

# **Annual report for the year 1952 / North Wales Mental Hospital Management Committee.**

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North Wales Mental Hospital Management  
Committee



ANNUAL REPORT  
FOR THE YEAR 1952

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Printed at the Occupational Therapy Dept., North Wales Hospital, Denbigh.



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North Wales Mental Hospital Management  
Committee



ANNUAL REPORT  
FOR THE YEAR 1952

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Printed at the Occupational Therapy Dept., North Wales Hospital, Denbigh.



# **Hospitals and Institutions Administered by the North Wales Mental Hospital Management Committee**

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

### **Chairman :**

Alderman Alfred E. Hughes, C.B.E., J.P.

### **Vice-Chairman :**

Alderman W. J. Hodson, J.P.

### **Medical Superintendent :**

J. H. O. Roberts, M.D., D.P.M., J.P.

### **Matron :**

Blodwen D. Hughes, S.R.N., S.C.M., R.M.P.A.

### **Chief Male Nurse :**

T. J. Davies, R.M.N., R.M.P.A.

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

### **Chairman of the House Committee :**

Dr. A. E. Roberts.

### **Members :**

Alderman W. J. Hodson, J.P.

Councillor Dennis Griffiths J.P.

Alderman Mrs. E. C. Breese, J.P.

Mrs. D. Kenyon.

Councillor Thomas Jones.

### **Matron-Superintendent :**

Ann E. Fletcher, S.R.N., R.M.P.A.

### **Medical Officer :**

H. T. Hughes, M.B., Ch.B., D.P.H.

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

### Chairman of the House Committee :

Alderman Mrs. E. C. Breese, J.P.

### Members :

Mrs. P. R. Davies-Cooke

Mrs. Florence Jones

Miss W. Yates, J.P.

Alderman H. Hampson, J.P.

Alderman W. J. Hodson, J.P.

Dr. M. T. Islwyn Jones

Councillor Thomas Jones

Councillor J. O. Parsonage

Councillor J. Price

### Matron-Superintendent :

(Mrs.) Irene Taylor, R.M.N.

### Medical Officer :

K. A. Butler, M.B., B.S.

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

### Chairman of the House Committee :

Alderman Alfred E. Hughes, C.B.E., J.P.

### Members :

Alderman Mrs. Anne Fisher, M.B.E., J.P.

Mrs. M. Maelor Jones

Mrs. E. Roberts

Dr. W. F. Gapper

D. R. Meredith, Esq.

### Superintendent, Garth Angharad :

W. M. Roberts

### Matron-Superintendent, Llwyn View :

Sydney Williams, S.R.N. R.M.P.A., C.M.B.

### Medical Officer :

H. D. Owen, M.B., Ch.B.

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### Medical Officer M.D. Institutions :

J. H. O. Roberts, M.D., D.P.M., J.P.



## MEDICAL STAFF

### Psychiatry.

#### *Consultants :*

- J. H. O. Roberts, M.D.(Lond.), D.P.M.  
Geoffrey Williamson, M.B., Ch.B.(Manchester), D.P.M.  
T. Gwynne Williams, M.D.(Lond.), D.P.M.  
E. Simmons, M.D.(Bonn), L.R.C.P.&S.(Edin.), (Child Psychiatry).

#### *Senior Hospital Medical Officers :*

- K. C. S. Edwards, M.R.C.S.(Eng), L.R.C.P.(Lond.), D.P.M.  
J. A. Urquhart, M.B., Ch.B.(Glasgow), D.P.M.  
D. Owen Lloyd, M.B., B.S., D.P.M.

#### *Senior Registrar :*

- John Millar, M.B., Ch.B., D.P.M.

#### *Junior Hospital Medical Officer :*

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

### Consultants in Other Specialities :

#### *Pathology :*

- A. Ceinwen Evans, M.B., Ch.B., B.Sc.(Wales).

#### *General Medicine :*

- Geoffrey H. T. Lloyd, M.D.(Lond.).

#### *General Surgery :*

- D. I. Currie, M.B., Ch.B.(Leeds), F.R.C.S.(Eng.).  
R. S. Ninian, F.R.C.S.(Edin.).

#### *Neuro-Surgery :*

- A. Sutcliffe Kerr, M.C., Ch.B.(Liverpool), F.R.C.S.(Eng.).

#### *Ear, Nose and Throat Surgery :*

- R. D. Aiyar, F.R.C.S.(Edin.).

#### *Ophthalmology :*

- Eleanor M. P. Brock, M.B., Ch.B.(Liverpool), D.O.M.S.

#### *Anaesthetics :*

- H. S. Bell, M.R.C.S.(Eng.), L.R.C.P.(Lond.).

#### *Radiology :*

- S. Nowell, M.B., Ch.B.(Manchester), D.M.R., F.F.R.  
I. Pierce Williams, M.B., Ch.B.(Liverpool), D.M.R.

#### *Dental Surgeon :*

- Charles Hubbard, L.D.S.

## OTHER STAFF

### *Psychologist :*

Martha Vidor, Ph.D.(Leipzig), F.B.Ps.S.

### *Psychiatric Social Workers :*

Kathleen M. Jones, B.A.(Wales).

Janet W. Wiggins.

J. S. Midwinter.

A. Marrington.

### *Senior Occupational Therapists :*

May Cooper, S.R.M.N., M.A.O.T.

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

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### **Chaplains :**

Rev. H. Davies, B.A., Church of England.

Rev. J. H. Griffiths, M.A., Nonconformist.

Father Joseph Wedlake, Roman Catholic.





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# Fourth Annual Report of the North Wales Mental Hospital Management Committee for the Year 1952

The Committee have pleasure in presenting their Annual Report for the year ended 31st December, 1952, in respect of the hospitals and institutions for which the Committee are responsible, the group consisting of the following :—

North Wales Hospital for Nervous and Mental					
Disorders, Denbigh..	..	..	..	..	1414 beds
Pool Park, Ruthin	..	..	..	..	100 „
Coed Du M.D. Institution, Rhydymwyn	..	..	..	..	86 „
Broughton M.D. Institution, Nr. Chester	..	..	..	..	70 „
Llwyn View M.D. Institution, Dolgelley	..	..	..	..	68 „
Garth Angharad M.D. Institution, Nr. Dolgelley..					64 „

The best possible use of the accommodation provided has been made and at Coed Du general re-arrangements and adaptations have resulted in an increase of beds from 80 to 86. Completion of the various additions and alterations at the institutions and the furnishing of the new sections has taken place and during the course of the year the numbers of patients accommodated has increased steadily. By the end of the year approximately 100 additional patients were under care.

The Mental Hospital is, however, seriously overcrowded and additional accommodation is required. The Regional Hospital Board are being pressed by the Committee, so far without success, to provide one or more of the villas that were included in the scheme of extensions abandoned at the outbreak of war. With regard to accommodation for mental defectives, the Committee hope that the Regional Hospital Board will be successful in their efforts to obtain Oakwood Park Estate, Conway, as a site for a new mental deficiency colony.

## MANAGEMENT COMMITTEE.

The Committee suffered a severe loss by the passing away of Alderman R. T. Vaughan, C.B.E., J.P., of Bala, Vice-Chairman, and Chairman of the Farm Committee. Alderman Vaughan had been a faithful and active member of the old Visiting Committee for very many years and his services as Chairman of the Farm Committee were invaluable.



Three members resigned during the year for health and other reasons, namely:—

Mrs. R. J. Roberts, O.B.E., Ruthin.  
Coun. Mrs. Walter Jones, J.P., Llangefni.  
Ald. J. Howell Roberts, Pwllheli.

New members appointed by the Regional Hospital Board are Coun. O. M. Pritchard, Valley, Anglesey, and Mr. O. R. E. Jones, of Cemaes Bay. The Committee were particularly pleased to welcome these two members as they had, before the Appointed Day, been members of the Visiting Committee.

Regular monthly meetings of the Management Committee have been held at Denbigh and, in addition, sub-committees have met to deal with special matters from time to time. House Committees have continued to do valuable work for which the Committee are grateful and regular bi-monthly meetings of the House Committees have been held at the institutions.

#### MINISTER'S VISIT.

The Committee are proud to record that they were honoured by a personal visit to the Mental Hospital and Llwyn View Institution from the Rt. Hon. Iain Macleod, M.P., Minister of Health, and his party of Senior Ministry of Health Officials, and it was extremely gratifying to receive a letter from the Minister in which he commented that he greatly enjoyed his visit and was impressed by what he saw.

#### PATIENT STATISTICS.

The figures relating to overcrowding at the Mental Hospital detailed in the Medical Superintendent's Annual Report reveal an alarming state of affairs, the overcrowding being as high as 43.3% in day space on the female side.

The report shows that admissions at Denbigh totalled 819 during the year, 565 or 69% of whom entered voluntarily. Discharges totalled 694, of whom 376 were recovered, 266 relieved and 52 not improved.

#### CHILD GUIDANCE SERVICE.

At the request of the Regional Hospital Board the Committee have undertaken general responsibility for the administration of the Child Guidance Clinics covering the five North Wales counties. A full report on the activities has been prepared by the Consultant Child Psychiatrist, Dr. Simmons, and is being printed in the Annual Report.



## FINANCES.

The Committee's forecast of income and expenditure for the year 1952/53 could not be met by the Regional Hospital Board and a special meeting of the Estimates Sub-Committee was held to deal with the problem of re-arranging the finances of the group in consequence of a severe cut amounting to approximately £22,500. Of this figure £7,800 required for development was retained by the Board and the Committee were faced with the problem of reducing the maintenance expenditure by some £15,000.

The percentage reduction made by the Board in the Committee's estimates appeared to be approximately the same as applied by the Ministry to the Regional Hospital Board as a whole, and the Committee expressed to the Board their strong exception to such a cut in the case of the Mental Hospital, where economy had been practised in the past and where, moreover, for that reason it was difficult if not impossible to make savings.

The Committee were later in the financial year grateful to the Regional Hospital Board for assistance given at the revised estimate stage, that made it possible to restore many of the extraordinary and development items originally deleted and to meet salary awards and the increase in the cost of living.

Total nett expenditure during the year 1952/53 is expected to be in the region of £360,000 but this does not include the salaries of consultants and other senior medical staff who are paid by the Regional Hospital Board. It is proposed this year, after the close of the financial accounts, to publish with this report financial information of general interest.

An increase in expenditure over that of the previous year was inevitable to meet the cost of maintenance of a higher number of mental defectives accommodated in the various institutions and the increased cost of living.

Increases in nationally adopted salary and wage scales account for a large sum of money but here the Management Committee have no control of the situation. Heavy increases have had to be borne on the provisions accounts in consequence of steadily rising prices and the removal of subsidies.

A rise in the price of steam coal at the Mental Hospital and the electricity rates at the institutions account for a considerable increase.

## CAPITAL ESTIMATES.

The Committee regret that the Regional Hospital Board have not been able



to make provision in the immediate future for additional accommodation at the Mental Hospital.

Works to be commenced during 1953/4 are improvements to the water supply and the installation of new boilers at a total cost of £12,000 and £50,000 respectively spread over a number of years. On the Reserve List the Board have included £50,000 in 1953/4 for the development of Oakwood Park as an institution for mental defectives, with a further £45,000 for completion in subsequent years.

### CHARITIES.

Application has been made to the Charity Commissioners for a new constitution and the establishment of a scheme for the administration of the charities.

### AUDIT.

The audit of the accounts has been carried out by the Health Service Auditor and a number of matters raised by the Auditors have received the attention of the Committee including the following:—

The preparation of inventories of furniture and equipment of all wards and departments, for which purpose the Regional Hospital Board have approved of the appointment of a temporary clerk to deal with the the work of drawing up the inventories in the first place.

The introduction of a system of costing goods received at “retail” price to ascertain profits on the Hospital canteen.

The termination of the appointment of an independent stock-checker for the farm and general stores stocks.

A system of ward record of issues of tobacco to patients.

A review of various subscriptions payable; membership of the National Farmers’ Union being discontinued. The Committee have been asked to obtain the sanction of the Ministry of Health to the payment of an annual subscription to the British Launderers’ Research Association if they wish to continue their membership of that organisation and this has been done as the Committee have felt that membership is well worth while in the interests of efficiency and economy in the laundry department.

### ECONOMY MEASURES.

Special appeals have been made by the Minister of Health to Hospital Management Committees to exercise the strictest economy in the day-to-day administration

of the hospitals. The Management Committee have done their best to this end appreciating that it is the Minister's duty to utilise the limited funds at his disposal for health and hospital purposes to the best advantage.

An Economy Sub-Committee was formed and suggestions of all the senior officers were invited. It was found that in an institution such as the Mental Hospital, where strict economy had always been observed and where the cost per head was amongst the lowest in the country, no large measure of further economy was possible. A careful review of the staffing of all departments and of the mental deficiency institutions resulted, however, in some reduction of the wages bill following the re-organisation of the out-door staff at two of the institutions and placing on pension of one or two members of the works department at the Mental Hospital.

### COMMISSIONERS.

The Mental Hospital and the Mental Deficiency Institutions have been visited by Commissioners of the Board of Control and the reports have been considered carefully by the House Committees and the Management Committee, recommendations for improvements having been adopted where possible.

At Llwyn View normal baths have been installed in place of the high and awkward ones, and screens and doors have been fitted in the sanitary annexe for additional privacy.

At Coed Du the staffing position commented upon by the Commissioners has, since their visit, somewhat improved but much dependence has still to be placed upon the services of non-resident and part-time staff at an isolated institution of this kind.

The Committee are having improvements carried out in the day-room into which the front entrance door opens.

At Broughton the greatest difficulty is still being experienced to recruit adequate staff.

The Committee are gratified to see in the report of the Commissioners on their visit to Denbigh that the Mental Hospital is described as "a progressive one where there is evidence that both the medical and administrative staffs have shown much zeal in overcoming the difficulties inherent in old and overcrowded buildings."

### WORKS.

The Works and Engineering Department centred at Denbigh under the



supervision of the Group Engineer and Clerk of Works carries out by direct labour all alterations, improvements and repairs at the Mental Deficiency Institutions as well as the Mental Hospital, the main works completed during the year being as follows:—

#### MENTAL HOSPITAL:

Erection of Workshops Hutment.

Extension of Medical Superintendent's Secretary's Office.

Main Recreation Hall—reflooring, redecoration and installation of stage lighting equipment.

Division of Male Ward 1, including installation of new metal casement windows and redecoration of ward.

Installation of Sound Equipment.

Installation of additional hot-cupboards in Main Kitchen and Male Nurses' Block.

Enlargement of ablutions room in Female Ward 5.

Installation of metal casement windows and alterations Female Ward 5 Dayroom.

Conversion of out-buildings at Pool Park to provide flat for staff.

Adaptation of out-buildings at Gwynfryn to serve as Primary Training School for Nurses.

Adaptation of rooms at Gwynfryn for Psychologist's Department.

Installation of Encephalograph.

Resurfacing of main roads and airing courts.

Reconstruction of Verandah—Male Ward 4.

#### LLWYN VIEW:

New Laundry.

New Nurses' Quarters.

Eight new windows to front of Institution.

#### GARTH ANGHARAD.

Complete re-wiring.

Interior redecoration.

Conversion of manure shed into piggeries.

Improvements to shippon.

## COED DU:

Internal and external redecoration.

Additional heating system installed.

## WATER SUPPLY.

Negotiations are proceeding with the Aled Rural District Council in connection with the scheme under which water will be supplied in bulk from the Committee's undertaking to serve the Parish of Bylchau and District. The Committee are mindful of their foremost duty to ensure an adequate supply to the Mental Hospital and the Board's attention has been drawn to certain misgivings in this direction.

## FARM.

To the mountain sheep farming and dairy farming at Garth Angharad has been added the keeping of pigs, and these activities together with kitchen gardening have provided congenial and healthful occupation for the patients. The Committee hope that the accounts will show that the farm has been profitable as well as useful in supplying milk, eggs, potatoes and other vegetables to the institution.

At the Mental Hospital, the farm continues to supply practically the whole of the milk requirements and large quantities of potatoes and vegetables, showing a considerable financial profit. The building up of a pedigree herd of British Friesian cattle, started seven years ago, is now nearing completion and the milk yields are remarkably high, the average annual yield from 34 cows being approximately 1,155 gallons and from 17 first-calf heifers 1,034 gallons.

Numbers of patients regularly employed on the farm are approximately 40 and in the garden 35, of whom 20 are women.

The Welsh Board of Health in consultation with the Ministry of Agriculture and Fisheries are making a detailed examination of the farming and gardening activities of hospital authorities presumably for the purpose of ascertaining whether it is desirable to allow Hospital Management Committees to engage in such undertakings. The Committee desire to put forward the view that farms should form an integral part of a mental hospital organisation and that they are of inestimable value from a therapeutic point of view and as a means of providing fresh, wholesome produce.

As required by Ministry of Health circular HMC(52)58 the Regional Hospital Board have graded for salary purposes the farm bailiffs employed throughout the region, and the Secretary represented the Management Committee on the special committee appointed by the Board to deal with this matter. The Management Committee have been informed that the Board have graded the Committee's bailiff in Grade 1 and



they have decided to support the appeal made by the bailiff against his grading, as it is considered that a higher grading should be awarded a bailiff responsible for so large an undertaking where a large herd of pedigree cows is kept and where intensive cultivations and good husbandry provide a considerable profit.

The Whitley Council have been provided with information regarding the duties and responsibilities of the head gardener and have been asked to advise on the appropriate salary in his case with the scales laid down in ASC Circular No. 21.

#### ESTATES.

The boundaries of woodlands to be transferred to the Ministry of Agriculture and Fisheries at Coed Du Hall have been agreed but the transfer has not yet been completed.

At Garth Angharad the precise boundaries of woodlands to be excluded from the estate being leased to the Committee have been agreed and the arrangements with the Ministry of Agriculture and Fisheries will be made direct by the owners.

The terms of the lease in respect of the Garth Angharad mansion, grounds, garden and home farm have been agreed upon but the lease has not yet been entered into. The Garth Angharad Riding School buildings are to be sub-let to the Merionethshire County Council for storage purposes at a rental to be fixed by the District Valuer.

Following complaints of the owners of Lawnt Lake at the Mental Hospital regarding silting up and encroachment of water on to grazing land, the Cae Dai Dam, erected many years ago in connection with a small hydro-electric generating station now disused, has been lowered with the object of restoring the river to its original course, and negotiations are proceeding with the Lessors for the surrender of the Lease.

#### STAFF.

The continuing shortage of whole time trained nursing staff, on the female side of the Mental Hospital, and at the institutions still gives rise to anxiety for the present, and apprehension for the future. The deficiency is made up largely by the employment of part-time trained and untrained nurses, and also by engaging ward orderlies, porters, &c., to relieve the nursing staff of strictly non-nursing duties.

A re-organisation of the kitchen and catering departments has taken place and as a result of a visit, at the invitation of the Committee, of the Ministry of Health's Advisory Dietitian, and in conformity with the recommendations of the Min-

istry in Circular HMC(52)47, the Committee have appointed a Catering Officer to be responsible for the whole of the catering arrangements at the Mental Hospital. After some months trial of the new arrangements the Committee have requested the Advisory Dietitian to make a further visit to review and advise on the new scheme. A report is awaited.

A vacancy at the Nurses' Home enabled the Committee to appoint a non-nursing Home Warden to take full charge of the Nurses' Home and, with the assistance of a male Assistant Warden, the male nurses' quarters.

With the approval of the Regional Hospital Board the following appointments have been added to this establishment :—

Joiner for duty in the Occupational Therapy Department.

Additional messman for the male nurses' quarters.

Two conveyance porters.

Group fire chief.

The appointment to the latter post has not yet been made.

The Committee wish to acknowledge with thanks the efficient services of their Secretary, Mr. S. L. Frost, and the administrative staff. To Dr. J. H. O. Roberts, the Medical Superintendent, and his medical colleagues and nursing staff, and to all other officers and staff throughout the group the thanks of the Committee are due for loyal and devoted service.

ALFRED E. HUGHES,

Chairman.

April, 1953.





# Medical Superintendent's and Medical Officer's Annual Report 1952

Mr. Chairman, Ladies and Gentlemen,

I have the honour to submit the Medical Superintendent's Report for the North Wales Hospital at Denbigh and the Medical Officer's Report for the four Mental Deficiency Institutions for which the Management Committee is responsible.

## North Wales Hospital, Denbigh

For some years, the most important item in my Report has related to the number of patients in the Hospital for, in view of our overcrowding, this figure must be the greatest single factor influencing our policy for the present and our plans for the future.

Reference to the graphs and figures which follow shows an increase of 13 in the number of women but a fall of 4 in the number of men. The total number of patients on our books at the end of the year was 1,510—a net increase of 9 over last year.

The overcrowding of the Hospital in relation the Ministry's standards as set out in RHB(48)4 was as follows on 31st December, 1952 :—

MALE		FEMALE	
NIGHT	DAY	NIGHT	DAY
104 (16.2%)	179 (31.5%)	206 (36.9%)	231 (43.3%)

Last April, the Management Committee considered the problem of overcrowding and decided that the then existing level on the Female Side of the Hospital must be regarded as a ceiling. In reaching this decision, they were moved not only by the discomfort which overcrowding brings to the patient but also by its depressing effect on nursing conditions and consequently its adverse affect on nursing recruitment. In this latter connection, they gave weight to the view expressed by the Matron and myself that further overcrowding must involve the risk of our losing staff to the extent of having to close wards. In other words, it was felt that if the Hospital did not itself place a limit on the patients it could accommodate, it might ultimately be forced to a restriction more drastic than would have been otherwise necessary.



For the purpose of implementing their decision, consideration was given to the necessity to share the Hospital's facilities fairly amongst the three main classes of patients seeking admission. These are shown in the following table and it was decided that when necessary a waiting list should be established for each class, patients being admitted in the order in which their names were placed on the list except in cases of urgency when priority would need to be granted.

Ward in which chiefly accommodated	Type of patient suitable
GWYNFRYN	Mild recoverable, mostly short stay cases, able to behave themselves so as not to upset others. In practice, such patients are usually voluntary.
MAIN BUILDING (General Admission Ward 1)	Cases presenting more severe symptoms and less ability to behave themselves. Such cases usually come in certified though some are voluntary.
MAIN BUILDING (Sick Ward F.6)	Aged and those whose symptoms are caused or accompanied by bodily disease.

With regard to the third category, that of the aged sick, it should be mentioned that it had already been our custom to limit our acceptance of such patients to those who were disturbed or difficult.

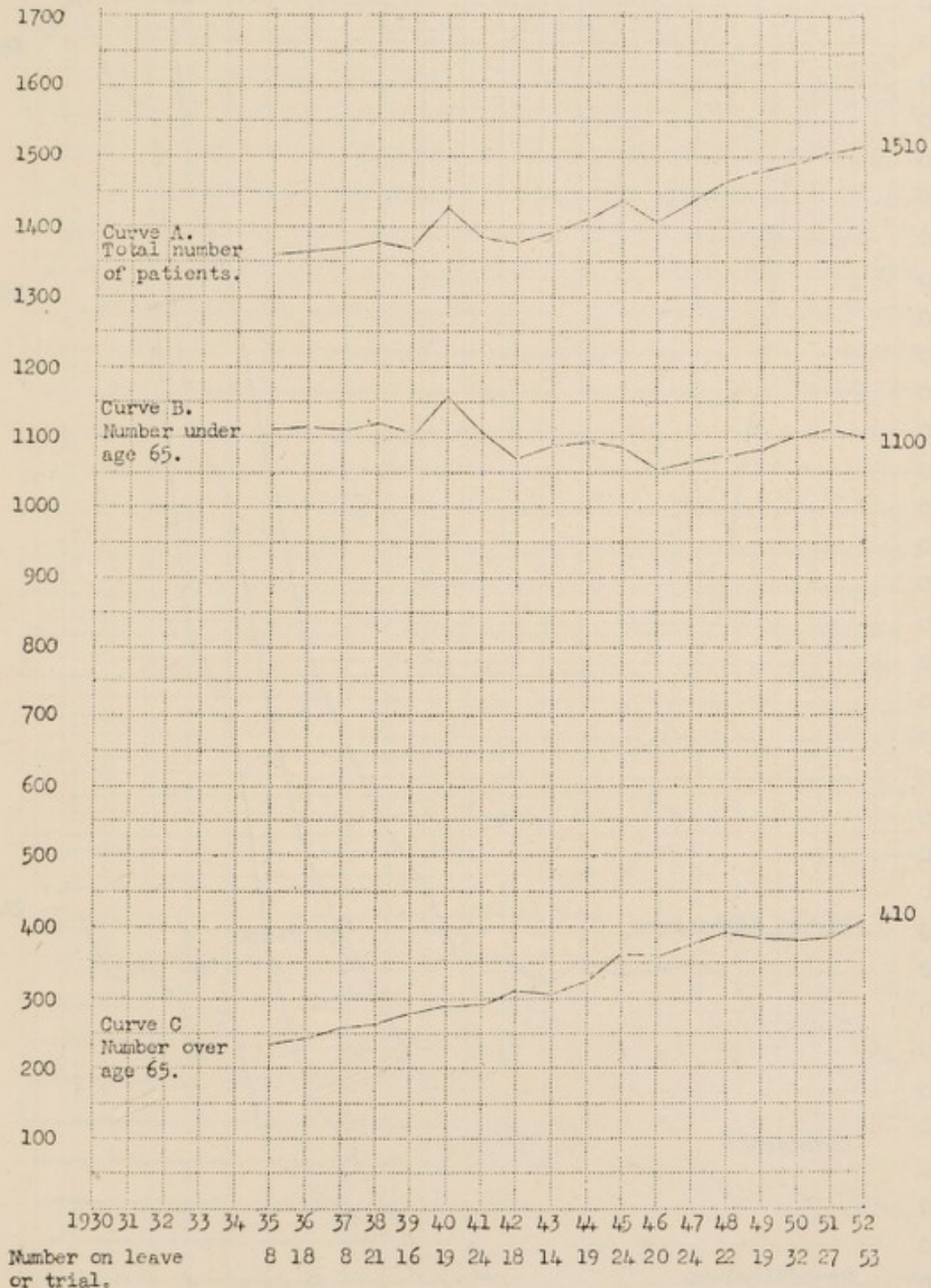
As a result of these steps, it has been possible to hold the number of patients resident on the female side below 741. This was the figure for those resident in April, 1952. On the 31st December, the corresponding figure was 738. Thus from the angle of pure accounting, our efforts appear to have met with success. However, from the human angle, I am not so happy and I have to report the impression that this numerical stability has only been achieved by raising our standard of what constitutes a disturbed senile case and that we are on the verge of having to refuse cases who should be admitted unless the usual humanitarian criteria are to be ignored.

Reference to Graph II shows 1952 as the first year since 1941 without an increase in the admission rate. Graph III shows that the fall apparent in 1952 was not limited to female patients but occurred also on the male side. This is rather puzzling for no conscious brake was applied to male admissions such as was applied on the female side. However, it is possible that the conservative trends inculcated with regard to female admissions both in Doctors and Duly Authorised Officers have been carried over to the opposite sex. No doubt, time will provide the complete answer.



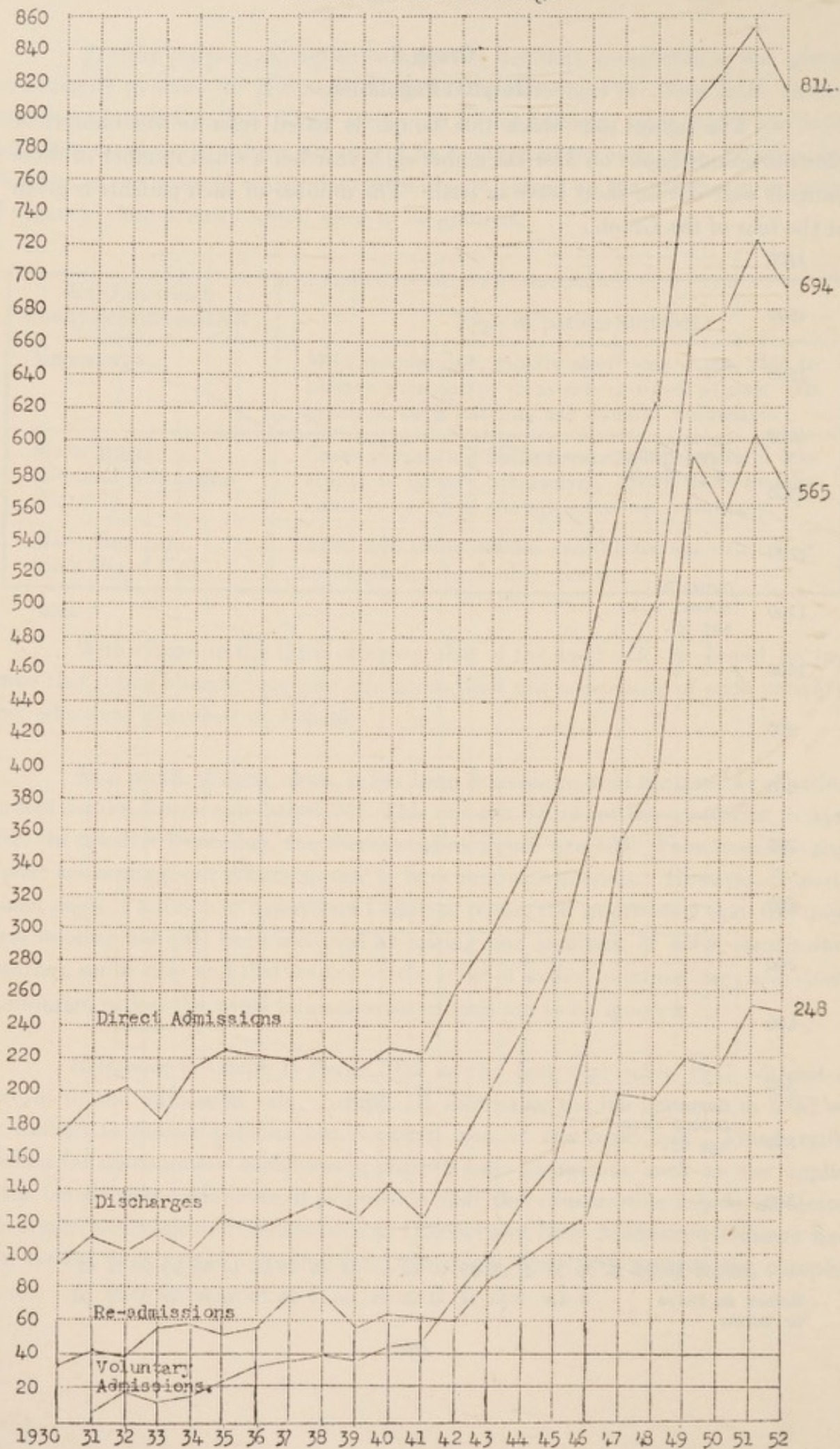
## Graph I Hospital Population

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





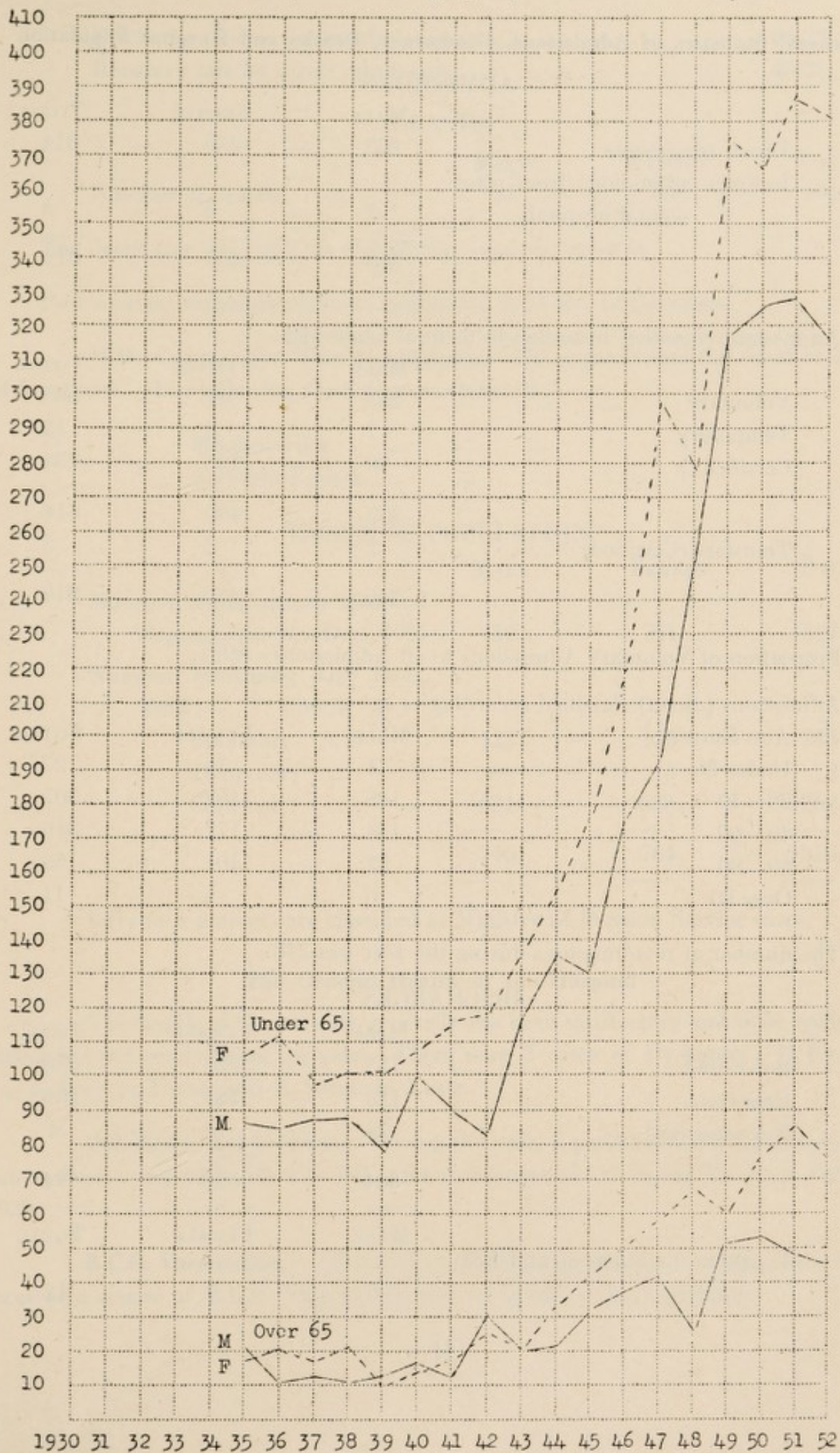
Graph II  
Admissions and Discharges





Graph III

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





# General Statistics of Admissions, Discharges, Deaths and Hospital Population

## ADMISSIONS

	MALE		FEMALE		TOTAL
Direct admissions .....	358	—	456	—	814
Indirect admissions from other mental hospitals .....	2	—	3	—	5
	<u>360</u>		<u>459</u>		<u>819</u>

Admissions classified according to form of admission:—

	MALE		FEMALE		TOTAL
Voluntary .....	253	—	312	—	565
Temporary .....	7	—	8	—	15
Certified.....	98	—	136	—	234
	<u>358</u>		<u>456</u>		<u>814</u>
Transfers (Certified) .....	2		3		5
	<u>360</u>		<u>459</u>		<u>819</u>

Proportion of Voluntary Admissions to all Admissions=69%.

Admissions (direct) classified according to age groups:—

AGE GROUP	MALE		FEMALE		TOTAL
Under 20 .....	11	—	16	—	27
20—40 .....	145	—	162	—	307
40—60 .....	144	—	172	—	316
60—80 .....	52	—	101	—	153
Over 80 .....	6	—	5	—	11

The number of re-admissions during the year was 248.

## DISCHARGES

	MALE		FEMALE		TOTAL
Recovered .....	153	—	223	—	376
Relieved.....	118	—	148	—	266
Not improved .....	33	—	19	—	52
	<u>304</u>		<u>390</u>		<u>694</u>

	MALE		FEMALE		TOTAL
Transfers to other mental hos- pitals .....	5	—	7	—	12

Discharge rate on direct admissions .....	85.2%
Recovery rate on direct admissions .....	46.2%

#### DEATHS

	MALE		FEMALE		TOTAL
Number of deaths .....	55	—	49	—	104

The death rate was 7.0% on the average number resident.

Post mortem examinations were conducted in 54.8% of the cases.

H.M. Coroner for West Denbighshire held inquests into the cause of death of 5 patients. The following verdicts were returned :—

Misadventure .....	4
Accidental death .....	1

#### HOSPITAL POPULATION

	MALE		FEMALE		TOTAL
Number of patients on Hospital Registers on 31st Dec., 1951	750	—	751	—	1501
Number remaining 31st Dec., 1952 :—					
Voluntary .....	122	—	123	—	245
Temporary .....	—	—	3	—	3
Certified .....	624	—	638	—	1262
	<u>746</u>		<u>764</u>		<u>1510</u>

Fifty-four patients are classified as Ministry of Pension Service cases.

#### The General Health of the Hospital

The health of the patients generally has been satisfactory and little epidemic illness has occurred during the year. There were 3 cases of Dysentery ; B. Flexner was isolated in 2 cases and B. Sonne in 1 case.

**Pulmonary Tuberculosis.**—During the year, 2 patients died from pulmonary tuberculosis compared with 4 in 1951 and an average of 7.3 during the years 1934 to 1939.

**B.C.G. Vaccination.**—All nurses are Mantoux tested on joining. Two have received a course of B.C.G. Vaccine this year as against 7 last year.



### Nursing Staff

The following figures show the strength of our nursing staff (including nursing officers) on the 31st December, 1951 and 31st December, 1952:—

	31 . 12 . 51			31 . 12 . 52	
	MALE	FEMALE		MALE	FEMALE
Qualified Mental Nurses .....	71	13	—	72	13
Qualified Mental Nurses also S.R.N.	10	3	—	9	3
Student Nurses .....	15	36	—	11	38
Nursing Assistants .....	32	27	—	35	32
Part-time Nurses (in terms of full-time) .....	—	27	—	—	28
Total .....	128	106		127	114
Recognised Establishment .....	140	140	—	138	142
Deficiency .....	12	34	—	11	28
Ward Orderlies .....	1	7	—	6	8

The year 1952 saw little change in the nursing position on the Male Side but there was some increase in the overall number of female nurses. However, as the above figures show, we still have a deficiency of 11 on the Male Side and 28 on the Female Side on our establishment figures. These are based on the nurse-patient ratio for the Region as a whole in 1951. Our deficiency in nurses is in some measure compensated for by having a certain number of ward orderlies.

In my last Report, it may be recalled that I stressed the fact that our most serious problem on the Female Side was not so much an overall shortage of nurses but a shortage of trained nurses. This deficit of trained staff is due to our inability to train sufficient girls to offset the rate of loss through marriage or other reasons.

The following figures show the development since 1944 of the position referred to. It will be seen that it has not further deteriorated during the past year.

#### TRAINED FEMALE STAFF (including Nursing Officers)

December, 1944 .....	33
" 1945 .....	27
" 1946 .....	23
" 1947 .....	27
" 1948 .....	24
" 1949 .....	20
" 1950 .....	16
" 1951 .....	13
" 1952 .....	13

## Treatment of Mental Illness

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

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

The following table shows the number treated by various physical methods during 1952:—

	MALE		FEMALE		TOTAL
Electric Convulsive Therapy .....	251	—	311	—	562
Modified E.C.T. ....	21	—	17	—	38
Deep Insulin .....	8	—	16	—	24
Modified Insulin .....	116	—	74	—	190
Deep Narcosis .....	—	—	1	—	1
Partial Narcosis.....	—	—	1	—	1



	MALE		FEMALE		TOTAL
Ether or CO <sub>2</sub> Abreaction .....	4	—	—	—	4
Alcohol aversion treatment .....	—	—	1	—	1
Prefrontal Leucotomy .....	14	—	11	—	25
Narcoanalysis .....	68	—	11	—	79
Sub-convulsive Stimulation .....	15	—	—	—	15

**Leucotomy Cases.**—The following is an analysis of the results in all cases operated upon between April, 1942 and December, 1952 :—

	MALE		FEMALE		TOTAL
Total number of cases .....	111	—	78*	—	189*
Discharged “Recovered” or “Relieved” .....	52	—	32	—	84
Improved in Hospital .....	31	—	18	—	49
Unchanged .....	24	—	19	—	43
Died as a result of operation .....	4	—	7	—	11
Discharged but since relapsed .....	12	—	2	—	14

\*Includes 2 cases who have been operated upon twice.

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

**Surgical Operations.**—The operation of Leucotomy is performed by Mr. Sutcliffe Kerr in the Hospital Theatre.

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

**Consultants' Visits in Specialities other than Psychiatry.**—

Speciality	Consultant's Name	Frequency of Attendance	No. of Patients seen in 1952
General Medicine	Dr. Phillip Evans		
	Dr. Forbes	Alternate weeks	85
Tuberculosis	Dr. Clifford Jones	As required	86
General Surgery	Mr. D. I. Currie	As required	21
Ophthalmology	Mrs. E. M. Brock	Every month	90
Ear, Nose and Throat Surgery	Mr. R. D. Aiyar	Alternate weeks	37
Orthopaedic	Mr. K. V. Drennan	As required	5

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

During the year 1952, 1,198 patients were examined. Extractions were carried out in 194 cases, 20 patients had teeth filled and 81 were provided with dentures.

**Occupational Therapy.**—Miss Cooper, who is in charge of occupational therapy on the Female Side has three unqualified Assistants. There are two principal centres, one at the Reception Hospital and one in Female 3. These deal for the most part with acute and recoverable cases. The occupational requirements of the chronic case are still chiefly catered for by sewing groups and by work in the dressmaking department.

Mr. Wilson who has charge of the Male Side, has one qualified Assistant Occupational Therapist and three Male Nurses are seconded to his Department. An innovation this year has been the appointment of a craftsman to the Department in the person of Mr. Bainbridge, a joiner. As a result it is hoped to step up the standard of furniture making to that achieved in the Printing and Painting Departments. Work is carried out at three centres, two of which deal with acute cases, being located at the Reception Hospital and Male 3 respectively, whilst there is also a centre for chronic patients in the Main Building. Work is also taken to suitable bed-ridden cases in the Sick Wards.

Both Miss Cooper and Mr. Wilson undertake a good deal of what might be termed recreational therapy, especially with regard to Reception and Convalescent cases where the provision of adequate interests is an important adjunct to treatment.

### Special Methods of Investigation

**Pathological Laboratory.**—The following examinations were made during the year 1952:—

Haematology specimens.....	2083
For various bacteria .....	118
For Parasites .....	5
For chemical analyses .....	116
Post mortem examinations .....	70

**X-Ray Department.**—During 1952, the following examinations were made:—



	Patients		Staff		Total
	Male	Female	Male	Female	
Skeleton .....	72	50	—	6	2
Lungs.....	200	88	—	44	90
Abdomen .....	6	1	—	—	—
Total .....	278	139	50	92	559

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

**Department of Psychology.**—A psychologist is chiefly concerned with tests estimating intelligence and other qualities of the mind. Dr. Vidor's work has included the following:—

- (1) **Denbigh In-patients.**—147 patients have been examined. This number has included 24 cases examined as a preliminary to the operation of Leucotomy. Such cases are again examined at periods following the operation.
- (2) **Patients at M.D. Institutions.**—During the year, Dr. Vidor visited the M.D. Institutions and examined 66 patients.
- (3) **Personal Selection.**—14 candidates for posts on the nursing staff were seen and reported on.
- (4) **Out-patient Work.**—The psychological work carried out by Dr. Vidor in the Child Guidance Clinics is covered by Dr. Simmons in his Report. 16 adult out-patients were reported on.
- (5) **Publications.**—"Assessment of personality changes after prefrontal Leucotomy by psychological testing." Proc. & Papers of the Thirteenth International Congress of Psychology, Stockholm, 1951.  
Lagerstrom, Stockholm, 1952.

### Hairdressing

The Ladies' Hairdressing Saloon continues to provide the permanent waves and sets which are very much appreciated and add greatly to the appearance of our patients. On the Male Side, a barber visits the wards in turn.

### Chiropody

Miss Millree attends on the Female Side of the Hospital on two days a week and Mr. Lees on the Male Side on one day a week.

## Social Life of the Patients

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

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

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

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

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

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

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

**Parole.**—At the time of writing this Report 77 men and 44 women enjoy parole outside the grounds of the Hospital, while 71 men and 7 women are allowed parole within the grounds only. Some are patients convalescing prior to returning home, others are well conducted chronic patients whose long detention is considerably mitigated by the liberty to come and go amongst normal people, shopping expeditions to the Town being especially appreciated by the ladies.

**Recreation.**—During the Summer, the Recreation Hall was redecorated and a new floor was laid down. New curtains were provided for the stage and a modern stage lighting system installed. Both hall and stage are now exceedingly attractive to the eye. Efforts are now being made to match its acoustic properties to its appearance



under the guidance of Professor Edwin Owen of Bangor for whose expert advice on a difficult problem we are very grateful.

Every Wednesday, there is a Patients' Dance in the Main Hall and every Monday Evening a Cinema Show. During the Winter months, Whist Drives and Billiard Tournaments are held. Although the Hall was closed for several months for renovation, 14 concerts and 4 plays were presented during the year, including 5 concerts by the Council for Music in Hospitals, the remainder by local amateur talent with the exception of one by the patients themselves.

In the Summer, patients are taken to the Sea-side and to such local events as Sheep Dog Trials and Flower Shows. I would record my appreciation of the kindness of the Denbigh Football Club in allowing our patients to attend all Home Matches free of charge and to the Denbigh Branch of the British Legion who again took a party of 30 Ex-service Patients to see a Football Match at Wrexham.

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

### **Out-Patient Services**

(1) **Out-Patient Clinics.**—When a General Practitioner wants a psychiatric opinion he refers his patient to one of our Clinics. Of those seen a certain number are admitted to Gwynfryn for further investigation and treatment though in a good proportion of cases this is completed on an out-patient basis.

The figures given below show the steady growth of attendances at the Clinics and it will be readily understood that together with the other out-patient services, they take a good proportion of the time of the Hospital's Medical Staff. An important factor in a scattered area such as North Wales is the travelling time required and which takes away from the time available to patients.

Clinics are held at the following centres :—

Bangor	.....	Caernarvonshire and Anglesey Hospital	Every Wednesday morning and afternoon
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Dolgelley .....	County Health Department	Third Tuesday in each month in afternoon
Rhyl .....	Royal Alexandra Hospital	Every Thursday afternoon
Wrexham .....	Maelor General Hospital	Every Friday morning and afternoon

**Table of Attendances.—**

	First Attendances				All Other Attendances		
	MALE	FEMALE	TOTAL		MALE	FEMALE	TOTAL
Bangor .....	160	223	383	—	181	482	663
Dolgelley .....	18	12	30	—	10	5	15
Rhyl .....	111	168	279	—	163	268	431
Wrexham .....	159	188	347	—	275	355	630
Denbigh .....	5	11	16	—	29	55	84

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

1944 .....	304
1945 .....	461
1946 .....	576
1947 .....	830
1948 .....	1167
1949 .....	1224
1950 .....	1778
1951 .....	2295
1952 .....	2878

**(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 1952 was :—

MALE	FEMALE	TOTAL
24	56	80

**(3) Visits to Patients in Hospitals in other Management Committee Groups.**—Specialists on the staff at Denbigh may be required to attend at any Hospital in the following Groups :—

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



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

MALE	FEMALE	TOTAL
38	79	117

(4) **Examination of cases referred by the Courts under the provision of the Criminal Justice Act, 1948.**—During 1952, these numbered as follows :—

MALE	FEMALE	TOTAL
10	5	15

(5) **Psychiatric Social Worker Department.**—Among the factors precipitating psychiatric illness, problems touching the home, the family and work are the most important, and in order to understand the patient, it is necessary that these should be known. The social worker service is the instrument by which the necessary information is obtained.

A most critical period in a patient's treatment is that immediately following discharge when it may be touch and go whether he or she makes a successful re-entry into society or breaks down again under the stress of the attempt. It is then that the advice and support of a social worker is most valuable and can tip the balance favourably.

The Committee's Social Worker Staff is distributed thus :—

	ADULT	CHILDREN
Psychiatric Social Workers .....	Mrs. Iolo Jones .....	Miss Wiggins
	Mr. Marrington .....	Mr. Midwinter*
Social Worker .....	Mrs. James Evans*	

\*Welsh speaking.

**Work done in connection with Adults during 1952** (Dr. Simmons deals with the Child Guidance aspect in his Report).

Home visits .....	1139
Visits to social agencies, etc. ....	454
Interviews in Hospital or Clinic .....	252

NOTE: Social agencies include—Probation Officers, Ministry of Labour, Other Ministries, Children's Departments, Duly Authorised Officers and Social Welfare Departments, Doctors, Solicitors, Ministers, etc.

## SENIOR STAFF CHANGES

### Medical.

Dr. I. M. Davies left in August to take up his appointment as Consultant Psychiatrist at Pen-y-Val Hospital, Abergavenny.

Dr. P. Hughes Griffiths, Junior Hospital Medical Officer, left to join H.M. Forces in April.

Dr. D. Owen Lloyd was appointed as Senior Hospital Medical Officer in place of Dr. Davies and commenced duty in November.

Dr. John Millar joined as Senior Registrar in August.

### Catering Officer.

Mr. J. Allen was appointed Catering Officer and commenced duty in July.

### Lay Warden.

Mrs. J. Wills having been appointed to the newly created post of Lay Warden to the Nurses' Home, took up duties in July.

## The Mental Deficiency Institutions

The following Mental Deficiency Institutions are located in North Wales and all except the Eryri Hospital are administered by the North Wales Mental Hospital Management Committee. The last named is the responsibility of the Caernarvonshire and Anglesey Hospital Management Committee:—

Broughton Institution, Near Chester	.....	70 females
Coed Du Institution, Near Mold	.....	86 females
Llwyn View Institution, Dolgelley	.....	68 females
Garth Angharad Institution, near Dolgelley		64 males over 16 years
Eryri Institution, Caernarvon	.....	36 males under 16 years

Outside the above scheme are the following M.D. beds at General Hospitals under the aegis of the Clwyd and Deeside Hospital Management Committee:—

St. Asaph Hospital	.....	8 male	2 female
Lluesty Hospital, Holywell	.....		12 female
Ruthin Institution.....	.....	13 male	

Ruthin is what is termed a deemed institution under Schedule 7(2) of the National Assistance Act, 1945. In the case of deemed institutions, vacancies are not filled so that eventually such institutions will cease to accommodate Mental Defectives.



It will be remembered that during 1951, Broughton Institution had not opened, Llwyn View was mostly in the hands of the Contractors whilst Garthangharad was in the process of being furnished and equipped.

In January, 1952, patients were moved from Rhyl to Broughton and the year has seen this Institution together with Llwyn View and Garthangharad filling up so that by its end they were near their full complement of patients.

The following was the position on December 31st, 1952, of the four Institutions which come under the North Wales Mental Hospital Management Committee:—

	STATUTORY ACCOMMODATION	NO. OF PATIENTS RESIDENT	NO. OUT ON LICENCE
Broughton .....	64	62	—
Coed Du .....	80	77	21
Llwyn View .....	64	56	6
Garthangharad .....	59	52	6

**Classification of Patients.**—It will be recalled that there is a serious overall shortage of mental deficiency beds in the Welsh Region and, except in the case of Hensol Castle which has 567 beds, the existing beds are accommodated in small institutions. To ensure equable distribution of beds to claimants in various parts of the Region and to enable a proper classification of patients to be attempted, the allocation of vacancies was placed in the hands of Dr. Lynford Rees, the Regional Psychiatrist.

The following is the intended classification of patients within the Committee's four institutions:—

**Broughton.**—Medium and low grade females of all ages including a certain proportion of cot and chair cases.

**Coed Du.**—Medium and high grade adult women.

**Llwyn View.**—Medium and low grade adult women.

**Garthangharad.**—Medium and low grade adult male.

It will be seen that a large proportion of the Committee's beds are occupied by medium and low grade patients. This is inevitable at present for the reason that only a sizeable institution such as Hensol Castle has adequate facilities for the training of high grade patients or the proper care of antisocial types. Experience over the last year has already shown the limitations of the small institutions of North Wales in respect to patients who are difficult to manage and it has been necessary in several instances to transfer patients to Hensol Castle for safer custody. Our thanks are due

to Dr. T. B. Jones, the Medical Superintendent of Hensol Castle, for his ready willingness to accept our problem cases and for the valuable advice which he was able to offer when he visited Garthangharad and Llwyn View with Dr. Linford Rees, the Regional Psychiatrist.

**Religious Services.**—At Coed Du, the higher grade patients attend neighbouring Churches and Chapels in addition to the weekly service held at the Hall. At Llwyn View and Garthangharad, weekly services are held. At Broughton, the better patients attend a neighbouring Church while weekly visits are paid by the Chaplains.

**Entertainments.**—All Institutions have 16 mm. Cinema projection sets and a weekly show is given. Concerts and entertainments are arranged by local parties to whom our grateful appreciation is due. Visits into town for shopping are arranged for suitable patients and from time to time Coaches take them further afield.

**The Staff.**—During the year, Miss Flora MacDonald, Matron at Coed Du was appointed Matron at Hensol Castle. Mrs. I. E. Taylor succeeds her.

The following table shows the nursing and orderly staff at the four Institutions :—

	<b>Broughton</b>	<b>Coed Du</b>	<b>Llwyn View</b>	<b>Garthangharad</b>
	<b>FEMALES</b>	<b>FEMALES</b>	<b>FEMALES</b>	<b>MALES</b>
Qualified .....	1 whole-time	1 whole-time	2 whole-time	2 whole-time
Nursing .....	3 whole-time	1 whole-time	4 whole-time	3 whole-time
Assistants .....	4 part-time	4 part-time	2 part-time	1 part-time
Ward .....				
Orderlies .....		1 part-time		1 whole-time

## Conclusion

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

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

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. H. O. ROBERTS,

Medical Superintendent and Medical Officer.





# North Wales Child Guidance Clinics

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## Report for the Year Ending 31st December, 1952

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Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Report of the North Wales Child Guidance Clinics for the year 1952.

### A. INTRODUCTION

During the year under review there have been no major changes in the activities of the clinics. Certain developments initiated during the past two years have continued.

Work with individual children has been intensified, and we are building up a body of well documented cases.

Shortage of personnel has continued to handicap us. There has been an unexpected deterioration in the standard of facilities available at Bangor, and improvements expected at Wrexham and Colwyn Bay have not materialised.

The total volume of work carried by the clinic personnel has been very large but there has been a fall in the number of attendances at the clinics. This resulted largely from my absence on sick leave for some weeks.

The "diagnostic waiting list" has been shortened very considerably and children can now be examined within a few weeks of referral. The "treatment waiting list" unfortunately remains rather lengthy at some clinics. It can be shortened only by an increase in therapist strength, and it is hoped that the appointment of a Registrar will come about in the near future.

### B. GENERAL DISCUSSION

Later tables will give an idea of the scope of the clinics. Here I would like to draw your attention to some of the more important aspects of our work and to the considerations which guide us at the clinics.

#### 1. Problems for which children are referred to Child Guidance Clinics.

As a rule children are brought to us when someone feels that they are not as happy, not as honest, not as efficient, not as manageable, etc., as they might be.



Sometimes we shall find that a child, because of something in his own make up, has not been able to meet the ORDINARY demands of home, school or life in general. At other times it will be evident that UNUSUAL strains, such as extreme poverty, inconsistent handling, threatened or actual breakup of family life, have been at work and that not even a robust child could have resisted.

Whatever the referral cause may be we need to remember that, in most instances, "ordinary means" have been tried and have failed to secure a hoped for result; that the children are sent to us for what we may be able to do. We shall then not be led to undertake responsibilities beyond our means, or be tempted to employ methods of investigation or treatment other than those accepted by trained Child Guidance Workers all over the country.

## **2. Need for full investigation.**

It is generally agreed that the behaviour of children is determined by two broad sets of factors: those working from within (health, intelligence, emotional assets, etc.) and those exerting their influence from without (attitudes and beliefs, social religious and cultural, and material circumstances of home, school and wider community).

When we examine a child at a clinic it is our task to determine where he differs from other children of his age and environment and where he is like them. We shall then be able to assess the meaning of the symptoms he is showing, i.e., we can make a diagnosis.

As in any other branch of Medicine an accurate diagnosis needs to be made before the most appropriate form of treatment can be recommended.

Later tables show the variety of symptoms for which children are referred and the diagnostic groups into which they are placed. It has not been possible to relate referral symptoms to final diagnosis but perusal of the tables will make it clear that an adequate first examination is of the utmost importance.

## **3. Treatment.**

The term treatment is applied to any measures which may be taken to improve the physical psychological or intellectual standing of a child. Such measures may be directed mainly towards the child or mainly towards the environment.

The form in which treatment is recommended depends on the nature of the difficulties.



### **i) Educationally handicapped children.**

As a rule we only need to suggest the most suitable methods by which the child might be taught. The Education Authority is responsible for the provision of the special educational facilities which may be required (coaching, special class, special school).

In some instances we offer facilities at the clinics to children who are likely to benefit from special remedial teaching methods given for a relatively short period of time.

It might be mentioned here that facilities for the examination and the treatment of EDUCATIONALLY handicapped children are normally provided by Education Authorities at Child Guidance CENTRES. No centres exist in this area and the Child Guidance CLINICS have always dealt with a fair number of "centre cases." The Clinics are of course provided by authority of the Regional Hospitals Board, and their main concern is with EMOTIONALLY handicapped children.

### **ii) Emotionally handicapped children.**

The position with regard to the treatment of these children is a rather complex one.

Sometimes, after investigations have been completed, one or two discussions between mother and Psychiatric Social Worker are all that is required.

At other times the Psychiatric Social Worker carries out treatment "through the mother" whom she may see her at her home or at a clinic, over a shorter or longer period of time—without the child seeing the Psychiatrist again. This is a common practice with under-fives.

Adolescents may be treated by the Psychiatrist at the clinics while contact with their parents is maintained by occasional Home Visits by the Psychiatric Social Worker.

Whenever required, however, mother and child come to the clinic for treatment. As a rule they do so once a week and treatment may last from a few months to 1½ to 2 years or even longer. The child is seen by the Psychiatrist while the Psychiatric Social Worker interviews the mother.

Often, further help can best be given through other social agencies and their workers (Children's Officers, Probation Officers, Matrons of



Homes, etc.). We are always glad to discuss matters with the worker concerned.

Finally, there are those who, it is thought, require long term environmental treatment and training in hostels or schools for maladjusted children.

It will be seen from this that the clinic premises are the focal points of our activities but that a great deal of work is properly carried out beyond these premises and that treatment at or through a clinic is not necessarily the most appropriate form in which help can be given to an individual child.

In passing it might be said here that neither hostels nor schools for maladjusted children exist in North Wales, and that it is difficult to get vacancies elsewhere.

#### **4. Child Guidance as a Preventive Service.**

It is thought that the clinics acting as diagnostic and therapeutic centres also serve a preventive function. The treatment of one child may influence a mother's handling of her other children to a considerable extent. Treatment of the same child may decide a teacher to seek advice for other children, etc.

The number of people whom the clinic personnel can meet, is, however, small and cannot exceed more than a few percent of the parent/child population.

The quality of our clinical work must remain our most valuable "propaganda" weapon but it would seem desirable that we should meet and discuss matters of mutual interest with people who in their daily lives come into contact with large numbers of children. Teachers, magistrates, children's officers come to one's mind, and one feels that a great deal might be achieved especially if we could meet them in groups.

A fair balance has to be struck, however, between time spent on purely clinical work and that outlined. Miss Wiggins has addressed a number of groups. I have given a few talks, and together with Mr. Midwinter have met, at about monthly intervals, a number of workers from allied fields for case discussions. The Bangor team also met the students at St. Mary's College, and we had a demonstration at the Bangor clinic.

We feel that we have a specific contribution to make to meetings of this kind, and also that our own work would be enhanced by closer contact with workers in



other but allied fields. We regret that shortage of staff severely limits our activities in this sphere.

### **5. Intelligence and Intelligence Tests.**

It is important for us to know how intelligent a child is. Usually it is possible to assess intelligence with some degree of accuracy on the basis of general impressions, but an accurate assessment also demands the use of standardised tests.

These tests are of two main types: verbal and non verbal. The latter, when they have been re-standardised for Welsh conditions, give a satisfactory assessment in the case of bi-lingual children. The former however, have definite shortcomings in this respect.

This is an important matter and one which we discuss frequently. We do so especially at the Bangor clinic, where Dr. J. Rogers and Mr. W. R. Jones of the Department of Education, University College of North Wales, act as Educational Psychologists.

I am grateful to Mr. W. R. Jones for the following statement.

“The provision of Mental Tests, standardised for varying degrees of bilingual conditions has been given much prominence in recent discussions. The report of the Central Advisory Council (Wales) on “The place of Welsh and English in the Schools of Wales” just published, contains some pertinent comments on the subject. The Welsh Joint Education Committee, which acts for the Local Education Authorities, has received and considered a report of a Panel appointed to offer advice on the steps which should be taken to meet the needs of Welsh speaking children for standardised intelligence tests. The University of Wales, through its school of Education and Collegiate Faculties, is actively interested in the problem, and the National Federation for Educational Research, which receives financial support from Wales, has already assisted in the statistical side of the work.”

“At the moment, it appears that most of the work of preparing standardised tests in Welsh is being done in the Collegiate Faculties at Bangor and Aberystwyth. At Bangor two research projects have been completed: an adapted version of the Hoffman Bilingual Schedule to meet Welsh conditions and a Welsh version and standardisation of Jenkins’ Scale of Non-verbal Mental Ability are now ready for publication. Adapted versions of another non-verbal test and of a group verbal test of intelligence are in an advanced state of standardisation. Considerable progress has also been made in connection with the construction and standardisation of achievement Tests in Welsh, particularly with reference to Reading Comprehension and Language Usage.



Much preliminary work has been done on the adjustment and standardisation of Schonell's Arithmetic and Silent Reading Tests A and B for Welsh conditions. The Collegiate Faculty at Aberystwyth is engaged in similar projects."

"It is evident, however, that the construction, standardisation and production of a SERIES of tests in Welsh will be inevitably slow under existing conditions. This important and urgent work is hampered by inadequate co-ordination between the bodies which are interested in the many problems of bilingualism and by the scarcity of research workers trained in the necessary techniques and statistical methods. On the other hand, the present outlook is promising. Many individuals and organisations are fully alive to the need for tests of intelligence and attainment prepared and standardised for bilingual children. Their hopes in this respect will be realised, when, in the words of the Advisory Council's report on the bilingual situation, "somebody assumes responsibility for the direction, co-ordination, and perhaps financial support of research into the many problems of bilingualism."

### C. INFORMATION AND DATA IN RESPECT OF THE CHILDREN

#### 1. Sources of Referral.

The following table will give a picture of the extent to which the Service was used by various agencies. All children referred during 1952 are included.

Table 1.

REFERRING AGENCY	COUNTIES					Total
	Anglesey	Caerns.	Denbs.	Flints.	Mer.	
School Medical Officers .....	13	40	38	4	10	105
General Practitioners .....	5	7	10	23	2	47
Paediatricians .....	4	6	8	2	—	20
Other Medical Specialists .....	—	—	3	2	—	5
Courts and Probation Officers .....	—	1	11	5	—	17
Children's Officers .....	—	—	1	—	—	1
Schools .....	—	—	1	—	—	1
Parents .....	—	—	1	2	—	3
All Agencies .....	22	54	73	38	12	199

NOTE.—Not all the children who are referred are necessarily seen. During this year 26 children failed to attend at the clinics after appointments, often two or three, had been given. The reasons for non-attendance range from "left the district", "now much better" to "parents unco-operative." A Home Visit is usually paid by a Psychiatric Social Worker if the first or second appointments are not kept and this

enables many parents to attend when a further appointment is offered. The number of visits which can be paid for this purpose is, however, limited by the already heavy demands on Psychiatric Social Workers' time.

## 2. Causes for Referral.

The following table includes all children referred during 1952.

Table 2.

Behaviour, aggressive and difficult (17); beyond control (5); temper outbursts (2); unusual cruelty (1)	25
Pilfering and stealing (20); pilfering and stealing with other symptoms (4); anti-social (1); larceny (4); sexual misbehaviour (3)	32
Enuresis (20); enuresis with other specified symptoms (5); soiling and wetting (2); undesirable habits (2)	29
Temper tantrums (2); overactive (1); nervous, fears, crying fits unhappy (9); nightmares and terrors (3); excitable, precocious, exhibitionistic, feeding difficulties (4); strange, unstable, maladjusted, personality change (5); habit spasms (3)	27
Refusal to go to school (2); other difficulties referred to school (5)	7
Hysteria, depression, agitation, attempted suicide, other.	8
Various pains—no organic cause discovered	3
Asthma (2); Asthma with other specified symptoms (3)	5
Stammer, stutter (3); other speech defects as leading symptoms (5)	8
Epilepsy (2); epilepsy with behaviour difficulties (2)	4
For guidance (career, deaf and dumb child, spastic, defective)	4
Specific learning disability (2); backwardness (20); backwardness with other specified symptoms (7)	29
For assessment of intellectual status only (12); to determine educability, confirmation of deficiency (6)	18
	<hr/> 199 <hr/>

NOTE.—In Table 2 the main symptoms as stated by the referring agencies are listed. Enquiry at the clinics often reveals more serious difficulties. Frequently, however, we can re-assure parents that the behaviour which has caused them concern is normal and appropriate to their child's age, or that it is likely to yield to relatively minor changes in handling.



### 3. Age and Intelligence of Children.

a) **Ages and Intelligence Quotients** of 96 boys and 51 girls examined at the clinics by the Terman and Merrill Revision of the Stanford Binet Scale.

Table 3.

AGES	INTELLIGENCE QUOTIENTS							TOTAL
	-51	55-69	70-84	85-99	100-114	115-129	130 & over	
Boys under 5	1	1	—	—	—	—	—	2
5—7	—	1	1	3	5	—	—	10
7—18	1	1	5	11	7	—	1	26
10—12	1	3	9	4	5	3	—	25
12—15	2	3	7	6	7	2	—	27
Over 15	—	1	1	3	—	—	1	6
Girls under 5	—	—	—	1	1	—	—	2
5—7	—	1	3	1	2	1	—	8
7—10	1	1	2	1	2	—	—	7
10—12	1	1	1	5	3	—	1	12
12—15	1	1	5	3	4	2	—	16
Over 15	2	1	1	2	—	—	—	6
Boys & Girls All ages	10	15	35	40	36	8	3	147

ADDITIONAL.—A further 26 children were seen. Twelve of these could not co-operate in tests. Four were evidently of low intellectual status, one was assumed to be of average intelligence, and the others had been tested elsewhere.

#### b) Some comment on Referral Ages.

The numbers of children in the lower two age groups are seen to be relatively small. At least 8 of the total of 22 who were examined were, in addition, very dull.

This means that the clinics have been unable to make a contribution of any size to the solution of the many problems which under-fives and under-sevens are known to create.

We regret this greatly because we know that many of the more serious difficulties of children in the higher age groups have often been present in milder but readily recognisable form, for a long time before they are seen at the clinics.

Help given during the earlier years offers greater prospects of speedy and lasting re-adjustment than at any later stage. A few discussions may be all that is required in the cases of young children. Treatment, on the other hand, of established illness at the later age, may take many months.

On the grounds of economy alone, therefore, early referral is desirable. We know that it is so for other reasons as well. Thus, it is generally agreed now that what happens to a child during the first five or six years of his life is of the utmost importance to his future development; "errors in growing up" at this stage may interfere not only with his school life and his career, but may also have a permanent adverse effect on his attitude towards individuals and society in general, even if they do not lead to actual breakdown.

We would feel, that all referrals might be based on the principal of "When in doubt—refer" and that this applies particularly when young children are being dealt with.

### c) Value of Test Results in Relation to Education.

The scholastic success likely to be achieved by children in the different I.Q. ranges used in Table 3 may be gathered from the following:—

- I.Q. under 55: Unlikely to benefit from education in the ordinary sense.  
Require training in occupation centres.
- 55—69: Likely to benefit from teaching in special schools.
- 70—84: Likely to benefit from teaching in special classes.
- 85—114: Of low average, average and high average ability.
- 115—129: Of superior ability.
- 130 and over: Of outstanding ability.

## D. DIAGNOSES

Table 4.

AGES	EMOTIONALLY HANDICAPPED		INTELLECTUALLY HANDICAPPED				Others		Incomplete		Total
	Behaviour, Personality difficulties, etc.		In need of special educational facilities		Ineduc- able						
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	
Under 5	1	3	3	—	—	—	1	1	—	—	9
5—7	8	7	1	1	—	—	—	1	—	—	18
7—10	19	6	6	3	1	2	5	—	—	1	43
10—12	19	10	3	1	1	2	2	—	1	—	39
12—15	18	16	6	4	1	—	3	1	2	1	52
Over 15	5	1	2	2	—	1	—	1	—	—	12
Total	70	43	21	11	3	8	11	4	3	2	
Boys & Girls All ages	113		32		8		15		5		173
			40								



NOTE 1.—The following are included under “others.”

“Normal child” . . . . .	4	Deafness . . . . .	1
Post Encephalitic state . . . .	2	Spastic Child . . . . .	1
Epilepsy . . . . .	3	Other gross organic illness	
Specific Learning Disability . .	1	or defect . . . . .	2

2.—The headings “emotionally handicapped” and “intellectually handicapped” are used to show that the children were suffering as a result of MAINLY EMOTIONAL or MAINLY INTELLECTUAL difficulties. The two groups tend to overlap because disturbance in one or other sphere of a child’s activities reflects itself readily in the remaining ones. Thus a bright child may become a scholastic failure as a result of emotional difficulties, and a dull child may show behaviour difficulties because he finds himself unable to cope with the demands school makes on him. A degree of emotional handicap is present and observable in the majority of children whom we see. They are grouped above in accordance with our estimate as to what was the major factor in causing the symptoms which lead to referral.

# E. STATISTICS OF ATTENDANCES

**Table 5** (Refers to work of PSYCHIATRISTS).

Clinic	FIRST ATTENDANCES (REFERRALS)					FURTHER ATTENDANCES (RE-EXAMINATIONS, TREATMENTS)					NO. OF ATTENDANCES		
	Angl.	Caern.	Denb.	Flint.	Mer.	Angl.	Caern.	Denb.	Flint.	Mer.	First	Fur- ther	Total
BANGOR													
Boy	10	30	1	—	1	17	25	—	—	—	42	42	149
Girl	12	12	—	—	—	14	27	—	—	—	24	41	
COLWYN B'Y													
Boy	—	—	—	1	—	—	54	22	—	—	1	76	92
Girl	—	1	1	—	—	—	10	3	—	—	2	13	
DOLGELLEY													
Boy	—	—	—	—	8	—	—	—	—	4	8	4	16
Girl	—	—	—	—	2	—	—	—	—	2	2	2	
RHYL													
Boy	—	—	7	21	—	—	—	—	119	—	28	119	180
Girl	—	—	6	9	—	—	1	—	17	—	15	18	
WREXHAM													
Boy	—	—	38	1	—	—	—	120	1	—	39	121	174
Girl	—	—	12	1	—	—	—	1	—	—	13	1	
Totals	22	43	65	33	11	31	117	146	137	6	174	437	611

This table refers to children only. In most instance the Psychiatrist also interviews a parent on at least one occasion.

**Table 6** (Refers to work of PSYCHOLOGISTS).

Clinic	FIRST EXAMINATION					FURTHER EXAMINATIONS					NO. OF EXAMINATIONS		
	Angl.	Caern.	Denb.	Flint.	Mer.	Angl.	Caern.	Denb.	Flint.	Mer.	First	Fur- ther	Total
BANGOR													
Boy	8	28	1	—	1	2	10	—	—	—	38	12	84
Girl	10	12	—	—	—	—	12	—	—	—	22	12	
COLWYN B'Y													
Boy	—	—	—	—	—	—	—	—	—	—	—	—	—
Girl	—	—	—	—	—	—	—	—	—	—	—	—	
DOLGELLEY													
Boy	—	—	—	—	7	—	—	—	—	—	7	—	8
Girl	—	—	—	—	1	—	—	—	—	—	1	—	
RHYL													
Boy	—	—	7	21	—	—	—	—	4	—	28	4	48
Girl	—	—	7	8	—	—	—	—	1	—	15	1	
WREXHAM													
Boy	—	—	36	1	—	—	—	—	—	—	37	—	52
Girl	—	—	11	1	—	—	—	3	—	—	12	3	
Totals	18	40	62	31	9	2	22	3	5	—	160	32	192

**Remedial Teaching.**—Two Caernarvonshire children (22 attendances) are included in the above table.



Tables 7a & b (These tables refer to the work of the PSYCHIATRIC SOCIAL WORKERS).

Table 7a.

Clinic	AT CLINICS (INTERVIEWS WITH PARENTS, GUARDIANS, OTHER SOCIAL WORKERS, ETC.)												
	FIRST INTERVIEWS					FURTHER INTERVIEWS							
	Angl.	Caern.	Denb.	Flint.	Mer.	Angl.	Caern.	Denb.	Flint.	Mer.	First	Fur- ther	Total
BANGOR													
Mothers	23	38	1	—	1	10	35	—	—	—	63	45	108
Fathers	—	1	—	—	—	3	—	—	—	—	1	3	4
Others	—	6	—	—	—	2	—	—	—	—	6	2	8
COLWYNB'Y													
Mothers	—	—	1	1	—	—	46	23	—	—	2	69	71
Fathers	—	—	—	—	—	—	12	—	—	—	—	12	12
Others	—	—	—	—	—	—	—	—	—	—	—	—	—
DOLGELLEY													
Mothers	—	—	—	—	5	—	—	—	—	2	5	2	7
Fathers	—	—	—	—	—	—	—	—	—	—	—	—	—
Others	—	—	—	—	—	—	—	—	—	—	—	—	—
RHYL													
Mothers	—	—	13	28	—	—	1	1	60	—	41	62	103
Fathers	—	—	—	—	—	—	—	—	19	—	—	19	19
Others	—	—	—	1	—	—	—	—	4	—	1	4	5
WREXHAM													
Mothers	—	—	33	1	—	—	—	104	4	—	34	108	142
Fathers	—	—	2	—	—	—	—	11	—	—	2	11	13
Others	—	—	3	—	—	—	—	—	—	—	3	—	3
Totals	23	45	53	31	6	15	94	139	87	2	158	337	495

Table 7b.

	NOT AT CLINICS. (VISITS)					Total Number of Visits
Type of Visit	Angl.	Caern.	Denb.	Flint.	Mer.	
HOME Visit	41	61	103	84	9	298
SCHOOL Visit	2	8	14	9	—	33
Visit to OTHER SOCIAL AGENCY	—	1	6	9	—	16
Total	43	70	123	102	9	347

NOTE ON "STATISTICS OF ATTENDANCES."

The tables immediately preceeding this give details of the Numbers Of Attendances recorded during the year.

Table 8 which follows shows the numbers of INDIVIDUAL CHILDREN dealt with by the Service during the year, through one or more of its clinical workers (excluding "correspondence only" cases).

Table 8.

County of Origin	FIRST DEALT WITH DURING 1952					FIRST DEALT WITH BEFORE 1952					ALL
	Angl.	Caern.	Denb.	Flint.	Mer.	Angl.	Caern.	Denb.	Flint.	Mer.	
BANGOR	31	47	1	—	1	9	19	—	—	—	108
COLWYN BAY	—	1	1	1	—	—	6	4	—	—	13
DOLGELLEY	—	—	—	—	10	—	—	—	—	—	10
RHYL	—	—	14	30	—	—	2	1	10	—	57
WREXHAM	—	—	50	1	—	—	—	16	1	—	68
ALL CLINICS	31	48	66	32	11	9	27	21	11	—	256

The following observations seem relevant:—

1) The number of children dealt with is considerably larger than the figures of any one of the workers might suggest. (Tables 5, 6, and 7.)

2) The "FURTHER attendances, etc." figures need to be broken down to show them in relation to the numbers of individual children who make up the totals.

3) The figures of different workers do not necessarily relate to identical children.

It is hoped that sufficient secretarial help to go into this matter will be available next year as it seems to be one of great practical importance.

#### F. PERSONNEL

No change of the personnel of the clinics took place during the year. It was agreed, however, that a full time Educational Psychologist should be attached to



the clinics, and in January 1953 Mrs. Celia Williams was appointed to take up her duties on 1.4.53. She will take over from Dr. Vidor at Rhyl and Wrexham, and she will be responsible for the co-ordination of the work of her speciality at all clinics.

The disposition of all staff as it was during the year is shown in the following table.

**Table 9.**

Town & Day	Sessions at	Psychiatrists	Psychologists	Psychiatric Social Workers
BANGOR Every Wednesday	10 a.m.	Dr. E. Simmons	Dr. J. Rogers Mr. W. R. Jones	Mr. J. Midwinter
	2 p.m.	Dr. E. Simmons	Mr. T. R. Miles	Mr. J. Midwinter
COLWYN BAY Every Monday & Saturday	10 a.m.	Dr. E. Simmons	No Psychologist. Children examined at Rhyl or Bangor	Mr. J. Midwinter
	10 a.m.	Dr. E. Simmons		Mr. J. Midwinter
RHYL Every Thursday	10 a.m.	Dr. E. Simmons	Dr. M. Vidor	Miss J. Wiggins
	2 p.m.	Dr. E. Simmons		Miss J. Wiggins
WREXHAM Every Friday	10 a.m.	Dr. E. Simmons	Dr. M. Vidor	Miss J. Wiggins
	2 p.m.	Dr. E. Simmons	Dr Vidor if required	Miss J. Wiggins
DOLGELLEY One session on 3rd Tuesday of month		Dr. T. G. Williams	Mr. W. R. Jones	Mr. A. Marrington

NOTE.—Dr. Williams, Mr. W. R. Jones and Mr. Midwinter are Welsh speaking.  
Mr. T. R. Miles works in an honorary capacity.

### G. SPECIAL INVESTIGATIONS

We have received every consideration from Medical Specialists on whose assistance we call not infrequently. The Consultant Paediatricians in particular, are always ready to carry out investigations and to discuss their findings with us.

Dr. Hotston of Winwick Hospital, Winwick, has continued to examine children for us by means of an Electro-Encephalograph, and we are obliged to him for his helpful reports and his courtesy at all times. Now that the machine at the North Wales Hospital is available we hope to use this whenever possible.

NOTE.—The Electro-Encephalograph is a machine which records minute

electrical changes which take place in the brain as a result of its activity. The examination is not painful in any way.

So far we have asked for examinations when we felt it necessary to exclude or confirm the existence of Epilepsy, after-effects of brain injury or disease, etc. There is, however, a wide field awaiting further investigations and while we cannot carry out research in this field we shall be able, at least, to do the examination in cases where it is likely to be helpful.

## H. CONCLUSION

Once again it is a pleasure for me to record my gratitude to my team members. Their readiness to accept duties and responsibilities, often of unusual kind, has made it possible for us to consolidate gains made earlier, despite the various difficulties we encountered during this year.

To the School Medical Officers I owe thanks for their continued permission to use school clinic premises and for their active co-operation with us.

To Dr. J. H. O. Roberts I am greatly indebted for his help and advice on many occasions.

To Dr. A. E. Roberts, 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 Service.

Your obedient Servant,

E. SIMMONS,

*Consultant Child Psychiatrist.*



# **North Wales Mental Hospital Management Committee**

**Report of the Board of Control Commissioners on their  
visit to the North Wales Hospital for Nervous and Mental  
Disorders, Denbigh, on 24th and 25th June, 1952.**

**THE NORTH WALES MENTAL HOSPITAL,  
DENBIGH.**

25th June, 1952.

Our visit to this progressive Hospital which we began yesterday and completed today has been one of considerable interest to us. Everywhere there was evidence that both the medical and administrative staffs have shown much zeal in overcoming the many difficulties inherent in old and overcrowded buildings. The problem of overcrowding so general throughout the country is severe and much consideration has been given to coping with it but the situation, we are informed is so serious that the need to fix a limit and restrict further intake is under consideration. We hope that before this course is finally decided, the feasibility of boarding out under Section 57 of the Lunacy Act stabilised parole patients, where continued detention is perhaps due mainly to loss of home, will be considered. Pressure on the hospital's beds is aggravated by the presence of some 50 or 60 mental defectives of each sex, and considerable relief would be effected if, when opportunity occurs, these patients were transferred to appropriate institutions under the Mental Deficiency Acts. Already some measure of control is in operation; with the concurrence of the Local Authorities a system of screening of applicants for admission has been established, priority being given to urgent cases. Three separate admission units on each side are conducted for (a) aged and infirm, (b) socially disagreeable, (c) mild and co-operative, and three separate waiting lists are kept to correspond with these categories. By reserving Gwynfryn for the third category a very large turnover is possible and a valuable service is being carried out.

There are on the books the names of 1,513 patients (760 males and 753 females) of whom 255 (134 males and 121 females) are on a voluntary basis and the remainder are certified with the exception of two men who are on a temporary footing. At the present time 27 patients are on trial and two are on leave so that there are 1,484 patients in residence (746 males and 738 females).

During 1951 there was, as in recent years, a high admission rate and no less than 851 patients came in as direct admissions (376 males and 475 females), of whom 607 were voluntary patients, 17 were temporary and the remainder were certified. The number of patients who left or were discharged amounted to 724 (314



males and 410 females). Leave of absence on trial was granted to 137 patients while 356 had short leave.

This hospital is designated for the purpose of receiving patients on short orders for mental observation. During 1951 there were five patients so admitted (two male and three female) of whom two were certified, two came into this hospital as voluntary patients, and one was discharged to his home.

According to the figures placed before us there is a deficiency of accommodation for 179 men and 205 women by day, and for 119 men and 150 women by night.

Parole beyond the estate is granted to 83 men and 48 women, while 77 men and 7 women have parole within the grounds.

The weekly maintenance charge for Health Service patients is £3.10.11d.

Among the structural additions and improvements which have taken place since the date of the last visit are the construction of an additional ablution room in female ward 5, the re-roofing of the verandah in male ward 4 where also the lavatories have been improved. The recreation hall has been refloored, and the verandah on the female side of the admission hospital has been adapted for use as an occupations room. A clinic room at the admission hospital has been constructed to provide for an E.E.G. Department. One of the existing buildings near Gwynfryn is being adapted to house a preliminary training school, and a part of Trefeirian House has been converted into a Social Workers' Department. Some of the roads and paths have been resurfaced. An air speed dryer has been installed in the laundry. In addition a number of wards and corridors on both sides of the hospital, residences, etc., have been re-decorated externally or internally. Further re-decoration is in progress, and a hut 60 feet by 20 feet is being constructed for use by the artisan staff for upholsterers, shoemakers and tailors departments.

The patients appeared to us to be generally contented, and we felt that they were well cared for. We received no complaints except a few on the score of detention. We gave two private interviews.

Some improvements have taken place in the ward furnishings, some more comfortable chairs have been introduced and some dining tables with a pleasing surface said to be heat resisting, have been supplied. Unfortunately the hospital electric generators are unable to carry the extra load required of them if plate heaters were to be supplied in the wards.

The dietary appears to be satisfactory. There are four main meals each day



including a supper with soup or a hot drink. A catering officer has been appointed and is taking up duty next month.

Rewards for working patients range up to 5/- per week with in addition a free issue of tobacco or sweets if the patient has no funds from any other source. The same issue of tobacco or sweets is given to non-working patients with no other income.

Treatment arrangements are well organised and the hospital is well equipped to deal effectively with all types of mental illness by modern methods. There is an adequate X-ray installation and a new 6-channel Marconi Electro-Encephalograph apparatus has been recently acquired.

It is safe to say that occupation systematically applied with therapeutic aim can be used for the benefit of a large proportion of patients than any known treatment. 'It is therefore with satisfaction that we have noted the extensive and careful organisation of the patients' activities, both occupational and recreational. Indoor crafts are taught in several different centres allowing suitable classification of patients to be maintained. When so much good work is done we hesitate to criticize, but on visiting Pool Park we felt that the unemployed section of the patients there might be stimulated to find interest in simple occupation.

Ample entertainment is provided. Weekly cinema shows are given at both the main hospital and at Pool Park; social evenings are conducted by visiting members of the Women's Voluntary Services; there are occasional concerts by artists from the Council of Music in Hospitals.

During the year 1951 thirteen men and four women were notified as suffering from tuberculosis, and since January of this year six more cases (males five and female one) have occurred. Several of these cases were detected by mass radiography examination which has been repeated with a satisfactory negative result. Eighteen men and three women now suffering from this disease are accommodated on verandahs and treatment is being carried out under the direction of a visiting Chest Physician. Attention is paid to precautionary measures for the protection of other patients and staff and further sterilising equipment has been promised. Thirty four patients suffered from pneumonia last year 12 ending fatally. From time to time cases of diarrhoea have occurred, all of which have been the subject of careful bacteriologic investigation, but only in cases of two men and one woman has a dysentery organism been isolated. Several patients known to have suffered from dysentery in the past remain under observation although believed to be entirely free from infection, but in this connection we feel that the work of the laboratory is handicapped by the absence of a technical assistant.



The number of deaths during 1951 was 118 (males 55 and females 63) the mortality rate being 8%, and during the present year 30 men and 25 women have died. Six inquests were held; four on deaths following the operation of pre-frontal leucotomy and one associated with electro-convulsive therapy.

Since the date of the last visit on 4th April, 1951, twenty-two casualties involving fractures have occurred; we have discussed with Dr. Roberts the circumstances attending them and are satisfied that none calls for comment. They were mainly caused by accidental falls but six were associated with electro-convulsive treatment.

We understand that the establishment for nurses is at present being reviewed by the Management Committee on the nurse-patient ratio of 1 to 5.4. There are now vacancies for 12 men and 31 women. At present the nursing staff consists of 121 men and 81 female nurses on the whole time basis while 32 female nurses give part-time services. Fourteen male and thirteen female nurses are on duty each night. Seventy-three male and nineteen women nurses are certificated and registered as mental nurses, while 24 (eleven men and thirteen women) have passed the preliminary examination.

Dr. Roberts is assisted by Dr. Williamson and Dr. Williams as Consultants, by Dr. Davies, Dr. Edwards and Dr. Urquhart as Senior Hospital Medical Officers, and by Dr. Sydenham and Dr. Chhabra as Junior Hospital Medical Officers. Dr. Evans is the Consultant Pathologist, and Dr. Simmons, who is based on the hospital, is engaged in consultant child guidance work in the area. There is a panel of visiting specialists.

The Medical Staff conduct out-patient clinics at Wrexham, Bangor, Rhyl and Dolgelley. Some patients are seen at this hospital by appointment, and a good deal of domiciliary visitation is undertaken.

Ancillary services are well covered by four occupational therapists on the women's side, and on the men's side two assisted by three male nurses. There are four psychiatric social workers two of whom are concerned primarily with children at the children's clinics. A psychologist gives part time service.

We should like to thank Dr. Roberts and his colleagues for their assistance to us during a very interesting visit.

*(Signed)* R. G. ANDERSON,

J. I. RUSSELL,

*Commissioners of the Board of Control.*



# **North Wales Mental Hospital Management Committee**

**Report of the Board of Control Commissioner on his visit  
to Coed Du M.D. Institution, on 26th November, 1952.**

COED DU HALL,  
Near MOLD,  
FLINTSHIRE.

26th November, 1952.

Since the last visit to this institution which took place on behalf of my Board in March last year, there has been a further change in the administration in that the Matron, Miss MacDonald has left recently to take up another appointment. Her place has been taken by Mrs. I. E. Taylor who accompanied me throughout my visit today.

There were on the books when I visited, the names of 98 female patients of whom 3 were under 16 years of age. Twenty-one girls were out on licence so that there were 77 in residence.

During 1951, there were 25 admissions (17 direct and 8 on transfer from elsewhere). One patient was discharged, 2 patients were transferred elsewhere and 11 were allowed out on licence. One patient died.

Alterations and improvements which have taken place since the last visit include the provision of a unit for 10 low grade patients on the ground floor by the conversion of the old food stores into a dining room and a nurses' room into a day room, an opening in the wall having been made to give access from one to the other. The old day room for low grade patients had been made into a dormitory with 4 beds. Two epileptics are sleeping here. The Matron's sitting room has been converted into an office and here the dental and medicine cupboards have been installed and the room fitted with a sink with hot water. Redecoration has been carried out in the staff dining room which has been fitted with a new fireplace and a clothing cupboard has been provided. On the first floor two rooms have been converted into a flat for a resident cook but it is at present unoccupied. A Sister's bed-sitting room has been provided by the conversion of a patient's 3 bedded dormitory to this purpose on the same floor. There is now a clothing store in the attic on the 3rd floor and a food store in the basement.

In the low grade dining room, already referred to, there is a stone floor and although the adjacent day room is heated by a coal fire the dining room is unheated.



The majority of the patients are of medium or high grade and the front entrance hall is used as their day room. It is heated by a large fire and a small radiator. There is a suggestion to have this room partitioned so as to make it less subject to draughts. At present it opens directly onto the front drive.

The patients appeared to me to be happy and contented. Their occupations include various domestic duties and odd jobs in which 42 patients are engaged, while 4 work in the sewing room and a similar number in the kitchen. There is no handicrafts teacher and no sewing mistress but a patient takes charge of the work in the sewing room. Some of the girls do knitting and embroidery but as has already been said in a previous entry there is room for development in occupational therapy.

Pocket money varies from 6d. to 7/6 per week, the average being 3/-. The patients buy their own sweets with their pocket money.

A cinema performance is given weekly and there are outings by charabanc in the summer to Rhyl and to the zoo in Chester. Last Christmas the patients attended a pantomime in Chester. Occasionally a bus is provided by Denbigh Mental Hospital to take patients to their entertainments and dances. Outings to Mold and Wrexham had to be suspended owing to lack of transport but I understand that the institution van is again to be available. Occasionally it is possible to take patients by train to Chester or Liverpool for shopping expeditions. Those who have relatives available get a fortnight's holiday in the year.

Dinner today consisted of cold meat with mashed potatoes, mixed vegetables and gravy, followed by bread and butter, cheese and pickles. The Matron had to prepare the dinner herself today as the cook was away for two days. The dietary appears to be satisfactory. Tea is served at 4 p.m. and generally there is a cooked dish while supper is served at 6.30 p.m. when there is soup or cocoa with cake or bread. The low grade patients go to bed at 7.15 p.m. and the higher grades at 8 p.m. The patients are weighed monthly. I saw the book in which the records are kept and weights are well maintained.

The various day rooms and dormitories were clean and well kept but the staff accommodation, although somewhat improved, is not very attractive. For example in the flat for a cook although there is a basin with hot and cold water in the bedroom there is no separate lavatory or bathroom. Apart from the Matron there are however, no resident members of the staff at present.

The nursing staff consists of 2 whole-time and 3 part-time nurses of whom 1 of the full-time and 1 of the part-time nurses relieve each other for night duty. There are two ward orderlies in addition one of whom is only part-time. The handy-



man's wife helps in the laundry which is open on 2 days a week. The Matron is much handicapped by shortage of staff.

Since the date of the last visit 2 patients have died both from natural causes. There have been no serious casualties and the only infectious disease has been one case of tuberculosis discovered through loss of weight. A mass X-ray survey which took place in September did not bring any other cases to light. The patient in question has been transferred elsewhere and there is at present no one suffering from infectious disease in the institution.

Dr. Butler visits weekly and more frequently if required. Dr. Williamson of Denbigh Mental Hospital also attends weekly in a consultant capacity. The dentist holds fortnight by half-day sessions and now does his work in the Matron's Office which is somewhat better than having to use the girls' cloak room, although it must be a handicap to the Matron.

As the Matron has recently taken over from Miss MacDonald I discussed with her the need for review by the Hospital Management Committee of all patients who had been out on licence for 2 years or more.

I received every assistance from Mrs. Taylor and she gave me all the information I required.

R. G. ANDERSON,

*Commissioner of the Board of Control.*

# North Wales Mental Hospital Management Committee

Report of the Board of Control Commissioner on his  
visit to Broughton Institution, on 6th August, 1952.

## BROUGHTON INSTITUTION, NEAR CHESTER.

6th, August, 1952.

After twelve years this Institution was reopened in January of this year. Extensive renovations and repairs to the structure have been carried out and the interior has been completely re-decorated. New equipment has been installed in the Kitchen, laundry and Sanitary Annexes; much new furniture has been provided; and new rubber flooring covers the stairs and landings. These improvements include new staff quarters and an extension of the Nursery dormitory. The institution is now well provided with bathrooms and sluices and ample hot water, and in material structure, it offers a good opportunity for development. It is therefore all the more unfortunate that it has not been found possible to obtain the services of adequate staff. The full extent of the deficiency is not immediately apparent from the number of nurses employed, as the nurses are occupied in other than nursing duties. For example, I think it only fair to Matron, to record that she and a senior nurse were doing the Institution laundry when I arrived, no laundress being available. A considerable amount of preliminary scrubbing of foul linen appears to be done by nurses and patients in the wards. There is also need for an experienced person to conduct training classes for low grade patients.

The Nursing staff consists of one certificated nurse and 6 nursing assistants, of whom one is part-time. Two are necessarily on duty each night, so that allowing for days off and annual leave rarely can there be, as there was today, four nurses on duty. Moreover, on one day each week the Cook's duties have to be covered.

On the books there are the names of 60 patients of whom 18 are under 16 years of age, and with the exception of one on short leave all were seen in residence today. One returned recently after five years on licence.

Only one casualty has occurred; in February a young girl was, during bathing, found to be suffering from a fracture of the left clavicle. It is not known how the injury was sustained.

Three girls contracted mumps early this year; otherwise there has been no infectious disease and the general health of the patients has been satisfactory. Seven



children are confined to cots in a pleasant small dormitory and appeared to be in receipt of kindly and careful attention. I was sorry to note that the introduction of heavy untearable bed clothes had been found necessary in one case, but I am assured that their use will be discontinued whenever practicable. Routine X-ray examinations have not yet been made but none of the patients is suspected to be tuberculous, and the under-nourished condition of three idiot patients appears to be constitutional and unavoidable.

The dietary is wholesome and sufficient and all patients who are clean in habits receive a cup of cocoa at bedtime.

Wireless programmes are heard in the wards through extension loud speakers from a central set in Matron's office, and music for dancing is provided by gramophone. A new 16 m.m. portable film projector has recently been acquired and it is hoped soon to bring it into use. Conducted parties are taken for walks, many of the helpless patients being taken in perambulators. On Sundays 30 patients attend Church service in Broughton.

Twelve of the higher grade girls do useful work in the Institution. Two of them are awarded £2 a month, one 30/-, three £1, and 6 receive only 5/- a month. As some of these girls appear to be virtually indispensable the awards seem rather frugal. They assist with helpless patients, of whom there are 15 to be spoon fed, 13 to be dressed, and a variable number to be bathed several times a day.

There is said to be vacant accommodation for 12 more patients, and there are in fact that number of unoccupied beds in position, but in view of the evident practical difficulties existing, any overcrowding beyond the limit authorised by the Minister should be avoided.

Dr. Bough continues to visit three times a week. Unfortunately the services of a dentist have not yet been obtained.

I have to thank Miss Fletcher for willing co-operation and assistance during my visit.

J. IVISON RUSSELL,

*Commissioner of the Board of Control.*



# North Wales Mental Hospital Management Committee

Report of the Board of Control Commissioner on his  
visit to Llwyn View Mental Deficiency Institution,  
Dolgelley, on 14th February, 1952.

## LLWYN VIEW MENTAL DEFICIENCY INSTITUTION, DOLGELLEY.

14th February, 1952.

This institution, which is in Dolgelley itself, as has been said before, no longer has any male patients. The number on the books has now increased to 37 of whom three are under 16 years of age. Since the date of the last visit in June of last year there have been twelve direct admissions and three by way of transfer. Miss Williams is the Matron Superintendent and Dr. Hughes the Medical Officer who visits frequently.

The problem at this institution, in which there are a number of medium to high grade girls and women, is what its purpose and functions are to be. The training and occupations of the patients consists, in the main, of domestic, laundry, kitchen work and needlework. I gathered that there was little scope for any form of outside daily employment in the immediate locality so it might be wise to give consideration to providing this institution with a hostel at a some more suitable and densely populated centre. This would be a great advantage if this institution intends to have a large percentage of high grade girls.

Throughout my visit I found the large majority of patients contented and happy and those under 16 years of age suitably classified. The patients spoke well of their four meals per day and of the kind and individual attention they receive. The general health of the patients during the period under review has been very satisfactory. Miss Williams has a total nursing staff of four.

I was informed that the nurses' quarters were to be improved and that three bedrooms were about to be provided for their use. The high and awkward baths are still in several of the sanitary annexes. The new girls' W.C. and sanitary annexe has a wide opening, with no door, leading straight on to the passage and door which goes into the yard. This in no way can provide any form of privacy and attention should be given to erecting at any rate some form of wooden boarding with a spring door.

The only thing that has happened to the laundry, which in previous reports has been described as very unsatisfactory, is that a new electrical washer has been



provided. This institution is supposed to do its own washing and that of Garth Angharad as well. So far a quantity still goes out to contract and when Garth Angharad is full of patients more still will have to go out to contract. Surely it would be much more economical to rebuild the laundry and make it fit for use and up to capacity. The occupations room has a tendency to lose its purpose as it has to be used as a drying room.

The rewards to working patients and comforts for others appears to be well organised. Some patients can go to the local cinema but others are deprived of this form of entertainment because there is no portable apparatus available which could be shared. I understand that playing fields without crossing the road and next to the institution may be provided.

Of the 37 on the books all are in residence with the exception of two who are away on licence; Miss Williams said she would re-view these cases and see whether they were suitable to come off Order or for their Orders to be varied to guardianship.

In conclusion I would like to thank Miss Williams for the assistance given to me and for an interesting visit.

J. C. RAWLINSON,

*Commissioner of the Board of Control.*

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LLWYN VIEW MENTAL DEFICIENCY INSTITUTION,  
DOLGELLEY.

14th February, 1952.

PATIENTS' BOOK

No Entry.

J. C. RAWLINSON,

*Commissioner of the Board of Control.*

# North Wales Mental Hospital Management Committee

Report of the Board of Control Commissioner on his  
visit to Garth Angharad Mental Deficiency Institution,  
Dolgelley, on 14th February, 1952.

GARTH ANGHARAD MENTAL DEFICIENCY INSTITUTION,  
DOLGELLEY.

14th February, 1952.

At my visit to this fairly recently opened institution for male mentally defective patients the names of 42 were upon the books : one is under the age of 16 but is suitably classified here. Since the visit in June of last year there have been eleven direct admissions and one on transfer. Three patients are away on licence and one absent without leave : two of the patients who are on licence at local farms are to be re-reviewed to see whether discharge from Order or the Order varied to guardianship would be practicable.

Dr. Owen visits frequently and is the Medical Officer. The general health of the patients has been very satisfactory and a mass X-ray has produced no incident of T.B. There have been two casualties : one involving the fracture of bone in an accidental fall, the other to a patient who received two black eyes. The person alleged to have done this has been suspended by the Committee and the case at the moment is subjudice.

The patients are of various grades and ages : I found them generally contented. Employment and training consist chiefly of occupations, farm and garden, domestic work and work in the kitchen.

Mr. Roberts is the Superintendent and he has a staff of three nurses at the moment to assist him.

This mansion house is a beautiful one set in lovely grounds but is some five miles out of Dolgelley. I found the various day rooms and dormitories well kept and comfortable. Decorations continue to be carried out, the sanitary annexes have been extended and modernised and likewise the dining room has been improved.

It is hoped to borrow the services of the Occupational Therapy Officer from Denbigh Mental Hospital so as to get occupations run on the right lines. Several denominations of religious services are held for the patients.



The necessity for fire drill was debated.

The rewards to working patients and comforts for others seem to be well organised: the difficulty here is that about only ten of the thirty-eight in residence can go to the local cinema: If the use of a portable cinema projector could be shared it would greatly add to the happiness of the remaining patients who have to reside in this institution.

Throughout my visit I was given every assistance and it appeared to me that the patients were appreciative of their meals and surroundings except for the lack of cinema performances.

J. C. RAWLINSON,

*Commissioner of the Board of Control.*

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GARTH ANGHARAD MENTAL DEFICIENCY INSTITUTION,  
DOLGELLEY.

14th February, 1952.

PATIENTS' BOOK

The name of the patient who sustained two black eyes was R. J. Thomas: I spoke with him and he appeared to have got over the incident fairly satisfactorily.

J. C. RAWLINSON,

*Commissioner of the Board of Control.*

# NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

## SUMMARY OF GROUP EXPENDITURE YEAR ENDED

31st MARCH, 1953

Revised Estimate 1952/3	Item	Previous Year	Actual 1952/3	% of Total
£		£	£ s. d.	
	1. Salaries & Wages			
2518	(i) Medical	3093	2529 18 2	.69
104833	(ii) Nursing	98574	112006 10 9	30.69
94318	(iii) Other Staff	82663	94263 14 0	25.83
201669	Total Salaries & Wages	184330	208800 2 11	57.21
75950	2. Provisions	64066	77356 16 7	21.19
11810	3. Uniforms & Clothing	17027	14036 6 7	3.85
4400	4. Drugs, Dressings, Medical and Surgical Appliances & Equipment	5098	4910 2 7	1.35
27970	5. Fuel, Light, Power, Water and Laundry	23774	28193 16 5	7.73
13750	6. Maintenance of Buildings, Plant and Grounds	8852	12529 14 7	3.43
26150	7. Domestic repairs; renewals and re- placements	21105	26034 18 9	7.13
50540	8. All other expenses	44436	52628 6 9	14.42
412239	TOTALS	368688	424490 5 2	116.31
54732	<i>Less</i> DIRECT CREDITS	51398	60328 18 1	16.53
357507	Net. Hospital Maintenance Expend.	317290	364161 7 1	99.78
422	ADMINISTRATION	319	683 7 5	0.19
1710	OTHER PAYMENTS	12	106 2 0	0.03
359639	TOTAL EXPENDITURE OF H.M.C.	317621	364950 16 6	100.00



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WASHINGTON, D. C.

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