

Annual report for the year 1958 / North Wales Mental Hospital Management Committee.

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**NORTH WALES MENTAL HOSPITAL
MANAGEMENT COMMITTEE**



ANNUAL REPORT

FOR THE YEAR

1958



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**NORTH WALES MENTAL HOSPITAL
MANAGEMENT COMMITTEE**




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WEST HAVES MENTAL HOSPITAL
MANAGEMENT COMMITTEE

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NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

Chairman:

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

Vice-Chairman:

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

Members:

Alderman D. H. WHITE, J.P., Groeslwyd, Corwen.

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

D. L. THOMAS, Esq., Bryn Melyn, St. Asaph.

D. H. GRIFFITHS, Esq., Bodlonfa, Park Street, Denbigh
(Chairman of the Finance Sub-Committee).

Councillor O. M. PRITCHARD, Tŷ Mawr, Valley, Holyhead
(who are appointed for the period ending 31st March, 1960).

Councillor ERNEST PRICE, J.P., 65 Mold Road, Wrexham.

Dr. A. W. HILL, 36 Chester Road, Wrexham.

Mrs. FRANCIS WILLIAMS, J.P., Llys Meirchion, Henllan.

Alderman JOSEPH BROOKES, J.P., Tirionfa, Rhuddlan
(who are appointed for the period ending 31st March, 1961).

Alderman O. R. E. JONES, J.P., Cafnan, Cemaes Bay
(Chairman of the Works, Engineering and Estate Sub-Committee).

Mrs. ELEANOR OWEN, Tŷ Ucha, Llanelltyd.

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

Councillor EMYR HUGHES, Awelon, Maes Du Avenue, Llandudno.

Councillor the Rev. T. ALUN WILLIAMS, Hyfrydle, Betws Gwerfil Goch
(who are appointed for the period ending 31st March, 1962).

Secretary:

SIDNEY L. FROST, F.H.A.

Finance Officer and Deputy Secretary:

D. BASIL EVANS.

Supplies Officer:

ALFRED H. LUCAS, F.H.A., A.R.S.H.

Superintendent Engineer and Clerk of Works:

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

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.
ALEXANDER CRAIG, M.B., Ch.B. (Edin.), 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. (Lond.), D.P.M.
G. S. FIDDLER, M.B., Ch.B. (Edin.), D.P.M.

Senior Registrar:

- P. HUGHES GRIFFITHS, B.Sc., M.B., Ch.B. (Wales).

Registrar:

- D. M. H. JONES, M.B., B.S. (Durham).

Junior Hospital Medical Officers:

- R. ELWY OWEN, M.B., B.S. (Lond.).
D. ALUN JONES, B.Sc., M.B., Ch.B. (Liverpool).

CONSULTANTS IN OTHER SPECIALITIES.

Pathology:

- J. T. ALBAN LLOYD, M.B., Ch.B., D.Path.

General Medicine:

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

Electroencephalography:

- ROBERT R. HUGHES, M.D. (Liverpool), 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.

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:**

ELEANOR G. GRIFFITH, S.R.N., R.M.N., R.M.P.A.(D.), S.T.D.

Chief Male Nurse:

S. G. BADLAND, S.R.N., R.M.N., R.N.M.D.

Psychologist:

AVIS M. DRY, M.A. (N.Z.), Ph.D. (Leeds).

Psychiatric Social Workers:

KATHLEEN M. JONES, B.A. (Wales).

PAULINE M. HAMMOND.

EILEEN CLARKE.

Social Workers:

CARYS M. LLEWELYN EVANS.

NEST IDWAL JONES, B.A. (Wales).

MALCOLM BAGNALL.

Senior Occupational Therapist:

G. R. WILSON, R.M.P.A., M.A.O.T.

Chief Pharmacist:

T. LLOYD JONES, M.P.S.

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.

OAKWOOD PARK HOSPITAL.

Secretary-Superintendent:

S. NEWBOULD, A.H.A., D.P.A.

Medical Officer:

H. R. G. DAVIES, M.B., Ch.B., D.P.H.

BROUGHTON HOSPITAL.

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 HALL.

Matron-Superintendent:

(Mrs.) IRENE TAYLOR, R.M.N.

Medical Officer:

K. A. BUTLER, M.B., B.S.

LLWYN VIEW, DOLGELLEY, and GARTH ANGHARAD, DOLGELLEY.**Chief Male Nurse-Superintendent, Garth Angharad:**

T. A. JONES, S.R.N., R.M.P.A.

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 Offices: BOD DIFYR, CEFN ROAD, OLD COLWYN.

Consultant Psychiatrist:

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

Registrar in Psychiatry:

J. ALED WILLIAMS, M.B., Ch.B., D.C.H.

Child Therapist:

VERONA HARRIS, B.A., M.A., Dip. Ed.

Senior Psychologist:

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

Psychologist:

H. W. A. KARLE, B.A.

Senior Psychiatric Social Worker:

JEAN M. B. SMEDLEY, B.A.

Psychiatric Social Worker:

FRANK J. HARRIS, B.A.

Research Staff:

URIEN WILLIAM, M.A., Dip. Ed. (Research Fellow).

GWYNETH ROBERTS, LL.B., Dip. Soc. Science (Research Assistant).

Tenth Annual Report of the North Wales Mental Hospital Management Committee for the Year 1958-59

The Committee have pleasure in presenting their Annual Report for the year 1958-59.

The hospitals 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	1,450 beds
Pool Park, Ruthin	105 beds
Oakwood Park, Conway	187 beds
Coed Du Hall, Rhydymwyn	80 beds
Garth Angharad, Dolgellau	74 beds
Broughton, near Chester	70 beds
Llwyn View, Dolgellau	68 beds

Out-patient clinics are situated at Bangor, Wrexham, Rhyl and Dolgellau, and Denbigh by appointment, and the Committee are responsible also for the Child Guidance Services, with headquarters at Old Colwyn, and clinics at Bangor, Blaenau Ffestiniog, Dolgellau, Holyhead, Old Colwyn, Rhyl and Wrexham.

MANAGEMENT COMMITTEE.

During the year under review the Committee have been pleased to welcome Mrs. Francis Williams, J.P., and Dr. A. Wesley Hill as new members.

Dr. D. E. Parry-Pritchard, of Caernarvonshire, and Dr. M. T. Islwyn Jones, of Denbighshire, have continued to attend the monthly meetings as representatives of the Medical Officers of Health of the five North Wales counties, and the Committee are most grateful to them for their valuable advice and guidance. The attendance of representatives of the County Medical Officers of Health in this way has provided a link between the Hospital Management Committee and the Local Health Authorities.

Regular monthly meetings of the full Committee have been held throughout the year, normally at Denbigh, the June meeting being held at Garth Angharad Hospital, Dolgellau, in accordance with the Committee's practice of holding one of their meetings at a mental deficiency hospital.

The local House Committees have met at the mental deficiency hospitals from time to time as necessary, and the Committee again wish to express their thanks to those Committees and to the members individually for the personal interest taken in the intimate affairs of the hospitals and of the patients and staff. Excellent public relationship and local interest has been fostered by these House Committees.

In accordance with the requirements of Section 188 of the Lunacy Act, 1890, members of the Hospital Management Committee have made regular visits at the Mental Hospital and members of the House Committees attend at the mental deficiency hospitals.

PATIENT STATISTICS.

Details of the patient population at the Mental Hospital are contained in the Medical Superintendent's Annual Report, and the mental deficiency hospitals are dealt with in the report of the Visiting Consultant Psychiatrist to those hospitals.

At the Mental Hospital the numbers show a further decrease this year from 1,468 to 1,439, but at the mental deficiency hospitals there is an increase of 23 to 481. At Coed Du Hall it was necessary to reduce the number of beds from 86 to 80 to provide further accommodation for staff, and at Garth Angharad 12 beds have been added by converting the former Superintendent's flat into dormitory accommodation.

The numbers of patients on the books of the Mental Hospital at the beginning and the end of the year 1958 are as follows:—

	Male	Female	Total
At 31st December, 1957	725	743	1468
At 31st December, 1958	716	723	1439

At the mental deficiency hospitals the numbers on the books are as follows:—

	Oakwood Park	Garth Angharad	Coed Du	Brough- ton	Llwyn View	Total
At 31st December, 1957	179	63	85	65	66	458
At 31st December, 1958	193	75	79	67	67	481

CHILD GUIDANCE SERVICE.

The Child Guidance Service, under the direction of Dr. E. Simmons, the Consultant Child Psychiatrist, continues its work in the five counties, and a detailed report by Dr. Simmons is to be found elsewhere in this report.

Recent statements by the Minister of Health and the Minister of Education make it clear that they consider it most important that, in the field of child health, hospital and specialist services should work in close liaison with those of the School Health and the Local Education Authorities. The Principal School Medical Officers have always shown their keen interest in the work of the clinics and have supported the staff's endeavour to enlarge their field of usefulness. With the establishment, a few years ago, of the school psychological service, a further important step was taken in securing close co-operation between the Management Committee and the Local Education Authorities. The policy of consultation with other authorities and action in the joint interest of all concerned has continued, and the clinics

have therefore gone a long way towards meeting many of the recommendations of the Ministries.

It might be appropriate to quote from the Report of the Chief Medical Officer of the Ministry of Education for the years 1956 to 1957, where, under "Child Guidance Service—Clinic Provision," we read:—

"As with some other services it is difficult to provide adequate facilities in rural areas, but it is encouraging to find that ways are being found of meeting their needs. The North Wales Child Guidance Service is an excellent example of a well organised and co-ordinated set-up . . ."

The statistics show that there has been a further rise in referrals and in total attendances at the clinics. Two vacancies on the establishment of four Psychiatric Social Workers could not be filled and the Post of Psycho-Therapist was open for six months. The resulting difficulties could be overcome only in part by repeated changes in the staffing of clinics, always an undesirable procedure.

Recently the Committee were informed by the Regional Hospital Board that the financial resources needed for the acquisition and running of a residential unit for maladjusted children were now available. This news was most welcome and encouraging as the establishment of such a unit would fill an important gap in the present facilities for diagnosis and treatment. Search for suitable premises is now being made.

The Regional Hospital Board have been reminded that they agreed some years ago to the appointment of an additional senior psychiatrist. This appointment has not been made and it must be clear that no additional responsibilities can be undertaken on the existing strength. The position should perhaps now be reviewed as the staffing needs of the in-patient unit and its integration into the service as a whole will have to be considered.

The three-year research project, which aims at the development of a fully standardised intelligence test for Welsh-speaking children and which started on 1st September, 1957, has got well into its stride. A considerable amount of work has been done in the schools of the area and the staff appreciate the courtesy and consideration with which they have been received everywhere. It appears justifiable to conclude now that the work can be carried through satisfactorily, and both the main work and a number of by-products of it should be of considerable value, not only to the clinics but also to other authorities concerned with the care and education of children.

CHARITIES.

Plans for the proposed new sports pavilion, to be erected on the land owned by the Trustees and let to the Hospital Management Committee for playing field purposes, have been decided upon, but acceptance of a tender has been deferred pending agreement between the Trustees and the Charity Commission on the one hand and the Regional Hospital Board and the

Hospital Management Committee on the other, on the question of rental. Advice as to rental is being obtained from the District Valuer and an independent valuer representing the Charity. Grants have been made throughout the year to persons in need of financial assistance.

FINANCES.

A summary of group expenditure and income during the year 1958-59 is given elsewhere in this report.

The cost of maintaining the hospitals in this group has again increased during the year. Expenditure 1957-58 totalled **£601,275**. The total allocation approved for 1958-59 totals £641,628. The cost of salary awards was £3,602 and a further £12,000 was allocated at revised estimate stage to meet the cost of increased recruitment of nursing staff. Additional money amounting to £12,900 was made available for expenditure on maintenance of buildings, plant and grounds and also domestic repairs and renewals.

During the year the Ministry published Hospital Costing Returns for Service during 1957-58 based for the first time on the revised costing system. The costs of the hospitals in this group are as follows:—

Net In-Patient Cost per Week 1957-58			
		Regional Average	National Average
	£ s. d.	£ s. d.	£ s. d.
Mental Illness:			
Denbigh	6 8 5	6 7 9	6 8 9
Mental Deficiency:			
Oakwood Park	7 17 6	5 18 8	6 2 3
Coed Du	4 9 10		
Broughton	4 7 1		
Llwyn View	5 6 7		
Garth Angharad	5 19 1		

Owing to the alterations in the basis of costing, the above figures are not comparable with previous years but they give valuable comparisons between hospitals and will form a more reliable basis for future years.

Hospital Endowments Fund.

The income of this fund was maintained at approximately the same level as previously. **£1,168** was received from the central Endowments Fund under Section 7 of the National Health Service Act, 1946, and **£1,375** was allocated by the Welsh Regional Hospital Board under Section 59. The Committee were enabled to have erected an Occupational Pavilion at Gwynfryn, and an extension to the existing Canteen, by making contributions of £4,000 and £627 respectively from the accumulated balance of the fund. Amounts totalling £2,340 were spent on Patients and Staff Amenities.

Area Nurse Training.

The expenditure on this heading was approved at £1,082, which was £82 less than the sum applied for, and the purchase of certain equipment had to be postponed. The estimates on this account are very rigorously pruned and though authority was given to the increase in the establishment by one assistant tutor, the appointment could not be made as funds were not available.

SUPPLIES.

A number of meetings of the new Joint Contracting Committee have been held for the purpose of dealing with certain commodities jointly for the four Hospital Management Committees in the North Wales area. So far, bedding and linen, protective clothing, crockery and hardware, and glassware are being successfully dealt with.

The Final Report of the Committee on Hospital Supplies, published during the year, has proved interesting and helpful, but it did not appear to the Committee that the recommendations of the Report called for any changes in their existing supplies arrangements. The Report recommends joint contracting ventures similar to the one embarked upon by the Committee and it has been decided to extend the service wherever possible. The Report also suggests that Hospital Management Committees should link up with local authorities for joint contracting purposes, and that possibility, together with other recommendations in the Report, is being considered.

WORKS.

The modernisation of the Mental Hospital and improvements at the mental deficiency hospitals has continued, and the Committee are grateful to the Regional Hospital Board for the considerable financial provision made for Capital schemes during the year.

The Committee's aim in recent years has been to raise the standard of accommodation to the high level required for modern treatment and, in particular, much has been done to improve and extend the ward sanitary arrangements. A complete new central heating system has been installed. A new cinema projection room has been built and alterations have been carried out at the disused General Bathroom to provide a Central Linen Store.

Extensive repairs have been carried out to corridors and wards where old floors have been relaid in tiles of bright and pleasing colours.

A large programme of redecorations has been accomplished at all the hospitals by direct labour and by contract and care has been taken to brighten the wards by the use of light and cheerful colour schemes.

FARM.

Land surplus to requirements for purely hospital needs has been sold or let and farming operations have now ceased. Patients previously employed on the farm are now occupied in the kitchen garden and on the ornamental grounds, where extended activities are taking place.

OAKWOOD PARK.

The new Oakwood Park Hospital for mental defectives has very successfully completed its first full year and the Committee are satisfied that the hospital is developing on sound lines, serving as a good foundation for the various stages of development ahead.

Derelict outbuildings have been renovated, providing workshop and school accommodation. Private houses for the Secretary-Superintendent and the Chief Male Nurse have been secured by repairing houses that had not been included in the original scheme of adaptations.

The Regional Hospital Board are actively concerned with the planning of the second stage of development and the Committee understand that a large building programme can be expected to commence in 1960.

STAFF.

During the year the following long service employees have retired on Superannuation:—

J. W. Jones	...	...	Messman	...	...	...	...	...	38 years
John Evans	...	...	Farm Bailiff	...	...	...	...	...	46 years
Henry Vaughan	...	...	Assistant Nurse	...	...	...	...	...	17 years
Percy Lewis	...	...	Charge Nurse	...	...	...	...	...	33 years
H. R. Vaughan	...	...	Charge Nurse	...	...	...	...	...	33 years
William Hughes	...	...	Laundryman	...	...	...	...	...	21 years

The Committee regret to record the passing away of Mr. Owen E. Griffiths, Assistant Nurse (19 years' service), and Dr. Olive F. Sydenham, Junior Hospital Medical Officer (8 years' service).

CONCLUSION.

Finally, the Committee wish once again to express their appreciation of the excellent services rendered by all members of the staff throughout the Group. The Committee have been most pleased to observe during their visits to the hospitals the happy and free and easy personal relationship between staff and patients and they feel sure that the homely atmosphere that exists can do more to help the patients in a mental hospital than any other single factor.

April, 1959.

DAVID TUDOR,
Chairman.

**NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL
DISORDERS, DENBIGH.**

Medical Superintendent's Annual Report, 1958

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.

At the time of writing this report, a new Mental Health Bill is before Parliament and, unless unforeseen circumstances intervene, a new Act should be on the statute book by the end of the year.

The last piece of legislation in our field was the Mental Treatment Act of 1930, and the generation which has since passed has seen many of the developments made possible by the Act, and the present may be an opportune moment to review them insofar as they have touched this hospital. They have included fundamental changes not only in our methods of caring for the mentally ill but also in the community's attitude to mental hospitals.

Among the minor changes brought about by the 1930 Act was a change in our title from asylum to hospital. At the same time, our patients ceased to be "pauper lunatics" and became rate-aided persons of unsound mind (in 1948 to be again re-named Health Service patients). However, the really revolutionary measures of the Act were those enabling mental hospitals to receive voluntary patients and to establish out-patient clinics. Previously, all admissions were required to be by judicial order, usually that of a magistrate, and patients were rarely seen before admission by the hospital medical staff, whose activities were limited to within its walls.

Perusal of the graphs which follow show that, since 1930, the annual admission rate of the hospital has increased six-fold. Last year, 1,224 patients were admitted, of whom 1,067 came in voluntarily, while 157 were certified. This increase in our admission rate has not been due to any increase in mental illness in North Wales but to the fact that many people who would formerly have hesitated to enter a mental hospital now do so. They mostly suffer from mild or early forms of breakdown. They come primarily because the community is now aware of the beneficial results of the new methods of treatment of mental illness now available. They also come because the amenity standards of the hospital are no longer based, as formerly, on the old poor law tradition but measure up to those of the general hospitals. Above all, they come in because they can do so voluntarily.

Permission to establish out-patient clinics was the second great measure in the 1930 Act, and for the first time psychiatric services became available outside the walls of the mental hospital. A logical extension of the clinic ser-

vice was the taking of psychiatric treatment and advice into the patient's own home. This was first provided during the war years by the Committee's psychiatric social workers. In 1948, when the National Health Service Act was passed, financial arrangements were made with the five county health authorities for a joint after-care service. At the same time, a Domiciliary Specialist Service came into being which enabled the patient's own doctor to call a psychiatrist into consultation with him at the patient's home.

Thus, side by side with the increasing use of the mental hospital by the community, there has been a definite trend for psychiatry as a whole to develop outward from the mental hospital to the general hospital and finally to the patient's own home. This trend, set off in 1930 by the Mental Treatment Act, received encouragement in 1948 when the National Health Service Act came into being. It is likely to receive further impetus if the Bill at present before Parliament becomes law.

Graph I.—Total Population of the Hospital.

In assessing the following graphs, regard must be had to the fact that population of the catchment area increased by 10 per cent. during the intercensal period 1931-51, and is probably still going up.

Curve A shows that the total population of the hospital fell by 30. The transfer of 13 patients to mental deficiency hospitals contributed to but was not entirely responsible for this reduction in the number of our patients, and a gratifying trend in this curve has now been apparent over the last three years.

Curve B shows that the number of patients under 65 fell by 12.

Curve C shows that the number of patients resident over the age of 65 has fallen by 19. This year is the first in nine to show a dip instead of a rise in this curve. The cause is not entirely clear, for the admission rate in this age group is not substantially lower, nor the death rate substantially higher, than last year. For some reason not readily apparent fewer than usual of our own long-stay patients have moved into the older age group.

Graph II.—Admissions and Discharges.

The number of direct admissions has again risen, but not so steeply as in previous years. It is matched by a proportionately greater increase in the number discharged during the year.

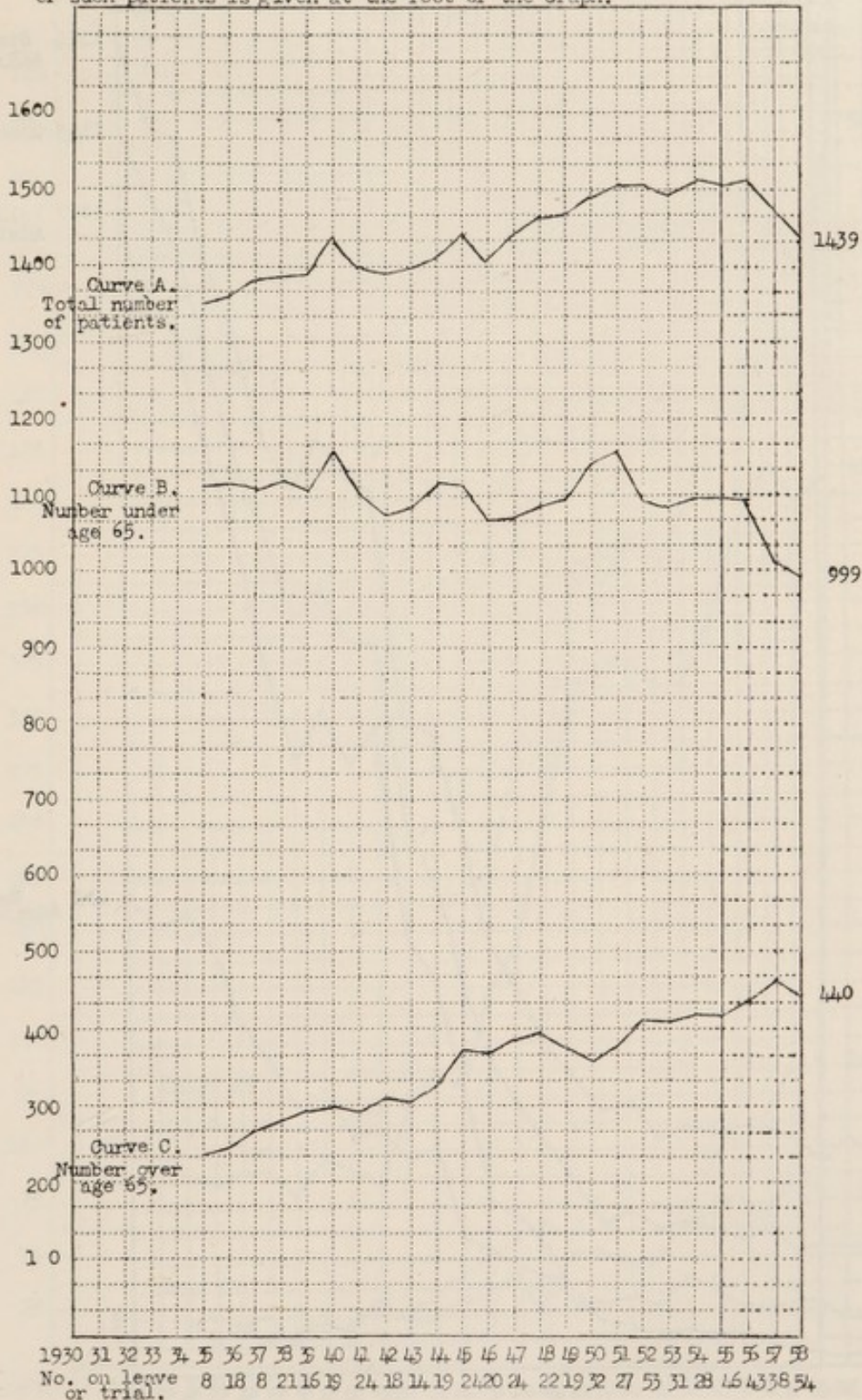
In terms of figures, the admissions were up by 80 and the discharges by 61. The discharges included 13 mental defectives transferred to M.D. hospitals where appropriate accommodation had become available.

The proportion of voluntary admissions was 86.9 per cent. of all admissions.

GRAPH I.

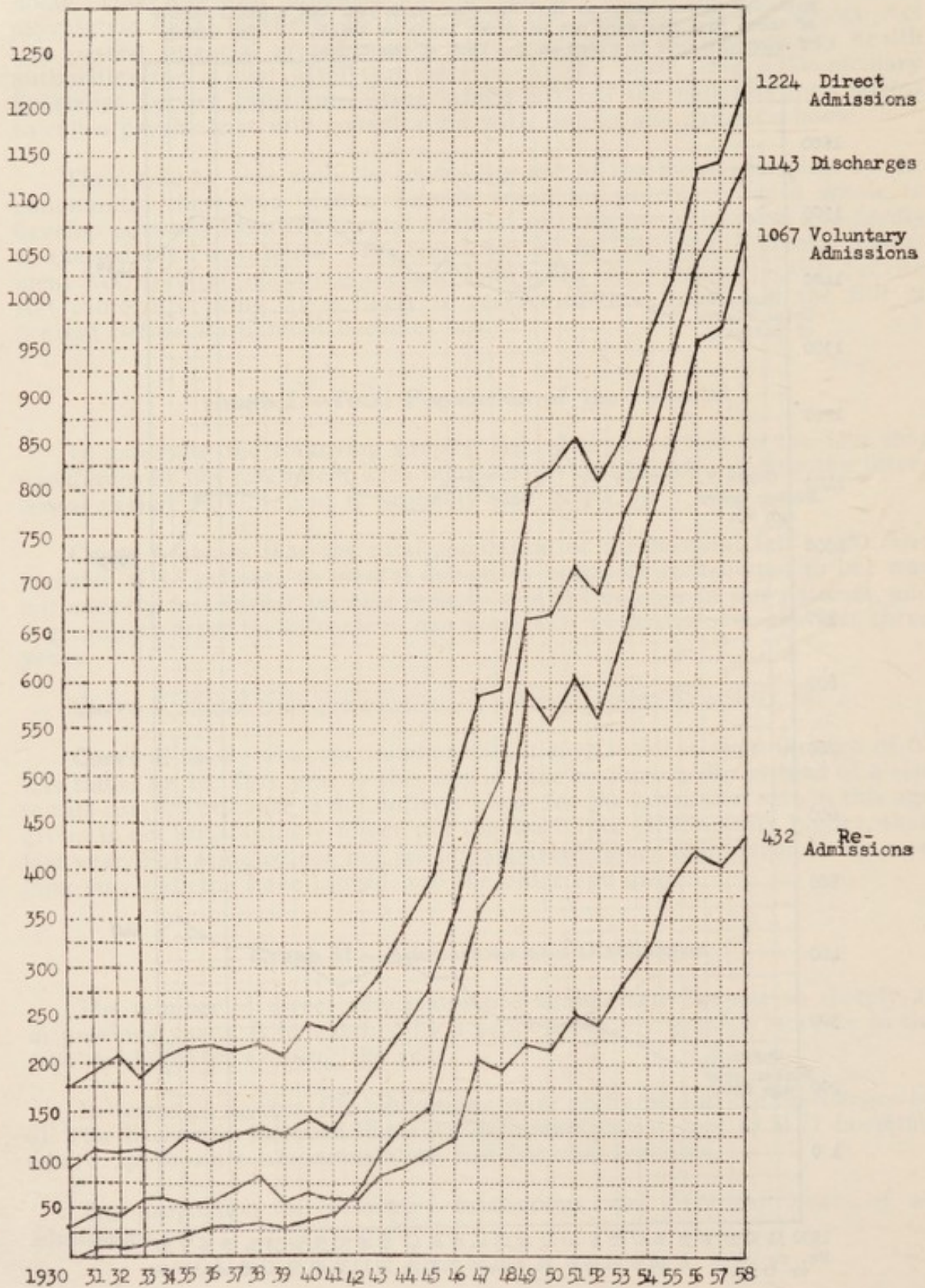
HOSPITAL POPULATION.

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.



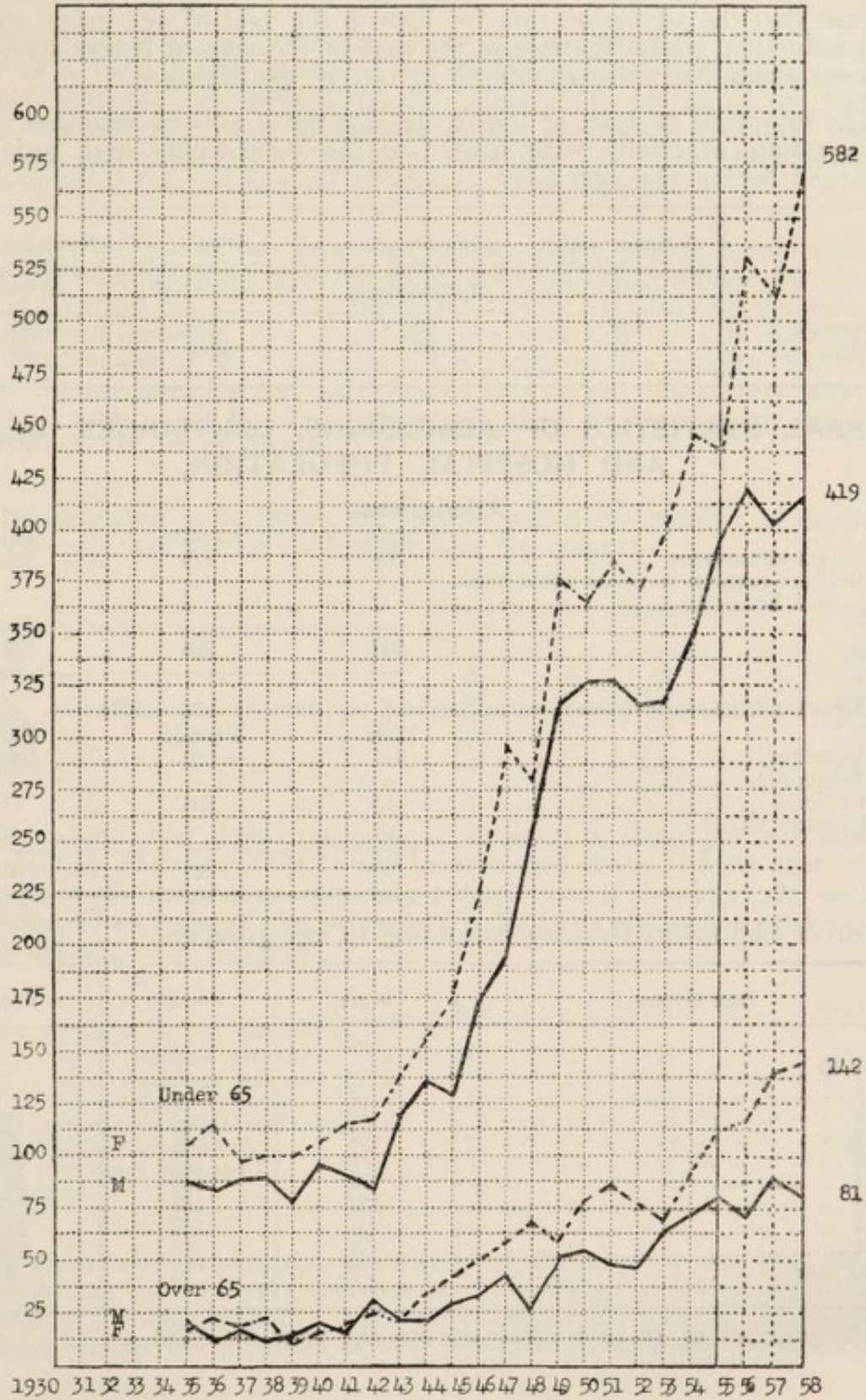
GRAPH II.

ADMISSIONS AND DISCHARGES.



GRAPH III.

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



Graph III.—Admissions Classified in Two Main Age Groups.

This gives a picture of admission trends in terms of age and sex. It will be noted that the admission rate for men in the over-65 age group shows a slight reduction, whilst the rise in the case of the women is less steep than in recent years. That this should be so is very gratifying.

The following analysis of the figures for those over 65 admitted in 1957 is interesting, especially with regard to the surprisingly high proportion discharged during the year:—

	Number aged over 65 admitted in 1957	Discharged within one year of admission	Died within one year of admission	Remaining in hospital at end of year
Female	139	96	17	26
Male	87	50	10	27

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

Admissions.

	Male	Female	Total
Direct admissions	500	724	1224
Indirect admissions from other mental hospitals	2	2	4
	502	726	1228

Direct admissions classified according to form of admission:—

	Male	Female	Total
Voluntary... ..	447	620	1067
Temporary	—	—	—
Certified	53	104	157
Urgency Order	—	—	—
	500	724	1224

Direct admissions classified according to age groups:—

Age Group	Male	Female	Total
Under 10	—	—	—
10—15	2	1	3
16—19	15	15	30
20—24	22	27	49
25—34	75	115	190
35—44	110	130	240
45—54	102	151	253
55—64	95	142	237
65—74	51	85	136
75 and over	28	58	86

The number of re-admissions during the year was 432.

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 was 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 three 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 of which the number of Section 20 cases received has grown during the last few years:—

	Male		Female		Total
1952	2	...	—	...	2
1953	15	...	10	...	25
1954	40	...	61	...	101
1955	84	...	111	...	195
1956	102	...	153	...	255
1957	123	...	187	...	310
1958	126	...	231	...	357

The table below shows the mode of disposal of those patients admitted under Section 20 during 1958. It will be seen that about 51.5 per cent. 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	69	...	115	...	184
(b) Temporary patients	—	...	—	...	—
(c) Certified patients	21	...	68	...	89
(2) Admitted to other mental hospitals	2	...	3	...	5
(3) Discharged home	25	...	32	...	57
(4) Otherwise disposed of	1	...	7	...	8
(5) Died	8	...	6	...	14

As mentioned previously, 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, again express 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 89 cases requiring to be certified were as follows:—

Anglesey: 9. Caernarvon: 22. Denbigh: 19. Flint: 35. Merioneth: 4.

Discharges.

	Male	Female	Total
Recovered	174	329	503
Relieved	243	316	559
Not improved	46	35	81
	463	680	1143

Transfers to other mental hospitals: Nil.
Discharge rate on direct admissions: 93.4%.

Deaths.

	Male	Female	Total
Under 65	12	10	22
65 and over	36	56	92
	48	66	114

The death rate was 8 per cent. of the average number resident.

Post-mortem examinations were conducted in 53 per cent. of the cases.

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

Hospital Population.

	Male	Female	Total
Number of patients on hospital registers on 31st December, 1957...	725	743	1468
Number remaining on 31st December, 1958:—			
Voluntary	203	167	370
Temporary	—	—	—
Certified	513	556	1069
	716	723	1439

Forty-nine patients are classified as Ministry of Pensions Service cases.

ACCOMMODATION OF THE HOSPITAL.

	Sleeping		Day	
	Male	Female	Male	Female
Statutory Accommodation	628	602	567	609
Number of patients on register on night of 31/12/58	716	723	716	723
Deficiency of Accommodation... ..	88	121	149	114
Percentage overcrowding	14%	20%	26%	19%

Note.—The statutory accommodation is the accommodation of the hospital calculated in accordance with rules laid down by the Ministry of Health.

THE GENERAL HEALTH OF THE HOSPITAL.

The health of the patients generally has been satisfactory.

Pulmonary Tuberculosis.

Again this year only one patient died from pulmonary tuberculosis compared with 2 in 1956 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, 17 required B.C.G. vaccination during 1958.

NURSING STAFF.

Table I.

	31/12/51		31/12/53		31/12/55		31/12/57		31/12/58	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Qualified Mental Nurses ...	71	13	75	17	70	19	65	19	58	23
" " also S.R.N.	10	3	7	4	6	4	10	4	11	3
Student Nurses	15	36	9	24	11	13	24	17	26	24
Nursing Assistants	32	27	37	34	37	40	34	33	33	40
Part-time Nurses (in terms of whole-time):										
Qualified	—	27	—	28	—	45	—	7	1	6
Assistant	—	—	—	—	—	—	—	57	—	48
	128	106	128	107	124	121	133	137	129	144
Nursing Cadets	—	—	—	—	—	—	2	2	6	3
Ward Orderlies	1	7	7	10	8	17	11	14	12	10

Table II.—Strength of Trained Female Staff.

	Whole-time	Part-time
December, 1944	33	—
" 1945	27	—
" 1946	23	—
" 1947	27	—
" 1948	24	—
" 1949	20	—
" 1950	16	3
" 1951	16	2
" 1952	16	6
" 1953	21	6
" 1954	21	8
" 1955	23	8
" 1956	24	9
" 1957	23	13
" 1958	23	10

Table III.—Annual Intake of Student Nurses.

	Female	Male
1946	25	6
1947	40	5
1948	32	5
1949	32	5
1950	14	2
1951	17	2
1952	16	5
1953	17	10
1954	6	8
1955	6	6
1956	14	8
1957	6	15
1958	18	15

The above tables show that there has been an increase in the numerical strength of the female nursing staff. On the male side, there has been a slight fall due to there having been more retirements than usual during the year.

It is gratifying to note that the student nurse intake has increased on the female side. On the male side, the improvement noted in 1957 has been maintained.

The number of trained female staff is again up; a proportion, however, is part-time and therefore not normally in a position to take charge of wards. For this reason, a number of deputy sister posts remain unfilled.

TREATMENT OF MENTAL ILLNESS.

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

- 1—Measures directed to improving the patient's general health.
- 2—Measures directed to re-educating the patient. These include advice, psychotherapy, 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:—

- (i) **Electric Convulsive Therapy:** This is applied by passing an electric current through the brain.
- (ii) **Insulin:** In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilising lower doses also proves beneficial.
- (iii) **Prefrontal Leucotomy:** This is a surgical procedure whereby nerve fibres passing from the frontal lobes to other parts of the brain are divided.
- (iv) **Tranquilliser Therapy:** The so-called tranquilliser drugs have received considerable publicity of late. Although unpredictable in their likely results in individual cases, they greatly benefit many patients and sometimes produce dramatic results. They are especially valuable in schizophrenic and disturbed senile states. While we have tried out most of the tranquillising drugs available, so far largactil (chlorpromazine) has proved the most useful for our particular patients.

The following table shows the number treated by various physical methods during 1958:—

	Male	Female	Total
Electric Convulsive Therapy	236	249	485
Modified E.C.T.	190	227	417
Deep Insulin	12	4	16
Modified Insulin	38	47	85
Abreaction Techniques	10	2	12
Leucotomy	8	6	14
Narco-Analysis	2	—	2
Tranquilliser Therapy	521	563	1084

Leucotomy Cases.

The following is the analysis of the results in all cases operated upon between April, 1942, and December, 1958:—

	Male	Female	Total
Total number of cases	157*	130	287
Discharged "Recovered" or "Relieved"	93	77	170
Improved in hospital	46	35	81
Unchanged	32	22	54
Died as a result of operation	5	7	12
Discharged but since relapsed	25	15	40

*Includes 8 cases who have been operated on 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 operating theatre, and 14 operations were carried out during 1958.

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 Specialties other than Psychiatry.

Specialty	Consultant's Name	Frequency of attendance	No. of patients seen in 1958
General Medicine	Dr. G. H. T. Lloyd	Weekly	223
Tuberculosis	Dr. J. F. Durrans	As required	152
General Surgery	Mr. D. I. Currie	As required	110
Ophthalmology	Mrs. E. M. Brock	Monthly	170
Ear, Nose and Throat Surgery	Mr. R. D. Aiyar	Monthly	58
Neurosurgery	Mr. A. Sutcliffe Kerr ...	As required	62

Dental Department.

Mr. Charles Hubbard, the visiting dental surgeon, gives two sessions each week. All patients requiring treatment are seen as soon as possible after admission and their teeth put in order.

During the year 1958, 1,289 patients were examined. Extractions were carried out in 356 cases; 86 patients had teeth filled; 58 were provided with dentures; and 36 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 hospital. 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.

A new project has been the assembly of bedside lockers from pre-fabricated parts. A room, previously in use as a dormitory, has been set aside for patients doing this work. At Pool Park, arrangements have been made with a firm of fruiterers for the repair of their broken crates at market rates.

SPECIAL METHODS OF INVESTIGATION.

Pathological Laboratory.

The units of work done during the year 1958 amounted to 4,242.

X-Ray Department.

During 1958, the following examinations were made:—

	Patients		Staff		Total
	Male	Female	Male	Female	
Chest	307	275	69	134	785
Skeleton	130	230	27	12	399
	437	505	96	146	1184

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

Department of Psychology.

Dr. A. M. Dry reports as follows: "The basic, though not the only, function of this Department is to provide assessments of intelligence and personality through the use of standard tests with interview. Its work during the twelve months 1st December, 1957, to 30th November, 1958, may be reviewed under five headings: In-patients, Out-patients, Mental Deficiency cases, Nursing Staff, and Other Activities.

"In-patients: Patients seen in hospital totalled 143 (vs. 135 in 1957). Of these, 42 were seen primarily for intelligence testing (vs. 44 in 1957), 8 for brief assessments of personality, and 92 (vs. 91 in 1957) for intensive personality and/or diagnostic testing after assessment of the intellectual level. Figures for the two years have, therefore, remained remarkably uniform. As would be expected, the greater part of the testing (about 75 per cent.) is done with early admissions. Here the main development has been a modification, after completion of the two-year period, of the referral pattern on the male side—the majority of patients at the Reception Unit now being seen briefly by the psychologist and given tests which they can then do by themselves, problem cases being selected at a Ward Conference each week.

"Out-patients: Eleven patients have been seen (vs. 8 in 1957), 5 for intelligence testing, 6 for personality or diagnostic assessments. Although it remains more usual for out-patients to attend at the hospital, several visits have been made this year to the Out-patients Clinics. These suggest that out-patients are often able to co-operate more fully than in-patients, so that the experiment might well be tried of staffing one of the Clinics with a psychologist in addition to psychiatrist and P.S.W. as at present.

“Mental Deficiency Cases: Since a backlog of cases was covered in 1957, assessments here have been fewer (23 in 1958 vs. 45 in 1957). While all enquiries from the older institutions have been met, a psychologist whose main work lay in this field could contribute far more to their life. Our own setting, however, continues to grow, so that further specialisation is almost inevitable. At Oakwood Park, I am indebted to Mr. Karle, of the Child Guidance Clinic, who has had previous experience of deficiency work, for helping with tests.

“Nursing Staff: Routine intelligence testing has been continued for male nursing applicants (22 in 1958 vs. 25 in 1957). Developments have been the extension of this work to the female side (6 applicants) and the co-opting of the psychologist on occasion at interview. Results have been discussed with the nursing officers in the light of their subsequent experience, so that we are fairly clear on the intellectual standard required, though unfortunately we still know very little about selection for personality qualities.

“Other Activities: We were pleased to welcome our first psychology student, from Bangor, during the summer.”

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. In 1956, a new 8-channel electro-encephalograph by Ediswan was installed in place of the old instrument which had become obsolete, and last year a wave analyser, also by Ediswan, was added to the Department's equipment.

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.

I would once again express my appreciation of the kindness of Dr. Robert R. Hughes, of Liverpool, who visits us periodically to report on the more obscure records and to advise us generally on the work of the Department, and I am also grateful to the Liverpool Regional Hospital Board, who have placed at our disposal the services of their Chief E.E.G. Technician, Mr. Banks, who visits us every fortnight.

During 1958, the Department dealt with the following cases:—

	First Attendance	Repeat	Total
In-patients at North Wales Hospital	207	79	286
From Phychiatric O.P. Clinics	67	22	89
From N.W. Child Guidance Clinics	1	—	1
From Paediatric Consultants	69	49	118
From Consultant Physicians	290	43	333
Total	634	193	827

SOCIAL LIFE OF THE PATIENTS.

Religious Services.

Services at the Hospital Chapel are conducted alternately in Welsh and English by the Church of England and Nonconformist Chaplains. They are held at 9 a.m. and 2.45 p.m. on Sundays and at 9 a.m. on Wednesday and Fridays. A prayer meeting is also held 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 the community.

Work in the grounds of the hospital is ideally suited to the patients and offers a variety of tasks. It will be recalled that, last year, a new cricket pitch was constructed on the banks of the Ystrad and it proved possible to play matches on it towards the end of the season. At about the same time, the new crown bowling green came into use. Work is now proceeding on new ward gardens for the women's wards.

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 of varying value.

Patients who have no income from other sources are allowed up to 10/- 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.

Patients' Library.

The hospital library service is operated by the Red Cross Society, whose librarians visit all wards weekly and give an excellent service.

Trolley Service.

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

Hairdressing Saloon.

There is a Ladies Hairdressing Saloon, which provides permanent waves and sets and is staffed by two hairdressers. So far, we have been unable to provide a hairdressing saloon for the men, but a full-time barber attends to patients in the wards.

Summer Holidays.

This year, 10 men and 10 women patients each had a week's holiday at Rhyl at a boarding house. The holiday proved a great success and it is hoped that the numbers will be extended next year.

Recreation.

All wards are now provided with television and wireless.

Deputy Charge Nurse J. R. Roberts has been seconded to take charge of the men's social and recreational activities. Physical training classes have been introduced, and football, cricket and other sports stepped up. In July, Mrs. Gabriel joined the staff as a P.T. instructress and all suitable women patients now attend weekly classes for physical exercises and games.

Every Wednesday there is a patients' dance in the main hall, and every Monday evening a cinema show. During the winter months, whist drives, social evenings and billiard tournaments are held. Twenty concerts were presented during the year, including three 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.

We are again indebted to the W.V.S. In addition to the trolley service mentioned above, they run a weekly social for convalescing short-stay patients and a Darby and Joan Club for the more elderly. Both ventures are a great success.

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. That at Mold was opened by Dr. Craig on 18th September and is already proving of great value, not only because of its convenience to patients in the area, but also through the relief it gives to the heavy Wrexham clinic.

Bangor	Caernarvonshire & Anglesey Hospital	Every Tuesday afternoon. 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.
Mold	Cottage Hospital	Every Thursday afternoon.
Denbigh... ..	North Wales Hospital	By appointment.

Table of Attendances 1958.

	First Attendance			All Other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor	219	235	454	223	374	597
Dolgelley	12	11	23	32	26	58
Rhyl	144	162	306	211	550	761
Wrexham	206	246	452	473	844	1317
Mold	12	20	32	14	39	53
Denbigh	30	32	62	113	104	217
Total	623	706	1329	1066	1937	3003

The following are the figures of total attendances at all adult clinics during the past 15 years:—

1944	304	1951	2295
1945	461	1952	2878
1946	576	1953	2815
1947	830	1954	3630
1948	1167	1955	3990
1949	1224	1956	4150
1950	1778	1957	4263
		1958	4332

(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 1958 was:—

Male: 57	...	Female: 116	...	Total: 173
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(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: 33	...	Female: 57	...	Total: 90
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(4) Examination of cases referred by the Courts under the provision of the Criminal Justice Act, 1948.

During 1958, these numbered as follows:—

Male: 14	...	Female: Nil	...	Total: 14
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(5) Psychiatric Social Work Department.

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

Staff: At the commencement of the year the staff consisted of two Psychiatric Social Workers, Mrs. Iolo Jones and Miss Eileen Clarke, and two Social Workers, Miss Carys M. Llewelyn Evans and Miss Nest Idwal Jones. In August, Miss P. M. Hammond rejoined the Department after a year's study leave for the Advanced Course at the Tavistock Clinic. At the end of August Miss Llewelyn Evans left in order to take the year's training in Psychiatric Social Work at Manchester University, and Miss Idwal Jones left to marry. In October, Mr. Malcolm Bagnall (Diploma in Social Science, Swansea University College) was appointed.

Note: A Psychiatric Social Worker is one who holds both a Social Science qualification and a Certificate in Psychiatric Social Work, i.e., a fully-qualified member of the staff.

A Social Worker has the Social Science qualifications only. Usually Social Workers go on to take the Course in Psychiatric Social Work at an appropriate University after a preliminary training in the field.

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. Mrs. Iolo Jones and Miss P. M. Hammond both serve on Disablement Advisory Committees, Mrs. Jones at Wrexham and Miss Hammond at Blaenau Ffestiniog.

Students: Psychiatric Social Work students—Manchester University, 4 students; Liverpool University, 1 student.

Social Science students—London School of Economics, 2 students; Manchester University, 1 student; University College, Cardiff, 1 student.

"These students come to the Department for periods of practical experience ranging from three months to a fortnight."

The following table gives details of work done with adults during 1958. The services rendered are indicated as follows:—

HV—Home Visit.
OV—Other Visit.
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 receives payment from the Local Authority concerned.

Class I.: This Class includes patients who are in hospital and 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.

County	In-patients			Out-patients			Total
	HV.	OV.	I.	HV.	OV.	I.	
Anglesey	17	9	4	14	2	3	49
Caernarvon	100	22	49	53	7	8	239
Denbigh... ..	95	36	40	140	18	66	395
Flint	87	39	64	195	25	187	597
Merioneth	16	8	9	8	1	—	42
Other Counties	—	5	1	1	1	—	8
	Total ...						1330

Class II.

County	In-patients			Out-patients			Pre-care			Total
	HV.	OV.	I.	HV.	OV.	I.	HV.	OV.	I.	
Anglesey	25	2	2	2	—	1	—	—	—	32
Caernarvon	118	21	15	67	3	3	—	—	—	227
Denbigh	129	20	13	90	1	23	17	9	1	303
Flint	72	18	23	41	7	30	—	—	—	191
Merioneth	14	4	1	10	2	3	2	—	—	36
Other Counties	1	—	1	—	—	—	—	—	—	2
	Total ...									791

Grand Total Class I. and Class II.: 2121.

SENIOR STAFF CHANGES.

It is with profound regret that I have to report the death of Dr. Olive F. Sydenham on 4th December. Dr. Sydenham was appointed a J.H.M.O. in September, 1950, and throughout her service here was in charge of the men's long-stay wards. There she endeared herself to her patients, for whom she worked tirelessly and devotedly.

During the year, Dr. M. E. S. McKenzie relinquished her post as J.H.M.O. Dr. R. Elwy Owen and Dr. Alun Jones were appointed as J.H.M.O.s. Both are Welsh-speaking.

On the nursing side, Miss C. Harris was appointed Deputy Matron and Miss V. Edwards, Senior Assistant Matron; and Mr. Emyr Peters was appointed Deputy Chief Male Nurse.

NURSES PRIZE-GIVING.

A very pleasant ceremony was held in the hall on 27th October, when Mrs. D. A. Tudor, the wife of our Chairman, presented prizes and Certifi-

cates to members of the nursing staff. This was the first official prize day to have been held in connection with the Nurse Training School and it hoped that it will become an annual event.

CONCLUSION.

I would like to take this opportunity of paying 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 Mental Deficiency Hospitals of North Wales have continued to improve their training and treatment facilities during the preceding year, particularly at Oakwood Park, Conway, where the basic pattern of facilities for a major hospital have now been laid down. Uncertainty as to the future of the smaller hospitals in view of the Mental Health Bill has meant some hesitation in advocating policies for these hospitals. As soon as it has been decided which hospitals will be offered to the Local Authorities it may be advisable to link those retained by the Hospital Board to a growing central hospital such as Oakwood Park and, in effect, make the smaller hospitals ancillary hospitals to Oakwood.

A Psychologist to serve only the mental deficiency hospitals should be appointed.

All the patients have now been reviewed and the majority transferred from certified to informal basis.

Oakwood Park, Conway (187 beds).

Caters for male patients (children and adults). The percentage of high-grade cases is small. Number on the books 183 (193*). Number discharged 26 (including 16 Short-term). Ten were transferred to other Institutions and there were 25 on licence. There were 5 deaths during the year.

Training and recreational facilities are as follows: Tailoring, Shoe Repairing, Brush Making, Firewood Bundling, Ornamental Concrete Brick Making, Rug and Mat Making, Sewing, School, Ornamental Gardening, Riddle Making, Daily Licence—Garage and Hotel Work, Scrap Foam Rubber Shredding, Dish Cloth Making, Laundry Work, Domestic Work in the Hospital, Gardening, Stool Making; Television, Religious Services, Day Parole to Local Towns for Suitable Cases, Day Trips, Social Visits to and from other Hospitals, Annual Sports and Open Day, Weekly Cinema, Swings, See-saws, Roundabouts, Annual Pantomime Trip, Seaside Camp, Cricket and Football, Visiting Concert Parties, Social Evenings with Toe H.

During the year the workshops for training have been expanded and a new school opened in the hospital grounds. The school-mistress has been for a course of instruction in M.D. teaching to Hensol Castle.

I am indebted to Mr. S. Newbould, Secretary-Superintendent, for the following historical note about the building:—

"Development at Oakwood Park, Conway, was first undertaken around 1895 by a cotton manufacturer who intended to build a country residence for himself. He died before the work could be completed, and a Mr. James Stott, famous for the Stott Kitchen Equipment, continued where he left off, opening the house as a 14-bedroomed hotel in 1898. Extensions which included the Norman Tower, the Round Tower and the Chinese Tower, were quickly added, and the building as it stands today was completed in 1900.

"From then onwards it appears that the hotel flourished, and the estate grew to 2,000 acres. George Bernard Shaw and Lloyd George were amongst the many distinguished persons who were regular visitors.

"A major setback arose in 1934, when 'Old Man' Stott as he was irreverently called, died, to be followed in less than twelve months by the death of his only remaining son. This double blow proved too much for what had been a one man business, and on Friday, 6th December, 1935, the Oakwood Park Hotel and Estate, which had been reduced to 190 acres, was offered for sale at the Imperial Hotel, Llandudno.

"The purchasers were the company owning the Castle Hotel, Deganwy, and they continued to use the building as a hotel until 1939 when it was occupied by Rydal School from Colwyn Bay on a five-year lease after their own buildings had been requisitioned by the Ministry of Food. In 1944, the school purchased the hotel and land outright, selling it in March, 1954, to the Minister of Health to be used for its present purpose.

"Many repairs and alterations were necessary, but eventually on the 12th April, 1957, the doors of Oakwood Park opened once again to receive the advance guard of the 187 new guests—17 rather bewildered small boys from Eryri Hospital, Caernarvon."

Coed Du Hall (80 beds).

Caters for female adult patients. There is a small percentage of high-grade cases. Number on books 86 (79*). Number discharged 4 (including 1 Short-term). Nine patients were transferred to other Institutions and there were 4 on licence. There was 1 death during the year.

Training facilities are as follows: Rug and Mat Making, Sewing, Domestic Work in the Hospital, Domestic Work in Local Houses and Hospitals, Gardening.

Recreation: Television, Weekly Cinema, Religious Service, Day Parole to Local Towns for Suitable Cases, Swings, See-saws, Roundabouts.

Staffing and accommodation limitations have necessitated a reduction in the number of beds at this hospital during the year. Matron has made strenuous efforts to find suitable situations for any patients considered stable enough for employment in the community.

Broughton (70 beds).

Caters for females—children and adults. There is a very small percentage of high-grade cases. Number on books 66 (69*). Number discharged 7 (Short-term). Four patients were transferred to other Institutions. There were 2 deaths during the year.

Training facilities are as follows: Rug and Mat Making, Laundry Work, Sewing, Domestic Work in the Hospital, School.

Recreation: Television, Weekly Cinema, Religious Services, Day Parole to Local Towns for Suitable Cases, Swings, See-saws, Roundabouts, Annual Pantomime Trip.

Miss Fletcher has indicated her intention of retiring after many years of devoted service. The hospital caters at present predominantly for helpless children. When a re-organisation of the Group is contemplated consideration may be given to such cases being treated at a larger hospital such as Oakwood Park, and the present hospital used as a hostel-training unit for girls going to domestic service.

Garth Angharad (74 beds).

Caters for adult male patients. There is a small percentage of high-grade patients. Number on books 63 (75*). There were 2 discharges. Two patients were transferred to other Institutions and there were 3 on licence. There was 1 death during the year.

Training facilities: Rug, Mat and Basket Making, Domestic Work in the Hospital, Evening Classes in Simple Subjects, Gardening, Ornamental Gardening, Farming, Poultry Keeping.

Recreational facilities: Television, Weekly Cinema, Religious Services, Day Parole to Local Towns for Suitable Cases, Swings, See-saws, Roundabouts, Annual Pantomime Trip.

During the year it has been possible to increase the number of beds for patients by 12. In spite of the very high proportion of low-grade patients, the staff have continued to provide occupational training facilities for nearly all the patients.

Llwyn View (68 beds).

Caters for adult female patients. The percentage of high-grade cases is small. Number on books 66 (67*). There were 2 discharges, including 1 Short-term. One patient was transferred to another Institution and there was one patient on licence.

Training facilities: Rug, Mat and Basket Making, Laundry Work, Sewing, Domestic Work in the Hospital, Domestic Work in Local Houses and Hospitals, Evening Classes in Simple Subjects, Gardening.

Recreational facilities: Television, Weekly Cinema, Religious Services, Day Parole (for suitable cases) to Local Towns, Swings, See-saws, Roundabouts, Annual Pantomime Trip, Annual Holiday to Seaside.

The number of helpless patients continues to increase and low-grade training facilities have had to be expanded.

I wish to thank the Medical Staff of the Institutions and of Denbigh Hospital, Mr. Frost and his staff, the Matrons and Superintendents of the Institutions and their staffs, and you, Ladies and Gentlemen of the Committee, for your helpful assistance and co-operation during the past year.

(Signed) T. S. DAVIES,

Consultant Psychiatrist.

Hensol Castle,
Nr. Pontyclun.

10th June, 1959.

*The two sets of figures included in the "number on books" refer to numbers at 1st January, 1958, and 31st December, 1958, respectively, and include patients resident, on leave of absence, licence, etc., on the respective dates.

REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL

NORTH WALES MENTAL HOSPITAL, DENBIGH.

24th and 25th March, 1959.

The past year has been one of most satisfactory progress at this hospital. The long-term plans for modernisation are now showing results and although much remains to be completed the wards themselves are now nearly finished. They are provided with modern, well-equipped kitchens, up-to-date sanitation, new central heating and, in a number, new flooring. Re-decoration has been general and in the contemporary mode.

One of the serious problems at Denbigh is overcrowding. This is apparent in certain wards on both sides of the hospital, despite the fact that there has been a slow but steady reduction in the number of patients resident for several years now. There are, today, 1,409 patients resident (700 male and 709 female). Four hundred and seven of these are voluntary and the remainder are all detained under certificates. I believe I have seen all these patients. I have spoken to many and have given four special interviews.

The admission rate has been going up steeply and, during 1958, no fewer than 1,224 patients (500 male and 724 female) were admitted; 1,067 came in voluntarily and only 157 required certification. In the same period 1,143 patients left or were discharged.

Efforts to rehabilitate the more chronic patients continue vigorously. In the past 12 months the Male Villa has been turned into a rehabilitation unit. It has perhaps a rather large number of patients, and the staffing is still somewhat below what is desirable in such a unit, but it is doing valuable work and results have been encouraging. At Pool Park a start on industrial employment has been made, and I hope it will develop. Some 8 to 10 men are occupied in repairing crates for a wholesale fruit merchant. So far, no decision has been made about the allocation of the money earned. One of the important points of this industrial employment movement is, of course, that the individual patient should feel he or she is once more a wage earner.

Occupation generally is well organised, and a very large number of patients is employed both in the utility departments and the various occupation centres, and also in occupational classes in the wards. The excellent outdoor employment of laying-out the new playing fields down by the stream is continuing actively, and will, it is hoped, provide employment for a long time to come. At the Admission Hospital an admirable new occupation centre is approaching completion, and it will be used by both sexes for work and recreation.

There are now full-time P.T. instructors on each side of the hospital. They organise both indoor and outdoor activities.

There is an excellent programme of entertainment each month. I was interested to hear of the proposed development of summer holidays. Last year 10 patients of each sex spent a week's holiday at Rhyl, and this was so successful that the scheme is to be expanded and possibly as many as 200 patients may benefit this year. A boarding house is to be taken for a period in the Spring and again in the Autumn, mainly for women patients, and arrangements are being made to use a holiday camp at Pensarn at the end of August for a number of the men patients.

Patients, on the whole, were very neat and tidy in appearance, and I was informed that all the men's better suits are sent out for dry cleaning. Patients are encouraged to wear their own garments. Unfortunately, no system is yet in force by which all patients who would appreciate it have individual marked underwear. This is a little surprising at so progressive a hospital. I am told, however, that it is intended to introduce a Central Linen Store, and that it may then be easier to provide patients with individual garments.

I was glad to find that there are two full-time hairdressers on the women's side.

The nursing staff consists of 127 men and 84 women full-time and 2 men and 85 women part-time nurses. Sixty-three of the men (2 part-time) and 28 of the women (9 part-time) are certificated nurses. From these figures it will be realised how short the female wards are of qualified staff. The standards of nursing are good and the friendly relationship existing between patients and staff is most noticeable. During 1958, 114 patients died (48 male, 66 female), giving a mortality rate of 8.1%. Sixty post-mortem examinations were carried out.

Since the last visit 4 inquests have been held, full particulars of which have already been furnished to my Board. There have been 14 casualties (6 male, 8 female) in the same period, a figure which is commendably low. Nearly all were due to accident falls; one was the result of electroplex.

The general physical health has been extremely good and there have been no new cases of intestinal infection, but one patient is still regarded as a paratyphoid carrier.

Four men and 2 women are at present undergoing treatment for tuberculosis and are nursed on verandahs. Improvements to the male verandah have been completed. A chest physician advises on treatment. It is hoped that a mass X-ray examination of all patients will be carried out in a few weeks' time.

A dental surgeon attends for two sessions each week; the need for further sessions is recognised, but they are difficult to arrange.

Two chiropodists attend for a total of eight sessions a week and have done much to promote the comfort of elderly patients.

The medical staff have many extra-mural activities in the very large catchment area of this hospital. Out-patients' clinics are held at Rhyl, Bangor, Wrexham, Mold and Dolgellay, involving 17½ doctor sessions a week. There are also Child Guidance Clinics at Rhyl, Wrexham, Colwyn Bay and Flint.

My visit has been a most interesting one and I have again been impressed by the excellent work being done at this hospital.

My thanks must be given to Dr. Roberts and the members of his staff for their helpful assistance.

(Signed) I. COFFIN DUNCAN,

Commissioner of the Board of Control.

COED DU HALL, RHYDYMWYN, NR. MOLD, FLINTSHIRE.

15th May, 1958.

There were 81 patients in residence today, including 1 "short-term" and 5 who had been discharged from Order and remained as informal admissions. In addition were one out on licence to her own home and one in hospital.

Staffing a remote little hospital of this type is always likely to present difficulties. Matron and her Deputy, Mrs. Edmunds, are the only trained nurses. Mrs. Edmunds is now only part-time (on grounds of health) and only comes in to relieve Matron (e.g., since January there has only been one day when they were both on duty together). The rest of the nursing staff consists of 8 full-time and 2 part-time Nursing Assistants—all non-resident. Normally there are 5 on duty in the mornings and 4 in the afternoons and evenings, including Matron or her Deputy, while at night there is one Night Nurse or her relief. There is also a nursing cadet. The domestic staff consists of a cook (resident in the winter), a serving mistress who is also relief cook and a domestic assistant—all non-resident, plus a part-time laundress and 2 full-time handymen.

Fire precautions, with only one resident nurse (Matron or her Deputy) and the night nurse to see to the patients, take on an added importance. Fire Drill is taken twice a week. A new outside fire escape has been added for one top floor wing, but it does not appear to be satisfactory—the treads are very narrow and all the treads and gangways are wooden; there is no outside light at the top of this fire escape and the handrail feels shaky coming down the escape. At the other end of the building, the low-grades in the "Nursery" unit in the 1st floor dormitory are expected to descend by a narrow spiral staircase (internal), which it is doubtful would be possible. The provision of a 2nd fire escape from the dormitory to the bank outside would provide a safer alternative. There are 3 epileptics in this Unit.

Various structural alterations and improvements have been carried out since the last visit. The dividing wall between the hall and sewing room on the ground floor has been removed and replaced by a sliding partition. Unfortunately, the removal of this wall has led to various cracks in the walls of the rooms above. The sanitary annexe has been tiled, a wash basin installed and new low flush w.c.s have replaced the old ones.

In the Laundry, a second-hand light electric calendar has been installed, but at a recent visit the Factory Inspector commented, I believe, on various defects in the fixing of equipment, which are to receive attention.

The health of the patients in this little Hospital has been good apart from two flu outbreaks. Today, 4 patients were in bed, but for minor complaints only, or resting. Dr. Butler and Dr. Lewis visit weekly. Four or five patients had been in hospital for minor treatment (varicose veins, etc.) and one is at present away for a gall bladder operation.

Since the last visit a part-time handicrafts teacher (shared with Broughton Hospital) has started a class one day a week—on Tuesdays—and it is hoped to extend and develop this further.

Pocket money ranges from 1/- to 10/- per week, but only 3 are on the top grade.

Outings are arranged, and last summer 9 girls were taken for a holiday to a Bungalow near Portmadoc for a week by the Deputy and one nurse. This proved to be a great success. Television and the gramophone are popular. The field is now in use but the swings have not yet been moved to it.

The Matron was off duty today and, in her absence, the Deputy took me round and gave me every assistance. I was much impressed by the homely, happy atmosphere at Coed Du Hall.

(Signed) C. M. GAVIN,

Inspector of the Board of Control.

COED DU HALL, MOLD.

23rd March, 1959.

I visited this small hospital today and saw all the patients in residence. They form a contented and happy community. Few can be considered high-grade, but the majority are able to do very useful work.

Recently, pocket money has been reviewed and now one patient receives £1 a week and the others varying amounts down to 6d. for the lowest grade.

All the patients in the hospital have been considered for informal status and a number of them are now here on an informal basis.

In the past year the dividing wall between the large hall and the big day room has been removed and replaced by sliding doors. This gives a much better space for various activities. New flooring has been laid down in these rooms. The fire escapes have been improved and a new one built, and I think it safe to say that the position is now satisfactory. A small patients' dormitory has recently been converted into a nurses bedroom for two nurses who now sleep in on a rota, an added safety precaution in case of fire.

Some of the dormitories and also part of the kitchen have been decorated.

This is a very isolated little hospital, but much is done to make the patients happy. A small bus has been acquired and is used for outings and takes a party of girls to Portmadoc for their week's holiday there. This year, two other parties of patients are to go to Rhyl for a week.

The Women's Voluntary Service visit weekly and give a "Joan" party and Toc H also visit. T.V. and wireless are most popular, and there is a visiting cinema.

The general health has been excellent.

A mass X-ray was done a few days ago, but the results are not yet known; at present there is no known case of tuberculosis.

There has only been one death, from natural causes. The nursing staff has been strengthened. In addition to the Matron and part-time Deputy, there is now a trained sister full-time and 9 full nursing assistants and 2 part-time nursing assistants, all for day duty. At night there is one nursing assistant on duty with a part-time relief.

I am most grateful to Mrs. Taylor, the Matron, for her assistance during my visit.

(Signed) I. COFFIN DUNCAN,
Commissioner of the Board of Control.

LLWYN VIEW HOSPITAL, DOLGELLEY.

5th November, 1958.

Miss Williams, the Matron of Llwyn View, retires next year after almost 10 years at this hospital. She will be much missed, both by patients and staff. I wish her every happiness in her retirement.

A marked feature of her regime has been the policy of sending out on licence as many of the patients likely to succeed as possible. Miss Williams has always kept in touch with these girls and supervised their activities.

At my visit today I found 66 women in residence, 42 under certificates and 24 here on an informal basis, and there is one patient away on leave. I saw all those in residence; they appeared happy, and I feel that much is done to make them so.

The health of patients has been good, but during the past month 7 women have had influenza; the hospital is now free from infection. There has been no other epidemic since the last visit and no patient is under treatment for tuberculosis. At the last visit a patient was under treatment for scalds; she has since died and an inquest was held, full particulars of which have already been furnished to my Board. The Hospital Management Committee held an enquiry as to how the scalding occurred. Since the occurrence, a hot and cold water mixer has been installed and it is said to be satisfactory and should prevent any bath being unduly hot in future.

The nursing staff consists by day of 1 trained nurse and 6 nursing assistants. By night, there is a full-time assistant nurse, and she is relieved by a part-time ward orderly.

The patients are well occupied in the work of the hospital and although there is no organised occupation therapy, many patients devote their spare time to handicrafts. Three girls go out on daily licence, 2 to the local hospital and 1 to a commercial laundry. Pocket money and rewards vary from 1/6 to 10/- a week and there is, in addition, an issue of sweets.

The hospital laundry deals both with the Llwyn View and Garth Angharad washing. As all the male suits from Garth Angharad pass through the laundry their appearance would be much improved if they could be pressed in a Hofman Steam Press. The laundry is small and old-fashioned, but it is well run and the wash turned out seems of a high standard.

All Llwyn View patients have individually marked outer and under garments.

The Red Cross Committee in Dolgelley have started an evening educational class of a simple kind. Practical training is given in shopping, money values and in simple travelling expenses. Other local groups take an interest in the patients, they give concerts and the patients go to concerts in the town and visit the local cinema. Thirty girls spent a week in the summer at a holiday home at Criccieth and ten others went home for holidays.

(Signed) I. COFFIN DUNCAN,

Commissioner of the Board of Control.

GARTH ANGHARAD HOSPITAL, DOLGELLEY.

5th November, 1958.

Since the last visit further space for patients has been arranged by the conversion of the former Superintendent's flat. The result is that there are now 75 beds in this little hospital. Seventy-three of these are at present occupied, 28 by certified and 45 by informal patients; 2 patients are out on licence.

The general health has been excellent, and there has been no illness except that 2 patients were found to be suffering from tuberculosis. They are now said to be quiescent, but are supervised by the chest physician. There has been only 1 death. This occurred at Wrexham Hospital after an operation for volvulus. No serious casualties are recorded.

Mass X-ray examination of all patients takes place twice a year. At the time of my visit one patient only was in bed; he was recovering from tonsillitis.

Dr. Owen, the visiting Medical Officer, pays a regular weekly visit.

The dental care is quite adequate and all patients needing false teeth have been fitted with them.

The nursing staff consists of 6 male nurses and 2 ward orderlies. Two of the former are certificated and 2 rank as S.E.A.N.

I believe I have seen all the patients and I had special talks with two of them. They appeared very contented and are obviously well cared for.

About 40 patients work outside in the gardens or in the woodshed, and a number are engaged in household duties. There is a small but busy occupation department, the output of which goes to Denbigh Mental Hospital and is dealt with there.

Much help is given by outside bodies with regard to recreations. Such bodies as Toc H, the W.I., the Choral Society and the Dolgelley Skiffle Group give entertainments and provide comforts.

Pocket money varies from 1/- to 10/- a week and, in addition, an issue of cigarettes and sweets is given.

I was interested to hear that the local school teacher gives evening classes twice weekly.

Recently the former billiards room has been converted into a pleasant concert hall and play room.

The whole of the interior decoration of the hospital is in very good order.

My thanks are due to Mr. Jones, the Superintendent, for his help during my interesting visit.

(Signed) I. COFFIN DUNCAN,

Commissioner of the Board of Control.

OAKWOOD PARK HOSPITAL, CONWAY.

8th October, 1958.

In the year which has passed since this hospital was last visited on behalf of my Board many improvements have taken place. The opening of the Chalet near the main building for the day-time use of low-grade adults, and the adaptation of the former golf club house as the School (part of which is already in use), and the development of the buildings at the garage as shops and occupation rooms have done much to improve classification and training. No start has so far been made on the proposed new buildings.

The number of patients has increased and there are now in residence 184 males, with a total of 199 names on the Statutory Books. Of the latter number, 54 are under the age of 16. During 1957 there were 98 direct admissions, including 17 on an informal basis, and 110 were transferred from other hospitals or from guardianship, 17 patients left or were discharged, 12 were allowed out on licence, and 2 patients died. I believe I saw all those in residence today and gave three special interviews.

With the improved accommodation, facilities for training and occupying patients are very much better. The shops are now very good and a variety of handicrafts is taught. At the Chalet, where the low-grade male adults spend the day, efforts are being made to employ them, but for the majority simpler tasks than caning stools, for example, would, I think, produce better results.

At the new school building the two rooms on the upper floor are in use as the school and those on the ground floor are being prepared as day rooms for the small boys.

So far it has not been possible to send either of the teachers on a training course, either to Hensol Castle or to the National Association for Mental Health, but I understand arrangements have been made for them to attend during the coming year.

A good playground near the school is being levelled and heavy outdoor play equipment is now available.

I was glad to hear that individual marked underwear is now provided for all the high-grade patients. A number of the low-grade patients were wearing plimsolls and I discussed this matter with Mr. Newbould and I hope that slippers will, in future, be provided for indoor use.

The patients recreational life is now well organised. A 14-seater bus has been purchased and is used, among other things, for taking the patients for outings. There are organised games during the summer, but no physical training has yet been started. Television is most popular.

The patients out on licence, if in employment, generally work at the seaside hotels in the neighbourhood, but this is seasonal and they have to return to Oakwood for the winter. Of two men working in Conway Hotels on daily licence, however, one is being kept on for the winter months.

Unfortunately dysentery has now become endemic at the hospital; two boys thought to be carriers are completely isolated, but ten others are now suffering from this disease and there have been 66 cases in all since the last visit. Last winter there was an epidemic of measles and a number of cases of influenza. Six patients had scabies.

There have been three new cases of tuberculosis, but none is now under treatment.

Since the last visit there have been four deaths; all were from natural causes and none calls for special comment here.

There have been only two casualties involving fractures; both were due to accidental falls.

During my visit I had the pleasure of meeting the visiting Medical Officer, Dr. H. R. G. Davies, and was able to discuss health and other matters with him.

The nursing staff is said to be very satisfactory numerically. It consists of 22 men and 10 women; all are full-time. Six of the men and three of the women are mentally trained.

I am glad that this new hospital is making good progress.

I must thank the Superintendent, Mr. Newbould, for his helpful assistance during my interesting visit.

(Signed) I. COFFIN DUNCAN,
Commissioner of the Board of Control.

NORTH WALES CHILD GUIDANCE CLINICS

REPORT FOR THE YEAR ENDING 31st DECEMBER, 1958.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report of the North Wales Child Guidance Clinics for the year 1958.

A—INTRODUCTION.

For some time it has been clear that the clinics are providing a service for which a rising demand exists.

During 1958 the number of children referred from now well-established sources in the community increased once again. The total number of attendances at clinics also rose, as did the amount of work which could be done elsewhere, particularly in schools.

This is in keeping with trends observed all over the country and recent pronouncements by the Ministers of Health and of Education indicate that Child Guidance has been accepted as an essential service to whose expansion every encouragement will be given during the years immediately ahead.

The main features of future child guidance services suggested by the Ministers, and accepted by the professional bodies mainly concerned, resemble closely those which guide the policy and work of our clinics, viz., active co-operation, particularly with the health and general medical services and the education authorities, and close liaison with all community services concerned with the welfare of children.

The basis for further developments would thus seem truly laid. The rate of progress will depend solely on whether additional staff with suitable training and of adequate quality is available.

The figures in the following table show the growth of the service and the contributions of the various specialist workers over a period of years:—

Table 1.

Year	1953	1954	1955	1956	1957	1958
Number of individual children dealt with by one or more members of clinic team	263	328	419	485	541	561
Psychiatrists and Child Therapist—Attendances at clinics:						
Children	615	665	1053	1014	1236	1486
Parents	—	—	—	—	—	452
Psychologists—School and other visits	62	86	170	199	210	261
Psychologists—Interviews and Examinations	197	315	487	701	1035	1013
Psychiatric Social Workers—Home and other visits	261	411	314	636	504	204
Psychiatric Social Workers—Attendances at clinics	476	600	924	1176	1604	1513

B—GENERAL DISCUSSION.

In the next few pages some important aspects of the work of the clinics are discussed in detail.

(1) Psychological Services of the Clinics.

For the purposes of this report it is convenient to distinguish between a "clinical" and a "school" psychological service. Both are, however, integral parts of the clinic service as a whole and the investigation and treatment of children is determined entirely by their needs and not by the referral cause or source. The full resources of the clinics are available in every instance, even if they are called on, naturally, only to the extent demanded by the circumstances of the case.

The psychologists, like the psychiatrists or therapists and the psychiatric social workers, make their specific contribution to the work of the clinic teams. At the same time, all workers have their own fields of activity.

The position of the Senior Psychologist at our clinics is, in addition, a special one. This is in consequence of the fact that the work of the school psychological service is, for practical purposes, entirely his responsibility.

The high standard of work of the department is beyond doubt and the staff carry out a wide range of functions.

In relation to this, attention has to be drawn to the existence of sharp discrepancies in the conditions of service and salaries of psychologists working in the National Health Service and those employed by Education Authorities. At present, an assistant psychologist in the latter service receives a higher salary than a full psychologist in the former, and similar differences obtain for staff in higher grades.

Circumstances of this kind are likely to have an adverse effect on recruitment and on the willingness of trained workers to accept posts in our clinics, where duties are certainly no less onerous than in any other service.

I am greatly indebted to Dr. G. A. V. Morgan, Senior Psychologist, for the following report on the activities of his department during the year. In this he deals mainly with the development of activities in the school psychological service.

"During 1958, there was a further marked increase in the work carried out by the psychologists outside the clinics.

In Caernarvonshire and Anglesey, children suspected to be educationally sub-normal or children with various handicaps, who were felt to need full psychometric and clinical assessment, were examined in the clinics or at their own schools. Full reports were written, with recommendations for ascertainment or special education or a particular approach to their problems within the day school. Most children were followed up in the schools and discussed in full with their teachers.

In addition, a number of children presenting educational problems were individually investigated and discussed with their teachers. Work was also begun on the individual assessment of all members of the retarded stream in a Caernarvonshire secondary school.

Similarly, in Flintshire, Mr. Karle carried out individual assessments on a considerable number of children. In addition, there were two new developments.

The first was his investigation of all pupils in the retarded class of one primary school, submitting a report to the Chief Education Officer and Principal School Medical Officer with recommendations on approach and organisation and, in addition, discussing the children in detail with the teacher.

The second was in response to the request of a Headmaster. The whole intake of one secondary bilateral school with an isolated rural catchment area was tested by means of a group non-verbal test of ability, so that the grouping of children and development of a special class was facilitated, and the children likely to present educational problems were investigated individually by the psychologist.

A request was received from the Principal School Medical Officer and Chief Education Officer of Merioneth for an investigation into the problem of backwardness in a primary school, with particular difficulties arising from local conditions. This investigation is under way, promises to be most interesting from the psychological viewpoint, and is likely to lead to the institution of a remedial class.

In all counties, much useful informal work on other children was done by means of discussion with teachers arising from visits on behalf of clinic cases. Several children were brought forward for advice or investigation on the initiative of the teachers themselves and it is gratifying that teachers are becoming increasingly ready to refer children for psychological help.

Two new developments have taken the School Psychological Service further into the educational field.

A group of Flintshire head-teachers and the Senior Psychologist constructed a new objective test of arithmetic attainment suitable for 8 year old children. This is now nearly ready for standardisation.

The most important development, however, because of the scope of the activity involved and its educational implications, has been the request by two education authorities for a survey of the ability and attainments of a complete age-group of children.

In Flintshire, following recommendations made in a previous report on an investigation of children in the retarded classes of the secondary modern schools and discussion between the Deputy Education Officer, Principal School

Medical Officer, representative of the teachers and of H.M. Inspectorate, the Senior Psychologist was asked to help in organising a group survey, of the complete $7\frac{1}{2}$ to $8\frac{1}{2}$ age group. A panel comprising the Education Officer, Principal School Medical Officer, teachers and psychologists is to consider the analysis of results carried out by the two psychologists and report to the Education Committee. As part of the programme to build up remedial work with backward children, a series of lectures by experts in the field has been arranged by the authority for 1959 for all teachers dealing with the 8 year group. It is to be hoped that the work may be speedily followed up in the schools by a suitable organisation of special classes and that suitable teachers be given opportunity to increase their skills in dealing with backward children.

Similarly, in Caernarvonshire, following prior discussion and interest on the part of the school health service, a meeting was held between the Deputy Education Officer, Senior Assistant School Medical Officer and Senior Psychologist. A memorandum outlining the procedure for a group survey and follow-up was drawn up by the Senior Psychologist and submitted by the Education Officer to his committee. A new sentence-reading test has been developed from his original material by the Deputy Education Officer with some technical assistance from the Senior Psychologist and a suitable programme of group tests of reading and number is being administered to the complete 8—9 year group early in 1959.

The aim of both surveys is to determine the distribution of ability and attainments and to detect backwardness early, so that efficient remedial measures may be developed in addition to systematically "screening" mentally-handicapped children for individual ascertainment by the school health service or psychologist.

It is now accepted that to deal with their educational problems one must identify and help backward children as early as possible and the group-survey and follow-up method offers an economical and efficient way of achieving this aim. One might stress here that this is a point where the interest of the clinical and the school services are seen to be identical. These children are probably more vulnerable than their better endowed brethren, and early detection of their educational difficulties and appropriate remedial measures may prevent much personal unhappiness and obviate the need for lengthy and often very expensive treatment later.

The usual requests for talks by parent-teacher and teachers' professional groups on topics of educational interest have been met.

The Senior Psychologist addressed a Ministry of Education (Welsh Branch) conference-course on "Child Guidance" in August. In a subsequent visit, by invitation, to the Glamorgan residential education centre, he extended his acquaintance and was able to meet the two recently appointed educational psychologists in Glamorgan.

I am indebted to Mr. T. R. Miles, of University College, Bangor, for the following:—

“Six students from Mr. Miles’ psychology class have been assisting with the remedial teaching in the Bangor Clinic. This link with the university is most valuable. It has the double advantage of increasing the manpower available for remedial teaching, whilst giving the students, mostly future teachers, first-hand experience of the general approach of the clinics to children who present educational difficulties.”

We are indeed grateful to Mr. Miles for the assistance given by these students. The fact that there is such a demand for remedial work in **all** clinics does, however, confirm the urgent need for a trained remedial teacher or, preferably, additional psychologist.

It has been gratifying to find that Circular 347, “Child Guidance,” of the Ministry of Education, which appeared early in 1959, sets out as desirable for the most effective organisation of a mutually dependent child guidance and school psychological service principles which correspond closely to the policy and practice of the North Wales Child Guidance Service.

The Senior Psychologist visited Cyfronydd and Brynllwarch Residential Schools for Educationally Sub-normal Children, Montgomeryshire, once a term to discuss with their teachers children from the North Wales counties. This liaison fills a need and has been welcomed by the schools in question. Similar, but more frequent visits, were made to Treborth Hall.

In all counties we have had increasingly frequent opportunities for fruitful discussions with the Principal School Medical Officers or their Deputies and Senior Assistants. One cannot too much emphasise the value of this close relationship with the School Health Service.

The amount and quality of the work done, and possibilities for extension, are limited solely by the staff available. It has now become clear that the level of work alone demands an increase in staff by at least one psychologist. Further developments which can be foreseen would require a second additional psychologist.

1958 has been a very busy and rewarding year. It is to be hoped that the suggested enlargement of the service will make 1959 as important a year as was 1956, when the School Psychological Service came into being.”

(2) Psychiatric Social Work Service.

The work of the psychiatric social workers assumes special significance when we acknowledge the fact that Child Guidance Clinics function in practice as Clinics for parents and children, and that the word “guidance” does not adequately describe the work, often of extremely complex nature, which all staff undertake at our clinics.

In the following, Miss J. M. B. Smedley, Senior Psychiatric Social Worker, has very kindly set out her views on the functions of workers in her department:—

“ Psychiatric Social Workers in a large rural area such as this have a variety of demands made on them. Some of these will, we feel, be modified in the near future with the increasing interest of Local Health and Education Authorities and other social workers in the psychodynamic approach to family problems, and through the greater development of our liaisons with those whose fields of work overlap with our own. The growth of such contacts will inevitably bring new demands, more especially the increase in the use of Psychiatric Social Workers in an ‘ advisory ’ or ‘ teaching ’ capacity, but this is a trend which has been anticipated and which is for several reasons greatly to be welcomed, particularly in view of the scarcity of Psychiatric Social Workers as compared with the ever-growing demand for workers qualified to deal with problems needing psychological insight and the case work approach.

It is likely, too, that the near future will bring closer contacts with children’s hospitals and hospital clinics. Certain hospitals in Britain have for some years now made use of the services of Psychiatric Social Workers in allergy clinics and in connection with other cases where the child’s physical complaint seems to be closely bound up with disturbed relationships within the family. This is a custom which seems likely to become more prevalent as the involvement of the total family situation in many children’s illnesses becomes increasingly recognised.

It is likely, too, that there will be a development in connection with educational problems, as described in the Psychologist’s report, where emotional factors involving the child’s relationship with the family are discovered to be inhibiting his scholastic progress. We have already found that a number of cases referred ostensibly for educational assessment have, on investigation, proved to be of a much more complex nature, exhibiting emotional aspects not immediately apparent. The Psychiatric Social Workers’ services are used in a number of remedial teaching cases within the clinic, where it is felt that no real progress can be made unless help is given to the parents.

Psychiatric Social Workers’ Work within the Clinic Setting.

Nevertheless, whatever developments may take place in the future, the basic role of a Psychiatric Social Worker in this Child Guidance setting is that of a member of the clinic team together with Psychiatrist and Psychologist. In this respect there are two main aspects to the work:—

- (1) The contribution towards the diagnostic interview; and
- (2) Therapy with parents.

During the diagnostic interview, the parent or parents are seen by the Psychiatric Social Worker, who attempts to gain as clear a picture as pos-

sible of the child's problem and development as seen through the parents' eyes, and to assess to what extent the parents themselves are involved. This information and impression, together with the contributions of the other members of the team, helps the Psychiatrist in his assessment of the total problem.

There is another aspect to this initial interview with the parents which is not purely a matter of gathering information and of gaining some impression of the parents and that is the meeting to some extent of the parents' own needs by dealing within limits with the anxieties and perplexities that the parents of problem children so often present when they come to us.

Some parents feel their own involvement very acutely, others are initially not so conscious of the fact that their own emotional problems affect (either overtly or covertly) their relationships with their children, resulting in the symptoms that cause the children to be referred to us. But wherever the parent feels some need of help from us and is able to co-operate in attending the clinic we try to meet this need. This therapeutic work with parents actually forms the bulk of the Psychiatric Social Workers' work within the clinic and is the nucleus from which all other aspects of their work radiate. With treatment cases most parents are interviewed by the Psychiatric Social Worker, while the children are seen by their Therapist, and there is always close co-operation between Psychiatric Social Worker and Therapist throughout the period of treatment.

There are some occasions where the parents are seen without the attendance of the children. This procedure also applies to a number of miscellaneous requests from parents or guardians, etc., for help in sorting out problems which relate to children but do not warrant the services of the whole clinic team.

Psychiatric Social Workers' Work outside the Clinic Setting.

Home Visiting, Community Work, Preventive Work: This aspect of our work has varied over the years, but during the past year has been much affected by the shortage of Psychiatric Social Workers, there having been only two instead of the usual four workers. Most of the Psychiatric Social Workers' time has been divided between six of the seven existing clinics, which has meant the reduction of home visiting to an absolute minimum. The available time for this has, on the whole, been concentrated on those cases where parents wish for contact with us but, owing to difficulties either practical or emotional, are unable to travel into the clinic; and on those whose geographical situation (especially in South Caernarvonshire and Merioneth) makes attendance at any existing Child Guidance Clinic very difficult.

There is, we feel, a certain value in such community work which brings us into close contact with the actual home, and there are some cases which seem to need and to benefit from being dealt with in the environmental set-

ting. There is great scope for expansion along these lines, in both urban and rural areas, particularly of "preventive work," where recognition of, and contact with, the problem in its early stages may help to prevent some of the more severely disturbed cases which eventually find their way to our clinics. This is a field of work where we overlap with other workers, especially with Health Visitors, whose natural access to home with young children give them the opportunity both to detect and to help problems in their initial stages. With an increase of understanding of the dynamics of such problems, it is anticipated that the majority of such preventive work will be done by Health Visitors, leaving the Psychiatric Social Worker with the more severe and more complex cases which others feel they cannot undertake.

Liaison with Other Social Workers.

This applies and will apply more to areas of work where we overlap with other social workers such as Probation Officers, Children's Officers, etc. We feel that our liaisons with these workers have many mutual advantages and hope for an increase in available time in which to further such contacts."

(3) Research.

(a) Intelligence Test for Welsh-speaking Children.

The research project which aims to adapt the "Wechsler Intelligence Scale for Children" for use with Welsh-speaking children, started in September, 1957. I am indebted to Mr. U. William, Research Fellow, for the following report on the progress of the work to the end of March, 1959 :—

"The first full year of the research programme has seen the conclusion of the First Stage of the Project.

"It will be remembered that the period from September, 1957, to March, 1958, had been largely occupied with preliminary work, viz., (a) the construction of preliminary drafts of items; (b) the study of the linguistic background and formation of a Language Background Questionnaire; and (c) drawing up representative random samples of defined population.

"During the year ending March 31st, 1959, the research staff have devoted their attention mainly to preparing the provisional version of the proposed Scale in readiness for the final standardisation on the standardisation sample. The work carried out was divided as follows:—

- "(1) Administration of 3 preliminary drafts of verbal items to a random sample of approximately 300 children.
- "(2) First item analysis, followed by the selection of the first draft of verbal items on the basis of "difficulty" and "discrimination" values.

- " (3) Administration of first provisional version of the complete scale (verbal and non-verbal sections) to a random sample of approximately 125 children.
- " (4) Second item analysis, followed by the selection of items for the final provisional version of the proposed Scale.
- " (5) Attention has also been given to (a) a special revision of the Picture Completion Subtest, in view of certain language difficulties, (b) further research on the development of the Language Background Questionnaire, including minor enquiries into Verbal Fluency and Vocabulary Range, and (c) the use of a non-verbal group test in conjunction with the proposed Scale for the purpose of cross-validation.

"At the end of the year final preparations were being made in readiness for the main full-scale administration of the provisional Scale to the Standardisation sample. To this effect, a further random sample of approximately 1,000 children has been drawn up. It is expected that the administration of the Scale will occupy the major part of the next twelve months."

(b) Truancy and School Anxiety.

The referral to the clinics of an increasing number of children with difficulties in relation to their attendance at school engaged our attention some years ago, mainly because their treatment presented extremely complex problems.

The majority of these children showed symptoms which had been recognised as caused by anxiety, and it had been felt that they were ill. They seemed unable to accept help from parents, teachers or school attendance officers. Promises of reward, punishments, bribes and threats, even of removal from home, appeared to leave them unaffected. Confronted with school the children panicked. Left to themselves they seemed quite happy as a rule.

A smaller number were causing concern because of delinquent behaviour associated with their failure to go to school. They appeared to form part of the large group of truants, in whose development a lack of training and discipline is often assumed.

In the former group, often called "school phobias," it is frequently found that fear is roused, not by the school or teachers as such, although it is commonly expressed in relation to them, but by strong feelings about having to leave the home or to separate from the mother. We believe that these children, in fact, suffer from "separation anxiety," a condition which can frequently be detected even in their pre-school years.

We also have reason to think that only a small proportion of those affected are referred to the clinics, and many workers in allied fields are no doubt aware of their existence and of the difficulties they present.

Considerations of this kind might lead one to conclude that both groups of children are of considerable interest, not only to us, but also to the Education Authorities, and we would wish to enlist their support in any investigation which might be undertaken into the problems mentioned.

A memorandum outlining a possible programme of research into causes, extent, treatment methods, etc., was prepared and presented to your Committee as long ago as September, 1955. The project had to be abandoned in the face of staffing difficulties and a coincident increase in the demand on our time.

However, Dr. G. A. V. Morgan was able to carry out a relatively small scale research into the material available to us at our own clinics and he has read a paper on this to the British Psychological Society.

In November, 1956, I also had an opportunity, on the invitation of Dr. Derek Richter, to address a meeting of professional workers from a number of fields at the Neuropsychiatric Research Centre at Cardiff, under the heading of "Children who do not go to School."

A number of valuable publications dealing with the same subject are available, and the National Association for Mental Health chose it as the theme for their 1959 Inter-Clinic Conference.

No comprehensive study, such as was suggested in 1955, has been made however, and we still feel that the research should be undertaken. This point might be taken into account when the question of additional staff is under consideration.

(4) Residential Treatment Unit.

The aim of treatment is to help disturbed children to become able again to take the fullest possible advantage of the opportunities which family and community life offer for their development.

We believe that this aim is achieved most readily if we can undertake treatment while they remain in their own homes. For that reason treatment facilities at our clinics have been built up to the greatest possible extent.

Unfortunately, a relatively small but important number of children cannot be treated with reasonable prospects of success unless they are separated from their usual contacts. Others need to be seen more frequently than can be arranged at clinics. A further number require observation and investigation in an environment specially adapted to this purpose. The absence of a residential treatment unit in this area has, because of these considerations, always been felt as a serious handicap.

It gave us great satisfaction, therefore, when we heard that the Regional Hospital Board had agreed to the establishment of such a unit in North Wales

and we were invited to discuss staffing and associated questions, and to look for suitable premises.

We know that we shall have to meet many challenging situations. Our main objective will be to return the children to their own homes as soon as this can safely be done, and to help their parents and guardians to receive them, perhaps with a better understanding of the nature of the earlier difficulties, and with confidence in their own ability to take over their care again.

We would like most, if not all, members of the clinical staff to participate in the work of the unit. There would then not have to be a break in the relationships established at the clinics. This could be of considerable value to the children who come into an otherwise totally strange environment, and to the parents, with whom we would wish to remain in touch during residential treatment and possibly after its conclusion.

We trust we shall be able to attract a sufficient number of capable and enthusiastic workers to staff the unit, and to extend to it the benefits which we have derived at our clinics as a result of our close contacts with the specialist services and the schools in particular.

We believe that this unit cannot fail to make an important contribution to the value of the clinics' diagnostic and therapeutic work, and that it may also come to serve a useful purpose as a training centre for workers from various fields.

Even then, we have to note with regret that we shall not be able to meet the needs of the full range of children with whom we can deal at the clinics. Facilities for the residential treatment of adolescents, in particular, will remain a most pressing requirement.

(5) Group Meetings.

Considerable importance is attached to the contribution which, in the future service of the country, general practitioners, medical and nursing staffs of the Public Health Services, teachers and others engaged professionally in the care, teaching and treatment of children, might make in the fields of mental hygiene and early treatment.

The principles on which child guidance work rests, a knowledge of the emotional development of children, an understanding of the influence of family relationships, of group dynamics, etc., are generally held to offer a sound basis for the type of community work which they might do.

With these considerations in mind, a number of ways in which we might co-operate with workers from other fields were discussed in last year's report, and we joined two groups of doctors and Health Visitors who meet twice monthly for discussion of problems brought up by any member.

These groups come together on a purely voluntary basis, and as they continue to function, one can conclude that they are meeting a definite need.

Some members feel that the size of the groups might usefully be enlarged to 9 or 10 from 7 or 8 at present, that the addition of non-medical and non-nursing members would widen the scope and increase the usefulness of discussions, that meetings should be held weekly, etc.

We should also consider other types of groups, including seminars, and we are anxious to participate in any arrangement which might be thought to suit local needs best. At present we have to husband our resources, but as soon as we get some additions to our staff we shall be able to give our full attention to this important matter.

C—INFORMATION ON CLINICS AND STAFF.

(1) Clinics.

A very full programme of clinical work was carried out despite staff changes and shortages. Fortunately we did not have to re-arrange our time tables to any extent, but certain services could not be rendered, mainly because two vacancies on our establishment of four psychiatric social workers could not be filled. Towards the end of the year clinics were held as shown in the next table, and it may be assumed that no alterations will be necessary during 1959.

Table 2.

Town	Address and Telephone	Day	Time	Sessions
Bangor	Sackville Road, Bangor. Tel. Bangor 2735.	Tuesday.	Mornings and Afternoons.	2 double sessions per week.
Bl. Ffestiniog	"Isallt," Bl. Ffestiniog. Tel. Bl. Ffestiniog 93.	2nd, 4th and 5th Mondays in month.	Mornings and Afternoons.	4-6 per month.
Colwyn	Bod Difyr, Cefn Road. Old Colwyn. Tel. C. Bay 55016.	Wednesday, Thursday, Friday.	Mornings. +/- Afternoons.	4-5 (-6) per week.
Holyhead	St. David's Priory, Holy- head. Tel. Holyhead 555.	Friday.	Mornings and Afternoons.	2 per week.
Rhyl	Fron Fraith, Boughton Avenue, Rhyl. Tel. Rhyl 1208.	Monday and Tuesday. Friday.	Mornings and Afternoons. By arrange- ment.	4 (-6) per week.
Shotton	Ash Grove, off Queens- ferry Road. Shotton. Tel. Con. Quay 383.	Friday.	Mornings and Afternoons.	2 per week.
Wrexham	Gatefield House, 32 Kings Mills Road, Wrexham. Tel. Wrexham 4048.	Thursday. Friday.	Mornings and Afternoons. By arrange- ment.	2-4 per week.

All members of the staff meet at the central clinic in Old Colwyn on Wednesdays for office work and case discussions.

It might be noted here that diagnostic interviews, in which the full team is involved, occupy approximately two hours in most instances. Three quarter hours are allowed for treatment interviews and for most re-examinations.

To enable us to co-ordinate the work of the three members of the clinic team, we have to work by a strict appointment system and our time-tables have normally to be prepared some weeks ahead. Consideration, arising out of our treatment method itself, further demand that we are available for the children and their parents at the times arranged.

(2) Staffing.

(a) **Medical.**

Dr. J. Aled Williams continued in his work as Registrar in Psychiatry.

(b) **Non-Medical.**

Child Therapist: This post was vacant from 30/9/57 to 1/6/58, when Mrs. Harris, formerly Miss V. Hunkin, took over her duties.

Psychologists: Dr. G. A. V. Morgan, Senior Psychologist, and Mr. H. Karle, Psychologist, continued in their work as hitherto. Dr. Morgan combines the duties of Psychologist with those of Child Therapist at the Holyhead Clinic.

Mr. T. R. Miles, Lecturer in the Department of Education of University College, Bangor, gave 1 to 2 sessions per week at the Bangor Clinic. A number of students from his department assisted with remedial teaching.

Mr. W. R. Jones, who has been of the greatest help to us for many years through his services as a part-time Psychologist particularly concerned with Welsh-speaking children, could not be available as required by the constantly increasing demands. New arrangements had to be made and Dr. Morgan is now entirely responsible for the psychological work of the Bangor Clinic, with the exception of that done by Mr. Miles, which is largely of "educational" nature.

Psychiatric Social Workers: Miss J. M. B. Smedley, who took over her duties in November, 1957, is the Senior Worker in the department.

Mrs. M. K. Thomas and Miss R. M. Oliver left on 30/6/58 and 30/4/58 respectively, the former for domestic reasons, the latter to take up a post in Manchester.

Mr. F. J. Harris joined the staff on 1/6/58.

Research Workers: Mr. U. Wiliam, Research Fellow, and Miss G. Roberts, Research Assistant, continued their work, the central clinic serving as their base and office.

Secretarial: With the steady increase in the numbers of referrals and attendances, secretarial work in all departments has increased considerably during the last few years.

Miss D. Harrison, Secretary, relieves the specialist staff of the greater part of the routine administrative work. Since Mrs. Thomas left, and her post at the Wrexham Clinic could not be filled, she has dealt with the "waiting list" at that clinic, in addition to carrying out her more general duties, keeping the Register, making statutory and other returns, etc. I am again indebted to her also for her patience and help in the preparation of this report.

Miss G. S. Goulden continued her work as Shorthand Typist, acting as Appointment Clerk and responsible for the case notes of the Psychiatric Social Workers.

Miss E. Rogers, who is Welsh-speaking, is responsible for the clerical work of the school psychological service.

Table 3.

Name	Post	Attending clinics at
Dr. E. Simmons	Consultant in Psychiatry... (Medical Director)	Bangor, Colwyn, Rhyl and Wrexham. Others by arrangement.
Dr. J. Aled Williams ...	Registrar in Psychiatry ...	Bangor, Blaenau Ffestiniog, Colwyn and Shotton.
Mrs. V. Harris	Child Therapist	Colwyn, Rhyl and Wrexham.
Dr. G. A. V. Morgan ...	Senior Psychologist... ..	Bangor, Bl. Ffestiniog, Colwyn and Holyhead (Rhyl as required).
Mr. W. A. H. Karle ...	Psychologist	Colwyn, Rhyl and Wrexham.
Mr. T. R. Miles... ..	Psychologist (part-time) ...	Bangor.
Miss J. M. B. Smedley	Senior Psychiatric Social Worker	Bangor, Bl. Ffestiniog, Colwyn, Holyhead (Rhyl as required).
Mr. F. J. Harris... ..	Psychiatric Social Worker	Colwyn, Rhyl and Shotton.

D—INFORMATION AND DATA IN RESPECT OF CHILDREN.

(1) Sources of referral.

The following table gives 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 4a.

Referring Agency	Counties						
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Others	Total
School Medical Officers	31	62	40	47	10	1	191
General Practitioners	7	15	19	13	5	5	64
Consultant Paediatricians	5	5	4	3	1	1	19
Other Medical Specialists	—	4	13	3	—	2	22
Education Officers & Teachers... ..	—	18	1	35	3	6	63
Courts and Prob. Officers... ..	3	1	12	6	—	—	22
Children's Officers	—	1	28	1	—	—	30
Other Social Workers	1	1	2	2	—	—	6
Parents	3	1	3	2	—	—	9
All Agencies 1958... ..	50	108	122	112	19	15	426

On 31st December, 1957, 33 children were on the waiting list, 8 of these being cancelled later. Four hundred and twenty-six new referrals were received during 1958. Thirty-one of these were cancelled and 51 remained on the waiting list on 31st December, 1958.

The table of Referral Figures for the last seven years may be of interest.

Table 4b.

All Referring Agencies (numbers referred by School Medical Officers shown in brackets)

	Angl.	Caerns.	Denbs.	Flints.	Mer.	Others	Total
1952	22(13)	54(40)	73(38)	38(4)	12(10)	—	199
1953	18(13)	60(42)	67(31)	28(4)	10(7)	—	183
1954	21(10)	76(50)	71(23)	51(15)	16(16)	—	235
1955	33(24)	106(75)	97(23)	63(22)	18(13)	2	319
1956	61(43)	126(77)	91(38)	63(28)	22(22)	1	363
1957	30(13)	117(75)	88(35)	67(23)	13(7)	—	315
1958	50(31)	108(62)	122(40)	112(47)	19(10)	15(1)	426

All figures in the tables of this report refer to children dealt with, or to be dealt with, individually. The numbers of children involved in group tests are not recorded in the statistical data.

(2) Causes of referral.

The variety of difficulties for which children are referred may be gathered from Table 5, where they are—somewhat arbitrarily—sub-divided into those with a “clinical” and an “educational” bias.

Only those children who were first examined during 1958, and whose investigation was completed during the year, are included (i.e., not all those referred). The main symptoms as stated by the referring agencies are listed.

Table 5.

(a) Behaviour, difficult and aggressive (39), beyond control (5)	44
(b) Stealing (16), stealing with difficult behaviour (6), wandering (1)	23
(c) Larceny (4), sexual misbehaviour (3)	7
(d) Enuresis (16), enuresis with other symptoms (7), soiling (4), soiling and enuresis (5), undesirable habits (2)	34
(e) Temper outbursts (2), temper outbursts and moodiness (2), severe nailbiting (1), adolescent difficulties (2)	7
(f) Sleepwalking (1), night terrors (2), Habit spasms (4)	7
(g) Nervous and hysterical (4), moody and irritable (2), rigid and withdrawn (2), fretful and depressed (3), attacks of panic (2)	13
(h) Various bodily complaints, no adequate physical cause found: Poor vision, double vision (2), vomiting, constipation (2), blackouts, walking towards left side (2)	6
(i) Asthma (4), anorexia (1), alopecia (3), hyperemesis (1), skin lesions (2), obesity (1)	12
(j) Stammer (5), retarded speech development (4), speech difficulties with other symptoms (3)	12
(k) Reluctance to attend school (4), failure to go to school (9), extreme nervousness and other symptoms in relation to school attendance (6), truancing (1), truancing with other symptoms (2)	22
(l) Attempted suicide, suicidal gesture (3), grossly disturbed, peculiar (4), Schizophrenia (3)	10
(m) Scholastic difficulties, specific (2), general (5), backward, retarded (6), backward with other symptoms (4)	17
(n) For intelligence tests—children emigrating	3
(o) For investigation, report and advice on schooling, training or treatment:—	
(i) Children with special handicap: spastic (2), partially sighted (2), partially deaf (2), multiple handicap (1)	7
(ii) Children with epilepsy (3), epilepsy with behaviour difficulties (5), mongolism (1), osteogenesis imperfecta (1)	10
(p) For general assessment and report (15), for assessment and advice on handling or treatment (5). (Children in the care of the Children's Officer for Denbighshire)	20
(q) For assessment of intelligence, report and advice on schooling:— (Counties of Anglesey (4), Caernarvonshire (43), Denbighshire (9), Flintshire (52), Merionethshire (4), Others (3))	115
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	369
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Some Observations on Table 6.

(1) Likely scholastic success.

The children in the various I.Q. ranges used may be expected to succeed in their scholastic careers in keeping with the following observations:—

- I.Q. under 55 ... Training rather than education, in the sense in which this word is normally used, likely to be of greatest value.
- 55 to 69 ... In need of the educational and general social facilities of a school or special unit for educationally subnormal children.
- 70 to 84 ... In need of education in a special class
- 85 to 114 ... Of low average, average and high average ability
- 115 to 129 ... Of superior ability.
- 130 and over ... Of outstanding ability.

(2) Value of "I.Q. Figure."

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 non-verbal and performance tests can give extremely valuable information, but this needs careful and expert interpretation. Whenever necessary they must be followed by individual tests and supplemented by whatever special tests may be available for the examination of specific abilities or disabilities.

In work with emotionally disturbed children, individual tests must always be given, observation in the "standard test situation" and interpretation of his behaviour there, assuming considerable importance. The value which can safely be attached to the test results and the conclusions for the future which may be drawn, may even then have to await the decision of the "case conference," at which psychiatrist, psychologist and psychiatric social worker discuss their findings and views.

(4) Diagnosis.

The seriousness, or otherwise, of the conditions with which we are asked to deal, may be estimated from Table 7 which follows. In this the children who were first examined during 1958, and on whom investigations were completed during the year, are grouped in broad diagnostic categories according to their ages.

Table 7.

Diagnostic Groups and Age Ranges	Under 5	5-7	7-10	10-12	12-15	Over 15	All Ages
A—Behaviour and Personality Difficulties (No. of dull children in brackets):							
1—Behaviour Disorder, simple	—	3(1)	2(1)	—	—	2(2)	7
Behaviour Disorder with neurotic traits	5(1)	10(2)	28(7)	13(5)	12(6)	2(2)	70
Behaviour Disorder with antisocial traits	—	—	—	4	6(1)	3(1)	13
Behaviour Disorder with epilepsy	—	1	—	—	1	2(1)	4
Behaviour Disorder, suspected organic basis	2	—	—	1(1)	—	—	3
2—Neurotic illness (Neurosis)	—	5(1)	13(3)	14(1)	22(5)	12(2)	66
Psychosomatic illness	—	1	1	4(1)	2	2	10
Depressive illness	1	1	1	1	2	1	7
Serious Disturbance of Personality Development	1	1	3(2)	2(1)	2	2(1)	11
Psychosis	1	—	—	—	3	2	6
B—Educational/Intellectual Difficulties:							
Intelligence average and above:							
Learning difficulties	—	11	15	9	5	—	40
Specific handicap of sight/hearing	1	—	2	1	1	—	5
Spastic	—	1	—	—	—	—	1
Dull children (I.Q. 70-84)	—	5	16	13	1	—	35
Dull child + Epilepsy/spasticity... ..	—	—	2	—	—	—	2
Very dull children (I.Q. 55-69)	—	3	7	6	4	1	21
Very dull children, part sighted/spastic	—	1	1	—	—	—	2
Very dull children + epilepsy/organic illness	—	1	1	—	2	—	4
Very dull children + serious instability	1	1	4	1	4	2	13
Very dull children + stupor/psychosis	1	—	1	—	—	1	3
Educability in doubt	1	—	1	2	4	2	10
C—Ineducable Children:							
Extreme dullness +/- instability... ..	2	1	6	3	2	4	18
D—Essentially Normal Children:							
Emigrating/Vocational Guidance/ Fostering	2	2	1	2	1	1	9
E—Incomplete							
	2	4	1	1	1	—	9
Total Number of Children ...	20	52	106	77	75	39	369

E—STATISTICS OF ATTENDANCES.

In the following tables information is given in respect of:—

- 1—The number of INDIVIDUAL CHILDREN who were dealt with during 1958 and the workers concerned in their cases.
- 2—The numbers of ATTENDANCES AT CLINICS which were recorded for each worker.
- 3—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—(1) The numbers of children who were assessed by means of GROUP TESTS at schools are NOT recorded in these tables.
 (2) "Correspondence only" cases are not included either. They are from open and from otherwise closed files, are very numerous and, often, very time consuming.

SUMMARY of Attendances and Visits.

	First	Further	Total
1—(a) Attendances of children at clinics	260	... 2137	... 2397
(in returns to Regional Hospital Board one attendance only can be registered, even if two or more workers are involved).			
(b) Examinations of children elsewhere	109	... —	... 109
 2— Psychiatrists and Child Therapist:—			
Attendances of new referrals (first)	241	... —	...
Attendances for treatment and re-examinations	—	... 1245	... 1486
Interviews with Mothers, Fathers or Guardians	226	... 226	... 452
 3— Psychologists:—			
Number of visits to schools ... ..		... ..	... 222
Number of visits to other social workers ... ..		... ..	... 39
Interviews with children	331	... 682	... 1013
 4— Psychiatric Social Workers:—			
Number of visits to homes ... ..		... ..	... 177
Number of visits to other social workers ... ..		... ..	... 27
Interviews with Mothers, Fathers or Guardians	238	... 1275	... 1513

Table 8.

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 refer to Psychiatrist and Registrar (1), Child Therapist (2), Psychologists (3) and Psychiatric Social Workers (4).

Clinic	First dealt with during 1958						First dealt with before 1958						Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	
Bangor													
1	—	1	—	—	—	—	1	6	—	—	—	—	8
3	—	39	—	—	—	—	3	4	—	—	—	—	46
4	1	1	—	—	—	—	—	3	—	—	—	—	5
1+3	2	2	—	—	—	—	1	—	—	—	—	—	5
1+4	1	2	—	—	—	—	7	4	—	—	—	—	14
3+4	1	2	—	—	—	—	3	3	—	—	—	—	9
1+3+4	18	24	—	—	—	—	2	2	—	—	—	—	46
Blaenau Ffestiniog													
3	—	—	—	—	1	4	—	—	—	—	—	—	5
4	—	—	—	—	2	—	—	—	—	—	1	—	3
1+4	—	—	—	—	—	—	—	2	—	—	3	—	5
3+4	—	—	—	—	—	—	—	—	—	—	1	—	1
1+3+4	—	—	—	—	10	—	—	—	—	—	2	—	12
Colwyn													
1	—	—	—	—	—	—	—	—	1	—	—	—	1
3	—	2	1	—	—	—	—	1	—	—	—	—	4
4	—	—	—	—	—	—	—	1	1	—	—	—	2
1+3	—	1	—	—	—	—	—	1	—	—	—	—	2
1+4	—	4	—	—	—	—	—	6	10	—	—	—	20
2+4	—	1	—	—	—	—	—	—	—	—	—	—	1
3+4	—	—	—	—	—	—	—	3	3	—	—	—	6
1+2+4	—	—	1	—	—	—	—	1	—	—	—	—	2
1+3+4	—	14	12	2	—	—	—	5	1	—	—	—	34
Holyhead													
3	—	—	—	—	—	—	1	—	—	—	—	—	1
4	1	—	—	—	—	—	—	—	—	—	—	—	1
3+4	4	—	—	—	—	—	10	—	—	—	—	—	14
1+3+4	2	—	—	—	—	—	—	—	—	—	—	—	2
Rhyl													
1	—	—	1	1	—	—	—	—	2	1	—	—	5
3	—	—	4	51	—	—	—	—	1	—	—	—	56
4	—	—	2	4	—	—	—	—	5	11	—	—	22
1+3	—	—	1	—	—	1	—	—	—	—	—	—	2
1+4	—	—	2	1	—	—	—	—	3	8	—	—	14
2+4	—	—	—	1	—	—	—	—	1	2	—	—	4
3+4	—	—	—	—	—	—	—	—	1	2	—	—	3
1+2+4	—	—	1	1	—	—	—	—	—	—	—	—	2
1+3+4	—	—	3	16	—	2	—	—	3	4	—	—	28
2+3+4	—	—	1	1	—	—	—	—	—	—	—	—	2
1+2+3+4	—	—	2	22	—	—	—	—	—	—	—	—	24
Shotton													
3	—	—	—	—	—	—	—	—	—	1	—	—	1
4	—	—	—	—	—	—	—	—	—	1	—	—	1
1+4	—	—	—	—	—	—	—	—	—	7	—	—	7
1+3+4	—	—	—	—	—	—	—	—	—	2	—	—	2
Wrexham													
1	—	—	3	—	—	—	—	—	1	—	—	—	4
3	—	—	2	—	1	3	—	—	4	—	—	—	10
4	—	—	1	—	—	—	—	—	15	2	—	—	18
1+2	—	—	2	1	—	—	—	—	—	—	—	—	3
1+3	—	—	7	1	1	1	—	—	—	—	—	—	10
1+4	—	—	2	—	—	—	—	—	6	—	—	—	8
2+3	—	—	3	—	—	—	—	—	—	—	—	—	3
3+4	—	—	—	—	—	—	—	—	6	1	—	—	7
1+2+3	—	—	17	1	—	1	—	—	—	—	—	—	19
1+2+4	—	—	—	—	—	—	—	—	2	1	—	—	3
1+3+4	—	—	29	5	—	—	—	—	4	1	—	—	39
2+3+4	—	—	—	1	—	—	—	—	1	—	—	—	2
1+2+3+4	—	—	11	2	—	—	—	—	—	—	—	—	13
Totals	30	93	108	111	15	12	28	42	71	44	7	—	561

Tables 9a and 9b refer to work of the PSYCHIATRIST and the CHILD THERAPIST.

Table 9a.

Clinic	First Attendances (Referrals)						Further Attendances (Re-examinations and Treatments)						Number of Attendances		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	First	Further	Total
Bangor															
Boy	15	23	—	—	—	—	101(12)	75(13)	—	—	—	—	38	176	
Girl	6	5	—	—	—	—	37(5)	56(10)	—	—	—	—	11	93	318
Blaenau															
Ffestiniog															
Boy	—	—	—	—	6	—	—	—	—	41(9)	—	—	6	41	
Girl	—	—	—	—	4	—	—	—	—	17(4)	—	—	4	26	77
Colwyn															
Boy	—	16	6	1	—	—	—	102(14)	153(14)	—	—	—	23	255	
Girl	—	4	8	—	—	—	—	26(3)	17(4)	—	—	—	12	43	333
Holyhead															
Boy	1	—	—	—	—	—	—	—	—	—	—	—	1	—	
Girl	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Rhyl															
Boy	—	—	6	28	—	2	—	—	103(12)	79(22)	—	—	36	182	
Girl	—	—	5	18	—	1	—	—	24(3)	54(17)	—	—	24	78	320
Shotton															
Boy	—	—	—	—	—	—	—	—	—	107(5)	—	—	—	107	
Girl	—	—	—	—	—	—	—	—	—	76(4)	—	—	—	76	183
Wrexham															
Boy	—	—	43	6	—	2	—	—	51(16)	29(4)	—	—	51	80	
Girl	—	—	32	3	—	—	—	—	83(13)	5(3)	—	—	35	88	254
All Clinics	22	48	100	56	10	5	138	268	431	350	58	—	241	1245	1486

Notes: This table refers to children only. As a rule, one or both parents are also interviewed on at least one occasion (see Table 9b). The figures in brackets refer to numbers of individual children.

Table 9b.

Clinic	Interviews with Parents, Guardians and other Social Workers																
	First Interviews							Further Interviews							Totals		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	First	Further	Total		
Bangor																	
Mothers...	12	19	—	—	—	—	9(7)	14(12)	—	—	—	—	31	23	—	—	
Fathers ...	2	4	—	—	—	—	—	2(1)	—	—	—	—	6	2	—	—	
Others ...	4	—	—	—	—	—	2(2)	2(2)	—	—	—	—	4	4	—	70	
Blaenau																	
Ffestiniog																	
Mothers...	—	—	—	—	6	—	—	—	—	—	—	—	6	—	—	—	
Fathers ...	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	
Colwyn																	
Mothers...	—	11	10	—	—	—	—	10(10)	12(5)	—	—	—	21	22	—	—	
Fathers ...	—	2	1	—	—	—	—	2(2)	2(2)	—	—	—	3	4	—	—	
Others ...	—	1	2	1	—	—	—	1	3(2)	—	—	—	4	4	—	58	
Holyhead																	
Mothers...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Rhyl																	
Mothers...	—	—	6	37	—	—	—	—	9(7)	16(11)	—	—	44	25	—	—	
Fathers ...	—	—	1	8	—	1	—	—	3(3)	4(4)	—	—	10	7	—	—	
Others ...	—	—	2	2	—	—	—	—	6(4)	3(3)	—	—	4	9	—	99	
Shotton																	
Mothers...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Wrexham																	
Mothers...	—	—	46	8	—	2	—	—	81(19)	14(6)	—	—	56	95	—	—	
Fathers ...	—	—	13	3	—	—	—	—	5(5)	4(3)	1	—	16	10	—	—	
Others ...	—	—	20	—	—	—	—	—	20(13)	1(1)	—	—	20	21	—	218	
Totals ...	18	37	101	59	7	4	11	31	141	42	1	—	226	226	—	452	

Tables 10a, 10b and 10c refer to work of the PSYCHOLOGISTS.

Table 10a.

Clinic	At Clinics														No. of Examinations		
	First Examinations							Further Examinations							First	Further	Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other					
Bangor	15	44	—	—	—	—	51(8)	100(10)	—	—	—	—	—	—	59	151	260
Boy	6	24	—	—	—	—	19(1)	1(1)	—	—	—	—	—	30	20		
Blaenau Ffestiniog	—	—	—	—	7	4	—	—	—	—	1(1)	—	—	7	1	17	
Boy	—	—	—	—	4	—	—	—	—	—	1(1)	—	—	8	1		
Colwyn	—	13	7	1	—	—	—	7(6)	12(1)	—	—	—	—	21	19	140	
Boy	—	3	7	—	—	—	—	56(4)	34(4)	—	—	—	—	10	90		
Holyhead	3	—	—	—	—	—	94(8)	—	—	—	—	—	—	3	94	241	
Boy	3	—	—	—	—	—	141(7)	—	—	—	—	—	—	3	141		
Rhyl	—	—	6	44	—	2	—	—	20(5)	60(6)	—	—	—	52	80	185	
Boy	—	—	5	47	—	1	—	—	—	—	—	—	53	—			
Shotton	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Boy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Wrexham	—	—	43	5	2	3	—	—	40(11)	38(2)	—	—	—	53	78	170	
Boy	—	—	27	3	—	2	—	—	7(6)	—	—	—	32	7			
Totals ...	27	84	95	100	13	12	305	164	113	98	2	—	331	682	1013		

Table 10b.

Visits	Not at Clinics							Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Others	Total	
To Schools: Children discussed with teachers	20	44	46	43	9	1	163	
To Schools: Special Testing of children... ..	—	—	2	57	—	—	59	
To other Social Workers	15	4	8	11	1	—	39	
								261

Total number of visits ...

Table 10c.

Description	Number of children dealt with
Intelligence and Attainment Tests	340
Extended Testings	11
Rorschach Tests	4
Vocational Guidance	3
Remedial Teaching	19
Therapy	15

Tables 12a and 12b refer to work of the PSYCHIATRIC SOCIAL WORKERS.

Table 12a.

Clinic	Interviews with Parents, Guardians and other Social Workers												Totals		
	First Interviews						Further Interviews								
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	Angl.	Caerns.	Denbs.	Flints.	Mer.	Other	First	Further	Total
Bangor															
Mothers...	13	27	—	—	—	—	120(16)	76(17)	—	—	—	—	40	196	
Fathers ...	1	2	—	—	—	—	1	2	—	—	—	—	3	3	
Others ...	4	—	—	—	—	—	1	—	—	—	—	—	4	1	247
Blaenau															
Ffestiniog															
Mothers...	—	—	—	—	10	—	—	9(2)	—	52(12)	—	—	10	61	
Fathers ...	—	—	—	—	1	—	—	—	—	5(2)	—	—	1	5	
Others ...	—	—	—	—	—	—	—	—	—	2(1)	—	—	—	2	79
Colwyn															
Mothers...	1	15	12	—	—	—	—	85(18)	171(17)	—	—	—	28	256	
Fathers ...	—	4	1	—	—	—	—	7(4)	3(3)	—	—	—	5	10	
Others ...	—	2	1	1	—	—	—	13(4)	3(2)	—	—	—	4	16	319
Holyhead															
Mothers...	7	—	—	—	—	—	211(15)	—	—	—	—	—	7	211	
Fathers ...	1	—	—	—	—	—	6(2)	—	—	—	—	—	1	6	
Others ...	—	—	—	—	—	—	4(3)	—	—	—	—	—	—	4	229
Rhyl															
Mothers...	—	—	10	45	—	2	—	—	67(9)	155(26)	—	—	57	222	
Fathers ...	—	—	3	8	—	—	—	—	6(5)	12(8)	—	—	11	18	
Others ...	—	—	1	4	—	—	—	—	11(1)	3(3)	—	—	5	14	327
Shotton															
Mothers...	—	—	—	—	—	—	—	—	—	116(8)	—	—	—	116	
Fathers ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1	
Others ...	—	—	—	—	—	—	—	—	—	30(1)	—	—	—	30	147
Wrexham															
Mothers...	—	—	30	6	—	—	—	—	65(20)	18(6)	—	—	36	83	
Fathers ...	—	—	9	2	—	—	—	—	4(4)	4(3)	—	—	11	8	
Others ...	—	—	15	—	—	—	—	—	12(9)	—	—	—	15	12	165
Totals ...	27	50	82	66	11	2	343	192	342	339	59	—	238	1275	1513

Table 12b.

Not at Clinics	Number of Visits						Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Others	
Home Visits	16	13	88	44	15	1	177
Visits to other Social Workers... ..	1	8	14	4	—	—	27
Total number of visits							204

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 are always greatly encouraged by the goodwill towards our work shown by medical specialists, general practitioners, 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.

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 Mrs. Fisher, 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.

June, 1959.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE.

SUMMARY OF GROUP EXPENDITURE

YEAR ENDED 31/3/59.

Approved Estimate	Head of Expenditure	Previous Year 1957-58	Actual 1958-59	% of Total
£	Salaries and Wages:	£	£ s. d.	
5945	Medical	5077	5263 0 1	.83
188747	Nursing	178623	190382 0 11	30.05
35679	Works and Maintenance	33529	37071 5 4	5.85
23584	Admin. and Clerical	21531	23878 11 4	3.77
109608	Other Staff	102403	108010 5 2	17.05
363563	Total Salaries	341163	364605 2 10	57.55
117250	Provisions	114473	118109 3 5	18.67
21475	Uniforms and Clothing	20215	19583 10 4	3.09
11775	Drug, Dressings, Med. and Surgical Appliances and Equipment	10883	13069 11 10	2.06
54015	Fuel, Light, Heating, Water, Cleaning and Laundry	47871	58040 13 1	9.16
32881	Maintenance of Buildings, Plant and Grounds	33647	30475 18 3	4.81
19860	Domestic Repairs, Renewals and Re- placements	31036	17513 11 0	2.76
78435	All Other Expenses	71189	72677 5 9	11.47
699254	Total	670477	694074 16 6	109.57
58191	Deduct Direct Credits	69877	61437 8 8	9.70
641063	Net Hospital Revenue Expenditure	600600	632637 7 10	99.87
500	Central Administration Expenditure	363	306 12 1	.05
500	Other Expenditure	312	529 5 6	.08
642063	Total Expenditure of H.M.C.	601275	633473 5 5	100.00



