

Annual report for the year 1959 / North Wales Mental Hospital Management Committee.

Contributors

North Wales Mental Hospital Management Committee.

Tudor, David.

Roberts, J. H. O.

Davies, T. S.

Simmons, E.

Coffin Duncan, Ida.

Milne-Redhead, M. G.

Gordon, M. G. M.

Publication/Creation

Rhyl : Printed by W.N. Douglas, [1960?]

Persistent URL

<https://wellcomecollection.org/works/emus9mnd>

License and attribution

Conditions of use: it is possible this item is protected by copyright and/or related rights. You are free to use this item in any way that is permitted by the copyright and related rights legislation that applies to your use. For other uses you need to obtain permission from the rights-holder(s).

**wellcome
collection**

Wellcome Collection
183 Euston Road
London NW1 2BE UK
T +44 (0)20 7611 8722
E library@wellcomecollection.org
<https://wellcomecollection.org>

ANN-REP
WLM 28
.BW3
N88
1959

**NORTH WALES MENTAL HOSPITAL
MANAGEMENT COMMITTEE**



ANNUAL REPORT

FOR THE YEAR

1959

WELLCOME INSTITUTE LIBRARY	
Coll.	welM0mgc
Call	Ann-Rep
No.	WLM 28
	• BW 3
	N 88
	1959



22501717096

NORTH WALES MENTAL HOSPITAL
MANAGEMENT COMMITTEE




ANNUAL REPORT

FOR THE YEAR

1959

RHYL:

W. N. Douglas & Co., Ltd., 31 Sussex Street.



Digitized by the Internet Archive
in 2018 with funding from
Wellcome Library

<https://archive.org/details/b30299901>

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
(Chairman of the Finance Sub-Committee).

Members:

Councillor ERNEST PRICE, J.P., 65 Mold Road Wrexham
(Chairman of the General Purposes Sub-Committee).

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, Ty Ucha, Llanelltyd.

Dr. T. GWYNNE WILLIAMS, Trefeirian, Denbigh.

Councillor EMYR HUGHES, Awelon, Maesdu Avenue, Llandudno.

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

Dr. GEOFFREY WILLIAMSON, Avoca, Llandyrnog.

Councillor W. R. WEBB, Carmmond, Carrog, Corwen.

Councillor J. M. WATKINS, 29 New Street, Portmadoc.

Mrs. E. WYN JONES, J.P., Llety'r Eos, Llanfairtalhaiarn.

Councillor the Rev. D. J. M. WILLIAMS, The Rectory, Llansadwrn
(who are appointed for the period ending 31st March, 1963).

Secretary:

SIDNEY L. FROST, F.H.A.

Finance Officer and Deputy Secretary:

C. DEAKIN, B.A. (Admin.), F.H.A.

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.

HOUSE COMMITTEES

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

T. W. JOHNSON, Esq. (Chairman).

Mrs. E. WYN JONES, J.P.	D. W. THOMAS, Esq.
Mrs. FRANCIS WILLIAMS, J.P.	Counc. the Rev. T. A. WILLIAMS.
E. H. CLEMENT, Esq., B.A., B.Litt.	Dr. T. GWYNNE WILLIAMS.
D. H. GRIFFITHS, Esq.	Dr. GEOFFREY WILLIAMSON.
C. GWYNN HUGHES, Esq., J.P.	

OAKWOOD PARK HOSPITAL, NEAR CONWAY.

Alderman DAVID TUDOR, M.B.E., J.P. (Chairman).

Miss NORA F. CHESTER, M.B.E.	Miss DOROTHY STOKES.
Mrs. OLWEN DAVIES.	Counc. EMYR HUGHES.
Mrs. E. WYN JONES, J.P.	Dr. M. T. ISLWYN JONES.
Mrs. G. M. LLOYD JONES.	Dr. D. E. PARRY-PRITCHARD.
Mrs. HUGH PRITCHARD.	Dr. J. H. O. ROBERTS, O.B.E., J.P.
Mrs. H. M. ROBERTS.	Mr. G. T. REES.

BROUGHTON HOSPITAL, NEAR CHESTER.

Councillor ERNEST PRICE, J.P. (Chairman).

Mrs. D. KENYON.	Counc. E. G. ROBERTS, J.P.
Miss W. YATES, J.P.	Dr. G. WYN ROBERTS.

COED DU HALL, RHYDYMWYN.

Mrs. FRANCIS WILLIAMS, J.P. (Chairman).

Mrs. P. R. DAVIES-COOKE.	Alderman H. HAMPSON, J.P.
Mrs. FLORENCE JONES.	Dr. M. T. ISLWYN JONES.
Miss W. YATES, J.P.	Dr. G. WYN ROBERTS.

LLWYN VIEW AND GARTH ANGHARAD, DOLGELLAU.

Alderman DAVID TUDOR, M.B.E., J.P. (Chairman).

Mrs. M. MAELOR JONES.	E. J. EVANS, Esq.
Mrs. ELEANOR OWEN.	Dr. W. F. GAPPER.
Mrs. E. ROBERTS.	D. R. MEREDITH, Esq.

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS

MEDICAL STAFF.

PSYCHIATRY.

Consultants:

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

Senior Hospital Medical Officers:

D. OWEN LLOYD, M.B., B.S. (Lond.), D.P.M.
G. S. FIDDLER, M.B., Ch.B. (Edin.), D.P.M.
P. HUGHES GRIFFITHS, B.Sc., M.B., Ch.B. (Wales).

Registrar:

R. ELWY OWEN, M.B., B.S. (Lond.).

Junior Hospital Medical Officers:

D. ALUN JONES, B.Sc., M.B., Ch.B. (Liverpool).
DAVID E. JONES, M.B., B.Ch., B.A.O. (Dublin).
DERIC H. WILLIAMS, M.B., B.S. (Lond.), M.R.C.S., L.R.C.P.
T. J. M. KIRBY, L.R.C.P., L.R.C.S. (Edin.), L.R.F.P.S. (Glasgow).

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:

RODNEY I. GREEN, M.D., 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:

WILFRED PEACE, B.A.

Psychiatric Social Workers:

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

PAULINE M. HAMMOND.

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. IVOR PLATT, 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:
J. E. LEWIS, R.M.P.A., R.M.N.

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, DOLGELLAU, and GARTH ANGHARAD, DOLGELLAU.

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).

Eleventh Annual Report of the North Wales Mental Hospital Management Committee for the Year 1959-60

The Committee have pleasure in presenting their Annual Report for the year 1959-60.

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, Shotton and Wrexham.

MANAGEMENT COMMITTEE.

Councillor O. M. Pritchard, of Anglesey, unfortunately retired owing to ill-health. His services on the Farm Committee had been freely given to the Hospital for many years dating back to the days before 1948. Mr. D. L. Thomas, a member of the Finance Committee, resigned on obtaining an appointment in South Wales, and the Committee have expressed their thanks to him for his work on the Finance Committee.

Councillor Emyr Hughes, of Llandudno, and Dr. Geoffrey Williamson, a Consultant Psychiatrist at the Mental Hospital, have been welcomed as new members.

Owing to the Regional Hospital Board's new age limit rule, the Committee are to lose the services of Ald. Mrs. Anne Fisher, Ald. D. H. White and Mr. D. H. Griffiths, and the Committee regret the introduction of the rule when it affects such experienced and valuable members.

Alderman Mrs. Fisher has served as Chairman of the General Purposes Committee and the Oakwood Park House Committee, and Mr. Griffiths as Chairman of the Finance Committee. Alderman White, a member whose service dates back to the days of the Visiting Committee, has been a member of the Works and Estate Committee.

Dr. D. Phillips-Miles, of the Regional Hospital Board, now attends as many of the Committee meetings as possible in his capacity of medical officer particularly concerned with mental health problems throughout the Region.

The Ministry of Health has suggested that Hospital Management Committees invite Matrons to attend their meetings and in a group of hospitals it has been suggested that attendance might be arranged on a rota basis. The Committee have adopted this suggestion and one of the Matrons or Chief Male Nurses attends at each meeting.

Dr. D. E. Parry-Pritchard, of Caernarvonshire, and Dr. M. T. Islwyn Jones, of Denbighshire, have continued to represent the County Medical Officers of Health as observers and advisers at the Management Committee's monthly meetings, and the Committee are grateful to them for their help and guidance, appreciating as they do that it is all the more necessary with the coming into force of the new Mental Health Act for close liaison between hospital and Local Health Authorities to be maintained and strengthened.

Regular monthly meetings of the Hospital Management Committee have been held throughout the year at Denbigh, the June meeting being held at Broughton Hospital in accordance with the Committee's decision to hold one of their meetings at a Mental Deficiency Hospital.

Local House Committees have met regularly at the Mental Hospital and at the Mental Deficiency Hospitals and the Committee again wish to express their thanks to those Committees and to the individual members who take a personal interest in the day to day affairs of the hospitals and of the patients and staff.

MENTAL HEALTH ACT, 1959.

This progressive measure has now become law and will come into force in stages.

Under the Act the care and treatment of the mentally ill will become as free and informal as for other sick persons. Registered mental hospitals will cease as such, and all hospitals, whether specially dealing with mental patients or not, will be able to admit persons suffering from mental illness without formality. Greater responsibilities for the mentally disordered will be placed on the Local Authorities and a good deal of stress is laid on domiciliary care. Where necessary, a new system of compulsory detention will be used, but there are to be adequate safeguards for the patient, with right of appeal to Review Tribunals.

It is too early yet to say what effect the Act will have on the hospitals controlled by the Committee, and there will be close collaboration between the Board and the Committee on the one hand and the Local Authorities on the other, so that full advantage can be taken of the provisions of the Act.

PATIENT STATISTICS.

Details of the patient population at the Mental Hospital are contained in the Medical Superintendent's Annual Report.

At the Mental Hospital the numbers show a further decrease this year from 1,439 to 1,418.

The numbers of patients on the books at the Mental Hospital at the beginning and end of the year 1959 are as follows:—

	Male	Female	Total
At 31st December 1958	716	723	1439
At 31st December, 1959	689	729	1418

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, 1958	193	75	79	69	67	483
At 31st December, 1959	197	73	80	68	68	486

FINANCES.

A summary of group expenditure during the year 1959-60 is given elsewhere in this report.

The cost of maintaining the hospitals in this group has again increased. Expenditure 1958-59 totalled £633,039, which was £31,762 greater than 1957-58. The allocation approved for 1959-60 in the first instance was £645,000. This was increased during the year by £39,816 (£32,616 salary awards, £1,200 new Occupational Therapy Pavilion, £1,000 holidays for patients, £5,000 modernisation, furniture and equipment at Denbigh) to a total of £684,816.

The Ministry published during the year the Hospital Costing Returns for the second year under the revised arrangements and the comparable figures for the group are given below:—

Net In-Patient Cost per Week						
Hospital	1958-59			1957-58		
		Regional Average	National Average		Regional Average	National Average
	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.	£ s. d.
Mental Illness:						
Denbigh	6 18 11	6 19 4	6 19 3	6 8 5	6 7 9	6 8 9
Mental Deficiency:						
Oakwood Park... ..	6 7 8			7 17 6		
Coed Du	5 4 9			4 9 10		
Broughton	4 13 10	6 10 0	6 8 3	4 7 1	5 18 8	6 2 3
Llwyn View	5 3 3			5 6 7		
Garth Angharad	4 15 11			5 19 1		

It will be noted that the average of each hospital compares favourably with both the Regional and National averages.

Hospital Endowments Fund.

The income of this fund for the year was £2,946, made up as follows: £1,139 received from the Central Endowments Fund, £1,349 from the Welsh Regional Hospital Board, £101 Interest on Patients' Moneys, £194 Sundry Donations, £164 Balance of Llwyn View "Beach Hut" Fund. Expenditure on patients and staff amenities amounted to £2,662.

Area Nurse-Training.

Expenditure under this heading for 1959-60 was approved at £1,773, an increase of £691 over the previous year, which was largely accounted for by the appointment of an additional Tutor, who commenced duties on 1st September, 1959.

CHARITIES.

A new sports pavilion is being provided on the land let to the Hospital Management Committee for sports purposes. The pavilion is nearing completion and the land is being drained and cultivated. The Trustees have entered into a 21 year lease with the Hospital Management Committee and an increase in rent from £72/10/0 to £197/10/0 per annum, payable from 1st June, 1960, has been agreed.

Grants have been made throughout the year to persons suffering from mental illness who are in need of financial assistance.

SUPPLIES.

Joint contracts with the three other North Wales Hospital Management Committees have continued as in the previous year, but the Committee have not considered that there is much scope for extensions to the present range.

During the year the Ministry asked Committees to place orders with organisations providing sheltered employment for disabled persons and part of the woodwork furniture needs were given to the Government Training Centre at Cardiff. Other organisations of this kind who were given orders were the Derwen Cripples' Workshops, Oswestry, for upholstery; local Blind Welfare Societies, and the Director of H.M. Prisons, with whom one of the joint protective clothing contracts was placed.

The Central Health Services Council Report on the Design of Nurses Uniforms was published during the year and, after due consideration, the Committee decided not to make any change in the present styles of dresses, as those in use had been recently adopted and were on the lines of the recommendations in the Report.

A complete review of furniture and domestic equipment requirements for the Mental Hospital was carried out during the year, and details supplied to the Regional Hospital Board to form a basis for future allocations of money for that purpose.

A fair share of the money made available for the year was devoted to providing further spring-interior mattresses for the wards. Cubicle rail has been fitted to 33 beds in the Male Reception Hospital and Ward Male 8 and further installations will be made as easing of overcrowding permits the better spacing of beds.

The new occupational therapy/entertainment building at Gwynfryn has been furnished, the equipment including a 16 mm. film projector, which will be useful for showing nurse-training films, and also permit separate film programmes for Gwynfryn patients.

WORKS.

Considerable progress has been made during the year under review in the modernisation of the hospitals in the Group. The Regional Hospital Board have made available considerable sums of money for improvements at the Mental Hospital in particular and the amenities in the old building are gradually being raised to the highest modern standards. The Committee are grateful to the Board for their continued help in this direction.

A large and comprehensive programme of work has been carried out which included such items as the extensive re-flooring of wards and corridors, the re-designing and modernising of ward kitchens, the installation of instantaneous water boilers and hot closets, and the modernisation of ward toilets.

Extensive interior and exterior redecorations have been completed at various hospitals in the group by the Committee's direct labour force and by contract.

During the year capital schemes include the completion of a new occupational therapy pavilion, the adaptation of various rooms to provide new office accommodation for the Chief Male Nurse and his assistants, and conversion of a Medical Officers' office to form a Porter's Room and Reception Counter.

OAKWOOD PARK HOSPITAL.

Following the introduction of comprehensive training facilities during 1958, the emphasis for 1959 has been on improving the comfort and conditions for the patients generally.

Among the major works undertaken with this end in view has been the installation of a ventilating system in those parts of the hospital where there are heavy concentrations of patients or where the more severely sub-normal

patients are cared for, together with the provision of a playground and suitable equipment for the children.

Only one-fifth of the total patients on the hospital books are now under order and of this number two-thirds have been dealt with under Section 8 or 9 of the Mental Deficiency Acts for offences committed.

In an effort to ensure that the utmost benefit is derived from the limited number of beds available, co-operation with the local health authorities in the region has enabled 31 patients to be admitted for short-term care during the year, the beds occupied being those vacated by patients absent on leave. The period in hospital gives a welcome break to the often hard-pressed relatives of those admitted, and the hospital benefits by the more economical use of beds and the more stimulating atmosphere engendered by the increase in the turnover of patients in what normally is, by the very nature of the patients' condition, a long-stay hospital.

The final phase of development has now been included by the Minister of Health in the Hospital Building Programme and when the work is completed the hospital will be able to accommodate 450 patients.

The Committee have from time to time recorded their appreciation of the energy and skill with which the Secretary-Superintendent, the Chief Male Nurse and all the staff have dealt with all the problems that have inevitably arisen during the development of this new hospital, and they are more than satisfied with the results so far obtained.

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.

The ordinary clinic services have continued as hitherto and there have been requests for extensions of activities outside the clinic premises, in particular in schools and relation to other community services.

Unfortunately, difficulties arose as a result of staff shortages. Two of last year's vacancies on the establishment of four Psychiatric Social Workers could again not be filled, and the long requested addition to the staff of a Senior Psychiatrist did not occur. Then towards the end of the year, the remaining two Psychiatric Social Workers, as well as the Child Therapist, left. Their posts remained unfilled despite intensive advertising and personal effort by other members of the staff. The shortage of the specialist workers in question is country-wide and no quick relief can be expected. Dr. Simmons has the full support of the Management Committee in his efforts to prevent a serious reduction in services rendered.

Unavoidably, the high figures of the latter years for attendances at clinics could not be maintained, and home visits had to be severely reduced.

The school psychological services and liaison with workers in the community services were given priority and their activities were largely unaffected by the staff shortage outlined.

Negotiations for the acquisition of premises suitable for use as a residential treatment unit for emotionally maladjusted children could not be concluded, but it is expected that a very suitable property will be acquired and put into use during 1960.

The Hospital Management Committee have agreed that a further two Psychologists will be required to meet the rising needs of the school psychological service. Details remain to be worked out between representatives of the Hospital Management Committee and the Local Authorities, who will be the main beneficiaries, and the consent of the Regional Hospital Board is being sought.

The main objectives of 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, will have been achieved in 1960. The Regional Hospital Board have, however, agreed to an extension of the research by one year to allow the test scale to be extended so that it will cover children between the ages of six and 14. This will add greatly to the value of the work.

ESTATES.

Legal formalities with regard to the selling of a large quantity of water to the Aled R.D.C. have been completed and an agreement has been signed. The Council have further suggested that they would be prepared to take over the Committee's water supply "head-works," and the Committee have informed the Regional Hospital Board that they would be prepared to take part in discussions provided it is definitely understood that any takeover would be of the whole of the water undertaking and not of the head-works only.

The purchasers of Pennant Farm have sought permission to use the slaughter-house on the farm, and the Ministry have upheld the Committee by refusing to waive the covenant in the conveyance which prohibits the use of any buildings on the farm for the slaughter of animals.

The Denbigh Borough Council have offered to reserve, on certain terms, a number of houses to be built on the surplus hospital land at Lon Llewelyn that has been conveyed to the Borough for building purposes, but, having regard to the high economic rental that would be payable on any such properties and to the lessened demand at the present time, the Borough Council have been informed that the Committee would require only two houses of a type suitable for junior medical staff.

On the suggestion of the Ministry of Health on a point raised at audit, it has been decided to transfer responsibility for interior redecorations to all

occupants of hospital houses and an appropriate abatement has been made in the rentals.

Surplus farm lands at Coed Du Hall have been leased for agricultural purposes to a neighbouring farmer.

The ten-year lease of the Garth Angharad Mental Deficiency Hospital having expired, the Regional Hospital Board have, on the suggestion of the Committee, arranged with the owners for the lease to be continued for the time being on a year-to-year basis.

STAFF.

Miss Fletcher, the Matron-Superintendent of Broughton Hospital, retired during the year and the Committee, at a luncheon held at Broughton, thanked her for the loyal and devoted service she had given to the mental deficiency hospitals in which she had served for a period of 40 years. She had been Matron of Broughton Hospital since its opening by the Flintshire County Council and during the War she had been responsible for the evacuation of the Hospital to Rhyl and its return to Broughton. The Committee have wished Miss Fletcher health and happiness for many years in her well-earned retirement. Miss J. E. Lewis has been appointed in her place and has already shown that the Committee have made a good choice.

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

D. W. Hughes	Engine Room Attendant	32 years
T. A. Jones	Charge Nurse	32 years
William Griffiths	Charge Nurse	36 years
A. E. Fletcher	Matron— Broughton	33 years
Trevor Hughes	Nursing Assistant	31 years
J. R. Foulkes	Foreman Joiner	25 years
R. A. Hughes	Head Gardener	29 years

The Committee regret to record the passing away of the following members of the staff: Dr. J. A. Urquhart, S.H.M.O. (9 years' service), Mr. R. S. Hughes, Nursing Assistant (3 years' service), Mr. David Edwards, Nursing Assistant (19 years' service), Mr. W. E. Williams, Painter (28 years' service), and Mr. Emyr Lloyd, Electrician's Mate (3 years' service).

CONCLUSION.

The Committee are proud of the achievements of the staffs of all the hospitals in another year of progress, and they wish to express their appreciation for all that has been done to further the comfort and happiness of the patients.

DAVID TUDOR,
Chairman.

April, 1960.

NORTH WALES HOSPITAL, DENBIGH.**Medical Superintendent's Annual Report, 1959**

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital, Denbigh.

In 1959, the Mental Treatment Act received the Royal Assent. Considering the extent of the changes introduced by the Bill, it passed relatively easily through Parliament, and such amendments as were made did not alter it materially.

At the time of writing this report, the only provision of the Act to have come into force is that authorising the acceptance of patients on an informal basis. This means that mental hospitals may now admit suitable persons without the formality of the signed application which was necessary in the case of voluntary patients. The mental hospital is thus brought into line with the general hospital, where it has always been assumed that a patient is willing to enter hospital unless he actively protests to the contrary. Thus, while the general hospital could take in an unconscious patient, we were barred from admitting such a patient on a voluntary basis because he could not sign a formal application.

As the Act requires local authorities to assume new responsibilities, considerable thought has had to be given as to how best to integrate the service of the mental hospital with those provided by the local authority. Fortunately, this hospital serves five counties with a long tradition of working with each other and with us in matters of mental health, so that the necessary co-operation is not likely to prove difficult. The County Medical Officers and I have had several informal meetings during the year. The main problems discussed have been those relating to the size and nature of hostels which the local authorities will be required to provide, and to the training by us of their necessarily increased staff of mental welfare officers.

As is usual when considering the state of the hospital, the most important item is that relating to the rise or fall of its patient population. The salient feature of the following graphs is that it has again fallen. An increase in the number of those over 65 was fortunately more than compensated for by a fall in the under 65's.

In the last eight years, the number of under 65's in the hospital has fallen by as many as 153. Of these, 39 were transferred to new M.D. accommodation in the region, but the balance of 114 represents a real reduction, for which credit must go to improved methods of treatment and rehabilitation.

Those of us who like to express such things in terms of money may reflect that the cost per annum of 114 patients, at say £350 per annum, would amount to £39,900. This saving is some return for the increased sums spent on the medical, nursing and social services which have resulted in their greater efficiency.

The increase in the number aged over 65 is sad except insofar as it reflects the universal tendency for us all to be healthier. That, as a result, we live longer is not entirely a blessing, for the older we get the more liable we become to mental deterioration dependent on senile changes in the brain. It is fortunate that we are able to make room for an increasing number of elderly patients by discharging more of those in youth and middle age.

For the record, it should be pointed out that the improved discharge rate in the younger age group has been brought about before the introduction of the new community care facilities envisaged in the Mental Health Act. These, when available, will materially assist and encourage patients to leave hospital.

One point which cannot be over-emphasised is that the less overcrowded and more comfortable we make mental hospitals, the easier it is for conditions to be created which are favourable to recovery. It is now realised that in the past much of the deterioration of patients suffering from mental illness was brought about by overcrowding and by undue regimentation consequent to inadequate staffing. A vicious circle thus occurred whereby overcrowding tended to make for chronicity which, in turn, led to greater overcrowding. That this circle has been broken must be accounted a great achievement. However, we cannot afford undue complacency, for I have already mentioned the steady increase in our aged population. Until the problem it presents is adequately dealt with on its own merits, it must threaten the standard of treatment of our younger patients and, in fact, of recoverable patients of any age.

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. On the other hand, 39 mental defectives have been transferred to more appropriate accommodation recently made available by the Board at Oakwood Park and elsewhere.

Curve A shows that the total population of the hospital fell during 1959 by 21.

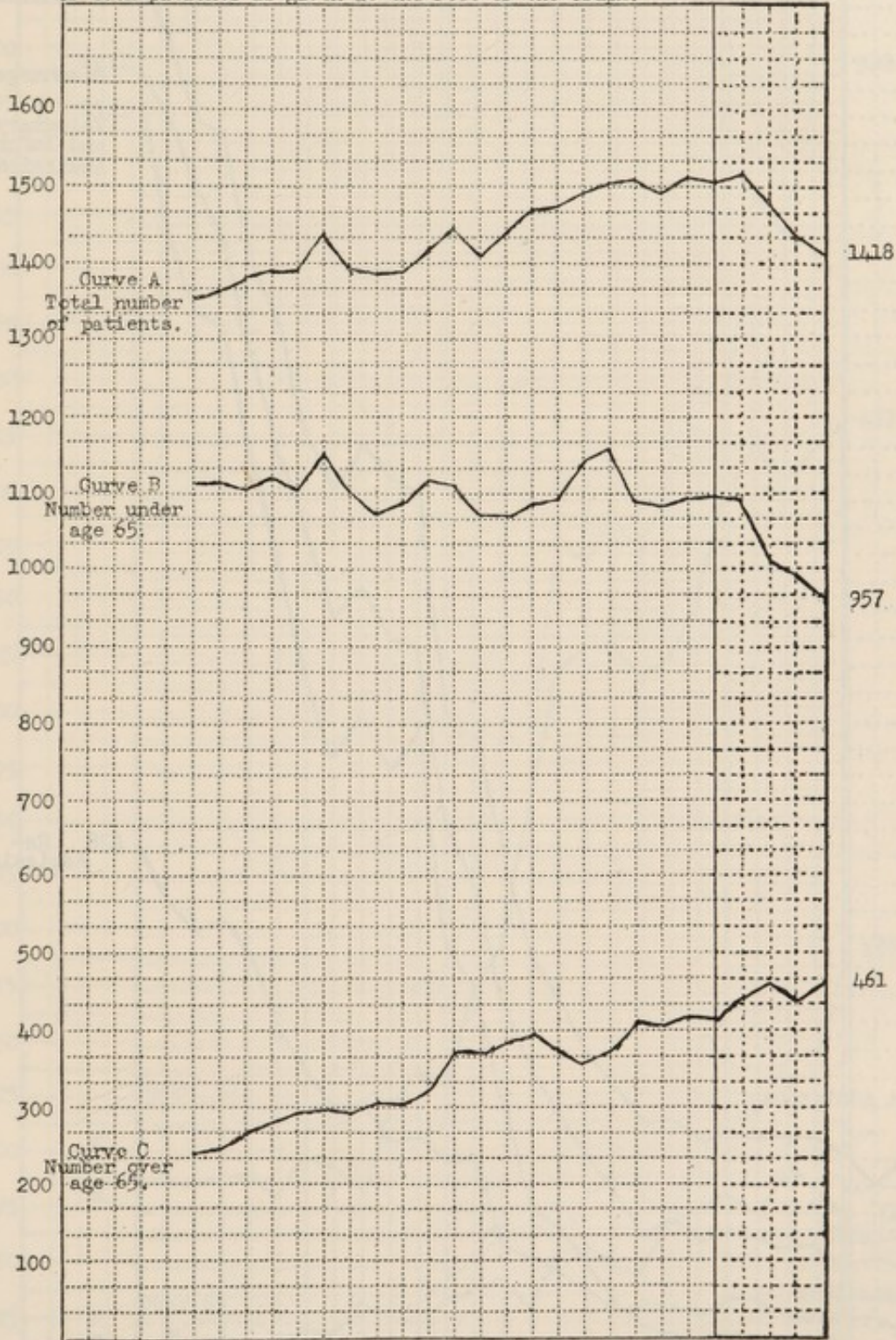
Curve B shows that the number of patients under 65 fell by 42.

Curve C shows that the number of patients resident over the age of 65 rose by 21.

GRAPH I.

HOSPITAL POPULATION.

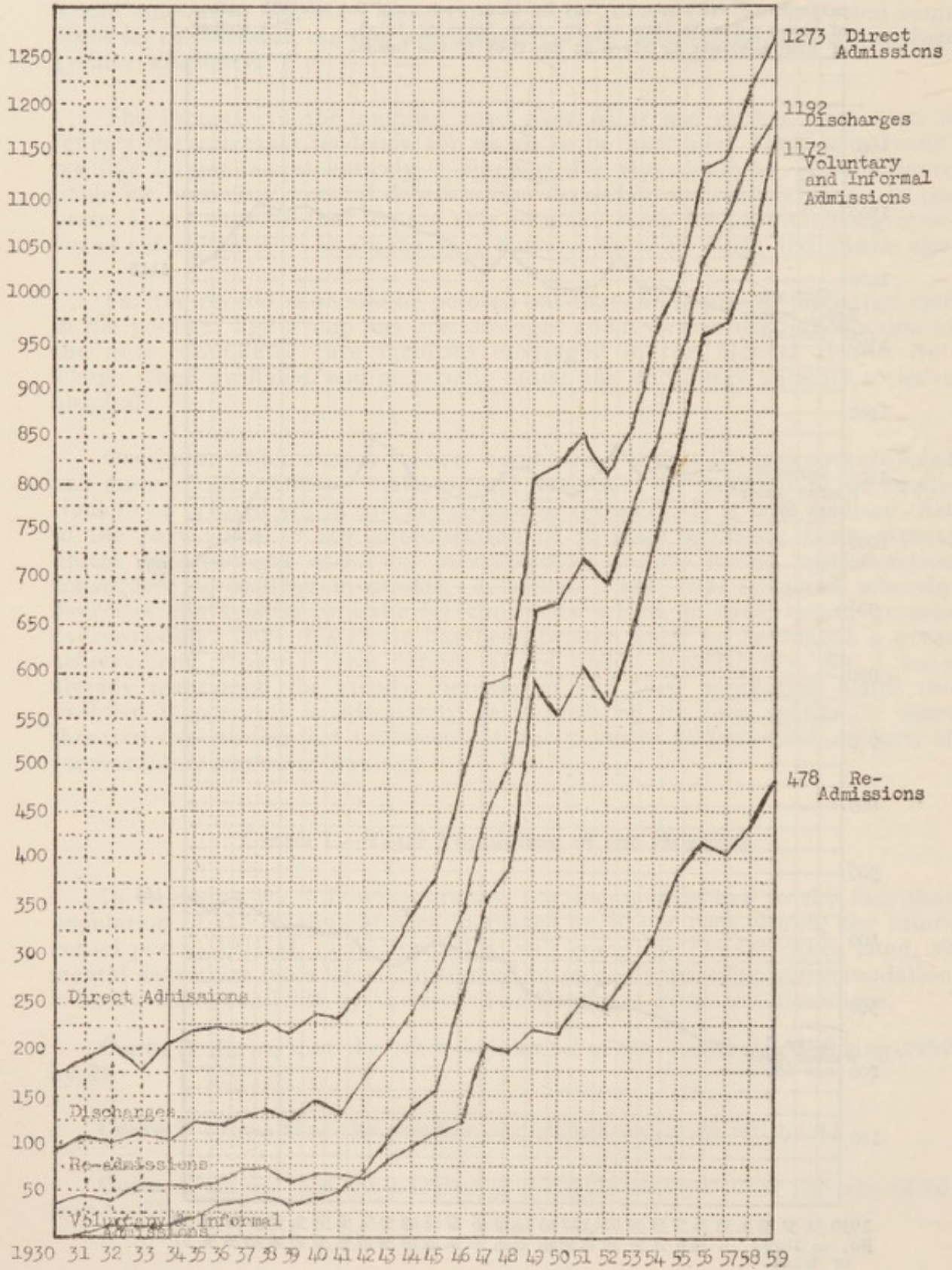
The figures on which this Graph is based refer to the number of patients on our books on 31st December each year but a small number of these patients were out on short leave or trial. The number of such patients is given at the foot of the Graph.



1930 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59
 No. on leave or trial. 8 188 2 16 19 2 18 14 19 2 20 2 22 19 2 27 53 2 23 16 13 33 2 57

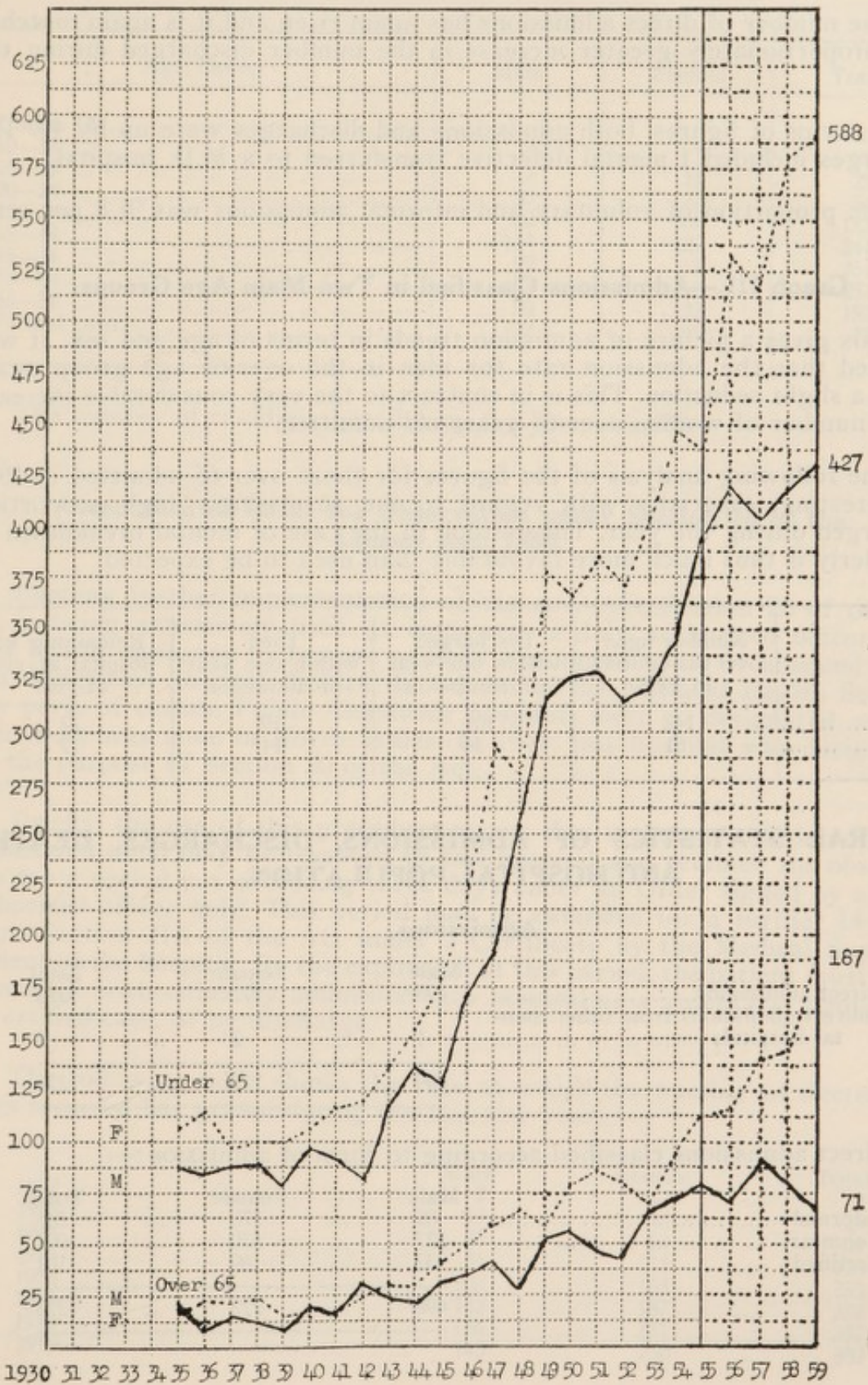
GRAPH II.

ADMISSIONS AND DISCHARGES.



GRAPH III.

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



Graph II.—Admissions and Discharges.

The number of direct admissions has again risen and it is again matched by a proportionately greater increase in the number discharged during the year.

In terms of figures, both admissions and discharges were up by 49. The discharges included 1 mental defective transferred to a M.D. hospital.

The proportion of voluntary and informal admissions was 91.8 per cent.

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 again shows a slight reduction. This is in contrast to the very considerable increase in the number of women over 65 years old admitted.

The following analysis of the figures for those over 65 admitted in 1958 is interesting, especially with regard to the surprisingly high proportion discharged during the year. The outlook in the case of mental breakdown in the elderly is thus much more favourable than used to be expected.

	Number aged over 65 admitted in 1958	Discharged within one year of admission	Died within one year of admission	Remaining in hospital at end of year
Female... ..	142	101	19	22
Male	81	50	14	17

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

Admissions.

	Male	Female	Total
Direct admission	498	775	1273
Indirect admissions from other mental hospitals	1	2	3
	499	777	1276

Direct admissions classified according to form of admission:—

	Male	Female	Total
Informal	89	176	265
Voluntary	377	530	907
Certified	32	69	101
	498	775	1273

Direct admissions classified according to age groups:—

Age Group	Male	Female	Total
Under 10	—	—	—
10—15	6	5	11
16—19	15	14	29
20—24	27	27	54
25—34	82	101	183
35—44	114	127	241
45—54	99	152	251
55—64	83	168	251
65—74	50	132	182
75 and over	22	49	71

The number of re-admissions during the year was 478.

Acceptance of Cases for Observation under Section 20 of the Lunacy Act, 1890.

Pending further implementation of the new Act, Section 20 of the old Act is being extensively used. It 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 at 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
1959	143	...	250	...	393

The table below shows the mode of disposal of those patients admitted under Section 20 during 1959. It will be seen that about 65.9 per cent. elected to remain in the hospital as informal or 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) Informal patients	16	...	46	...	62
(b) Voluntary patients	70	...	127	...	197
(c) Certified patients	13	...	43	...	56
(2) Admitted to other mental hospitals	1	...	2	...	3
(3) Admitted to general hospitals ...	—	...	4	...	4
(4) Dealt with under M.D. Act... ..	—	...	1	...	1
(5) Discharged home	35	...	26	...	61
(6) Otherwise disposed of	2	...	1	...	3
(7) Died	6	...	—	...	6

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 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 58 cases requiring to be certified were as follows:—

Anglesey: 7. Caernarvon: 14. Denbigh: 17. Flint: 17. Merioneth: Nil. Out-Counties: 3.

Discharges.

	Male		Female		Total
Recovered	217	...	407	...	624
Relieved	225	...	280	...	505
Not Improved	33	...	30	...	63
	475		717		1192

Transfers to other mental hospitals: Female 3.
Discharge rate on direct admissions: 93.6%.

Deaths

	Male		Female		Total
Under 65	12	...	13	...	25
65 and over	38	...	41	...	79
	50		54		104

The death rate was 7.4 per cent. of the average number resident.

Post-mortem examinations were conducted in 55.8 per cent. of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of three deaths. 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, 1958...	716	...	723	...	1439
Number remaining on 31st December, 1959:—					
Informal	229	...	169	...	398
Voluntary	261	...	103	...	364
Certified	199	...	457	...	656
	689		729		1418

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

ACCOMMODATION AT THE HOSPITAL.

	Sleeping		Day	
	Male	Female	Male	Female
Statutory Accommodation	626	598	567	609
Number of patients on register on night of 31/12/59	689	729	689	729
Deficiency of Accommodation... ..	63	131	122	120
Percentage overcrowding	10%	22%	21.5%	20%

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.

During this year, no patient died from pulmonary tuberculosis. This is the first year I can recall during which no patient died from this disease.

B.C.G. Vaccination.

All nurses are Mantoux tested on joining and as a result 14 required B.C.G. vaccination during 1959.

NURSING STAFF.

Matron and Chief Male Nurse report as follows:—

“The nursing service has been satisfactorily maintained. Recruitment, as the accompanying tables show, has again been unpredictable, a slight increase on the male side but a decrease on the female side. In spite of these difficulties, however, the 44-hour week was introduced smoothly on 4th April.

“The Training School has again produced excellent results, achieving 100 per cent. success with the 12 Final candidates and over 90 per cent. passes in the Preliminary examinations. Evidence of the efficiency of this training is reflected in the decision of the General Nursing Council to approve this hospital to introduce the new Mental Nursing Syllabus in October, 1960. Mr. Hughes, the Principal Tutor, is to be congratulated upon this fine year's work, which has required the reorganisation of the whole nursing curriculum. He has been assisted since September by a second tutor, Mr. D. L. Jones, S.R.N., R.M.N., St.D. The appointment of Mr. Jones has made these changes possible, and we welcome his return to his old hospital.

“Post-graduate education has not been neglected. During this year, lectures and work study discussions have been introduced for ward sisters and charge nurses, and we hope to extend this work next year.

“The Nurses' Annual Prizegiving, held in October, was again most successful. Mrs. Tudor, the wife of the Chairman of the Hospital Management Committee, kindly presented the prizes. This event is now eagerly looked forward to, not only because it emphasises the importance of nurse training but also because it has become a social event and provides an opportunity for re-union with old colleagues.”

The following tables illustrate the trends over recent years:—

Table I.

	31/12/51		31/12/55		31/12/57		31/12/58		31/12/59	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Qualified Mental Nurses ...	71	13	70	19	65	19	58	23	62	26
” also S.R.N.	10	3	6	4	10	4	11	3	10	5
Student Nurses ...	15	36	11	13	24	17	26	24	37	19
Nursing Assistants ...	32	27	37	40	34	33	33	40	36	46
Part-time Nurses (in terms of whole-time):										
Qualified ...	—	27	—	45	—	7	1	6	2	4
Assistant ...	—	—	—	—	—	57	—	48	—	48
	128	106	124	121	133	137	129	144	147	148
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Nursing Cadets ...	—	—	—	—	2	2	6	3	6	4
Ward Orderlies ...	1	7	8	17	11	14	12	10	14	15

Table II.—Strength of Trained Female Staff.

	Whole-time	Part-time
December, 1944	33	—
" 1946	23	—
" 1948	24	—
" 1950	16	3
" 1952	16	6
" 1954	21	8
" 1956	24	9
" 1958	23	10
" 1959	31	7

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
1959	9	20

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, and, upon discharge, follow-up care.
- 3—Occupational and recreational therapy and social rehabilitation. In all mental illnesses there is a tendency for the patient to withdraw into himself, and it is necessary to counteract this by every means in our power. It is not sufficient that the patient be given the right medical treatment. His faculties, as they recover, must be given carefully graded exercise and he must be encouraged to take part again in the daily round of social activities which make up life. This means that his day must be filled with work and recreation appropriate to his mental state, a task which calls for considerable resources. This year, a fine new occupational centre was opened at Gwynfryn and it has

greatly helped our work in this respect. Here, during the day, patients of both sexes occupy themselves, while in the evening various social functions take place. A patients' committee is encouraged to take as much responsibility as possible in organising all affairs of interest and importance to them.

Equally important are the efforts to improve our more chronic patients. For example, Bryngolau, a villa of 50 patients, has been made into a special rehabilitation unit. Here, some of our most deteriorated male patients are accommodated whilst they undergo special training. The basic principle involved is that patients should be dealt with in small groups. Each group is cared for by a pair of nurses whose hours are so arranged that one or other of them is always with the group during the day, taking them through their toilet regime, supervising their meals and teaching them tasks and social activities appropriate to their capacity. This nursing technique differs from former mental hospital practice insofar as the patient group is small and always has its own nurses. In this way, a close personal relationship between nurse and patient is built up and it is this which helps to make the patient accessible to social influences. As far as possible, these principles are applied throughout the hospital, though an important limiting factor must obviously be the number of nurses available, for such methods as I have outlined above are costly in terms of staff.

4—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. 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 chlorpromazine and trifluoperazine have proved the most useful for our particular patients.

5—**Anti-depressant Drugs:** During the last year, a new class of drugs influencing depressive states has come into use. They include imipramine and the mono-amine oxidase inhibitors. While it is too soon to make any true assessment of their usefulness, results so far are encouraging.

The following table shows the number treated by various physical methods during 1959:—

	Male	Female	Total
Electric Convulsive Therapy	84	157	241
Modified E.C.T.	210	419	629
Deep Insulin	—	—	—
Modified Insulin	20	53	73
Abreaction Techniques	2	3	5
Leucotomy	—	3	3
Narco-Analysis	13	3	16

Leucotomy Cases.

The following is the analysis of the results in all cases operated upon between April, 1942, and December, 1959:—

	Male	Female	Total
Total number of cases	157	133	290*
Discharged "Recovered" or "Relieved"	103	87	190
Improved in hospital	46	37	83
Unchanged	32	22	54
Died as a result of operation	5	7	12
Discharged but since relapsed	31	20	51

*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 result shown in the above tables are regarded as satisfactory.

Surgical Operations.

The operation of leucotomy is performed by Mr. A. Sutcliffe Kerr in the hospital operating theatre, and three operations were carried out during 1959.

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 1959
General Medicine	Dr. G. H. T. Lloyd	Weekly	175
Tuberculosis	Dr. J. F. Durrans	As required	121
General Surgery	Mr. D. I. Currie	As required	100
Ophthalmology	Mrs. E. M. Brock	Monthly	83
Ear, Nose and Throat Surgeon	Mr. R. D. Aiyar	Monthly	78
Neurosurgeon	Mr. A. Sutcliffe Kerr ...	As required	20

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 1959, 1,331 patients were examined. Extractions were carried out in 363 cases; 91 patients had teeth filled; 71 were provided with dentures; and 38 had their dentures repaired.

SPECIAL METHODS OF INVESTIGATION.

Pathological Laboratory.

Since the retirement of Dr. A. Ceinwen Evans as Consultant Pathologist in October, 1958, the pathology work required by the hospital has been carried out at Clwyd and Deeside H.M.C.'s laboratories at the Royal Alexandra Hospital, Rhyl, and H. M. Stanley Hospital, St. Asaph, except for post-mortems, which continue to be conducted here. The arrangement works well, and I am grateful to Dr. T. Alban Lloyd and Dr. G. Hefin Roberts for their helpfulness.

X-Ray Department.

During 1959, the following examinations were made:—

	Patients		Staff		Total
	Male	Female	Male	Female	
Chest	377	194	79	216	866
Skeleton	208	272	21	17	518
	585	466	100	233	1384

All radiographs are seen and reported on by Dr. R. I. Green, Consultant Radiologist to the hospital.

Department of Psychology.

Mr. W. M. Peace reports as follows: "The main function of this department is to provide assessments of intelligence, personality and psychiatric disturbance with the aid of standard tests. The work during the year 1959 may be classed under four headings:—

"In-patients: The patients tested individually in hospital totalled 137 (vs. 143 in 1958). Of these, 96 (vs. 42 in 1958) were seen for intelligence testing, and 41 (vs. 92 in 1958) for personality and/or diagnostic testing in addition to assessment of intelligence.

"Patients on the male admission side are tested individually with a full-scale intelligence test or with a slightly abbreviated form. The results of these tests may prove useful for re-test or diagnostic purposes.

"Out-patients: Eight patients have been referred (vs. 11 in 1958), five for intelligence testing and three for personality or diagnostic tests.

"Mental Deficiency Cases: Thirty-one patients (vs. 23 in 1958) have been seen for assessment of intelligence. The greater part of this work will continue to be with the hospital population at Oakwood Park.

"Nursing Staff: Seventeen candidates for student nursing (vs. 22 in 1958) have been given intelligence tests individually.

"I wish to express my appreciation of the assistance and advice given to me by Dr. Morgan."

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 in 1958 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 1959, the Department dealt with the following cases:—

	First Attendance	Repeat	Total
In-patients at North Wales Hospital	238	82	320
From Psychiatric O.P. Clinic	59	15	74
From N.W. Child Guidance Clinics	1	—	1
From Paediatric Consultants	72	41	113
From Consultant Physicians	316	49	365
Total	686	187	873

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 8.45 a.m. and 2.45 p.m. on Sundays, and at 9 a.m. on Wednesdays 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.

Occupational Therapy is carried out at six centres, of which three are for acute cases, one being located at Gwynfryn and two attached to the reception wards in the main hospital. The remaining three centres are for long-stay cases, one on each side of the hospital and one at Pool Park. That on the male side contains a printing department and a workshop equipped with metal and wood-turning lathes and other modern machinery. Work done includes the assembly of bedside lockers from prefabricated parts, and at Pool Park arrangements have been made with a firm of fruiterers for the repair of their broken crates at market prices.

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. Last May, the new sports ground in its picturesque setting by the River Ystrad came into use. Patients and staff had put in much work during the preceding winter in preparing the cricket field, and it was very gratifying that it should prove so successful. During the latter end of the year, a sports pavilion was in process of building and patients were engaged in laying out a new football pitch.

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 are also remunerated for useful work in the hospital and in this way may earn up to an additional 10/- per week. Whilst free issues of tobacco and sweets have been reduced to a minimum, they are still available to patients unable to visit the canteen for physical or mental reasons.

During the year, a canteen has been opened at Pool Park, and this is very much appreciated by the patients there.

Patients' Library.

The hospital library service is operated by the Red Cross Society. Their librarians visit certain wards to take books directly to such patients as are unable to use the central library. The latter is open on two evenings and one afternoon per week for the exchange of books.

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.

Recreation.

All wards are now provided with television and wireless.

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. Mrs. Gabriel continues as 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. Eighteen concerts were presented during the year, including four by the Council for Music in Hospitals.

In the summer, patients are taken to the seaside and to such local events as Sheepdog Trials and Flower Shows. I would record my appreciation of the kindness of the Denbigh Football Club in allowing our patients to attend all home matches free of charge.

We are again indebted to the W.V.S. In addition to a weekly social for younger patients in the main hospital, they run a Darby and Joan Club for the more elderly. Both ventures are a great success.

At Pool Park Hospital, the Clocaenog, Clawddnewydd and Gyffylliog Women's Institutes hold regular whist drives. The Ruthin Rotary Club also visit regularly and, from time to time, put on social evenings. Our indebtedness to these bodies is gratefully acknowledged as Pool Park, being more off the beaten track than Denbigh, its patients have fewer opportunities for making outside contacts.

Holidays.

During the year, 30 men and 60 women each had a week's holiday at Rhyl, staying at a boarding house. Also, 120 male patients spent a week at the Cheshire County Council holiday camp at Pensarn, which had been lent to the Committee for a period. Both these ventures proved a great success, and our patients, most of whom had spent many years at Denbigh, greatly enjoyed the change.

OUT-PATIENT SERVICES.

(1) Out-Patient Clinics.

These clinics, held at general hospitals, provide facilities for the diagnosis and treatment of patients who do not require admission to a mental hospital.

Clinics are held at the following centres:—

Bangor	Caernarvonshire & Anglesey Hospital	Every Tuesday afternoon. Every Wednesday morning and afternoon.
Dolgellau	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 1959.

	First Attendance			All Other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor	209	249	458	283	482	765
Dolgellau	18	27	45	31	39	70
Rhyl	148	179	327	253	538	791
Wrexham	212	258	470	517	802	1319
Mold	40	60	100	82	137	219
Denbigh	60	25	85	137	108	245
Total	687	798	1485	1303	2106	3409

The following are the figures of total attendances at all adult clinics during the past 16 years:—

1944	304	1952	2878
1945	461	1953	2815
1946	576	1954	3630
1947	830	1955	3990
1948	1167	1956	4150
1949	1224	1957	4263
1950	1778	1958	4332
1951	2295	1959	4894

(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 1959 was:—

Male: 85 ... Female: 188 ... Total 273

(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: 38 ... Female: 76 ... Total: 114

(4) **Examination of Cases referred by the Courts under the Provision of the Criminal Justice Act, 1948.**

During 1959, these numbered as follows:—

Male: 18 ... Female: 1 ... Total: 19

(5) **Psychiatric Social Work Department.**

Mrs. Iolo Jones reports as follows: "The two major functions of this Department have always been 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. In view of the new Mental Health legislation, the latter function has become even more important and the Department is forming as close a liaison as possible with Local Authority workers in order to build up appropriate community services.

"The new Mental Health Act and the Younghusband Report have both made plain the urgent need for the recruitment and training of many additional Mental Health case workers. During recent years, this Department's commitments in the training of P.S.W. and Social Science students have steadily increased, and this has now become of primary importance, since in this way, too, valuable contributions to Local Authority services can be made. The Regional Board has recognised the urgency of this work by re-grading Miss P. M. Hammond as Teacher-Supervisor. Miss Hammond's year of study at the Tavistock post-graduate Course has given her excellent qualifications for this work of training and supervision.

"**Staff:** At the beginning of the year, the staff consisted of three Psychiatric Social Workers and one Social Science trainee. In March, Miss Eileen Clarke (P.S.W.) left to take up a post in Essex, and, in September, Miss C. M. Llewelyn Evans (P.S.W.) returned to us after qualifying at Manchester University. In November, Miss Dampier, of Swansea University, joined the staff as a Social Worker. At the end of December, Mr. Bagnall (Social Worker) left for work in London. As Miss Brown (P.S.W.) is to join the Department in January, the beginning of 1960 will see the establishment completed, i.e., there will be four P.S.W.s and one Social Worker.

"**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 a Course in Psychiatric Social Work at an appropriate university after a preliminary training in the field.

"**Students: Psychiatric Social Work Students**—Manchester University 4, Liverpool University 2; **Social Science Students**—Cardiff University College 1, Swansea University College 1, London School of Economics 4.

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

“Rehabilitation and Employment: The close liaison with the Ministry of Labour has continued, and the monthly conference with the Group Disablement Resettlement Officers are most valuable. Mrs. Iolo Jones is a member of the Wrexham Disablement Advisory Committee and Miss Hammond of the Blaenau Ffestiniog one.”

The following table gives details of work done with adults during 1959. 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	24	2	4	32	1	17	80
Caernarvon	104	26	33	95	16	22	296
Denbigh... ..	112	48	98	93	10	11	372
Flint	79	33	59	117	16	72	376
Merioneth	37	6	8	22	2	1	76
Other Counties	—	—	—	3	1	—	4
	Total ...						1204

Class II.

County	In-patients			Out-patients			Pre-care			Total
	HV.	OV.	I.	HV.	OV.	I.	HV.	OV.	I.	
Anglesey	23	—	—	9	—	1	7	2	—	42
Caernarvon	119	21	7	77	7	—	55	4	—	290
Denbigh	45	12	12	68	10	11	31	17	2	208
Flint	94	14	50	81	7	34	6	3	1	290
Merioneth	28	4	1	27	6	1	—	—	—	67
Other Counties	—	—	—	—	1	—	—	—	—	1
	Total ...									898

Grand Total Class I. and Class II.: 2102.

SENIOR STAFF CHANGES.

Miss Harris resigned from the post of Deputy Matron in February, and Miss Margaret Wheldon was appointed in her stead.

Mrs. J. Wills Jones relinquished the post of Warden of the Nurses' Home in August and was succeeded by Miss E. M. Swire.

Dr. A. M. Dry, Psychologist, left in March, and Mr. W. M. Peace was appointed to the post in her stead.

The senior medical staff has remained unchanged.

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.

REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL

BROUGHTON HOSPITAL, BROUGHTON, FLINTSHIRE.

13th July, 1959.

There are 67 patients, all female, in residence at this Hospital today, including one patient under short-term care. Sixteen patients were under the age of 16 years. Seven patients only are now detained under order, all adults.

Since the last visit, apart from an outbreak of influenza, when some 40 patients were affected, the health is reported to have been good. Two patients died from natural causes, no inquests were held. No casualties are reported. Dr. Bough continues to visit twice a week; a medical journal is kept. A dentist visits twice a month and a chiropodist once a month.

It is believed that, at some future date, it is proposed to remove the low-grade patients from this Hospital: in the meantime, the present classification, whereby small children have to share the same dayroom accommodation with low-grade adults, including some impulsive epileptics, is most unsatisfactory. To meet this difficulty at meal times, some six of the youngest children are fed in their dormitory. Nine of the better patients help to feed the low-grades, both adults and children.

A visiting teacher takes a class twice weekly in the afternoons; 12 patients are believed to attend. Unfortunately the class was not in session today and little information was available. The class is held in a hutment, toilet facilities have now been provided here: but for the shortage of staff, it was felt more use could be made of this hutment.

The inadequacy of the pocket money and rewards paid to the patients is a matter of concern. There is a free issue of sweets to all, 22 patients receive pocket money: of these, three receive 5/- and over (one only) per week, but the remainder receive less than 2/6 per week, 12 receiving less than 1/3 per week. The great majority of these patients do some useful work, most of the cleaning is undertaken by them; apart from the laundry and kitchen, no domestic staff is employed other than one discharged patient. The patients, with one exception, do not handle their pocket money (except on outings): the method of recording individual pocket money did not seem entirely satisfactory. There is insufficient opportunity for expending pocket money, both inside and outside the Hospital; by this means only are the better patients going to learn the value of money. Shopping expeditions to Chester and coach outings are organised occasionally, one of each having taken place so far this year, in April and May respectively: no patients are allowed parole outside the Hospital.

Television is enjoyed, but only six patients remain up to view in the evening.

The acute shortage of nursing staff persists; despite this, all the low-grade patients (three only are confined to bed) were tidily dressed and, though very many are incontinent, there was no indication of this, which speaks well for the conscientious interest taken in the patients by the nurses.

The Matron is again without a Deputy. The staff at present consists of one part-time sister, one full-time (resident) staff nurse (trained), three full-time and seven part-time nursing assistants (averaging 24 hours per week). Of the latter, one full-time nursing assistant is on night duty, with a part-time as relief.

In addition to the teacher and discharged patient referred to above, other staff employed consists of one cook, one part-time assistant cook, two part-time laundresses, one full-time seamstress, one gardener/handyman, and one assistant gardener.

The Hospital throughout was in good order and is clean and well kept.

The arrangements for dealing with the foul wash are unchanged: a number of Hospitals are now finding it advantageous to install, in the vicinity of wards, a small washing machine of a type specifically designed to deal with foul wash.

I would thank the Matron for her assistance during my visit.

(Signed) M. G. M. GORDON,

Inspector of the Board of Control.

LLWYN VIEW HOSPITAL, DOLGELLAU.

11th June, 1959.

This Hospital continues to be run on homely lines and the general atmosphere is a very happy one. Of the patients on the books, 17 remain under certificates and 51 are now informal. Ten women are away at present at Criccieth in a holiday home and one patient is on licence at Denbigh Mental Hospital. There is one short-stay patient under care here at present.

Two of the girls are now ready to go out on licence and arrangements for them to do so are in train. Two other girls go out to daily work in Dolgellau.

Some of the patients attend "school" on three afternoons a week. Two of the sessions are taken in the Hospital by a trained children's teacher, and the third session is held in the Red Cross Rooms in Dolgellau by members

of the Red Cross, who give training in housewifery and kindred subjects. The patients are chiefly engaged on the work of the Hospital and rewards given for work done are suitable in amount. The recreational life is well varied. Parties of men patients continue to attend the dances and there are other entertainments.

The general health has been on the whole satisfactory, but there was an epidemic of influenza during the Spring which affected 18 patients. One patient has developed tuberculosis, but is being moved to a sanatorium in a few days' time. One patient has died. There have been no serious casualties to record.

The buildings are in a good state of repair and are comfortably furnished. Many of the floors, however, are in a bad state and there is some movement noticeable when one walks through some of the rooms.

The Laundry is in need of improvement; the ventilation is not satisfactory, and I was sorry to find that a Hofman Press had not yet been installed, although Llwyn View continues to take in the laundry of Garth Angharad and this includes the men's suits.

Miss Williams, the Matron, gave me every assistance during my visit, and I was glad to find that she is remaining on as Matron for the time being.

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

GARTH ANGHARAD, NEAR DOLGELLAU.

11th June, 1959.

Unfortunately, the Superintendent, Mr. Jones, was away today, but his deputy gave me every assistance during my interesting visit to this small but well-appointed Hospital. There were in residence today 73 patients—14 under certificates and 59 informal. In addition, two men are out on licence. All new admissions in 1958 were on an informal basis.

I believe I have seen all the patients in residence, and I found them contented and happy.

The health has been excellent and there have been no illnesses of any kind to record. The two patients who have had tuberculosis, and who have been quiescent for a long time, still receive special care.

The men are well occupied; although the workshops were shut today, the patients were nearly all out working in the grounds and in the kitchen garden, whilst a group were busy making firewood bundles: this is done on a commercial basis. The kindle wood is all sent to Denbigh Mental Hospital and

the financial side is dealt with there. I did not gather that any part of the profit is given to the actual patients doing the work. This might be a way of introducing the idea of "industrial employment" to this Hospital.

The rewards for work done range from 10/- a week (ten men receive this amount) down to 2/- a week.

Unfortunately, the schoolmaster who came to Garth Angharad for two evenings a week to hold classes has left the district and these classes are for the moment suspended. It is hoped to fill the vacant post shortly.

At the end of August many of the patients are to visit a holiday camp at Prestatyn.

The present nursing staff is a small one; it consists of four full-time nurses, of whom two are certificated. In addition, there are three full-time ward orderlies.

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

OAKWOOD PARK, CONWAY.

15th December, 1959.

We have today paid the annual visit of our Board to this Hospital. Many improvements have been carried out since the last visit. No start has been made on the new buildings which are envisaged.

The patients in residence at the moment number 184. All but 34 of these are here on an informal basis. There are, in addition, three certified patients out on licence and some seven former "informal" patients are also said to be "on licence." Two informal patients are away on leave. Two patients go out to daily licence and appear to be doing well. Fifty-three of the patients are under the age of 16.

At the time of our visit the Mass Radiography unit was at the Hospital and all patients were X-rayed. There is no known case of tuberculosis, but during the past year one patient died from this disease. There have been five other deaths: One from pneumonia, one from carcinoma and three from diseases of the circulatory system.

Except for 17 cases of dysentery (the Hospital is now clear of this disease), the general health of the patients has been good, but during our visit we commented on the pallor of many of them. Weights are recorded monthly.

There have been two serious but non-fatal casualties following accidental falls.

Dr. H. R. G. Davies visits weekly, or more often if required.

A dental surgeon gives a weekly session.

We believe we have seen all the patients in residence. They are obviously most kindly treated and they appeared happy and contented.

The standard of clothing is not perhaps as high as we should like to see, but we were glad to hear that the best suits are sent to the dry cleaners.

We were present at the service of the main meal and made various small suggestions. The provision of drinking water on the tables, and also salt and pepper, is desirable, and we noted that the dinner plates in the servery had not been heated.

The recreations are well organised and adequate and various outings take place in the Hospital bus.

It is understood that a number of children will eventually be transferred to Oakwood Park from Llys Maldwyn, Caersws, i.e., when new villas are built here. It is hoped, therefore, that the Committee will give consideration to the building of a new school.

The existing premises are already cramped and conditions for the teachers are not ideal. Two rooms are in use on the first floor of a building and the sanitary annexe is on ground level. Space is very limited for any form of physical activity, and for introducing the work through play system for the very young members. Fortunately, there is ample outdoor play space and good recreational equipment.

Mrs. Jones is in charge of the school; she recently spent a week at Hensol Castle and has also attended a Refresher Course. There is one Assistant Teacher.

There were 31 names on the register; 30 were present today, and the age range is from 8—17 years. The children are classified into two groups—upper and lower, and in the latter the majority of the 12 children are without speech. Some guidance by a speech therapist would be much appreciated by the Head Teacher. Matters relating to the re-arrangement of the Time-tables and training in general were discussed during the visit.

The Chalet is used as a Centre for a group of low-grade patients. One of the W.C. pans here is badly chipped and needs replacing.

In the general workshop and other workshops we thought the work done excellent. Two contracts—one for cinder riddles for a local firm, and the other for repair of wooden crates for a mineral waters firm, give gainful employment.

Shoe repairs are done by an instructor and three boys. This shop opened in January last (1959) and two of the boys are now considered to be proficient and work well with little supervision.

The Tailor's Shop has been opened a year. There is one instructor and six boys work with him. One boy can now use a sewing machine and some of the others, although physically handicapped, were doing very useful work.

An Upholstery Shop was opened today.

Pocket money varies from 1/6 to £1 per week—and all who can manage their own money are allowed to do so. Members of the W.V.S. assist in the Canteen.

Our visit has been both interesting and pleasant and we are most grateful to Mr. Newbould for his assistance.

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

(Signed) M. G. MILNE-REDHEAD,
Inspector of the Board of Control.

NORTH WALES CHILD GUIDANCE CLINICS

REPORT FOR THE YEAR 1959.

Mr. Chairman, Ladies and Gentlemen,

I beg to present the report on the activities of the North Wales Child Guidance Clinics for the year ending 31st December, 1959.

A—INTRODUCTION.

During the latter years we have come to expect an annual referral rate of not less than 350 to 400 children, a case load of a further 150 to 200, and a total of individual interviews amounting to nearly 5,000.

One might say that the referral rate is one of the means by which we can estimate the value which referring agencies in the community place on the work of the clinics—the children in question are those whom they believe we can assist. The figure would seem to stand at a satisfactory level at present.

With regard to the future, work in the community, in co-operation with other medical and social services, is likely to increase at an accelerated pace. If it does, the numbers of children treated at the clinics themselves may rise only slowly.

The number of individual interviews is impressive. It must be recognised, however, that it depends, to a large extent, on the number of staff available to do the required work.

It is unfortunate that one has to refer here to the fact that, towards the end of the year, we lost our two psychiatric social workers and our child therapist, and were unable to replace them.

It is well known that the shortage of trained clinical workers is country-wide. We have tried to meet the problem by making clinical work attractive and by securing appropriate grading and financial reward for all posts. Unfortunately, difficulties are likely to persist for some time because services are extending everywhere and the training of new workers, in the numbers required, is a process which will occupy many years.

Meanwhile, thanks to the readiness of my co-workers to take over diverse tasks not normally carried by them, we were able to maintain the overall efficiency of the service and a high standard of clinical work.

The table below will show, among other things, the result of the year's efforts in terms of numbers:—

Table I.

	1952	1956	1957	1958	1959
New referrals	199	363	315	426	374
Number of individual children with whom one or more members of the clinic team dealt ...	256	485	541	561	545
Psychiatrists and Child Therapist— Attendances at clinics:					
Children	611	1014	1236	1486	1493
Parents	—	—	—	452	506
Psychologists—School and other visits	192	199	210	261	303
Psychologists—Interviews:					
Children	41	701	1035	1013	950
Parents	—	—	—	—	101
Psychiatric Social Workers—Home and other visits	495	636	504	204	193
Psychiatric Social Workers—Attendances at clinics	306	1176	1604	1513	1196
Number of individual interviews by all Workers	1695	3526	4590	4929	4742

B—GENERAL DISCUSSION.

(1) Psychological Services of the Clinics.

It remains convenient to distinguish between a "clinical" and a "school" psychological service. Both are integral parts of the clinic service as a whole, and the full resources of the clinics are available at any time depending solely on the needs of the individual case and not on the source or original cause of referral.

Since the inception in 1956 of the school psychological service on the basis of joint participation between Regional Hospital Board and the Education Authorities of the five North Wales counties, work in schools and in respect of educational matters has grown rapidly. At the same time, more specifically clinical work also increased. The need for additional staff became urgent as a result, and an increase in the establishment of psychologists from two to four was recommended.

It was suggested that the Management Committee should employ the senior and one other psychologist, and that the Education Authorities should accept financial responsibility for the other two. At the end of the year the matter was under consideration by the Regional Hospital Board and the Welsh Board of Health.

The work of the "clinical psychological service" cannot be separated from that of the service as a whole. The "school psychological service," on the other hand, operates often away from clinic premises and involving the psychologists only. Its administration and development also are, for practical

purposes, the responsibility of the Senior Psychologist. A special report is warranted therefore, and I am indebted to Dr. G. A. V. Morgan for the following:—

“The activities of the School Psychological Service have continued in 1959 on the pattern described in 1958. Emphasis has been on consolidation and development of existing activities rather than extension of new projects.

“The usual work of assessment in the schools of individual mentally and educationally handicapped children or of groups and classes of backward children, recommendations for disposal or treatment or development of remedial work, and consultative work with teachers, principal school medical officers and others, continued.

“The use made of this service still varies very much between the individual authorities. The amount of work given depends (in relation to staffing and time available) on the requests made for help.

“An important effect of the work of the School Psychological Service has been to cut down significantly the number of dull and educationally handicapped children referred to the clinics directly. This has raised the quality of referral of more clear-cut cases of emotional disturbance or psychiatric disorder which are most suitable for the attention of the full child guidance clinic team. The School Psychological Service, therefore, seems to have begun to succeed in its purpose of acting as a screening agency for the clinic and of developing early preventive work in the schools.

“A comment is in order on the development of ‘surveys’ initiated last year.

“Following the survey of ability and attainments of $7\frac{1}{2}$ — $8\frac{1}{2}$ year old children in Flintshire in 1959, the two psychologists submitted a report to the authority’s responsible panel, which passed its recommendations to the Education Committee.

“An excellent series of lectures on backward children by specialist outside lecturers was provided by the Authority for the 80 teachers responsible for carrying out the survey. This appears to have succeeded in its aim of stimulating interest in effective methods of helping the backward child.

“In addition, Mr. Karle was given the responsibility of meeting these teachers in small ‘seminar’ groups to discuss the implications of the survey and their individual problems with backward children. This new development, the group meeting, appears to provide a useful form of ‘in-service training.’

“Children who are markedly backward, or otherwise sources of concern to the teachers, are being individually followed up.

“The survey raised interest in several quarters. The National Foundation for Educational Research asked for a copy of the report for reference by other interested authorities.

"The Authority have now established this survey for children in the first year of the primary school as a regular annual procedure.

"A survey of the attainment of 8½ year old children in Caernarvonshire was carried out on less systematic lines. Following consultation between Deputy Director of Education, Deputy and Senior Assistant School Medical Officers and Senior Psychologist, a list of children requiring individual investigation and discussion by School Medical Officer or Psychologist was drawn up. It is unfortunate that increase in pressure on time has prevented full participation in this follow up.

"Experience suggests that it is essential to follow-through group surveys of this kind both by examination of individual children and by adequate advisory work with the participating teachers.

"Undue delay should also be avoided in this and in providing extension of special classes, etc., where the need for these has been shown clearly and made subject of recommendations. Failure here tends to create cynicism and might even engender a feeling that surveys are statistical exercises only.

"The Director of Education, Anglesey, requested the help of the School Psychological Service on planning a preliminary survey of all 9 year old children in Anglesey. This survey aims at ascertaining the distribution of ability and attainment towards the end of the primary school course, so enabling the Authority to obtain firm data to plan its educational programme, especially with regard to backward children. It is to take place in Spring, 1960.

"Prior to the opening of the new day E.S.N. School in Wrexham, the Principal School Medical Officer, Denbighshire, convened a meeting of interested parties in co-operation with the Director of Education, to plan and direct development of the School. A psychologist is to be a member of the authority's consultative panel which is to review individual cases and advise and support.

The Senior Psychologist acted as liaison with Treborth Hall School. He also continued his termly visits, for consultative and therapeutic work, to Cyfrondd and Brynllwarch, residential schools for educationally sub-normal children, in Montgomeryshire, where a number of children from our clinic area are receiving their education.

"In all areas our now well-established informal advisory and consultative work with teachers and other workers in the educational field continued. We acknowledge once again the value of our close relationship with the Principal School Medical Officers, their Deputies and Assistants.

"In conclusion, one would again emphasize that the work of the School Psychological Service is as fruitful as it is because it is integral with the work of the clinic service as a whole and carried out by psychologists who are simultaneously 'clinical' and 'educational' in their work."

(2) Psychiatric Social Worker Service.

Miss J. M. B. Smedley described the functions of workers in her department very fully and competently in last year's report.

The work of the clinics has always been based on the team principle, which allows problems to be tackled on the widest possible basis, and the skills of workers from the three different disciplines to be used to optimal advantage.

The absence of psychiatric social workers led us to adopt a number of compromises with regard to the functions of workers, frequency of attendances, etc., We found that, given interest and ability, one worker can often take over the usual role of another one. We did not find it desirable to alter our basic approach, in which the child and significant persons in his environment, particularly at home and at school, are given the fullest possible attention.

We trust that we shall soon be able to fill the vacancies on our establishment, as this has been carefully built up over the years, to enable us to meet the needs of the service.

(3) Liaison with Workers from Other Services.

In this and earlier reports, reference has been made to the goodwill towards our work shown by a large number of workers from other services.

Dr. Morgan's report leaves one in no doubt that the work of the psychologists in schools owes a great deal to the ready co-operation of a very large number of teachers. We know also that treatment at clinics would be extremely difficult to carry to a successful conclusion without the sympathy and tolerance of headteachers and classteachers.

Similarly, the Probation Officers make it possible for us not only to see many of their charges at clinics, but also to carry out investigations and treatment, not infrequently when the outcome must be in doubt and much anxiety is experienced by all responsible for the welfare of the children in question.

We can consult freely and readily with the Children's Officers, their assistants and the staffs of children's homes. In some counties arrangements have now been made for us to see for a general assessment of all children coming into care on a long-term basis. Regarding these children and others, matters are discussed as may be necessary between us and the workers directly concerned with them.

We were particularly glad to find that during 1959 we could increase the frequency of personal contacts and discussions with these workers and with others from the community services.

In somewhat more formal manner we were able to arrange for a number of doctors and others to spend a day at our central clinic, to meet workers of the different disciplines represented in the teams, and to discuss matters relating to the functions of the clinics and their relationship to other services.

Miss Wiggin, Lecturer at St. Mary's College, as in many past years, brought a group of her student teachers to give them a first-hand knowledge of a child guidance clinic and its workers. We feel that this kind of liaison can contribute towards an increasingly free contact between clinics and the staffs of the education services which the students will join.

We have watched with interest the progress of the case meetings arranged by Miss Leta Jones, Children's Officer for Denbighshire, together with workers from many community services. Although we could attend only rarely we have, nevertheless, benefited from reports on discussions held there on children under treatment or observation at our clinics.

We were particularly pleased to welcome many of the members of the Denbighshire Guild of Social Workers at our central clinic in Colwyn in November. A most stimulating discussion followed an address on "The work of the Child Guidance Clinic in a community setting."

As mentioned in last year's report, four members of our staff joined two groups composed of doctors and health visitors meeting at Colwyn Bay twice monthly for discussion of "mental health problems." These groups continued to function throughout 1959 and will meet again in 1960.

A new group will meet at Llangefni early in 1960, and the formation of further groups, meetings of seminar type, and other possible variations, are being considered. In particular, it is felt that workers from a wider field should be invited to join.

We trust new opportunities for closer contact with the workers of other agencies will be created when the residential treatment unit is opened in 1961. The facilities which will be available there may also assist in the training of some of the workers who will later man the social and community services of this area.

In December we were greatly honoured by a visit to our Colwyn Clinic of Sir Ben Bowen Thomas, Permanent Secretary to the Minister of Education. Sir Ben expressed his interest in the work of the clinics, particularly in their relation to the Educational Services. We were greatly encouraged by his kindly approach and his sympathetic understanding of the practical difficulties of a service such as ours.

(4) Research.

The research project which, over a period of three years, aimed to adapt the "Wechsler Intelligence Scale for Children," for use with Welsh-speaking children between the ages of 6 and 12, entered its third year in September.

The work has progressed well and there is good reason to think now that we shall be able to secure an extension of the period of time originally allotted to the scheme. This would permit us to widen the age range and, we hope, in fact, to standardise the Welsh version of the test to cover children up to school leaving age.

Mr. Wiliam, Research Fellow, wishes to take up an appointment as a Lecturer at Trinity College, Carmarthen, in September, 1960. We are glad to know that Miss Gwyneth Roberts, Research Assistant, will be able to take over responsibility for the work when he leaves.

Mr. Wiliam has kindly provided the following report, which covers the period to the end of March, 1960:—

"It will be recalled that the Research Project, to construct an Individual Intelligence Scale for Welsh-speaking Children, was planned in three main stages—preparation of the provisional Scale, full-scale administration of the provisional Scale to a representative sample of children, and final standardization of the Scale on the basis of the data thus obtained.

"During the year ending March 31st, 1960, the Research team has been mainly occupied with administering the provisional Scale to a representative sample of children. At the present time several hundred children have been tested individually during visits to schools and it is hoped to complete testing in the very near future.

"The Research team hopes to proceed later this summer with the statistical work involved in standardising the Scale, to be followed by a full Report in due course."

(5) Residential Treatment Unit.

It may be recalled that, in 1958, the Regional Hospital Board agreed in principle to the establishment of a residential unit for the investigation and treatment of maladjusted children.

A great deal of work on associated problems has been done since then and it is understood now that a suitable property will be acquired and final preparations be made for the opening of the unit towards the end of 1960 or early in 1961.

C—INFORMATION ON CLINICS AND STAFF.

(1) Clinics.

Table II.

(Data refers to position as it is likely to be for the larger part of 1960).

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, Friday.	Mornings and Afternoons.	3-4 per week.
Holyhead	St. David's Priory, Holy- head. Tel. Holyhead 2255.	Thursday.	Mornings and Afternoons.	2 per f'night.
Rhyl	Fron Fraith, Boughton Avenue, Rhyl. Tel. Rhyl 1208.	Monday.	Mornings and Afternoons.	2 per week.
Shotton	Ash Grove, off Queens- ferry Road, Shotton. Tel. Con. Quay 383.	Friday.	Mornings and Afternoons.	2 per f'night.
Wrexham	Gatefield House, 32 Kings Mills Road, Wrexham. Tel. Wrexham 4048.	Thursday. Friday.	Mornings and Afternoons. By arrange- ment.	2 per week. approx. 2 per month.

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 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 clinical workers, we have to work by a strict appointment system and our time-tables have normally to be prepared some weeks ahead. Considerations, 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) The following changes in staffing occurred during the year:—

Mrs. V. Harris, Child Therapist, and Mr. F. J. Harris, Psychiatric Social Worker, left on 30/11/59, to take up teaching appointments at the University of Ibadan, Nigeria.

Miss J. M. B. Smedley, Senior Psychiatric Social Worker, left on 5/12/59, just prior to her marriage.

(b) Further information on staffing is contained in Table 3 which follows. The position as it will be early in 1960 is shown.

Table 3.

Staff and Name	Post	Attending clinics at
Clinical.		
Dr. E. Simmons... ..	Consultant in Psychiatry ...	Bangor, Colwyn, Rhyl, Wrexham. Elsewhere by arrangement.
Dr. J. A. Williams ...	Registrar in Psychiatry ...	All clinics.
Dr. G. A. V. Morgan	Senior Psychologist	Bangor, Blaenau Ffestiniog, Colwyn, Holyhead. Others by arrangement.
Mr. W. A. H. Karle	Psychologist	Colwyn, Rhyl, Wrexham. Bangor by arrangement.
Mr. T. R. Miles... ..	Psychologist (part-time) ...	Bangor.
Mrs. S. Mundle	Social Worker (part-time)	Bangor, Colwyn.
Research.		
Mr. U. Wiliam	Research Fellow	Based on Colwyn Clinic. Field work in schools mainly in North Wales.
Miss G. Roberts... ..	Research Assistant	
Secretarial.		
Miss D. Harrison ...	Secretary	Secretarial and general administrative work of the clinics.
Mrs. G. S. Williams (née Goulden).	Shorthand Typist	Clerical work of Social Work Department. Appointments Clerk.
Mrs. E. Miller (née Rogers).	Shorthand Typist	Clerical work of Psychological Department. Records of School Psychological Service.

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.	Mont.	Total
School Medical Officers	45	49	34	56	13	—	197
General Practitioners	4	12	24	13	—	1	54
Consultant Paediatricians	6	14	12	4	1	—	37
Other Medical Specialists	1	6	11	2	—	—	20
Education Officers & Teachers...	3	18	1	2	1	7	32
Courts and Prob. Officers	—	1	1	10	—	—	12
Children's Officers	—	—	10	1	—	—	11
Other Social Workers	1	1	1	—	—	—	3
Parents	—	4	3	—	1	—	8
All Agencies 1959... ..	60	105	97	88	16	8	374

On 31st December, 1958, 51 children were on the waiting list, 15 of these were cancelled later and 36 were transferred to 1959. 374 new referrals were received during 1959. 25 of these were cancelled, 58 remained on the waiting list on 31st December, 1959.

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

Table 4b.

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

	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	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
1959	60(45)	105(49)	97(34)	88(56)	16(13)	8	374

All figures in the tables of this report refer to children dealt with, or to be dealt with, individually. Group tests are not reported here.

(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.

Table 5.

(a) Behaviour, difficult and aggressive (29), beyond control (5)	34
(b) Stealing (13), stealing with difficult behaviour (7)	20
(c) Larceny (2)	2
(d) Enuresis (16), enuresis with other symptoms (3), soiling (3), soiling with behaviour difficulties (1)	23
(e) Temper outbursts (4), screaming attacks (2), severe nailbiting (1)	7
(f) Sleepwalking (2), night terrors (1), habit spasms (5), fear of death and dying (2)	10
(g) Very nervous (6), depressed (2)	8
(h) Precocious, peculiar (3), eating rubber (1), grossly disturbed, psychotic (4) ...	8
(i) Various bodily complaints, no adequate physical cause found: Abdominal pains (1), gasping attacks (2), headaches (4), giddiness (1), loss of power in one arm (1), unusual gait (1), inability to see (1)	11
(j) Stammer (3), retarded speech development (2), speech difficulties with other symptoms (3)	8
(k) Reluctance to attend school (3), refusal to go to school (9), severe nervousness and other symptoms in relation to school attendance (5)	17
Truanting (2), truanting with other symptoms (4)	6
(l) Scholastic difficulties, specific (4), ? subnormal (8), backward and retarded (14)	26
(m) For investigation, report and advice on schooling, training, or treatment:—	
(i) Education assessment (61)	61
(ii) Assessment of intelligence (43)	43
(iii) General assessment, children in care of Children's Officer (6), for adoption or fostering (8)	14
(iv) Children with special handicap: Spastic (2), blind (1), partially sighted (4), deaf (2), partially deaf (4), severe physical defect (2)	15
(v) Children with epilepsy (1) ? epilepsy (3), epilepsy with behaviour difficulties (2), mongolism (3), brain damage (1)	10
(n) For advice on choice of school (2), vocational guidance (2)	4

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 are given. Observation in the "standard test situation" and interpretation of his behaviour there assumes 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 "base conference" at which all workers involved will each discuss their findings and views.

(4) Diagnoses.

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 1959, 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... ..	1	1	5(2)	2(1)	1	—	10
Behaviour Disorder, with neurotic traits	2(1)	7(1)	17(2)	4(3)	7(3)	—	37
Behaviour Disorder, with anti-social traits	—	1	3(1)	7	6(2)	7(2)	24
Behaviour Disorder, with epilepsy	2	—	2	—	1	—	5
2—Adolescent Instability, simple... ..	—	—	—	—	6(2)	—	6
Adolescent Instability, with neurotic traits	—	—	—	—	3	1(1)	4
Adolescent Instability, with anti-social traits	—	—	—	—	1	—	1
3—Neurotic illness (Neurosis)	2(1)	5(4)	12(5)	15(4)	20(3)	3(1)	57
Depressive illness	—	—	—	1	2(1)	—	3
Serious Disorder of Personality— Development	—	1	2(2)	5(1)	3(2)	1(1)	12
Psychosis	—	—	—	—	2	—	2
B—Educational/Intellectual Difficulties:							
Intelligence average and above—							
Learning difficulties	—	—	5	2	1	—	8
Learning difficulties with defective sight	1	1	1	—	—	—	3
Learning difficulties with defective hearing	—	1	1	1	—	—	3
Spasticity	—	1	—	—	—	—	1
Dull children (I.Q. 70-84)	—	2	21	4	1	—	28
Dull children with epilepsy	—	—	1	—	1	—	2
Dull children with spasticity myasthenia	—	—	1	1	—	—	2
Dull children with deafness	—	—	1	1	1	—	3
Very dull children (I.Q. 55-69)	1	2	4	4	4	—	15
Very dull children with epilepsy... ..	—	—	2	—	—	—	2
Very dull children with spasticity... ..	—	—	—	—	1	—	1
Very dull children with serious emotional instability	—	—	1	4	1	—	6
Educability in doubt	1	1	2	1	2	—	7
C—Unsuitable for Education:							
Sub-normal children	4	4	3	6	2	2	21
D—Essentially Normal Children:							
Educational Assistance only	—	3	25	17	3	—	48
Vocational Guidance (1 blind child)...	1	—	—	—	—	2	3
Adoption/Fostering	3	1	3	1	—	—	8
E—Incomplete	3	—	1	1	—	—	5
Total number of Children	21	31	113	77	69	16	327

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 1959 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 Psychologists and the Psychiatric Social Workers.
- 4—The nature of the investigations carried out by the Psychologists.

Note—(1) The number 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 come 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 (in returns to the Regional Hospital Board one attendance only can be registered, even if two or more workers have interviewed the child and one or more adults on a particular occasion).	211	... 2132	... 2343
(b) Examination of children elsewhere... ..	116	... —	... 116
2—Psychiatrists and Child Therapist:—			
Attendances of new referrals (first)	176	... —	...
Attendances for treatment and re-examinations	—	... 1317	... 1493
Interviews with Mothers, Fathers or Guardians	166	... 340	... 506
3—Psychologists:—			
Number of visits to schools 254
Number of visits to other social workers 49
Interviews with children	281	... 669	... 950
Interviews with Mothers, Fathers or Guardians	46	... 55	... 101
4—Psychiatric Social Workers:—			
Number of visits to homes 183
Number of visits to other social workers 10
Interviews with Mothers, Fathers or Guardians	118	... 1078	... 1196

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), Psychologist (3), and Psychiatric Social Worker (4).

Clinic	First dealt with during 1959						First dealt with before 1959						Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	
Bangor													
1	5	—	—	—	—	—	3	5	—	—	—	—	13
3	37	39	—	—	—	—	9	9	—	—	—	—	94
4	2	—	—	—	—	—	1	4	—	—	—	—	7
1+3	2	12	—	—	—	—	1	2	—	—	—	—	17
1+4	—	—	—	—	—	—	6	6	—	—	—	—	12
3+4	—	3	—	—	—	—	—	4	—	—	—	—	7
1+3+4	7	10	—	—	—	—	1	4	—	—	—	—	22
Blaenau Ffestiniog													
3	—	1	—	—	—	6	—	2	—	—	1	1	11
4	—	—	—	—	2	—	—	1	—	—	2	—	5
1+3	—	—	—	—	1	—	—	—	—	—	—	—	1
1+4	—	—	—	—	1	—	—	—	—	—	6	—	7
3+4	—	—	—	—	4	1	—	—	—	—	—	2	7
1+3+4	—	3	—	—	9	—	—	—	—	—	3	—	15
Colwyn													
1	—	—	2	—	—	—	—	—	1	—	—	—	3
3	—	1	5	—	1	—	—	3	4	—	—	—	14
4	—	—	—	—	—	—	—	2	1	—	—	—	3
1+3	—	6	3	—	—	—	—	1	2	—	—	—	12
1+4	—	2	3	—	—	—	—	2	6	—	—	—	13
2+4	—	—	—	—	—	—	—	—	1	—	—	—	1
3+4	—	—	—	—	—	—	—	9	1	1	—	—	11
1+2+3	—	—	—	—	—	—	—	1	—	—	—	—	1
1+2+4	—	1	—	—	—	—	—	—	—	—	—	—	1
1+2+3+4	—	—	—	—	—	—	—	1	—	—	—	—	1
1+3+4	—	10	8	—	—	—	—	2	1	1	—	—	22
Holyhead													
3	2	—	—	—	—	—	—	—	—	—	—	—	2
4	2	—	—	—	—	—	1	—	—	—	—	—	3
3+4	7	—	—	—	—	—	8	—	—	—	—	—	15
1+3	1	—	—	—	—	—	—	—	—	—	—	—	1
1+3+4	—	—	—	—	—	—	4	—	—	—	—	—	4
Rhyl													
1	—	—	1	1	—	—	—	—	1	7	—	—	10
3	—	—	1	19	—	—	—	—	1	2	—	—	23
4	—	—	3	3	—	—	—	—	3	5	—	—	14
1+3	—	—	2	11	—	—	—	—	—	3	—	—	16
1+4	—	—	—	2	—	—	—	—	1	2	—	—	5
2+3	—	—	—	1	—	—	—	—	—	—	—	—	1
2+4	—	—	—	1	—	—	—	—	3	5	—	—	9
3+4	—	—	—	1	—	—	—	—	1	4	—	—	6
1+2+3	—	—	—	1	—	—	—	—	—	—	—	—	1
1+3+4	—	—	6	9	—	—	—	—	—	—	—	—	15
2+3+4	—	—	—	—	—	—	—	—	1	1	—	—	2
1+2+3+4	—	—	—	6	—	—	—	—	—	1	—	—	7
Shotton													
1+4	—	—	—	1	—	—	—	—	—	3	—	—	4
1+3+4	—	—	—	—	—	—	—	—	—	4	—	—	4
Wrexham													
1	—	—	8	5	—	1	—	—	8	—	—	1	23
2	—	—	—	—	—	—	—	—	2	1	—	—	3
3	—	—	6	—	2	1	—	—	10	4	2	—	25
1+2	—	—	—	—	—	—	—	—	4	—	—	—	4
1+3	—	—	14	7	—	1	—	—	4	1	—	—	27
2+3	—	—	1	—	—	—	—	—	2	—	—	—	3
1+2+3	—	—	12	—	1	—	—	—	4	1	—	—	18
Totals	65	88	75	68	21	10	34	58	62	46	14	4	545

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

Table 9a.—Interviews with Children.

Clinic	First Attendances (Referrals)						Further Attendances (Re-examinations and Treatments)						Number of Attendances		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	First	Further	Total
Bangor															
Boy	9	11	—	—	—	—	62(11)	91(14)	—	—	—	—	20	153	
Girl	5	11	—	—	—	—	33(2)	68(11)	—	—	—	—	16	101	290
Blaenau Ffestiniog															
Boy	—	1	—	—	6	—	—	5(1)	—	71(11)	—	—	7	76	
Girl	—	2	—	—	5	—	—	—	—	15(4)	—	—	7	15	105
Colwyn															
Boy	—	9	10	—	—	—	—	120(8)	98(11)	—	—	—	19	218	
Girl	—	10	6	—	—	—	—	67(4)	0(3)	—	—	—	16	73	326
Holyhead															
Boy	1	—	—	—	—	—	—	—	—	—	—	—	1	—	
Girl	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Rhyl															
Boy	—	—	8	24	—	—	—	67(4)	175(25)	—	—	—	32	242	
Girl	—	—	1	6	—	—	—	2(2)	58(10)	—	—	—	7	60	341
Shotton															
Boy	—	—	—	—	—	—	—	—	89(4)	—	—	—	—	89	
Girl	—	—	—	1	—	—	—	—	85(5)	—	—	—	1	85	175
Wrexham															
Boy	—	—	19	9	1	1	—	41(14)	21(3)	5(1)	1	30	68		
Girl	—	—	16	3	—	1	—	117(17)	20(3)	—	—	20	137		255
All Clinics	15	44	60	43	12	2	95	351	448	91	1	176	1317		1493

Note.—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.	Mont.	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	First	Further	Total		
Bangor																	
Mothers...	9	16	—	—	—	—	9(9)	19(16)	—	—	—	—	25	28			
Fathers ...	3	5	—	—	—	—	1	8(2)	—	—	—	—	8	12			
Others ...	—	1	—	—	—	—	—	4(3)	—	—	—	—	1	4	78		
Blaenau																	
Ffestiniog																	
Mothers...	—	—	—	—	2	—	—	—	—	2(2)	—	—	2	2			
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4		
Colwyn																	
Mothers...	—	11	10	—	—	—	—	3(3)	6(6)	—	—	—	21	10			
Fathers ...	—	3	1	—	—	—	—	—	2(2)	—	—	—	4	2			
Others ...	—	—	—	—	—	—	—	—	1	—	—	—	—	1	38		
Holyhead																	
Mothers...	1	—	—	—	—	—	12(8)	—	—	—	—	—	1	12			
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13		
Rhyl																	
Mothers...	—	—	7	29	—	—	—	—	4(3)	51(21)	—	—	36	55			
Fathers ...	—	—	—	6	—	—	—	—	—	6(4)	—	—	6	6			
Others ...	—	—	1	1	—	—	—	—	—	3(3)	—	—	2	3	108		
Shotton																	
Mothers...	—	—	—	—	—	—	—	—	—	1	—	—	—	1			
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1		
Wrexham																	
Mothers...	—	—	32	12	1	2	—	—	141(31)	32(7)	3(1)	1	47	177			
Fathers ...	—	—	6	2	—	1	—	—	12(8)	4(3)	—	—	9	16			
Others ...	—	—	4	—	—	—	—	—	11(8)	—	—	—	4	11	264		
Totals ...	13	36	61	50	3	3	22	34	177	98	8	1	166	340	506		

Tables 10a, 10b, 10c and 10d refer to work of the PSYCHOLOGISTS.
Table 10a.—Interviews with Children.

Clinic	At Clinics														Number of Examinations				
	First Examination							Further Examinations							First	Further	Total		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.							
Bangor																			
Boy	33	39	—	—	—	—	42(5)	107(11)	—	—	—	—	—	—	—	72	149		
Girl	13	25	—	—	—	—	—	38(5)	—	—	—	—	—	—	38	38			297
Blaenau Ffestiniog																			
Boy	—	1	—	—	7	5	—	—	—	3(3)	—	—	—	—	13	3			
Girl	—	3	—	—	7	2	—	—	—	3(2)	—	—	—	—	12	3			31
Colwyn																			
Boy	—	8	8	—	1	—	—	2(2)	4(4)	—	—	—	—	—	17	22			
Girl	—	9	8	—	—	—	—	33(4)	49(2)	—	—	—	—	—	17	82			138
Holyhead																			
Boy	8	—	—	—	—	—	136(9)	—	—	—	—	—	—	—	8	136			
Girl	2	—	—	—	—	—	82(6)	—	—	—	—	—	—	—	2	82			228
Rhyl																			
Boy	—	—	7	36	—	—	—	—	—	—	—	—	—	—	43	54			
Girl	—	—	2	12	—	—	—	—	54(7)	—	—	—	—	—	14	26			137
Shotton																			
Boy	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Girl	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Wrexham																			
Boy	—	—	21	5	3	2	—	—	28(8)	—	—	—	—	—	31	70			
Girl	—	—	12	2	—	—	—	—	3(2)	—	—	—	—	—	14	3			118
Totals ...	56	85	58	55	18	9	260	180	84	138	7	—	—	—	281	669			950

Table 10b.

Clinic	Interviews with Parents, Guardians and other Social Workers														Totals		
	First Interviews							Further Interviews									
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	First	Further	Total		
Bangor																	
Mothers...	1	10	—	—	—	—	2(2)	7(6)	—	—	—	—	11	9			
Fathers ...	1	7	—	—	—	—	1	3(3)	—	—	—	—	8	4			
Others ...	—	2	—	—	—	—	—	—	—	—	—	—	2	—	34		
Blaenau																	
Ffestiniog																	
Mothers...	—	—	—	—	1	—	—	2(1)	—	6(4)	—	—	1	8			
Fathers ...	—	—	—	—	—	—	—	—	—	1	—	—	—	1			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10		
Colwyn																	
Mothers...	—	2	2	—	—	—	—	—	—	—	—	—	4	7			
Fathers ...	—	1	4	—	—	—	—	2(1)	3(1)	—	—	—	5	2			
Others ...	—	1	1	—	—	—	1	—	—	—	—	—	2	1	21		
Holyhead																	
Mothers...	2	—	—	—	—	—	—	—	—	—	—	—	2	—			
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2		
Rhyl																	
Mothers...	—	—	—	3	—	—	—	—	—	—	—	—	3	—			
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3		
Shotton																	
Mothers...	—	—	—	—	—	—	—	—	9(5)	—	—	—	—	9			
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—			
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9		
Wrexham																	
Mothers...	—	—	2	1	1	1	—	—	3(2)	1	—	—	5	8			
Fathers ...	—	—	2	—	—	1	—	4(3)	1	—	—	—	3	5			
Others ...	—	—	—	—	—	—	—	1	—	—	—	—	—	1	22		
Totals ...	4	23	11	4	2	2	3	15	16	8	—	—	46	55	101		

Table 10c.

Not at Clinics									
Visits	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total		
To Schools: Children discussed with teachers	25	55	54	67	15	6	222		
To Schools: Special testing of children... ..	8	4	1	14	5	—	32		
To other Social Workers	12	7	14	12	3	1	49		
							Total number of visits ...	303	

Table 10d.

Analysis of work done at clinics.

Description	Number of children dealt with
Intelligence and Attainment Tests	263
Extended Testings	21
Rorschach Tests	4
Vocational Guidance	4
Remedial Teaching	23
Therapy	14

Tables 11a and 11b refer to work of the PSYCHIATRIC SOCIAL WORKERS.

Table 11a.

Clinic	Interviews with Parents, Guardians and other Social Workers														Totals		
	First Interviews							Further Interviews							First	Further	Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.					
Bangor	6	11	—	—	—	—	53(12)	107(22)	—	—	—	—	—	—	17	160	194
Mothers...	3	2	—	—	—	—	1	8(2)	—	—	—	—	—	5	9		
Fathers ...	—	—	—	—	—	—	1	2(1)	—	—	—	—	—	—	3		
Blaenau	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	105
Ffestiniog	—	3	—	—	9	1	—	3(1)	—	—	—	—	—	13	76		
Mothers...	—	1	—	—	5	—	—	—	—	73(15)	—	—	—	6	5		
Fathers ...	—	—	—	—	2	—	—	—	—	5(3)	—	—	—	2	3		
Others ...	—	—	—	—	—	—	—	—	—	3(1)	—	—	—	—	—		
Colwyn	—	9	11	—	—	—	—	64(10)	138(14)	—	—	—	—	20	215	282	
Mothers...	—	4	1	—	—	—	—	2(2)	1	—	—	—	—	5	3		
Fathers ...	—	3	—	—	—	—	—	36(2)	—	—	—	—	—	3	36		
Holyhead	9	—	—	—	—	—	195(15)	—	—	—	—	—	—	9	195	210	
Mothers...	—	—	—	—	—	—	5(3)	—	—	—	—	—	—	—	5		
Fathers ...	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1		
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Rhyl	—	—	9	22	—	—	—	—	58(4)	—	—	—	—	31	200	268	
Mothers...	—	—	—	5	—	—	—	—	—	—	—	—	—	5	4		
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	28		
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Shotton	—	—	—	1	—	—	—	—	—	—	—	—	—	1	131	137	
Mothers...	—	—	—	1	—	—	—	—	—	—	—	—	—	1	4		
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Wrexham	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Mothers...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Fathers ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Totals ...	18	33	21	29	16	1	256	222	197	322	81	—	118	1078	1196		

Table 11b.

Not at clinics	Number of Visits						Total
	Angl.	Caerns	Denbs.	Flints.	Mer.	Others	
Home Visits	25	60	33	41	21	3	183
Visits to other Social Workers... ..	3	3	2	2	—	—	10
Total number of visits							193

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 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.

August, 1960.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE.

SUMMARY OF GROUP EXPENDITURE

YEAR ENDED 31/3/60.

Revised Estimate	Head of Expenditure	Previous Year 1958-59	Actual 1959-60	% of Total
£	Salaries and Wages:	£	£ s. d.	
6389	Medical	5263	6984 17 5	1.01
222770	Nursing	190382	225259 17 10	32.62
36501	Works and Maintenance	37071	39523 5 6	5.72
30018	Admin. and Clerical	23879	28205 2 4	4.08
112546	Other Staff	108010	115654 16 9	16.75
408224	Total Salaries	364605	415627 19 10	60.18
117250	Provisions	118109	116636 18 9	16.89
19475	Uniform and Clothing	19584	19318 10 8	2.80
16775	Drugs, Dressings, Med. and Surgical Appliances and Equipment	13069	17741 19 3	2.57
51215	Fuel, Light, Heating, Water, Cleaning and Laundry	58041	49960 9 11	7.23
32000	Maintenance of Buildings, Plant and Grounds	30476	34127 9 6	4.94
23860	Domestic Repairs, Renewals and Replacements	17514	20689 2 2	3.00
81401	All other Expenses	72677	85608 12 8	12.40
750200	Total	694075	759711 2 9	110.01
59764	Deduct Direct Credits	61438	69475 3 4	10.06
690436	Net Hospital Revenue Expenditure... ..	632637	690235 19 5	99.95
500	Central Administration Expenditure	307	358 16 6	.05
	Other Expenditure	529	- - -	-
690936	Total Expenditure of H.M.C.	633473	690594 15 11	100.00

