REPORT

of

STUDY TOUR OF HOSPITALS

in

IRELAND

MAY 21st-31st, 1956

INTERNATIONAL HOSPITAL FEDERATION
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FOREWORD

This Report records the experiences of a party of some 170 members of the International Hospital Federation and their guests who came from fourteen countries to take part in a Study Tour of Hospitals in Ireland. They spent eleven days visiting hospitals and allied institutions in nine centres, along a route which took them through some of the most beautiful parts of a country famed for the splendour of its scenery. The programme of the Tour had been drawn up in such a way as to enable participants to see Ireland's newest hospitals, and in fact, of the twenty-three establishments included, ten have been opened since 1953, while several others have new departments or extensions recently added. This will give some idea of the extensive programme of hospital construction which has been undertaken in Ireland. During the past seven years, some £30 million have been spent; building operations completed have provided some 8,000 additional hospital beds and cots, and work in progress will provide some 1,200 further beds on completion. Plans have been made for future extensions and the construction of several new hospitals, covering a total of over 2,500 new beds and cots.

The hospitals visited by participants in the Study Tour range in size from a district hospital with 35 beds to a mental hospital with 1,655 beds, and between them serve all branches of medicine. They are described in Chapter IV of this Report, which also contains information on the number of patients treated, building costs and cost of treatment. Points of particular interest in the hospitals visited are dealt with in Chapter III, compiled from notes supplied by a number of participants in the Tour. Their assistance is much appreciated; the value of an international Study Tour derives in no small measure from the fact that it enables hospital workers to see hospitals abroad not only from their own point of view, but through the eyes of their colleagues from other countries. It is hoped that those who were unable to visit the hospitals of Ireland will gain useful information from the impressions of those who did.

Thanks

The account that follows cannot do full justice to the organisation of the Study Tour; the efficiency of the arrangements made for the visitors was outstanding and surely will be difficult to surpass. The International Hospital Federation owes a debt of gratitude to the Irish Hospitals Commission, which organised the Tour on its behalf, and which spared no
effort to give participants a rich and varied programme of visits and receptions. Many months of careful planning and co-ordination had made it possible to provide the physical comfort, mental stimulation and opportunities for relaxation which contribute to the success of a Study Tour.

The Federation wishes to place on record its gratitude to all those who generously extended hospitality to its members during their stay in Ireland: in particular, to the President of Ireland, the Minister for Health, the Minister for External Affairs, the Irish Hospitals Trust, and the Bord Failte Eireann (Irish Tourist Board), as well as to the civic and hospital authorities in the centres visited. A special tribute should be paid to the members of the Irish Organising Committee, first and foremost to Mr. M. W. Doran, Chairman of the Irish Hospitals Commission and of the Organising Committee; to Mr. E. de Barra, Secretary of the Committee; to Dr. C. E. Lysaght, Mr. C. F. Dowling, and Mr. N. J. S. White of the Department of Health. Theirs was the task of planning, of working out every detail, and of dealing with all the many problems which accompany the organisation of a Study Tour. The satisfaction expressed by all the participants is proof, if proof were needed, of the efficiency with which their task was performed.

J. E. STONE.

Honorary Secretary and Treasurer.

THE TOUR

The circular Tour began in Dublin on May 21st; participants arrived on the previous day to register and receive their documents, which included information on Ireland; a book on Ireland's Hospitals provided by the Irish Hospitals Trust and a manual giving details of the hospitals they were to visit, prepared by the Irish Hospitals Commission; details of arrangements made for accommodation and transport; invitations to receptions; and an attractive Study Tour badge. An elegant green document case was provided for each participant through the generosity of the Irish Hospitals Sweepstake.

After an official reception given by the Irish Hospitals Commission on the first evening, the Tour began with visits on May 21st and 22nd to four hospitals in Dublin, three of them opened during the last three years: St. Luke's Hospital, the National Centre for Radiotherapy; the Dublin Fever Hospital, where luncheon was taken; Our Lady's Hospital for Sick Children at Crumlin, one of the newest children's hospitals in Europe; and the Mater Misericordiae General Hospital, where luncheon was provided, and where participants were particularly interested in the new Nurses' Home, opened in 1954. On the evening of the 22nd, a reception was held by the Minister for External Affairs.

The next morning, the party was divided into two sections, one of which visited the County General Hospital at Tullamore and the Portiuncula General Hospital (which has a new wing opened in 1952), while the other visited the County General Hospital at Roscommon and, after lunching at the hospital, proceeded to the Ballinasloe Mental Hospital. The two groups joined up at Galway in the evening and paid a visit the next day to the Western Regional Sanatorium, dating from 1952, where luncheon was taken, and the Galway Regional General Hospital, opened last year. After a short motor-coach excursion through Connemara, participants attended a dinner given by the Bord Failte Eireann, the Irish Tourist Board.

On May 25th, the party moved on to Killarney, stopping on the way to visit the Limerick Regional General Hospital, opened in 1955. Two days were spent in Killarney; on the first, visits were paid to the District
General and Fever Hospitals there, and to the District General Hospital at Cahirciveen, opened in 1955, with a scenic tour of the famous “Ring of Kerry” in the afternoon and a dinner given by the Irish Hospitals Commission in the evening. The second day was free—a welcome break for the travellers.

On May 28th, an early start was made for Cork, where the new Southern Regional Sanatorium was visited. After lunching there, participants had a choice of visits to St. Mary’s Orthopaedic Hospital at Gurranabraher, opened in 1955, and Our Lady of Good Counsel Hospital for Mental Defectives at Lota, which has a new extension opened this year. In the evening the Minister for Health gave a dinner in their honour.

The next day, the party returned to Dublin via Kilkenny, where they stopped to visit the County General Hospital, arriving in Dublin in the evening. On May 30th, they divided into two groups, each visiting hospitals in or near Dublin. The first group spent the day at the Rotunda Maternity Hospital, the Dublin Regional Sanatorium, opened last year, where luncheon was provided, and the Orthopaedic Hospital at Cappagh. The other group saw the National Maternity Hospital, St. Michael’s General Hospital at Dun Laoghaire, where luncheon was taken, and the new Genito-Urinary Unit at the Meath Hospital. In the evening, participants were invited to attend an Architectural Exhibition of Hospital Plans and Models.

The last day, May 31st, was devoted mainly to farewells. In the afternoon, the President of Ireland received participants in his beautiful residence and gardens. The occasion was marked by a presentation ceremony, in the course of which the President conferred upon Mr. T. P. Kennedy, architect, of Dublin, the Gold Medal of the Royal Institute of Architects of Ireland, awarded for his work in connection with St. Luke’s Hospital, Dublin. In the evening, participants were entertained at the Final Banquet, given by the Irish Hospitals Trust in the presence of the Minister for Health—yet another memorable example of Irish hospitality and a fitting conclusion to an instructive and enjoyable journey.
II

THE ORGANISATION OF HOSPITAL AND HEALTH SERVICES IN IRELAND

NOTE.—The outline given below is based upon information supplied by the Irish Hospitals Commission.

According to the latest available figures, Ireland (excluding the Six Northern Counties) has approximately 250 public hospitals and allied institutions serving all branches of medicine, with a total of some 45,000 beds. There are, in addition, over 100 private nursing-homes, which are not included in the present survey.

Public hospitals may be divided into two groups—voluntary hospitals and Local Authority hospitals. The former are owned and controlled by voluntary committees or religious communities, which are responsible for their administration without reference either to the Local Authority or to the Minister for Health. The latter are under the control of the Local Authority, that is to say, in most cases, the City Corporation or the County Council.

The voluntary hospitals for general and maternity care comprise teaching hospitals (with a total of 6,164 beds) and non-teaching hospitals (2,275 beds). There are voluntary sanatoria (with a total of 1,600 beds), mental hospitals (with 925 beds) and institutions for mental deficiency and epilepsy (1,847 beds). There are three types of general hospitals under the Local Authorities: regional hospitals (with a total of 1,918 beds) providing medical, surgical and maternity care for the residents of defined areas of the country; county hospitals (with 3,029 beds) providing similar services, with the exception of certain specialities, for residents of the county in which they are situated; and district hospitals (with a total of 2,173 beds), where general medical, maternity and minor surgical care is provided for residents of the district who do not require admission to a county or regional hospital.

Local Authorities also maintain sanatoria, mental hospitals, fever hospitals and units for the chronic sick attached to County Homes. The sanatoria, some of which serve a region, others a county, have a total of 5,300 beds. The total number of mental beds under the Local Authorities is 19,734.
The cost of hospital treatment depends upon the economic status of the patient. Those in the lower income group, i.e. persons who are unable to pay for health services, and their dependants, receive such services free of charge. Medical treatment is provided free through general practitioners employed part-time by the Local Authority; in addition, free hospital care, dental and optical services, and medical, surgical and dental appliances are available to this group.

Persons in the middle income group may obtain hospital treatment free or at a charge not exceeding 6s. per day, the amount being determined by the Local Authority. This group includes persons insured under the Social Welfare Act, 1952, i.e. nearly all those working for an employer, and their dependants; adults with an annual income of less than £600 (including the income of certain members of the family) and their dependants; and adults (and their dependants) whose income is derived wholly or principally from farming, and the rateable valuation of whose farm is not more than £50. Other persons who, in the opinion of the Local Authority, would be unable without undue hardship to pay the full cost of hospital care may also obtain these services free or at a reduced charge.

Special provision is made for maternity care for all women in the lower and middle income groups. They may call upon the services of any general practitioner or midwife in their area who has entered into an agreement with the Local Authority for this purpose. Maternity care under this arrangement extends to the care of the infant up to six weeks. In some cities, teaching maternity hospitals have entered into agreements with the Local Authority to provide this care for mothers who wish to avail themselves of their facilities.

Children at primary schools receive free hospital treatment for any defects discovered during school medical examinations.

All the above groups have access to free specialist services as required.

All patients suffering from tuberculosis or other infectious diseases are treated free of charge, whatever their income.

The Local Authorities provide hospital care either in their own hospitals or in voluntary hospitals with which arrangements have been made for this purpose. An approved capitation charge is paid to the voluntary hospitals by the Local Authority in respect of its patients; the
present weekly amount per patient is £6 6s., with an additional payment where expensive drugs are used in treatment.

Any patient eligible for the service provided by the Local Authority may make his own arrangements for treatment with a hospital to which the Local Authority would not normally send him, or with a nursing-home. In this case, the Local Authority pays the hospital concerned the usual capitation charge, less 6s. per day.

The cost of Local Authority health services is borne by local funds, but 50 per cent, apart from capital expenditure, is recovered from State funds.

The amount paid by the Local Authority to the voluntary hospitals in respect of its patients does not cover the actual cost of treatment. The difference is made good by a grant to the voluntary hospitals by the Hospitals Trust Fund, which derives its income from the available surpluses of the Irish Hospitals Sweepstakes.

The Sweepstakes are directed by the Associated Hospitals’ Committee, whose members are nominated by the participating hospitals. They are held under the authority of Acts passed by the Irish Parliament, whereby 75 per cent of the money received from the sale of tickets, less expenses, is distributed in prizes, the remaining 25 per cent being paid to the Hospitals Trust Board as the Trustees of the Hospitals Trust Fund. The allocation of the available funds to the various hospitals is determined in consultation with the Irish Hospitals Commission, which examines the resources and needs of the various hospitals and the general national situation as regards hospital facilities. The funds are used not only to meet maintenance deficits of voluntary hospitals, but also to finance schemes of capital development and improvement in both the Local Authority and the voluntary hospitals. It is thanks to these Sweepstake funds that Ireland has been able to undertake a large-scale programme of hospital construction and modernisation.
III

IRISH HOSPITALS—Notes and Impressions

These notes have been prepared with the assistance of a number of participants in the Tour, who submitted their personal impressions of the hospitals they visited. It will be realised that impressions gained during rapid visits of this kind are bound to be superficial; any attempt to generalise in these circumstances is fraught with danger. No member of a large group going from hospital to hospital day after day is able to spend much time in any one part of a hospital or to make a detailed study of any particular feature. Furthermore, it is difficult for visitors from abroad fully to appreciate, in the course of a brief stay, the part played by customs and tradition, climate, economic, social and other factors, in determining hospital conditions.

Every effort was made to show members of the party the aspects in which they were most interested; to this end, they were divided into professional groups for each visit, concentrating respectively upon the medical and nursing side, administration, and technical features of special interest to architects and engineers. While this was the most satisfactory procedure in view of the limited time available, it tended to make for a rather incomplete picture of the hospitals. It is hoped that the following notes, which combine observations made by members of the various professional groups, will, in conjunction with the factual information supplied by the Irish Hospitals Commission, help to round off the picture.

AMENITIES: A good deal of attention had been paid to the details which help to relieve the monotony of the patient's stay in hospital and to make him feel more at ease. Curtains round the beds ensured privacy; the majority of hospitals had radio installed; many made good use of pictures and all seemed to be plentifully supplied with flowers. Flowers were also seen in a number of entrance halls. Some hospitals had canteens, but these were not seen everywhere.

BUILDING MATERIALS: The type of construction of the new hospitals was sound in every respect. No expense has been spared to obtain the best materials possible and much thought has been given to their use to the best advantage. Natural materials of the country, particularly grey-stone, have been effectively employed at some hospitals.
and they provide a most pleasing contrast to the brick and stucco commonly used.

Doors. These were simple, appropriate in size, and well hung. Some hospitals were using flexible rubber doors in kitchens and stores, where they are particularly suitable; they are easily pushed open by drivers of food trolleys and other rolling stock, so that passage is without hindrance. Door furniture (handles and locks) was first-class.

Floors. Flooring in hospitals varies considerably in any country and Ireland is no exception. A great many different types of floor were seen and in some hospitals coloured floors harmonised effectively with the general colour scheme. The visitors saw thermo-plastic tiles; red quarry tiles; terrazzo; linoleum in sheets and tiles; rubber also in sheets and tiles; wood, both hard and soft, and so on. Ward floors were mainly of wood. Terrazzo was favoured for operating theatre, toilet and bathroom floors. The use of small tiles in theatres seemed unsatisfactory from the hygienic point of view, as the joints must tend to collect dirt. The tiles might also crack under the weight of the operating table.

Walls. Extensive use was made of stippled plaster, which gave a very pleasing appearance. It provides a rough surface, however, which is difficult to keep clean. It was said that this method was adopted because of the shortage of skilled plasterers. In one hospital, the walls were finished in a kind of plastic material somewhat similar in form to linoleum. This was stuck on the walls to protect them from damage by trolleys. Terrazzo was also used for walls in toilets and bathrooms.

Windows. Windows were generally of wood or steel in wooden frames, but an aluminium window with friction hinges was seen; it has certain advantages, but is expensive. Windows were large, giving plentiful light and air.

CHAPELS: Every hospital had its chapel which, in some cases, was a separate building. Without exception, they were of extraordinary beauty and dignity.

CHILDREN’S HOSPITALS: In Ireland, as is common elsewhere, there is a decline in the incidence of children’s diseases requiring treatment in a special children’s hospital. In spite of this, additional provision is still being made for them; for example, Dublin has an excellent new hospital for children with accommodation for over 300 patients. There is already another for children in the city and, as is usual, many of the general hospitals provide facilities for the inpatient
treatment of paediatric cases. The children's wards in many hospitals were good, but in some isolation facilities, wash basins and lavatories were considered inadequate.

COLOUR: There was a definite difference of opinion among participants in the Tour on the subject of colour in the Irish hospitals, no doubt due, as is generally the case where colour is concerned, to personal tastes. To some there seemed to be an "awkwardness" or "unusualness" in the use of colour; several people felt that there was little or no attempt at variation or accentuation. To others the colour schemes adopted were excellent and attractive, not only in the hospitals themselves, but in the residential quarters. Effective use was made of pastel shades in a number of hospitals. The interior décor of entrance halls and waiting-rooms was, in some cases, contemporary and very refreshing. (See Entrances).

ENTRANCES AND STAIRCASES: In most of the new hospitals, entrances and staircases had been designed to make a favourable impression on the patient—and his visitors—the moment he first entered the hospital. The authorities were obviously aware of the importance of "hospital public relations". Entrance halls were spacious, light and cheerful, and staircases (some in hardwood) were of good width, easy rising and with non-slip edged treads. Unexpected, bold effects were occasionally found and a very welcome change from the typical drab "hospital style" all too familiar to patients and hospital workers in many countries.

EQUIPMENT: There was a wealth of good equipment in the Irish hospitals. Some of it was elaborate, but a joy to work with, as many of the staff remarked. Much of the new equipment, particularly in the operating theatres, laboratories and kitchens, was purchased from America, Switzerland and Germany. It was well designed and soundly constructed. Apart from bedsteads, very little was purchased from Britain; several reasons were given for this, the principal one being that British prices were too high. Wherever appropriate, stainless steel was the material of choice for equipment.

_Ward Unit Equipment_. Rubber mattresses were provided in the majority of hospitals and were much appreciated by patients. Interior spring mattresses were also seen. Most of the mental hospitals appeared to be less well favoured in this respect, as in many other countries.

Nursing equipment was adequate and of excellent quality, the principal exception being the cylindrical stainless steel hot water
bottles. Participants were told that these are much disliked by the nursing staff who consider them dangerous for patients.

Bedsteads had adjustable back rests which were of great benefit to patients.

At one hospital a special bed-lifting device was seen which seemed to have advantages over other methods. It consisted of a curved metal rail similar in shape to, but higher than, the foot of a bedstead. Each of the two legs, which were on castors, had a group of four hooks fixed about one third of the way up. The rail was inserted under the foot of the bed at an angle, so that the lower rail of the bedstead was gripped and held by one of the sets of hooks. By pulling the lifting device towards her and upwards, the nurse, unaided, then raised the bed to the desired height, where it was automatically held until released.

Sterilisation of crockery did not appear to be provided for, even in surgical sections of sanatoria where tuberculous and non-tuberculous patients were nursed in different rooms of the same unit.

The furniture in day-rooms varied considerably. In some hospitals it was adequate, comfortable and of pleasing design. In others, particularly mental hospitals, it was sparse and often uncomfortable. Carpets and easy chairs seemed in short supply in a few hospitals.

Sufficient provision had been made for patients’ toilet facilities in the newer hospitals, but in those built ten years or more ago they were not adequate in the present circumstances of early ambulation. Scrubbing up basins for the nurses were sometimes in the corridors, there being only one for a ward of 24 or perhaps 32 beds, though the patients might be in rooms for one, two or four or in a large partitioned ward.

*Operating Theatre Equipment.* This was of excellent design and quality, particularly the operating lights and tables, but both these items were expensive. One table incorporated facilities for radiography during operations. Glove sterilisers of the latest design were seen. In one hospital the conventional theatre sterilising drums had been replaced by the use of sterilising packs; the theatre attendant responsible for this service spoke highly of the method—as did many of the participants.

*Kitchen equipment.* Most of this was of stainless steel, well-designed and of good quality, but in some hospitals it seemed over-elaborate for the work to be done. At one hospital there were
five 65 gallon and two 85 gallon boiling pans and only a comparatively small range of cooking ovens, which suggested a certain lack of variety in the meals provided. An item of outstanding interest in one kitchen was a system of driving in warm, dry air over the boiling pans which completely eliminated condensation.

**Grounds and Gardens:** Very large sites, often in isolated positions, were occupied by many new hospitals, more particularly the new sanatoria. Although these had the great advantage of being in rural surroundings overlooking beautiful landscapes, they necessarily involved heavy expense, not only in the cost of running all the necessary services to the separate buildings and in their subsequent maintenance, but in the maintenance of grounds and roads. In one case, there were two miles of roads and these were lit by 30 lamp standards.

Space being no object, most hospitals had large, well laid out gardens which certainly added to the attractiveness of the buildings. There is no doubt that, from the point of view of the patient, especially if he has to spend many months in a sanatorium, such surroundings are conducive to rest and peace of mind. Furthermore, the amount of space available made it possible, in several cases, to provide tennis courts and other facilities for outdoor recreation for the staff.

**Heating:** Heating was by low pressure hot water in many hospitals, with cast-iron radiators; elsewhere, use was made of panel heating, the flat panels being flush with the walls. Service lines were run in the corridor ceilings; they were enclosed in removable perforated panels, which made it easy to locate and remedy defects. The panels also acted as sound absorbers. It was interesting to note the efforts made to exploit the natural fuel resources of the country to avoid the use of foreign currency for the purchase of fuel. The specially installed peat heating plants with, in some cases, automatic stoking arrangements were very effective. Peat is economical, clean and free from dust.

**Kitchens and Stores:** Kitchen lay-outs, almost without exception, were excellent, but far more spacious and elaborate in some cases than would seem to be essential. Those in the new sanatoria were exceptionally large. This will possibly result in staffing problems at a later stage, as it may be found difficult to staff kitchens where so much additional effort is required because of the over-all size of the unit. All presented a clean and businesslike appearance.
In one hospital, owing to the interposition of steps, no use could be made of food trolleys.

Few kitchens were provided with floor gulleys. An Irish architect said he disapproved of such gulleys, as they not only made it difficult to keep the floor clean near boiling pans, but also entailed hand scrubbing in the kitchens.

Stores arrangements were adequate and planned so that the goods could be moved in logical sequence from the goods yard through a large entrance hall to well-equipped store-rooms.

Food distribution was by means of heated food trolleys. The food in the general hospitals was good, well prepared and attractively served. Unfortunately, the same cannot be said of that in some of the mental hospitals. Electricity, gas, steam and solid fuel were used independently or in combination for cooking.

LAUNDRIES: Every hospital, even the smallest visited, had its own laundry and each was well equipped and staffed. No concentration of laundry services in bigger and more economical units was observed. In most cases, preliminary sluicing of soiled linen was done in the wards.

NOISE PREVENTION: In most hospitals, considerable attention had been given to the prevention of noise. With the exception of some utility rooms in old hospitals, sound insulation was excellent. Often the solidity of the buildings played a major part in the prevention of noise; in some cases, acoustic ceiling linings had been used to good effect. An important contribution came from the staff themselves, who had obviously been trained to keep noise to the minimum.

OCCUPATIONAL THERAPY: There seemed to be little emphasis on occupational therapy. Something of the kind was going on in a few hospitals, but it did not appear to be organised as a beneficial activity. In one mental hospital, four women in the Admission Block were carding and spinning wool as they did at home, they said, and men in the convalescent blocks worked in the extensive gardens and farms—again, work to which most of them were accustomed and would be returning.

Much the same comment applies to the sanatoria. The Sister of one women’s pavilion said that the patients were encouraged to knit or sew, and a few read a good deal, but many of them started well on admission, but soon slipped into ‘lazy ways’. Possibly because
of lack of supervision or interest, those who were at first ordered complete rest did not become very active even when allowed to do more.

On the other hand, occupational therapy at a hospital for mentally defective boys, run by the Brothers of Charity, was good. The boys were weaving and doing embroidery and basket work, all of quite a high standard. The accommodation for the work was not large and the Brother in charge said that more apparatus and room would have been helpful, but this was to some extent compensated for by the fact that few of the boys could concentrate on any particular task for long. The older and higher-grade boys helped in the gardens.

**Operating Theatres:** Generally, operating theatre suites were well planned, sometimes on rather lavish lines, but there were several occasions when the arrangement of theatre and ancillary rooms was not entirely logical. For example, in one suite there was no connection between the sluice and sterilising rooms, except through the theatre. Again, anaesthetics rooms were seen across the corridor from the theatre; participants were informed that patients were nearly always anaesthetised in the theatre and if this is so, one may well ask—why provide anaesthetics rooms? In one hospital, access from the anaesthetics room to the theatre was through the sluice room.

Anti-static and ventilating problems were not apparently considered of supreme importance. Some theatres were provided with a small extract fan and in one new hospital the theatre had a large filtered input at floor level.

**Outpatient Departments:** These, generally, were well planned for ease of operation and avoidance of confusion. Wood, one of the natural and best adapted materials remaining at reasonable cost, was skilfully combined with glass to give light, warmth and charm to this hospital department which is so often dull, uninteresting and sometimes depressing. At the newer hospitals, outpatient waiting-rooms were large, light and unusually pleasant.

Furniture, although adequate in the majority of cases, varied considerably. In some, it was comfortable and inviting—in one, specially constructed benches with a continuous wave line which avoids the feeling of isolation provoked interest. In others, one found the old penitentiary benches and uncomfortable chairs which in several other countries were condemned years ago. In one hospital, a collection of dilapidated bus seats was in use as seating accommodation.
PLANNING AND LAY-OUT: Much thought had been given to the architectural design of all the new hospitals visited, whether in large single buildings or in a number of one- or two-storey pavilions. In general, the arrangement of the buildings and the skilful use of materials, large expanses of glass and light paintwork, provided a welcome impression of spaciousness, lightness and brightness.

Many of the new hospitals occupied large sites—one might almost say enormous sites (see Grounds) and, in the case of sanatoria, were composed of a main building of three or four storeys and a number of one- or two-storey pavilions. In one, a hospital of 400 beds, the buildings covered an area of 165 acres. In another of 292 beds, about 70 acres were occupied by twenty-two single-storey buildings. This distribution of buildings is very extravagant and in any case is against the trend of modern thought in sanatorium planning, where from both the medical and operational points of view, greater concentration is found more advantageous (see Sanatoria). Moreover, it means either long connecting corridors or large open spaces involving the carrying of all services over immense distances. Where food is prepared centrally, its distribution becomes an important problem in these circumstances. In some cases, special trucks had to be provided for the purpose. A considerable amount of staff time must be spent going from one building to another; it may well be that bicycles will have to be provided to overcome this difficulty. At one hospital the matron had a car to make her rounds.

Internal arrangements were generally on as lavish a scale as the sites, unnecessary space seemingly being provided for entrance halls, corridors, kitchens and some wards. Corridors were, in some cases, wider than usual and exceptionally long, involving long distances of travel for staff and, presumably, patients and, of course, additional cost for heating, lighting and cleaning. It would seem that a change of view is taking place in this connection, as the plans shown at the Architectural Exhibition—a most interesting feature of the Tour—show a tendency, particularly where general hospitals are concerned, to concentrate more on economy of operation. Less space is taken up and corridors are much reduced in length.

In one hospital where the size of wards was considered excessive, this was explained by the fact that it had been built as a fever hospital, requiring a larger area per bed than other hospitals, but had been used for the treatment of orthopaedic cases because of the fall in the incidence of infectious diseases. It was not considered
desirable to place additional beds in the ward, as these would have been directly in front of the windows, exposing the patients to draughts.

In practically all the hospitals, laboratory accommodation was considered inadequate. Often there was no separation for quantitative and qualitative work, and a shortage of rooms for special investigations.

A feature in the planning of wards in one hospital was a room to which the patient in his bed was conveyed for painful dressings, instrumentation and private conversation. This concern for the feelings of the patient was welcome. Generally in hospitals, little consideration of this kind is shown, the patient being attended in the ward, so that the other patients know all that is going on behind curtains or screens and overhear the most private of conversations (see also Ward Units).

SANATORIA! Much surprise was expressed at the erection of so many large and magnificent buildings for tuberculosis and more particularly at the single-storey pavilion system which causes administrative difficulties and extravagance in services and staff. The incidence of tuberculosis is declining in many European countries and Ireland is no exception. The time may not be far distant when hospital authorities in Ireland will have seriously to consider the conversion and adaptation of some, at least, of their sanatoria for other uses. A difficulty in this connection is that they are far distant from the towns for visiting and, if turned into general hospitals, may well prove unpopular for this reason. Some may possibly become redundant.

Already at the Galway Sanatorium the cases are so few that the admission of general orthopaedic patients is contemplated. A short distance away is the Galway Regional Hospital, a fine hospital which will accommodate nearly 600 patients, including orthopaedic cases. It seems surprising that orthopaedic service should be duplicated in this way.

It is understood that in addition to sanatoria being converted to general and orthopaedic use, some of them may well be used for mental cases when they are no longer required for T.B. cases. While this type of conversion cannot be considered completely satisfactory, it being recognised today that a hospital should be planned and built for the specific type of patient for whom it is intended to cater, the single-storey pavilion system adopted for the sanatoria does lend itself to use as a mental hospital.
STAFF: There was little opportunity for acquiring reliable information on all grades of staffing and, owing to the grouping arrangements of participants, the information obtained was rather of the scattered variety which does not lend itself easily to summarisation.

However, the efficiency of a hospital staff is measured by the treatment and care which the patients receive. As far as could be seen in the short time available, this left nothing to be desired. All the patients to whom participants talked, amounting to a few hundred on the whole Tour, spoke highly of everything that was done for them by the medical and nursing staff. Certainly, both medical officers and nurses were on excellent terms with their patients. The friendliness of the members of the staff towards one another was also noted; it made for a good atmosphere in the hospital community and thereby contributed greatly to the well-being of the patients.

Staffing, nursing in particular, was adequate, although the ratios appeared to be much smaller than in many other countries. The great majority of nurses lived in (see Staff Accommodation). Except in the hospitals with schools of nursing, there are no student nurses, and the nursing care of the patients is entirely in the hands of qualified staff. This seemed, to some participants, to be a great waste of trained nurses, but it was said everywhere that there was no difficulty in recruiting them. It does, however, appear to be difficult to recruit and keep domestic staff. The adequate supply of trained nurses explains, no doubt, why virtually no use is made of auxiliary nursing personnel, such as orderlies, cadets or assistant nurses.

Participants spoke to many nurses who had been in service in hospitals in England and some on the Continent, and they all said how grateful they were for the opportunity of gaining additional experience.

The standard of nursing and the co-operation between the matron and the nursing staff were excellent. Unfortunately there was no opportunity to judge the standard of nurse training, since it seemed clear that all normal activity, apart from attention to patients, was suspended for the occasion of the visits.

An interesting and impressive feature was the service rendered by the Sisters of the religious Orders. When trained, these Sisters are allotted matronships, ward or departmental posts at hospitals in their own diocese, which they hold throughout their working life. The Franciscan Sisters were the exception to this; they may be moved to any part of the world where the Order has a hospital.
The numbers of medical personnel seemed to be small compared with hospitals in other countries, a comment which applied to nearly every hospital and to nearly every speciality.

**STAFF ACCOMMODATION:** Some excellent nurses' homes were seen; with their spacious, well-planned and delightfully decorated recreation rooms and lounges, they provide the attractive atmosphere desirable in such homes. One, screened from the main hospital by trees and with gardens and tennis courts, afforded excellent opportunities for the nurses to enjoy their leisure in quiet, pleasant surroundings. Bedrooms were provided with an alcove which contained the wash basin, and each had a built-in wardrobe. These made the rooms appear much more spacious and less like bedrooms. Well designed dressing tables were in a variety of forms; lighting was excellent; and the soft furnishings were charming. All the facilities the nurses might need were to be seen: laundry room, ironing room, showers (a popular feature in the new hospitals) and kitchen, together with adequate sitting-room accommodation (comfortably furnished) and provision for dancing and other indoor recreation. It was surprising to find at some hospitals that the walls between the bedrooms and the common corridors had not been built up to the ceiling. Nurses everywhere preferred to “live in” and with such studied provision for their comfort, this was not surprising.

As with nurses, it appeared to be usual for all or nearly all the domestic staff to live in the hospital. Their living conditions were, on the whole, better than those found in many other countries, though not as good as those of nurses. For example, in one case, their bedrooms consisted of cubicles with partitions which did not reach the ceiling either on the corridor side or between the cubicles. In some cases, wash basins were not in the rooms, but grouped in threes and fours along the corridors, the basins being separated from each other by partitions.

**USE OF DISTRICT HOSPITALS:** Favourable comment was made by participants on the policy of admitting only medical and maternity cases to district hospitals, where there is a limited general practitioner staff or a maximum of 30-40 beds, other patients, including those needing X-ray examinations and anything but minor surgery, being transferred to the nearest big general hospital.

**VISITING:** Visiting is allowed daily in some hospitals, but it is far from being common practice. In some hospitals, although visiting hours are specified, visitors who have to travel long distances are allowed
into the hospitals at any reasonable time. In general, the visiting of children is not allowed, except in special circumstances. In some cases, it is discouraged on the grounds that it disturbs the children unduly and that there is a risk of infection.

WARD UNITS: Ward units in the new hospitals were well-planned on the whole, but unnecessary space was used in circulating areas, corridors and ancillary rooms (see Planning), and in several hospitals some of these rooms, e.g. treatment room and sluice room, were not well situated in relation to each other or to other parts of the ward unit. In one hospital, the ward kitchen was common to two wards which, although economical from one point of view, seemed to increase the work of the nursing staff.

The size of the wards was, with a few exceptions, not excessive, but day-rooms and waiting-rooms seemed unnecessarily large. Some of the day-rooms were not homely-looking because of a lack of adequate and appropriate furniture and furnishings. On the other hand, some excellently furnished and comfortable examples were seen.

The arrangement of the wards down one side of a corridor, which separated them from the ancillary rooms—sluices, sterilising room, toilets, staff rooms and day-room—was not always as satisfactory in practice as it would appear on paper.

The number of beds and their division in a ward unit is still, and will doubtless remain, a matter of controversy. There is, however, a definite tendency to reduce the number of beds in large wards, by means of partitions, to either four or six beds, with an open central corridor. The wide spacing of beds gave a pleasing aspect to some big wards, but it is extravagant when compared with those at 8 ft. bed centres. In Ireland, small wards of one, three and five beds appeared to be more popular than rooms of two and four beds. Many of the small rooms were not provided with wash basins, but otherwise were good.

Nurses' duty rooms were generally well-planned and, with few exceptions, well-placed, some in particular having large glass observation panels which gave excellent vision to all parts of the ward. This is a tremendous help to the nursing staff and something that all hospitals could copy with advantage.
IV

INFORMATION ON HOSPITALS VISITED

A.—DUBLIN

ST. LUKE’S HOSPITAL

This hospital, which is the national centre for radiotherapy, is under the control of the Cancer Association of Ireland, a voluntary body appointed by the Minister for Health. Plans for its construction date back to 1950, when the Association purchased for £26,000 an old mansion situated in 13½ acres of gardens, in a residential suburb of Dublin. A year later, the mansion, redecorated and furnished, was opened as a hostel for 40 patients, pending the construction of the new hospital.

Building operations were carried out in two stages. The first, comprising the outpatient department, treatment block, maids’ home, boiler house, transformer house, auxiliary electrical plant and mortuary, was completed and formally opened in 1952. The second stage included the main hospital buildings and nurses’ home; it was completed in February, 1954, and the hospital was formally opened in May of that year. The cost of construction and equipment amounted to £734,000.

The total bed capacity is 160; ward units have 36 beds, with one large ward of 28 beds, designed on the “Rigs pattern” with two rows of beds divided by a central gangway, the beds being arranged longways down the ward, facing each other in pairs. The remaining 8 beds in the ward unit are in one 4-bed ward, one 2-bed ward and two single rooms located near the nurse’s station, which overlooks the main ward through a large observation panel. Sanitary annexes are provided at both ends of the main ward.

Heating and sterilising services are provided by central oil-fired boiler plant with a fuel storage capable of holding one year’s supply. An emergency electricity generating plant is available in the event of failure of the public supply. All sterilising is done in a central department adjoining the operating theatre suite.

During 1955, 1,795 inpatients were treated, with an average length of stay of 17 days. The cost per patient day was £2 12s. 7d. The number of outpatients was 1,552 during the year, with a total of 3,448 attendances.
DUBLIN FEVER HOSPITAL

The Dublin Fever Hospital was opened in November, 1953, to replace an old voluntary hospital originally built in 1804. Building costs, amounting to approximately £1 million, were entirely defrayed out of Sweepstake funds. The hospital is controlled by a Board consisting of representatives of the trustees of the former voluntary hospital, the Corporation of Dublin, Dublin County Council and the Minister for Health. It is intended for the treatment of fever cases in the City and the County of Dublin, and provides facilities for clinical teaching. In addition it is the regional centre for the treatment of poliomyelitis, and admits patients suffering from this disease from some fifteen counties outside the Dublin area.

The site of the hospital, comprising 60 acres, lies about six miles from Dublin City, on the boundary between the City and the County of Dublin. The construction is of the pavilion type, with eight single-storey ward units of 26 beds each and three cubicle blocks of 28 beds each, giving a total bed capacity of 292. There are fourteen other separate buildings, including a nurses’ home with accommodation for 126 nurses, and a home for the domestic staff, with 64 beds. The administration block is the largest of the other buildings and contains administrative offices, accommodation for medical students, a flat for the Matron, the main kitchen, stores, dining rooms, a lecture theatre and recreation rooms. The chapel, laboratory, laundry, boiler house, mortuary and workshops are also housed in separate buildings. Two miles of road, linking the various buildings, run through the grounds, which have been laid out in spacious lawns, and planted with trees, shrubs and flower beds.

The average daily occupancy in 1955 was 247.8 beds. A total of 2,175 patients were treated during the year, with an average length of stay of 41.6 days. The cost per patient day amounted to £1 8s. 9d.

OUR LADY’S HOSPITAL FOR SICK CHILDREN, CRUMLIN

This is the newest of the hospitals visited during the Tour, having been opened earlier this year. It is directly under the patronage and management of His Grace the Archbishop of Dublin, Primate of Ireland, who was Chairman of the Planning Board responsible for its construction. Planning began as early as 1935, and the site was acquired in 1937, but it was not possible to commence building operations until 1950.

The hospital is on an 11-acre site near one of the main arterial roads to the south. It has 308 beds, divided up as follows: 100 surgical, 100
medical, 51 infants, 20 private, 16 isolation, and 21 recovery beds for post-operative cases and children treated in the dental, casualty and E.N.T. clinics of the outpatient department. Facilities are provided for clinical teaching. Wards have been kept small to reduce the risk of infection; nearly 60 per cent of the patients are accommodated in single rooms, 20 per cent in double rooms, and the remainder in 4-bed rooms. The arrangement of the wards, which have glass partitions, makes it possible for all beds to be seen from the nurse's station.

There is a separate building for the pathology laboratories, a laundry, a convent and chapel, as well as a nurses' home providing more extensive accommodation than is usually found in an ordinary general hospital, since a larger nursing staff is required for sick children than for adult patients.

**Mater Misericordiae Hospital**

The original buildings of this hospital, which is a teaching hospital linked with University College, Dublin, date back to the middle of the last century. It was founded by the Order of Mercy, and received its first patients in 1861. Two years later, work began on the construction of the East Wing, completed in 1867; the West Wing was erected in 1884. A pathology laboratory was added in 1899 and a radiology department in 1908, the latter having been subsequently enlarged and rebuilt. In 1920, a biochemistry department was added to the laboratory; in 1936, a grant from the Hospitals Trust Fund made it possible to build a new outpatient department, laboratories, and accommodation for house officers and medical students. Shortly afterwards, a new chapel was built, the cost being defrayed by the Sisters of Mercy. A new nurses' home was built at a cost of over £226,000, and opened in 1954. It provides accommodation for 240 nurses. In 1955, a school of physiotherapy was opened, and at the present time a new cardiac department is nearing completion.

The total bed complement of 400 is made up as follows: surgical 171, medical 151, others 78. The average daily bed occupancy in 1955 was 305.2. During that year, a total of 6,003 inpatients were treated, with an average length of stay of 18.6 days, while the total number of outpatient attendances was 146,192. The average cost per inpatient per day amounted to £1 8s. 3d.

**Rotunda Hospital**

The origins of the Rotunda Maternity Hospital go back to 1745, when a hospital "for the care of poor lying-in women" was opened in a small house in Dublin. Its founder subsequently acquired a larger site for his hospital (on which it now stands) and the new building was opened in 1757.
For nearly two hundred years, this voluntary hospital was entirely maintained by public donations and charitable bequests. It was not until 1931 that the Board of Governors took advantage of Sweepstake funds to supplement the hospital's modest income in the interests of its patients. The additional funds have made it possible to build a new nurses' home, outpatient department, paediatric unit, X-ray department, medical records department, and a new wing and labour ward, as well as to provide new accommodation for students. The hospital has become well-known for its teaching facilities; on an average, 60 postgraduates and medical students are resident daily, and some 70 probationer midwives are in training.

The total number of beds is 210, 132 of them for maternity, 21 for gynaecology, and 57 for paediatrics. The average daily occupancy is 164.9 beds. In 1955, 6,453 inpatients were treated, the average length of stay being 9.3 days, and the cost per patient day £1 19s. 4d. The outpatient department had 72,685 attendances during the year.

Dublin Regional Sanatorium

The James Connolly Memorial Hospital, or Dublin Regional Sanatorium, was opened in 1955. It is administered by the Dublin Corporation. Work on the development of the site began in 1949; the actual construction of the sanatorium was commenced in 1950. The total cost is estimated at £1 4½ million, including an expenditure of £250,000 on mechanical and electrical installations, and £75,000 on furniture and equipment.

The sanatorium is situated on an estate of approximately 240 acres some eight miles from Dublin City, part of the estate having been rented to the Department of Agriculture for veterinary research. The pavilion type of construction has been used, with 26 separate buildings. The hospital and treatment unit has 84 beds; there are eight further pavilions with 40 beds each, giving a total of 404 beds. Further 30-bed units are in course of construction.

From the opening of the hospital in July, 1955, to the end of the year, 559 inpatients were treated. The average length of stay was 102 days, and the average cost per patient day £1 4s. 8d.

St. Mary's Open-Air Orthopaedic Hospital, Cappagh

This hospital, which is run by the Irish Sisters of Charity, was originally a convalescent home attached to a children's hospital in Dublin, and was formally established as an orthopaedic hospital in 1924, although
orthopaedic cases had already been treated there since 1912. It is situated on one of the highest points of north County Dublin, with a view across the valley to the Dublin mountains.

The original orthopaedic hospital consisted of three army huts with 80 beds. New wards were built at a cost of £60,000, provided by voluntary subscriptions; they were completed in 1927, bringing the total bed complement up to 200. In 1930, a grant from the Hospitals Trust made it possible to start work on replacing the old army huts by spacious wards, providing a new staff home and other buildings urgently needed, and equipping the whole hospital with new sanitary and lighting installations. The work was completed in 1935, when the hospital had its full complement of 250 beds.

The number of children treated in 1955 amounted to 515, the average length of stay being 168 days and the cost per patient day 13s. The children attend a school in the hospital grounds which is officially recognised by the Board of Education.

NATIONAL MATERNITY HOSPITAL

The National Maternity Hospital dates back to 1884, when it consisted of one old house. For nine years, it provided in this form a maternity hospital for the poor women in the southern part of Dublin, but the many difficulties it had to face forced it to close in 1893. In 1894, however, it was reopened in three old houses, under the patronage of His Grace the Archbishop of Dublin and with a strong Committee of Management. Although the consultant staff was appointed from among the most distinguished men in Ireland, and the success of the hospital thus assured in this respect, the increasing expenditure required to keep the old buildings in repair brought many problems. The hospital was, however, granted a Royal Charter in 1902, and thus its future management was assured. Additional houses were purchased, but by 1928 they were all in such bad repair that it was decided that they would have to be replaced by a new building. The first half of the hospital and the nurses' home were completed in 1935, and the rest in 1938. The total cost (£344,000) of erecting and equipping the new hospital was defrayed out of Sweepstake funds.

The hospital has 194 beds, divided up as follows: obstetrics—137; gynaecology—26; infants—31.

During 1955, 7,215 inpatients were treated, the average length of stay being 9.2 days and the cost per patient day £1 15s. 4d. The outpatient department had 66,374 attendances in 1955.
SAINT MICHAEL’S HOSPITAL, DUN LAOGHAIRE

Saint Michael’s Hospital was originally opened in 1876 to replace the small hospital in Monkstown. It had then 40 beds and a small outpatient department. In the 1930s, it became necessary to increase the bed complement and in 1938, building commenced on a large extension which was completed, at a cost of £19,031, and opened in 1940. As soon as this extension was brought into use, the work of modernising the old building was started, and this was reopened in 1941. The bed complement was now 112, and a new and larger outpatient department and accident room had been added.

In 1951, work was completed on a new nurses’ home, the cost of construction amounting to over £105,000. This meant that the dormitories previously occupied by the nurses could be renovated and converted into wards, bringing the total number of beds to 135. This is made up as follows: 64 surgical; 67 medical; and 4 gynaecological.

The total number of inpatients in 1955 was 2,722, the average length of stay 14.7 days, and the cost per patient day £1 9s. 4d. Total attendances in the outpatient department for 1955 were 42,515.

GENITO-URINARY UNIT, MEATH HOSPITAL

The Meath Hospital, originally opened in 1753, occupied various premises before it was opened to patients on its present site in 1922. The hospital, which has a total of 240 beds, was given legal constitution by Act of Parliament in 1815 and reconstituted by a further Act in 1951. Its Board of Governors and Governesses, elected every three years, are the legal owners.

In recent years, it became apparent that the 40 beds available for genito-urinary cases were far from sufficient, and plans were drawn up, in consultation with the Department of Health, for a new genito-urinary unit. The site chosen was that of the former nurses’ home which had been replaced in 1952, at a cost of £128,203, by a new building which houses 120 of the nurses. The new unit was officially opened in November, 1955; it will ultimately have accommodation for 80 patients. The cost of construction, approximately £150,000, was borne by the Hospitals Trust Fund.

The new unit is laid out on four floors: the ground floor houses the theatres, outpatient department, etc.; the first and second floors are
occupied chiefly by public wards; and the private rooms are to be found on the third floor. A day-room is provided on each floor; a service kitchen and sluice room are located on each landing.

For the whole hospital, the total number of inpatients in 1955 was 3,043, with an average length of stay of 19.9 days, and a cost per patient day of £1 19s. 2d. Outpatient attendances totalled 118,947 in 1955.
TULLAMORE COUNTY HOSPITAL

The County Hospital at Tullamore, completed in 1942 at a cost of £117,326, replaces the old hospital of the same name, which is now used mainly to supplement the accommodation available at the County Home.

The hospital has at present a total of 76 beds, made up as follows: 40 surgical; 20 medical; 8 maternity; and 8 paediatric. This is proving rather inadequate, due to the increased demand for admission, resulting from the improved services now available. The position will, however, be eased when the new nurses’ home, at present under construction, is completed, as the accommodation now occupied by the nurses will be taken over to house 31 additional patients. The nurses’ home, which will cost some £80,000, will provide accommodation for medical and domestic staff as well as for nurses.

The 14-acre site on which the hospital stands also accommodates the County Clinic, which was completed in 1954 at a cost of some £23,000. This clinic provides facilities for medical, surgical, orthopaedic, dental, maternal and child welfare, ophthalmic, paediatric and psychiatric services.

The heating and hot water services are provided by low pressure boiler plant, operated on native solid peat fuel, which is available locally in ample supplies.

The total number of inpatients treated in 1955 was 3,228, the average length of stay being 11 days, and the cost per patient day £1 6s. 11d. Attendances at the outpatient department in 1955 totalled 5,780.

PORTIUNCULA HOSPITAL, BALLINASLOE

Portiuncula Hospital is owned and governed by the Franciscan Sisters of the Divine Motherhood. It serves the population of South Galway, and particularly the town and district of Ballinasloe.

The history of the hospital dates back to 1942, when the Bishop of Clonfert invited the Sisters of the Divine Motherhood to undertake at Ballinasloe the erection of an 18-bed private hospital. This was completed in 1945, but even by this time, twice this number of beds was required; and in 1946, temporary accommodation had to be provided for 24 non-paying patients.
In 1947, the Minister for Health agreed to the proposal for an extension to the hospital which would provide an additional 100 beds. Under this agreement, 75 per cent of the cost was to be borne by the Hospitals Trust Fund, and 85 of the extra beds provided would be reserved for patients for whom the Local Authority would pay.

The first part of the extensions was begun in 1949 and completed in 1951, and by 1953, the following had been provided: new ward blocks bringing the total bed complement to 140; new central boiler house and laundry; mortuary and post-mortem department; and a convent for the accommodation of the Sisters. The wards have a south-easterly aspect and are divided into single-, 2-, 4- and 8-bedded units for male and female medical and surgical cases, paediatrics and infectious diseases. The top floor is reserved for maternity cases and babies.

The hospital includes at present an outpatient department, an X-ray department and a physiotherapy unit. It is a recognised training school for nurses and accepts three medical "interns".

When the extensions are completed, new departments for physiotherapy, X-ray, ophthalmology, ante-natal and outpatients will be provided, together with a nurses’ and staff home and a chapel for the Sisters, staff and patients.

In 1955, a total of 2,134 inpatients were treated, with an average length of stay of 16.1 days. The cost per patient day was £1 2s. 10d. Outpatient attendances numbered 7,154 in 1955.

Ballinasloe Mental Hospital

The Ballinasloe Mental Hospital was erected as "The Connaught Asylum" in 1833, when it housed 150 patients from the counties of Galway, Roscommon, Mayo, Sligo and Leitrim. At this time, the asylum was administered by Governors and Directors appointed by the Lord Lieutenant of Ireland and selected from churchmen, members of parliament and titled land owners from each of the five counties. At present, the hospital admits patients only from the counties of Galway and Roscommon, as mental institutions are now available in the other counties. The hospital is now run by a Committee of Management appointed by the County Councils of Galway and Roscommon.

In 1871, an extension was built for male patients, and in 1882, another for female patients. About this time too, when the asylum housed 527 patients, the Roman Catholic chapel was built. Further extensions
were built in 1884 and 1888. In 1896, the number of patients had risen to 935, and by 1901, this had further increased to 1,004, the additional patients being accommodated in a new block detached from the original building. The hospital was further extended in 1924 by the acquisition of "The Pines", a building which accommodated 140 patients and which is still in use. By 1939, new buildings providing an admission hospital, tuberculosis block and a block for convalescent patients had been added, thus increasing the bed complement by 410. At the same time, a nurses' home with accommodation for 63 nurses, lecture and recreation rooms were added. The construction of these new buildings cost £255,000.

The present bed complement is 1,655 (952 males and 703 females). In addition to general medical and psychiatric treatment, all kinds of special treatment are carried out at the hospital. Major and minor surgery are performed by visiting surgeons. Clinics for outpatients are held in Ballinasloe, Galway, Roscommon and Rosmuc.

In 1955, inpatients numbered 2,759, and the cost per patient day was 10s. The monthly admissions average 52, and the monthly discharges 45.

**ROSCOMMON COUNTY HOSPITAL**

The Roscommon County Hospital was opened in 1941, on a rural site of about 10 acres within a mile of Roscommon. The total cost of construction, including a nurses' home, was approximately £138,000. Since the construction of the hospital, the bed complement has been increased by 14 by an extension to the main building. The nurses' home has also had to be enlarged, and improvements have recently been made to the quarters for the domestic staff. Within the hospital grounds, a new County Clinic was built in 1953, at a cost of about £15,800.

The hospital has a bed complement of 112, which is divided up as follows: 58 surgical; 39 medical; 10 maternity; and 5 paediatric. A further proposed extension will increase the accommodation available for maternity cases. The hospital includes an active outpatient department and an X-ray unit, and a recent addition was the provision of an up-to-date laboratory.

The number of inpatients treated in 1955 was 2,793, with an average length of stay of 13.3 days, the cost per patient day being £1.5s. 6d. There were 3,000 attendances at the outpatient department in 1955.
C.—GALWAY AND LIMERICK

WESTERN REGIONAL SANATORIUM, GALWAY

The Western Regional Sanatorium was opened in 1952. It admits patients from the counties of Galway, Leitrim, Mayo, Roscommon and Sligo, and it is administered by a joint body representing these counties.

Work was commenced on the site in 1948 and the actual building was started in 1949. The sanatorium, situated in grounds comprising some 400 acres and overlooking Galway Bay, is built in the pavilion style, with some 24 separate buildings. These include the administration unit, the hospital unit, nine units with 40 to 50 beds each, and one with 120 beds, the laboratory unit, nurses' home, domestic staff home, laundry and boiler house, doctors' residences and recreation block. Both a Catholic church and a Protestant chapel are available.

The sanatorium is reserved for the treatment of pulmonary tuberculosis, but includes a section for non-tuberculous cases requiring thoracic surgery. Cases of bone and joint tuberculosis are treated in the Woodlands Orthopaedic Hospital, which was previously used as a sanatorium for pulmonary tuberculosis.

The sanatorium has 686 beds. The number of patients treated in 1955 was 1,088, but this is likely to be exceeded in 1956, due to the recent construction of the 120-bed unit which has now been brought into use. The cost per patient day in 1955 was 18s. The medical staff numbers 11, and the nursing staff 109.

GALWAY REGIONAL GENERAL HOSPITAL

The Galway Regional General Hospital was opened in 1955; it serves the county of Galway, but it is also available for patients from adjoining counties who require specialist treatment.

The hospital replaces the Galway Central Hospital, which was originally a home for destitute people. Plans were made before World War II to build the new hospital, but most of these had to be shelved until after the war, with the exception of those for a new nurses' home, which can accommodate 181 nurses and probationers, and the maternity block, both of which were completed before the war.
The hospital now includes a main block, maternity block, children’s unit, fever unit and some temporary buildings, which house the chronic medical and orthopaedic cases. The department of pathology and bacteriology is also functioning in temporary buildings. The fever unit, which is an old one, is to be replanned to provide improved staff accommodation, better sanitary facilities and additional isolation wards. Further buildings at present under construction include a services block providing for a boiler house, laundry, garages and accommodation for maintenance staff, and a new pathology department. The cost of building and equipping the new hospital, estimated at £1½ million, is being defrayed almost entirely by grants from the Hospitals Trust Fund.

The hospital is a teaching hospital for medical students, attached to the medical school of Galway University. It is also a recognised training school for nurses and midwives.

The total bed complement is 594, divided up as follows: medicine and surgery, 284; obstetrics, 40; gynaecology, 20; paediatrics, 40; infectious diseases, 60; chronic cases, 100; orthopaedics, 50.

LIMERICK REGIONAL HOSPITAL

Limerick Regional Hospital was opened in September, 1955, to serve the surrounding region of some 300,000 inhabitants. It stands on a 28-acre site, about two miles south of Limerick City. Work on the site was commenced in 1949, and the actual construction of the buildings in 1950.

The main hospital building was completed at a cost of some £1,100,000, defrayed entirely out of Sweepstake funds. It has a total bed complement of 300, and consists of a 4-storey block facing south, with administration, kitchen, laundry unit and staff blocks attached. This main block has the medical and isolation units on one side of a centre unit and the surgical unit and outpatient department on the other. The surgical unit consists of a single block on four floors with an adjoining twin operating theatre suite. Each floor includes one 14-, two 4-, one 2-, and four 1-bedded wards. The medical unit is similarly arranged. In the centre unit are housed the ophthamlic, E.N.T., paediatric, physiotherapy, radiology and pathology departments.

In the outpatient department, patients are seen by the various consultants by appointment, at the request of general practitioners. Special clinics for general surgery, orthopaedic surgery, cardiology, ophthalmology and gynaecology are already functioning, and further clinics will be developed in the near future.
Heating is by low pressure hot water system with cast iron radiators, and the boilers are fuelled by macerated turf which is automatically stoked.

Cooking is carried out in bulk in the main kitchen, at ground level, and is done entirely by electricity. The food is then conveyed in heated insulated trolleys to each ward kitchen for serving to the ward unit.

The hospital is well equipped with electric passenger and goods lifts. A passenger lift is also provided in the nurses' home, which is a separate block containing 122 bedrooms, recreation rooms and ancillary rooms.

No statistical returns are available as the hospital has not yet been opened for a year.
D.—KILLARNEY AND DISTRICT

KILLARNEY DISTRICT HOSPITAL

The Killarney District Hospital was opened in 1939, to replace an old hospital which formed part of the infirmary of the County Home. It serves the Killarney area which has a population of approximately 30,000.

The hospital, built at a cost of £19,130, had originally 20 beds for medical cases and 2 for obstetrics, but this had subsequently to be increased to a total of 46, including 30 medical, 10 maternity and 6 cots. A new maternity wing with 10 beds has just been completed, which has enabled the beds formerly used for maternity cases to be taken over for medical cases. A further extension is proposed for medical cases, and this will probably include a children's ward.

No major surgery is carried out at the hospital, but minor surgery, minor fractures and dental cases are dealt with here. Cases requiring major surgery are generally sent to the County Hospital in Tralee, as are all cases requiring X-ray examinations.

In 1955, the total number of inpatients treated was 1,352, with an average length of stay of 12.3 days. The average cost per patient day was 14s. 5d.

KILLARNEY ISOLATION HOSPITAL

The Killarney Isolation Hospital was opened in 1940. As the incidence of infectious diseases has decreased considerably in recent years, this hospital now serves as the isolation hospital for the County of Kerry, which has a population of 126,644. The hospital was constructed at a cost of £36,380.

The total bed complement is 44, divided into 12 separate wards. In 1955, the total number of patients treated was 385, with an average length of stay of 16.9 days and an average cost per patient day of £1 7s. 8d.

CAHIRCIVEEN DISTRICT HOSPITAL

The Cahirciveen District Hospital was opened in June, 1955, to replace the old hospital originally used as a fever hospital. It serves the Cahirciveen area, which has a population of some 13,000. The cost of construction was £84,700. A nurses’ home was also built, at a cost of £12,250.
The total bed complement is 35, including a maternity wing of 7 beds and a children's ward of 4 beds. Medical, maternity and minor surgical cases are treated in the hospital; cases requiring major surgery are generally sent to the County Hospital at Tralee, as are cases requiring X-ray examination.

Up to the end of 1955, 401 patients had been treated, with an average length of stay of 16.2 days, and an average cost per patient day of £1 4s.
E.—CORK AND DISTRICT (INCLUDING KILKENNY)

SOUTHERN REGIONAL SANATORIUM, CORK

The Southern Regional Sanatorium, or St. Stephen's Hospital, was opened to patients in 1955. The cost of construction was approximately £1 million. It is controlled by the Cork Sanatoria Board, which is composed of 16 members of the Cork County Council and 4 members of the Cork County Borough Council.

It is situated on a 75-acre site, overlooking the Glanmire valley, about 7 miles from Cork City. The buildings include a hospital or surgical unit of 124 beds; 5 pavilion blocks of 50 beds each; 1 pavilion block of 24 beds; 1 pavilion block of 56 beds; nursing staff home; domestic staff home; and the administration block.

The hospital or surgical block is a well-equipped and furnished four-storey building; the ground floor is entirely taken up with operating theatres, X-ray, radiology, physiotherapy, eye, E.N.T., dental and endoscopy departments. The pavilion blocks are one-storied, self-contained units.

The administration block includes flats for the matron and assistant matron; bedroom for the Junior Medical Officer; offices for the administrative staff; catering department, dining halls, stores, etc.

The catering department is well equipped with Aga cookers, steam and electrical appliances. All food is cooked here and distributed to the hospital and pavilion blocks in heated containers. These are transported in a Lister truck, specially provided for this purpose.

At the time of the Study Tour, the sanatorium was not fully occupied or fully-staffed. When it is completed, the bed complement will be 454.

ST. MARY'S ORTHOPAEDIC HOSPITAL, GURRANE BrahER

St. Mary's Hospital is located on a 27-acre site on the highest part of the suburbs surrounding Cork City. The foundations were laid before World War II, but further progress was impossible until the cessation of hostilities.
St. Mary's Hospital was originally intended for the treatment of infectious diseases, but during the construction, it was realised that there was, in fact, little need for such a hospital in view of the declining incidence of these diseases. There was, however, an increasing demand for an orthopaedic hospital, and the partly constructed buildings were, therefore, converted for this purpose.

The hospital was completed in May, 1955, the total cost of construction and equipment, £548,750, being defrayed from grants from the Hospitals Trust Fund. A nurses' home was also built, with accommodation for 40 nurses.

The total bed complement is 133 (110 beds; 19 large cots; and 4 baby cots).

**Hospital of Our Lady of Good Counsel, Lota**

This Hospital, when originally opened, was a private house converted to accommodate 70 mentally defective boys. It is administered and staffed by the Brothers of Charity, who also manage the adjoining farm of 100 acres which provides much of the dairy produce and vegetables used in the hospital. The hospital itself is on a 20-acre site overlooking the River Lee.

The Brothers of Charity were greatly handicapped in the fine work they were doing by lack of space and facilities, and it was decided to enlarge the hospital. The original house has now been completely renovated and enlarged. A central laundry, kitchen and boiler house have been added, and additional day-room, dormitory and sanitary accommodation provided.

Three new pavilions, each with accommodation for 60 boys, have been constructed; these were designed to give maximum light and ventilation. The boys are divided among these pavilions according to their level of intelligence, two pavilions being high-grade, and the third, which has provision for non-ambulatory patients, low-grade. These pavilions are self-contained, except for cooking facilities. The bulk of the food is prepared and cooked in the central kitchen and transported to the pavilions in specially designed containers. Kitchenettes are, however, available in the pavilions.

Classrooms for occupational therapy and an assembly hall have also been constructed. The new extensions to the hospital, which cost £270,000, were officially opened in April, 1956.
The hospital can now accommodate 288 mentally deficient boys. The average cost per day is 10s.

COUNTY HOSPITAL, KILKENNY

The County Hospital, which was opened in 1942, serves the city and County of Kilkenny, with a population of about 70,000. It is controlled by the County Council, and the cost of construction, together with ancillary buildings, was £148,582. The 8-acre site includes the hospital block, staff block, surgeon’s residence, mortuary and gate lodge.

The hospital is a three-storey building, with medical wards, accident room, physiotherapy room and X-ray department on the ground floor; the surgical wards and operating theatre on the first floor; and the maternity wards on the second floor.

The staff block provides accommodation for Nursing Sisters of the Mercy Order, lay nurses and maids; the Nursing Sisters’ section includes a kitchen and dining room. There are separate dining rooms for the lay nurses and domestic staff; these are adjacent to the hospital kitchen.

The hospital is centrally heated by radiation from low pressure hot water panels in the ceilings. The water for this and domestic use is heated by boilers specially constructed with a view to using anthracite. Electricity is used for lighting, sterilising, laundry and largely for cooking. There is an emergency battery lighting set for the operating theatre and delivery room.

The total bed complement is 150, divided up as follows: 58 surgical; 46 medical; 24 maternity; 18 paediatric; and 4 private. In 1955, the total number of inpatients treated was 4,020, with an average duration of stay of 14.3 days and an average cost per patient day of £1 3s. 8d.
APPENDIX

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BELGIUM

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WARMING, K. Director of the Copenhagen County Hospitals, Gentofte, Nr. Hellerup.

Guest: ANDERSEN-ROSENDAL, Mrs.

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ELLIS, J. R. Deputy Secretary, United Sheffield Hospitals; Superintendent, Royal Hospital, Sheffield 1.
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- GODDARD, Mrs.
- HURST, Mrs. T. W.
- JOHNSON, Mrs.
- MARSDEN, Mrs.
- MILTON, Mrs.
- POPPLEWELL, Mrs.
- RUTHERFORD, Mrs.

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- AUROUSSEAU, P. R.
- BERGER, H. A. A.
- CURABET, J.
- DILLMANN, P.
- ESCOFFIER, P. L.
- FAUCON, E. J.
- FORESTIER, G.
- MARSOT, L.
- ROZIE, R.
- THIEBAUT, Mlle. M.-R.
- VEYRET, L.

**Guest:** CURABET, Mme.

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Guest: DONATI, Mme.

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TAGA, Dr. Ichiro

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VALADAS PRETO, Mme.

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FRANCIS, Dr. S. G. M. Medical Superintendent, Edinburgh Royal Infirmary, Edinburgh.
FRASER, Dr. A. M. Secretary and Senior Administrative Medical Officer, Northern Regional Hospital Board, Raigmore Hospital, Inverness.
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Guests: BRAENDSTEDT, Mrs. BRINK, Mrs.

U.S.A.

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