# Annual report for the year 1955 / North Wales Mental Hospital Management Committee.

### **Contributors**

North Wales Mental Hospital Management Committee. Hughes, Alfred E. Roberts, J. H. O. Davies, T. S. Simmons, E. Coffin Duncan, Ida. Lilly, G. A. Curzon, W. M. Rawlinson, J. C. Gordon, M.

### **Publication/Creation**

Denbigh: Printed by Gee & Son, [1956?]

### **Persistent URL**

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# North Wales Mental Hospital Management Committee



# ANNUAL REPORT FOR THE YEAR 1955



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# North Wales Mental Hospital Management Committee



# ANNUAL REPORT FOR THE YEAR 1955

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North Wides Mental Lougital Management Committee



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# North Wales Mental Hospital Management Committee

# Chairman:

general water and an end seems to be not be read the manual processing,

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

### Vice-Chairman:

T. W. JOHNSON, Esq., Wynford, Rhyl Road, Denbigh.

### Members:

Alderman Mrs. ANNE FISHER, M.B.E., J.P., Tyddyn Eilian, Llanberis. (Chairman of the General Purposes Sub-Committee.)

D. H. GRIFFITHS, Esq., Bodlonfa, Park Street, Denbigh.

(Chairman of the Finance Sub-Committee.)

Dr. M. T. ISLWYN JONES, 16 Grosvenor Road, Wrexham.

Councillor O. M. PRITCHARD, Ty Mawr, Valley, Holyhead.

Alderman H. R. JONES, 2 The Terrace, Corwen,

THE RELATED TO A STATE OF

who are appointed for the period ending 31st March, 1957.

Councillor ERNEST PRICE, 65 Mold Road, Wrexham.

Dr. J. B. DOBSON, Fron Haul, Mold.

Alderman Mrs. DORIS OATES, M.B.E., J.P., Tower, Mold.

Alderman JOSEPH BROOKES, J.P., Tirionfa, Rhuddlan.

who are appointed for the period ending 31st March, 1958.

Alderman DAVID TUDOR, M.B.E., J.P., Dilwyn, Trawsfynydd.

(Chairman of the Farm and Works & Engineering Sub-Committees.)

Alderman O. R. E. JONES, J.P., Cafnan, Cemaes Bay.

Alderman JOHN THOMAS, J.P., Cefn, Llanengan, Abersoch.

Mrs. ELEANOR OWEN, Ty Ucha, Llanelltyd.

Dr. T. GWYNNE WILLIAMS, Carn Ingli, Denbigh.

who are appointed for the period ending 31st March, 1959.

# Secretary and Finance Officer:

SIDNEY L. FROST, F.H.A.

# Supplies Officer:

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

Superintendent 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.

HENRY PARRY, Esq.

Dr. M. T. ISLWYN JONES Alderman Mrs. ANNE FISHER, M.B.E., J.P.

### BROUGHTON M.D. INSTITUTION, NEAR CHESTER

### Chairman of the House Committee:

### Members:

Councillor E. G. ROBERTS, J.P. Dr. G. WYN ROBERTS. Miss W. YATES, J.P.

Councillor ERNEST PRICE.

Mrs. D. KENYON.

## COED DU HALL M.D. INSTITUTION, NEAR MOLD

### Chairman of the House Committee:

Dr. M. T. ISLWYN JONES.

### Members:

Mrs. P. R. DAVIES-COOKE Mrs. FLORENCE JONES Miss W. YATES, J.P.

Mrs. E. ROBERTS

Alderman Mrs. DORIS OATES, M.B.E., J.P. 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 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., J.P.

(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.

Senior Registrar:

G. S. FIDDLER, M.B., Ch.B.

Registrar:

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

Junior Hospital Medical Officers:

O. F. SYDENHAM, B.Sc. (Birmingham), M.B., Ch.B., M.B.B.S.(Lond.) L. J. GLANCY, M.B., B.Ch., B.A.O. (N.U.I.).

## 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.)

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:

I. PIERCE-WILLIAMS, M.B., Ch.B. (Liverpool), M.Rad., D.M.R.D.

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

### OTHER STAFF

Matron:

BLODWEN D. HUGHES, S.R.N., S.C.M., R.M.F.A.

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

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

Social Worker:

( C. C. F. S. C.

Senior Occupational Therapist:
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.)

Psychologists:

G. A. V. MORGAN, M.A., Ph.D. E. MARGARET E. JONES, B.A.

Psychiatric Social Workers:

J. S. MIDWINTER MARY K. PRETTY ROSEMARY M. OLIVER, B.A.

Psychotherapist:

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

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# Seventh Annual Report of the North Wales Mental Hospital Management Committee for the Year 1955 ·

The Committee have pleasure in presenting their Annual Report for the year 1955 including reference to the finances for the financial year 1955-56.

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 14	414 1	oeds
Pool Park, Ruthin 1	100	**
Coed Du Hall, Rhydymwyn	86	,,
Broughton, near Chester '	70	,,
	68	
Garth Angharad, near Dolgelley		
Oakwood Park, Conway		
(Stage 1 in scheme of development of the Colony to provide 184 beds - not	yet	occupied.)

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 are held at Bangor, Blaenau Ffestiniog, Dolgelley, Holyhead, Old Colwyn, Rhyl and Wrexham.

### MANAGEMENT COMMITTEE

The Committee suffered during the year the loss through death of one of their senior members, Ald. Mrs. E. C. Breese, Chairman of the General Purposes Sub-Committee and member of the Visiting Committee for many years before the Appointed Day.

Ald. W. J. Hodson unfortunately found it necessary to resign following a long and serious illness. He had been a most faithful member and had served as Vice-Chairman and Chairman of the Finance Committee. The Committee have placed on record their appreciation of his services and he is being greatly missed. Coun. Joseph Price also resigned after a long absence caused by illness and the Committee have wished him a complete recovery to health.

New members welcomed are Ald. Mrs. Doris Oates, M.B.E., J.P. and Dr.

J. B. Dobson of Mold.

Regular monthly meetings of the Hospital Management Committee and its Sub-Committees have been held at Denbigh, the June meeting taking place at Broughton Institution followed by a visit to Coed Du Hall in accordance with the Committee's practice of visiting a mental deficiency institution once a year.

The local House Committees, including a newly formed local House Committee for the Mental Hospital, have met from time to time and made tours of inspection. The Committee are particularly mindful of the value of the work done at the mental deficiency institutions by the local Committees.

### 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. At Denbigh, the Committee are pleased to note that the total numbers in the Hospital show a slight fall, the numbers for this year having decreased from 1514 at the beginning of the year to 1506 at the end.

The numbers of patients on the books of the Mental Hospital at the beginning and the end of the year 1955 are as follows:—

				Male	Female	Total
At	31st	December,	1954	 761	 753	 1514
At	31st	December.	1955 .	 757	 749	 1506

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

		Co	ed Du	Ll	wyn View	Gartl	1 Angha	rad	Broughton
At 31st December,	1954		96		73		64		65
At 31st December,	1955	*****	92		72	***	67		60

### CHILD GUIDANCE SERVICE

The Child Guidance Service, under the direction of Dr. Simmons, the Consultant Child Psychiatrist, continues to serve the needs of the five counties and a detailed report is to be found elsewhere in this Annual Report. The unified scheme embracing the duties and responsibilities of the Hospital Authorities and the Local Health and Local Education Authorities is being steadily developed and promises to be a highly satisfactory arrangement. Some of the additional staff required for the extra work involved have been appointed and the other Authorities are contributing to the cost on an agreed basis.

### CHARITIES

The new Charities Scheme embodying the Ablett Fund and other charities previously administered separately but now administered by Trustees under the title "The North Wales Hospital Poor Mental Patients Fund", is now being operated for the benefit of indigent patients on discharge.

### FINANCES

A summary of group expenditure and income during the year 1955-6 is given elsewhere in this report.

The cost of maintaining the services for which the Committee are responsible has again increased this year owing, in a small measure, to a steady and natural development and expansion but mainly to increases in wages and prices.

As against the previous year's estimates of approximately £410,000, this year's original approved estimate of £437,359 had of necessity to be increased in stages throughout the year to a figure of £456,327 as at 31st January, 1956, to which will be added in due course a further sum necessary to meet salaries and wages awards payable during the last two months of the financial year.

The main headings under which the Regional Hospital Board have been obliged to meet additional expenditure are salaries and wages, provisions and other commodities, fuel and drugs.

Additional expenditure has again this year been included by the Regional Hospital Board to allow the Committee to carry out a considerable programme of maintenance of buildings and plant and the Committee have taken the fullest possible advantage of this and repaired and modernised ward kitchens, lavatories and other similar places which are, in hospitals of well over 100 years of age, such as Denbigh and Llwyn View, insanitary and inadequate. Much more remains to be done before the old hospitals can be brought up to a satisfactory condition on modern standards and it is hoped that the Ministry will make funds available to Hospital Management Committees for these purposes for some years to come. In the opinion of the Committee there are many old hospitals where a judicious expenditure on repairs and renovations can produce very good results, transforming dingy out-of-date wards and departments into bright, cheerful, modern hospital buildings at little cost.

Comparative statements of cost per head per week for the year 1955/6 are not available at the time of preparation of this report but taking the previous year's comparative statement in respect of the financial year 1954/5 it is noted that the cost per head per week at Denbigh of £4/14/9d. is the lowest but one in all the mental hospitals in Wales. The Committee consider this to be very satisfactory having regard to the quality of the services given, but at the same time they feel that more money should be made available to them to permit of the up-grading of the services to some extent.

The weekly costs per patient at the mental deficiency institutions during 1954/5 range from £2/17/7d. at Coed Du to £4/15/- at Garth Angharad and it is observed that only in the case of Garth Angharad is the cost higher and then only slightly higher than the average throughout the region. The higher cost at Garth Angharad is accounted for by the fact that the institution is practically fully staffed and that expenditure on provisions, clothing and certain other running charges are necessarily high in an institution of this kind catering for the type of male patient provided for there.

A careful watch on expenditure is kept by the Finance Committee throughout the year not only to see that excessive expenditure is not being incurred in any direction but also to ensure that the best and fullest possible use is being made of the money available.

### CAPITAL SCHEMES

The first stage of adaptations at Oakwood Park to provide accommodation for 184 male mental defectives is still in progress and it is hoped that patients will be admitted sometime during 1956. The Board are including in their Capital schemes for forward planning extensions to provide accommodation ultimately for a total of 500 to 600 patients.

A new villa at the Mental Hospital is nearing completion, and two more villas have been included in the Board's forward planning programme.

Following the laying of a secondary pipe line from Coed Accas filter station and reservoir last year, a new reservoir is in course of construction. The new six inch main has delivered adequate supplies to meet requirements during periods of peak demand and the additional reservoir, increasing the storage capacity from 100,000 to 200,000 gallons, will provide the margin of safety required for emergencies and for fire fighting purposes.

### WORKS

With the additional funds again this year made available to the Committee for the repairs and maintenance of the buildings, a considerable pro-

gramme has been completed.

It is unfortunate that a distinction has to be made between Maintenance work and work of a minor Capital nature and the Auditors have drawn attention to a number of jobs of a Capital nature that have had to be charged to the Capital Accounts of the Regional Hospital Board. In old hospitals such as the Committee's Mental Hospital, it is difficult to draw a line of distinction if the task of preserving the structure of the buildings and maintaining effective operation of the services is to be accomplished in a logical and sensible way, ensuring that the buildings are constantly improved and brought up-to-date as repairs are carried out. The Committee feel that unless it can be agreed that the regulations shall be interpreted in the broadest possible way, or that the Regional Hospital Board will arrange to make available to Committees a sum of money each year for minor Capital projects and Capital items associated with Maintenance repairs, hospitals will in time become antiquated and out-of-date. The Regional Hospital Board are earnestly asked to confer with the Ministry and evolve a scheme that will meet this difficulty.

Maintenance repairs are carried out under the direction of the Superintendent Engineer and Clerk of Works at Denbigh and in addition to routine repairs and redecorations the following larger jobs of a special nature have been

attended to:-

## Denbigh

Fire hose reels—Pool Park and Denbigh. Grid supply to Pool Park. New domestic boiler—Nurses Home. Sterilising equipment—Operating Theatre. Gas fired incinerator-Nurses Home. Additional kitchen equipment—Main Kitchen. Hot closets in ward kitchens. Stainless steel sink units in ward kitchens. A.C. circuits for reception of television in wards. Low level W.C. suites-M. 2 and 3. Bedpan washers-M. 8, M. 1b and F. 6. Metal windows—M. 1, 2, 3, F. 1 and 2. Television sets in various wards. Installation of A.C. supply in Male and Female Reception. Rearrangement of lighting in various wards. Reflooring of M. 6, 1A, 2, F. 6 and F. 1 gallery. Reflooring of ward kitchens F. 1, 2 and 3. Resurfacing and curbing of main roads. Resurfacing of tennis courts. Tarmacing of airing court at Isolation Hospital.

### Coed Du

Improvements to hot water supply and heating systems. Provision of additional bathing accommodation.

### Broughton

Complete external redecoration.
Internal redecoration of ground floor.
Redecoration of school.
Provision of additional catering facilities in Kitchen.

### Llwyn View

Plastering and redecoration of laundry. Extensive interior redecorations.

### Garth Angharad

Improvements to kitchen equipment.
Repairs to drive.
Improvements to hot water supply system.

### WATER SUPPLY

The terms of the agreement with the Aled Rural District Council for the supply to the Council of a considerable quantity of surplus water from the Committee's water undertaking at Llyn Brân are not yet finally agreed upon and the Committee hope that there will be an early settlement of the matters in dispute. The Committee's main concern is to ensure that an adequate supply will be available to the Hospital and that only water surplus to the Hospital's requirements will be made available to the Council.

### FARMING ACTIVITIES

In the last report reference was made to the declared policy of the Ministry to abandon farming operations and dispose of surplus lands except where farming is essential to the running of the hospital, and during the year a deputation from the Regional Hospital Board has visited the Mental Hospital farm.

The first proposal was to retain ownership and let the land, but the Ministry have now suggested that the farm buildings and the major portion of the land should be sold, and only lands required for future development and amenity purposes let. The Committee understand that the Regional Hospital Board have agreed to this proposal but at the time of the issue of this report the Ministry's final decision is not known.

### CONCLUSION

The Committee wish again to place on record their appreciation of the services rendered by the Group officials and the Superintendents and staffs of the Mental Hospital and the Mental Deficiency Institutions.

ALFRED E. HUGHES, Chairman.

April, 1956.

# NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, DENBIGH

# Medical Superintendent's Annual Report, 1955

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.

I will first refer to the three graphs which illustrate the main statistical

returns.

Graph I shows that the total population of the Hospital diminished by 8 during the year and it will also be observed that it has now remained fairly constant over 4 years. It is yet too early to conclude that the annual steady rise in our numbers has ceased but any check is obviously welcome. If it can be maintained, then some permanent relief to our over-crowding will accrue from the new Villa to be opened next Spring. On the other hand, if we resume our old average rate of growth, this benefit will be offset in 5 years.

In considering all statistics, it should be born in mind that the population of the Hospital's Catchment Area is creased by about 10% during the intercensual period 1931-51 and is probably still going up. Another relevant factor is the increasing proportion of the total population now entering the older age groups

and, therefore, more likely to require hospital treatment.

Graph II shows that the annual admission rate continues to rise and has now passed the 1,000 mark, reaching a figure nearly five times that for 1941.

Fortunately, the discharge rate has shown a roughly parallel rise.

As I have previously stressed, this rise in the admission rate does not necessarily mean that we have more mental illness in the area. It indicates rather an increasing use of the Hospital by the community. Now coming in are many who would not of old have considered entering a mental hospital. They do so because of the help which the newer forms of treatment can afford, especially in depressive states.

Graph III illustrates admissions over and under 65 years of age.

It will be noted that the number admitted in the over 65 age group continues to increase. Whilst this group naturally includes those whose mental illness is associated with degenerative changes in the brain due to aging or bodily illness, it also includes a goodly proportion of cases where the illness is functional and amenable to treatment.

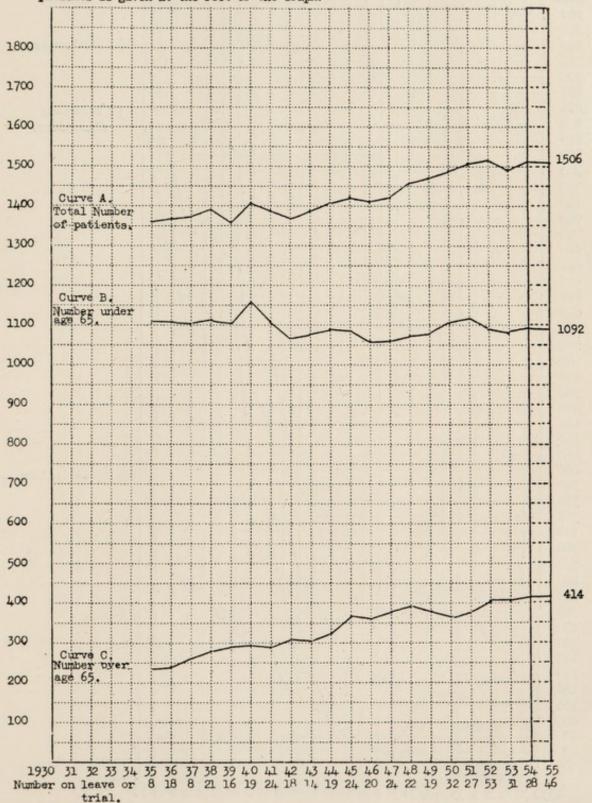
The following analysis of the figures for those over 65 admitted in 1954 is interesting, especially with regard to the surprisingly high proportion discharged within a year:—

	Number aged over 65 admitted in 1954	Discharged within 1 yr. of admission	Died within 1 yr. of admission	Remaining in Hospital at end of 1 yr.
Female	72	44	15	13
Male	92	65	17	10

### GRAPH I

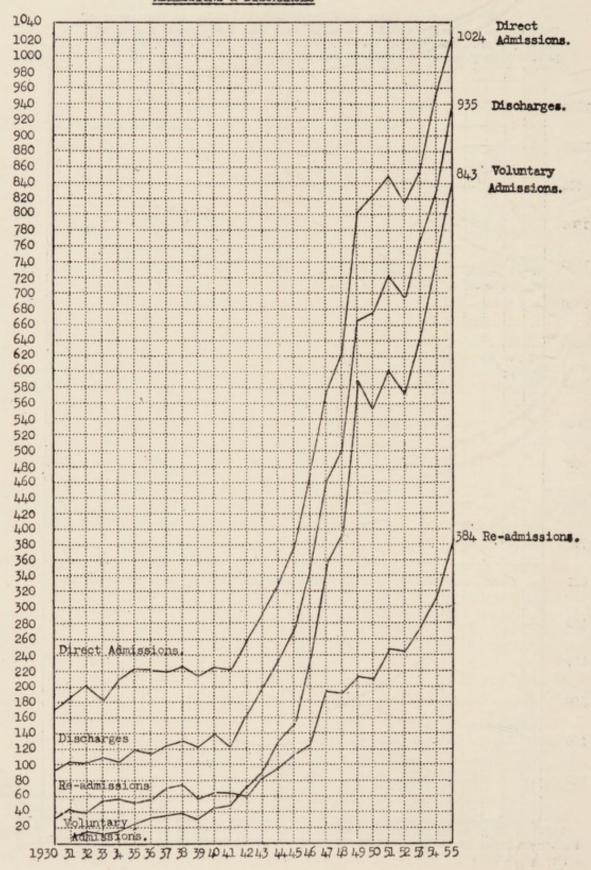
### HOSPITAL POPULATION

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.



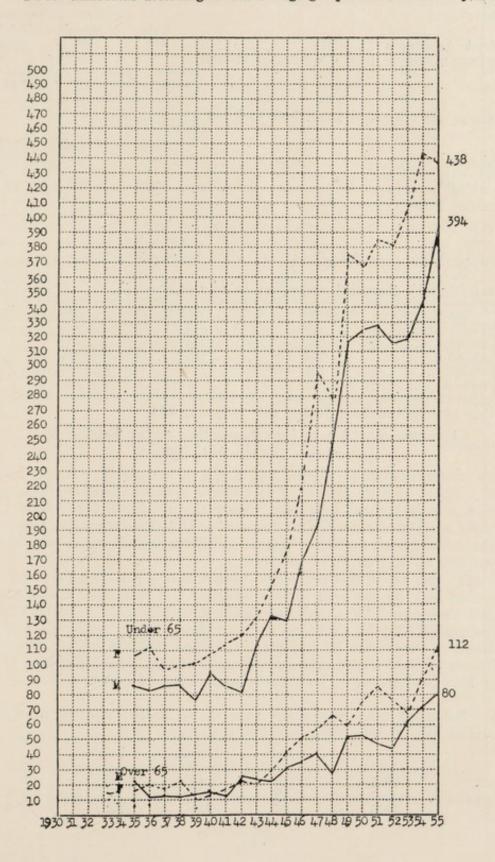
GRAPH II

ADMISSIONS & DISCHARGES



GRAPH III

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



# GENERAL STATISTICS OF ADMISSIONS, DISCHARGES, DEATHS AND HOSPITAL POPULATION

### Admissions:

Direct Admissions Indirect admissions	from other mental hospital	474		Female 550	 1024	
		475		551	 1026	

Direct admissions classified according to form of admission:-

Voluntary	Male 397 1	 Female 446 4	 Total 843 5
Certified	76		 175
Urgency Order	_	 1	 1
	474	 550	 1024

Proportion of Voluntary Admissions to all Admissions = 82.2%

Admissions (direct) classified according to age groups:-

Age Group	Male	Female	Total
Under 20	15	13	28
20-40	162	153	315
40-60	183	226	409
60-80	101	147	248
Over 80	13	11	24

The number of re-admissions during the year was 384.

### 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 considered to be 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.

Briefly, the use of this procedure means that a person considered to be of unsound mind may be removed to this Hospital and retained for observation for a period not exceeding 3 days under an Order signed by a Duly Authorised Officer only. This period may be extended for a further 14 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 rate at which the number of Section 20 cases received has grown during the last 4 years:—

		Male		Female	Total
1952		2	***		 2
1953		15		10	 25
1954		40		61	 101
1955	*************	84		111	 195

The following table shows the mode of disposal of those patients admitted under Section 20 during 1955. It will be seen that over 50% of them elected to remain in the Hospital as Voluntary Patients and it should be stressed that one of the advantages of the procedure is that it reduces the proportion of cases requiring to be certified.

	Male	Female	Total
(1) Admitted to this Hospital as			
(a) Voluntary Patients	33	 67	 100
(b) Temporary Patients	_	 1	 1
(c) Certified Patients	26	 26	 52
(2) Admitted to other Mental Hospitals as			
(a) Voluntary Patients		 -	 
(b) Temporary Patients	-	 -	 _
(c) Certified Patients	3	 _	 3
(3) Discharged home	20	 14	 34
(4) Otherwise disposed of	-	 1	 1
(5) Died	2	 2	 4

One result of the greater use now made of Section 20 has been a heavy increase in the burden thrown on Local Magistrates and on the Department of the Medical Officer of Health for Denbighshire in respect of the certification of that proportion requiring this procedure. Whereas previously such cases would have been certified in their home locality, they now come to be certified in this Hospital by Local Magistrates. I would, therefore, take this opportunity of expressing my appreciation of the services given by the Magistrates of the Denbigh, Isaled and Ruthin Benches and of the good offices of Mr. Bufton, the Clerk of the Denbighshire County Council; Dr. Islwyn Jones, County Medical Officer of Health, and Mr. Romney, one of the County's Duly Authorised Officers.

The Counties of origin of the 52 cases requiring to be certified were as

Angles	ey Caernarvon 13	Denbigh 8		Flint 29		Merion 1	eth
	1 =	44 - 0 - 1215	12.00				
Recovered Relieved . Not impro	oved		Male 225 165 41		000		Total 472 391 72
			431		504		935
Transfers	to other mental hosp		Male 1		Female 2	···	Total 3
	Discharge rate	on direct adi	missio	ns:	91.3%		19
Deaths:	f Deaths		Male 47		Female 49		Total 96

The death rate was 6.5% on the average number resident.

Post Mortem Examinations were conducted in 60% of the cases,

H.M. Coroner for West Denbighshire held inquests into the cause of death of 4 patients. In no instance was any criticism made by H.M. Coroner touching our care of the cases enquired into.

### Hospital Population:

Nonland activity on Hamital Projetom on	Male		Total		
Number of patients on Hospital Registers on 31st December, 1954	761		753		1514
Voluntary	144		135		279
Temporary	_		3		3
Certified			611		1224
	757		749		1506

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 serious epidemic illness was confined to 3 cases of Dysentery.

Pulmonary Tuberculosis.—During the year, 3 patients died from pulmonary tuberculosis compared with the same number in 1954 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 12 required B.C.G. vaccination during 1955.

### NURSING STAFF

The first table shows the strength of our Nursing Staff (including Nursing Officers) on the 31st December, 1951, to 1955. The second table shows the number of trained female nurses on our whole-time staff each year from 1944.

#### Table I.

3	1.12	.51	31.1	2.52	31.1	12.53	31.1	12.54	31.1	12.55
7	1.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Qualified Mental Nurses 7	71	13	72	13	75	17	71	18	70	19
Qualified Mental Nurses also S.R.N 1	10	3	9	3	.7	4	8	3	6	4
Student Nurses 1	15	36	11	38	9	24	11	18	11	13
Nursing Assistants 3	52	27	35	32	37	34	41	32	37	40
Part-time Nurses (in terms of whole-time) -		27	-	28	_	28		40	-	45
12	28 1	106	127	114	128	107	131	111	124	121
Recognised Establishment		40	138	142	141	140	142	142	141	141
Deficiency 1	12	34	11	28	13	33	11	31	17	20
Ward Orderlies	1	7	6	8	8	10	8	15	8	17

Table II (Trained Female Staff-whole-time).

December,	1944		33
"	'45		27
"	'46		23
"	'47	***************************************	27
"	'48 '49		24 20
"	'50		16
,,	'51		16
,,	'52		16
,,	'53		21
,,	'54		21
,,	'55		23

On the Female Side, the number of qualified nurses has improved by 2. There has been a welcome increase of 13 in whole and part-time assistant nurses. However, the proportion of trained to untrained staff remains much too low. It is regretted, therefore, that it is not possible to report any improvement in the recruitment of girls as student nurses. In this matter, our greatest concern must be for the future supply of qualified nurses out of whose ranks must come our next generation of nursing officers. It is their calibre that will determine above all the quality of the care of patients in years to come. 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
'55	 6

On the Male Side, the total has fallen by 7. We lost Mr. Elliott Hughes and Mr. Price Edwards on their promotion to Assistant Chief Male Nurse posts elsewhere, one qualified nurse transferred to another hospital and four assistant nurses resigned.

Mr. Norman Hughes took up his appointment as Nursing Tutor in July. Previously a Deputy Charge Nurse at this Hospital, he had been away for 2 years on a Tutors' Training Course at the Battersea Polytechnic. He succeeds Mr. T. A. Blythin, who left earlier in the year on his appointment as Assistant Chief Male Nurse at Hellingley Hospital.

### 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.

 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 1955:—

	Male	Female	Total
Electric Convulsive Therapy	193	429	622
Modified E.C.T	118	76	194
Deep Insulin	26	13	39
Modified Insulin	70	90	160
Partial Narcosis	_	2	2
Ether or CO2 Abreaction	6	-	6
Prefrontal Leucotomy	7	13	20
Narco-analysis	38	3	41
Hormonal Treatment	11	-	11
Largactyl Treatment	117	35	152

## Lieucotomy Cases:

The following is an analysis of the results in all cases operated upon between April, 1942, and December, 1955:—

if went princes and the second	Male	Female	Total
Total Number of Cases	130*	112*	242*
Discharged "Recovered" or "Relieved"	61	51	112
Improved in Hospital	34	30	64
Unchanged	29	22	51
Died as a result of operation	5	7	12
Discharged but since relapsed	15	5	20

<sup>\*</sup>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 1955
General Medicine	Dr. G. H. T. Lloyd	Weekly	184
Tuberculosis	Dr. Clifford Jones	As required	44
General Surgery	Mr. D. I. Currie	As required	10
Ophthalmology	Mrs. E. M. Brock	Every month	6
Ear, Nose & Throat Surgery	Mr. R. D. Aiyar	Fortnightly	32

### 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 1955, 725 patients were examined. Extractions were carried out in 183 cases. Thirty-nine patients had teeth filled; 26 were provided with dentures and 40 had their dentures repaired.

## Occupational Therapy:

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 1955 amounted to 5,546.

# X-ray Department:

During 1955, the following examinations were made:-

	Pat	ients	St			
	Male	Female	Male	Female	Total	
Chest 137 116		116	72	66	391	
Skeleton	115	66	18	9	208	
Total	252	182	90	75	599	

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

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## Department of Psychology:

Dr. Martha Vidor resigned her post as Psychologist to the Hospital in September on her appointment as Lecturer to the Institute of Education at the University of Liverpool. Up to the time of leaving, she had examined the following cases:—

In-patients other than Leucotomy Cases	236
Leucotomy Cases	7
Personnel Selection	7
Out-patients	11
Patients at M.D. Institutions	71

## 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 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 Goronwy 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.

During 1955, the Department dealt with the following cases:-

	First Attendance	Repeat	Total
In-patients at North Wales Hospital	118	44	162
From Psychiatric O.P. Clinics	59	12	71
" N.W. Child Guidance Clinics	16	1	17
,, Paediatric Consultants	75	34	109
,, Consultant Physicians	133	17	150
Total	401	108	509

### 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, tobacco etc.

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.

## Hairdressing Saloon:

There is a Ladies Hairdressing Saloon which provides permanent waves and sets.

### Parole:

At the time of writing this Report, 86 men and 47 women enjoy parole outside the grounds of the Hospital, while 70 men and 15 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:

All wards are now provided with television and wireless.

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. Sixteen concerts were presented during the year including four by the Council for Music in Hospitals.

In the Summer, patients are taken to the Seaside and to such local events as Sheepdog 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, 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 Tuesday morning. Every Thursday afternoon.						
Wrexham	Maelor General Hospital	Every Friday morning and afternoon.						
Denbigh	North Wales Hospital	By appointment.						

### Table of Attendances 1955:

1		First Attendar	All Other Attendances						
	Male	Female	Total	Male	Female	Total			
Bangor 153 182		182	335	306	463	769			
Dolgelley	12	14	26	23	19	42			
Rhyl	129	145	274	221	423	644			
Wrexham	151	179	330	539	699	1238			
Denbigh	27	21	48	78	206	284			
Total	472	541	1013	1167	1810	2977			

The following are the figures of total attendances at all adult clinics during the past 12 years:—

1944	304
1945	461
1946	576
1947	830
1948	1167
1949	1224
1950	1778
1951	2295
1952	2878
1953	2815
1954	3630
1955	3990

## (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 1955 was:—

. Male Female Total 25 63 88

# (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 26 66 92

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

During 1955, these numbered as follows:-

Male Female Total 10 3 13

# (5) Psychiatric Social Work 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.—The authorised establishment of the Department is 4. At the commencement of the year, the staff consisted of one Psychiatric Social Worker, Mrs. Iolo Jones, and two Social Workers, Mrs. James Evans and Miss E. S. Cartwright. In February, Miss P. M. Hammond, Psychiatric Social Worker, was appointed. At the end of August, Miss Cartwright, Social Worker, left to take up another appointment, and Mr. B. Vittle was appointed in her place. Mr. Vittle is a graduate of Cardiff University College and is Welsh speaking. He hopes to take the Mental Health Course next year. In December, Mrs. James Evans left us to take up a post as Welfare Officer at H.M. Prison, Walton. At the end of the year, the effective staff was thus one Senior Psychiatric Social Worker, one Psychiatric Social Worker and one Social Worker.

Rehabilitation and Employment.—The monthly Conferences between the Group D.R.O.'s of the Ministry of Labour and Members of the Department have continued through the year and have proved of the utmost value in the work of placement and rehabilitation of ex-patients.

Students.—As usual, four of the Manchester University Psychiatric Social Work students spent six weeks in the Department as part of their practical experience. In addition this year, the first two students of the Liverpool University Course in Mental Health (inaugurated September, 1954) came for three months training and experience.

Cardiff and Swansea University Colleges sent two Social Science students

for short periods of experience.

### CLASSIFICATION OF WORK DONE

The following table gives details of work done with adults during 1955.

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.

	CLASS I							CLASS II									
County	In-patients   Out-patients					Total	Total   In-patients					Out-patients			Pre-care		
	HV	OV	I	HV	OV	I		HV	OV	I	HV	OV	1	HV	OV	I	
Anglesey	17	9	7	27	33	14	107	8	5	1	1	-	-	-	-	_	15
Caernarvon	83	54	38	60	42	38	315	1.78	15	3	69	4	2	1.3	-1	-	174
Denbigh	87	67	62	143	36	11	406	143	40	1	97	18	7	10	4	_	320
Flint	113	18	48	132	27	12	350	105	20	9	32	3	7	7	3	_	186
Merioneth	16	24	16	33	30	14	133	14	11	4	1 6	9	2	-	-	-	46
Other Counties	1	1	7	-	2	-	11	3	2	4	-	-	1	-	-	-	10
	time t			1	[otal		1322	1							Total		751

### 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.

### ANNUAL REPORT OF THE CONSULTANT PSYCHIATRIST ON THE MENTAL DEFICIENCY INSTITUTIONS

The work of all Mental Deficiency Hospitals has been influenced as a result of recent litigation in the Courts and it has become necessary for all Local Authorities to be extremely careful in deciding whether a mental defective in the community is certifiable. The Board of Control has now decided to discharge all cases who have been on licence for one year, unless there are overwhelming reasons against such action.

The impending opening of the new Hospital at Oakwood Park, Conway, will ensure some re-arrangement of cases and result in beds at Holywell being

made available for the chronic sick.

A brief synopsis of the facilities available at our Institutions may be of interest:-

### LLWYN VIEW, DOLGELLEY-Total Beds: 68.

Type of Case: Adult females. Mixed in type a high percentage of socially

helpless plus a number of high grade patients.

Training Facilities: Low grade occupations—rug and mat making. High grade training facilities-laundry; hospital domestic work; domestic work in local houses and industries. Evening classes in educational subjects.

Recreational Facilities: Television. Dances and cinema in new recreation Games. Swings; merry-go-rounds; see-saws. Church Services. Annual pantomime and 5-day holiday at the seaside. Shopping expeditions with staff to local towns.

### GARTH ANGHARAD—Total Beds: 62.

Type of Case: Adult males. Mixed in type—high percentage of socially

helpless and incontinent plus high grade trainable cases.

Training Facilities: Horticultural gardening; ornamental gardening. Training on local farms. Poultry farming. Low grade occupational therapy, including mat and rug making.

Recreational Facilities: Television. Weekly cinema and dances. Church Services. Annual outing to the sea in summer and pantomime in winter. Weekly parole to Dolgelley and Barmouth.

### COED DU HALL-Total Beds: 86.

Type of Case: Adult females. Mixed in type-medium to low grade plus

a percentage of trainable high grade socially unstable patients.

Training Facilities: Domestic work. Sewing; rug-making; basket-making —in new hut erected for that work. Domestic work in local houses and hospitals. Evening classes in simple educational subjects.

Recreational Facilities: Television. Weekly cinema. Parole to Mold and Chester. Church Services. Games. Tennis Court. Swings; roundabout; see-

saw.

### BROUGHTON INSTITUTION-Total Beds: 70.

Type of Case: Socially and physically handicapped children under 16 plus a small number of high grade socially unstable women.

Training Facilities: Very few are capable of training. A new hut has been erected for this purpose where some occupational therapy is done and a part-time teacher runs classes for the adult patients in the evenings.

Recreational Facilities: Television. Weekly cinema. Christmas party and pantomime. Shopping expeditions to Chester with Matron. Swings; roundabout and see-saw.

Institution	No. on Books	No. Discharged	No. trans. to other Inst'ns	No. on Licence	No. trans. to Guardian- ship	No. Died
Broughton	65 60	10	2	-	-	4
Coed Du	96 92	2 .	4	3	2	-
Llwyn View	73 72	1	1	1	-	1
Garth Angharad	64 67	1	2	4	-	

The two sets of figures in the "No. on Books" column refers to numbers at 1st January, 1955, and 31st December, 1955, respectively, and include patients resident, on leave of absence, licence, etc., on the respective dates.

The North Wales Mental Deficiency Hospitals, in my opinion, compare

favourably in every respect with similar hospitals in the rest of Britain.

A Social Worker is to be appointed in the near future to serve all the Mental Deficiency Institutions in North Wales. She is to find work for as many patients as possible and to supervise the working and living conditions of such patients while they are on licence. She will be based on Oakwood Park.

The medical services at each Institution are provided by the local doctors and this has proved to be quite satisfactory. The health of all the patients in

our Institutions has been, in the main, good.

Since Dr. Vidor left the staff of Denbigh Hospital the Mental Deficiency Institutions have been without a Psychologist. I feel that there is need for such services and that another psychologist should be appointed to carry on this work.

The furniture and equipment of the Institutions is gradually being replaced and kept up to date through the co-operation of the Equipment Officer at

Denbigh Hospital.

I wish to thank the Matrons of the Institutions—Miss Fletcher at Broughton; Mrs. Taylor at Coed Du Hall; Miss Williams at Llwyn View, and Mr. Roberts at Garth Angharad, and their staffs for their fine work during the year; also Dr. John Roberts and his medical colleagues; Dr. T. B. Jones at Hensol and his staff, and Mr. Frost and his group staff for their kind assistance and co-operation, and you, Ladies and Gentlemen of the Committee.

(Signed) T. S. DAVIES, Consultant Psychiatrist.

# Reports of the Commissioners of the Board of Control

# NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS VISITED 4th & 5th APRIL, 1956

North Wales Mental Hospital, Denbigh. 5th April, 1956.

This hospital continues to suffer from acute overcrowding. It is particularly severe on the women's side. The approaching completion of the new 50 bedded villa for women should do something to relieve the worst of the crowding, although the main problem will still have to be solved. The inadequacy of sanitary accommodation in many of the wards, for example F.3 with 102 patients and 4 W.C.'s only—is accentuated by the overcrowding and is recognised by the H.M.C. We have been glad to hear that there is a Capital project in view which will materially increase the number of W.C.'s in all the wards which are deficient in this respect.

The condition of the hospital, in nearly all other respects, is very good indeed. In the past 4 or 5 years much modernisation has been carried out and in the last 12 months the record of improvements is particularly impressive. The work of enlarging the old fashioned small windows is steadily being continued. In those wards in which the work has been completed the improved lighting and ventilation are very obvious. Very many wards have now been redecorated in light colours and the enlarged windows curtained in pleasing cretonnes. All the ward kitchens are being modernised. The completed ones have been refloored, redecorated and provided with stainless steel sink units, hotplates, in-

stantaneous hot water boilers and refrigerators.

The conversion of F.8 into 2 wards is being undertaken and when completed will provide more comfortable surroundings for the 80 old women who are warded there. The Bungalow (the former isolation hospital) which at present provides poor accommodation for 21 women it is hoped to close: the

premises may become an occupation centre.

We have been impressed by the large amount of modern furniture which has been recently acquired. Formica top dining tables, 'stackable' dining chairs, storage cupboards, patients lockers, dunlopillo mattresses and hospital bedsteads have all been purchased. We wonder if the old bentwood chairs now no longer necessary in day rooms could be used in the dormitories (where space exists between the beds) until bedside lockers become available. We have suggested that interior spring mattresses should be purchased or made in the hospital and should gradually replace the present hair mattresses.

We have been glad to hear that patients bathing is increasingly done on the wards. The general bathroom is still in use however; little can be said in its favour except that there is provision for a certain amount of privacy. As it is the hope of Dr. Roberts that it will fall into disuse altogether when more baths are installed in the various wards, we do not suggest that money should be spent

on modernising this old structure.

The patients appeared to us to be both neat and tidy. We were glad to hear that there is a full time hairdresser and a full time barber. Shaving is however done by the male nurses and each patient is shaved only twice a week. The clothing is on the whole satisfactory but we have discussed the need for individual undergarments marked with patients names or numbers for all patients in the better wards. This should be faciliated by the recent purchase of a pantograph marking machine. Patients are already encouraged to wear their own private garments.

The laundry is a light and well ventilated department giving employment to 30 women and 18 men patients as well as to 16 paid staff. About 26,000 articles a week are dealt with, of which almost one third is foul. The laundry is efficiently organised but we discussed with the laundry mistress the desirability of relieving the nursing staff of the task of sluicing foul articles in the

wards.

To the kitchen a new vegetable room has been added. It is now a very well equipped department. Baking bread has been given up: the bake house is now used only for making pastry and cakes. Dinner yesterday consisted of jellied veal, potatoes, a green vegetable and plums and custard. It was a popular meal. The dietary appears a good one and well varied. With the introduction of hotplates in the ward kitchens and electrically heated food trolleys the service of

meals is being much improved.

The patients are well employed both in the utility departments and in the occupation therapy centres. Occupation therapy is in the charge of a male occupation therapist with a staff of 4 qualified therapists and 6 members of the nursing staff. The various centres are somewhat small and there are various schemes for increasing the space devoted to this important treatment. These include the conversion of the Bungalow already mentioned and the building of a new occupation and recreation hut adjoining the Admission Hospital. We note that the highest reward given for useful work done in the utility departments is only 5/-.

Recreational activities are numerous. The Entertainment Hall is always in use and the large room at the Convalescent Villa is used every evening by the recent admissions of both sexes for group activities of various kinds. There is now T.V. in all wards. At Pool Park the T.V. is a projector set with a large

screen and here also there is a 16 m.m. cinema.

The wards are well supplied with daily papers and books. The library arrangements are in the hands of the ladies of the Red Cross who regularly take book trolleys round the wards. Unfortunately the large room in which the main stock of books is stored is not at present being used as a central reading room to which the better patients can resort to read and change books, as it is temporarily being used as a staff mess room. Dr. Roberts hopes shortly to restore it to its full use as a library.

We believe we have seen all the patients in residence and we gave 4 private interviews. We found the patients very well behaved and for the most part appreciative of the medical and nursing skill and kindly care they enjoy at

this hospital.

The patients number at present 1,460 (733 men 727 women), 289 are voluntary patients and one is here on a temporary basis. During 1955 there were 1,024 direct admissions of whom no fewer than 843 came in voluntarily and 5 were temporary patients. In the same period, 935 patients left or were

discharged. At the present time 27 patients are out on trial and 25 patients are out on leave, the number of patients on the Statutory Books is, therefore, 1,512.

The nursing staff consists of 119 male and 71 female full time nurses and 78 female part time nurses. Sixty nine of the men and 26 of the women (7 part time only) are certificated or registered as mental nurses.

The patients appeared remarkably well and few were being nursed in bed

at the time of our visit.

There has been little illness since the last visit and, except for 3 cases of dysentery and some pulmonary tuberculosis, the hospital has been free of infectious disease.

At present there are 23 patients (19 men and 4 women) suffering from pulmonary tuberculosis as well as 2 female nurses. The active cases are nursed on verandahs and the nursing staff is well aware of the precautions it is necessary to observe. The staff have all been Mantoux tested and are X-rayed every 6 months. The recent mass X-Ray revealed no new cases of tuberculosis.

Since last visit, 12 men and 13 women have suffered serious but non-fatal casualties: all except one involving bone injury; one took place before admission. During the same period 4 inquests were held; full particulars have already been

furnished to our Board.

During 1955 there were 96 deaths (47 males 49 females) giving a combined mortality rate of 6.5%. Post mortem examinations were held in 58 cases. The causes of death present no unusual features, by far the largest number being due to circulatory and respiratory diseases.

All modern methods of treatment are used here: we were interested to

hear about the modification of the method of giving E.C.T.

There is a small operating theatre and an X-Ray plant. The theatre is used only for leucotomies, all other cases needing surgery are sent to one of the general hospitals in the area, but emergency cases are sent to the local hospital at Denbigh.

Consultants visit regularly. The dental surgeon is able to give only one session a week. This is not sufficient to allow a routine yearly examination. We would like to suggest the possibility of appointing a second dental surgeon who

could, perhaps, attend for a further session each week.

Out-patient clinics are held at Bangor, Dolgelley, Rhyl and Wrexham, involving 16 doctor sessions a week and patients are seen by appointment also

at Denbigh itself.

Dr. Roberts, the Medical Superintendent, has to assist him Dr. Williamson and Dr. Williams as Consultants; Dr. Urquhart, Dr. Lloyd, Dr. Millar as S.H.M.O.'s; Dr. Fidler and Dr. Griffiths as Registrars, and Dr. Sydenham and Dr. Glancy as J.H.M.O.'s.

Our visit has been a most interesting one, and in concluding this entry we would like to congratulate Dr. Roberts and the H.M.C. on the great progress

which has occurred during the past year.

(Signed) I. COFFIN DUNCAN, G. A. LILLY, Commissioners of the Board of Control.

### BROUGHTON HOSPITAL VISITED 16th AUGUST, 1955

Broughton Hospital, Flintshire. 16th August, 1955.

There were 62 female patients in residence at this hospital today, 16 were under the age of 16 years. During 1954 two patients were admitted direct and 3 from elsewhere, one was discharged and one transferred elsewhere and 2

patients died.

This hospital continues to suffer from an acute shortage of staff; this is a serious handicap, for in addition to the burden carried by the Matron and her few staff in nursing these patients, the training and recreational facilities, particularly for the better patients, cannot be developed satisfactorily. We have in mind for example, more frequent outings, shopping expeditions, physical activities and the introduction of a handicrafts and embroidery class. Television is much enjoyed. We were glad to know that the working patients have the opportunity of watching the later evening programmes; there is a weekly cinema show.

We discussed with the Matron the means available for placing in employment any patient who may become suitable for a trial on licence. The whole responsibility for this appeared to rest upon the Matron, who, with her present staff shortage, can have no time to devote to this. It will be noted there are no

patients on licence from this hospital.

A teacher has recently been appointed to the school (up to 15 children attend): her hours at present are limited to six in the week. The value of the school must be apparent to all, and we should like to see it extended. The school is held in an unlined wooden hutment which is centrally heated; unfortunately it has no sanitary annex. The linoleum requires attention.

The standard of cleanliness is high throughout and we would commend the staff on the care given to the low grade patients, many of whom are incontinent. Despite the acute shortage of staff at this hospital, during the past

year, 9 short term cases have been accommodated.

Some interior and exterior redecoration has been completed: a converted outbuilding is now in use as a mortuary. The large dayroom is used by the low grade patients, there is a sanitary annex nearby: the provision of a sluice, if a

practical possibility would, we suggest, prove useful.

Since the last visit, general health has been satisfactory: 3 patients died from natural causes. Dr. Bough continues to visit regularly and a medical journal is kept. Owing to shortage of staff it has not been possible to weigh the patients since January last. Twelve patients are epileptic including 3 out of the 6 patients permanently in bed. Dr. Davies, Consultant Psychiatrist from Hensol Castle, pays periodic visits.

Miss Fletcher, the Matron, has a nursing staff, all non-resident, of 3 full time nursing assistants and 6 part-time (averaging 20-25 hours per week), one nurse is on duty by night. The Matron is still without a deputy or any trained staff, and while this persists, regular off duty periods for her are impossible.

We were given every assistance by the Matron at our visit today, and we

would thank her.

(Signed) M. GORDON, W. M. CURZON, Inspectors of the Board of Control.

## COED DU HOSPITAL VISITED 17th AUGUST, 1955

Coed Du Hall, Nr. Mold. 17th August, 1955.

There were eighty patients in residence at this small Hospital today, thirteen patients were away on licence making a total of ninety-three on the books. During 1954 six patients were admitted on transfer, two patients were discharged, eight were transferred elsewhere including one to Guardianship, and three

were granted licence.

We were favourably impressed by the happy atmosphere in this Hospital and the good relationship between patients and staff. Despite the shortage of staff much is done to add interest to the lives of the patients. Although there is, unfortunately, no organised occupations class, the patients are encouraged to do embroidery and it is hoped to introduce some simple dressmaking. Some forty patients are allowed parole into Mold. As is known, this Hospital is in an isolated position and we understand there is some suggestion that a ten-seater vehicle be provided: this might be an inducement in recruiting staff, as well as a means of providing pleasure for the patients.

We understand that two adjoining fields are owned by the Hospital, but let to local farmers, and we wondered whether part of this ground could be made available for recreational purposes for the patients. At present they have only

a tennis court.

Two baths have now been fitted in the wash-room, and the bathroom on the second floor has been converted into a four-bedded dormitory. A new boiler is to be installed, we understand, which will provide a more adequate supply of hot water. Work is in progress on the extension to the central heating. We had some doubt as to the adequacy of the heating in the hutment, an unlined wooden building.

There is a group of some fifteen very low grade patients, they have the use of a small day cum dining-room; this is a dull, depressing room and is darkened by a high bank outside, anything that could be done to improve their

accommodation would be an asset.

Apart from an influenza epidemic affecting some forty patients at the beginning of the year, health has been good. Dr. K. A. Butler pays a weekly visit, a medical journal is kept and weights are recorded monthly. We understand that more frequent medical visits are envisaged for the future; and that each patient is now given an annual physical examination.

In addition to the Matron, there is a nursing staff of one doubly trained sister, eight full-time and one part-time nursing assistants: one nursing assistant is on duty at night, another is temporarily undertaking the cooking, as the Hospital

is without a cook.

In the absence today of Mrs. Taylor, the Matron Superintendent, on leave, we were given every assistance by Sister Edmonds, who was in charge, and we would thank her for a pleasant and interesting visit.

(Signed) M. GORDON,
W. M. CURZON,
Inspectors of the Board of Control.

# LLWYN VIEW HOSPITAL VISITED 25th OCTOBER, 1955

Llwyn View Hospital, Dolgelley. 25th October, 1955.

At my visit to this hospital the names of seventy-three certified mentally defective women were upon its books: all are over the age of sixteen. Five are away on licence and some go out in outside daily employment. The patients can be classified into three groups, some low grade fairly ambulant ones, some medium grade ambulant ones and a few high grade girls.

Dr. Owen visits at regular intervals and a medical journal is kept. The general health of the patients has been very satisfactory during the last eighteen months. There has been a mass X-ray to determine the incidence of tuberculosis. There have been no deaths or serious accidents during the period under review.

Dr. Davies of Hensol Castle visits in a consultant capacity. The only change amongst the patients on the books since April of last year has been the admission on transfer of one woman.

Miss Williams, Superintendent, has to help her one Sister, four assistant nurses, one ward orderly and one part time teacher. There is, of course, a cook, some domestic staff, a laundress and a seamstress.

The training of the patients in domestic duties is satisfactory and the one weekly class held by the teacher in encouraging higher grade ones in the 3 R's has proved most successful and popular.

The laundry has had more attention and the new occupation centre which is used for a variety of purposes has proved of great benefit. The airing grounds have also been up-graded.

Holidays are arranged in the appropriate season for all patients; comforts and rewards for the working patients and all those in the hospital are well studied.

Throughout my visit I found the patients extremely happy and contented, and there is no doubt they are in receipt of individual care and sympathy.

(Signed) J. C. RAWLINSON, Commissioner of the Board of Control.

# GARTH ANGHARAD HOSPITAL VISITED 26th OCTOBER, 1955

Garth Angharad Institution, Dolgelley. 26th October, 1955.

At my visit to this hospital for certified mentally defective men the names of sixty-eight were upon its books. Eight are away on licence for various reasons. During the period under review, some eighteen months, the general health of the patients has been satisfactory. Dr. Owen, the medical officer, visits at regular intervals and a medical journal is kept. Dr. Davies of Hensol Castle visits this hospital in a consultant capacity to ensure that classification is maintained at the best standard possible. There has been a mass X-ray of the patients recently.

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There have been no accidents of a serious nature and no deaths.

Many improvements have been carried out and I found the house well heated, comfortable and suitably furnished. I received every assistance from Mr. Roberts, the Superintendent. The nursing staff remains satisfactory and the same as at the date of my visit last year except that an extra charge nurse has been recruited to the staff.

Mr. Roberts discussed with me several problems about placing higher grade boys out on licence in the district. He informed me that a social worker was to be put at his disposal shortly which would facilitate him in these problems.

Although the patients here range from low to high grade ambulant ones their training and care appeared very satisfactory. Comforts and rewards to working patients and the amusements and recreations of them all are well studied.

(Signed) J. C. RAWLINSON,

Commissioner of the Board of Control.

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# North Wales Child Guidance Clinics

## REPORT FOR THE YEAR ENDING 31st DECEMBER, 1955

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Report of the North Wales Child Guidance Clinics for the year 1955.

#### A. INTRODUCTION

There has been a significant increase in the total number of children dealt with and in the number of attendances at the clinics. This was accompanied by an intensification of work elsewhere, especially in schools.

Diagnostic waiting lists could be kept short, most children being invited to attend at a clinic within a few weeks of their referral. A majority of those whom we considered likely to benefit could be accepted for treatment after a

similarly short waiting period.

Bod Difyr, our own premises at Old Colwyn, has become firmly established as our central office and clinic. Facilities for the examination and treatment of children, and the reception of their parents, are excellent. There are two well equipped play rooms, and a sufficient number of other rooms to allow all members of the staff to work in reasonable comfort.

At Bangor, no improvement in working conditions occurred. The premises are modern and well kept but, unfortunately, we have to share them with other

users and no adequate playroom is available.

At the Wrexham Clinic, alterations are in hand and expected to be completed during the first half of 1956. They will give us quite satisfactory premises.

At Rhyl, where facilities in general are good, we were handicapped to some extent by shortage of rooms. It is understood that we may be able to remove to more spacious premises fairly soon.

Excellent rooms have been made available for us, for a monthly clinic, at "Isallt", Blaenau Ffestiniog, and for a fortnightly one at "The Priory", Holy-

head.

### B. GENERAL DISCUSSION

### 1. Extension of the Clinic Service.

In earlier reports it has been stressed that we attach considerable importance to the early detection and treatment of intellectual subnormality and

abnormality.

In connection with this it will be recalled that the Education Authorities of the counties of Anglesey, Caernarvon, Denbigh, Flint and Merioneth agreed to accept financial responsibility for certain additions to our staff which would allow an extension of the clinic service to include work with educationally handicapped children.

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In October a second Educational Psychologist was appointed and with this the first step had been taken to create, what might rightly be called, a School

Psychological Service in the North Wales Area.

As far as the future development of this service is concerned we shall be guided by the demands made on us. These might well differ from county to county. There is room for development in a number of directions. Some of these are indicated in the following:—

An Educational Psychologist might assist an authority wishing to ascertain intellectually handicapped and educationally retarded children in order to provide suitable educational facilities. The clinics have always done some work of

this kind but there is room for extension.

He might, further, work together with the officers of the authority to carry out surveys of ability and attainment of whole age-groups, to assist in the planning of specific educational measures.

If required, he would be available to discuss specific problems with teachers

in charge of classes for retarded children.

A Psychologist might also contribute to the development of attainment tests, or other educational material, desired for specific purposes and needed,

perhaps, at short notice.

We shall, in particular, welcome any other opportunities to strengthen our contact with teachers and officers of the Education Authorities who can often shed light on the problems with which we are concerned, and whose help and co-operation are frequently required if investigations and treatment are to be carried out satisfactorily.

At this point it might be noted that the Psychologist and other workers to be appointed will not carry out educational work only, but that they will become members of clinical teams, sharing with the existing staff the general work of the clinics while all workers accept more 'educational work' than hitherto.

This will avoid their becoming isolated and, while allowing scope for individual bents, will prevent undue specialisation. The increase in the total number of workers will permit us to divide the area, reducing the territory to be covered by individuals. More important still, the resources of the entire service will be available to any child requiring additional help, irrespective of the source or purpose of the original referral.

#### 2. Research.

A memorandum on a major research project, having as its object the production of an intelligence test for Welsh speaking children, was prepared and

submitted to the Welsh Regional Hospital Board in March.

In the day to day work of the clinics we are frequently hampered by the lack of a full scale intelligence test adapted for use with Welsh speaking children. Non-verbal tests and ad hoc translations of English tests often allow us to make a reasonably reliable assessment of a bilingual or monoglot Welsh child. We feel, however, that we need a test which will give us results at least as accurate as those obtained when existing English tests are given to English speaking children. Evidently such a test should be given in the language in which the child thinks and feels.

The production of a reliable test is an arduous and time consuming task.

Large numbers of children have to be examined and a great many highly technical

procedures have to be carried out before one can be certain that the test will, in fact, give one the information which one wishes to obtain from its use.

In our instance we considered that a three year period should be allowed for the standardisation of the selected test for children in the most critical age groups, viz. the 6-12's. A highly qualified research worker and an assistant will

The Regional Hospital Board have given our proposals their consideration and at the time of writing the project is awaiting approval by the Clinical Research Board. Work might, therefore, reasonably be expected to start in the

second half of 1956.

## 3. Residential Treatment for Emotionally Maladjusted Children.

A relatively small but important proportion of emotionally maladjusted children cannot be treated satisfactorily in their own homes. They require admission to residential schools or hostels where treatment by specially trained and experienced staff can be provided.

As a rule principals of schools or wardens of hostels wish to be in close contact with the parents of children under their care, and with the Child Guidance Clinics which have recommended admission. Often it is desirable for children

to continue attending at a clinic.

No schools or hostels of this kind exist in North Wales, and the placement of children in England, often far away from their homes, presents considerable difficulties. Vacancies are scarce and, no less important, we cannot maintain more than a very superficial contact, and at times have no personal knowledge of the schools or their staffs.

Welsh speaking children can rarely be recommended with equanimity, for the obvious reason that a severe strain might be imposed on them by the need

to adjust to an English speaking environment.

For these, and other reasons, it has been recommended that a residential treatment unit should be set up in the North Wales area. The cost would be high, and it is to be hoped that a Psychiatrist of senior grade will have been added to our establishment before we are asked to accept responsibility for the running of such a unit.

It is encouraging to know that the Regional Hospital Board have agreed in principle that action is needed and we hope that the required financial arrange-

ments can be made in the reasonably near future.

# 4. "Work beyond the Clinic Premises."

# (a) General.

Close and friendly contact between the personnel of the medical, social and community services of the area and the clinic staff has always been considered

a prerequisite to the efficient functioning of our service.

This contact has had to be built up largely by the efforts of individual workers discussing specific cases, and while all of us have been, and constantly are, involved in liaison work, the responsibilities of the Psychologists in regard to work with teachers and schools, and of the Psychiatric Social Workers in relation to other workers in the social and community services, are particularly important.

## (b) Group Meetings.

Within definite limits imposed on us by our clinical responsibilities we have also met various groups, of workers in allied fields and others, for discussion of matters of mutual interest. In this connection the following list of events during the year may be of interest:—

Film: "A Two Year Old Goes to Hospital", followed by discussion, at

Abergele Sanatorium-Medical and Nursing Staff.

Day School: "Child Guidance as a Community Service." "Function of Individual Workers and General Approach," at Bod Difyr — North Wales Probation Officers and Child Guidance Staff.

Talk and demonstration on the work of a Child Guidance Clinic, at the Sackville Road Clinic, Bangor—Students and Lecturer, St. Mary's

College, Bangor.

Film: "Maternal Deprivation," followed by discussion, at the Sackville Road Clinic, Bangor—Caernarvonshire and Anglesey Paediatric Club.

Film: "Maternal Deprivation," followed by discussion, at North Wales

Hospital, Denbigh—Medical and Nursing Staff.

Film: "Maternal Deprivation," followed by discussion, at North Wales Hospital, Denbigh — Doctors, Health Visitors, other Nursing Staff, and Social Workers.

Talk: "Handicapped Children," followed by discussion-National Associa-

tion of Parents of Backward Children, Wrexham Branch.

## (c) "Working Groups".

In addition to the above, Miss Pretty, Psychiatric Social Worker, has taken part in regular case discussions arranged by Miss Leta Jones, Children's Officer for Denbighshire, and her staff. These meetings concerned themselves largely with "long stay cases" where it was felt that the contribution which a Psychiatric Social Worker could make would be most helpful. When necessary, Miss Pretty discussed the cases of individual children with one or more of her co-workers, and she initiated any other action by the clinics which seemed required.

In this manner one worker was able to be of help with a fairly large number of children, and as a result only a few of these had to be referred to a clinic for

full investigation.

An extension of the principle underlying this arrangement would be for child guidance staff to become members of groups which have been formed by workers in various allied fields wishing to gain greater knowledge and understanding of the principles of mental health and of their application during the

period of infancy and childhood.

Teachers, personnel of maternity and child welfare clinics, doctors and other professional workers who are constantly in contact with large sections of the population might wish to form such groups. As they are, in diverse ways, concerned with matters appertaining to the health of the community, they would seem to be most suitably placed and best qualified to acquire the skills which would enable them to take an increasingly active part in preventive mental health work.

There are difficulties in the way of our taking part in group work of this kind. I feel, however, that in due course, we should participate in any experiment which could be seen to offer reasonable prospects of being successful.

### Some comment on the referral of young children.

It will have been gathered that we attach considerable importance to preventive work and early treatment.

In this connection it seems relevant to refer to the fact that relatively few young children of average and higher intelligence were referred to us. Over the years, the increase in their referral rate has been unduly small.

It is widely agreed now that most of the more serious emotional disorders of later childhood, and many of the nervous and mental disturbances of adult life, have their roots in experiences during the patients' pre-school years.

Experience suggests that signs and symptoms of disturbance can be recognised during those early years in many instances, and during the age period 5 to 8 in most.

Early treatment gives the quickest and best results in Child Guidance work just as it does in General Medicine. Modifications are achieved relatively readily when faulty patterns of behaviour have not become firmly established yet.

Often, after completion of the initial examinations, a relatively few interviews of the mother with the Psychiatric Social Worker are sufficient, and the child need not attend at the clinic again. In other instances, short courses of treatment, weekly attendances at a clinic for periods of from three to six months, allow the child to resume his normal course of development. As in all treatment, the aim is to strengthen or renew the parents' confidence in their ability to care for their children.

We feel, generally, that it is justifiable to "refer when in doubt" and would say that this applies especially in the cases of young children.

#### C. INFORMATION ON CLINICS AND STAFFING

#### 1. Clinics.

Weekly clinics, visited by a full team consisting of Psychiatrist, Psychologist and Psychiatric Social Worker, are held at Bangor, Colwyn, Rhyl and Wrexham. Children attend these for treatment and for diagnostic investigation.

The Child Therapist and a Psychiatric Social Worker hold additional

sessions for the treatment of children at Colwyn, Rhyl and Wrexham.

A new centre was opened at Blaenau Ffestiniog in July. At present it is visited once monthly but it is expected that work will grow and that more frequent attendances will become necessary in due course. This centre will take over the functions of the Dolgelley Clinic.

Special thanks are due to Dr. T. G. Williams who has seen children at his Dolgelley Clinic once monthly for many years. He will continue to hold a clinic for adult patients at Dolgellev but will see children only in case of urgency. It is thought that all others should attend at the Blaenau Ffestiniog Clinic which is staffed by Child Guidance personnel and where full facilities for their investigation are available now.

Arrangements are being made for a fortnightly clinic, to be attended by a Psychologist and a Psychiatric Social Worker, at Holyhead. This will allow us to take up work with mothers and with children, especially when the latter do not require intensive psycho-therapy.

Further details in respect of clinics:

Table 1

Town	Address	Telephone	Day	Sessions
Bangor	Sackville Road, Bangor.	Bangor 735	Tuesday	10 a.m. & 2 p.m.
Blaenau Ffestiniog	"Isallt," Blaenau Ffestiniog.	Blaenau Ffestiniog 93	2nd Monday in month	10 a.m. & 2 p.m.
Colwyn	Bod Difyr, Cefn Road, Old Colwyn.	Colwyn Bay 55016	Monday Wednesday Friday	By arrangement 10 a.m. 10 a.m.
Iolyhead	St. David's Priory, Holyhead.	Holyhead 555	Alternate Fridays	10 a.m. & 2 p.m.
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	Tuesday Friday	10 a.m. & 2 p.m. 10 a.m. & 2 p.m.

NOTE: It should be noted that children can be seen by oppointment only.

# 2. Staffling.

# (a) Medical.

A vacancy for a Registrar in Psychiatry could not be filled during 1955, but Dr. J. Aled Williams has been appointed to the post and is to take up his duties on 1st April, 1956. Dr. Williams is Welsh speaking.

The appointment of a Child Therapist reduced the pressure on me as far as treatment cases were concerned, but I continued to do all diagnostic work except in purely educational cases and to attend at 4-5 centres each week.

## (b) Non-medical.

Child Therapist: Miss C. S. Sim, who is a qualified Psychologist with many years experience of the work of Child Guidance Clinics and the treatment of children, took over her duties on 1st January, 1955. She carries out the treatment of a fairly large number of children and attends at three clinics.

Psychologists: Dr. G. A. V. Morgan was responsible for the entire work of his speciality within the clinic service. For the greater part of the year he carried out all school visits and attended at the Colwyn, Rhyl and Wrexham Clinics weekly, and at Bangor as required.

Mrs. M. E. Jones, formerly Senior Educational Psychologist in the Hertfordshire Child Guidance Service, who had come to live in North Wales, joined our staff in November. We were fortunate to obtain the help of a worker as able as Mrs. Jones at this juncture in the development of the psychological services.

Mr. W. R. Jones and Mr. T. R. Miles, Lecturers in the Department of Educational, University College, Bangor, gave us one session each per week at the Bangor Clinic.

Dr. J. Rogers, who has been a member of the Bangor Clinic team since its

earliest days, will in future attend only when required.

Psychiatric Social Workers: Mr. J. S. Midwinter and Miss M. K. Pretty continued to attend at the Bangor and Colwyn Clinics, and the Rhyl and Wrexham Clinics respectively, and to be responsible for home visits and the general field work in their areas.

Miss R. M. Oliver joined us in September, filling one of the two posts of Psychiatric Social Worker which had been vacant for some time. Thanks to her

appointment we could extend our work in a number of ways.

## (c) Secretarial.

Miss D. Harrison, our Secretary, has been able to relieve the specialist staff of the greater part of routine administrative work. In addition to her more general duties she is responsible for the keeping of the Register, statutory and other returns, etc., and I am especially indebted to her for her help in the preparation of this report.

Miss S. G. Goulden who joined us as Shorthand Typist on 1st March,

1955, has provided much needed assistance.

When this report is presented full time staff will be attending at the different clinics as shown in Table 2.

	Table 2	
NAME	DUTIES	ATTENDING AT
Dr. E. Simmons Dr. J. A. Williams Miss C. S. Sim Dr. G. A. V. Morgan  Mrs. M. E. Jones Mr. J. S. Midwinter Miss M. K. Pretty Miss R. M. Oliver	Registrar	All Clinics, except Holyhead  To be arranged  Colwyn, Rhyl and Wrexham Bangor, Colwyn, Blaenau Ffestiniog and Holyhead Rhyl and Wrexham  Colwyn, Bangor and Holyhead Rhyl and Wrexham  Blaenau Ffestiniog, Colwyn and Rhyl

# D. INFORMATION AND DATA IN RESPECT OF 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 3

REFERRING AGENCY			C	DUNTIES	3		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
School Medical Officers	24	75	23	22	13	1 -	157
General Practitioners	2	12	23	17	4	1	59
Consultant Pædiatricians	5	10	10	5		1	31
Other Medical Specialists	-	1	8	1	1	-	11
Courts and Probation Officers	1	2	11	10	1 -	-	24
Other Social Workers	-	3	20	5	-	-	28
Parents	1	3	2	3	_	-	9
All Agencies	33	106	97	63	18	2	319

The two Montgomeryshire children shown in Table 3 were aged 10 and 7 respectively. They were seen for diagnostic purposes only, one at the Dolgelley Clinic and the other at the Wrexham Clinic. In all following tables they are shown under Merioneth.

#### 2. Causes of referral.

The variety of difficulties for which referral is made may be gathered from Table 4 which follows. The main symptoms as stated by the referring agencies are listed. All referrals received during 1955 are included.

#### Referral Causes

## Table 4

Table 4	
Behaviour, difficult and aggressive (19), sadistic, destructive, anti-social (6), beyond con-	
trol and in need of care and protection (9)	34
Truanting from school (2), truanting with other symptoms (5)	7
Fillering and stealing (15), stealing with other symptoms (12)	25
Larceny (9), larcency with other symptoms (3), serious sexual mishehaviour (4)	16
Enuresis (17), enuresis with other symptoms (12), soiling (4), soiling with other symptoms	
(2) undestrable habits (5)	38
Head banging and rocking (2), temper tantrums (2), temper tantrums with other symptoms (3), overactive (2)	
Sleepwalking (1), night terrors (3), other nervous sleep disturbances (4)	9
Nervous symptoms associated with attendance at school (9)	8
Hysterical behaviour (2), blackouts (1), excessively nervous (7), maladjusted (3), habit	9
spasms (4)	17
Obsessional behaviour (1), irrational fears (3), morose, apathetic (2)	6
Various bodily complaints for which no physical cause could be found on full examination.	0
Many medical symptoms (2), fainting attacks (2), headaches and dizziness (3),	
Dermatitis (2)	9
Stammer (7), stammer with other symptoms (12), other speech difficulties (2), retarded	-
speech development (5)	26
Asthma (1), Asthma with other symptoms (2)	3
Anxiety state (3), depression (2), attempted suicide (2), suicidal tendencies (2)	9
Epilepsy (4), Epilepsy with behaviour difficulties (5), brain damage with behaviour	
difficulties (2)	11.
Specific educational difficulties (6)	6
Backwardness (13), backwardness with other symptoms (6)	19
For assessment of intelligence (32), to determine educability (11)	43
For special investigation: Spastic children (3), deaf children (2)	5
"Report required": Children emigrating (3), parent seriously ill (1)	4
For advice: On suitable school (3), on training facilities (2), on career (2), on placement in	
foster-homes (8)	15
-	

Ages and Intelligence of Children.
(Ages and Intelligence of 117 boys and 97 girls examined during 1955)

Table 5 3

												4.5		-					-
									Intelligence	gence	Cuotiente	92		1			1		I
County of	Ages	Boy	Girl	Girl Boy G	Girl Boy	3oy	Girl	Boy .	Girl	Boy 100	Girl -114	Boy 115	Girl -129	Boy 130	Girl A over	Boy Girl Assumed	100000000000000000000000000000000000000	Boy, Girl, Both Totals	Both
origin	J	ì	1	200		2	5	100	1	,	1	1	1	1	1	1 Aver	. 5	1	2
		1 -	1	1	1		1	)	1	-	1	1	1	1	1	1		-	2
-	200	1	1		1 1	-	1	1	1	1	1	1	23	1	1	1	-	3	4
Angiesey	10 19	1	1		-	4	1	2	1	1	1	1	1	1	1	- Aver. ]	1		10
	19 15	ı		-	1 1	4	-		1	-	1	1	1	1	1	1		2	6.
	over 15			4 1	1	- 1	1	. 1	1	-	1	1	1	1	1	1	-	1	63
	24 1310	-		6	-	6	1	9	2	3	2	-	63	1	1	1 1	2	5 9	32
	1 5	1 -	0	, -		0		-	-	1	1	1	1	1	1	- L. Av. 1		5 4	6
	c Japun	1	9 -	- 1	1 10	3 03	1	011	1:1	63	1	1	1	1	1	1	1	7 5	12
	200	l rc	-		, -	4	1	9	2	2	7	1	1	1	1		- 18	9 8	24
Caerns.	10 10	0 -	10	6	1 1	_	0	-	-	1	1	2	1	1	1	1			16
	19 15	4 145	9 1	210	63	22	2	03	2	2	1	1	1	1	1	1	- 18	600	
	over 15	, 1	1	1	1	2	03	1	1	1	1	1	1	1	1	1	1	200	
	OT TANO	10	9	9	9	91	11	13	7	10	4	2	1	1	1	1	5,	100	
	Tandon F	27	, -	1			-	-	1	1	1	1	1	1	1	- L. Av. 1		2 3	5
10	under 5	١,			-	1 10	1	1 10	-	-	1	1	1	1	1		-	9 4	13
Danbidh	100	1	1	10	4	0 1	0	4	110	2	2	1	1	1	1	1	- 1		
Denoign.	10 10	1	1	9-	0	110	0	- 10	4	20	2	-	1	1	1	1	- 11	1 11	
	10 15	10	1 -	0	3	) N	10	, PC	-	4	2	1	1	-	1	1	- 1		
	over 15	90	+ 1	a 1	1	, -	-	)	1	23	2	1	1	1	1	1	1		6
	77 7010	3 11	K	9	10	10	8	14	6	15	11	2	1	1	1	1	1 53	3 36	
	maden F	0 0	0	,		0	1		1	1	1	1	-	1	1	1	1	4 1	2
		N	1			9 1	1	1	1	1	1	1	1	1	1	1	1	1 1	2
Flints.	01 7	1	1		-	1 10	-	6	1	2	1	2	1	1	1	1	- 1	8	21
	10-12		1 1	, 1		1	1	2	63	-	1	1	1	1	1	1	0		
	12-15		,	1	1	2	1	2	1	1	1	1	1	1	1	1	1		
	over 15	1	1	1	1	1	1	-	1	1	1	1	1	1	1	1	-		4
		4	1	1	1	8	2	14	2	2	5	2	1	-1	1	1	2	5 11	46
	under 5	1	1	1	1	1	1	1	1	1	1	1	1	1	1		1	2	00
	5-7	1	1	1	1	1	1	1	-	1	1	1	1	1	1	1	1		20 0
Merioneth.	7-10	1	1	2	1	1	1	1 .	1	1	1	1	1	1	1	1	1	70	2 4
	10-12	1	63	1	1	1	1	1	1	1	1	1	1	1	1		-	7 -	1 1
	12-15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	7 7	0 +
	over 15	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	-	
		10	4	4	1	1	1	1	1	1	1	1	1	1	1	1		9 6	15
Tabele	4.11		12		12	44	23	48	22	13	22	7	10 3	63	1 0	1 4	2 177		
101418	Counties	30		157		8	1				137		0.1		3	4			274
		=		700															

#### OBSERVATIONS ON TABLE 5

## Likely scholastic success.

The scholastic success likely to be achieved by the children in the various I.Q. ranges which have been used in Table 5 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. Suitability for attendance at a "Training Centre" has to be determined.
69 ...... Require, and likely to benefit from, education in a special school.

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.

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

It should be stated that an "I.Q. Figure" has only a limited value. It is used to express the result of a test given to a child but it does not represent all that could be said about his intelligence and his abilities. Group tests and singly applied non-verbal or performance tests similarly can act as pointers only.

We have to give Individual Intelligence Tests, usually composed of groups of sub-tests, and supplemented by whatever additional special tests may be required, if we are to make a reliable assessment of a child's present, and his potential future, abilities. Observation in the "standardised test situation" and correct interpretation of his total behaviour there are also always needed and of no lesser important than the tests themselves. In our work, in addition, the views of the Psychiatrist after his interview with the child are required not infrequently before the likely value of test results can be assessed.

### Diagnoses.

The seriousness, or otherwise, of the conditions with which we are asked to deal, may be estimated from Table 6 which follows. In this the children who were first examined during 1955, and on whom investigations were completed during the year, are grouped in broad diagnostic categories according to their ages.

Table 6 NOTE:: Figures in brackets refer to dull children (I.Q. group 70-84)

Diagnostic Groups and Age Ranges	Under 5	5-7	7–10	10-12	12–15	Over 15	All
A. BEHAVIOUR & PERSONALITY DIFFICULTIES							
1. Behaviour Disorder, simple Behaviour Dis. with neurotic traits	7(2) 3(1)	3(1) 13	5(2) 24(6)	2(2) 18(3)	7(5) 8(5)	- 1	24 67
Behaviour Dis. with anti-social traits	-	2(1)	4(2)	9(4)	6(1)	2	23
Behaviour Dis. with epilepsy or brain damage	2(1)	-	1(1)	3(2)	-	1(1)	7
2. Adolescent Instability, simple	-	-	-	-	4(1)	-	4
Adolescent Inst. with neurotic	-	-	-	-	1	2	3
Adolescent Inst. with anti-social traits	-	-	-	1(1)	1(1)	-	2
3. Neurotic Illness (Neurosis)	-	-	9	10(2)	19(5)	9(2)	47
4. Serious Disorder of Personality Development	2 1	1(1)	1 -	1(1)	3(1)	3(2)	11 1
B. EDUCATIONAL/INTELLECTUAL DIFFICULTIES							
Intelligence average and above:  Retarded  Epileptic  Other specific handicap  Dull (I.Q. range 70-84)  Dull with specific handicap  Very dull (I.Q. range 55-69)  Very dull with specific handicap  Very dull with serious behav. dis.  Educability in doubt  Ineducable	- 1 - 3 - 1 7	- - 1 1 4 - 1 3 2	3 1 2 5 1 2 1 3 4 2	3 - 2 1 1 1 2 - 7	- 1 - 4 1 4 1 1 - 9	- - 1 - - - 1 2	6 3 2 14 4 14 3 7 9 29
C. NORMAL CHILD							
Emigrees (3) Guidance (2) Total Number of Children	28	32	1 69	62	71	23	285

# E. STATISTICS OF ATTENDANCES

In the following tables information is given in respect of-

The numbers of INDIVIDUAL CHILDREN who were dealt with during 1955 and the workers concerned in their cases.

The numbers of ATTENDANCES AT CLINICS which were recorded

for each worker.

The numbers of VISITS to homes, schools and other social agencies which were made by the Psychologist and the Psychiatric Social Workers.

4. The nature of the investigations carried out by the Psychologist.

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

#### SUMMARY OF ATTENDANCES AND VISITS

1.	(a) Attendances of children at clinics	First 260	Further 1,020	Total 1,280
	dance registered even if two or more workers are involved on a given occasion).  (b) Examination of children elsewhere	18 20	4	18 24
				1,322
2.	Psychiatrists (at Clinics)	247	806	247 806
				1,053
3.	Psychologists.	004	000	487
	Number of children examined	264	223	161
	Number of visits to schools			9
4.	Psychiatric Social Workers			
	Number of mothers, fathers, or guardians			
	seen at clinics	220	704	924
	Number of visits to homes			265
	Number of visits to other social workers	-	_	49

Table 7

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, 3 and 4 refer to Psychiatrist, Child Therapist, Psychologist, and Psychiatric Social Worker respectively.

Ī	Clinic	0,011	First DU	Dealt RING	1955			BE	Dealt FORE	1955		Total
ı,	L'Itanian L	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	6
1	Bangor											10.0
I	1	1	_ 1	-	-		- 1	-	-	-	-	1
ı	3	1	14	_		_	2	3	_	-	7	20
ł	4	3	2	-	-	-	2	4	-	-	-	11
ı	1+3	3 3	2 6	_	2	_	_	1	_	_		10
ł	1+4	3	1	_	_	_	1	4	1	-	-	10
١	2+4	-	_	_	_	_	-	_		-	_	-
1	3+4		1	_	-	_	_	_	_	_	_	1
١	1+3+4	23	41	_		2	3	3	_	_	-	72
Į	1+2+3+4	-	-	_	-	-	-	-	-	-	-	_
١			-	_		1	-					
1	Blaenau											
1	Ffestiniog	1 3 1	1 53			0	1				1 3	2
	1 7	-	-	-	-	2	-	-	- 1	-	-	7
	3	-	-	-	-	7	-	-	-	-	-	
1	4	-	-	-	-	-	-	-	-	-	-	
1	1+3	-	-	-	-	2	-	-	-	-	-	2
	1+4	-	-	-	-	1	-	-	-	-	-	1
	2+4	-	-	-	-	-	-	-	-	-	-	
	3+4	-	-	-	-	1 -	-	-	-	-	-	-
1	1+3+4	11-	2	-	-	4	-	-	-	-	-	6
	1+2+3+4	-	-	-	-		-		-	-	-	-
i	Colwyn	0						1 1 1				
ì	1	-	1	-	-	-	-	1	-	-	-	2
	3	-	4	-	-	-	-	-	-	-	-	4
i	4	1 -	2	1	-	-	-	2	-	-	-	5
	1+3	-	3 2	-	-	-	-	-	-	-	-	3 7
	1+4	-	2	-	-	-	-	2	3	-	-	7
	2+4	-	_	1-	-	-	-	1	-	-	-	1
	3+4	-	-	-	-	-	-	2	-	-	-	2
	1+3+4	_	13	11	1	-	-	2	-	-	-	27
	1+2+3+4	-	6	6	1	-	-	1	3	-	-	17
	Rhyl	-	1	1	1	1	-	-		1	1	
	1	_		2	-	-		-	-	-	1 -	2
*	3		AL S	-	4	_	-			3	=	2 7
	4	_		1	3	-		_	2	15	-	21
	1+3	1	10	2	-	-	-	_	1	1	-	2
	1+4	1	1	-	2			-	3	10	1 -	15
	2+4	-	-	-	1	1	-	-	1 0	10		-
	3+4	1 -	-	-	-	-	-	-	-	1 5	1	1
	1+3+4	-	1 -	13	28	1	-	-	1	7		45
	1+2+3+4	-	-	13	20	-	-		1 1	3 4	_	8
		-	-	1	1 4	-	-	-	1	1 4	1 -	-
	Wrexham			1	1	1		1	1	1		
	1 7	-	-	-	-	-	-	-	-	-	-	3
	3 4	-	-	1	-	-	-	-	2	-	-	17
		-	-	1	-	-	-	-	12	-	-	13 5
	1+3	-	-	5	-	-	-	-	7	-	-	9
	1+4	-	-	-	-	-	-	-	1	2	-	9
	2+4	-	-	1 7	-	-	-	-	-	-	-	
	3+4	-	-	1	-	-	-	-	5	-	-	6
	1+3+4	-	-	42	6	1	-	1 -	10	-	-	59
	1+2+3+4	-	-	7	-	-	-	-	5	-	-	12
		34	98	94	47	19	8	26	55	38	-	
	Totals:	31	111 2 2	292	PROPERTY.		The latest	1	127		4 1	419
		-			THE	-	119			7.		1
		1					110				-	-

NOTE.—Children who were seen at Dolgelley are included under Blaenau Ffestiniog in the above and all following tables.

Table 8

Refers to work of the PSYCHIATRISTS and the CHILD THERAPIST

		P	sychiatri	ists		Psych	hiatrist	s & Chi	ld Ther	apist			
Clinic			t Attend Referral				Re-exa	er Atter m's, Tre	atments		A	Number of ttendance	es
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Tota!
Banger		1			1		1						
Boy	21	32	-	-	2	36(6)	34(12)	1	-	-	55	71	
Girl	9	16	-	-	-	42(5)	6(4)	-	-	-	25	48	199
Blaenau Ffestiniog													
Boy	-	1	-	-	7	-	-	-	-	2(1)	8	2	i
Girl	-	1	-	-	3	-	-	-	-	-	4	-	14
Colwyn		1	1				1						1
Boy	_	16	12	1	-	-	44(10)	45(13)	-	-	29	89	
Girl	-	9	5	1	-	-	23(3)	48(8)	29(1)	-	15	100	233
Rhyl			1	0.7	1			50(0)	1,70,70		75	100	1
Boy	-	-	12	23	-	-	-	58(9)	138(32)	-	35	196	000
Girl		-	4	11	-	-	-	19(4)	34(5)		15	53	299
Wrexham					)				1440		75	005	
Boy	-	-	29	6	-	-	1	188(34)	16(2)	-	35	205	700
Girl	-	-	25	-	1	-	-	41(16)	1	-	26	42	308
All Clinics	30	75	87	42	13	78	108	400	218	2	247	806	1,053

NOTES: The figures in brackets denote numbers of individual children.

The table refers to children only. As a general rule one or both
parents are also interviewed by the Psychiatrist on at least one
occasion.

A further 3 adult psychiatric patients were seen on 6 occasions.

Tables 9a, b and c Refer to work of the PSYCHOLOGISTS

Table 9a

		First	t Exami	nation			Furthe	er Exam	inations		E	No. of caminati	ons
Clinic	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denbs.	Flints.	Mer.	First	Further	Tota
Bangor Boy Girl	19 8	40 20	-	-	2	7(7) 2(2)	10(9)		-	-	61 28	17 4	110
Blaenau Ffestiniog Boy Girl	-	1 1	-	_	9 6	-	_	-	-	1 1	10 7	1 1	19
Colwyn Boy Girl	-	15 12	13 4	1 1	-	_	45(4)	40(2)	-	-	29 17	85	131
Rhyl Boy Girl	-	-	10 5	25 9	-	-	-	2(2)	21(8) 32(5)	-	35 14	23 33	105
Wrexham Boy Girl	-	_	30 26	6	- 1	-	1	55(8) 3(2)	-	-	36 27	56 3	122
Totals	27	89	88	42	18	9	58	101	53	2	264	223	487

NOTE: A further 17 adult psychiatric patients were examined at the request of doctors working in the Adult Psychiatric Services of the area (Intelligence Tests: 13; Rorschach Personality Tests: 4).

Table 9b

		1	visits —	Number	of Ch	ildren Discuss	sed
	Angl.	Caern.	Denbs.	Flints.	Mer.		Totals
School Visits	13	39	51	54	4	161	170
Visits to other Social Workers	1	-	8	-	-	9	2.0

Table 9c

		No.		lysis dealt with by	:	
Description of Tests	Total No. of Children	Intel. Tests	Extend. Testgs.	Rorschach Pers. Test	Vocatl. Guidance	Remed. Teachg.
Intelligence and						
Attainment Tests	261	261	-	-	-	-
'Extended Testing' Intel. Tests+	10	10	10	-	-	-
Remedial T'ching Rorschach Pers.	3	3	-	-	-	3
Test only Vocational Guid.	18	-	-	18	-	-
only	3	-	-	-	3	-
only	8	-	-	-	-	8
Totals	303	274	10	18	3	11

## Tables 10a and b

# Refer to work of the PSYCHIATRIC SOCIAL WORKERS.

## Table 10a

Clinic						rdians & other Social Workers				Totals			
	First Interviews Angl.   Caern.   Denbs.   Flints.   Mer.					Further Interviews Angl.   Caern.   Denb.   Flints.   Mer							
	Angl.	Caern.	Denbs.	Flints.	Mer.	Angl.	Caern.	Denb.	Fints.	Mer	First	Further	Lota
Bangor		1	1		1								
Mothers	25	39	-	-	1	37(11)	36(14)	1	-	-	65	74	
Fathers	2	1	-	-	1	21(1)	-	-	-	-	4	21	1.00
Others	-	2	-	-	-	1	3(2)	-	-	-	2	4	170
Blaenau													
Ffestining													
Mothers	-	2	-	-	2	-	-	-	-	-	4	-	
Fathers	-	-	-	-	2	-	-	-	-	1	2	1	
Others	-	-	-	-	1	-	-	-	-	-	1	-	8
Colwyn			1										1
Mothers	-	20	17	2	-	-	108(14)	71(13)	16(1)	-	39	195	
Fathers	-	1	-	-	-	-	-	1	2(2)	-	1	3	
Others	-	-	-	-	-	-	-	-	4(1)	-	-	4	242
Rhyl		1	1		1			1000000			100	100000	
Mothers	-	-	10	32	-	-	45(9)	-	143(31)	-	42	188	
Fathers	-	-	1	1	-	-		-	6(4)	=	2	6	1
Others	-	-	1	1	-	-	-	-	1	-	2	1	241
Wrexham		1	1						Farmer 1		200		
Mothers	-	-	36	4	1	-	-	177 (34)	17(3)	-	41	194	
Fathers	-	-	1	1	-	-	-	2(2)	1	-	2	3	1
Others	-	-	12	1	-	-	1	9(9)	-	1 -	13	10	263
Totals	27	65	78	42	1 8	59	193	261	190	1	220	704	924

#### Table 10b

E TOT	Number of Visits							
	Angl.	Caern.	Denbs.	Flints.	Mer.	Tota	Is	
Home Visits	11	27	109	118	-	265	314	
Visits to other Social Workers	-	1	38	10	- 1	49	314	

#### F. CONCLUSION

Once again I wish to record my gratitude to my co-workers in the service 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 work of the clinics.

At the clinics and elsewhere we have been greatly encouraged by the goodwill towards our work shown by medical specialists, family doctors, and the personnel of medical, social and community services. I am glad to have this opportunity to express to them our sincere appreciation of their co-operation and help on many occasions.

Our liaison with the Principal School Medical Officers has remained a very close one. Our work could not be carried out successfully without their constant assistance, and I am grateful for their ready help on many occasions.

Dr. J. H. O. Roberts has always been ready to discuss problems with me and to give me his advice and support. I am very conscious of my indebtedness to him.

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,

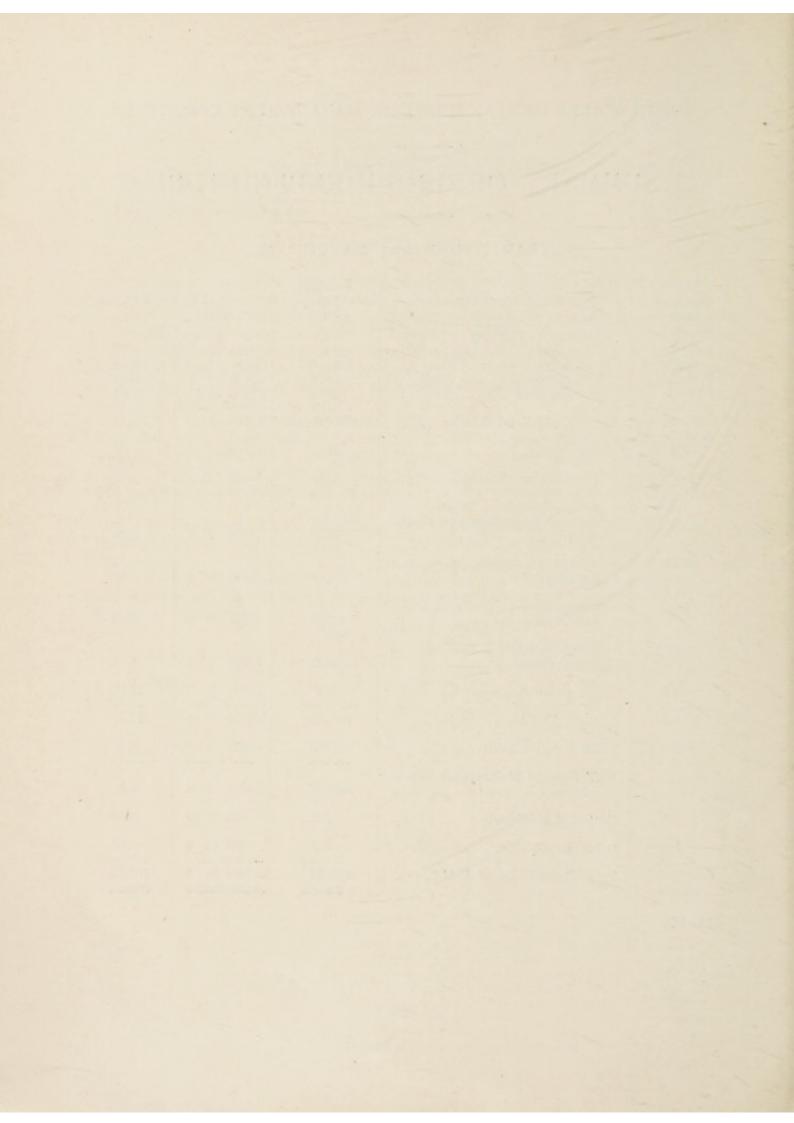
E. SIMMONS, Consultant Child Psychiatrist.

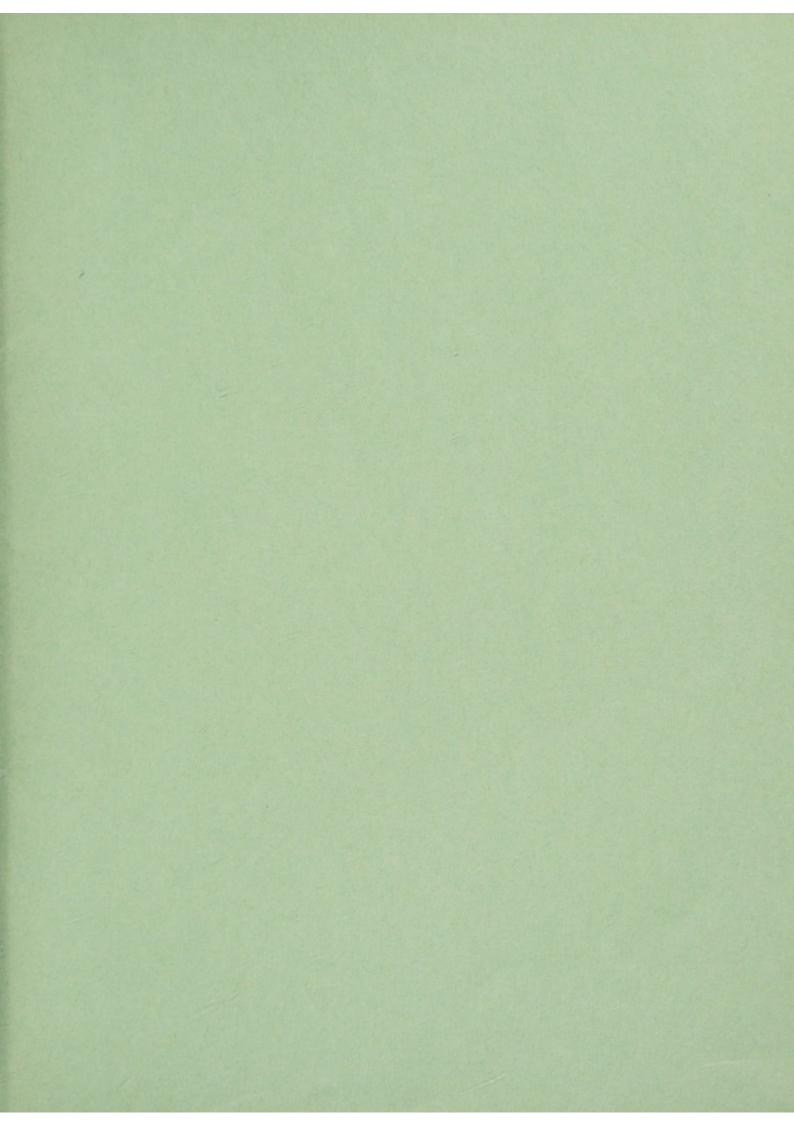
April, 1956.

# SUMMARY OF GROUP EXPENDITURE

# YEAR ENDED 31st MARCH, 1956

Approved Estimate	Heads of Expenditure	Previous Year 1954/55	Actual 1955/56	% of Total
£ 4040 135320 19246 101481	Salaries and Wages:  Medical  Nursing  Administrative and Clerical  Other Staff	£ 3945 127557 16664 93242	£ s. d. 3601 3 9 134867 13 9 18428 15 5 101993 12 10	0.77 28.83 3.94 21.80
260087	Total Salaries	241408	258891 5 9	55.34
94300	Provisions	89810	98603 4 2	21.08
13175	Uniforms and Clothing	13512	16442 12 2	3.51
7000	Drugs, Dressings, Medical and Surgical Appliances and Equip- ment	4688	6929 2 1	1.48
34580	Fuel, Light, Power, Water, and Laundry	30063	36718 7 6	7.85
22692	Maintenance of Buildings, Plant and Grounds	15139	22882 8 9	4.89
27417	Domestic Repairs, Renewals and Replacements	16929	29382 1 1	6.28
56346	All Other Expenses	56840	60277 3 7	12.88
515597	TOTAL	468389	530126 5 1	113.31
59363	LESS Direct Credits	59433	63173 1 9	13.50
456234	NET Hospital Maintenance Expen- diture	408956	466953 3 4	99.81
500	Central Administration	327	622 16 11	0.14
500	Other Expenditure	402	238 15 4	0.05
457234	Total Expenditure of H.M.C	409685	467854 15 7	100.00





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