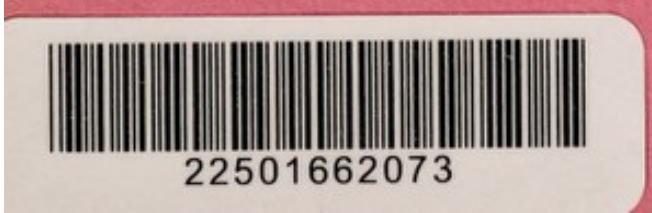
Annual report for the year 1954 / North Wales Mental Hospital Management Committee.

North Wales Mental Hospital Management Committee

ANNUAL REPORT
FOR THE YEAR 1954



North Wales Mental Hospital Management Committee

ANNUAL REPORT
FOR THE YEAR 1954

GEE & SON, LTD., DENBIGH

North Wales Mental Hospital Management Committee

Chairman:

Alderman ALFRED E. HUGHES, C.B.E., J.P., Brynhyfryd, Dolgelley.

Vice-Chairman:

Alderman W. J. HODSON, J.P., Crestonia, Liverpool Road, Buckley (Chairman of the Finance Committee).

Members:

Councillor THOMAS JONES, 31 Nantygaer Road, Llay, Wrexham.
Dr. D. E. PARRY PRITCHARD, County Offices, Caernarvon.
Alderman DAVID TUDOR, M.B.E., J.P., Dilwyn, Trawsfynydd. (Chairman of the Farm Committee).
Alderman O. R. E. JONES, J.P., Cafnan, Cemaes Bay.
Alderman JOHN THOMAS, J.P., Cefn, Llanengan, Abersoch.
who are appointed for the period ending 31st March, 1956.

Alderman Mrs. ANNE FISHER, M.B.E., J.P., Tyddyn Eilian, Llanberis.
D. H. GRIFFITHS, Esq., Bodlonfa, Park Street, Denbigh.
Dr. M. T. ISLWYN JONES, 16 Grosvenor Road, Wrexham.
Councillor O. M. PRITCHARD, Tŷ Mawr, Llanfairyneubwll.
Alderman H. R. JONES, 2 The Terrace, Corwen.
who are appointed for the period ending 31st March, 1957.

Alderman Mrs. E. C. BREESE, J.P., Gorsty Hayes, Ruabon Road, Wrexham (Chairman of the General Purposes Committee).
T. W. JOHNSON, Esq., Wynford, Rhyl Road, Denbigh.
Dr. J. B. DOBSON, Fron Haul, Mold.
Alderman Mrs. DORIS OATES, M.B.E., J.P., Tower, Mold.
who are appointed for the period ending 31st March, 1958.

Secretary and Finance Officer:

SIDNEY L. FROST, F.H.A.

Supplies Officer:

ALFRED H. LUCAS, F.H.A., A.R.San.I.

Group Engineer and Clerk of Works:

R. GLYN PRITCHARD, M.I.H.E., M.I.E.C.

Deputy Secretary:

D. BASIL EVANS

House Committees

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, DENBIGH, AND POOL PARK HOSPITAL, NEAR RUTHIN

Chairman of the House Committee:
T. W. JOHNSON, Esq.

Members:

D. H. GRIFFITHS, Esq.
Dr. M. T. ISLWYN JONES
HENRY PARRY, Esq.
Alderman Mrs. ANNE FISHER, M.B.E., J.P.

BROUGHTON M.D. INSTITUTION, NEAR CHESTER

Chairman of the House Committee:
Alderman W. J. HODSON, J.P.

Members:

Alderman Mrs. E. C. BREESE
Councillor THOMAS JONES
Councillor E. G. ROBERTS, J.P.
Mrs. D. KENYON.
Miss W. YATES, J.P.

COED DU HALL M.D. INSTITUTION, NEAR MOLD

Chairman of the House Committee:
Alderman Mrs. E. C. BREESE, J.P.

Members:

Mrs. P. R. DAVIES-COOKE
Mrs. FLORENCE JONES
Miss W. YATES, J.P.
Alderman W. J. HODSON, J.P.
Dr. M. T. ISLWYN JONES
Councillor THOMAS JONES
Councillor J. O. PARSONAGE
Alderman H. HAMPSON, J.P.

LLWYN VIEW M.D. INSTITUTION, DOLGELLEY, AND GARTH ANGHARAD M.D. INSTITUTION, DOLGELLEY

Chairman of the House Committee:
Alderman ALFRED E. HUGHES, C.B.E., J.P.

Members:

Alderman DAVID TUDOR, M.B.E., J.P.
Mrs. M. MAELOR JONES
Mrs. E. ROBERTS
Dr. W. F. GAPPER
D. R. MEREDITH, Esq.

North Wales Hospital for Nervous and Mental Disorders

Medical Staff

Psychiatry

Consultants:

J. H. O. ROBERTS, O.B.E., M.D.(Lond.), D.P.M.
(Medical Superintendent)
GEOFFREY WILLIAMSON, M.B., Ch.B.(Manchester), D.P.M.
T. GWYNNE WILLIAMS, M.D.(Lond.), D.P.M.

Senior Hospital Medical Officers:

J. A. URQUHART, M.B., Ch.B.(Glasgow), D.P.M.
D. OWEN LLOYD, M.B., B.S., D.P.M.
JOHN MILLAR, M.B., Ch.B., D.P.M.

Registrar:

P. HUGHES GRIFFITHS, B.Sc., M.B., Ch.B.

Junior Hospital Medical Officer:

O. F. SYDENHAM, B.Sc. (Birmingham), M.B., Ch.B., M.B.B.S.(Lond.)

Consultants in Other Specialities:

Pathology:

A. CEINWEN EVANS, M.B., Ch.B., B.Sc.(Wales)

General Medicine:

GEOFFREY H. T. LLOYD, M.D.(Lond.)

Electroencephalography:

ROBERT R. HUGHES, M.D.(L'pool), M.R.C.P.

General Surgery:

D. I. CURRIE, M.B., Ch.B.(Leeds), F.R.C.S.(Eng.)
R. S. NINIAN, F.R.C.S.(Edin.)

Neuro-Surgery:

A. SUTCLIFFE KERR, M.C., Ch.B.(Liverpool), F.R.C.S.(Eng.)

Ear, Nose and Throat Surgery:

R. D. AIYAR, F.R.C.S.(Edin.)

Ophthalmology:
ELEANOR M. P. BROCK, M.B., Ch.B.(Liverpool), D.O.M.S.

Anaesthetics:
NANCY I. FAUX, M.B., B.S.(Lond.), D.A.
DAVID E. ROWLANDS, M.R.C.S.(Eng.), L.R.C.P.(Lond.), D.A.

Radiology:
S. NOWELL, M.B., Ch.B.(Manchester), D.M.R., F.F.R.
I. PIERCE WILLIAMS, M.B., Ch.B.(Liverpool), D.M.R.

Dental Surgeon:
CHARLES HUBBARD, L.D.S.

OTHER STAFF

Matron:
BLODWEN D. HUGHES, S.R.N., S.C.M., R.M.P.A.

Chief Male Nurse:
T. J. DAVIES, R.M.N., R.M.P.A.

Psychologist:
MARTHA VIDOR, Ph.D.(Leipzig), F.B.Ps.S.

Psychiatric Social Workers:
KATHLEEN M. JONES, B.A.(Wales)
PAULINE M. HAMMOND
ELLEN SHIRLEY CARTWRIGHT

Social Worker:
MEGAN JAMES EVANS

Senior Occupational Therapists:
G. R. WILSON, R.M.P.A., M.A.O.T.

Chaplains:
Rev. H. DAVIES, B.A., Church in Wales
Rev. J. H. GRIFFITH, M.A., Nonconformist
Father JOSEPH WEDLAKE, Roman Catholic

(POOL PARK)
Rev. HENRY W. JONES, Church in Wales
Rev. GWILYM I. DAVIES, Nonconformist

BROUGHTON M.D. INSTITUTION

Matron-Superintendent:
ANN E. FLETCHER, S.R.N., R.M.P.A.

Medical Officer:
G. C. BOUGH, M.R.C.S., L.R.C.P.

COED DU M.D. INSTITUTION

Matron-Superintendent:
(Mrs.) IRENE TAYLOR, R.M.N.

Medical Officer:
K. A. BUTLER, M.B., B.S.

LLWYN VIEW M.D. INSTITUTION, DOLGELLEY, and GARTH ANGHARAD M.D. INSTITUTION, DOLGELLEY

Superintendent, Garth Angharad:
W. M. ROBERTS

Matron-Superintendent, Llwyn View:
SYDNEY WILLIAMS, S.R.N., R.M.P.A., C.M.B.

Medical Officer:
H. D. OWEN, M.B., Ch.B.

CONSULTANT TO M.D. INSTITUTIONS:
T. S. DAVIES, M.R.C.S., L.R.C.P., D.P.M.

CHILD GUIDANCE CLINICS

(Central Office) BOD DIFYR, CEFN ROAD, OLD COLWYN

Psychiatrist:
E. SIMMONS, M.D.(Bonn), L.R.C.P. & S.(Edin.)

Psychologist:
G. A. V. MORGAN, M.A., Ph.D.

Psychiatric Social Workers:
J. S. MIDWINTER
MARY K. PRETTY

Psychotherapist:
CONSTANCE S. SIM, M.A., B.Sc.

Sixth Annual Report of the North Wales Mental Hospital Management Committee for the Year 1954

The Committee have pleasure in presenting their Annual Report for the year 1954 including reference to the finances for the financial year 1954-5.

The hospitals and institutions entrusted to the Committee's care, providing mental health services, primarily for the North Wales Counties, are as follows:—

North Wales Hospital for Nervous and Mental Disorders, Denbigh	1414	beds
Pool Park, Ruthin	100	,,
Coed Du M.D. Institution, Rhydymwyn	86	,,
Broughton M.D. Institution, near Chester	70	,,
Llwyn View M.D. Institution, Dolgelley	68	,,
Garth Angharad M.D. Institution, near Dolgelley	62	,,

Out-patient clinics are situated at Bangor, Wrexham, Rhyl and Dolgelley and the Committee are responsible also for the Child Guidance Services with headquarters at Old Colwyn and clinics at Bangor, Colwyn Bay, Dolgelley, Rhyl and Wrexham.

Detailed reports on the work of the Mental Hospital, the Mental Deficiency Institutions and the Child Guidance Services are to be found in the reports of Dr. J. H. O. Roberts, the Medical Superintendent; Dr. E. Simmons, the Consultant Child Psychiatrist, and Dr. T. S. Davies, the Visiting Consultant Psychiatrist in Mental Deficiency.

The purchase of Oakwood Park Estate, referred to in the last report, has now been completed and the work of adapting the premises for the accommodation of 184 male mental defectives has commenced and is expected to be completed early in 1956. A proposed development of a colony there for from 450 to 600 patients will be governed by the finances made available by the Ministry for the purpose.

Work has commenced on a new villa for 50 female patients at Denbigh and the building should be ready for occupation towards the end of 1955.

MANAGEMENT COMMITTEE

To replace the late Dr. A. E. Roberts, to whom tribute was paid in the last report, Dr. D. E. Parry-Pritchard, Medical Officer of Health for Caernarvonshire, has been appointed; and in the place of Dr. J. T. Lewis, who resigned owing to pressure of work in general practice, Mr. D. H. Griffiths has joined the Committee.

Monthly meetings of the Management Committee and its sub-committees have been held at Denbigh, one meeting during the summer being held at Garth Angharad Institution, Dolgelley, with a visit to Llwyn View Institution, for the purpose of affording an opportunity to all members of acquainting themselves with these institutions and meeting the patients and staff. The Committee are proposing to hold one of their meetings each year at one of the M.D. Institutions. Local House Committees have held meetings at the Mental Deficiency Institutions and the Committee are grateful to the House Committees for the work they have done and the interest they have shown and succeeded in fostering in the neighbourhood.

PATIENT STATISTICS

Details of the patient population at the Mental Hospital are contained in the Medical Superintendent's Annual Report, and the Mental Deficiency Institutions are dealt with in the report of the Visiting Consultant Psychiatrist to the institutions.

The slight fall in the number of patients on the books at Denbigh, commented on in the last report, has not continued and the numbers for this year have increased from 1497 at the beginning of the year to 1514 at the end and the state of overcrowding of the Hospital is becoming a more serious problem as time goes on.

The numbers of patients on the books of the Mental Hospital at the beginning and the end of the year 1954 are as follows:—

	Male	Female	Total
At 31st December, 1953	744	753	1497
At 31st December, 1954	761	753	1514

At the Mental Deficiency Institutions, the numbers on the books are as follows:—

	Coed Du	Llwyn View	Garth Angharad	Broughton
At 31st December, 1953	99	73	73	63
At 31st December, 1954	96	73	64	65

CHILD GUIDANCE SERVICE

The Child Guidance Service for North Wales is continuing to develop to provide as wide and comprehensive a service as possible, the Committee's policy being to undertake, by arrangement with Local Health and Local Education Authorities, and subject to financial adjustments, work for which they are legally responsible. The Committee feel that a unified comprehensive service can be run more efficiently and expeditiously and at lower cost, obviating overlapping and duplicating.

Approval has been given during the year to additional appointments and the staff establishment is as follows:—

1 Consultant Child Psychiatrist.
1 Registrar.
3 Psychiatric Social Workers.
1 Educational Psychiologist.
2 Part-time Psychologists.
1 Psychotherapist.
1 Secretary/shorthand-typist.
1 Shorthand-typist.

To enable work to be undertaken on behalf of the other authorities, the Regional Hospital Board have been asked to appoint an additional Psychiatrist of Senior Hospital Medical Officer status and to approve of the appointment of the following additional other staff:—

1 Psychologist.
1 Psychiatric Social Worker.
1 Clerical worker.

CHARITIES

A new constitution for the Charities, made necessary by the coming into force of the National Health Service in 1946, has now been approved by the Charity Commissioners. For the management of the Charities Trustees, including representatives of the Management Committee and of the five County Councils with surviving Trustees of the old Charities, have been appointed and the newly constituted body has had its first meeting.

FINANCES

A summary of group expenditure and income during the year 1954-5 is given elsewhere in this report.

The Committee's forecast of expenditure and income for the year 1954-5 amounting to £419,281 could not be met by the Regional Hospital Board but was reduced to £397,000, to which figure, however, certain sums were added during the year for specific purposes such as salary awards, resulting in a finally approved revised net figure of £410,376.

The additions approved by the Regional Hospital Board are as follows:—

	£	£
Salaries and Wages		
Medical	162	
Clerical and Administrative	730	
Nursing	6644	
Other staff	2090	
Total Salaries		9626
Provisions	2500	
Fuel	1250	3750
Total Additions		13376

The maintenance cost per head of patients at the Mental Hospital at £4.12.7d. per week is the lowest but one of the eight mental hospitals in the Welsh Region and the Committee are of the opinion that sufficient money should be made available to them to bring the standard of comfort and treatment up to at least the average enjoyed at the other mental hospitals. With this in view, improvements have been introduced into the patients dietary and savings under other heads of expenditure have, with the approval of the Board, been spent on ward furnishings.

It is not possible at the date of writing this report to say how close the Committee's budget will be adhered to, but judging from the past and bearing in mind the sense of responsibility felt by the Committee and the care with which they deal with their finances, it is safe to say that there will be no over-spending.

CAPITAL SCHEMES

Adaptations at Oakwood Park Colony are in progress, the nominated architects being Messrs. S. Colwyn Foulkes of Colwyn Bay, and the building contractors, Messrs. J. W. Owen & Hughes (1947), Ltd. The total cost of the institution will be approximately £100,000, including purchase price, adaptations and furniture and equipment, and will provide accommodation for 184 patients plus staff with, in addition, a site for development of a complete colony of 450 to 600 beds.

A new villa for 50 patients is now in course of erection. The contractors are Messrs. G. & R. Brimblecombe, Ltd., of Buckley, near Chester.

The laying of a secondary pipeline from Coed Accas reservoir to the Mental Hospital has been completed by the contractors, Messrs. Norman Hughes & Co., Ltd., of Ruthin.

A scheme for the installation of new Lancashire boilers and additional generating plant at the Mental Hospital has been approved by the Regional Hospital Board. The work will be spread over two years and is expected to commence at an early date.

A property in Old Colwyn, known as Bod Difyr, has been acquired and adapted for Child Guidance Headquarters and clinic purposes.

WORKS

Maintenance repairs, alterations and improvements are carried out under the supervision of the Group Engineer and Clerk of the Works, with headquarters at the Mental Hospital.

Routine maintenance repairs at the Mental Deficiency Institutions involve a good deal of travel and the Committee have under consideration a scheme for dealing with minor day to day maintenance by local contracts.

In addition to routine maintenance, the following improvements and adaptations have been carried out:—

Mental Hospital

Reflooring Male Wards 3 and 7 and Operating Theatre.
Elimination of dampness at Doctor's house, "Cleveland".
Fixing metal windows in Male 3.
Erection of new Joiners' Shop and Messroom.
Re-wiring of Male 3 and garages, Female 2 and 3.
Re-wiring of Pool Park for Grid Supply.
Re-wiring Male Reception Hospital for A.C. medical equipment.
Additional heating Female 6.
Installation of additional kitchen equipment.
Overhaul of No. 1 Steam Generator.

Garth Angharad

Adaptation of building to form garage for 35 seater bus.

New galvanised water main from reservoir to Hall.

Extension to domestic hot water boiler.

New vestibule to East Lodge.

Construction of concrete track on drive.

Llwyn View

Construction of Airing Court at the rear and erection of swings and roundabouts.

Extensive external improvements, including new windows and pebble dashing.

Re-tiling of scullery floor.

Coed Du

Additional dormitory heating.

Improvements to bathing facilities.

Provision of new laundry washing troughs.

Internal decoration of dining room and several dormitories.

Erection of swings and roundabouts.

Broughton

Considerable internal stripping and re-plastering to eliminate damp.

External pointing.

Erection of swings and roundabouts.

Re-decoration of Matron's Quarters.

WATER SUPPLY

A draft agreement with the Aled Rural District Council for the supply of water from the Committee's undertaking is in the hands of the Regional Hospital Board and the Committee are anxious to see an early completion of the contract. The Committee are informed by the Regional Hospital Board that the Council are considering the possibility of acquiring the water undertaking and it need hardly be said that the Committee would offer strong opposition.

FARMING ACTIVITIES

The farm and garden has again completed a very successful year providing employment for patients, a large quantity of milk and other produce, the profits reducing the cash requirements for maintenance by an appreciable amount. This being so, and in view of the consistent good record of work, the Committee do not agree with the new policy of the Minister that hospital farming shall cease unless it can be shown that farming is absolutely essential to the running of the hospital. Under the new policy, many benefits accruing to hospitals, such as the ready availability of fresh produce at prices below those payable in the wholesale market, and the therapeutic value of employment for patients, are to be denied Committees.

Yet, it is inconceivable that the Minister would deliberately abandon any clear source of revenue at a time when the cost of running the hospitals is soaring high, and for these reasons the Committee have not so far accepted the suggestion of the Regional Hospital Board that the major part of the farm be let. Discussions are now taking place and the Ministry of Health have been asked to receive a deputation from the Committee to hear their case direct.

CONCLUSION

The Committee wish to place on record their appreciation of the conscientious way in which the group officials and the Superintendents and staffs of the Mental Hospital and the Mental Deficiency Institutions have carried out their responsible and often arduous duties. The team spirit that exists and the loyal support given them by all sections of the staff enable the Committee to provide a service that is of such great importance to the public they serve.

ALFRED E. HUGHES,

May, 1955. Chairman.

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, DENBIGH

Medical Superintendent's Annual Report, 1954

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital for Nervous and Mental Disorders at Denbigh.

As usual, the most important matter for comment is the number of patients to be accommodated in the Hospital. Curve A in Graph I shows that the upward trend in the hospital population has been resumed and that there were 1514 patients on our books on the 31st December, an increase of 17 on the figure for the previous year.

Reference to Graph II shows that the number admitted during the year increased to 955 and the number discharged to 837. The difference between these figures is 118 which can be considered as the number of new patients accruing to the hospital population. It is offset by the loss of 100 patients through death and 1 transfer, leaving a real increase of 17.

Reverting to Graph I, Curve B shows that the number under 65 in the Hospital has shown a slight tendency to drop during the past 20 years. However, during this period there has been an estimated increase of about 10% in the population of the five Counties forming our Catchment Area. Also certain of the patients now making up the total of the under 65s are short-term cases of a mild type which were not coming into this Hospital in the 1930s. There has, therefore, been a real reduction during recent years in the proportion of patients under the age of 65 remaining in hospital. This fact may reasonably be considered grounds for some satisfaction.

On the other hand, the position with regard to the over 65s is ominous. Curve C in Graph I shows that the upward trend in the population of the Hospital is entirely accounted for by a steady increase in the over 65s. This is attributed to the following factors:—

(1) The increase, already mentioned, in the population of the Hospital's Catchment Area.

(2) The fact that people tend to live longer both outside and inside the Hospital.

(3) The increased tendency to send old people showing signs of senile decay into Mental Hospitals.

The annual rate of increase in the hospital population is important as a pointer to the need for new buildings. Our statutory accommodation (or in other

words, the numbers we can house by recognised standards) is 1,195 for night space and 1,100 for day space. This means that on December 31st we had a deficit in night space for 319 patients and in day space for 414 patients, which means overcrowding rates of 26.6 per cent. and 37.6 per cent. respectively.

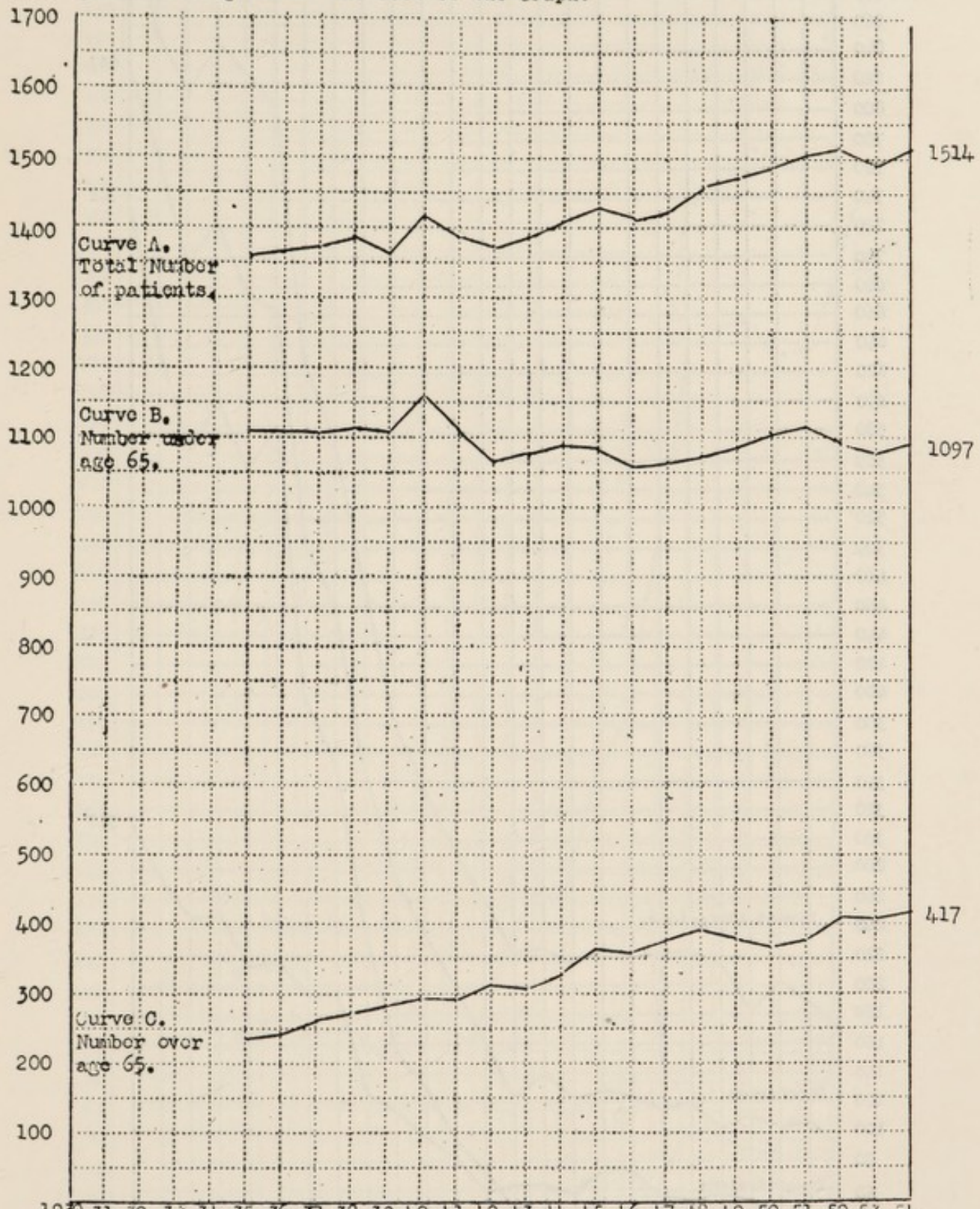
The position will be eased to some extent when the new villa for 50 patients recently commenced comes into use. However, Graph I shows that the hospital population increased by 100 during the last 10 years. If this rate of increase continues, the benefit which the new villa will confer will have been offset in 5 years.

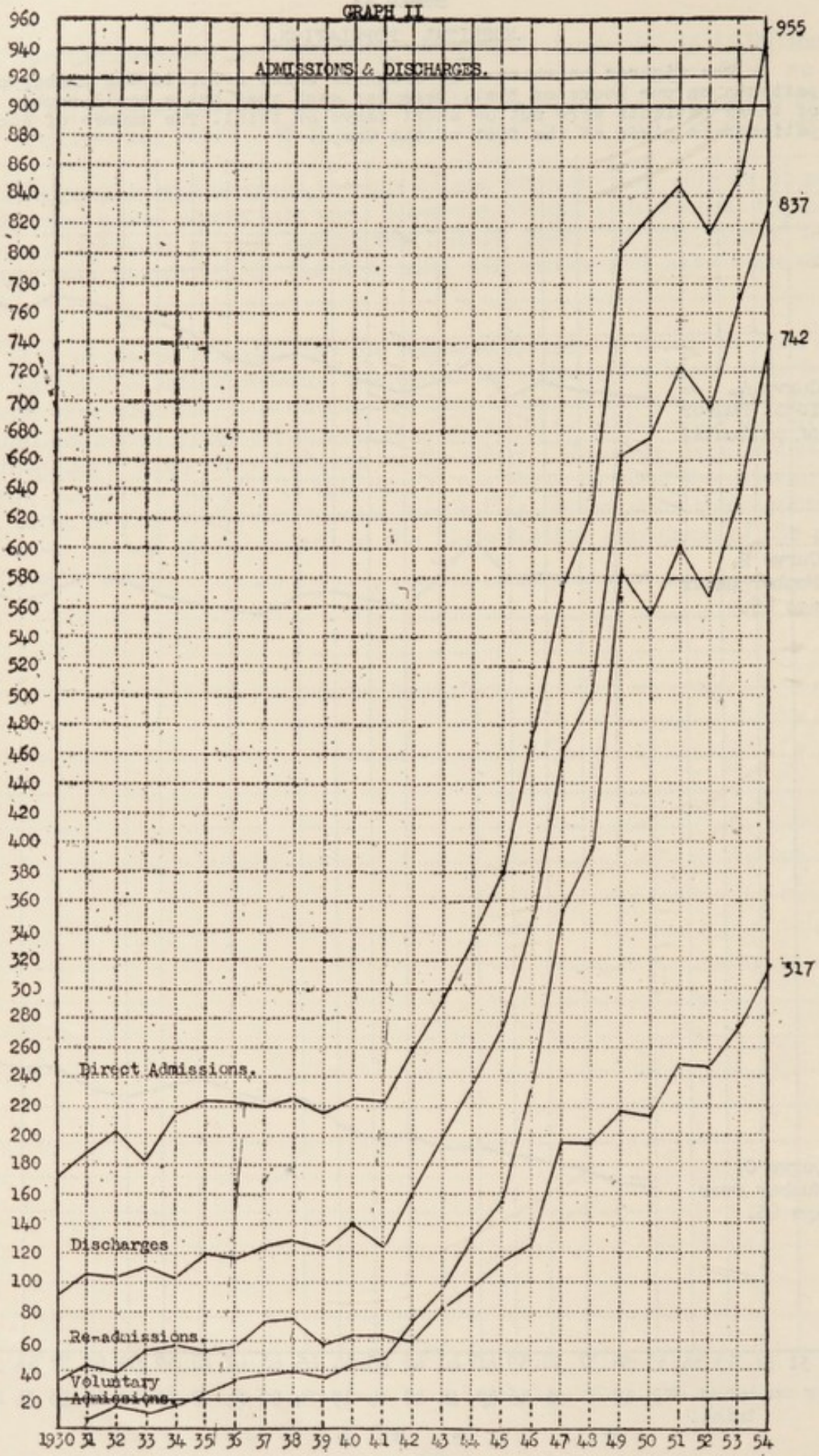
It is, of course, possible that the Regional Board will decide to place certain of our patients in accommodation deemed more suitable for them as it becomes available. For example, it is anticipated that Oakwood Park will take a number of mental defectives whilst certain senile cases could be better cared for in Chronic Sick Hospitals or Long Stay Annexes for the elderly. However, even at a sanguine estimate, assistance afforded in this way is not likely to meet the existing shortage of beds, so that additional mental hospital accommodation must continue to be planned, having special regard to the likely further expansion of the population of North Wales.

GRAPH I.

HOSPITAL POPULATION.

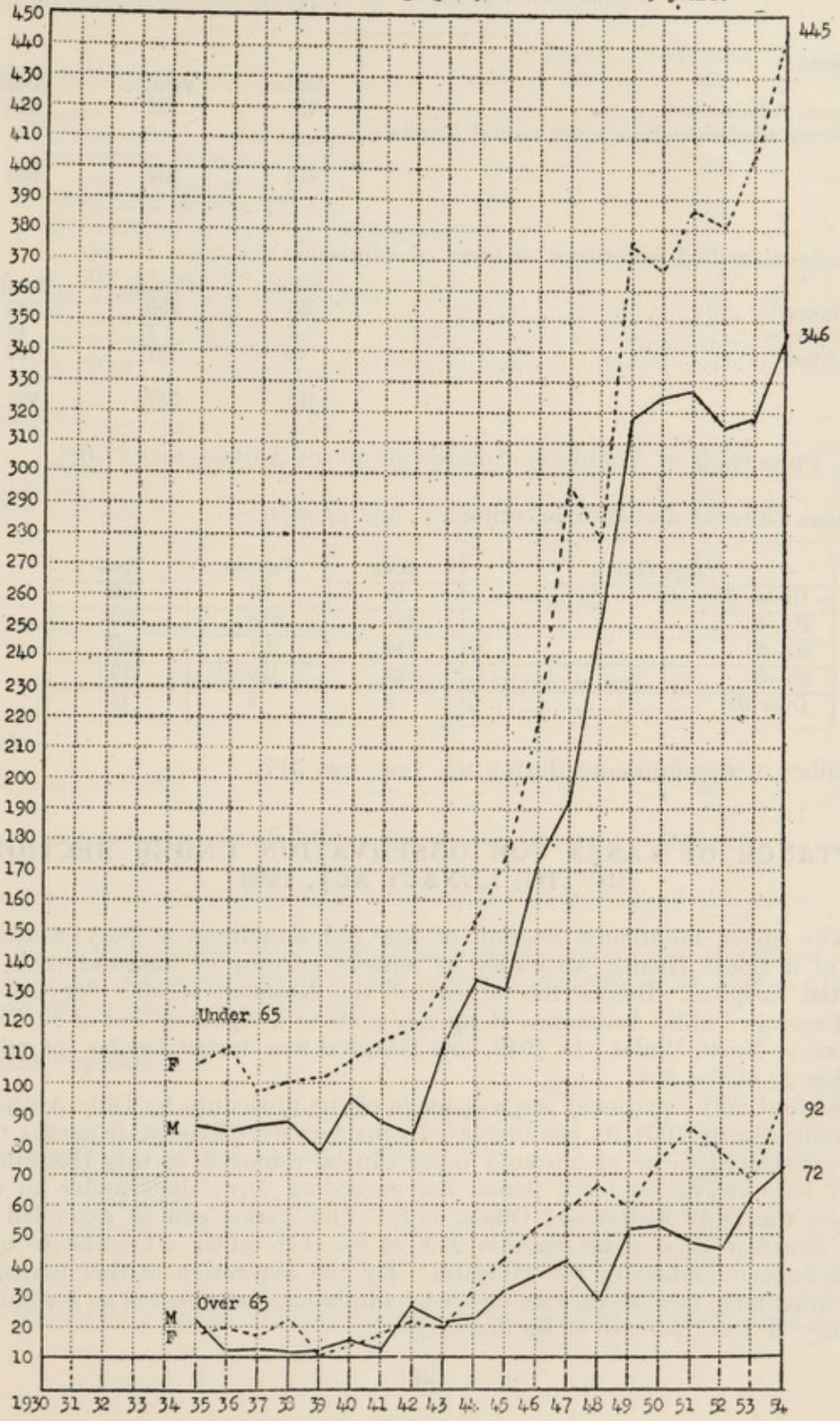
The figures on which this Graph is based refer to the number of patients on our books on 31st. December each year but a small number of these patients were out on short leave or trial. The number of such patients is given at the foot of the Graph.




GRAPH II
ADMISSIONS & DISCHARGES.
955
837
742
317
Direct Admissions.
Discharges
Re-admissions.
Voluntary Admissions.
960
940
920
900
880
860
840
820
800
780
760
740
720
700
680
660
640
620
600
580
560
540
520
500
480
460
440
420
400
380
360
340
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
1930 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54

GRAPH III

Admissions according to sex and age group over or under 65 years.



GENERAL STATISTICS OF ADMISSIONS, DISCHARGES, DEATHS AND HOSPITAL POPULATION

Admissions:

	Male		Female		Total
Direct Admissions	418	...	537	...	955
Indirect admissions from other mental hospitals	—	...	—	...	—
	418	...	537	...	955

Admissions classified according to form of admission:—

	Male		Female		Total
Voluntary	333	...	409	...	742
Temporary	7	...	7	...	14
Certified	78	.	121	...	199
	418	...	537	...	955

Proportion of Voluntary Admissions to all Admissions = 77.6%

Admissions (direct) classified according to age groups:—

Age Group	Male	Female	Total
Under 20	15	14	29
20—40	161	168	329
40—60	144	221	365
60—80	93	126	219
Over 80	5	8	13

The number of re-admissions during the year was 317.

ACCEPTANCE OF CASES FOR OBSERVATION UNDER SECTION 20 OF THE LUNACY ACT, 1890

The above mentioned Section of the Act empowers a Duly Authorised Officer of a Local Health Authority to remove persons of unsound mind to a designated hospital. Before the advent of the National Health Service, only parts of certain Public Assistance Hospitals were so designated and of such there were none in North Wales. In 1949, this Hospital was designated for the purpose of Section 20 of the Act.

At first only occasional use was made of the procedure by Duly Authorised Officers but during 1954 its use increased considerably. Briefly, it means that a person considered to be of unsound mind can be removed to this Hospital and retained for observation for a period not exceeding three days under an Order signed by the Duly Authorised Officer only. This period can be extended for a further fourteen days under Section 21A of the Act under a Certificate by the Medical Superintendent of the Hospital. By the expiration of this period, the patient must have been dealt with either by admission into hospital as a voluntary, temporary or certified case or by discharge.

The following table shows the mode of disposal of these patients admitted under Section 20 during 1954. It will be seen that approximately 50% of them elected to remain in the Hospital as Voluntary Patients.

	Male		Female		Total
Total admissions	40	...	61	...	101
Disposal:—					
(1) Admitted to this Hospital					
(a) As voluntary patients	18	...	32	...	50
(b) As temporary patients	1	...	—	...	1
(c) As certified patients	12	...	18	...	30
(2) Admitted to other mental hospitals					
(a) As voluntary patients	1	...	—	...	1
(b) As certified patients	1	...	1	...	2
(3) Admitted to other hospitals	—	...	1	...	1
(4) Discharged home	6	...	8	...	14
(5) Otherwise disposed of	1	...	—	...	1
(6) Died	—	...	1	...	1

Discharges:

	Male		Female		Total
Recovered	142	...	258	...	400
Relieved	166	...	196	...	362
Not improved	52	...	23	...	75
	360	...	477	...	837

	Male		Female		Total
Transfers to other mental hospitals	—	...	1	...	1

Discharge rate on direct admissions=87.6%

Deaths:

	Male		Female		Total
Number of deaths	40	...	60	...	100

The death rate was 6.7% on the average number resident.

Post Mortem Examinations were conducted in 57% of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of death of 12 patients. In no instance was any criticism made by H.M. Coroner touching our care of the cases enquired into.

Hospital Population:

	Male		Female		Total
Number of patients on Hospital Registers on 31st December, 1953	744	...	753	...	1497
Number remaining 31st December, 1954:—					
Voluntary	151	...	131	...	282
Temporary	—	...	1	...	1
Certified	610	...	621	...	1231
	761	...	753	...	1514

Fifty-two patients are classified as Ministry of Pensions Service cases.

THE GENERAL HEALTH OF THE HOSPITAL

The health of the patients generally has been satisfactory and no epidemic illness has occurred during the year.

Pulmonary Tuberculosis. During the year, 3 patients died from pulmonary tuberculosis compared with 1 in 1953 and an average of 7.3 during the years 1934 to 1939.

B.C.G. Vaccination. All nurses are Mantoux tested on joining and as a result 7 required B.C.G. vaccination during 1954.

NURSING STAFF

The first table shows the strength of our Nursing Staff (including Nursing Officers) on the 31st December, 1951 to 1954. The second table shows the number of trained female nurses on our whole-time staff each year from 1944.

Table I

	31.12.51		31.12.52		31.12.53		31.12.54	
	M.	F.	M.	F.	M.	F.	M.	F.
Qualified Mental Nurses	71	13	72	13	75	17	71	18
Qualified Mental Nurses also S.R.N.	10	3	9	3	7	4	8	3
Student Nurses	15	36	11	38	9	24	11	18
Nursing Assistants	32	27	35	32	37	34	41	32
Part-time Nurses (in terms or whole-time)	—	27	—	28	—	28	—	40
	128	106	127	114	128	107	131	111
Recognised Establishment	140	140	138	142	141	140	142	142
Deficiency	12	34	11	28	13	33	11	31
Ward Orderlies	1	7	6	8	8	10	8	15

Table II

(Trained Female Staff)

December, 1944	33
,, '45	27
,, '46	23
,, '47	27
,, '48	24
,, '49	20
,, '50	16
,, '51	16
,, '52	16
,, '53	21
,, '54	21

On the Male Side, it will be seen that there is a deficiency of 11 male nurses but this is offset by 8 Ward Orderlies. Seventy-nine nurses are qualified mental nurses and, of these, 8 also hold the S.R.N. Certificate. We have every reason, therefore, to be satisfied with the quality of the staff on this side of the Hospital.

On the Female Side, the deficiency on establishment amounts to 29, a figure which is offset in some measure by the fact that we have 15 Ward Orderlies. Whilst we are not so well off numerically as most of the other hospitals in

the Welsh Region (which are relatively well blessed) we are fortunate in comparison with many English hospitals. Our chief weakness, of course, is the shortage of trained staff and it is a matter of concern that our intake of student nurses continues to fall. The Management Committee has done all in its power to attract suitable entrants and to provide a high standard of tuition so that if there is a remedy it must lie in the hands of those central authorities which determine such matters as rates of pay and conditions of service, for it seems to me that only by a substantial increase in material incentives can sufficient girls of the right standard be attracted to a branch of nursing which is neither fashionable nor popular. Whilst it is true that a great deal of the nursing of chronic mental cases can be undertaken by untrained staff, their work requires to be supervised by trained nurses. Then, modern methods of treatment of the mentally ill calls for a level of technical skill and ability which is not exceeded by any other branch of nursing. For these reasons, the Mental Health Service must somehow manage to attract to itself, a sufficient proportion of girls suitable for training to a high level of efficiency. The following table showing the fall in the annual number of female entrants as student nurses, shows how urgent is the problem :—

1946	25
'47	40
'48	32
'49	32
'50	14
'51	17
'52	16
'53	17
'54	6

TREATMENT OF MENTAL ILLNESS

The treatment of mental illness divides itself into the following categories :—

1. Measures directed to improving the patient's general health.
2. Measures directed to re-educating the patient. These include advice, psycho-therapy, occupational therapy and, upon discharge, help in rehabilitation.
3. Special methods of treatment of which the following are the most important in use at this Hospital.
   (1) **Electric Convulsive Therapy:** This is applied by passing an electric current through the brain.
   (2) **Insulin:** In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilizing lower doses also proves beneficial.
   (3) **Prolonged Narcosis:** In this, the patient is kept asleep almost continuously for a period up to 14 days.
   (4) **Prefrontal Leucotomy:** This is a surgical procedure whereby nerve fibres passing from the frontal lobes to other parts of the brain are divided.
   (5) **Treatment of General Paralysis of the Insane:** The following methods are in use :—
      (a) Inoculation with Malaria.
      (b) Penicillin.
      (c) Specific antisyphilitic drugs.

The following table shows the number treated by various physical methods during 1954:—

	Male	Female	Total
Electric Convulsive Therapy	252	449	701
Modified E.C.T.	52	52	104
Deep Insulin	18	8	26
Modified Insulin	63	37	100
Partial Narcosis	8	–	8
Ether or CO^2 Abreaction	6	–	6
Prefrontal Leucotomy	7	9	16
Narcoanalysis	42	3	45
Sub-convulsive Stimulation	34	–	34
Hormonal Treatment	10	–	10
Largactyl Treatment	20	29	49

Leucotomy Cases:

The following is an analysis of the results in all cases operated upon between April, 1942, and December, 1954:—

	Male	Female	Total
Total Number of Cases	123*	99*	222*
Discharged "Recovered" or "Relieved"	58	42	100
Improved in Hospital	31	26	57
Unchanged	28	22	50
Died as a result of operation	5	7	12
Discharged but since relapsed	15	4	19

*Includes 3 cases who have been operated upon more than once.

Commentary. As Leucotomy is only performed on cases which have not responded to other forms of treatment and in which the outlook without operation is regarded as hopeless, the results shown in the above table are regarded as satisfactory.

Surgical Operations:

The operation of Leucotomy is performed by Mr. Sutcliffe Kerr in the Hospital Theatre.

Most major general surgical operations are now performed at neighbouring general hospitals, straightforward cases returning to this Hospital on the same day.

CONSULTANTS' VISITS IN SPECIALITIES OTHER THAN PSYCHIATRY

Speciality	Consultant's Name	Frequency of Attendance	No. of Patients seen in 1954
General Medicine	Dr. G. H. T. Lloyd	Weekly	182
Tuberculosis	Dr. Clifford Jones	As required	65
General Surgery	Mr. D. I. Currie	As required	30
Ophthalmology	Mrs. E. M. Brock	Every month	65
Ear, Nose & Throat Surgery	Mr. R. D. Aiyar	Alternate weeks	71
Orthopædic	Mr. V. K. Drennan	As required	2

Dental Department:

Mr. Charles Hubbard pays weekly visits to the Hospital. All patients requiring treatment are seen as soon as possible after admission and their teeth put in order.

During the year 1954, 742 patients were examined. Extractions were carried out in 196 cases. Twenty-five patients had teeth filled; 32 were provided with dentures and 27 had their dentures repaired.

Occupational Therapy:

Having failed to secure a successor to Miss Cooper, Mr. Wilson, who was formerly in charge on the Male Side, has now assumed responsibility for occupational therapy on both sides of the Hospital. On the Female Side, he has four assistants, one of whom is qualified. On the Male Side, he has one qualified assistant and a joiner technical assistant. In addition, three male nurses are seconded to the Department, one of whom is a printer by trade, while another is a painter.

Occupational Therapy is carried out principally at six centres, of which four are used by acute cases, two being located at Gwynfryn, while two are attached to the reception wards in the Main Building. The remaining two centres are for the occupation of chronic cases on each side of the Hospital. That on the Male Side contains a printing department and a work shop, equipped with metal and wood turning lathes and other modern machinery. There is also apparatus for brush and coir mat making.

SPECIAL METHODS OF INVESTIGATION

Pathology Laboratory:

The units of work done during the year 1954 amounted to 4,977.

X-ray Department:

During 1954, the following examinations were made:—

	Patients		Staff		
	Male	Female	Male	Female	Total
Chest	136	73	61	97	367
Skeleton ..	71	66	15	2	154
Total ...	207	139	76	99	521

All radiographs are seen and reported on by Dr. Pierce Williams, Consultant Radiologist to the Hospital.

Department of Psychology:

A psychologist is chiefly concerned with tests estimating intelligence and other qualities of the mind. During 1954, Dr. Vidor has examined the following number of cases:—

In-patients other than Leucotomy Cases	366
Leucotomy Cases	18
Personnel Selection	14
Out-patients	15
Patients at M.D. Institutions	118

Department of Electro-Encephalography:

The electro-encephalograph is an instrument for recording the electrical waves generated in the brain and is of assistance in the diagnosis of epilepsy, certain cases of tumour and other disorders of the brain.

The Department is now in full operation and deals not only with our own cases but also with cases referred by Physicians and Paediatricians in the General Hospitals of the Area.

Dr. Urquhart is in charge of the Department whilst we are fortunate in having Dr. Robert Hughes, Consultant Physician of Liverpool, visit Denbigh at fortnightly intervals to report on the more obscure records and to advise us generally on the work of the Department.

Charge Male Nurse Gronowy Ll. Davies acts as Recordist and the Instrument is maintained by Mr. Banks, the Chief E.E.G. Technician at the Royal Southern Hospital, who visits us every two weeks. We are indebted to the Liverpool Regional Hospital Board for placing Mr. Banks' services at our disposal.

The following are the cases referred to the Department during 1954 :—

	First Attendance	Repeat	Total
In-patients at North Wales Hospital	90	50	140
Psychiatric O.P. Clinics	58	11	69
N.W. Child Guidance Clinics	25	1	26
Paediatric Consultants	57	13	70
Consultant Physicians	97	14	111
Total	327	89	416

HAIRDRESSING

Mrs. Hall took over the Ladies Hairdressing Saloon early in the year and her department is busy and popular.

On the Male Side, we have a Barber but, unfortunately, no saloon, so he visits the various wards in turn.

CHIROPODY

Miss Millree attends on the Female Side of the Hospital on two days a week. Mr. Lees puts in two days with male patients.

SOCIAL LIFE OF THE PATIENTS

Religious Services:

Services at the Hospital Chapel are conducted alternately in Welsh and English by the Church and Nonconformist Chaplains. They are held at 9 a.m. and 2.45 p.m. on Sundays and at 9 a.m. on Wednesdays and Fridays. There is also held a Prayer Meeting on Sunday evenings in which patients take part.

The Roman Catholic Chaplain holds a Service every Thursday evening and attends whenever needed to minister to the seriously ill.

Employment of Patients:

Patients not employed in the Occupational Therapy Department are encouraged to take part in the ordinary necessary work of the Hospital. This not only helps their mental condition but gives them the sense of being useful members of a community.

The Canteen:

The Hospital Canteen continues to provide a very satisfactory service and patients who have not the privilege of Town Parole are there able to purchase such items as fruit, sweets, and tobacco.

Goods are paid for either in the normal currency of the realm or in the form of tokens, the value of each being 3d.

Patients who have no income from other sources are allowed up to 5/- per week pocket money, the actual amount varying according to their capacity to appreciate spending it. Patients incapable of doing their own shopping are provided with free issues of tobacco or sweets. Pocket money is issued in the form of cash when the recipient is considered capable of taking care of it but in tokens when this is not the case.

Trolley Service:

The Denbigh W.V.S. run a weekly trolley service at the Reception Hospital which meets the wants of patients still confined to bed.

Parole:

At the time of writing this Report, 71 men and 63 women enjoy parole outside the grounds of the Hospital, while 73 men and 67 women are allowed parole within the grounds only. Some are patients convalescing prior to returning home, others are well conducted chronic patients whose long detention is considerably mitigated by the liberty to come and go amongst normal people, shopping expeditions to the Town being especially appreciated by the ladies.

Recreation:

Television. Ten additional sets were installed during the year and the total number of sets now in use in the wards is 17. The patients' requirements are now almost fully met with respect to this form of entertainment, which I am sure has added greatly to their happiness.

Every Wednesday, there is a Patients' Dance in the Main Hall and every Monday evening a Cinema Show. During the Winter months, Whist Drives and Billiard Tournaments are held. Thirteen concerts and one play were presented during the year, including two concerts by the Council for Music in Hospitals.

In the Summer, patients are taken to the Seaside and to such local events as Sheep-Dog Trials and Flower Shows. I would record my appreciation of the kindness of the Denbigh Football Club in allowing our patients to attend all Home Matches free of charge.

For the reason that it is not usually desirable for the Reception and Convalescent Patients to attend entertainments in the Main Building, separate provisions have to be made on their behalf. As it is important that those recovering from mental illness should be provided with suitable social interests, every effort has been made to fill each evening with one of such activities as play-reading, discussions, dancing classes and whist drives. We are indebted to the W.V.S. for running a weekly social which is very much appreciated and also to the W.E.A. who have arranged lectures on Sunday evenings.

OUT-PATIENT SERVICES

(1) Out-patient Clinics:

These clinics, held at General Hospitals, continue to provide facilities for the diagnosis and treatment of patients who do not require admission to a Mental Hospital.

Clinics are held at the following centres:—

Bangor	Caernarvonshire and Anglesey Hospital	Every Wednesday morning and afternoon.
Dolgelley	General Hospital	Fourth Tuesday in each month in afternoon.
Rhyl	Royal Alexandra Hospital	Every Thursday afternoon.
Wrexham	Maelor General Hospital	Every Friday morning and afternoon.
Denbigh	North Wales Hospital	By appointment.

Table of Attendances, 1954:

	First Attendances			All Other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor	175	187	362	225	347	572
Dolgelley	15	11	26	10	9	19
Rhyl	142	168	310	221	297	518
Wrexham	223	230	453	491	592	1083
Denbigh	22	35	57	80	150	230

The following are the figures of total attendances at all adult clinics during the past eleven years:—

1944	304
1945	461
1946	576
1947	830
1948	1167
1949	1224
1950	1778
1951	2295
1952	2878
1953	2815
1954	3630

(2) Domiciliary Visits:

These are visits made at the request of General Practitioners for a consultation in the patient's own home. The usual reason for the request is that the patient is too ill to attend at a Clinic. The number of such visits made in 1954 was:—

Male	Female	Total
32	76	108

(3) **Visits to Patients in Hospitals in other Management Committee Groups:**

Specialists on the staff at Denbigh may be required to attend at any Hospital in the following Groups: —

Group 12 (Caernarvon and Anglesey)
Group 13 (Clwyd and Deeside)
Group 14 (Wrexham)

The number of patients visited during the year in Hospitals in these Groups amounted to:—

Male		Female		Total
38	...	74	...	112

(4) **Examination of cases referred by the Courts under the provision of the Criminal Justice Act, 1948:**

During 1954, these numbered as follows:—

Male		Female		Total
12	...	3	...	15

(5) **Psychiatric Social Worker Department:**

The two great functions of this Department are the obtaining of the necessary information about the background of a patient's breakdown and the affording of such guidance and assistance as may enable a patient to remain out of hospital.

Staff. At the commencement of the year, the staff of the Department consisted of two Psychiatric Social Workers, Mrs. Iolo Jones and Mr. A. Marrington, and one Social Worker, Mrs. James Evans. In February, Mr. Marrington left to take up the post of Senior Psychiatric Social Worker to the Leeds City Mental Health Services. In March, Miss Alletson joined the Department and left in August to take the Mental Health Course at Manchester. It has not been possible to replace either of these Workers during 1954, but it is hoped to do so in the early Spring. In November, Miss Roberts was appointed as Clerk to the Department.

After Care. On the 1st September, Denbighshire appointed two Mental Health Officers, Mr. Romney and Mr. Emlyn Evans, and by arrangement with Dr. Islwyn Jones, a close liaison has been established between these officers and this Department.

Rehabilitation and Employment. By arrangement with the Group Managers of the Ministry of Labour a monthly Conference is now held at the Hospital between Ministry Group Disablement Officers—Mr. W. Phillips, Mr. D. Wyn Jones, Miss Roberts—and members of this Department. The officers interview patients before discharge and their employment problems are discussed in Conference.

Mrs. Iolo Jones is now a member of the Wrexham, and Mrs. James Evans of both the Caernarvon and Blaenau Ffestiniog Disablement Advisory Committees.

Students. It has been the custom since 1945 for Manchester University to send four students from the Course in Psychiatric Social Work to this Department for six weeks practical experience. In addition this year, Edinburgh University sent one Psychiatric Social Work student for 8 weeks, and Swansea University College sent two students from their Social Science Department.

The following table gives details of work done with adults during 1954.

The services rendered are indicated as follows:—

HV=Home Visit.
OV=Other Visit (Employer, G.P., Social Agency, etc.).
I=Interview in Hospital or Out-patient Clinic.

These services are classified under two headings, according to whether they are the responsibility of the Board (Class I) or the Local Health Authority (Class II). In respect of Class II Service, the Management Committee received payment from the Local Authority concerned.

Class I includes patients who are in hospital or attending an out-patient clinic for treatment or, in the case of certified patients, only are at home "on trial".

Class II. This class broadly speaking is in receipt of "after care". It includes all patients who have been discharged from hospital and in the case of certified patients also from certificate. It also includes out-patients who are no longer attending a clinic for treatment and also a small number of "pre-care cases", being patients referred from outside social agencies direct to the Department.

County	CLASS I							CLASS II									
	In-patients			Out-patients			Total	In-patients			Out-patients			Pre-care			Total
	HV.	OV.	I.	HV.	OV.	I.		HV.	OV.	I.	HV.	OV.	I.	HV.	OV.	I.	
Anglesey	8	18	12	21	3	3	65	12	8	1	5	–	–	–	–	–	26
Caernarvon	41	34	41	76	25	7	224	50	11	5	57	10	2	–	–	–	135
Denbigh	66	45	47	101	49	8	316	200	65	12	25	3	3	19	7	1	335
Flint	74	42	51	50	14	–	231	162	36	7	46	8	–	5	2	1	267
Merioneth	13	5	30	4	4	1	57	11	4	2	6	–	–	1	–	–	24
						Total	893								Total		787
Grand Total Class I and Class II ... 1680																	

SENIOR STAFF CHANGES

Mrs. S. Chisholm, Senior Dispenser, retired after 12 years' service on the 23rd August. Dr. K. C. S. Edwards, Senior Hospital Medical Officer, left on the 14th September to take up the appointment of Consultant Psychiatrist to the Deva Hospital, Chester. Mr. T. A. Blythin, Nursing Tutor, left on the 30th September to take up the appointment of Assistant Chief Male Nurse at Haywards Heath Hospital, Sussex.

Dr. P. Hughes Griffiths resumed duties on the 1st June after his service with H.M. Forces. Mr. T. Lloyd Jones commenced duty as Chief Pharmacist on the 16th August, and Mr. R. C. Graham as Catering Officer on the 1st November.

CONCLUSION

I would take this opportunity to pay tribute to the work of my nursing, lay and medical colleagues whose co-operation and support I have highly valued.

To you, Mr. Chairman, Ladies and Gentlemen, I express my great appreciation of the courtesy and consideration which you invariably show me.

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

J. H. O. ROBERTS,
Medical Superintendent.

North Wales Mental Hospital Management Committee

ANNUAL REPORT OF THE CONSULTANT PSYCHIATRIST ON THE MENTAL DEFICIENCY INSTITUTIONS

The Denbigh Mental Hospital Management Committee provide accommodation in their Mental Deficiency Institutions for 300 Mental Defectives and this is a vital fraction of the total number of beds available in the region. When it is considered that there is a waiting list in the region of 900 patients in the community and 450 in Mental Hospitals, the question of closing any of these Institutions or even redeploying them will have to be approached very judiciously and with great caution. In my opinion, it is essential that adequate numbers of nurses are available and also that the patients homes are situated at no great distance from a locality before new M.D. accommodation is provided in any area.

Efforts continue to be concentrated on expanding the training and recreational facilities of the Institutions and any tendency to regard the Institutions as providing only custodial care has been resisted. All patients on licence have been reviewed and a number discharged.

Television has been installed in every Institution and the previously provided recreational facilities continue: weekly cinemas, dances, football, cricket, and Religious Services plus one Summer outing and a visit to a pantomime in the winter.

The local general medical practitioners have contracts to visit Institutions either once, or in some instances twice, per week and I visit regularly and advise the Matron Superintendents on specialised aspects of the work.

The Recreational Hall at Llwyn View has been enlarged and it will also be used for Occupational Therapy. A room for Occupational Therapy has been provided at Garth Angharad Institution and one built at Coed Du Hall. A hut has been erected at Broughton and it is hoped to use it to provide better separation of patients.

To facilitate the interchange of training techniques, arrangements have been made for members of the staff at Garth Angharad, Llwyn View and Coed Du to visit Hensol Castle and a teacher on part time basis has been engaged to instruct the patients at Llwyn View.

Dr. Vidor has carried out Psychometric Tests on patients at all the Institutions and her reports have proved to be of great value.

It is still difficult to find patients from South Wales who can be transferred to the North Wales Institutions without parental objection.

The shortage of staff at all the Institutions causes great difficulties and in the case of Broughton prevents the Hospital being used to its optimum capacity. The only solution to this problem is the one adopted at Hensol Castle where the Regional Board have just completed another 12 staff houses.

Institution	No. on Books	No. Discharged	No. trans. to other Inst'ns	No. on Licence	No. trans. to Guardian-ship	No. Died
Broughton	63 65	4	1	1	–	2
Coed Du	99 96	2	9	5	–	–
Llwyn View	73 73	1	1	1	–	–
Garth Angharad	73 64	–	12	4	–	–

The two sets of figures in the 'No. on Books' column refer to numbers at 1st January, 1954, and 31st December, 1954, respectively, and include patients resident, on leave of absence, licence, etc., on the respective dates.

The number of patients transferred to the care of the Local Authorities is again disappointing. At the present time it is often difficult to discharge patients, who may be socially stable, because of adverse home reports and this factor constitutes a considerable bottle-neck in the turnover of beds in all the M.D. Institutions. I feel that if the Local Authorities provided more Special Schools, Occupation Centres and hostels, and special M.D. Supervisors, it should be possible for them to accept many more M.D.'s back into the community after they have been trained in an Institution. There is still a tendency to regard the Institution as a permanent method of disposing of these patients rather than as a place of training before they return to the community and I have noticed that the Local Authorities in North Wales are much more reticent about accepting the care of defectives from Institutions than are the Authorities in South Wales.

With the help and co-operation of Mr. Frost, the Group Secretary, and Mr. Lucas, the Supplies Officer, the Institutions have gradually been re-equipped with furniture and fittings more appropriate to the type of patients and the bathing facilities at Coed Du Hall have been improved by Mr. Pritchard, the Ghoup Engineer.

I wish to thank the Matron Superintendents, Miss Fletcher of Broughton; Mr. Roberts at Garth; Mrs. Taylor at Coed Du, and Miss Williams at Llwyn View, and their staffs, Dr. Trevor Jones, Mr. Frost, the Group Secretary, and his staff, Dr. J. H. O. Roberts and his Medical colleagues, Dr. T. B. Jones and his Medical Colleagues at Hensol and you, Ladies and Gentlemen of the Management Committee for your kind help and co-operation.

(Signed) T. S. DAVIES,

Consultant Psychiatrist.

13th April, 1955.

Reports of the Commissioners of the Board of Control

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS VISITED 9th MARCH, 1955

North Wales Mental Hospital,
Denbigh.
9th March, 1955

Our visit to this hospital has been one of interest: its main handicap is lack of accommodation which results in over-crowding on both sides of the hospital, especially at night. Some of the wards are large and therefore classification of patients is not easy.

Dr. Roberts, the Medical Superintendent, has Dr. Williamson (Consultant) to assist him. The remainder of the medical staff are: Dr. Williams (Consultant), Dr. Urquhart, Dr. Lloyd, Dr. Millar, Dr. Fidler, Dr. Griffiths, Dr. Sydenham and Dr. Anderson.

Numbers of both male and female nursing staffs at these times are comparatively satisfactory: the chief handicap is that on the female side there is a shortage of trained staff. The male nursing staff numbers 124 and the female nursing staff 134; 66 of the latter are on a part-time basis.

Progress in many directions still continues. The names of 1,509 (758 male, 751 female) are upon the books: a very large proportion of these, namely 1,231 are under certificate. The rate of direct admissions still continues to increase appreciably. During the year 1954, 955 (418 male, 537 female) were so admitted: 742 and 14 were received under the provisions of Section 1 and 5 of the M.T.A. (1930) respectively.

This hospital besides being designated as a mental one is designated for the purpose of the reception of short-order cases. The hospital has a large catchment area and it has not been until last year that full use was made of the three-day order. During that year 101 (40 male and 61 female) were admitted under Section 20 L.A. (1890), 16 of these were either discharged or disposed of elsewhere, one died from a poisoning prior to admission, and the remainder resided in this hospital either as certified, temporary or voluntary patients.

This hospital has three Social Workers: their services are of value not only in assisting the resident population of hospital but also at the out-patient clinics. Out-patient clinics are held weekly at Bangor, Rhyl and Wrexham, and here at this (Denbigh) hospital by appointment. A monthly clinic is held at Dolgelley.

Patients accommodation at this hospital has recently been re-assessed and according to the figures placed before us there is a deficiency of accommodation by day for 191 men and 218 women: by night there is a deficiency for 119 and 195 respectively. It is not only over-crowding at this hospital which is a handicap but the lack of space generally for all kinds of purposes. It is true to say that a villa is in the course of construction which will house some 50 female patients.

At this juncture it is of interest to quote the figures of attendance of adult patients at the out-patient clinics. In the year 1944, 304 attended, in 1948, the year of the appointed day of take-over, 1,167 people attended. During last year attendances at the out-patient clinics numbered 3,630. Increased attendances at out-patient clinics, however, are to be found in all other regions.

Both out-of-door and in-door games and recreations are well studied: in addition to the several entertainments provided weekly in the recreation hall there is television. The installation of television sets in the more difficult and disturbed wards has proved very successful from all points of view. We would like to mention that the British Red Cross Society do a great deal for the patients in organising and providing books for the library and the wards. The local W.V.S. also give their services which are of value, in visiting the wards and helping the patients in a variety of ways.

All forms of modern treatment are available: they include E.C.T., Deep and Modified Insulin, Prolonged Narcosis and Leucotomy. This hospital has a modern admission unit and one ward on each side of the main building is also devoted to the reception of acute psychotic cases. The weekly maintenance cost per head as ascertained in March last year was £4.12.7d. Only one patient is boarded out under Section 57 (L.A. 1890).

The general health of the patients during the period under review, some six months, has been very satisfactory. No-one is suffering from any infectious disease today except 19 (15 male, 4 female), who are suffering from tuberculosis actively. In addition there are some 15 men and 4 female patients who are regarded as quiescent. These patients are nursed, more particularly on the male side, on verandahs. Their segregation can be said to be satisfactory: they have their own sanitary annexe, crockery and sterilizers. The Chest Physician visits regularly and supervises the treatment in which they are in need. During the year 1954 there were 100 (40 male, 60 female) deaths: all were due to natural causes and call for no special comment by us: except perhaps to say that two patients of each sex had died from tuberculosis. The death rate for that year was 6.7% (5.3 male, 8.1 female). Up to date this year there have been 24 deaths: they also were all due to natural causes and likewise call for no special mention. There have been very few casualties of any serious nature: 6 patients of each sex have suffered either fracture or disclocation of bone: these casualties were accidentally sustained.

Services are available in this hospital in all branches of medicine and surgery either in consultant or operative capacity.

Throughout our visit we found the several day-rooms and dormitories well kept, clean and as comfortable as over-crowding, lack of space and old-fashioned facilities would allow. We discussed many matters with Dr. Roberts, Dr. Williamson, Mr. Frost, the Secretary to the H.M.C., and Mr. Lucas, the Supplies Officer. There is no doubt that a number of ward kitchens are inadequate and the same comment may be applied to some of the sanitary annexes in the Main Building. We understand that there is a need for new boilers, an additional electrical generator and improvement to the water supply.

Re-decoration of the wards continues stage by stage and new furniture has been introduced into several wards. However, there is still a great deal to be done in these directions.

Suitable day space for such things as social clubs and recreations for the better type of recoverable patient and the better type of chronic patient is limited.

The clothing of the patients is satisfactory and continues to be upgraded. There appears to be no shortage of bed-linen, towels and the like.

A new Catering Officer has been appointed and we understand that every effort is being made to upgrade the dietary and the serving of meals. The lack of any form of method in warming plates and keeping the food containers hot in the ward kitchens is a severe handicap. We feel that the actual serving of meals in some of the wards at the Main Building could be greatly improved despite the lack of ward kitchen facilities. Cups instead of tumblers were used for drinking at dinner in some cases yesterday. The main dish in yesterday's meal consisted of a soup stew with vegetables and potatoes: it might be if all these ingredients are to be put on one plate, a soup plate might be more advantageous. In some wards we see no reason why vegetables and potatoes should not be put upon the tables on seperate dishes from which the patients can help themselves.

The Hospital Management Committee not only has this hospital to administer but some others for mental deficiency. The hospital has a very scattered catchment area which involves considerable distances in travel. In conclusion, we would like to say that all concerned are deserving of congratulation on the manner in which they overcome their several handicaps: we understand that comprehensive schemes and plans are being drawn-up to not only modernise various parts of the hospital but to extend its accommodation generally for the benefit of the patients. We wish to offer our thanks for the assistance we received during our visit and for the arrangements made for us.

(Signed) JOHN C. RAWLINSON,
J. FRASER M. CAMPBELL,

Commissioners of the Board of Control.

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS VISITED 7th SEPTEMBER, 1954.

North Wales Mental Hospital,
Denbigh.
7th September, 1954.

Since the last visit on behalf of our Board a number of alterations and improvements have been completed and others are in progress. A considerable amount of re-wiring has been carried out: a new canteen and a changing room for the staff have been constructed: and some internal redecoration has been undertaken. The new canteen is to be opened in about a fortnight's time. In storage space and ease of serving customers it will be a great improvement over the present single room which can only be opened to male and female patients separately on alternate days.

All wards and dormitories were very clean and well kept, but in a number of the wards redecoration and additional and more suitable furniture would do much to improve the comfort of the patients. It is understood that reflooring some of the older wards is contemplated.

In the male villa the plaster in several rooms and passages is deteriorating very noticeably. We understand that this matter is receiving special attention from the Regional Hospital Board.

It has not yet been possible to set aside a room for hair-dressing on the male side, and haircutting still has to be done in the wards.

During the visit all patients in residence were seen and many were spoken to: four interviews were given. A number expressed appreciation of the care and attention they were receiving. The relationship between the patients and staff is good and the standard of nursing is high.

The nursing staff consists of 127 men and 72 women (whole time) with 35 part time female nurses. Of these, 75 men and 23 women are certificated or registered mental nurses.

In residence today there are 1,459 patients (738 men and 721 women): of these, 266 are voluntary patients and 1,193 are certified.

During 1953 there were 856 direct admissions: of these, 638 were voluntary, 201 were certified, and 17 were temporary. 771 patients were discharged, 141 were on trial and 439 were allowed out on leave.

At the time of the visit 24 men and 23 women were on trial and 8 men and 1 woman were on leave.

The arrangements for recreation and amusement are good. Many of the wards now have television. Each week there is a patients' dance and a cinema show in the main hall. During the winter months whist drives and billiard tournaments are held.

A large number of the patients are usefully employed. The occupational therapy departments are very active and are doing excellent work. A considerable number of the patients work on the farm and in the gardens, and 32 women are employed in the laundry.

Rewards, varying from 2/- to 5/- per week are given: in addition, many receive sweets and tobacco.

During the period under review the general physical health has been good and the death rate during 1953 was 6.5%. Since the last visit 16 months ago, 11 inquests have been held, details of which have already been forwarded to our Board. 40 casualties have been recorded, chiefly fractures resulting from accidental falls in the wards. None calls for special comment.

The hospital is at present free from intestinal infections. 12 men and 4 women are now under treatment for tuberculosis. Mass radiography is carried out each year and all new members of the nursing staff are Mantoux tested.

Every facility is provided in this Hospital for the adequate treatment of all forms of mental illness. The general air is one of activity and contentment, and, both medically and administratively, there are obvious marks of progress and of intelligent application to the task of providing treatment for both acute and chronic patients.

Consultants in all branches of medicine and surgery are available if required. A dental surgeon visits the hospital each week. The special departments are well equipped and suitably staffed.

Out-patient clinics are held at Bangor, Dolgelley, Rhyl and Wrexham.

Dr. J. H. O. Roberts, the Medical Superintendent, is assisted by Dr. Williamson and Dr. Williams (consultants), Dr. Lloyd and Dr. Urquhart (Senior Hospital Medical Officers), Dr. Miller (Senior Registrar) and Dr. Griffiths (Registrar). There are two Junior Hospital Medical Officers, Dr. Sydenham and Dr. Gordon Wilson. The consultant pathologist is Dr. Evans.

We wish to express our thanks to Dr. Roberts and the members of his staff for the assistance given to us during a most interesting visit.

(Signed) A. K. ROSS,
J. FRASER M. CAMPBELL.
Commissioners of the Board of Control.

COED DU M.D. INSTITUTION, VISITED 5th APRIL, 1954

Coed Du Hall,
Near Mold,
Flintshire.
5th April, 1954.

At my visit to this hospital today the names of 97 female patients were on the books: Two are just under the age of 16. 13 are away on licence.

Dr. Davies of Hensol Castle visits this hospital frequently and has improved the classification of the patients by various transfers. Since the date of the last visit, approximately twelve months ago, there have been three direct admissions, six have been admitted on transfer, ten have been discharged from orders of whom six were on licence and six have been transferred elsewhere.

Dr. Butler, the Medical Officer, visits twice a week: a medical diary is kept and the general health of the patients appears to have been satisfactory. There has been one death, the cause was due to cancer. It is hoped in the near future to be able to give every patient a routine physical overhaul. Dr. Butler

signs the special reports and certificates, the dentist visits fortnightly. Mrs. I. E. Taylor, the Matron Superintendent, has one Sister, two Senior Assistant Nurses, two Nursing assistants, two Night Nurses and one part-time Nursing Assistant. In addition there is a General Assistant who supervises the sewing-room and relieves the cook when necessary. There is one Ward Orderly.

Throughout my visit I found the patients for the most part elderly and of medium grade; they are happy and contented. The training up-to-date has had to be limited to domestic duties such as laundry, kitchen and housework. A new occupations hut has just been built and it is hoped to carry out in addition to occupations some elementary education of some ten patients who might benefit from it.

The clothing of the patients was good: the patients spoke well of their meals and the various dayrooms and dormitories were comfortable and well kept. That is, except in the case of a few where the heating is still under consideration.

Also under consideration, I was told, was the provision of a new bathroom and sanitary annexe.

In conclusion I would like to say I received every assistance during the course of my visit.

J. C. RAWLINSON,
Commissioner of the Board of Control.

BROUGHTON M.D. INSTITUTION, VISITED 29th JULY, 1954

Broughton Institution,
Hawarden,
Near Chester.
29th July, 1954.

The names of 65 female patients are upon the book of this hospital: 18 are under 16 years of age. In the total number are some 8 low grade cot cases, 20 children needing feeding and only 20 patients capable of useful work. No patients are on licence and none out on daily licence to-day.

Staff was much depleted to-day owing to annual holidays; under normal conditions, however, staff is inadequate. Matron, Miss Fletcher, is at present assisted by two full-time and five part-time nursing assistants, one night nurse, cook, part-time laundress, two handymen and a gardener. She has no deputy and no trained staff.

It reflects great credit on Miss Fletcher that good care, as we saw to-day, is given, and that the house is in such excellent order.

A separate unit to accommodate patients capable of receiving simple training has been built. The hut is well equipped and ready for use. The main handicap is the lack of a teacher with specialised knowledge for training the low grade patients. When an appointment is possible, classification can be improved.

Two women are allowed parole; more freedom generally, shopping expeditions, outings, etc., would be possible for working patients if staff was available for supervision. Rewards given to these girls are surprisingly low; one girl receives £2 monthly the rest receive from 30/- to 5/- monthly. Sweets are given to all patients.

Recreations are limited by the type of patient but television and weekly film shows are enjoyed and coach outings are arranged in the Summer.

It is impossible to fill the few vacant beds while present conditions exist. The disabilities of this hospital can be attributed to the acute shortage of staff.

The general health of the patients has been good during the past year. Dr. Davies, Regional Psychiatrist, visits frequently; Dr. Bough, the Medical Officer, three times weekly and when required.

We were assisted throughout our visit by Miss Fletcher.

(Signed)

J. FRASER M. CAMPBELL,
Commissioner of the Board of Control
W. M. CURZON,
Inspector of the Board of Control.

LLWYN VIEW M.D. INSTITUTION, VISITED 6th APRIL, 1954

Llwyn View,
Dolgelley.
6th April, 1954.

Since the date of the last visit on behalf of my Board some fourteen months ago there have been 17 direct admissions and four admitted on transfer. One patient has been discharged from order and three have been transferred away. Dr. Davies of Hensol Castle visits this hospital and effects transfers whereby the classification is improved.

Today the names of 74 female patients were upon the books: two were just under the age of sixteen, five were away on licenec and two are away at mental hospitals. Dr. Owen, the Medical Officer, visits at regular intervals. A medical journal is kept and except for a small outbreak of chickenpox the general health of the patients has been good. There has been two deaths, both were due to natural causes. Training at this hospital is chiefly domestic but a new occupational building is under the course of construction which will also be used for recreations, cinema and television. One airing court has had its size trebled and it is hoped to improve the low grade airing court shortly. I understand that it is to be tarmac and swings, etc., erected.

The laundry, which in the past was described as very inefficient, has had some new equipment placed in it.

I spoke with a number of patients and found them all happy and contended. A holiday home has been started at Port Madoc where a number of girls go for a week's holiday.

One girl is out in daily employment and there is a hospital not so far away which will employ patients on licence as domestics.

I found various dayrooms and dormitories comfortable and cheerful.

Miss Williams, the Superintendent, has to assist her one Sister, one deputy sister, three nursing assistants and one part-time night nurse.

In conclusion I would like to thank Miss Williams for her assistance during my visit.

J. C. RAWLINSON,
Commissioner of the Board of Control.

GARTH ANGHARAD M.D. INSTITUTION, VISITED 6th APRIL, 1954

Garth Angharad,
Dolgelley.
6th April, 1954.

At my visit to this hospital today the names of 64 male patients were on the books: all were in residence with the exception of three who were away on licence. It may be that two of those away on licence will have their orders varied to guardianship in the very near future.

Dr. Davies of Hensol Castle visits this hospital and has improved the classification by means of transfers.

During the period under review, some fourteen months, there have been nine direct admissions, seven received on transfer and seven transferred elsewhere. Dr. Owen, the Medical Officer, visits at regular intervals: a medical journal is kept and the general health of the patients has been satisfactory. Dental sessions are to be arranged at a nearby hospital for mental defectives for the male patients at this hospital.

Throughout my visit I found the patients happy and contented: they are for the most part from low to medium grade. The occupations chiefly consist of market gardening, domestic, brush and mat making, etc. One of the charge nurses is shortly to go to Hensol Castle for a refresher course in low grade occupations.

The hospital has acquired its own bus which has proved invaluable as the house is very remotely situated. Good attention is paid to both indoor and outdoor games and recreations.

Throughout my visit I found the patients appreciative of the care of which they are in receipt and many spoke well of their four daily meals.

Mr. Roberts, the Superintendent, has to assist him one charge nurse, one deputy charge nurse, two male assistant nurses, one female assistant nurse and three ward orderlies.

In conclusion I would like to thank Mr. Roberts for his assistance and to say that this hospital is still making progress.

J. C. RAWLINSON,
Commissioner of the Board of Control.

North Wales Child Guidance Clinics

REPORT FOR THE YEAR ENDING 31st DECEMBER, 1954

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report of the North Wales Child Guidance Clinics for the year 1954.

A. INTRODUCTION

There were no major changes in the activities of the clinics during the past year. The total volume of work which can be carried is determined by the number of workers available. There has been practically no change in the numerical strength of the staff since the clinics started to function as an independent unit five years ago and, consequently, there have been only minor variations in the numbers of children with whom we could deal.

Diagnostic waiting lists were short but treatment vacancies arose at very lengthy intervals only.

At the Rhyl clinic we continued to enjoy good facilities for the examination and the treatment of children, in addition to having a very adequate room for interviewing parents. At Bangor and, to a lesser extent, at Wrexham, on the other hand, we were hampered by unsatisfactory working conditions. The Regional Hospital Board are now considering the provision of adequate premises at Bangor, and we hope that the relatively minor alterations required at the Wrexham premises will be carried out soon.

At Colwyn we were able to occupy " Bod Difyr ", a medium-sized house, which has been acquired for our use as a central office and clinic. It was a new experience to have premises of our own, available at all times, and fully equipped to suit the highly specialised needs for our clinics. We are deeply appreciative of the facilities which have been made available to us here and look forward to a considerable growth in the work of the clinic.

B. GENERAL DISCUSSION

1. Establishment of a Service for Educationally Handicapped Children.

Dullness and Backwardness are important causes of emotional maladjustment and of delinquency. Early detection of subnormality and abnormality is probably the most effective means of preventing breakdown in the educational, psychological and social fields.

With these points in mind the Management Committee held discussions with the Education Authorities of the Counties of Anglesey, Caernarvon, Den-

bigh, Flint and Merioneth, on the ways in which an extended service might be provided quickly and economically.

Agreement in principle on all points was reached and I trust that the Regional Hospital Board, who are now considering the proposed scheme, will give it their support.

2. **Provision of a Residential Hostel.**

No schools or hostels for the placement of children in need of residential treatment are available in North Wales. Vacancies have to be sought in England, often far away from the children's homes.

This is considered to be an undesirable state of affairs. The shortcomings which an English school may have as far as the treatment of a Welsh child is concerned are too obvious to require elaboration. Of equal importance is the fact that, in practice, it is impossible for us to have personal knowledge of the methods and the approach to children's difficulties of the many schools to which children are sent, or to maintain a regular contact with them while treatment proceeds.

It is thought that a hostel, centrally situated, might go a long way to meet the present needs of the area and a recommendation to that effect has been made to the Regional Hospital Board. It should be appreciated, at the same time, that a hostel could accommodate only children who are able to attend local schools, and thought might perhaps be given to the setting up of an establishment where residential treatment, plus teaching, could be provided, and which could also serve as an observation unit.

3. **Information on Clinics.**

Weekly clinics are held at Bangor, Colwyn, Rhyl and Wrexham. These are attended by ' a team ' of workers, viz. Psychiatrist, Psychologist and Psychiatric Social Worker.

The initial examination of a child at a clinic occupies from one and a half to two hours during which he is, as a rule, examined first by the Psychologist and then by the Psychiatrist. During this time the Psychiatric Social Worker interviews the mother. Approximately three quarters of an hour are allowed for further examinations and for treatment interviews.

The adherence to a strict time table occupies a definite place in the treatment programme of the children. As a consequence we can see children by appointment only. Incidentally, this ensures that neither they, nor their parents or guardians, are kept waiting for more than a very short period of time.

Dr. T. G. Williams sees children on one afternoon a month at Dolgelley. Of necessity the work has to be largely diagnostic in nature. Mr. W. R. Jones carries out intelligence and scholastic tests as considered necessary, but a Psychiatric Social Worker cannot attend.

The appointment of a Psycho-therapist will make it possible for a larger number of children to receive treatment than has been the case hitherto. Every newly referred child has to be examined by the Psychiatrist, however, and this will continue to impose a strict limit on th number of centres which can be visited.

The following are some details in respect of the clinics:

Table 1

Town	Address	Telephone	Day	Sessions
Bangor	Sackville Road, Bangor.	Bangor 735	Tuesday	10 a.m. & 2 p.m.
Colwyn	Bod Difyr, Cefn Road, Old Colwyn.	Colwyn Bay 55016	Monday Wednesday	10 a.m. 10 a.m.
Dolgelley	General Hospital, Dolgelley.	Dolgelley 79	One session on 4th Tuesday of month	
Rhyl	Old Emmanuel School, Vale Road, Rhyl.	Rhyl 1164	Thursday	10 a.m. & 2 p.m.
Wrexham	Gatefield House, 32 Kings Mills Road, Wrexham.	Wrexham 4048	Friday	10 a.m. & 2 p.m.

4. Staffing

Psychiatrists: A vacancy on the establishment for a Registrar in Psychiatry could not be filled and I have continued to work single handed at the four weekly clinics.

Psycho-therapist (non-medical): This post was added to the establishment during the year and Miss C. L. Sim was appointed in September. She could not, however, take over her duties until 1.1.1955.

Miss Sim is a qualified Psychologist with many years experience of the work of Child Guidance Clinics and the treatment of children.

Psychologists: Mrs. C. Williams left in June to take up a post near London. Dr. G. A. V. Morgan took her place in September and he is responsible for the work of his speciality within the clinic service. He attends weekly at Colwyn, Rhyl and Wrexham, and at Bangor when required. School visits form part of his duties and, unfortunately, he has to cover the whole area as no other Psychologist is available for this purpose.

Dr. Morgan has had considerable practical experience of teaching and of psychological work in its clinical and research aspects. His knowledge of Welsh is a great asset in his work at the clinics and in his contacts with teachers.

Dr. Rogers and Mr. W. R. Jones, Lecturers in the Department of Education of the University College of North Wales, continued to give us a total of two sessions per week at the Bangor clinic. Mr. Miles returned in October after an absence of a year during which he undertook a course of post-graduate training at the Tavistock Clinic, London.

Psychiatric Social Workers: A vacancy for a third Psychiatric Social Worker could not be filled and as a result Mr. J. S. Midwinter and Miss M. K. Pretty have continued to attend weekly at the Bangor and Colwyn, and the Rhyl and Wrexham clinics respectively. They are also responsible for home visits and the general field work in the areas covered by these clinics, and for a fair deal of office work.

A third worker, if appointed, would allow of a considerable reduction in the size of the areas to be covered by the Psychiatric Social Workers. If no appointment can be made it may become necessary to cut down the number of home visits severely.

Secretary: Miss M. Prince left on 31.5.54 and Miss D. Harrison took her place as our secretary on 1.6.54. One of her early tasks was the transfer of the office to "Bod Difyr". She achieved this with barely any interruption in the routine of the office work and we are indebted to her for her efforts at that time and to date.

I am glad to be able to say that, at the time of writing this report, it is known that the Regional Hospital Board have agreed to the appointment of an additional clerk who will provide much needed assistance.

C. INFORMATION AND DATA IN RESPECT OF THE CHILDREN

1. Sources of Referral.

The following table will give a picture of the extent to which various agencies used the Service. All children referred during the year are included, but not all of them were examined.

Table 2

Referring Agency	COUNTIES					
	Anglesey	Caerns.	Denbs.	Flints.	Merion.	Total
School Medical Officers	10	50	23	15	10	108
General Practitioners	5	12	15	22	4	58
Consultant Pædiatricians	3	4	7	2	1	17
Other Medical Specialists	2	1	3	4	–	10
Courts and Probation Officers	–	3	10	6	1	20
Other Social Workers	–	–	10	–	–	10
Parents	1	6	3	2	–	12
All Agencies	21	76	71	51	16	235

NOTE.—It would be highly instructive for us to know who takes the **first step** in the process which leads to the referral of children to the clinics. We would then be able to see which sections of the community are insufficiently familiar with our work or, for other reasons, cannot accept it. This might allow us to take appropriate action and in particular to strengthen our contacts with the outside bodies or individuals concerned.

2. Causes of referral.

The variety of difficulties for which referral is made may be gathered from Table 3 which follows. The main symptoms as stated by the referring agencies are listed. All referrals received during 1954 are included.

Table 3

Behaviour, difficult and aggressive (9), violent, spiteful (3), beyond control (4)	16
Truanting from home (2), truanting from school (2), truanting with other symptoms (2)	6
Pilfering and stealing (6), stealing and lying with other symptoms (3), larceny (4), larceny with other symptoms (1), serious sexual misbehaviour (6)	20
Enuresis (23), enuresis with other symptoms (6), soiling (2), soiling with behaviour difficulties and other symptoms (3), faulty habits (1)	35
Temper tantrums, negativism, disobedience (8), emotional retardation and regression (3), maladjusted, problem child, abnormal and hysterical behaviour (7)	18
Feeding difficulties and refusal to eat (3)	3
Excitable and nervous (3), excessively nervous, sensitive, crying (8), feels inferior (1), nailbiting with other symptoms (3)	15
Night terrors and other sleep disturbances (6), sleep walking (4)	10
Fears, of death, the dark, other children, being locked in (4), of going to school (6), being separated from mother (2)	12
Habit spasms (4), tics (3), ?chorea (1)	8
Various bodily complaints (deafness, poor vision, faints, vomiting, palpitation, pains) for which no physical cause could be found on full investigation	11
Asthma with other symptoms (2)	2
Migraine with other symptoms (1)	1
Speech defects (2), stammer (4)	6
"Report required": child in special school (2), no problem stated (2), involved in serious charge in a Court of Law (4)	8
Hysteria (1), Confusion (1), "Schizoid" (2), attempted suicide (2)	6
Epilepsy with behaviour difficulties, advice on treatment or disposal (3), ?Epilepsy (3)	6
Backwardness (11), school failure (2), backward and malajusted (8)	21
Mirror writing (1)	1
For assessment of intelligence only (21), ?Mental Defect (6)	27
For assessment of intelligence, child blind or severely spastic	2
Guidance on career	1
	235

3. Ages and Intelligence of children.

(Ages and Intelligence of 135 boys and 68 girls examined during 1954)

Table 4

County of origin	Ages	Intelligence Quotients																											
		Boy —54		Girl —54		Boy 55—69		Girl 55—69		Boy 70—84		Girl 70—84		Boy 85—99		Girl 85—99		Boy 100—114		Girl 100—114		Boy 115—129		Girl 115—129		Boy 130 & over		Girl 130 & over		Boy Assumed		Girl Assumed		Boy, Girl, Both Totals		
Anglesey	under 5	–		1		–		–		–		–		–		–		–		–		–		–		–		–		–		–	1	1
	5— 7	–		–		–		–		1		–		1		–		1		–		–		–		–		–		–		3	–	3
	7—10	–		–		–		–		3		1		–		–		1		–		–		1		–		–		–		5	1	6
	10—12	–		–		–		–		–		1		1		–		1		–		–		–		–		–		–		2	1	3
	12—15	–		–		1		–		–		1		–		–		–		–		1		–		–		–		–		2	1	3
	over 15	–		–		–		–		–		–		1		–		–		–		–		1		–		–		–		2	–	2
		–		1		1		–		4		3		3		–		3		–		1		2		–		–		–		14	4	18
Caerns.	under 5	–		–		1		–		2		–		–		–		–		–		–		–		–		–		–		3	–	3
	5— 7	–		–		–		–		–		–		2		–		1		1		–		–		–		–		–		3	1	4
	7—10	1		1		2		–		1		–		5		2		5		–		–		–		–		–	Aver.	1		14	4	18
	10—12	–		–		2		1		2		1		2		1		2		1		–		–		–		–		–		8	4	12
	12—15	1		–		2		–		2		–		1		5		1		1		–		–		1		–		–		7	7	14
	over 15	–		–		–		1		1		2		–		–		–		–		1		–		–		–		–		2	3	5
		2		1		7		2		8		3		10		8		9		3		1		–		–		1		–		37	19	56
Denbigh.	under 5	1		–		–		–		–		–		1		–		1		–		–		–		–		–		–		3	–	3
	5— 7	–		1		–		–		–		1		–		1		2		1		1		–		–		–		1	Aver.	–	4	4	8
	7—10	–		–		–		2		–		3		2		1		2		1		1		1		2		–		–		7	8	15
	10—12	–		–		1		1		1		4		1		–		2		–		3		2		–		–		1	Aver.	–	9	7	16
	12—15	–		2		2		–		2		1		1		1		2		1		1		–		–		–		–	Aver.	1	8	6	14
	over 15	–		–		–		–		3		5		1		1		1		–		–		–		–		–		–		–	5	6	11
		1		3		3		3		6		14		6		4		10		3		6		3		2		–		2		1	36	31	67
Flints.	under 5	–		–		–		–		–		–		–		–		1		–		–		–		1		–		–		–	2	–	2
	5— 7	–		–		2		–		1		–		–		1		1		–		1		–		–		–		–		–	5	1	6
	7—10	–		–		2		–		1		1		–		2		3		–		–		–		–		–		–		–	6	3	9
	10—12	–		–		1		–		–		–		3		1		3		–		1		–		–		1		–	Aver.	–	9	2	11
	12—15	–		1		1		1		1		–		3		–		6		1		–		–		–		1	L.	Av.	–	12	3	15
	over 15	1		–		–		–		–		–		1		1		1		–		2		–		1		–		–		–	6	1	7
		1		1		6		1		3		1		7		5		15		1		4		–		2		1		2		–	40	10	50
Merioneth.	under 5	1		–		–		–		–		–		–		–		–		–		–		–		–		–		–		–	1	–	1
	5— 7	1		2		–		–		1		–		–		–		–		–		–		–		–		–		–		–	2	2	4
	7—10	–		–		–		–		–		–		1		–		–		–		–		–		–		–		–		–	1	–	1
	10—12	–		–		–		–		–		–		2		–		–		–		–		–		–		–		–		–	2	–	2
	12—15	–		–		–		1		–		–		–		–		–		–		–		–		–		–		–	Aver.	1	–	2	2
	over 15	–		–		–		–		–		–		–		–		–		–		–		–		–		–		2	Aver.	–	2	–	2
		2		2		–		1		1		–		3		–		–		–		–		–		–		–		2		1	8	4	12
Totals	All Counties	6	14	8	24	17	81	7		22	43	21		29	46	17		37	44	7		12	15	3		6	8	2		6	9	3		135	68	203
																													9					
															113																				

OBSERVATIONS ON TABLE 4

1. Likely scholastic success.

The scholastic success likely to be achieved by the children in the various I.Q. ranges used in Table 4 may be gathered from the following:

I.Q. under 55 Unlikely to benefit from education, in the sense in which this word is normally used. Require training in "Training Centre".
55 to 69 ..... Require, and likely to benefit from, education in a special school.
70 to 84 ..... Require, and likely to benefit from, education in a special class.
85 to 114 ..... Of low average, average and high average ability.
115 to 129 ..... Of superior ability.
130 & over ..... Of outstanding ability.

2. Limited value of "I.Q. Figure".

It should be stressed that an "I.Q. Figure" gives us important information but that it does not tell us everything that is to be known about a child's abilities.

Observation of the child's behaviour in the test situation, of the manner in which he tackles the tasks which are given him, careful scrutiny of the test scores and clinical interview by a skilled worker are also required if we wish to gain a full understanding of his strengths and weaknesses, and of the ways in which he is likely to use his assets in school and life in general.

3. Importance of referral of young children.

The numbers of children of average or higher intelligence in the lower age groups were small, once again. In Child Guidance work, as in other branches of Medicine, prospects of speedy and full recovery recede as time passes. Late referral often means that we have to deal with the specific difficulties for which the child is sent to us and, in addition, with the feelings, often very strong, of children and parents who have come to think that they have failed in their respective tasks. The majority of emotional disturbances of childhood arise during the pre-school years and become manifest between the ages of five and eight, at the latest. They would, with benefit, be treated then, before faulty behaviour patterns have become firmly established and difficult to modify.

4. Importance of early recognition of dullness.

It has been mentioned earlier that it is thought that many less well endowed children become emotionally disturbed or get into conflict with the Law because their intellectual limitations are not recognised early enough, or because the implications of dullness are not completely understood. The early recognition of the difficulties these children have and the provision of suitable teaching for them are major tasks of Education Authorities all over the country. This is so not only because of humanitarian considerations but also because it is known that even very dull children, if taught and trained well enough, can make a positive contribution to the welfare of the community instead of becoming a drain on its resources.

5. **Diagnoses.**

The seriousness, or otherwise, of the conditions with which we are asked to deal, may be estimated from Table 5 which follows. In this the children who were first examined during 1954, and on whom investigations were completed during the year, are grouped in broad diagnostic categories according to their ages.

Table 5

Diagnostic Groups and Age Ranges	Under 5	5–7	7–10	10–12	12–15	Over 15	All Ages
A. BEHAVIOUR & PERSONALITY DIFFICULTIES							
1. Behaviour Disorders, simple	5	6	6	–	1	–	18
Behaviour Disorders, showing neurotic traits	1	5	16	8	8	1	39
Behaviour Disorders, showing antisocial traits	–	1	–	5	7	3	16
Behaviour Disorders after encephalitis	1	–	–	1	–	–	2
Behaviour Disorders with epilepsy	–	2	1	1	1	1	6
2. Adolescent Instability	–	–	–	–	1	5	6
3. Neurotic Illness (Neurosis)	–	–	8	14	11	10	43
4. Serious Disorder of Personality Development	–	–	1	–	1	2	4
Psychosis	–	–	–	–	3	–	3
B. EDUCATIONAL/INTELLECTUAL DIFFICULTIES							
Intelligence average and above	–	1	4	2	–	–	7
Dull Child (I.Q. Range 70–84)	1	1	2	6	2	–	12
Very Dull Child (I.Q. Range 55–79)	2	1	5	5	5	1	19
"Ineducable" (I.Q. below 55)	2	5	2	–	4	1	14
C. NORMAL CHILD	–	2	1	1	2	1	7
Total Number of Children	12	24	46	43	46	25	196

D. STATISTICS OF ATTENDANCES

In the following tables information is given in respect of—

1. The number of INDIVIDUAL CHILDREN who were dealt with during 1954 and the workers concerned in their cases. (Table 6)
2. The numbers of ATTENDANCES AT CLINICS which were recorded for each worker. (Tables 7, 8a and 9a).
3. The numbers of VISITS to homes, schools and other social agencies which were made by the Psychologist and the Psychiatric Social Workers (Tables 8b and 9b).
4. The nature of the investigations carried out by the Psychologist (Table 8c).

NOTE.—"Correspondence only" cases are not included in the tables. They are quite numerous and, often, very time consuming.

Table 6

This table gives the numbers of individual children who were dealt with by one or more of the members of the clinic teams.

The figures 1, 2 and 3 refer to Psychiatrist, Psychologist and Psychiatric Social Worker, respectively.

Clinic	First Dealt With During 1954					First Dealt With Before 1954					Total
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	
Bangor											
1	–	–	–	–	–	–	4	–	–	–	4
2	–	6	–	–	–	–	3	–	–	–	9
3	1	3	–	–	–	2	5	–	–	–	11
1+2	2	1	–	–	–	1	–	–	–	–	4
1+3	–	2	–	–	–	3	8	1	–	–	14
2+3	1	–	–	–	–	–	1	1	–	–	3
1+2+3	15	39	1	–	1	1	1	–	–	–	58
Colwyn											
1	–	–	1	–	–	–	–	1	–	–	2
2	–	2	–	–	–	–	1	1	–	–	4
3	–	–	–	–	–	–	–	1	–	–	1
1+2	–	1	1	–	–	–	1	–	–	–	3
1+3	–	–	–	–	–	–	2	2	–	–	4
2+3	–	–	–	–	–	–	–	–	–	–	–
1+2+3	–	9	4	1	–	–	–	–	–	–	14
Dolgelley											
1	–	–	–	–	6	–	–	–	–	–	6
2	–	–	–	–	8	–	–	–	–	–	8
3	–	–	–	–	–	–	–	–	–	–	–
1+2	–	–	–	–	–	–	–	–	–	–	–
1+3	–	–	–	–	–	–	–	–	–	–	–
2+3	–	–	–	–	–	–	–	–	–	–	–
1+2+3	–	–	–	–	–	–	–	–	–	–	–
Rhyl											
1	–	–	–	–	–	–	–	–	2	–	2
2	–	–	–	1	–	–	–	–	–	–	1
3	–	–	1	1	–	–	–	4	7	–	13
1+2	–	–	–	–	–	–	–	–	–	–	–
1+3	–	–	–	2	–	–	–	4	7	–	13
2+3	–	–	–	–	–	–	–	–	–	–	–
1+2+3	–	–	9	44	–	–	–	1	2	–	56
Wrexham											
1	–	–	–	–	–	–	1	2	–	–	3
2	–	–	–	–	–	–	–	2	–	–	2
3	–	–	5	–	–	–	–	12	2	–	19
1+2	–	–	1	–	–	–	–	–	–	–	1
1+3	–	–	3	–	–	–	–	9	–	–	12
2+3	–	–	1	–	–	–	–	5	–	–	6
1+2+3	–	–	50	2	–	–	–	3	–	–	55
Totals:	19	63	77	51	15	7	27	49	20	–	328
	225					103					
	328										

NOTE.—It will thus be seen that the cases of 328 children were taken up and the clinics were able to give help, in some form or other, in most of these.

Table 7

Refers to work of the PSYCHIATRISTS

Clinic	First Attendances (Referrals)					Further Attendances (Re-exam's, Treatments)					Number of Attendances		
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Boy	13	27	1	–	–	36(4)	40(11)	18(1)	–	–	41	94	
Girl	4	15	–	–	1	18(3)	6(3)	–	–	–	20	24	179
Colwyn													
Boy	–	6	3	1	–	–	31(7)	46(4)	–	–	10	77	
Girl	–	4	3	–	–	–	3(3)	5(2)	–	–	7	8	102
Dolgelley													
Boy	–	–	–	–	3	–	–	–	–	–	3	–	
Girl	–	–	–	–	3	–	–	–	–	–	3	–	6
Rhyl													
Boy	–	–	8	35	–	–	–	14(6)	101(28)	–	43	115	
Girl	–	–	2	10	–	–	–	9(1)	9(4)	–	12	18	188
Wrexham													
Boy	–	–	26	2	–	–	–	112(22)	–	–	28	112	
Girl	–	–	27	1	–	–	–	22(9)	–	–	28	22	190
All Clinics	17	52	70	49	7	54	80	226	110	–	195	470	665

NOTES: (1) The figures in brackets refer to numbers of individual children.

(2) The table refers to children only. As a general rule a parent is also interviewed on at least one occasion.

Tables 8a, b and c

Refer to work of the PSYCHOLOGISTS

Table 8a

AT CLINICS

Clinic	First Examination					Further Examinations					No. of Examinations		
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Boy	13	30	1	–	–	1	17(4)	–	13(10)	–	44	18	
Girl	4	17	–	–	1	–	–	–	–	–	22	–	84
Colwyn						–	1	–	–	–			
Boy	–	6	2	–	–						8	1	
Girl	–	4	3	–	–	–	–	–	–	–	7	–	16
Dolgelley													
Boy	–	–	–	–	5	–	–	–	–	–	5	–	
Girl	–	–	–	–	3	–	–	–	–	–	3	–	8
Rhyl													
Boy	–	–	8	35	–	–	–	2(2)	13(10)	–	43	15	
Girl	–	–	2	9	–	–	–	–	18(2)	–	11	18	87
Wrexham													
Boy	–	–	26	–	–	–	–	69(6)	–	–	26	69	
Girl	–	–	24	1	–	–	–	–	–	–	25	–	120
Totals	17	57	66	45	9	1	18	71	31	–	194	121	315

Table 8b

NOT AT CLINICS							
Type of Visits		County of Origin					Visits Total
		Angl.	Caern.	Denbs.	Flints.	Mer.	
School Visits	No. of visits paid	–	13	39	27	–	79
	No of children discussed	–	11	32	20	–	
Visit to Y.E.O.	No. of visits paid	–	3	2	2	–	7
					Total number of visits:		86

NOTES: (1) All school visits have to be done by Dr. Morgan.
(2) There are over 600 schools in the Area.

Table 8c

		Analysis No. of Children dealt with by:—			
	Total No. of Children	Intel. Tests	Rorschach Pers. Test	Vocatl. Guide	Remed. Teachg.
Intelligence (+ Attainment) tests	203	203	–	–	–
,, ,, +Rorschach	6	6	6	–	–
,, ,, +Vocational Guidance ..	1	1	–	1	–
,, ,, +Remedial Teaching ...	2	2	–	–	2
Rorschach Test only	10	–	10	–	–
Vocational Guidance only	3	–	–	3	–
Remedial Teaching only	4	–	–	–	4
Totals	229	212	16	4	6

Tables 9a and b

Refer to work of the PSYCHIATRIC SOCIAL WORKERS.

Table 9a

Clinic	Interviews with Parents, Guardians, other Social Workers, etc.										Totals		
	First Interviews					Further Interviews							
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Mothers	15	37	1	–	1	15(1)	24(14)	18(1)	–	–	54	57	
Fathers	2	2	–	–	–	38(6)	1	–	–	–	4	39	
Others	–	2	–	–	–	–	5(2)	–	–	–	2	5	161
Colwyn													
Mothers	–	8	4	1	–	–	16(9)	37(3)	–	–	13	53	
Fathers	–	–	–	–	–	–	2(2)	2(1)	–	–	–	4	
Others	–	–	–	–	–	–	–	–	–	–	–	–	70
Dolgelley													
Mothers	–	–	–	–	–	–	–	–	–	–	–	–	
Fathers	–	–	–	–	–	–	–	–	–	–	–	–	
Others	–	–	–	–	–	–	–	–	–	–	–	–	–
Rhyl													
Mothers	–	–	9	42	–	–	–	25(7)	94(24)	–	51	119	
Fathers	–	–	1	1	–	–	–	1	7(5)	–	2	8	
Others	–	–	–	–	–	–	–	–	1	–	–	1	181
Wrexham													
Mothers	–	–	40	–	–	–	–	123(25)	1	–	40	124	
Fathers	–	–	3	–	–	–	–	10(6)	–	–	3	10	
Others	–	–	8	–	–	–	–	3(3)	–	–	8	3	188
Totals	17	49	66	44	1	53	48	219	103	–	177	423	600

Table 9b

NOT AT CLINICS

Type of visit	County of origin					Visits Total
	Angl.	Caern.	Denbs.	Flints.	Mer.	
Home Visits	8(7)	56(37)	197(90)	104(45)	–	365
Visits to other Social Workers	–	12(6)	26(20)	8(4)	–	46
Total number of visits:						411

E. CONCLUSION

I wish to record my gratitude to my team members for their constant efforts to maintain a high standard of clinical work and for their willing co-operation with me in the day to day tasks of office and clinic.

I am indebted to medical specialists and general practitioners, and to non-medical workers in allied fields, for referring children to us and for active help with children on whom we have sought their advice.

I owe a special debt to Dr. Gwyn Griffith and Dr. E. G. G. Roberts, Consultant Paediatricians.

To the School Medical Officers, with whom we have a close liaison, I am obliged for their continued permission to use school clinic premises and for their assistance at all times.

To Dr. J. H. O. Roberts I am particularly grateful for his willingness to discuss problems of many kinds and for his advice and support on many occasions.

To Dr. Islwyn Jones, Chairman, and to the members of the Child Guidance Sub-Committee, I wish to express my thanks for the consideration they have shown me.

To you, Mr. Chairman, Ladies and Gentlemen, I would convey my sincere appreciation of your unfailing support and your very real interest in the Child Guidance Clinics.

Your obedient Servant,

E. SIMMONS,

Consultant Child Psychiatrist.

April, 1955.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

SUMMARY OF GROUP EXPENDITURE

YEAR ENDED 31st MARCH, 1955

Revised Estimate 1954/55		Previous Year 1953/54	Actual 1954/55	% of Total
£	1. Salaries and Wages:	£	£ s. d.	
4139	Medical	2161	3945 3 5	0.96
124580	Nursing	116750	127557 3 3	31.14
16995	Admin. and Clerical	15881	16663 12 3	4.07
93152	Other Staff	87796	93242 6 1	22.76
238866	Total Salaries	222588	241408 5 0	58.93
92800	2. Provisions	89874	89809 11 10	21.92
13175	3. Uniforms and Clothing	14507	13511 9 1	3.30
4725	4. Drugs, Dressings, Medical and Surgical Appliances and Equipment	4995	4687 12 3	1.14
30080	5. Fuel, Light, Power, Water, and Laundry	27592	30063 8 2	7.34
14172	6. Maintenance of Buildings, Plant and Grounds	14161	15139 4 8	3.70
17821	7. Domestic Repairs, Renewals and Replacements	24519	16929 9 1	4.13
56346	8. All Other Expenses	56616	56839 18 6	13.87
467985	TOTAL	454852	468388 18 7	114.33
58609	LESS Direct Credits	59380	59433 3 7	14.51
409376	NET Hospital Maintenance Expenditure	395472	408955 15 0	99.82
500	Central Adminjstration	470	327 6 4	0.08
500	Other Expenditure	255	401 10 4	0.10
410376	Total Expenditure of H.M.C.	396197	409684 11 8	100.00

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