the Domiciliary Welfare Scheme for necessitous tuberculosis patients. The Committee has represented to this Department, however, that the factory is in a position to fulfil further orders. Accordingly, I am to suggest that local authorities who normally purchase such articles as uniforms, aprons, overalls etc., for nurses and maids might give favourable consideration to inviting quotations from "Pleasant Wear" for the supply of these articles on a "cut, make and trim" basis. When inviting the quotation, it would be desirable to forward a sample article so that the factory would be aware of the cut, style, trimmings etc., required. If the factory's tender were accepted, the material could be purchased in bulk by the local authority from an Official Contractor and, by arrangement, delivered to the "Pleasant Wear" premises. As this factory has no reserve funds, local authorities would be expected to make prompt payment for any goods supplied, or work done by it.

As the measures undertaken by the Committee for the rehabilitation of the tuberculous are praiseworthy and deserving of support, the Minister trusts that local authorities will co-operate in these measures by affording the Committee an opportunity of quoting for the above-mentioned work.

Mise, le meas,

Domestic

To:

Each Health Authority,
Each Public Assistance Authority,
Each Mental Hospital Authority,
Joint Committee of Management
of Cork Sanatoria,
Western Health Institutions
Committee,
Dublin Fever Hospital Board.

AC/

L/AM/PH/119/6
(50)

File

D.112/462

INCREASES OR DECREASES IN THE NUMBERS OF TUBERCULOSIS
PATIENTS AWAITING ADMISSION TO INSTITUTIONS.

- (1) Rúnaí do'n Chomhairle Chontae,
(2) Bainisteoir agus Cléireach na Cathrach.

Further to this Department's letter P.H.35/288 of 14 Samhain, 1949, conveying instructions for the compilation of the monthly returns (Forms P. and N.P.) of tuberculosis patients in, and awaiting admission to, institutions, it is noted that in a number of cases instruction No. (7) regarding the furnishing of information as to increases or decreases in the numbers of such patients awaiting admission to institutions, is not being complied with by health authorities.

Please arrange, in future, to complete a return on the lines of attached form whenever there is an appreciable increase or decrease (i.e. when the variation exceeds 5 cases in a small County/County Borough or 20% in a large County/County Borough) in the number of adult pulmonary tuberculosis patients awaiting admission to institutions. This return should be transmitted to the Department with the monthly return, whenever necessary.

Attention is again directed to instructions (5) and (6) in the letter of 14 Samhain, 1949, particularly as regards the number of patients who have refused or deferred entry to an institution.

Copies of this Memorandum should be transmitted to the County/City Medical Officer and, for this purpose, 3 additional copies thereof are enclosed.

Department of Health,
Custom House,
Dublin.

9 Iúil, 1953.

L1AH/PH/1/9/6(51)

FORM P.1.

(To be furnished with Form P. where necessary).

.....County(Borough)

Increases or decreases in the numbers of adult patients suffering from pulmonary tuberculosis awaiting admission to institutions.

Number of adult pulmonary patients on waiting list at end of.....1953: _____

" " " " " " " " " ".....1953: _____
(Previous Month)

Increase/Decrease: _____

Reasons for increase, or decrease (to be supplied when variation exceeds five cases in a small County/County Borough or 20% in a large County /County Borough):

(Signed) _____

Date _____

Notes

- (1) If there is an increase in the number of patients awaiting admission to institutions, it should be made clear to what extent it was due to persons who were already receiving domiciliary treatment being recommended for institutional treatment or to new cases of tuberculosis having been discovered.
- (2) If an increase is due to new cases having been discovered, the manner in which these cases came under the notice of the health authority should be indicated, (i.e. whether as "contacts" or as suspects examined under the Free Chest X-ray or under the National Mass Radiography services).
- (3) This return should relate only to patients who are not already in institutions.

Seol aon shreagra chun:—
(Address any reply to:—)

AN BUNAI
(The Secretary),

fén uimhir seo:—
(quoting—)

DN 1772 4 JUL 1953



11/10/11/9/6
AN ROINN SLÁINTE
(Department of Health),
TEACH AN CHUSTAIM,
(Custom House),

BAILE ÁTHA CLIATH.
(Dublin).

23rd July 1953.

Subject: *Return of Numbers of T.B. Patients treated notified
and coming under Notice during 1952*
A Chara,

The Minister for Health desires me to acknowledge the receipt
of your letter and ~~enclosures~~ (Ref. No.)
of *22nd July 1953*, and to inform you that it is
receiving attention.

Mise, le meas,

P. Ó CINNEIDE.

*City Manager
Corporation of Limerick.*

K6734.Wt.2914.D.22.G.26B.20m.4/52.D.(D.P.S.)Ltd. 6/51

@COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES

22nd July, 1953.

Return of Numbers of Tuberculosis Patients treated,
notified and coming under Notice during 1952.

A Dhuine Uasail,

In reply to your communication of 17th instant, Ref:
D.112/177, on the above subject, I should be glad if you
would let me have a copy of the Department's communication
of 22nd May, 1953, as I do not seem to have any record of
having received this.

Mise, le meas,

(M. O Maicin)
City Manager.

The Secretary,
Department of Health,
DUBLIN.

L1944/PH/1,19/6(S4)

CORPORATION OF LIMERICK

From THE CITY MANAGER & TOWN CLERK. TO Dr. R. Hayes, City Medical Officer.

Date 20th July, 1953.

Subject Returns of numbers of tuberculous patients treated, notified and coming under Notice during 1952.

Attached find (copy of) communication, dated 17th inst. Ref. D.112/177

The Department of Health, from

Dublin of

for your attention please



COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES

Seol aon Breagra chun:—
(Address any reply to:—)

AN RÚNAÍ
(The Secretary),
fén ámhár seo:—
(quoting:—)

D. 112/177.



2/AH/AH/1/19/6(55)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

17 Iúil, 1953.

Subject

Returns of numbers of
tuberculosis patients treated,
notified & coming under notice during 1952.

A Chara,

The Minister for Health desires me to refer to this
Department's communication of ...22/5/1953...
on the above subject and to enquire whether you are now in
a position to ~~reply~~ furnish the returns.

Mise, le meas,

P. Ó CINNEIDE.

Samistoirs agus Breagra na hAithreach,
Limerick.



Seol aon fhreagra chun:—
(Address any reply to:—)

AN RÚNAÍ
(The Secretary),

Jén uimhir seo:—
(quoting:—)



AN ROINN SLÁINTE
(Department of Health),
TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

D/112/177

22 Bealtaine, 1953.

Particulars as to the numbers of tuberculosis
patients treated, notified and coming under
notice during the Year 1952.

A Chara,

The Minister for Health has asked me to request you to
2/ furnish, as early as possible, particulars on the attached forms
in regard to:—

- (1) numbers of patients treated under the
Health Authority's Tuberculosis Service
during the year ended 31st December, 1952;
- (2) numbers of new cases of tuberculosis which
came under the notice of the Health Authority
during the year ended 31st December, 1952.

Your particular attention is directed to the footnotes
on the forms.

Mise, le meas,

Bainisteóir agus Cléireach na Cathrach,
Rúnaí an Chomhairle Chontae.

PC

L1A4/24/1/9/6

(57)

AN ROINN SLÁINTE

Tuberculosis Service

..... County (Borough)

Return of number of patients from Health Authority's area treated under the County (Borough) Tuberculosis Service during the year ended 31st December, 1952.

	Pulmonary Tuberculosis			Non-Pulmonary Tuberculosis			TOTAL
	Children under 15 years	Other Persons		Children under 15 years	Other Persons		
		Males	Females		Males	Females	
A. 1. Number remaining under treatment on: (a) 1st January, 1952. (b) 31st December, 1952.							
^{NE} 2. Number of new patients treated during year 1952.							
^{NE} 3. Number of patients formerly treated under the Service who have returned during the year 1952 and are not already reckoned under 1. (a)							
^{dp} 4. Number of cases under observation at close of year 1952.							

P.T.O

	Pulmonary		Non-pulmonary		Total	
	M.	F.	M.	F.	M.	F.
B. Number of patients from Health Authority's area who received institutional treatment during the year in:-						
(a) Institutions under the control of the Local Authority. (See footnote 5)						
(b) Extern Institutions (under voluntary or local authority control) (See footnote 5)						
(c) Indicate number of patients included at (b) who are also included at (a).						

Date _____ 1953. Signed _____

Tuberculosis Officer.

NOTES

1. The sum of the figures in lines 1(a), 2 and 3 should give the total number of patients of each class treated during the year. A patient who received institutional as well as dispensary or domiciliary treatment should be counted only once.
2. ~~NE~~ This number is to relate only to patients who, for the first time, have been registered under the Service.
3. ~~NE~~ This number is to relate only to patients formerly treated under the Service whose names had been removed from the register and who have returned during the year 1952 and are not already reckoned under 1(a).
4. ~~NE~~ Observation cases are not to be included in any of the figures given at A1, 2 and 3, relating to numbers of patients treated until a definite diagnosis of tuberculosis shall have been made.
5. As to Part B above:-

If a patient was admitted more than once during the year to a particular institution that patient should be counted once only in relation to that institution.

L1AH/PH/1/9/6
(59)

AN ROINN SLÁINTE

HEALTH ACT, 1947.

..... County (Borough)

Return of number of New Cases of Tuberculosis which came under the notice of the Health Authority by formal notification or otherwise during the year ended 31st December, 1952.

P = Pulmonary cases; NP = Non-pulmonary cases.

I Age Classification	County Borough, Borough or Urban District.						Remainder of Health Authority's Functional Area.					
	Males		Females		Total		Males		Females		Total	
	P.	NP	P	NP	P	NP	P	NP	P	NP	P	NP
Under 5 years												
5 years and under 15												
15 " " " 25												
25 " " " 35												
35 " " " 45												
45 " " upwards.												
Total												
II Numbers of cases included in the Totals of I above which were either (a) notified under Article 33 or (b) intimated (and confirmed) under Article 34 of the Infectious Diseases Regulations, 1948	P	NP	P	NP	P	NP	P	NP	P	NP	P	NP

Date _____ 1953. Signed _____

City/County Medical Officer.

NOTE. The figures to be furnished at I above should, (in addition to notifications received under Article 33 and intimations (confirmed) under Article 34 of the Infectious Diseases Regulations, 1948,) include cases entered directly by the Tuberculosis Medical Officer of the Health Authority on the treatment register during the period.

11/19/1960

CORPORATION OF LIMERICK

From THE CITY MANAGER & TOWN CLERK. TO Dr. R. Hayes, City Medical Officer.

Date 11th February 1960

SUBJECT Transfer of patients from Great Britain to Ireland for treatment for tuberculosis.

Attached find (copy of) communication, dated 9th instant Ref: D. 112/560

from Department of Health,

of Custom House, Dublin.

for your ATTENTION please.

COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES

Seol aon shreagra chun:—
(Address any reply to:—)

An Rúnaí
(The Secretary)

Jén uimhir seo:—
(quoting:—)



1/14/1953 11/7/6
75433 (61)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

D. 112/488.



Feabhra, 1953.

A Chara,

The Minister for Health has asked me to state that at the request of the United Kingdom Ministry of National Insurance he has agreed to facilitate certain persons in this country who are claiming benefits under the National Insurance (Industrial Injuries) Acts and to transmit to the appropriate Medical Officers in the Irish local authority service requests received from that Ministry for reports on such cases.

These reports will be of two kinds: an initial report on Form B.I. 91 T for the purpose of deciding the entitlement to benefit of the person concerned and a second (or progress) report on Form B.I. 161 for the purpose of assessing, or re-assessing the claimant's disablement from tuberculosis. For each report on Form B.I. 91 T a fee of £2. 12s. 6d. is payable and a fee of 5s. is payable for each report on Form B.I. 161. The fees are payable direct by the Ministry of National Insurance to the doctor who furnishes the report.

A form B. I. 161 is enclosed in respect of an applicant who it is understood is at present under the care of the Tuberculosis Officer at the City Home and Hospital and I am to request that, if you see no objection, you will forward the form along with the enclosed covering letter to the City Medical Officer for his early attention.

Mise, le meas,

City Manager,
Limerick.

Seol aon shreagfa chun :-
(Address any reply to :-)

AN RÚNAÍ
(The Secretary),

fén uimhir seo :-
(quoting :-)



AN ROINN SLÁINTE
(Department of Health)

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

D/112/443



3 Feabhra, 1951.

CONFIDENTIAL

A Chara,

The Minister for Health has asked me to let you know that he has investigated a claim by Messrs. T. J. Kelly and J. H. Bennett, New Street, Longford, to have discovered a medicine capable of curing pulmonary tuberculosis. The investigation was carried out by one of the Department's medical inspectors in co-operation with the Chief Medical Officers of the counties in which persons stated by Messrs. Kelly and Bennett to have been cured by treatment with the medicine resided.

The number of cases investigated was six. The results of the investigations made show that four of the persons concerned were, at the time of investigation, still suffering from tuberculosis. Of the other cases involved, one failed to submit herself for X-ray but it appeared that she is still suffering from tuberculosis and the other was convalescent before she undertook treatment from Mr. Bennett and there was no evidence to suggest that benefit was derived by the patient from that treatment.

Having regard to the results of the investigation, the Minister is satisfied that the claim of Messrs. Kelly and Bennett to have discovered a cure for pulmonary tuberculosis has not been substantiated and they have been informed accordingly. They have also been informed that the Minister considers that the advertisement of the medicine concerned as a cure for tuberculosis may lead to harmful results as patients may be persuaded to avail themselves of the alleged remedy and thus postpone or neglect to undergo the recognised treatments for tuberculosis which have met with success to date.

The results of this investigation are made known for the guidance of medical officers of the health authority.

Mise, le meas,

P. Clinnéide.

To/
Each Chief Medical Officer.

Copy to Each County and City
Manager for information.



Circular No. D 71/52.

29 Deireadh Fómhair, 1952.

Transfer of Patients from Great
Britain to Ireland for Treatment
for Tuberculosis

A Chara,

I am directed by the Minister for Health to state that recent returns indicate that about 300 persons undergoing treatment in tuberculosis institutions (Hospitals, Sanatoria and Chest Clinics) in Great Britain transfer, or are transferred, annually to this country for continuance of treatment under the local health authority tuberculosis service. As the return of these patients imposes a strain on the facilities provided by health authorities, especially in those areas where there is a shortage of bed accommodation, the Minister considers that health authorities, having regard to their primary responsibility to persons already residing in their functional areas, should satisfy themselves that the grounds upon which the return of patients to this country for continuance of treatment is sought are reasonable. For example, requests for such transfer might be considered as reasonable in the case of a person who has only recently left home for work in Great Britain or who, having spent a few years in Great Britain, has no near relatives there and desires to return in order to be near them, etc.

Accordingly, the Minister suggests that, in all cases where transfer of a patient from Great Britain to this country is sought, the health authority should make ^{direct} inquiry from the patient, with a view to satisfying themselves (a) that the patient requests such transfer, and (b) as to the reasons for which such transfer is sought. Provided that there are no urgent circumstances which necessitate the immediate transfer of the patient, a health authority requested to make arrangements for the reception of a patient from Great Britain should require the patient to furnish the information on the lines indicated in the draft enquiry form attached to this Circular. The enquiry should not be sent to members or ex-members of the British Forces who are "accepted cases" within the meaning of Circular P.H.37/2 of the 4, Samhain, 1948.

The procedure suggested in this Circular is not intended to affect the existing arrangements under which health authorities communicate with British hospitals authorities for the purpose of obtaining medical reports, etc., in regard to these patients.

As young persons from rural areas who go to work in large towns or cities are particularly exposed to the risk of contracting tuberculosis, the Minister desires that health authorities should take every opportunity for making the protection afforded by B.C.G. vaccination known and available to young adults who are likely to take up employment in large urban areas.

A return should be furnished to this Department annually in respect of the previous year ended 31st December showing the number of tuberculous patients who returned to this country for continuance of treatment. The return should give the separate figures in respect of:-

(a)/

- 2 -

(a) British Service or ex-Service personnel transferred
and for whose treatment liability

(i) has been accepted,

(ii) has not been accepted

by the British authorities.

(b) Other patients transferred

(i) by arrangement,

(ii) not by arrangement,

with the authorities of British institutions.

The first return should be furnished as soon as possible after the 31st
December next.

Mise, le meas,

P. Collins

To the Secretary of each County Council
and to each City Manager.

Copy for the information of the Chief Medical Officer.

L14H/PH/1/9/6(65)

County Council/Corporation Address.

Request for transfer to Ireland for treatment for tuberculosis.

Enquiry Form

To
(Patient's name)

.....
.....

It has been represented to the above Health Authority that you desire that treatment should be provided for you in Ireland. In order that your application may be considered, please furnish the following information.

Signed

Officer of the County Council/Corporation

I. How long have you been in Great Britain? (Apart from holidays and short periods spent in Ireland).

II. How long have you been ill?
_____ weeks

III. What is your age?
_____ years

IV. What was your address in Great Britain prior to illness?

V. What was the nature and place of your employment prior to illness?

(a) Nature _____
(b) Place _____

VI. If married, where does your wife/husband live?

VII. If you have children, what are their ages and where does each live?

(a) Ages: _____
(b) Where do they live: _____

VIII. If parents are alive, state names and address.

IX. State names and addresses of all living brothers and sisters.

(continue overleaf if necessary)

I desire to return to Ireland for treatment for the following reasons:

Signed

Date

LAH/PH/1/9/6
24 (66)

22nd September, 1952.

Dear Sir,

I enclose copy of letter dated the 20th instant which I have received from the Department of Health regarding arrangements made with the United Kingdom Ministry of National Insurance to facilitate certain persons resident in this country who are claiming benefit under the National Insurance (Industrial Injuries) Acts, together with Form B.I. 161. and covering letter referred to therein addressed to you.

Yours faithfully,

City Manager.

Dr. T. Quinlan,
Assistant City Medical Officer.

L/AM/PH/1/9/6(67)

2495

D.112/488.

22nd September, 1952.

A Dhuine Uasail,

I desire to acknowledge the receipt of your communication of the 20th instant regarding arrangements made with the United Kingdom Ministry of National Insurance to facilitate certain persons resident in this country who are claiming benefit under the National Insurance (Industrial Injuries) Acts, and as requested I have forwarded Form B. I. 161 and covering letter to Dr. Quinlan.

Mise, le meas,

City Manager.

Secretary,
Department of Health,
Custom House,
DUBLIN.

Seol aon fhreagra chun:—
(Address any reply to:—)

AN RÚNAÍ
(The Secretary),

fén n:inhir seo:—
(quoting:—)

D.112/488.



L/AN/PH/11/9/6
727 (68)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

20 Meán Fómhair, 1952.

CM

A Chara,

The Minister for Health has asked me to state that, at the request of the United Kingdom Ministry of National Insurance, he has agreed to facilitate certain persons resident in this country, who are claiming benefit under the National Insurance (Industrial Injuries) Acts, and to transmit to the appropriate Medical Officers in the Irish Local Authority Service, requests received from that Ministry for reports on such cases.

These reports will be of two kinds: an initial report on Form B.I.91T for the purpose of deciding the entitlement to benefit of the persons concerned, and a second (or progress report) on Form B.I.161 for the purpose of assessing, or re-assessing, the claimants' disablement from tuberculosis. For each report on Form B.I.91T a fee of £2.12s. 6d. is payable, and a fee of 5s. is payable for each report on Form B.I.161. The fees are paid direct by the United Kingdom Ministry of National Insurance to the doctor who furnishes the report.

/ A form B.I.161 is enclosed in respect of a claimant who, it
/ is understood, is at present a patient in the City Home and Hospital,
and I am to request that, if you see no objection, you will forward the form, along with the enclosed covering letter, to Dr. Quinlan.

Mise, le meas,

P. Quinlan

The City Manager,
LIMERICK.

AC/

L1AH/PH/1/9/6
1181² (69)

2nd June, 1950.

D. 30/37.

A Dhuine Uasail,

I desire to refer to your communication of the 30th March last and to enclose for the Minister's information, copy of letter dated 31st ultimo which I have received from the City Medical Officer on the subject of Occupational Therapy for Tuberculosis Patients in the City Sanatorium.

Mise, le meas,

City Manager.

Secretary,
Department of Health,
Custom House,
Dublin.

L/AM/PH/1/9/6 (7c)

CORPORATION OF LIMERICK



Public Health Section,
28/29 Lr. Gerald Griffin St.,

Limerick 31st May, 1950.

Re; Occupational Therapy in the City Sanatorium.

Dear Sir,

With reference to the communication D30/37 of the 30 Marta from the Department of Health regarding above, I desire to state that any occupational therapy carried out is on a very small scale. A lady member of the Limerick Branch of the Irish Red Cross Society attends at the Sanatorium weekly to instruct some of the patients in leather work. Recently owing to difficulty in obtaining supplies of materials, very little work has been carried out. As there are, at present, no recreation rooms the development of occupational therapy is rendered difficult.

Yours faithfully,

Richard Hayes

City Medical Officer.

Send Copy - Dept Health

M. O Maicín, Uas.,
City Manager.

L/94/P4/1/9/6

(71)
1085

31st March, 1950.

Dear Sir,

Herewith I send you copy of communication dated 30th instant which I have received from the Department of Health regarding occupational therapy scheme for Tuberculosis patients. I shall be glad for your comments thereon.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.

Seol don shreagra chun :—
(Address any reply to :—)

AN RÚNAÍ
(The Secretary),

fén uimhir seo :—
(quoting :—)

D30/37.



LIATH/PH/1/19/6
55546
(72)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

30 Márta, 1950.

A Chara,

The Minister for Health has asked me to enquire whether it is correctly understood that there is an occupational therapy scheme for tuberculosis patients in operation in Limerick City. If so, I am to ask you to be so good as to furnish a brief report thereon in its various aspects, as the relevant information does not appear to be available in this Department.

Mise, le meas,

V. A. Kinnian

M. Ó Maicín, Uas.,
Bainisteoir na Cathrach,
Luimneach.

MC/

L1AH/PH/1/9/6

(73)

10486

7th March, 1950.

Dear Sir,

Herewith I send you file of correspondence regarding application of the Irish Red Cross Society for a Grant in connection with the work of Occupational Therapy which they are doing at the City Home. Please bring this correspondence before me at next sitting.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.

11A4/PA/1/9/6
(74)

10306

24th February 1950.

Dear Sir,

With reference to yours of the 9th instant I desire to inform you that when your services were accepted in the City Home it was on the understanding that they were given absolutely free, and I was definitely under the impression that these services were voluntarily undertaken by a charitable organisation. In all the public statements which have been made by your Society, the work which it was doing was emphasised and considerable publicity has been given to its work in the Sanatorium. Praise has been lavished on your Society by the public for this voluntary work by your organisation, and, consequently, it must be assumed that many subscriptions to your funds were the direct result of its work for tuberculosis patients.

It has come, therefore, as a very great surprise to me that your Society now requests payment for services rendered, and, as I was not consulted regarding expenses incurred or the necessity for incurring them, I feel I could not be responsible for payment.

Yours faithfully,

City Manager.

F.G.O'Reilly, Esq.,
Hon. Secretary,
The Irish Red Cross Society,
125 O'Connell Street,
Limerick.

L/AM/PH 1/19/6
(75)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.

To DR. R. HAYES.

CITY MEDICAL OFFICER.

Date 11th February, 1950.

SUBJECT REIMBURSEMENT IN RESPECT OF OCCUPATIONAL THERAPY

Attached find (copy of) communication, dated 9th instant Ref:

from IRISH RED CROSS SOCIETY.

of

for your OBSERVATIONS. please.

COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES

CORPORATION OF LIMERICK



TELEPHONE 387



57843
L/AM/PH/1/9/6
(76)
Public Health Section,
28/29 Lr. Gerald Griffin St.,

Limerick 17th February 1950..

Dear Sir,

With reference to the communication of the 9th instant from the Secretary of the Irish Red Cross Society (Limerick Branch) regarding payment for the organisation's services in connection with occupational therapy in the City Sanatorium, I, with most other people, was under the impression that these services were voluntarily undertaken by a charitable organisation. Praise has been lavished on the Society from every quarter and the Society has not been dilatory in publicising its work in the Sanatorium. Consequently it must be assumed that many subscriptions to the funds were the direct result of its work for tuberculosis patients. It therefore comes as an anti-climax that the Society now requests payment for the services rendered. As I have not been consulted by the Society regarding expenses incurred by it, I cannot bear any responsibility for them and so cannot recommend re-imbursement.

Yours faithfully,

Richard Hayes

City Medical Officer.

M. O Maicin, Uas.,
City Manager.



L/AM/PH/1/9/6
(77)
52592

Cumann CROISE DEIRGE na hÉIREANN
THE IRISH RED CROSS SOCIETY.

Telephone No. 379.

IRISH RED CROSS SOCIETY,
125, O'CONNELL STREET
LIMERICK.

9th February, 1950.

M. O Maicín Esq.,
City Manager,
Town Hall,
Limerick.



Dear Sir,

We understand that the Local Authorities have an obligation to reimburse the Irish Red Cross Society for monies expended on goods, and services of instructress in connection with occupational therapy at the City Home & Hospital Sanatorium.

I shall be glad to hear from you on this point, and have particulars of what detail of these expenses you may require for your purpose.

Yours faithfully,

F.G. O'Reilly

F.G. O'Reilly,
Hon. Secretary.

11/11/1916 (78)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.	To CITY ACCOUNTANT.
-------------------------------------	---------------------

Date 24th May, 1950.

SUBJECT FINAL PAYMENT OF £553.16.7d. T. B. GRANT.

Attached find (copy of) communication, dated 23rd instant Ref: D/30/13.

from DEPARTMENT OF HEALTH,

of DUBLIN

for your ATTENTION please.

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Seol aon fíreagra chun :-
(Addressee :-)

AN RÚNAÍ
(The Secretary),

fén uimhir seo :-
(quoting :-)

D/30/13.



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

23 Bealtaine, 1950.

A chara,

The Minister for Health has asked me to refer to the final payment of £553. 16. 7d made to the Limerick Corporation by way of recoupment under the National Tuberculosis Grant for the period ended on 31st March, 1948, and to inform you that this amount is calculated as follows:-

Amount Certified by the Auditor to be
due to the Health Authority.

£620 : 17 : 6

Deduct 50% of £134 : 1 : 10d viz:-
Final Instalment of Tuberculosis
Block Grant.

£ 67 : 0 : 11
£553 : 16 : 7

I am to enclose for your information copy of a statement of the reasons for the decision to take the final instalment of the Tuberculosis Block Grant into account as a receipt in the National Tuberculosis Grant accounts for 1947/48. A further statement showing how the final payment is arrived at is also enclosed.

Mise, le meas,

H. P. Bell

Bainisteoir agus Cléireach na Cathrach,
Halla na Cathrach,
LUIMNEACH.

KC

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L/AM/PH/1/9(6)
(80)

WINDING-UP OF NATIONAL T.B. GRANT - LIMERICK CORPORATION.

Final Payment has been made in respect
of 1944/5, '45/6 and '46/7.

Per T.B. 2³ Net expenditure for half year
ended 30/9/47 5,562. 1. 3.

" " " " " " for half year
ended 31/3/48 7,680. 4. 11.

" " " " " " after 31/3/48
relating to period prior to
31/3/48 1,332. 19. 4.

Add extra for capitation 630. 6. 10

£15,205. 12. 4.

Deduct superannuation of Dr. Moran 114. 13. 4.

£15,090. 19. 0.

Add Supply cert. 226. 16. 0.

2) £15,317. 15. 0.

50% of same = £7,658. 17. 6

Already recouped $\left\{ \begin{array}{l} 2444 \\ 2940 \\ 1654 \end{array} \right\}$ - 7,038. 0. 0.

£620. 17. 6.

Deduct $\frac{1}{2}$ Block Grant final
instalment 67. 0. 11.

£553. 16. 7.

By
9.3.50

L1A464/1/9/6
(81)

Decision that the final instalment of the Tuberculosis Block Grant paid to health authorities on the 1st of March, 1949, should be taken into account as a receipt in the National Tuberculosis Grant Accounts for 1947/48.

The T.B. Block Grant was paid for the calendar year 1930 and subsequent years up to and including 1947, and one quarter of the Grant was paid for the quarter year up to the 31/3/1948. Hence, Block Grant has been paid for $18\frac{1}{4}$ years.

It was decided on the initiation of the Block Grant that payments made in respect of the latter Grant should be credited against expenditure on approved Tuberculosis Schemes in arriving at the net expenditure ranking for recoupment from the National T.B. Grant. Thus, expenditure on Tuberculosis schemes for the year 1930/'31 and subsequent financial years was credited with the Block Grant. If the instalment of Block Grant paid on the 1st March, 1949, in respect of the 3 months ended the 31st March, 1948, is not taken into account as a receipt in the National Tuberculosis Grant Accounts for the period ended 31st March, 1948, Health Authorities would gain at the expense of the Exchequer to the extent of one half of the amount of the final instalment of the Block Grant. Accordingly, it has been decided that the final instalment of the Block Grant paid on the 1st March, 1949, in respect of the quarter year ended 31st March, 1948, should be treated together with Block Grant paid for year 1947 as a receipt for the purpose of ascertaining the net expenditure on the National Tuberculosis Grant Accounts for the period ended 31st March, 1948.

DEPARTMENT OF HEALTH.

9th February, 1950.

L1A4/PH/1/7/6

(82) 81

YB

9th January, 1950.

Dear Sir,

Herewith I send you copy of Circular Letter P.H. 35/373, dated 5th instant, which I have received from the Department of Health regarding recoupment from the National Tuberculosis Grant for the financial year 1947/48. Will you please discuss this matter with the City Accountant, and arrange with him for the completion of the forms referred to therein, which I have sent him. You might also check up with him, to ensure that all other outstanding grants for the same year have been recouped in full.

Yours faithfully,

City Manager.

M.F. Donnellan, Esq.,
Public Health Department.

YB

Handwritten: 11/19/6 (83)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.

J. O'Donnell, Esq.,
City Accountant.

To
M.F. Donnellan, Esq., Sec.,
Public Health Dept.

Date..... 28th January, 1950.

SUBJECT..... Recoupment from National Tuberculosis Grant.

Attached find (copy of) communication, dated..... 27th inst. ---
Ref:

from The Dept. of Health. (T. B. Section),

of Custom House, Dublin

for your..... attention..... please.

L111111/1/9(0(84)

52291

DEPARTMENT OF HEALTH,
(Tuberculosis Section),



CUSTOM HOUSE,

DUBLIN.

27 Jan^{ry}, 1950.

Recouplement from National Tuberculosis Grant.

City Manager.

Secretary,
County Council.

With reference to Circular Letter P.H.35/373 of the
5th instant on the above subject, please furnish in
duplicate Form (T.B.) A or Form (T.B.) B, as appropriate,
to this Department without further delay. Please treat
as urgent.

[Handwritten initials]

MFD
CFA



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).



57865

P.H.35/373.

5 Eanáir, 1950.

Recoupment from National Tuberculosis Grant.

A Chara,

The Minister for Health has asked me to refer to the matter of recoupment to health authorities, from the National Tuberculosis Grant, of expenditure incurred in carrying out approved schemes for the treatment of tuberculosis, and to say that it is desired that any outstanding claims on the Grant relating to the year 1947/48 and any previous years should be finally dealt with at an early date. Health authorities should now be in a position to pay outstanding claims for the periods in question and to certify the full amount of the net expenditure involved. Accordingly, steps should be taken immediately to have any outstanding payments dealt with and the enclosed Form (T.B.) A or Form (T.B.) B, as appropriate, should be completed and returned in duplicate to this Department at the earliest possible date.

Form (T.B.) A should be completed by the health authority where the net expenditure has already been certified by the Auditor and where the Authority is satisfied that full recoupment has been made by this Department and that no unpaid bills or other adjustments have arisen since the date of the Auditor's Certificate. In cases where such final payment has been made a note for your information concerning the Auditor's Certificate appears at the foot of Form (T.B.) A.

In cases where an outstanding balance on foot of the Grant is due to the health authority by the Department or is due by the health authority to the Department Form (T.B.) B should be completed. When the appropriate form, duly completed, has been returned to the Department, no further claim for recoupment from the National Tuberculosis Grant will, of course, be considered.

Please acknowledge receipt of this communication and arrange for the furnishing of the return, duly completed, before the 25th January, 1950.

Mise, le meas,

M. J. Conboy

To/
Secretary of each County Council
and each
City Manager.

Limerick.

*Circulate to Mr. Conboy
copy of my
has not yet been received*



Grant L/AM/PH/1/9/6(86)
Notification of issue of Instalment of

National Tuberculosis.....Grant.

Recoupment from the above-mentioned Grant has been authorised as follows:—

Authority administering the Scheme.	Amount	In respect of
Limerick Corporation	£2,940. 0. 0	Year 1947/48 Second Instalment

A Paying Order for the amount indicated above will be issued in due course.

Public Health Section.
19. Márta, 1948.

HEALTH.
DEPARTMENT OF LOCAL GOVERNMENT AND PUBLIC HEALTH,
CUSTOM HOUSE,
DUBLIN.

ÉIRE
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RECEIVED
LIMERICK
FEB 11 1907



Éire

City Manager,
City Hall,
LIMERICK.



000.12/45. R4. Co



Notification of issue of Instalment of

National Tuberculosis Grant.

Recoupment from the above-mentioned Grant has been authorised as follows:—

Authority administering the Scheme.	Amount	In respect of
Limerick Corporation	£711. 8. 1.	Year 1946/47 Final Instalment

A Paying Order for the amount indicated above will be issued in due course.

Public Health Section.

16. Márta, 1948.

DEPARTMENT OF HEALTH,
CUSTOM HOUSE,
DUBLIN.



Éire

City Manager,
City Hall,
LIMERICK.

Y.B.
P.H.35/199.

L1AH/PAH/1/9/6
600
(88)
2nd February, 1949.

Tuberculosis Block Grant.

A Dhuine Uasail,

I desire to acknowledge the receipt of your communication of the 31st ultimo, and as requested to enclose application for final allocation of the above grant up to the 31st March, 1948.

Mise, le meas,

Achus City Manager.

The Secretary,
Department of Health,
Custom House,
DUBLIN.

L1414/24/1/1/9/6(89)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.	CITY ACCOUNTANT. To SEC., PUBLIC HEALTH DEPT.
-------------------------------------	--

Date 3rd February, 1949.

SUBJECT Re: Tuberculosis Block Grant.

Attached find (copy of) communication, dated 31st ultimo, Ref: P.H.25/199.

from Department of Health,
of Custom House, Dublin.

for your attention please.
P.S. I have applied for final allocation of grant.

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UIMH. THAGARTHA
(Reference No.)



P.H.35/199.

LIAM/PH/1/9/6(90)
AN ROINN SLAINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ATHA CLIATH
(Dublin).

31 Eanáir, 1949.

TUBERCULOSIS BLOCK GRANT.

A Chara,

I am directed by the Minister for Health to refer to the first paragraph of this Department's Circular Letter (No.4/48 H.S.G.(H.A.)) of the 17th January, 1948, relating to the cessation of grants in aid of expenditure of health authorities as from the 1st April, 1948, and to state that in accordance with these arrangements there remains a balance of the Tuberculosis Block Grant for the period from the 1st January, 1948, to the 31st March, 1948, payable to health authorities, representing one-fourth of the original grant of £27,750. The amount available from this sum for issue to the health authority is £134. 1. 10. .

A form of application for this final allocation of the Grant up to the 31st March, 1948, is enclosed and should be returned duly completed to this Department without delay. A copy of the form is also enclosed for retention by you for record purposes.

Mise, le neas,

P. Cluinné

Bainisteoir agus Cléireach na Cathrach,
...LUIMNEASH.....

L1AH/PH/1/9/6C91

TIONNSCNAIMH I SCÓIR LEIGHEAS NA h-ÉITINNE.
(Scheme for the treatment of Tuberculosis).

Balance of the Tuberculosis Block Grant in
respect of the period from the 1st January,
1948, to the 31st March, 1948.

LIMERICK

County (Borough) Council.

Claim for allocation to above Health Authority from the Tuberculosis Block Grant for the period from the 1st January, 1948, to the 31st March, 1948.

I hereby make application on behalf of the above-mentioned Health Authority for £ 134.1.10 being the allocation of the LIMERICK County (Borough) Council of the Tuberculosis Block Grant for the period from the 1st January, 1948, to the 31st March, 1948.

Signed _____
(Secretary or City
Manager).

Date 2nd February 1949

Name of
Treasurer The Mayor, Limerick
Bank Ltd

Address Obanell Street
Limerick

FOR OFFICE USE.

Total amount of allocation £ _____

Amount now due £ _____

Examined and certified

for payment.

Higher Executive Officer.

Date _____

L/AH/PH/1/9/6

(92)

10767

24th March, 1950.

P.H. 35/367.

A Dhuine Uasail,

I desire to refer to your circular letter of the 16th instant, regarding arrangements made by health authorities for a free chest X-ray service, and to enclose for your information copy of communication dated 24th idem, which I have received from the Acting City Medical Officer on the subject.

Mise, le meas,

City Manager.

Secretary,
Department of Health,
Custom House,
DUBLIN.

53462
LIAH/PH 1/19/6(93)
CORPORATION OF LIMERICK



TELEPHONE 387



Public Health Section,

28/29 Lr. Gerald Griffin St.,

Limerick 24th March, 1950.

Dear Sir,

In reply to your letter of the 21/1/50 regarding
information sought in the Department of Health Circular P.H.
35/367.

1. (a) a list is kept of names of all patients referred to the Chest Clinic for X-ray and the practitioners concerned are notified either personally, by 'phone or by letter,
- (b) the average length of time which elapses between the taking of an X-ray and the furnishing of a report thereon is 4 days.
2. (a) The result of X-ray examinations of contacts of tuberculosis patients are communicated in all cases to the persons examined with the least possible delay.

Yours faithfully,

T. M. Quinlan

Acting City Medical Officer.

M. O Maicin, Uas.,
City Manager.

L1AM/PM/1/9/6 (94)
1021

21st March 1950.

Dear Sir,

I have received Circular P.H. 35/367 dated 16th instant from the Department of Health regarding arrangements by health authorities for free Chest X-Ray service, and I note that a copy has been sent to you. Will you please let me have the information asked for therein so that I may write to the Department.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.



53820

P.H. 35/367.

16 Márta, 1950.

A Chara,

1. The Minister for Health has asked me to refer to this Department's Circular Letter P.H.77/49 regarding arrangements by health authorities for a free chest x-ray service and to state that he has received complaints regarding delays in the furnishing of reports of x-ray examinations carried out under this service at the request of private medical practitioners. I am to request you to state

(a) what steps have been taken in order to ensure that reports on all x-rays carried out (whether or not a tuberculous condition is indicated) are furnished to the medical practitioners concerned with the minimum delay; and

(b) the average length of time which elapses between the taking of an x-ray and the furnishing of a report thereon to the medical practitioner.

2. Where persons, who have been, or are, in contact with tuberculosis patients, submit themselves direct under the County or County Borough Tuberculosis Service for radiological examination, the Minister desires that the result of the examination, whether or not tuberculosis is indicated, should be communicated in all cases, with the least possible delay, to the persons examined. The Minister desires to be informed whether this procedure is being followed by your health authority.

Mise, le meas,

C. S. Limerick

To each County/City Manager.

Copy to each Chief Medical Officer.

UIMH. THAGARTHA .
(Reference No.)



LIAH/PH/1/7/6(96)
AN ROINN SLÁNTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

P.H. 35/367.

16 Márta, 1950.

A Chara,

1. The Minister for Health has asked me to refer to this Department's Circular Letter P.H.77/49 regarding arrangements by health authorities for a free chest x-ray service and to state that he has received complaints regarding delays in the furnishing of reports of x-ray examinations carried out under this service at the request of private medical practitioners. I am to request you to state

(a) what steps have been taken in order to ensure that reports on all x-rays carried out (whether or not a tuberculous condition is indicated) are furnished to the medical practitioners concerned with the minimum delay; and

(b) the average length of time which elapses between the taking of an x-ray and the furnishing of a report thereon to the medical practitioner.

2. Where persons, who have been, or are, in contact with tuberculosis patients, submit themselves direct under the County or County Borough Tuberculosis Service for radiological examination, the Minister desires that the result of the examination, whether or not tuberculosis is indicated, should be communicated in all cases, with the least possible delay, to the persons examined. The Minister desires to be informed whether this procedure is being followed by your health authority.

Mise, le meas,

Charles J. O'Connell

To each County/City Manager.

Copy to each Chief Medical Officer.

L1AH/PH/1/9/6
(97)
8550

21st October, 1949.

Dear Sir,

I have received Circ. No. P.H.77/49, dated 20th instant, from the Department of Health, regarding the further improvement of the diagnostic facilities available under Tuberculosis Schemes. I note that a copy of this Circular has been sent to you and I shall be glad if you will let me have particulars of the arrangements you propose making so that I may communicate this information to the Department not later than 15th proximo.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.

LAH/PH/1/9/6
(98) 0447
CORPORATION OF LIMERICK



TELEPHONE 387



Public Health Section,
28/29 Lr. Gerald Griffin St.,

Limerick 31st October, 1949.

h YB

Dear Sir,

With reference to your letter of the 21st instant regarding the recommendations by the Department of Health in Circ. No. P.H. 77/49 for further improving the diagnostic facilities available under the Tuberculosis Scheme, I wish to state that the arrangements suggested by the Department have been in operation in the County Borough for some considerable time. Most medical practitioners have fully availed of the facilities provided for free examination and treatment and have been kept informed of the results of X-ray and other examinations.

I shall send a further circular to the medical practitioners reminding them of the facilities and informing them of the recent changes in the arrangements for X-ray examinations.

Yours faithfully,

Richard Hayes

City Medical Officer.

Send copy
Dept Health
M. O Maicin, Uas.,
City Manager.

comairle contae luimniġe
(LIMERICK COUNTY COUNCIL)

30
LIAMH/1/1/1/6/99
Uimh an Súdáin---275, 215, 86.
(Telephone No.--275, 215, 86).



OIFIS AN RÚNAÍ
(Secretary's Office)

SRÁID UÍ CONAILL 82/83
(82 & 83 O'Connell Street)

luimneac.
(Limerick)

227 704
T. P. O BRÚSADA.
Rúnaí,
Do'n Comairle Contae.
(T. F. BROE, B.Comm.)
(County Secretary)



S'é Sáinnéal an Focal agus
r'é Sáinnéal an Fear.

S/NC

29th January, 1948.

Country Club, Foynes

Dear Mr. Mackin,

With reference to your letter dated 12th ulto., I am to inform you that the Limerick County Council, at a meeting held 24th inst., had under consideration a report from Dr. McPolin, County Medical Officer of Health, relative to above, and decided not to enter into negotiations for the purchase of the premises.

An extract from the draft minutes of the meeting is enclosed for your information.

Yours faithfully,


COUNTY SECRETARY.

M. Mackin, Esq.,
Limerick City Manager,
Town Hall,
Limerick.

Draft Minutes LIAH/PH/1/9/6
(100)

EXTRACT FROM MINUTES OF LIMERICK COUNTY COUNCIL AT A MEETING HELD
24th January, 1948

COUNTRY CLUB, FOYNES

Proposal to purchase for use as Sanatorium

Submitted letter Ref. P.H. 19481/47, dated 3/1/48 from the Minister for Health as follows:-

Reference No:
P.H. 19481/47.

"Department of Health,
Custom House,
Dublin.
3 Eanáir, 1948.

A Chara,

I am directed by the Minister for Health to state, for your information, that he has been in communication with the Minister for Industry and Commerce in regard to the disposal of Foynes Country Club, formerly the Airport Hotel and Restaurant tenders for the purchase of which were recently invited. It has been arranged that a decision as to its disposal will not be arrived at until the possibilities of the conversion of the former Hotel into a Tuberculosis Hospital have been investigated by the Local Authority. I am, accordingly, to request you to have the question of acquisition of Foynes Country Club considered by your Council provided they are satisfied, after inspection of the premises, that they would be suitable for conversion into a Tuberculosis Hospital. In the event of acquisition, the Minister would be prepared to authorise a grant not exceeding 75% of the expenditure involved in the purchase and adaption of the premises for the purpose. The question of the purchase price would of course, be a matter for direct negotiation between your Council and the Department of Industry and Commerce.

Should your Council decide to acquire the Foynes Country Club, it is suggested that the Limerick County Borough Authorities be consulted as to the feasibility of joint administration of the premises.

I am to request you to treat the matter as urgent and inform this Department of your decision as soon as possible.

A copy of the prospectus prepared in connection with the sale of the property is enclosed.

Mise, le meas,
(Sgd.) P. O'Cinneidhe.

Bainisteoir an Chontae,
LUIMNEACH."

The County Medical Officer of Health had, at the December Meeting of the Council, been requested to inspect and report as to the suitability or otherwise of the Country Club, Foynes, as a Sanatorium. His report dated 10/1/48 was submitted as follows:-

"LIMERICK COUNTY COUNCIL

Public Health Office,
71, O'Connell St.,
Limerick.
10th January, 1948.

Dear Sir,

With reference to your letter of the 5th inst., it is

L/AM/PH/1/9/6

(101)

my opinion that it would be inadvisable to acquire the Country Club, Foynes, for the purpose of converting it into a Sanatorium for the following reasons:

1. The climatic conditions of the area in which it is situated are not of such a kind that would facilitate recovery of patients from tuberculosis.
2. The grounds surrounding the building are unsuitable for people who are not in their full health.
3. The lay out of the interior of the building would require very radical alterations in order to procure separation of sexes and to make proper nursing possible.
4. Its accessibility in relation to the main parts of the County area would be a source of great inconvenience to patients friends visiting them and would present very serious obstacles to the providing of suitable medical staff.

Yours faithfully,

(Sgd.) J. McPolin,

COUNTY MEDICAL OFFICER OF HEALTH.

T.F. Broe, Esq.,
County Secretary,
82, O'Connell St.,
Limerick."

Having considered the report of the County Medical Officer (which had been circulated with the Minister's letter to the members) the County Council unanimously decided that they would not approve of the acquisition of the premises, either jointly with the Limerick County Borough Council, or otherwise.

L1AH/PH/1/219
(102) 806

28th February 1948.

A Dhuine Uasail,

I acknowledge receipt of your Circular dated 23rd instant in relation to patients likely to benefit from major surgery and minor surgery, and enclose herewith copy of letter dated 26th instant which I have received from the Medical Superintendent Officer of Health.

The Minister will appreciate that we have already made arrangements with Dr. MacDermott of Galway to carry out any major or minor surgery necessary.

Mise, le meas,

City Manager.

The Secretary,
Department of Health,
Custom House,
DUBLIN.



26th February, 1948.

Dear Sir,

With reference to the communication from the Tuberculosis Section, Department of Health, regarding patients in institutions who would be likely to benefit from major or minor surgery I beg to state that in my opinion there are no such patients in any institution here at the present time.

In this connection I would like to refer to the arrangements in force here whereby the services of Surgeon McDermott of Galway are available when required for the carrying out of various surgical procedures.

Yours faithfully,

Richard Hays

M.S.O.H.

The City Manager,
Town Hall,
LIMERICK.

COPY/

L1A4/PH/1/9/6

(104)

LIMERICK COUNTY COUNCIL.

Secretary's Office,

82 & 83 O'Connell Street,

Limerick.

S/NC.

29th January, 1948.

Country Club, Foynes.

Dear Mr. Macken,

With reference to your letter dated 12th ulto., I am to inform you that the Limerick County Council, at a meeting held 24th inst., had under consideration a report from Dr. McPolin, County Medical Officer of Health, relative to above, and decided not to enter into negotiations for the purchase of the premises.

An extract from the draft minutes of the meeting is enclosed for your information.

Yours faithfully,

(Sgd.) T.F. Broe,

County Secretary.

M. Macken, Esq.,
Limerick City Manager,
Town Hall,
Limerick.

EXTRACT FROM MINUTES OF LIMERICK COUNTY COUNCIL AT A MEETING
HELD 24th January, 1948.

COUNTRY CLUB, FOYNES.

Proposal to purchase for use as Sanatorium

Submitted letter Ref. P.H.19481/47, dated 3/1/48 from the Minister for Health as follows:-

"Department of Health,
Custom House,

Dublin.

3 Eanáir, 1948.

Reference No:
P.H. 19481/47.

A Chara,

I am directed by the Minister for Health to state, for your information, that he has been in communication with the Minister for Industry and Commerce in regard to the disposal of Foynes Country Club, formerly the Airport Hotel and Restaurant tenders for the purchase of which were recently invited. It has been arranged that a decision as to its disposal will not be arrived at until the possibilities of the conversion of the former Hotel into a Tuberculosis Hospital have been investigated by the Local Authority. I am, accordingly, to request you to have the question of acquisition of Foynes Country Club considered by your Council provided they are satisfied, after

L1AM/PH/1/9/6(105)

inspection of the premises, that they would be suitable for conversion into a Tuberculosis Hospital. In the event of acquisition, the Minister would be prepared to authorise a grant not exceeding 75% of the expenditure involved in the purchase and adaption of the premises for the purpose. The question of the purchase price would of course, be a matter for direct negotiation between your Council and the Department of Industry and Commerce.

Should your Council decide to acquire the Foynes Country Club, it is suggested that the Limerick County Borough Authorities be consulted as to the feasibility of joint administration of the premises.

I am to request you to treat the matter as urgent and inform this Department of your decision as soon as possible.

A copy of the prospectus prepared in connection with the sale of the property is enclosed.

Mise, le meas,
(Sgd.) P. O'Cinneidhe.

Bainisteoir an Chontae,
LIMERICK."

The County Medical Officer of Health had, at the December Meeting of the Council, been requested to inspect and report as to the suitability or otherwise of the Country Club, Foynes as a Sanatorium. His report dated 10/1/48 was submitted as follows:-

"LIMERICK COUNTY COUNCIL

Public Health Office,
71, O'Connell St., Limerick.
10th January, 1948.

Dear Sir,

With reference to your letter of the 5th inst., it is my opinion that it would be inadvisable to acquire the Country Club, Foynes, for the purpose of converting it into a Sanatorium for the following reasons:

1. The climatic conditions of the area in which it is situated are not of such a kind that would facilitate recovery of patients from tuberculosis.
2. The grounds surrounding the building are unsuitable for people who are not in their full health.
3. The lay out of the interior of the buildings would require very radical alterations in order to procure separation of sexes and to make proper nursing possible.
4. Its accessibility in relation to the main parts of the County area would be a source of great inconvenience to patients friends visiting them and would present very serious obstacles to the providing of suitable medical staff.

Yours faithfully,
(Sgd.) J. McPolin,
County Medical Officer of Health.

T.F. Broe, Esq.,
County Secretary,
82, O'Connell St.,
Limerick."

Having considered the report of the County Medical Officer (which had been circulated with the Minister's letter to the members) the County Council unanimously decided that they would not approve of the acquisition of the premises, either jointly with the Limerick County Borough Council, or otherwise.

COPY/

Department of Local Government,
Custom House,
Dublin.

C.L.No.G.12/48.

31 Eanáir, 1948.

County Management (Reserved Functions) Order, 1948.

A Chara,

I am directed by the Minister for Local Government to transmit, herewith, copy of an Order made on 30th instant entitled the County Management (Reserved Functions) Order, 1948.

Under the Order certain functions of county councils and elective bodies which have hitherto been executive functions and consequently were exercisable by the County Manager will in future be exercised and performed directly by the county councils or elective bodies. These transferred functions are set out in the Schedule to the Order.

The appendix attached to this letter contains a list of the powers, functions and duties exclusive of such as are included in the enclosed Order, which since the County Management Act, 1940, came into operation have been made by statute reserved functions to be exercised by county councils and elective bodies directly.

I am to request that you will bring to the notice of the council or the elective body as the case may be the provisions of the new Order.

Mise, le meas,

(Sgd.) J. COLLINS

Runai.

The Secretary of every County Council.
The Secretary or Clerk of every Joint Body or
other Elective Body.

APPENDIX.

County Councils and Elective Bodies: Functions which were made Reserved Functions by statute between the date of the coming into operation of the County Management Act, 1940, and February, 1948:

The following matters under the Local Government Act, 1941, (No. 23 of 1941), that is to say:-

- (a) The filling of casual vacancies under section 42 in the membership of the council of a borough (not being a county borough or the Borough of Dun Laoghaire) or of the council of an urban district or of the commissioners of any town;
- (b) A declaration by resolution under section 72 of a council of a county that a council, committee or other body established by the inhabitants of a locality in a county health district situate in such county shall be an approved local council for the purposes of Part VIII of the Local Government Act, 1941;
- (c) The delegation under subsection (1) of section 74 by a county council to an approved local council of any of the powers and duties of such council which in the opinion of the county council would be better regulated or managed by or through such local council and the revocation of such delegation;

- (d) The delegation under subsection (2) of section 74 by a public assistance authority to an approved local council of any of the powers and duties of such public assistance authority which would be better regulated or managed by or through such approved local council and the revocation of such delegation.

The following matters under the Local Authorities (Education Scholarships) Act, 1944 (No. 13 of 1944), that is to say:-

- (a) The preparation and submission under section 2 of schemes for the provision of scholarships and the making of a determination to carry into execution an approved scheme;
- (b) The determination under Section 7 of the total amount to be expended in any local financial year in the payment of scholarships under schemes made under the Act.

The examination and consideration by a county council of a copy of a Drainage Scheme sent to the Council under subsection 2 of section 5 of the Arterial Drainage Act, 1945 (No. 3 of 1945), by the Commissioners of Public Works and sending the Commissioners their observations in regard to the scheme.

The following matters under the Mental Treatment Act, 1945 (No. 19 of 1945), that is to say:-

- (a) The making under section 45 by a mental hospital authority of special regulations governing the carrying on of any particular institution maintained by them;
- (b) The appointment under section 95 of committees by a mental hospital authority and appointing by regulations the quorum, procedure and place of meeting of such committees;
- (c) The making under section 109 by a mental hospital authority of regulations in relation to the admission to any particular institution maintained by them of persons as private patients and affording advice and treatment to persons so admitted.

The adoption of schemes under section 2 of the Local Authorities (Acceptance of Gifts) Act, 1945 (No. 30 of 1945), for the acceptance, holding and administration of gifts of property for civic improvement.

The following matters under the Local Government Act, 1946 (No. 24 of 1946) that is to say:-

- (a) The making under section 44 of an application for a bridge order;
- (b) The giving under Section 48 by a road authority of consent to the application to such road authority of a bridge order;
- (c) The passing by a local authority of a resolution under section 67 in relation to the travelling expenses of members and the revocation of such a resolution;
- (d) The application under section 76 or section 77 as the case may be by the appropriate authority to the Government for an Order changing the name of an urban district, town or townland;
- (e) The changing under section 78 or section 79 as the case may be by the appropriate authority of the name of a street or locality;
- (f) The adoption under section 83 of a resolution that the disposal of land not required shall not be carried out or that it shall be carried out in accordance with the terms specified in the resolutions of the local authority;

- (g) The extinction under section 84 of right of way over a road no longer required for public use;
- (h) The employment and instruction under section 90 of the counsel or solicitor appearing at a local inquiry on behalf of the local authority.

The passing of a resolution under section 7 of the Harbours Act, 1947 (No. 34 of 1947), to assist a harbour authority by making a free grant or remitting in whole or in part any debt and of a further resolution confirming the first resolution.

The making of an application under section 50 of the Local Government (Sanitary Services) Act, 1948 (No. 3 of 1948), for an order relating to the charging of certain expenses.

The following matters under the Local Government (Superannuation) Act, 1948 (No. 4 of 1948); that is to say:-

- (a) The passing of a resolution under section 5 deciding to adopt Part III of the Act and declaring the maximum number of persons to be in the employment of the local authority as permanent servants;
- (b) The passing of a resolution under section 60 after the prescribed interval altering the maximum number of persons to be at any time in the employment of the local authority as permanent servants.

COPY/

Department of Local Government,
Custom House,
Dublin.

G.155/47^C

31 Eanáir, 1948.

A Chara,

I am directed by the Minister for Local Government to transmit herewith, for your information, copy of a circular letter with enclosures which has been addressed to-day to every County Manager.

The Minister desires to draw your particular attention to the County Management (Reserved Functions) Order, 1948, which is one of the enclosures. Under each of the City Management Acts the Minister may add to the functions to be performed directly by the City Council. He, therefore, proposes, subject to such representations as he may receive, to make an Order requiring that so far as may be appropriate the powers, functions and duties referred to in the Schedule to the County Management (Reserved Functions) Order, 1948, to be exercised and performed directly by the City Council.

A letter in similar terms to this has been addressed to the Mayor.

Mise, le meas,

(Sgd.) J. COLLINS

Runai.

City Manager,
Limerick.

DEPARTMENT OF LOCAL GOVERNMENT.

County Management Act, 1940.

County Management (Reserved Functions) Order, 1948.

The Minister for Local Government in exercise of the powers vested in him by subsection (3) of Section 16 of the County Management Act, 1940 hereby directs and orders as follows:-

1. The powers, functions and duties of every Council of a County and of every elective body in relation to each of the matters specified in the Schedule to this Order shall be exercised and performed directly by such Council or body.

2. This Order may be cited as the County Management (Reserved Functions) Order, 1948.

SCHEDULE.

Matters in relation to which the powers, functions and duties of Councils of Counties and of elective bodies are to be exercised and performed directly by such Councils and bodies.

The alteration and fixing, under Section 10 of the Local Government Board (Ireland) Act, 1872, of dates for holding fairs.

The power under Section 103 of the Public Health (Ireland) Act, 1878 to do any of the things relating to markets specified in the said section.

The assistance of students at universities and the placing of sums at the disposal of any university or college thereof under Section 10 of the Irish Universities Act, 1908.

L/AM/PH/1/9/6
(110)

The granting and transfer of licences under Section 2 of the Cinematograph Act, 1909.

The making of an application for an Order under Section 74 of the Local Government Act, 1925 (No. 5 of 1925).

The making of regulations under Section 28 of the County Management Act, 1940, (No. 12 of 1940) prescribing the procedure to be followed in regard to the reception and examination of tenders.

The making of a preliminary order under Section 3 of the Acquisition of Derelict Sites Act, 1940 (No. 29 of 1940).

The making of a proposal under the Water Supplies Act, 1942 (No. 1 of 1942) to take a supply of water from a source of water.

The authorisation of a person to attend any conference or meeting of members of local authorities held for the purpose of discussing any matter which is connected with the duties which devolve on them.

The provision of and contribution towards the expenses of a band to give public performances of music under Section 75 of the Local Government Act, 1946 (No. 24 of 1946).

The making of an order under Section 31 of the Local Government (Sanitary Services) Act, 1948, prohibiting the erection or retention of temporary dwellings on land or water.

Given under the Official Seal of
the Minister for Local Government
this thirtieth day of January, One
Thousand Nine Hundred and Forty-
eight.

L. S.

(Sgd.) SEAN MacENTEE

Minister for Local Government.

LHA/PH 1/19/66 (11)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.	To	Secretary, Public Health Dept.
		Dr. R. Hayes, M.S.O.H.

23rd February 1948.

Date.....

SUBJECT..... Additional Accommodation for Tuberculous Patients.

Attached find (copy of) communication, dated..... **21st instant** Ref:

from **Dept. of Health,**

of **Custom House, Dublin**

attention
for your..... please.

©COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH.
21 Feabhra, 1948.

ADDITIONAL ACCOMMODATION FOR TUBERCULOUS PATIENTS.

A Chara,

1. I am directed by the Minister for Health to state that he is concerned at the gravity of the present position in regard to bed accommodation for tuberculous patients as is evidenced by the continued increase in the number of patients awaiting admission to sanatoria. It is probable, moreover, that the waiting lists will be further increased in the near future as a result of the recent decision to pay maintenance allowances in respect of persons suffering from certain infectious diseases including tuberculosis.
2. Works already planned for increasing bed accommodation, including the erection of Regional Sanatoria, the enlargement of Voluntary Tuberculosis Hospitals and the adaptation of premises acquired by local authorities, are intended to solve, in due course, the problem of the waiting lists. A considerable period must necessarily elapse, however, before the completion of this programme and the present position is so serious as to necessitate the taking of emergency steps to provide additional beds immediately on a short-term programme.
3. In these circumstances the Minister invites the co-operation of local authorities administering Tuberculosis Schemes in his efforts to increase institutional accommodation for persons suffering from tuberculosis. He desires that the County (City) Manager should, in consultation with the County Medical Officer of Health (Medical Superintendent Officer of Health), immediately review the position and submit a report to his local authority at the earliest possible date, as to the measures which could be taken to increase such accommodation in the institutions under his control. It may be found possible, by a re-arrangement of accommodation in existing health institutions, by minor adaptations to buildings at present unoccupied or not fully occupied, or by the erection of temporary structures in tuberculosis hospitals to provide even a limited number of additional beds in each institution which, in the aggregate for the whole country, would amount to an appreciable figure. On the basis of utilising the existing nursing and other services wherever possible, this course is probably the most effective means of providing additional beds in a short space of time. When the Manager's report has been considered by the local authority a special report on the action proposed should be submitted to the Minister without delay (if possible not later than 31st March). Every possible facility will be given by the Department to the local authority in the carrying out of these minor works.
4. It is essential that works already in hands or approved should be proceeded with at once and the Manager should take all steps necessary to ensure that no avoidable delay occurs on the part of officers dealing with such works or as regards any necessary consultation with the technical advisers of the local authority in regard to plans, etc.
5. It is realised that certain local authorities are at present in a position to provide sufficient bed accommodation for all tuberculous patients in their areas seeking institutional treatment. Nevertheless, the Minister considers that this fact should not deter the County (City) Managers concerned from making every effort to increase this accommodation on the basis suggested as it is anticipated that, as already mentioned, the demand for institutional treatment is likely to increase and in any event arrangements can be made to fill any vacancies with patients from adjoining areas where accommodation is insufficient.

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(113)

2.

6. The Minister urges local authorities concerned to give priority for the present, so far as health services are concerned, to this problem and will arrange, on request, that the technical advisers of the Department will be available for consultation. A Medical Inspector of the Department will visit each County Manager in the very near future, to discuss the position on the spot but proposals should not necessarily be deferred pending his visit. The Minister has directed that the examination of proposals of the type mentioned submitted to this Department should have priority over other work.

7. The Minister also desires to draw the attention of local authorities to the desirability of surveying at the same time the existing equipment for the Tuberculosis Schemes in their areas and of considering what improvements or extensions to such equipment (e.g. fluoroscopic or X-ray apparatus) should be made. Proposals in this regard can be discussed with the Department's Medical Inspector.

Misc, 1c meas,

W. M. M. M. M.

To each County Manager.

City Manager, Dublin,
Cork,
Limerick,
Waterford.

Secretary,
Cork County Tuberculosis Committee.

Secretary,
Joint Committee of Management,
Heathside Sanatorium.

L14464/1/9/6
(114)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.

To M. F. Donnellan, Esq.,
Sec., Public Health Department.

Date...14th February, 1948.

SUBJECT.....Re: Tuberculous Patients.....

Attached find ~~copy~~ communication, dated...13th instant;..... Ref:

froman. Roim. Slainte,.....

ofTeach. An. Chustaim, Baile. Atha. Cliath,.....

for your.....attention..... please.
.....

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In any further
correspondence
on this matter
quote the Number

P.H. 4522/48.
.....

1194/PM/1/9/6
2345 (115)
AN ROINN SLÁINTE,
(Department of Health),
TEACH AN CHUSTAIM,
(Custom House),
BAILE ÁTHA CLIATH.
(Dublin)

16 February 1948.

City Manager,
Town Hall,
Limerick.
.....

Subject, Charge for T.B. Patients, City
Home + Hospital, Limerick.
A Chara,

I am to acknowledge the
receipt of your letter (Ref.
no.) of
14th instant 19.....,
and to inform you that it is receiving
attention.

Misc, le meas,

P. Ó CINNÉIDE.



R.S.4.

COPY/

L144/PH/1/9/6

(116)

LIMERICK COUNTY COUNCIL.

Secretary's Office,

82 & 83 O'Connell Street,

Limerick.

S/NC.

29th January, 1948.

Country Club, Foynes.

Dear Mr. Macken,

With reference to your letter dated 12th ulto., I am to inform you that the Limerick County Council, at a meeting held 24th inst., had under consideration a report from Dr. McPolin, County Medical Officer of Health, relative to above, and decided not to enter into negotiations for the purchase of the premises.

An extract from the draft minutes of the meeting is enclosed for your information.

Yours faithfully,

(Sgd.) T.F. Broe,

County Secretary.

M. Macken, Esq.,
Limerick City Manager,
Town Hall,
Limerick.

EXTRACT FROM MINUTES OF LIMERICK COUNTY COUNCIL AT A MEETING
HELD 24th January, 1948.

COUNTRY CLUB, FOYNES.

Proposal to purchase for use as Sanatorium

Submitted letter Ref. P.H.19481/47, dated 3/1/48 from the Minister for Health as follows:-

"Department of Health,
Custom House,

Dublin.

3 Eanáir, 1948.

Reference No:
P.H. 19481/47.

A Chara,

I am directed by the Minister for Health to state, for your information, that he has been in communication with the Minister for Industry and Commerce in regard to the disposal of Foynes Country Club, formerly the Airport Hotel and Restaurant tenders for the purchase of which were recently invited. It has been arranged that a decision as to its disposal will not be arrived at until the possibilities of the conversion of the former Hotel into a Tuberculosis Hospital have been investigated by the Local Authority. I am, accordingly, to request you to have the question of acquisition of Foynes Country Club considered by your Council provided they are satisfied, after

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(117)

inspection of the premises, that they would be suitable for conversion into a Tuberculosis Hospital. In the event of acquisition, the Minister would be prepared to authorise a grant not exceeding 75% of the expenditure involved in the purchase and adaption of the premises for the purpose. The question of the purchase price would of course, be a matter for direct negotiation between your Council and the Department of Industry and Commerce.

Should your Council decide to acquire the Foynes Country Club, it is suggested that the Limerick County Borough Authorities be consulted as to the feasibility of joint administration of the premises.

I am to request you to treat the matter as urgent and inform this Department of your decision as soon as possible.

A copy of the prospectus prepared in connection with the sale of the property is enclosed.

Mise, le meas,
(Sgd.) P. O'Cinneidhe.

Bainisteoir an Chontae,
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Public Health Office,
71, O'Connell St., Limerick.
10th January, 1948.

Dear Sir,

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1. The climatic conditions of the area in which it is situated are not of such a kind that would facilitate recovery of patients from tuberculosis.
2. The grounds surrounding the building are unsuitable for people who are not in their full health.
3. The lay out of the interior of the buildings would require very radical alterations in order to procure separation of sexes and to make proper nursing possible.
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Yours faithfully,
(Sgd.) J. McPolin,
County Medical Officer of Health.

T.F. Broe, Esq.,
County Secretary,
82, O'Connell St.,
Limerick.

Having considered the report of the County Medical Officer (which had been circulated with the Minister's letter to the members) the County Council unanimously decided that they would not approve of the acquisition of the premises, either jointly with the Limerick County Borough Council, or otherwise.

11A4/PH/1/9(6(118)
COPY/

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Secretary's Office,

82 & 83 O'Connell Street,

Limerick.

S/NC.

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M. Macken, Esq.,
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(119)

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T.F. Broe, Esq.,
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COPY/

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Secretary's Office,

82 & 83 O'Connell Street,

Limerick.

S/MC.

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L1948/1/1/9/6(121)

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CCPY/

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S/NC.

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EXTRACT FROM MINUTES OF LIMERICK COUNTY COUNCIL AT A MEETING
HELD 24th January, 1948.

COUNTRY CLUB, FOYNES.

Proposal to purchase for use as Sanatorium

Submitted letter Ref. P.H.19481/47, dated 3/1/48 from the Minister for Health as follows:-

"Department of Health,
Custom House,
Dublin.
3 Eanáir, 1948.

Reference No:
P.H. 19481/47.

A Chara,

I am directed by the Minister for Health to state, for your information, that he has been in communication with the Minister for Industry and Commerce in regard to the disposal of Foynes Country Club, formerly the Airport Hotel and Restaurant tenders for the purchase of which were recently invited. It has been arranged that a decision as to its disposal will not be arrived at until the possibilities of the conversion of the former Hotel into a Tuberculosis Hospital have been investigated by the Local Authority. I am, accordingly, to request you to have the question of acquisition of Foynes Country Club considered by your Council provided they are satisfied, after

L1A41PH/1/9/6(123)

inspection of the premises, that they would be suitable for conversion into a Tuberculosis Hospital. In the event of acquisition, the Minister would be prepared to authorise a grant not exceeding 75% of the expenditure involved in the purchase and adaption of the premises for the purpose. The question of the purchase price would of course, be a matter for direct negotiation between your Council and the Department of Industry and Commerce.

Should your Council decide to acquire the Foynes Country Club, it is suggested that the Limerick County Borough Authorities be consulted as to the feasibility of joint administration of the premises.

I am to request you to treat the matter as urgent and inform this Department of your decision as soon as possible.

A copy of the prospectus prepared in connection with the sale of the property is enclosed.

Mise, le meas,
(Sgd.) P. O'Cinneidhe.

Bainisteoir an Chontae,
LULLENEACH."

The County Medical Officer of Health had, at the December Meeting of the Council, been requested to inspect and report as to the suitability or otherwise of the Country Club, Foynes as a Sanatorium. His report dated 10/1/48 was submitted as follows:-

"LIMERICK COUNTY COUNCIL

Public Health Office,
71, O'Connell St., Limerick.
10th January, 1948.

Dear Sir,

With reference to your letter of the 5th inst., it is my opinion that it would be inadvisable to acquire the Country Club, Foynes, for the purpose of converting it into a Sanatorium for the following reasons:

1. The climatic conditions of the area in which it is situated are not of such a kind that would facilitate recovery of patients from tuberculosis.
2. The grounds surrounding the building are unsuitable for people who are not in their full health.
3. The lay out of the interior of the buildings would require very radical alterations in order to procure separation of sexes and to make proper nursing possible.
4. Its accessibility in relation to the main parts of the County area would be a source of great inconvenience to patients friends visiting them and would present very serious obstacles to the providing of suitable medical staff.

Yours faithfully,
(Sgd.) J. McPolin,
County Medical Officer of Health.

T.F. Broe, Esq.,
County Secretary,
82, O'Connell St.,
Limerick."

Having considered the report of the County Medical Officer (which had been circulated with the Minister's letter to the members) the County Council unanimously decided that they would not approve of the acquisition of the premises, either jointly with the Limerick County Borough Council, or otherwise.

UIMH. THAGARTHA
(Reference No.)



L194/PH/1/9/6
(124)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

Circ. No. P.H. 77/49.

20 Deireadh Fómhair, 1949.

A Chara,

The Minister for Health desires me to say that with a view to the further improvement of the diagnostic facilities available under Tuberculosis Schemes, he considers that medical practitioners should be enabled to obtain, free of charge, a Chest X-Ray for their patients at County Hospitals or other approved institutions.

The Minister considers that having regard to the obligations imposed on health authorities by the provisions of Article 12 of the Infectious Diseases Regulations, 1948, arrangements should be made by them for the performance of Chest X-Ray examinations for such patients at County Hospitals, Clinics or other approved institutions. The date and time for the X-Ray examination should be arranged by the Chief Medical Officer with the practitioner concerned, after consultation, where necessary, with the appropriate officer of the Public Assistance authority. It should be indicated clearly to both patient and doctor that the cost of the X-Ray will be borne by the health authority. The result of the examination should be communicated by the Chief Medical Officer to the medical practitioner, who should at the same time be informed of the further facilities available under the local tuberculosis scheme.

Particulars of the arrangements made should be communicated to this Department not later than the 15th November.

Mise, le meas,

P. Coleman

To Each County/City Manager.
Copy to Each Chief Medical Officer.



UIMH. THAGARTHA
(Reference No.)



21AH/04/14/9/6
5787 (125)
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ATHA CLIATH
(Dublin).



P.H. 14/39.

Ph 24 Feabhra, 1950.

A Chara,

The Minister for Health has asked me to refer to previous correspondence regarding the admission of children to St. Senan's Children's Hospital, Foynes, and to state that cases suitable for admission to that Hospital should show:-

- (i) a positive reaction to the tuberculin test;
- (ii) radiological, clinical or other evidence that the primary focus has not healed;
- (iii) a negative sputum, if there be cough and sputum.

A copy of this letter is being sent to the Chief Medical Officer.

Mise, le meas,

C. S. Sullivan

City Manager,
Limerick.

UIMH. THAGARTHA
(Reference No.)

P.H.33/65.....

*Dr. Hayes
Rep.*



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

21 Meitheamh, 1949.

42958

A Chara,

The Minister for Health has asked me to inform you that Limerick County Council have acquired Foynes Hostel, County Limerick, for use as an institution for the treatment of children under sixteen years of age suffering from primary tuberculosis. The arrangements for the adaptation of the premises for use as a children's sanatorium are proceeding at present and it is expected that it will be possible to admit at least 40 children in about a month's time and that the bed capacity will be raised to approximately 100 within a short time thereafter. It is intended that the institution will cater for patients of the class referred to from County Limerick and the other Munster Counties.

The Minister would be glad if you would arrange to forward without delay to the County Medical Officer, 82, O'Connell Street, Limerick, particulars of cases in your area considered suitable for treatment in the new institution. Full clinical information, including the X-ray film and report, should be furnished at the same time and in this connection I am to emphasise that the admission of patients will be decided primarily on the radiological assessment of each case.

As the Minister is most anxious that the bed accommodation in the new institution should be fully availed of at the earliest possible date, I am to emphasise the necessity for urgent action on your part in this matter. It is most important that immediately on receipt by you of a notification from the Limerick County Manager of the selection of any case from your area for admission to the Foynes Institution you should arrange for the transfer of such patient with the minimum delay.

I am to add that, pending the ascertainment in the prescribed manner in due course of the actual cost of maintenance and treatment in the institution, the Minister has approved of payment by health authorities of the usual capitation charge at the rate of 10/6d. per day.

Mise, le meas,

*affluent
H. H. Hayes
Commissioner*

City Manager,
City Hall,
LIMERICK.

L/AH/PH/1/9/6
(127)
9646

VH

18th January, 1950.

Dear Sir.

I have received Circular P.H.4/50, dated 17th instant, from the Department of Health regarding steps which might be taken by health authorities to publicise the facilities provided by them for the diagnosis and treatment of tuberculosis.

I note that a copy of the Circular has been sent to you, and I shall be obliged if you will bring it before me at next sitting.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.

UIMH. THAGARTHA
(Reference No.)

52077
AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

Circ. P.H.4/50.



17 Eanáir, 1950.

A Chara,

I am directed by the Minister for Health to refer to the Department's Circular P.H. No.37/49 of the 18th Bealtaine, 1949, indicating the steps which might be taken by health authorities to publicise the facilities provided by them for the diagnosis and treatment of tuberculosis. It is also considered desirable that health authorities should take measures to bring to the notice of medical practitioners and the public the services provided free of charge for the prevention, diagnosis and treatment of the other infectious diseases specified in the Second Schedule of the Infectious Diseases Regulations, 1948.

Since it is necessary in the case of these services that the health authority should be in a position to control the amount of financial liability being incurred and to exercise general supervision over them, it is ordinarily desirable that they should be liable only for the services provided under their direction or with their consent. In some cases, however, it may not always be possible to secure the prior consent of the health authority e.g. in the case of immediate removal to a fever hospital which is essential as soon as some of these diseases are diagnosed. Moreover, until such time as the statutory obligations of the health authorities under the Infectious Diseases Regulations, 1948, are more widely known some patients may not be aware of the services provided by health authorities or of the necessity for obtaining the prior approval of the health authority. Accordingly, in exceptional circumstances of this nature the Minister would be prepared to approve of the payment or refund of the whole or portion of the expenses incurred by patients without the prior approval of the health authority.

It should be noted that the scope of Article 12 of the Infectious Diseases Regulations, 1948, is not limited to "institutional services" as defined in Section 2 of the Health Act, 1947. All appliances, splints, etc. necessary for the treatment of patients suffering from the scheduled infectious diseases may be provided under this Article. It does not however cover the supply of such articles as wheel chairs, etc. The question of the supply of these articles to persons eligible for medical assistance would be a matter for the Public Assistance Authority.

Mise, le meas,

P. Clinníne

City Manager.
County Secretary.
Copy to Chief Medical Officer
for information.

LAH/PH 1/9/6
(129)

15th July, 1949.

Dear Sir,

Referring to previous correspondence regarding Circular 37/49 issued by the Department of Health on the 18th May last in connection with the steps to be taken to afford publicity to the facilities available under the Tuberculosis services provided by Health Authorities, I enclose for your information copy of letter dated 13th instant which I have received from the Department approving of the draft advertisement which accompanied your letter to the City Manager on the 7th idem. Will you please arrange therefore, with Mr. Donnellan, for the insertion of the advertisement in the local press, in accordance with the instructions contained in Circular 37/49. I enclose copy of letter which the City Manager sent to the County Manager on the 9th ultimo on the subject, together with copy of his reply dated 10th idem.

Yours faithfully,

Deputy City Manager.

Dr. R. Hayes,
City Medical Officer.

UIMH. THAGARTHA
(Reference No.)

.....P.H.35/15B.



L1A4/PH/1/9/6
AN ROINN SLÁINTE (130)
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

13 Iúil, 1949.

A Chara,

The Minister for Health has asked me to refer to your letter of the 9th ultimo and to state that no objection is raised to the suggested draft advertisement of the facilities available under the tuberculosis service provided by the Limerick Corporation, copy of which accompanied that communication.

It is assumed that arrangements will be made for the insertion of the advertisement at an early date in the newspapers circulating in the district.

Mise, le meas,

J. H. Bell

Bainisteoir agus Cléireach
na Cathrach,
Halla na Cathrach,
LÚINNEACH.

COPYRIGHT LIMERICK CITY COUNCIL ARCHIVES

L1AH/PAH/1/9/6
6491 (131)

YB free

9th June 1949.

A Dhuine Uasail,

With reference to your Circular P.H.37/49 of the 18th ultimo, I enclose herewith copy of letter dated 7th instant which I have received from Dr. Hayes, City Medical Officer, together with copy of amended notice which he suggests and I shall be obliged if you will let me know if there is any objection to the issue of this notice.

It will be appreciated that the conditions in Limerick City are slightly different from those in other parts of the Country and it is felt that the amended advertisement would be more suitable.

Mise, le meas,

City Manager.

The Secretary,
Department of Health,
Custom House,
Dublin.

6483
LIMPH/1/9/6
(132)

9th June, 1949.

Dear Mr. Meghen,

With reference to Circular P.H.37/49, dated 18th May, 1949, I desire to inform you that we have had the matter under consideration here and while we are prepared to co-operate with the conditions of the Circular in general it is felt that the enclosed draft advertisement would be more appropriate for our purpose than the draft received from the Department of Health. I shall be glad if you will consider the matter in conjunction with your officers and let me know if you are prepared to adopt this form of notice so that it will be possible for us to arrange for the issue of the notices on alternate weeks.

Yours sincerely,

City Manager.

P.J. Meghen, Esq.,
County Manager,
Limerick Co. Council Offices,
O'Connell St.,
Limerick.

L1A4/PA/1/9/6(133)

CORPORATION OF LIMERICK



TELEPHONE 456-7



Public Health Section,

~~85 William Street~~
28 & 29, Lr. Gerald Griffin St.,
Limerick.....7th June, 1949.

Dear Sir,

With reference to Circular P.H. 37/49 from the Department of Health regarding publicity for the Tuberculosis Schemes, I would like to suggest that the draft advertisement be altered to read as per enclosed.

As regards alteration of wording in No. 1 the present arrangement is that apart from patients who are undergoing treatment and contacts, patients must have a recommendation from their own doctor before being sent for X-ray.

No. 2 in the draft advertisement is omitted as patients do not usually have a long delay before admission to the City Sanatorium and it is therefore unnecessary.

No. 3 is slightly altered as I think that "free of charge" is preferable to "at no cost to you".

No. 4 "undergoing treatment" is used rather than "being treated at home or in a Sanatorium" as the latter might be read by patients as giving to them a choice of treatment.

I suggest that the advertisement be inserted in the local papers independant of other local authorities to avoid any confusion.

Yours faithfully,

Richard Hayes

City Medical Officer.

M. O Maicin, Uas.,
City Manager.

TUBERCULOSIS

Limerick City has a scheme under which the most modern treatment is provided for all forms of tuberculosis.

THIS TREATMENT IS COMPLETELY FREE - THERE IS NO MEANS TEST.

1. Facilities for X-ray or other suitable examination are available.
2. At the City Sanatorium, the Health Authority provides the best possible treatment free of charge. (The Health Authority will not, however, bear the cost of treatment undertaken outside the Scheme without its prior approval).
3. To those with small means the Health Authority pays cash allowances to keep the household going while the breadwinner is undergoing treatment.
4. Also, there is an allowance for rent, rates, etc. and an allowance for domestic help in certain cases.
5. The free tuberculosis service and financial aid are provided by the community because tuberculosis can be eradicated if people look for treatment early enough.

TAKE NO CHANCES WITH TUBERCULOSIS

If you or any of your family have Tuberculosis or suspect you have it, take immediate advantage of the facilities available.

Enquire from your local doctor about this free service or write to the Chief Medical Officer at 28/29 Lower Gerald Griffin Street.

Inserted by Limerick Corporation.

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Inserted by Limerick Corporation.

1144/PH/11/7/6 (136)

comairle contae limerice

(LIMERICK COUNTY COUNCIL)

p. ó mfoDcáin,

Contae-Damirteoir.

P. J. MEGHEN, B.E.,

(County Manager)



oifis an contae-damirteora,
(County Manager's Office)

SRÁD na CONAILL
(82 & 83 O'Connell Street)

limerice.
(Limerick)

S'é Sáiréal an Focal agus
r'é Sáiréal an Fear.



10th June, 1949.

Dear Mr. Macken,

I am in receipt of your letter of the 9th inst. enclosing draft advertisement in connection with T.B. Scheme. Perhaps if you issued this advertisement for the present in the City Editions and we will confine our advertisement to the Country Editions. I have suggested to Dr. McPolin that it would be necessary to issue this advertisement continuously, and we will try and arrange not to clash with your advertisement.

Yours sincerely,

P. J. Meghen
COUNTY MANAGER

M. Macken, Esq., B.E.,
City Manager,
Town Hall,
Limerick.

JP file

*L/AM/PH/A/9/6
6284(137)*

25th May, 1949.

Dear Doctor Hayes,

With reference to Circular 37/49 dated 18/5/'49, I shall be glad if you will let me have a report as to the advisability of issuing the advertisement accompanying this circular in the same form as it has been drafted by the Department of Health.

I shall also be glad if you will obtain a report from the Chief Veterinary Officer regarding the Food (Hygiene) Regulations.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

P.H. Circ. 37/49.



18 Bealtaine, 1949.

A Chara,

1. The Minister for Health has asked me to let you know that he has considered the steps which might be taken by health authorities throughout the country to afford publicity to the facilities available under the tuberculosis services provided by them.
2. As you are no doubt aware, this Department has already given general publicity on health matters by way of, inter alia, a series of advertisements published in selected newspapers. It is now considered that each health authority should arrange to publish in the local newspapers circulating in its area, a statement indicating briefly the diagnostic and curative measures available and the allowances payable under the Infectious Diseases (Maintenance) Regulations, 1948. A draft advertisement is enclosed, which it is suggested would be suitable for this purpose. It is requested that the advertisement be of the display type and that it be inserted in a prominent part of the newspaper.
3. It is suggested that you consult with adjoining health authorities as to the date of publication where more than one such authority may decide to utilise the same newspaper in which to insert the advertisement. In this connection, economy may be effected by inserting a joint advertisement in which will be indicated the address of the appropriate chief medical officer for each area. In any event, the insertion by two or more health authorities of a similar advertisement in the same issue should, if possible, be avoided.
4. It will be noted that in the draft advertisement persons seeking details of the diagnostic and treatment facilities available are recommended to consult their local doctor. In this connection, it is necessary that private practitioners and district medical officers should be made aware of the location of tuberculosis dispensaries, the times when they are held and any other information necessary to enable full guidance to be given to their patients. Accordingly, such information should be conveyed to private practitioners and district medical officers before publicity is effected.
5. As you are aware, health authorities are obliged, under the provisions of Article 12 of the Infectious Diseases Regulations, 1948, to provide for the diagnosis and treatment free of charge of infectious disease in persons in their districts. During recent months several instances have come to the notice of the Minister in which persons suffering from tuberculosis have undergone treatment in voluntary institutions without the prior approval of the health authority and have subsequently applied to the health authority for recoupment, wholly or partly, of the expenditure incurred by them in such institutions. It is possible, of course, that some tuberculosis patients may be unaware of the obligation of the health authority to provide free treatment and, in order to remove any misunderstanding in the matter, the Minister is anxious that full publicity should be afforded as to the facilities available within the scope of the local tuberculosis service.
6. The Minister wishes to emphasise that when the publicity measures referred to in the preceding paragraphs have been taken, he will not in future be prepared to approve of any proposal of a health authority to contribute to the cost of treatment incurred by a tuberculosis patient unless such treatment has been afforded with the prior consent of the health authority and within the scope of their tuberculosis scheme.

7. The Minister is concerned to note that notwithstanding the large number of tuberculosis patients awaiting institutional treatment under tuberculosis schemes, accommodation reserved for such patients in certain local institutions is not fully occupied. He requests that the health authorities concerned take immediate steps to fill all such vacant beds from their waiting lists. In particular, the Minister wishes to emphasise that claims for allowances under the Infectious Diseases (Maintenance) Regulations, 1948, should be rejected in cases of tuberculosis patients who refuse to undergo institutional treatment offered to them by health authorities.

Mise, le meas,

P. Coleman

Each County/City Manager,

Each Chief Medical Officer.

L(AH/PH/1/9/6C140)

TUBERCULOSIS

_____ County/City (insert name of County or City) has a scheme under which the most modern treatment is provided for all forms of tuberculosis.

THIS TREATMENT IS COMPLETELY FREE - THERE IS NO MEANS TEST.

1. An X-Ray or other suitable examination is yours for the asking.
2. While awaiting a bed in a sanatorium you will be treated at home.
3. At the Sanatorium, the Health Authority provides the best possible treatment at no cost to you. (The Health Authority will not, however, bear the cost of treatment undertaken outside the scheme without its prior approval).
4. To those with small means the Health Authority pays cash allowances to keep the household going while the breadwinner is being treated at home or in a Sanatorium.
5. Also, there is an allowance for rent, rates, etc. and an allowance for domestic help in certain cases.
6. The free tuberculosis service and financial aid are provided by the community because tuberculosis can be eradicated if people look for treatment early enough.

TAKE NO CHANCES WITH TUBERCULOSIS

If you or any of your family have Tuberculosis or suspect you have it, take immediate advantage of the facilities available. Enquire from your local doctor about this free service or write to the Chief Medical Officer at ... (insert address of C.M.O. or X-Ray Centre).

Inserted by (Insert name of Health Authority).

L/4H/PH/1/9/6 (141)

COPY/

Department of Health,
Custom House,
Dublin.

P.H.Circ. 37/49.

18 Bealtaine, 1949.

A Chara,

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2. As you are no doubt aware, this Department has already given general publicity on health matters by way of, inter alia, a series of advertisements published in selected newspapers. It is now considered that each health authority should arrange to publish in the local newspapers circulating in its area, a statement indicating briefly the diagnostic and curative measures available and the allowances payable under the Infectious Diseases (Maintenance) Regulations, 1948. A draft advertisement is enclosed, which it is suggested would be suitable for this purpose. It is requested that the advertisement be of the display type and that it be inserted in a prominent part of the newspaper.
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that claims for allowances under the Infectious Diseases (Maintenance) Regulations, 1948, should be rejected in cases of tuberculosis patients who refuse to undergo institutional treatment offered to them by health authorities.

Mise, le meas,

P. O Cinneide

Each County/City Manager.
Each Chief Medical Officer.

T U B E R C U L O S I S

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TAKE NO CHANCES WITH TUBERCULOSIS

If you or any of your family have Tuberculosis or suspect you have it, take immediate advantage of the facilities available. Enquire from your local doctor about this free service or write to the Chief Medical Officer at(insert address of C.M.O. or X-Ray Centre).

Inserted by(Insert name of Health Authority).

L/PH/PH/1/9/6
10005 (143)

7th February 1950.

Circ. P. H. 3/50.

A Dhuine Uasail,

With reference to your Circular of the 17th ultimo
I enclose herewith copy of letter, dated 31st idem, which
I received from the City Medical Officer.

Mise, le meas,

City Manager.

The Secretary,
Department of Health,
Custom House,
Dublin.

2/194/PH/1/9/6
5826144

CORPORATION OF LIMERICK



TELEPHONE 387

Public Health Section,
28/29 Lr. Gerald Griffin St.,

Limerick 31st. January. 19.50.

Ref. Circ. P.H.3/50.

Re: Cases of Haemoptysis.

Dear Sir,

The difficulties in obtaining institutional accommodation for emergency cases of haemoptysis have not arisen to any appreciable extent in the Limerick County Borough.

When known cases of tuberculosis suffer from haemoptysis and require institutional treatment they are admitted to the City Sanatorium without delay. When doubt exists as to the cause of the haemorrhage or when tuberculosis is not confirmed arrangements are made for admission to the Acute Hospital, City Home and Hospital. Such cases are transferred to the City Sanatorium if and when tuberculosis is confirmed.

I do not consider it advisable that all cases of haemoptysis should be admitted to the City Sanatorium.

Yours faithfully,

Rickon Hayes

City Medical Officer.



M. O Maicin, Uas.,
City Manager.

L/AM/PH/1/9/6
9(145)

41

18th January, 1950.

Dear Sir,

I have received Circular P.H.3/50, dated 17th instant from the Department of Health regarding institutional accomodation for emergency cases of haemoptysis. I note that a copy of the Circular has been sent to you, and I shall be obliged if you will bring it before me at next sitting.

Yours faithfully,

City Manager.

Dr. R. Hayes,
City Medical Officer.

UIMH. THAGARTHA
(Reference No.)

JB



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

17 Eanáir, 1950.

Circ. P.H. 3/50.



A Charr,

The Minister for Health understands that difficulties have been experienced in obtaining institutional accommodation for emergency cases of haemoptysis, and he considers that special arrangements should be made by health authorities to provide the necessary beds immediately such cases come under their notice.

As the majority of haemoptysis cases are tuberculous in origin, the accommodation should be provided in sanatoria or institutions where tuberculosis patients are treated, and, as such cases are not numerous, consideration should be given to the feasibility of using collapsible beds, which could be stored when not required for the purpose.

In view of the general shortage of beds for tuberculosis patients, the emergency accommodation in sanatoria or institutions where tuberculosis cases are treated, should be confined strictly to patients who are gravely ill by reason of coughing up blood (haemoptysis) as distinct from vomiting up blood (haematemesis).

If a haemoptysis patient who has been admitted to a health institution is subsequently found to be non-tuberculous, arrangements should be made for his transfer as soon as possible to a district institution or other general hospital or to his home.

Mise, le meas,

P. Chinn

To each County and City Manager.

Secretary, Joint Committee of
Management of Cork Sanatoria.

Copy to each Chief Medical Officer
and Public Assistance Authority.



P.H. 35/288.



14 Samhain, 1949.

A Chara,

The Minister for Health has asked me to transmit, herewith, a supply of revised forms for use in furnishing monthly returns of tuberculosis patients in, and awaiting admission to, institutions, and to request that you will arrange for these forms to be used for this purpose beginning with the month ending 30th instant. It will be noted that separate forms of return should henceforth be used for pulmonary and non-pulmonary cases. The following instructions for the compilation of monthly returns replace those given in Cir. P.H. 42/48 of 25 Bealtaine, 1948, and Memorandum of 11 Lúnasa, 1949: -

- (1) The approximate number of beds available or reserved in local district institutions (apart from tuberculosis institutions) for tuberculosis patients should also be shown in Table A (Part 2);
- (2) Care should be taken to ensure that patients from another Health Authority's area in, or awaiting admission to, an institution under the control of your Health Authority are not included in Table A (Part 3) and Table B;
- (3) If a specified number of beds are reserved for another Health Authority in an institution under the control of your Health Authority, these beds should be separately shown in Table A (Part 2);
- (4) If the number of beds shown as available is greater than the number of beds shown as occupied in Table A (Parts 2 and 3) a note should be made on the return to explain the difference (i.e. whether beds are occupied by patients from other counties, or there are vacant beds). If there are beds vacant at the end of the month an explanation should be given;
- (5) All patients requiring institutional treatment should be included in Table B. A separate note should be made of the number of these patients who refuse to enter or who desire to defer entering an institution.
- (6) Patients already in an institution and who are awaiting a transfer to another institution, should not be included in Table B.
- (7) If necessary, a brief note explaining any appreciable increase or decrease of cases awaiting admission to institutions should be furnished;
- (8) Each return should be furnished not later than 7 days after the close of the month to which it relates.

Mise, le meas,

C. S. O'Sullivan

To each County/City Manager,

Copy to each Chief Medical
Officer.

Table A.
(See notes at foot)

Bed Accommodation for Cases of Pulmonary Tuberculosis.

1.	2.				3.				4.					
Name of Local Authority Institution	No. of beds available for Pulmonary cases				No. of beds (pulmonary) occupied at end of month				Number of patients (pulmonary) receiving treatment in extern Institutions					
	Male		Female		Male		Female		Name of extern instit- ution	Male		Female		
	A.	C.	A.	C.	A.	C.	A.	C.		A.	C.	A.	C.	
Totals														

Table B.

(See notes at foot)

Cases of Pulmonary Tuberculosis awaiting admission to
(a) Institutions under the control of the Local
Authority, (b) Extern Institutions.

1.

2.

Name of Local Authority or Extern Institution	Number of Pulmonary Cases awaiting admission to each Institution given in Column (1)			
	Male		Female	
	A.	C.	A.	C.
Totals				

1. A. = Adults (16 years and over); C. = Children up to 16 years of age.

- Table B: Where a case is on the waiting list for more than one Institution it should be included only in respect of the first-named institution to which admission is sought, i.e. the total number shown as awaiting treatment should be a net figure.
- Patients from another Health Authority's area in, or awaiting admission to, an institution under the control of your Health Authority should not be included in Table A (Part 3) and Table B.
- If the number of beds shown as available is greater than the number of beds shown as occupied in Table A (Parts 2 and 3) a note should be made on the return to explain the difference (i.e. whether beds are occupied by patients from other counties, or there are vacant beds). If there are beds vacant at the end of the month an explanation should be given.

Bed Accommodation for Cases of Non-Pulmonary Tuberculosis.

(See Table B
Notes at foot)

Cases of Non-Pulmonary Tuberculosis awaiting admission to
(a) Institutions under the control of the Local
Authority, (b) Extern Institutions.

1. A. = Adults (16 years and over); C. = Children up to 16 years of age.

2. Table B: Where a case is on the waiting list for more than one Institution it should be included only in respect of the first-named institution to which admission is sought, i.e. the total number shown as awaiting treatment should be a net figure.

3. Patients from another Health Authority's area in, or awaiting admission to, an institution under the control of your Health Authority should not be included in Table A (Part 3) and Table B.

4. If the number of beds shown as available is greater than the number of beds shown as occupied in Table A (Parts 2 and 3) a note should be made on the return to explain the difference (i.e. whether beds are occupied by patients from other counties, or there are vacant beds). If there are beds vacant at the end of the month an explanation should be given.

UIMH. THAGARTHA
(Reference No.)



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

P. H. 35/288.



A Chara,

5 Deireadh Fómhair, 1949.

The Minister for Health has asked me to refer to the final paragraph of this Department's Circular Letter 37/49 of the 18 Bealtaine, which requested that immediate steps be taken to ensure that vacant beds in local institutions reserved for tuberculosis cases, be used for the accommodation of patients on the waiting list for institutional treatment under the County (or City) Tuberculosis Service. Notwithstanding this request, it is apparent from the monthly returns of tuberculosis patients accommodated in, and awaiting admission to, institutions, that in the case of many health authorities there are still vacant beds available for tuberculosis patients in local institutions, even though there are patients awaiting institutional treatment. The Minister requests again that Health Authorities should take appropriate steps to fill all such vacant beds from their waiting lists. Patients who are awaiting institutional treatment in the larger Sanatoria and Tuberculosis Hospitals should in appropriate cases be admitted to local institutions pending their transfer to the former. Health authorities should co-operate with one another in ensuring that the maximum use is made of accommodation available for tuberculosis cases.

The Minister wishes to emphasise again that claims for allowances under the Infectious Diseases (Maintenance) Regulations, 1948 and 1949, should be rejected in cases of tuberculosis patients who refuse to undergo institutional treatment offered to them by the Health Authority.

I am to request you to furnish a report as soon as possible on the steps taken by the Health Authority to fill any vacant beds reserved for tuberculosis cases in local institutions.

Mise, le meas,

G. S. O'Sullivan

To/

Each County/City Manager.
Each Chief Medical Officer.

UIMH. THAGARTHA
(Reference No.)

AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).



11 Lúnasa, 1949.

MEMORANDUM TO EACH HEALTH AUTHORITY.
RE P.H. CIRC. 42/48.

You are requested to observe, as from 31st instant, the following procedure in compiling the returns, to be furnished at the end of each month to this Department, of patients in, and awaiting admission to, tuberculosis institutions: -

- (1) All patients requiring institutional treatment should be included in Table B irrespective of whether they have expressed a desire to defer entering an institution;
- (2) Care should be taken to ensure that patients from another Health Authority's area awaiting admission to an institution under the control of your Health Authority, are not included in Table B;
- (3) Patients already in an institution and who are awaiting transfer to another institution should not be included in Table B;
- (4) Only patients of 16 years and over should be included in the particulars of pulmonary cases (Tables A and B). It is proposed to revise the form of return to provide for the furnishing of information as to the numbers of children (up to 16 years of age) suffering from pulmonary tuberculosis who are undergoing treatment by health authorities. Pending the issue of revised form, it is requested that at the end of each month a separate statement be furnished indicating the numbers of such cases (a) undergoing institutional treatment and (b) on the waiting list for such treatment, segregated into boys and girls.
- (5) The appropriate number of beds available or reserved in local district institutions for tuberculosis patients should be shown in Table A;
- (6) If necessary, a brief note explaining any appreciable increase or decrease in the number of patients awaiting admission to institutions should be furnished;
- (7) Each return should be furnished not later than 10 days after the close of the month to which it relates.

Tuberculosis Section,,

COPIES TO -

EACH CHIEF MEDICAL OFFICER.

AN ROINN SLAINTE,
(Department of Health)

TEACH AN CHUSTAIM,
(Custom House)

BAILE ATHA CLIATH
(Dublin)

QUERY

(N.B.—Each query should be fully and precisely answered).

File No. 357288A... Date. 13.12.1949.

Departments letter of 5.10.1949 (P.H. 35/1949)
re vacant beds in local tuberculosis
institutions.

Please reply as soon as possible.

J. 13/12.

To:

Sanctions of no blood no blood,

R.S.2.

(152)



REPLY

L/AM/PH/1/9/6
(153) 214

13th December, 1949.

P.H.30/27.

A Dhuine Uasail,

I desire to refer to your communication of the 2nd instant regarding vacant beds in the Tuberculosis Section of the City Home and Hospital, and to enclose for the Minister's information copy of report dated 12th idem which I have received from the City Medical Officer on the subject.

Mise, le meas,

City Manager.

The Secretary,
Department of Health,
Custom House,
Dublin.

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(154)

CORPORATION OF LIMERICK



Public Health Section,
28/29 Lr. Gerald Griffin St.,

Limerick12th. December,....19.49.

Dear Sir,

With reference to the letter P.H.30/27 of the 2nd inst. from the Department of Health (returned herewith) regarding vacant beds in the City Sanatorium I wish to observe that it was decided to reserve 28 beds for cases requiring major or minor surgical intervention. Since it now appears that the waiting list of such cases is not as great as we had expected I have asked the Limerick County Medical Officer for particulars of all cases on his waiting list with the view of arranging their admission to the Sanatorium.

As regards the Rosary Hospital an extra bed has been erected in each of four wards in use which makes the total bed complement 44 compared with 48 arranged originally. When the Nurses Duty Room at present under construction is completed it should be possible to erect 4 beds in the 8 bed ward. In view of the fact that there is no patients day or dining room in the Institution it might be well to retain the remainder of the ward for these purposes for the present.

Yours faithfully,

Richard Hayes

City Medical Officer.

M. O Maicín, Uas.,
City Manager.

Seol aon shreagra chun :-
(Address any reply to :-)

AN RÚNAÍ
(The Secretary),

fén uimhir seo :-
(quoting :-)

P.H. 30/27



AN ROINN SLÁINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

2 Nollaig, 1949

A Chara,

The Minister for Health has asked me to state that it appears from the report of this Department's Medical Inspector on his visit on the 10th ultimo to the Tuberculosis Sections of the City Home and Hospital that 26 beds were vacant on that date. As the Minister is anxious that all available beds for tuberculosis patients should be utilised without delay, I am to urge that every effort should be made to fill the vacant beds. I am also to inquire when it will be possible to utilise the 8 bed ward in the Rosary Hospital (being used at present as a Nurses' Duty Room and a dining room for up-patients) for patients.

Mise, le meas,

Va. Kiwan

City Manager,
Limerick.

BC/



UIMH. THAGARTHA
(Reference No.)

2/14/1948/1/9/6(156)
AN ROINN SLAINTE
(Department of Health),

TEACH AN CHUSTAIM
(Custom House),

BAILE ÁTHA CLIATH
(Dublin).

P.H.37/2.



4 Samhain, 1948.

A. Chara,

I am directed by the Minister for Health to forward herewith for the information and guidance of the health authority, the chief medical officer and his staff, 3 copies of Memorandum T.B.20, relating to the arrangements for the provision of treatment for tuberculosis for ex-members of the British Forces, which has been revised after consultation with the British Ministry of Pensions. As the recoupment to health authorities of expenditure incurred in the treatment of patients of this class is dependent on compliance with the procedure detailed in the memorandum, I am to request that the provisions thereof be carefully studied and fully observed.

It should be noted that the provisions of the memorandum apply only to patients notified by the Department as "accepted cases" and that claims should not be made on the Ministry in respect of treatment afforded to patients in any other category. There is, however, a possibility that a change of residence by an "accepted case" from the area of one health authority to that of another may lead to failure to claim for treatment provided by the latter body. All reasonable precautions should be taken to prevent such an occurrence and in any doubtful cases the furnishing of a Form T.B.16 will result in clarification of the position. Claims in respect of the treatment of serving members of the British Forces should, as heretofore, be made on Form T.B.17B.

The furnishing of Forms T.B.16 at the required time is of particular importance, as an adjustment of a patient's rate of pension is made when he is admitted to or discharged from an institution. Delay in furnishing this form is, consequently, a source of inconvenience to the Ministry and may impose a hardship on a pensioner. The furnishing in good time of the progress reports referred to in Articles 7 and 16 of the memorandum is also of great importance. Delay in the furnishing of these reports may result in a refusal by the Ministry to accept liability for the cost of a patient's further treatment.

As already intimated to you, the Ministry of Pensions has agreed to the payment, as from 1st October, 1947, of a capitation charge at the rate of 10/6 per day for the residential treatment of patients of this class in institutions. This rate covers all examinations carried out and all forms of treatment given whilst the patient is resident in the institution, other than those exceptions for which special provision is made in Circular P.103/47 of 6th August, 1947, and P.142/47 of 15th September, 1947. If necessity for any of these exceptional forms of treatment should arise in any case, a full report should be furnished to the Department without delay so that the question of acceptance of responsibility for the cost thereof may be taken up with the Ministry.

Attention is directed to the provisions of Article 8 of the

/memorandum

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(157)

2.

memorandum regarding (1) the rate to be claimed in respect of periods of leave of absence granted to a patient during a course of residential treatment and (2) the increased leave that may be allowed.

The rates of charge for non-residential treatment set out in P.H. Circular 21/46 of 29th January, 1946, have not been altered; it should, however, be noted that the agreed rate of 5/- for an A.P.T. refill is intended to cover screening when the patient is screened in conjunction with the refilling process.

The revised system of classification detailed in Article 19 of the memorandum should be adopted in all cases.

Mise, le meas,

(Signature)

Bainisteóir na Cathrach agus
Clóiríoch an Bhaile,
Rúnaí Chomhairle an Chontae.

Cóip do Phríomh-Dhoctúir Oifigiúil.



DEPARTMENT OF HEALTH

ARRANGEMENTS WITH THE BRITISH MINISTRY OF PENSIONS FOR THE
PROVISION FOR EX-SERVICE AND OTHER WAR DISABLED PENSIONERS OF
RESIDENTIAL AND OTHER TREATMENT FOR TUBERCULOSIS.

Objects of the Arrangements.

1. The object of these arrangements is to secure that ex-service and other war disabled pensioners suffering from tuberculosis accepted by the Ministry of Pensions as a war disablement shall receive the fullest measure of treatment which competent medical opinion considers desirable for them and that such treatment shall be provided with the greatest possible promptitude. Subject to the conditions set out in this memorandum the Health Authority shall be entitled to repayment by this Department, from funds provided by the Ministry of Pensions, of any approved expenditure incurred in affording treatment of persons whose names are included in the list of accepted cases referred to in Clause 3 of this memorandum.

Interpretation of Terms.

2. In this Memorandum:-

Health Authority means a Health Authority as defined in the Health Act, 1947.

The Minister means the Minister for Health.

Tuberculosis Officer means the Tuberculosis Medical Officer or other Officer appointed by the Health Authority for the administration of their Tuberculosis Scheme.

Ministry of Pensions means the British Ministry of Pensions, London.

Chief Regional Officer means the Chief Regional Officer, Ministry of Pensions, 24, Merrion Square, Dublin.

List of Accepted Cases.

3. The Health Authority shall keep a list of all cases notified to them by the Minister as being cases accepted by the Ministry of Pensions for inclusion in such list. This list shall be carefully written up in a special register which shall contain particulars of the name, address, Ministry of Pensions reference number and, where appropriate, service number and rank with name of regiment, ship, or other particulars of service.

A record of the Classification of the patient in accordance with the Joint Tuberculosis Council's system of classification (see Clause 19) and of the nature and periods of residential treatment in institutions or other treatment authorised, together with a report of the results of any such treatment, should be entered therein.

All cases thus listed are referred to in this memorandum as "accepted cases."

Determination of need of Residential Treatment.

4. When an application for the treatment of an accepted case

/is

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is received by a Health Authority it shall forthwith be transmitted to the Tuberculosis Officer for a recommendation as to whether residential treatment should be provided and if so the type of institution in which such treatment should be given. This recommendation should be made by the Tuberculosis Officer in his unfettered medical judgment and without regard to the question whether a bed is at the time actually available for the man's reception in the institutions normally utilised by the Health Authority. It is, however, to be noted that liability for the cost of treatment of the patient will not be recognised unless the proposed course of treatment shall have been reported to the Chief Regional Officer in accordance with Clause 6 of this memorandum and liability therefor accepted.

As the prompt provision of residential treatment for accepted cases is one of the basic conditions of these arrangements the Tuberculosis Officer should take the requisite steps to arrange for the provision of such treatment for any such patient, and to report the action taken to the Health Authority for ratification. If a bed is not available in the institutions normally utilised by the Health Authority for the treatment of tuberculous persons accommodation should be obtained in some other suitable approved institution. It will, of course, be understood that admission to a residential institution is not to be recommended for an accepted case except in so far as treatment is required for tuberculosis.

Arrangements for Residential Treatment.

5. The arrangements for the provision of residential treatment for accepted cases whether in an institution under the control of the Health Authority or in an institution under other control shall be made to the satisfaction of the Minister. It will, accordingly, be necessary to submit to the Minister for his approval the name and address of the institution proposed to be used in each case.

Payment for residential treatment afforded to accepted cases shall be made at such rate as may be approved by the Minister from time to time.

Notification of Recommendation of Residential Treatment for an Accepted Case.

6. Immediately on the receipt of a recommendation from the Tuberculosis Officer for the admission of an accepted case to a residential institution, the Health Authority shall send notice thereof on Form T.B. 16 to (a) the Chief Regional Officer and (b) the Minister. This form duly completed should be despatched to the Chief Regional Officer at least fourteen days before the date arranged for the patient's admission.

The Health Authority will be informed by the Minister as soon as practicable whether liability will be accepted by the Ministry of Pensions for the course of treatment proposed. If liability is accepted the Chief Regional Officer will, on receipt of notification of the name of the institution in which treatment is to be provided and the date on which the patient is to be admitted thereto, provide the patient with a travelling warrant unless conveyance by ambulance is necessary. A decision must be obtained as to admission of liability for each separate course of residential treatment.

Duration of Treatment in Residential Institutions.

7. When the Tuberculosis Officer, in consultation with the Medical Superintendent of an institution, is of opinion that the continuation of residential treatment beyond twelve months is

/required

required for an accepted case, it will be necessary for the Tuberculosis Officer to submit to the Chief Regional Officer and the Minister a report giving medical particulars of the case accompanied by a copy of Form T.B. 6, and a brief indication of the reasons which, in his opinion, render the extension necessary. In the case of a patient whose case falls within the Group 3 classification as defined in the system of classification recommended by the Joint Tuberculosis Council (see Clause 19) and who requires the constant care and attention that residential treatment best affords, a statement to that effect by the Tuberculosis Officer may be furnished in lieu of a report.

In any case in which the necessity for accepting liability for continued residential treatment is regarded as doubtful arrangements may be made for a medical officer of the Ministry of Pensions to visit and examine the patient in the institution. The decision in regard to the authorisation of the continuance of residential treatment under these arrangements will be notified to the Health Authority by the Minister. If it is decided to accept liability the period covered by such acceptance will be stated and a fresh report from the Tuberculosis Officer will be necessary at a suitable time before the termination of that period, if he considers that residential treatment should be further extended. Where it is decided that liability for the cost of a continuation of residential treatment should not be accepted, the Health Authority will be notified by the Minister of the date upon which such liability will terminate.

In exceptional cases it may be necessary to review the liability for the cost of residential treatment under these arrangements before the period of twelve months shall have elapsed. In such cases the Tuberculosis Officer will be requested to furnish a special report to the Chief Regional Officer and to the Minister. The subsequent procedure will follow the lines indicated in the preceding paragraphs of this Clause.

The right is reserved by the Ministry of Pensions to reconsider at any time liability for the continued treatment of any case under these arrangements and to terminate such liability on a given date after due notice.

Leave of Absence during Residential Treatment.

8. Patients undergoing a course of residential treatment may be granted overnight leave at the discretion of the Medical Superintendent up to the limit of 21 nights per annum in any number of periods not exceeding 6 per annum. In addition, special overnight leave, up to 5 nights, may be granted by the Medical Superintendent where a patient desires to take such leave on account of the serious illness or death of his wife, or child, of his mother or father, or of some other person of whom he is the only next of kin. Special overnight leave up to 2 or, exceptionally, 3 nights may also be granted for other urgent and important reasons if the Medical Superintendent considers that the circumstances justify granting such leave.

Travelling expenses for 6 return journeys per annum between the institution and the home address, in connection with approved overnight leave, may be met by the Ministry of Pensions.

Every case in which overnight leave is granted should be notified to the Chief Regional Officer on Form MPM. 91.

Payment in respect of periods of authorised leave shall be made at half the rate referred to in Clause 5 of this memorandum.

If the Medical Superintendent does not feel justified in granting leave up to the quota of 21 nights in 6 periods per annum or the patient does not desire to take the leave, the travelling expenses of the patient's wife (or other near relative nominated by him) for the purpose of visiting the patient at the institution may be borne by the Ministry of Pensions. The cost of such a visit

/will

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will not, however, exceed that which would have been incurred had the patient travelled home and every such visit will be regarded as being in lieu of one of the patient's periodical visits home.

Ministry of Pensions Medical Record Cards.

9. The Ministry of Pensions maintain, in respect of each pensioner, a complete summary of the medical history as known to that Department. In this connection a special card MPM 302 is in use for accepted cases of tuberculosis. On being notified of the commencement of a course of residential treatment in accepted cases, MPM 302 will be prepared by the Chief Regional Officer of the Ministry of Pensions and forwarded to the Tuberculosis Officer, accompanied by any previous similar cards bearing notes in regard to the past history of the case. Where residential treatment is being provided, it is desired that the Tuberculosis Officer will send the cards to the Medical Superintendent of the institution, and request him to record on the card MPM 302 particulars of the patient's condition whilst an inmate of the institution, and to return the cards to the Tuberculosis Officer on the termination of residential treatment. A supply of additional cards can be obtained if required from the Chief Regional Officer.

On the termination of the course of treatment the card MPM 302, fully completed up-to-date, will be forwarded by the Tuberculosis Officer, with its accompaniments, to the Chief Regional Officer of the Ministry of Pensions for retention. Upon occasion the Ministry of Pensions may require to peruse the record before the treatment has terminated. In that event the Ministry of Pensions will call for the cards, duly completed to date, from the Tuberculosis Officer, and when the purpose for which they are required has been served, will return them to him for use until treatment terminates.

Notification of Discharge from Residential Treatment.

10. The Health Authority by means of Form T.B. 16 should notify (a) the Chief Regional Officer and (b) the Minister (where possible not less than one week in advance) of the proposed discharge of an accepted case from a residential institution and should state in such notice whether the patient has completed the full period of treatment prescribed for him in the institution or whether the discharge is premature. Where the discharge is premature, the reasons therefor should be stated.

Except in cases in which conveyance by ambulance is necessary the Chief Regional Officer will, when circumstances permit, provide the patient with a travelling warrant for the journey from the institution to his home. If the prior issue of a warrant cannot be arranged, the Chief Regional Officer will refund to the patient the cost of the journey.

Notification of Treatment other than Residential Treatment.

11. The Chief Regional Officer and the Minister should be notified on Form T.B. 16 of each course of dispensary or domiciliary treatment proposed to be provided for an accepted case. The provision for accepted cases not undergoing residential treatment of artificial pneumothorax treatment, artificial pneumoperitoneum treatment or sanocrysin treatment and examinations by X-ray should also be notified on this Form to the Chief Regional Officer and the Minister.

Travelling Expenses of Accepted Cases.

12. Where conveyance of accepted cases by ambulance to or from an institution is necessary liability for the cost to the Health

/Authority

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Authority of such conveyance will be accepted by the Ministry of Pensions. Travelling warrants will be issued by the Chief Regional Officer in any other cases as indicated in Clauses 6 and 10. No expenditure in respect of travelling expenses should be incurred by the Health Authority in such cases.

The Ministry of Pensions will also accept liability for the refund to the Health Authority of travelling expenses advanced to accepted cases, who are undergoing non-residential treatment, in respect of journeys undertaken for the purpose of examination by X-ray or for artificial pneumothorax or other treatment, provided that the patients are themselves unable to meet the expenses entailed. Claims for recoupment of expenses under this Clause should be submitted half-yearly on Forms T.B. 17 and T.B. 17A.

Recovery by the Health Authority of the cost of Residential and other Treatment.

13. Accounts for residential and other treatment and for X-ray examination provided in accordance with these arrangements should, after examination, be paid from time to time by the Health Authority, and approved expenditure will be reimbursed by the Minister out of funds provided by the Ministry of Pensions. For this purpose, claims on Form T.B. 17 and T.B. 17A carefully completed in respect of the half-years ending 30th September and 31st March in each year should be submitted to the Minister as soon as possible after the close of these half years. The claim forms when completed should be signed by the Health Authority's Manager or Secretary and transmitted to the Minister.

A Health Authority may also claim the amount of any unavoidable expenditure reasonably incurred by them where an accepted case dies prior to his admission to an institution in which residential accommodation has been secured for him by the local authority, or omits for any reason to avail himself of such accommodation. Full particulars of any such circumstances should accompany the periodical form of claim.

Refusal of Treatment or Refusal to be examined by the Tuberculosis Officer.

14. In the event of an accepted case refusing to enter upon a course of treatment which has been prescribed for him by the Tuberculosis Officer and is available in a residential institution or otherwise, or in the event of the patient refusing to submit himself for examination as and when required by the Tuberculosis Officer, the Health Authority should notify the circumstances on Form T.B. 16 to the Chief Regional Officer and to the Minister. The patient's reasons for refusal should, if known, be incorporated in the notification.

General Practitioner Treatment of Pensioners.

15. Arrangements have been made with the Ministry of Pensions for the administration by the Minister for Social Welfare of a scheme under which free medical treatment by a general practitioner for any ailment or disability is provided for ex-members of the British military, naval and air forces who are in receipt of pensions from the Ministry. Every person eligible for treatment under the scheme is provided by the Minister for Social Welfare with a Medical Card as evidence of eligibility. It is not necessary to notify the Chief Regional Officer of a recommendation by the Tuberculosis Officer that general practitioner treatment for tuberculosis or other ailment or disability be provided under the scheme for an accepted case.

/Reports on

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(163)

Reports on Pensioners may be required from
Tuberculosis Officer.

16. Where a special rate of pension has been granted by the Ministry of Pensions to an accepted case after completion of the patient's first course of treatment in a sanatorium or other institution prescribed by a Tuberculosis Officer, the Chief Regional Officer may call for reports from that officer (M.P.M. 122) at intervals of approximately six months during the period for which the special rate of pension has been granted, as to whether the pensioner is complying with the Tuberculosis Officer's requirements in respect of treatment.

A fee of 5/- may be claimed by the Health Authority for each medical report made by the Tuberculosis Officer in accordance with the foregoing paragraph.

Payment of Fees for certain reports referred
to in this Memorandum.

17. The fees that may be claimed by the Health Authority in respect of certain reports referred to in this memorandum are as follows:-

- (1) Report as indicated in Clause 7 by a Tuberculosis Officer on a case undergoing or about to terminate a course of residential treatment: 5s. per report;
- (2) Report as in Clause 16 on a pensioner in receipt of a special rate of pension on account of tuberculosis (M.P.M. 122): 5s. per report.

The claims on forms T.B. 18 carefully completed in respect of the half-years ending 30th September and 31st March in each year should be submitted to the Minister as soon as possible after the close of these half-years. The claim forms when completed should be signed by the Health Authority's Manager or Secretary and transmitted to the Minister.

Erroneous or Doubtful Diagnosis of Tuberculosis.

18. In any accepted case in which the Tuberculosis Officer is satisfied that the original diagnosis of tuberculosis is erroneous or even doubtful or where some complaint other than tuberculosis, e.g. bronchitis, is a condition present in the case, the facts should be reported to the Chief Regional Officer and the Minister.

Definition of Tuberculosis Terms and Classification
of Patients.

19. The following notes are intended for the guidance of Tuberculosis Officers in furnishing reports to the Chief Regional Officer.

1. Classification

- (1) Patients suffering from Tuberculosis will be classified, according to the nature and extent of the disease, in accordance with the system of classification recommended by the Joint Tuberculosis Council described below.
 - (a) Patients will be divided into respiratory (R) and non-respiratory (NR) tuberculosis cases as follows:-
 - (i) R (a respiratory case) should be one in which there is a tuberculous lesion of the lungs, pleura, /intrathoracic

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intrathoracic glands, trachea or larynx.

- (ii) N.R. (a non-respiratory case) should be one in which a tuberculous lesion is present in one or more parts of the body other than the lungs, pleura, intrathoracic glands, trachea or larynx.

A case in which there are both respiratory and non-respiratory lesions of clinical significance will be classified as a respiratory case (R)

- (b) Both R and NR cases will be divided into:-

Class A. viz. cases in which tubercle bacilli have never been discovered in any exudate, excrement, discharge or tissue.

Class B. viz cases in which tubercle bacilli have been found at any time in any exudate, excrement, discharge or tissue.

A patient originally in Class A (T.B. minus) will be transferred to Class B (T.B. plus) at any stage of the course of treatment if and when tubercle bacilli are found, but, for purposes of classification at the time of first observation, if tubercle bacilli have not been found in any excreta or discharge prior to or during the first eight weeks of observation or residential treatment that patient will be considered an A case.

- (c) R cases in both Classes A and B will be further subdivided in three groups as follows:-

Group 1. Cases with slight constitutional disturbance, if any, e.g. there should not be marked acceleration of pulse or elevation of temperature except of very transient duration; gastro-intestinal disturbance or emaciation, if present, should not be excessive. Obvious physical signs and radiological findings should be of very limited extent. The physical signs should be either present in one lobe only, and in the case of an apical lesion of one upper lobe, not extending below the second rib in front, or not exceeding an equivalent area in any one lobe; or where these signs are present in more than one lobe, they should be limited to the apices of the upper lobes and should not extend below the clavicle and the spine of the scapula.

Radiological findings should be limited to mottling involving a total area of not more than one zone.

No complication (tuberculous or other) of prognostic gravity should be present. A small area of dry pleurisy should not exclude a case from this group.

Group 3 Cases with profound systemic disturbance or constitutional deterioration and with marked impairment of function, either local or general.

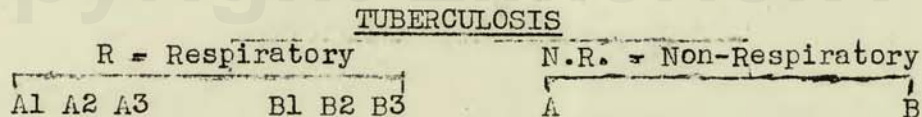
All cases with grave complications, whether they are tuberculous or not, should be classified in this Group (e.g. diabetes, tuberculosis of intestine or larynx).

Group 2. All cases which cannot be placed in Groups 1 or 3.

/ (d) the Classification

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- (d) The classification indicated in the above sub-paragraphs may be demonstrated diagrammatically as follows:-



- (e) In all R cases, a brief indication should be given of:-

- (i) The extent and degree of the lesion.
- (ii) The degree of toxæmia.

The extent of the pulmonary lesion is best described by radiological zones as follows:-

- The upper zone - that area above a straight line running through the lower borders of the anterior ends of the second ribs.
- The middle zone- that area bounded by the above line and one running through the lower borders of the anterior ends of the fourth ribs.
- The lower zone - the remainder of the lung below the middle zone.

- (2) Pleural Effusions: Uncomplicated cases of pleural effusion for which no alternative cause can be found should be regarded as tuberculous and placed in Group 1 of Class A - in Group 1, Class B, when tubercle bacilli have been demonstrated in the fluid.
- (3) The single positive result: Where a single positive bacteriological report is not confirmed by further bacteriological search and is unsupported by clinical or radiological evidence of tuberculosis, it may be ignored.

2. Results of Treatment

The following terms will be used to describe the results of treatment:-

"Quiescent" - Cases in which the general condition and exercise tolerance are good, having regard to the extent of the lesion; which show no evidence of toxæmia; in which no tubercle bacilli have been found on three consecutive monthly examinations by stained films; and in which changes revealed by other clinical investigations and by serial skiagrams point to retrogression of the tuberculous lesion.

"Arrested" - Cases in which the disease has been "quiescent" for a continuous period of at least TWO years, or, if non-respiratory, the disease is "quiescent" and there is reason to believe it is unlikely to recur.

"Recovered" - Cases in which the state of quiescence has continued uninterruptedly for a period of FIVE years.

3. Other Definitions

"Active Cases" - Those not quiescent. All cases discharging tubercle bacilli within the proceeding three months will be considered as "active."

"Stationary Cases." - Cases in which the signs, symptoms, clinical tests and radiological appearances of the lesions have presented no material new features during the period under review.

Department of Health,
Custom House,
Dublin.

October, 1948.

MS
Limerick 4/19/6
(166)

CORPORATION OF LIMERICK.

From THE CITY MANAGER & TOWN CLERK.

To Dr. R. Hayes, C.M.O.
M. F. Donnellan, Sec. P.H. Dept.

Date 26th June, 1948.

Approval of St. Raphael's Preventorium, Montenotte, Cork

SUBJECT for reception and treatment under the Limerick Co. Boro' T.B. Scheme of children suffering from T.B.

Attached find (copy of) communication, dated 24th inst. Ref: P.H. 33/60

The Department of Health,

from

of Dublin

for your attention please.

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Llan/P4/1/7/6
(167)

COPY/

Department of Health,
Custom House,
Dublin

P.H.33/60.

24 Meitheamh, 1948.

A Chara,

I am directed by the Minister for Health to state that he has approved of St. Raphael's Preventorium, Montenotte, Cork, for the reception and treatment under the Limerick County Borough Tuberculosis Scheme, of children from 1 to 5 years of age suffering from primary tuberculosis of the lungs, abdomen or glands.

Mise, le meas,

R. M. Connolly

Bainisteoir na Cathrach,
Luimneach.