

Annual report for the year 1956 / North Wales Mental Hospital Management Committee.

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**NORTH WALES MENTAL HOSPITAL
MANAGEMENT COMMITTEE**



ANNUAL REPORT

FOR THE YEAR

1956

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**NORTH WALES MENTAL HOSPITAL
MANAGEMENT COMMITTEE**




ANNUAL REPORT

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NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE

Chairman:

Alderman DAVID TUDOR, M.B.E., J.P., Dilwyn, Trawsfynydd
(Chairman of the Farm Sub-Committee).

Vice-Chairman:

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

Members:

Councillor ERNEST PRICE, 65 Mold Road, Wrexham.

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

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

Alderman JOSEPH BROOKES, J.P., Tirionfa, Rhuddlan.
(who are appointed for the period ending 31st March, 1958).

Councillor the Rev. T. ALUN WILLIAMS, Hyfrydle, Betws Gwerfil Goch.

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

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

Mrs. ELEANOR OWEN, Ty Ucha, Llanelltyd.

Dr. T. GWYNNE WILLIAMS, Carn Ingli, Denbigh.
(who are appointed for the period ending 31st March, 1959).

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

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

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

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

Alderman D. H. WHITE, J.P., Groeslwyd, Corwen.
(who are appointed for the period ending 31st March, 1960).

Secretary:

SIDNEY L. FROST, F.H.A.

Finance Officer and Deputy Secretary:

D. BASIL EVANS.

Supplies Officer:

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

Superintendent Engineer and Clerk of Works:

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

HOUSE COMMITTEES

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

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

Alderman Mrs. ANNE FISHER,	HENRY PARRY, Esq.
M.B.E., J.P.	D. L. THOMAS, Esq.
D. H. GRIFFITHS, Esq.	Dr. T. GWYNNE WILLIAMS.

OAKWOOD PARK HOSPITAL, NEAR CONWAY.

Alderman Mrs. ANNE FISHER, M.B.E., J.P. (Chairman).

Miss NORA F. CHESTER.	Dr. J. H. O. ROBERTS, O.B.E., J.P.
Mrs. LLOYD JONES.	Miss DOROTHY STOKES.
Dr. M. T. ISLWYN JONES.	Alderman JOHN THOMAS, J.P.
Dr. D. E. PARRY-PRITCHARD.	Alderman DAVID TUDOR, M.B.E., J.P.

BROUGHTON HOSPITAL, NEAR CHESTER.

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

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

COED DU HALL, RHYDYMWYN.

Alderman Mrs. DORIS OATES, M.B.E., J.P. (Chairman).

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

LLWYN VIEW AND GARTH ANGHARAD, DOLGELLEY.

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

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

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS

Medical Staff

PSYCHIATRY.

Consultants:

J. H. O. ROBERTS, O.B.E., M.D. (Lond.), D.P.M., J.P.
(Medical Superintendent).

GEOFFREY WILLIAMSON, M.B., Ch.B. (Manchester), D.P.M.

T. GWYNNE WILLIAMS, M.D. (Lond.), D.P.M.

Senior Hospital Medical Officers:

J. A. URQUHART, M.B., Ch.B. (Glasgow), D.P.M.

D. OWEN LLOYD, M.B., B.S. (Lond.), D.P.M.

JOHN MILLAR, M.B., Ch.B. (St. Andrew's), D.P.M.

Senior Registrar:

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

Registrar:

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

Junior Hospital Medical Officers:

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

E. B. SPILLANE, M.B., B.Ch., B.A.O. (N.U.I.).

CONSULTANTS IN OTHER SPECIALITIES.

Pathology:

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

General Medicine:

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

Electroencephalography:

ROBERT R. HUGHES, M.D. (Liverpool), M.R.C.P.

General Surgery:

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

Neuro-Surgery:

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

Ear, Nose and Throat Surgery:

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

Ophthalmology:

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

Anaesthetics:

NANCY I. FAUX, M.B., B.S. (Lond.), D.A.

DAVID E. ROWLANDS, M.R.C.S. (Eng.), L.R.C.P. (Lond.), D.A.

Radiology:

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

Dental Surgeon:

CHARLES HUBBARD, L.D.S.

OTHER STAFF.

Matron:

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

Chief Male Nurse:

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

Psychologist:

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

Psychiatric Social Workers:

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

PAULINE M. HAMMOND.

JEAN M. B. SMEDLEY, B.A.

Senior Occupational Therapist:

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

Chaplains:

Rev. H. DAVIES, B.A., Church in Wales.

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

Father JOSEPH WEDLAKE, Roman Catholic.

(Pool Park):

Rev. HENRY W. JONES, Church in Wales.

Rev. GWILYM I. DAVIES, Nonconformist.

OAKWOOD PARK HOSPITAL.

Secretary-Superintendent:

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

Medical Officer:

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

BROUGHTON HOSPITAL.

Matron-Superintendent:

ANN E. FLETCHER, S.R.N., R.M.P.A.

Medical Officer:

G. C. BOUGH, M.R.C.S., L.R.C.P.

COED DU HALL.

Matron-Superintendent:

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

Medical Officer:

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

LLWYN VIEW, DOLGELLEY, and GARTH ANGHARAD, DOLGELLEY.

Superintendent, Garth Angharad:

W. M. ROBERTS.

Matron-Superintendent, Llwyn View:

SYDNEY WILLIAMS, S.R.N., R.M.P.A., C.M.B.

Medical Officer:

H. D. OWEN, M.B., Ch.B.

CONSULTANT TO M.D. INSTITUTIONS:

T. S. DAVIES, M.R.C.S., L.R.C.P., D.P.M.

CHILD GUIDANCE CLINICS.

Central Office: BOD DIFYR, CEFN ROAD, OLD COLWYN.

Psychiatrist:

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

Senior Psychologist:

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

Psychologist:

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

Psychiatric Social Workers:

J. S. MIDWINTER.

MARY K. THOMAS.

ROSEMARY M. OLIVER, B.A.

Psychotherapist:

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

Eighth Annual Report of the North Wales Mental Hospital Management Committee for the year ending 1956-57

The Committee have pleasure in presenting their Annual Report for the year 1956-57.

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

North Wales Hospital for Nervous and Mental Disorders, Denbigh	1450
Pool Park, Ruthin	105
Coed Du Hall, Rhydymwyn	86
Broughton, near Chester	70
Llwyn View, Dolgelley	68
Garth Angharad, Dolgelley	62
Oakwood Park, Conway	187
(Approaching completion of development in the first stage for 187 male patients).	

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

MANAGEMENT COMMITTEE.

With the passing away of their Chairman, Alderman Alfred E. Hughes, C.B.E., in July, the Committee suffered a great loss. Alderman Hughes had been one of the leading members of the Hospital Committee for over a quarter of a century, with the old Committee as Chairman of the House and Finance Committees and, since the Appointed Day, as Vice-Chairman and, finally, as Chairman. The Committee have recorded their appreciation of the able way in which Alderman Hughes presided over their meetings and on his sympathetic and understanding approach to all problems affecting the patients and staff.

Following the Chairman's sudden death, the Vice-Chairman, Mr. T. W. Johnson, kindly undertook the duties of Chairman temporarily, but he felt reluctantly compelled to inform the Committee that, owing to pressure of work in his profession as a Solicitor, he could not allow the Committee to put his name forward to the Board for appointment to the position. In due course, on the nomination of the Committee, the Board appointed myself.

The death occurred during the year, also, of Alderman H. R. Jones, of Corwen, a member highly respected by all, whose wise counsel has been missed. To fill this vacancy, Alderman D. H. White, of Corwen (who was a member of the Committee before the Appointed Day), was appointed. Alderman Joseph Brookes, of Rhuddlan, was appointed in January, 1956, to fill the vacancy caused by the resignation of Alderman W. J. Hodson. To fill the vacancy caused by the appointment of myself to the Chairmanship, Councillor the Rev. T. Alun Williams was appointed. The members whose period of membership terminated on 31st March, 1956, were reappointed by the Board

for a further period of three years, with the exception of Dr. D. E. Parry-Pritchard, who, being a County Medical Officer of Health, was not eligible for re-election. Dr. T. Gwynne Williams, of Denbigh, was appointed to fill the vacancy.

Resulting from the decision of the Regional Hospital Board not to appoint Medical Officers of Health to the Hospital Management Committee, but to suggest to Committees that they invite them to attend in an advisory capacity, an application from the five Medical Officers of Health concerned was received, and the Committee agreed to invite as their representatives two Medical Officers of Health to attend the monthly meetings in an advisory capacity on questions affecting the Local Health Authorities.

Regular monthly meetings of the Hospital Management Committee have been held at Denbigh.

The Local House Committees have met at the Mental Deficiency Hospitals from time to time as necessary, and the Committee again wish to express their thanks to those Committees and to the individual members who do so much by way of visits to the patients and in fostering local interest.

PATIENT STATISTICS.

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

At Denbigh, the Committee note that the total numbers in the Hospital show a slight increase, the numbers for this year having risen from 1,506 at the beginning of the year to 1,523 at the end.

The numbers of patients on the books of the Mental Hospital at the beginning and the end of the year 1956 are as follows:—

	Male	Female	Total
At 31st December, 1955	757	749	1506
At 31st December, 1956	755	768	1523

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

	Coed Du	Llwyn View	Garth Angharad	Broughton
At 31st December, 1955	92	72	67	60
At 31st December, 1956	88	68	64	62

CHILD GUIDANCE SERVICE.

The Child Guidance Service, under the direction of Dr. Simmons, the Consultant Child Psychiatrist, continues to serve the needs of the five counties, and a detailed report by Dr. Simmons is to be found elsewhere in this report. The unified scheme embracing the duties and responsibilities of the Hospital Authorities and the Local Health and Local Education Authorities is working well. It is proposed to open up another clinic at Shotton in the near future.

CHARITIES.

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

With the change that has taken place in the social structure of the Country in recent years, and the improved social services provided to meet the needs of all, the Trustees have experienced some difficulty when making grants in satisfying themselves that the claims comply with the terms and conditions laid down by the Charity Commission in connection with the new Scheme.

Up to the present time, annual income from investments exceeds payments made by way of grants.

FINANCES.

A summary of Group expenditure and income during the year 1956-57 is given elsewhere in this report.

The cost of maintaining the services for which the Committee are responsible continues to rise each year, and whilst some of the increase is accounted for by development and expansion, a considerable sum has been required to meet higher wages and commodity prices.

As against the previous year's expenditure of approximately £467,854, this year's original allocation of £472,750 had, of necessity, to be increased in stages throughout the year to a figure of £514,824 as at 31st December, 1956, to which will be added in due course a further sum necessary to meet salaries and wages awards payable during the last three months of the financial year.

The main headings for which additional allocations were made by the Regional Hospital Board during the year were:—

Salaries and Wages (cost during 1956-57 of awards made 1/10/56— 31/12/56)	£20487
Provisions—increased prices	500
Patients' clothing	1000
Fuel—increased prices	1600
Furniture and furnishing—restoration of cuts made in original allocation	5500
Cleaning and Chandlery—increased prices	1000
Rates—increased valuations	3432
Other expenses	1000
Development:	
Brynhyfryd Villa	2850
Oakwood Park	4705

Comparative statements of cost per head per week for the year 1956-57 are not available at the time of preparation of this report, but taking the previous year's comparative statement (in respect of the year 1955-56), it is noted that the cost per head per week at Denbigh of £5 9s. 5d. compares with an average of £5 12s. 11d. in the mental hospitals in Wales.

The weekly costs per patient at the mental deficiency hospitals during 1955-56 range from £3 10s. 3d. at Coed Du to £4 11s. 4d. at Garth Angharad, and it is observed that the highest cost (Garth Angharad) is considerably lower than the average throughout the Region—£5 1s. 4d.

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

In the Committee's last Annual Report, reference was made to the policy of the Ministry of Health to allow Committees a fairly considerable annual sum for the maintenance of buildings and plant, and the Committee expressed the opinion that there were many old mental and other hospitals where a judicious expenditure on repairs and renovations can produce very good results, transferring dingy, out-of-date wards and departments into bright, cheerful, modern buildings at little cost. The Committee are pleased to say that the hope expressed last year that the Ministry would continue this policy has been fulfilled and they can say that full advantage has been taken in the programme of repairs and improvements, as can be seen in the list of works carried out, which is given under the heading of "Works."

CAPITAL SCHEMES.

Oakwood Park Hospital is now complete and ready for the reception of approximately 187 male patients, and the Regional Hospital Board have made provision in their forward planning programme for the addition of a further 200 beds.

The new Villa, "Brynhyfryd Villa," so named in memory of the late Chairman, Alderman Alfred E. Hughes, being the name of Alderman Hughes' residence in Dolgelley, has been completed during the year and is now fully occupied.

The Mental Hospital is well over 100 years old and the cost of maintenance is necessarily high.

The Lancashire Boilers at the Mental Hospital are over 65 years old and the heating system throughout the Hospital is inefficient and wasteful of fuel. It has, therefore, been necessary for the Board to include two major schemes at a cost of many thousands of pounds for completion in 1957-58, namely

- (a) Installation of new boilers.
- (b) Modernisation of the heating.

Other schemes include the following:—

- (1) Provision of staff block fire escape at the Mental Hospital.
- (2) Improvements to the kitchen at Coed Du.
- (3) Improvements to ablutions in wards at the Mental Hospital.

A considerable programme of further improvements to the lavatory accommodation is being carried out in stages up to 1958-59.

The Board were unable to provide money from their Capital funds for the provision of an occupation therapy and recreation hut at the Reception

Hospital, Gwynfryn, but the need for this building was so great that the Committee decided to allocate approximately £3,000 for a hutment type of building. The Board, however, not being in favour of hutments, have kindly agreed to provide a further £3,000 in order that a traditional and permanent type of building, attached to the main hospital, can be erected, and it is hoped that work will commence on this project in the near future.

WORKS.

In the last report, reference was made to the Ministry's insistence on a clear division being made between Maintenance and Capital works for which Committees and Boards respectively are responsible, and the hope was expressed that the Board would make available to the Committee a sum of money each year for minor items of a Capital nature but associated with Maintenance repairs. It is regretted that no practical way has as yet been evolved for dealing with this problem.

On the other hand, the Committee are most grateful for the special allocation again this year made for the maintenance of the fabric of the hospitals, and a considerable programme of maintenance repairs has been accomplished by direct labour and, to a smaller extent, by contract, under the direction of the Committee's Superintendent Engineer, with headquarters at the Mental Hospital.

Maintenance repairs and improvements carried out include the following:—

Denbigh.

Installation of:—

- Instantaneous water boilers in ward kitchens.
- New automatic internal telephone system.
- Refuse destructor for main Hospital.
- Replacement boiler in Reception Hospital.
- Additional kitchen equipment.
- Television sets in various wards.

Replacement of worn-out wood floors with Korkoid type of flooring in many wards.

- Improvements to walls of main corridor by terrazzo tiling.
- Re-tiling of main kitchen floor with terrazzo tiles.
- Tarmacing of various airing courts.
- Complete rewiring of Female Ward 7B.
- Renewal of electricity mains to Male Wards 4, 5, 6, 7 and O.T. Department.
- Complete reglazing of Female Ward 6 Verandahs.
- Redecoration of a number of wards and departments.

Coed Du.

- Extension of kitchen. (Capital—on behalf of the Board).
- Considerable interior decoration.

Broughton.

- Complete external rendering with rough-cast.

Oakwood Park.

Resurfacing of drive.
Adaptation of out-buildings for workshops.

Garth Angharad.

Installation of new greenhouse boiler.
Installation of new central heating boiler.
External repairs and redecorations.

Llwyn View.

Redecoration of various rooms.
Installation of additional kitchen equipment.

WATER SUPPLY.

Improvements to the headworks at Llyn Bran, required to ensure an adequate supply of water both to the hospital and to the Aled R.D.C., have not yet been completed, nor has a settlement been arrived at regarding the terms on which the Council are to be supplied.

The Committee's suggestions have been communicated to the Regional Hospital Board, and the Committee hope that a final settlement will be arrived at soon.

FARMING ACTIVITIES.

The Committee have been informed by the Regional Hospital Board that they have recommended to the Ministry that the farm buildings and the major portion of the land be sold as being surplus to the requirements of the Hospital, and that land required for future development, and areas situated in close proximity to the hospital buildings, be let. The Committee are awaiting formal notification of the Ministry's final decision before taking any steps to dispose of land and stock.

OAKWOOD PARK.

At the date of this report the first stage of development of the new Oakwood Park Hospital for Mental Defectives is ready and staffed for the reception of approximately 40 patients and the first admissions will be received during April. As staff are recruited, more patients will be accepted and the Committee hope to fill the accommodation for approximately 187 patients within a few months.

The Committee have been fortunate in securing the services of excellent officers for the senior posts, and the following appointments have been made:—

Secretary-Superintendent ...	Mr. S. Newbould, Deputy to the Secretary-Superintendent of the Westwood Mental Deficiency Hospital, Bradford.
Chief Male Nurse	Mr. R. H. Morgan, Tutor at Hensol Castle.
Assistant Engineer	Mr. G. R. Biggs.

STAFF.

Owing to the expansion of the Committee's activities, and on the suggestion of the Regional Hospital Board, the Management Committee reviewed their administrative staff set-up and decided to appoint a separate Finance Officer. Mr. D. Basil Evans, the Deputy Secretary, whose special concern had always been connected with the finances, was appointed to this post.

Another important change is to take place in the near future to follow the impending retirement on superannuation of the Chief Male Nurse, Mr. T. J. Davies. To succeed Mr. Davies the Committee have appointed Mr. S. G. Badland, the Deputy Chief Male Nurse at Cane Hill Mental Hospital, Surrey.

The following members of the staff have retired on superannuation, and the Committee have expressed their thanks and appreciation for the meritorious service given in every case and wished them health and happiness in their retirement:—

Elfed Jones, Assistant Engineer: 31½ years service.
Dilys Mary Owen, Ward Sister: 21 years service.
John Parry Evans, Tailor: 13 years service.
Harold Jones, Charge Nurse and Bandmaster: 34 years service.
Thomas Jones: Staff Nurse: 24 years hospital service, 8 years at Denbigh.
Joseph Edward Bartley, Staff Nurse: 37 years service.
Edward Goronwy Mills Thomas, Nursing Assistant and Fire Chief: 32 years service.

To Mr. Elfed Jones, Mrs. Dilys Mary Owen and Mr. Thomas Jones, whose retirement was necessitated by ill-health, the Committee expressed their sympathy.

It has been found necessary from time to time to seek the approval of the Regional Hospital Board to an increase in the establishment, and the following additions have been authorised:—

1 Consultant Psychiatrist.
1 Junior Hospital Medical Officer.
1 Psychiatric Social Worker.
1 Grade "C" Clerk (departmental costing).
1 Grade "A" Clerk—Supplies.
Kitchen Staff:
1 Cook.
1 Night Messman.
2 Kitchen Porters.

CONCLUSION.

The Committee fully appreciate that they are most fortunate in having an excellent staff throughout the whole Group and they wish to record their thanks to all for their continued loyal service.

DAVID TUDOR,
Chairman.

April, 1957.

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

Medical Superintendent's Annual Report, 1956

Mr. Chairman, Ladies and Gentlemen,

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

The most important event of the year was the opening on September 11th of a new villa by Sir Frederick Alban, Chairman of the Welsh Regional Hospital Board. It was named Brynhyfryd, after the home of the late Alderman Alfred Hughes, Chairman of your Committee.

Brynhyfryd accommodates 50 women patients. While affording some welcome relief of our overcrowding, its inception has also enabled us to rearrange part of the female side of the hospital.

Brynhyfryd itself will be used in conjunction with F.1 Ward in the Main Building as a Treatment Unit for our more serious new cases. Such cases will be admitted to F.1 for investigation and the intensive phases of treatment, and then pass to Brynhyfryd for extended treatment and convalescence. Gwynfryn, of course, will continue as hitherto to cope with the milder cases.

One desirable change, which the acquisition of additional beds has made possible, has been the division of F.8 into two separate wards. This ward occupied a 3-storied block arranged so that day space was on the ground floor, while patients slept on the first and second floors. As rearranged, the ground floor forms a self-contained ward with its own day and night accommodation, whilst the first and second floors have become respectively the day room and dormitory of a second ward. Thus, an unwieldy ward of 131 patients has been converted into two sizeable wards of 69 and 52 patients.

One further rearrangement to be mentioned is the closing of the old isolation bungalow as a ward. It is now used to house the main female Occupational Therapy Unit. The bungalow lends itself to the making of an ideal Occupational Therapy Unit, whilst as a ward it was uneconomical to run and no longer fulfilled its old function as an isolation unit for cases of infectious disease.

The main statistical features are illustrated by the following three graphs.

Graph I.—Curve A shows that the total population of the hospital rose during the year by 17 to a total of 1523. Curves B and C show that the rise was due to an increased number of patients over 65 years of age. Actually, there was an increase of 24 in this age group, a figure offset by a reduction of 7 in the under 65's. This continuing fall in the younger age group is gratifying in view of the growing population of the catchment area and which amounted to 10 per cent. during the intercensal period 1931-51.

Graph II.—This shows a further considerable jump in our admission rate, matched by an approximately equal rise in the discharge rate. Again I would stress that these increases are significant of a greater use of the hospital by the community and not necessarily of any increased incidence of mental disorder.

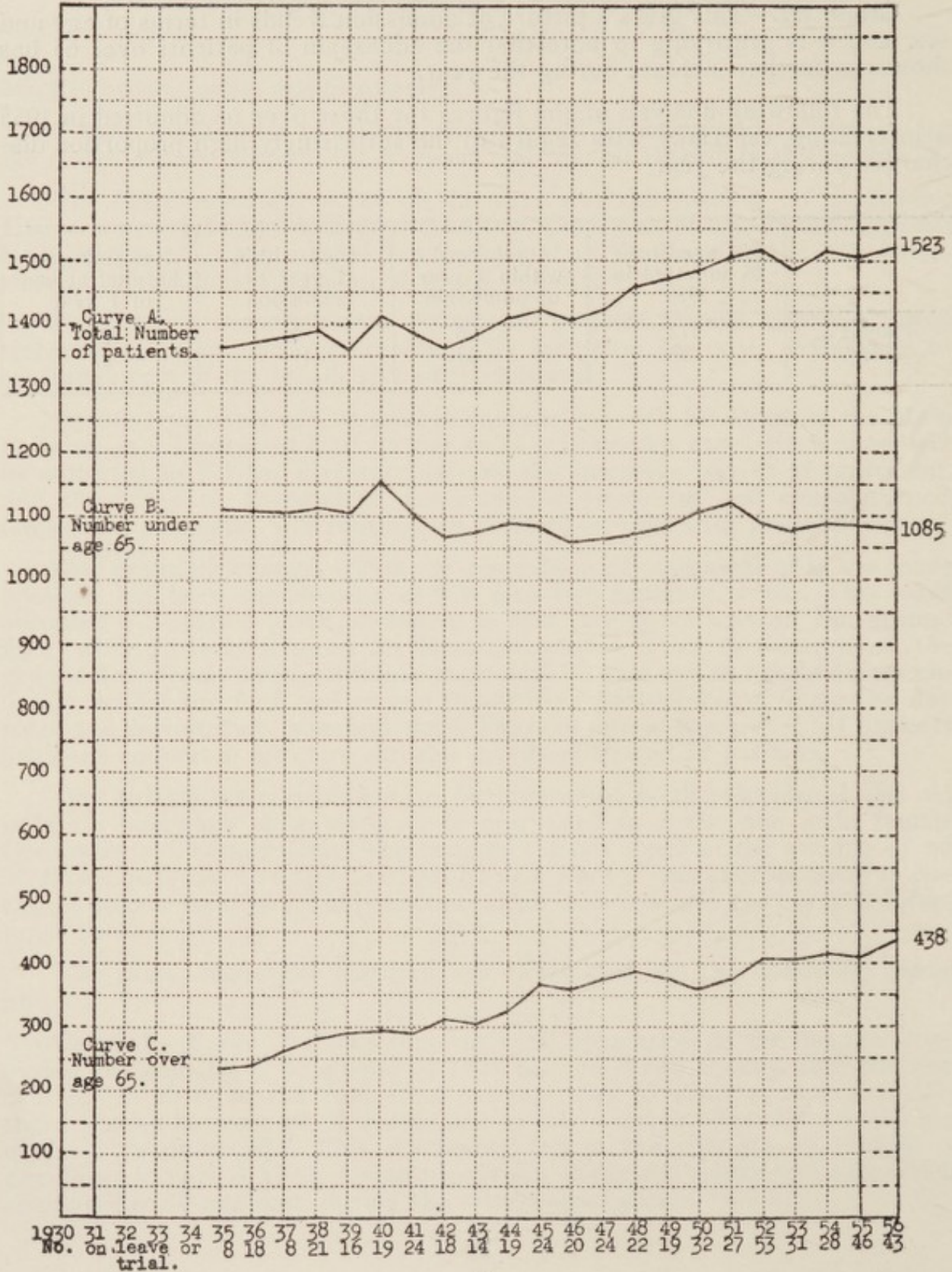
Graph III.—This gives a picture of admission trends in terms of age and sex, and it is gratifying to note that the admission of patients over 65 has shown no further increase during the year.

The following analysis of the figures for those over 65 admitted in 1955 is interesting, especially with regard to the surprisingly high proportion discharged during the year.

	No. aged over 65 admitted in 1955	Discharged within 1 year of admission	Died within 1 year of admission	Remaining in hospital at end of 1 year
Female ...	112	76	7	29
Male ...	82	48	17	17

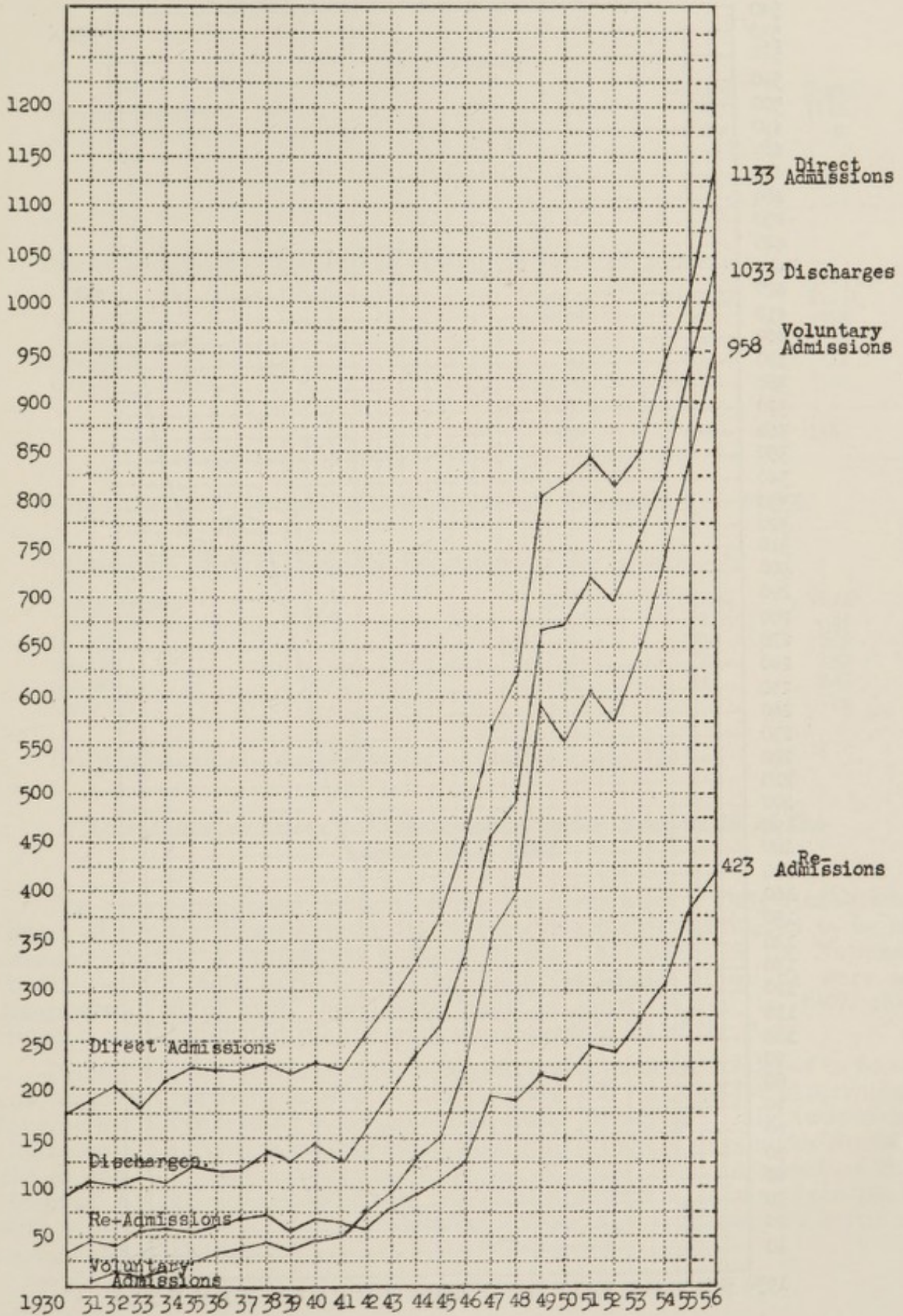
GRAPH I.
HOSPITAL POPULATION.

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



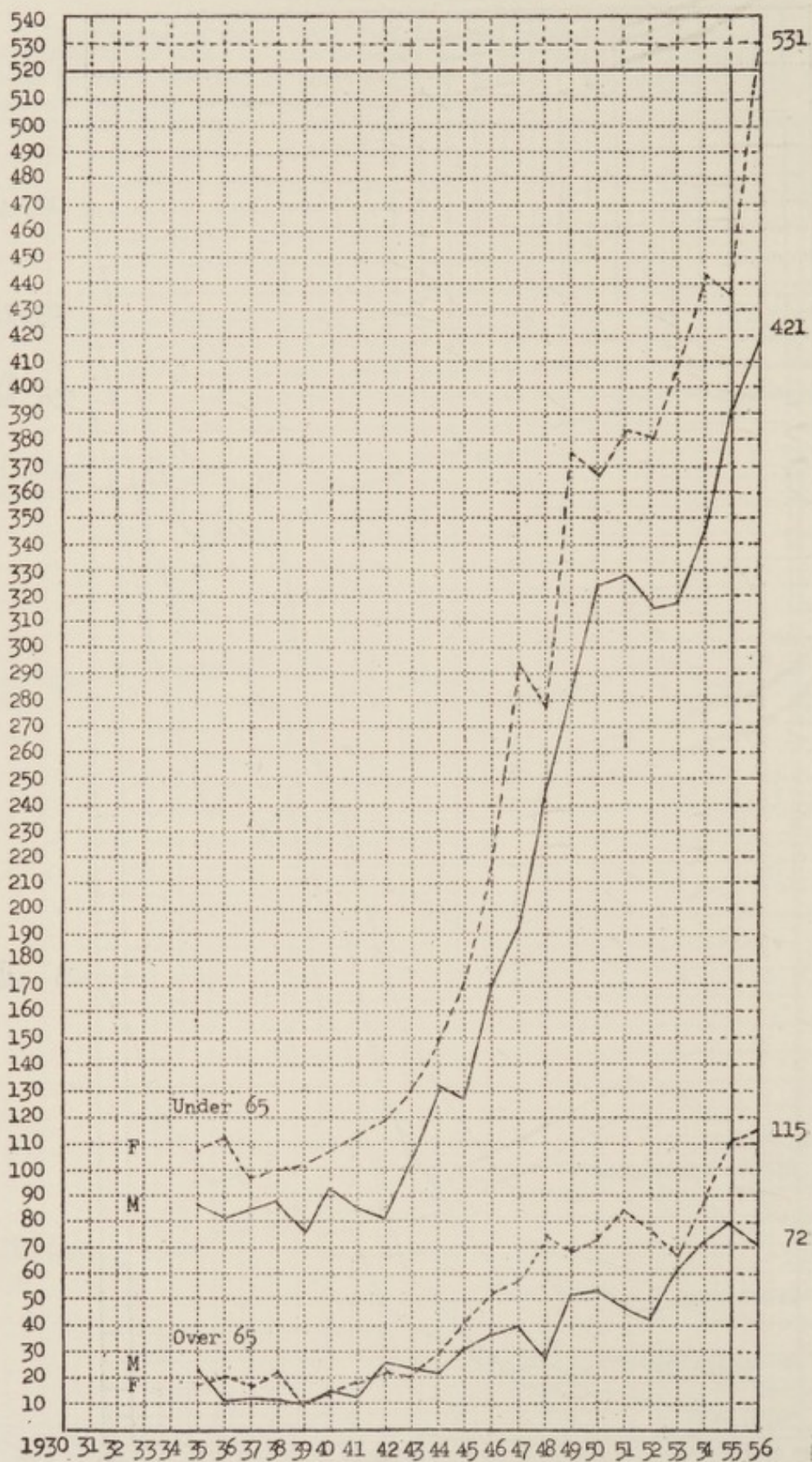
GRAPH II.

ADMISSIONS AND DISCHARGES.



GRAPH III.

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



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

Admissions.

	Male	Female	Total
Direct Admissions	489	644	1133
Indirect admissions from other mental hospitals	4	2	6
	493	646	1139

Direct admissions classified according to form of admission:—

	Male	Female	Total
Voluntary	419	539	958
Temporary	—	—	—
Certified	70	105	175
Urgency Order	—	—	—
	489	644	1133

Proportion of Voluntary Admissions to all Admissions = 84.5%.

Admissions (direct) classified according to age groups:—

Age Group	Male	Female	Total
Under 20	17	17	34
20—40	151	202	353
40—60	214	273	487
60—80	102	143	245
Over 80	7	7	14

The number of re-admissions during the year was 423.

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

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

Briefly, the use of this procedure means that a person considered to be of unsound mind may be removed to this Hospital and retained for observation for a period not exceeding 3 days under an Order signed by a Duly Authorised Officer only. This period may be extended for a further 14 days under Section 21a of the Act, under a Certificate by the Medical Superintendent of the Hospital. By the expiration of this period, the patient must have been dealt with, either by admission into hospital as a voluntary, temporary or certified case, or by discharge.

The following table shows the rate at which the number of Section 20 cases received has grown during the last five years:—

	Male	Female	Total
1952	2	—	2
1953	15	10	25
1954	40	61	101
1955	84	111	195
1956	102	153	255

The following table shows the mode of disposal of those patients admitted under Section 20 during 1956. It will be seen that about 60 per cent. of them elected to remain in the Hospital as voluntary patients, and it should be stressed that one of the advantages of the procedure is that it reduces the proportion of cases requiring to be certified.

	Male	Female	Total
(1) Admitted to this hospital as:			
(a) Voluntary Patients	51	102	153
(b) Temporary Patients	—	—	—
(c) Certified Patients	31	35	66
(2) Admitted to other mental hospitals as:			
(a) Voluntary Patients	1	1	2
(b) Temporary Patients	—	—	—
(c) Certified Patients	1	—	1
(3) Discharged home	15	11	26
(4) Otherwise disposed of	3	3	6
(5) Died	1	—	1

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

The Counties of origin of the 67 cases requiring to be certified were as follows:—

Anglesey	Caernarvon.	Denbigh.	Flint.	Merioneth.
6	11	24	21	5

Discharges.

	Male	Female	Total
Recovered	190	350	540
Relieved	180	211	391
Not Improved	79	23	102
	449	584	1033

	Male	Female	Total
Transfers to other mental hospitals	4	1	5

Discharge rate on direct admissions: 91.2%.

Deaths.

	Male	Female	Total
Number of deaths...	46	43	89

The death rate was 6 per cent. on the average number resident.

Post-mortem examinations were conducted in 70 per cent. of the cases.

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

Hospital Population.

	Male	Female	Total
Number of patients on Hospital Registers on 31st December, 1955...	757	749	1505
Number remaining on 31st December, 1956:			
Voluntary ...	168	153	321
Temporary ...	—	—	—
Certified ...	587	615	1202
	755	768	1523

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

THE GENERAL HEALTH OF THE HOSPITAL.

The health of the patients generally has been satisfactory.

Pulmonary Tuberculosis.

During the year, two patients died from pulmonary tuberculosis, compared with three in 1955 and an average of 7.3 during the years 1934 to 1939.

B.C.G. Vaccination.

All nurses are Mantoux-tested on joining and, as a result, six required B.C.G. vaccination during 1956.

NURSING STAFF.

The first table shows the strength of our Nursing Staff (including Nursing Officers) on the 31st December of representative years from 1951. The second table shows the number of trained female nurses on our staff each year from 1944.

Table I.

	31/12/51		31/12/53		31/12/55		31/12/56	
	M.	F.	M.	F.	M.	F.	M.	F.
Qualified Mental Nurses ...	71	13	75	17	70	19	68	20
Qualified Mental Nurses also S.R.N. ...	10	3	7	4	6	4	10	4
Student Nurses ...	15	36	9	24	11	13	14	22
Nursing Assistants...	32	27	37	34	37	40	38	35
Part-time Nurses (in terms of whole-time) ...	—	27	—	28	—	45	—	48
	128	106	128	107	124	121	130	129
Ward Orderlies ...	1	7	8	10	8	17	10	18

There has been some improvement in the staffing position during the year.

On the female side, although the proportion of Trained staff is low, Table II. shows that the slow but steady increase which began in 1952 has continued. With regard to the intake of women student nurses, Table III. shows a considerable improvement for 1956. This is encouraging, and, if it can be maintained, our position with regard to Trained staff in future years should be more satisfactory.

On the male side, the fall in numbers which occurred last year has been made good, and the student nurse intake has been satisfactory. The proportion of fully Trained staff on this side of the hospital has, of course, always been good.

On both sides of the hospital we are fortunate in the quality of our nursing staff, and appreciation of their kindness and courtesy is frequently made known to me by patients and relatives.

Table II.—Strength of Trained Female Staff.

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

Table III.—Annual Intake of Student Nurses.

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

TREATMENT OF MENTAL ILLNESS.

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

- 1—Measures directed to improving the patient's general health.
- 2—Measures directed to re-educating the patient. These include advice, psychotherapy, occupational therapy and, upon discharge, help in rehabilitation.

3—Special methods of treatment, of which the following are the most important in use at this hospital:—

- (i) **Electric Convulsive Therapy:** This is applied by passing an electric current through the brain.
- (ii) **Insulin:** In this treatment, shock is produced by the administration of insulin in high doses. A modified technique utilising lower doses also proves beneficial.
- (iii) **Prolonged Narcosis:** In this, the patient is kept asleep almost continuously for a period of up to 14 days.
- (iv) **Prefrontal Leucotomy:** This is a surgical procedure whereby nerve fibres passing from the frontal lobes to other parts of the brain are divided.
- (v) **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 1956:—

	Male	Female	Total
Electric Convulsive Therapy	141	370	511
Modified E.C.T.	174	169	343
Deep Insulin	17	11	28
Modified Insulin	95	86	181
Partial Narcosis	—	—	—
Ether or CO ² Abreathion	2	—	2
Prefrontal Leucotomy	9	6	15
Narco-analysis	59	—	59
Hormonal Treatment	—	—	—

Leucotomy Cases.

The following is an analysis of the results in all cases operated upon between April, 1942, and December, 1956:—

	Male	Female	Total
Total Number of Cases... ..	139*	118*	257
Discharged "Recovered" or "Relieved"	64	55	119
Improved in hospital	39	32	71
Unchanged	30	22	52
Died as a result of operation	5	7	12
Discharged, but since relapsed	15	5	20

*Includes three cases who have been operated on more than once.

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

Surgical Operations.

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

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

Consultants' Visits in Specialities other than Psychiatry.

Speciality	Consultant's Name	Frequency of Attendance	No. of Patients seen in 1956
General Medicine	Dr. G. H. T. Lloyd... ..	Weekly	92
Tuberculosis	Dr. Clifford Jones... ..	As required... ..	78
General Surgery	Mr. D. I. Currie	As required... ..	7
Ophthalmology... ..	Mrs. E. M. Brock... ..	Every month	81
Ear, Nose and Throat Surgery	Mr. R. D. Aiyar	Fortnightly	14
Neurosurgery	Mr. A. Sutcliffe Kerr... ..	As required... ..	21

Dental Department.

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

During the year 1956, 727 patients were examined. Extractions were carried out in 219 cases. Thirty-eight patients had teeth filled; 29 were provided with dentures; and 33 had their dentures repaired.

Occupational Therapy.

Occupational Therapy is carried out principally at six centres, of which four are used by acute cases, two being located at Gwynfryn while two are attached to the Reception Wards in the Main Building. The remaining two centres are for the occupation of chronic cases on each side of the hospital. That on the male side contains a printing department and a workshop equipped with metal and wood turning lathes and other modern machinery. There is also apparatus for brush and coir mat making. As already mentioned, the centre for female long stay cases has been transferred to the old isolation bungalow.

SPECIAL METHODS OF INVESTIGATION.

Pathological Laboratory.

The units of work done during the year 1956 amounted to 5,014.

X-Ray Department.

During 1956, the following examinations were made:—

	Patients		Staff		Total
	Male	Female	Male	Female	
Chest... ..	199	145	55	180	579
Skeleton... ..	90	135	14	4	243
Total	289	280	69	184	822

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

Department of Psychology.

It will be recalled that Dr. Martha Vidor resigned her post as Psychologist to the hospital in September, 1955. We were unable to fill the vacancy until December of the current year, when Miss Dry, a New Zealander, took up her appointment. We were glad to welcome Miss Dry and pleased to have this important department functioning once again. Miss Dry will work in co-operation with Dr. Morgan, the Senior Psychologist to the Child Guidance Clinic. Apart from duties at the North Wales Hospital, she will be available on one day a week for work at the Mental Deficiency Institutions.

Department of Electro-Encephalography.

The electro-encephalograph is an instrument for recording the electrical waves generated in the brain and is of assistance in the diagnosis of epilepsy, certain cases of tumour and other disorders of the brain. In October, a new 8-channel electro-encephalograph by Ediswan was installed in place of the old instrument which had become obsolete.

The Department deals not only with our own cases, but also with cases referred by Physicians and Pædiatricians in the General Hospitals of the area.

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

During 1956, the Department dealt with the following cases:—

	First Attendance	Repeat	Total
In-Patients at North Wales Hospital	116	73	189
From Psychiatric O.P. Clinics... ..	56	10	66
„ N.W. Child Guidance Clinics ...	2	—	2
„ Paediatric Consultants... ..	66	50	116
„ Consultant Physicians	241	36	277
Total	481	169	650

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 Mass is said on the second Friday of each month. He attends whenever needed to minister to the seriously ill.

Employment of Patients.

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

The Canteen.

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

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

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

Trolley Service.

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

Hairdressing Salon.

There is a Ladies' Hairdressing Salon, which provides permanent waves and sets.

Parole.

At the time of writing this Report, 81 men and 65 women enjoy parole outside the grounds of the hospital, while 113 men and 22 women are allowed parole within the grounds only. Some are patients convalescing prior to returning home, others are well conducted chronic patients whose long detention is considerably mitigated by the liberty to come and go amongst normal people, shopping expeditions to the town being especially appreciated by the ladies.

Recreation.

All wards are now provided with television and wireless.

Every Wednesday, there is a Patients' Dance in the main hall and every Monday evening a cinema show. During the winter months, whist drives and billiard tournaments are held. Fifteen concerts were presented during the year, including three by the Council for Music in Hospitals.

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

We are again indebted to the Denbigh W.V.S. In addition to their usual weekly social for convalescent patients, they have this year inaugurated a Darby and Joan Club for the old long-stay patients. This meets once a week and is a great success. We are also appreciative of the Sunday evening lectures at Gwynfryn, arranged by the W.E.A.

OUT-PATIENT SERVICES.

(1) Out-Patient Clinics.

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

Clinics are held at the following centres:—

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

Table of Attendances, 1956.

	First Attendance			All other Attendances		
	Male	Female	Total	Male	Female	Total
Bangor	180	237	417	195	337	532
Dolgelley	11	20	31	10	11	21
Rhyl	139	185	324	265	532	797
Wrexham... ..	212	284	496	540	793	1333
Denbigh	21	33	54	40	105	145
Total ...	563	759	1322	1050	1778	2828

The following are the figures of total attendances at all adult clinics during the past 13 years:—

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

(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 1956 was:—

Male: 38 ... Female: 58 ... Total: 96

(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: 26 ... Female: 65 ... Total: 91

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

During 1956, these numbered as follows:—

Male: 8 ... Female: — ... Total: 8

(5) Psychiatric Social Work Department.

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

Staff: At the commencement of the year, the staff consisted of two Psychiatric Social Workers, Mrs. Iolo Jones and Miss P. M. Hammond, and one Social Worker, Mr. B. P. Vittle. At the end of August, Mr. Vittle left to take the Mental Health Course at the London School of Economics. In October, Miss Carys Llewelyn Evans was appointed as Social Worker. There are two vacancies.

Rehabilitation and Employment: The monthly Conferences between the Group D.R.O.'s of the Ministry of Labour and members of the Department have continued through the year and have proved of the utmost value in the work of placement and rehabilitation of ex-patients. Mrs. Iolo Jones serves on the Disablement Advisory Committees in Caernarvon and Blaenau Ffestiniog, and Miss Hammond at Wrexham.

Students: As usual, three of the Manchester University Psychiatric Social Work students spent six weeks in the Department as part of their practical experience, and one from Liverpool for three months' experience.

With regard to Social Science students, one came from the London School of Economics, two from the University College, Cardiff, and one from the University College, Swansea (United Nations Course).

The following table gives details of work done with adults during 1956. The services rendered are indicated as follows:—

HV ... Home Visit.

OV ... Other Visit (Employer, G.P., Social Agency, etc.).

I ... Interview in Hospital or Out-Patient Clinic.

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

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

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

CLASS I.

County	In-patients				Out-patients			Total	
	HV.	OV.	I.		HV.	OV.	I.		
Anglesey	17	7	2	...	22	2	2	...	52
Caernarvon	86	36	12	...	61	22	4	...	221
Denbigh	65	13	25	...	78	18	12	...	211
Flint	110	17	41	...	60	13	67	...	308
Merioneth	13	10	8	...	7	5	7	...	50
Other Counties...	—	—	1	...	2	2	2	...	7
								Total ...	849

CLASS II.

County	In-patients				Out-patients			Pre-care			Total		
	HV.	OV.	I.		HV.	OV.	I.	HV.	OV.	I.			
Anglesey	8	1	—	...	32	3	—	...	5	1	—	...	50
Caernarvon	91	17	3	...	90	15	5	...	1	2	—	...	224
Denbigh	90	12	3	...	134	15	14	...	9	2	3	...	282
Flint	67	7	38	...	90	7	53	...	6	3	—	...	271
Merioneth	35	7	6	...	43	2	5	...	—	—	—	...	98
Other Counties...	—	—	—	...	—	—	—	...	—	—	—	...	—
											Total ...	925	

Grand Total Class I. and Class II. ... 1774

CONCLUSION.

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

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

I am, Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

J. H. O. ROBERTS,

Medical Superintendent.

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

The opening of Oakwood Park, Conway, has enabled a re-organisation of the M.D. beds to be initiated. The amenities at Oakwood Park should be such as to make it an ideal training centre for male defectives and, with this in view, it has been decided to transfer the 33 boys from Eryri, Caernarvon, and eventually all the boys from Llys Maldwyn, Caersws, to Oakwood Park and to replace them by female M.D. patients. By this means it is hoped to concentrate the training facilities for boys, such as schools, games, occupational therapy, etc., in one place. It will also overcome the difficulty, which now exists at Caersws and Eryri, that when a patient reaches the age of 16 he has to be moved. If Oakwood caters for all ages of male patients—and Caersws caters for all ages of female patients, and Caernarvon takes ambulant elderly female patients—the transfer of patients from one institution to another due merely to aging will cease.

The tendency, which is seen all over Britain, for the type of case admitted to M.D. Institutions to be of lower and lower grade is being very much felt in this group, and in three of the four Institutions over 50 per cent. of our cases are unable to dress themselves and require constant nursing care. This throws a great burden on the Nursing Staff. Broughton Institution in particular feels this burden, and also the difficulty in obtaining adequate numbers of trained staff.

We are fortunate in being able to have the services once again of a Psychologist, from Denbigh Hospital, to carry out psychometric tests on all the M.D. patients; and now that Oakwood Park is open a Psychiatric Social Worker is to be appointed—based on Oakwood Park but serving all the M.D. Institutions, and her prime task will be to find work of our M.D. patients, and to help in other ways towards their discharge.

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

Institution.	Garth Angharad	Llwyn View	Coed Du Hall	Broughton
Address	Penmaenpool.	Dolgelley.	Mold.	Chester.
Position of Hospital	Very isolated. 4 miles from Dolgelley.	In Dolgelley.	Very isolated. 4 miles from Mold.	Very near Chester.
Road and Rail Facilities	No buses or trains.	Trains and buses.	No buses.	Adequate buses to Chester.
Local Transport	Institution bus.	Nil.	Own van.	Nil.
Sex	Male adult.	Female Adult.	Female adult.	Female, children and adults.
No. of Beds	62	68	86	70
No. on Books	67 (64*)	72 (68*)	92 (88*)	69 (62*)
No. Discharged	3	2	8	1
No. transferred to other Institutions	3	3	4	1
No. on Licence	2	1	6	—
No. transferred to Guardianship ...	2	—	—	—
No. Died	1	1	1	2
Percentage of High-grade Cases ...	Small	Small	Small	Very Small
Percentage of Low-grade Cases ...	High	High	Fairly High	Very High
Training Facilities:				
Rug and Mat making	Yes	Yes	Yes	Yes
Basket making	Yes	Yes	No	No.
Laundry work	No	Yes	No	Yes
Sewing	No	Yes	Yes	Yes
Domestic work in the Hospital ...	Yes	Yes	Yes	Yes
Domestic work in local houses and hospitals	No	Yes	Yes	No.
Evening classes in simple subjects	Yes	Yes	No	No.
Gardening	Yes	Yes	Yes	No.
Ornamental Gardening	Yes	No	No	No.
Farming	Yes	No	No	No.
Poultry-keeping	Yes	No	No	No.
Recreation Facilities:				
Television	Yes	Yes	Yes	Yes
Weekly Cinema	Yes	Yes	Yes	Yes
Religious Services	Yes	Yes	Yes	Yes
Swings, See-saws, Roundabouts...	Yes	Yes	Yes	Yes
Day parole to local towns for suitable cases	Yes	Yes	Yes	Yes
Annual Pantomime trip	Yes	Yes	No	Yes
Annual holiday to Seaside	No	Yes	No	No.

*The two sets of figures in the "No. on Books" column refer to numbers at 1st January, 1956, and 31st December, 1956, respectively, and include patients resident, on leave of absence, licence, etc., on the respective dates.

I wish to thank the Matrons and their staffs and the Visiting Medical Officers of the Institutions, Mr. Frost and his staff, Dr. Roberts and his staff at Denbigh, and Dr. Jones, of Hensol Castle, and you, ladies and gentlemen, of the Committee, for your helpful assistance and co-operation during the past year.

T. S. DAVIES,
Consultant Psychiatrist.

Hensol Castle,
Nr. Pontyclun.

6th May, 1957.

REPORTS OF THE COMMISSIONERS OF THE BOARD OF CONTROL

NORTH WALES HOSPITAL FOR NERVOUS AND MENTAL DISORDERS, VISITED 25th AND 26th APRIL, 1957.

North Wales Mental Hospital,
Denbigh.

25th and 26th April, 1957.

Much useful work has been accomplished at this hospital during the past year in carrying out the programme of modernisation, and some slight relief to the severe overcrowding has been achieved on the women's side by the opening of Brynhyfryd, the new 50-bedded villa. A great deal of work is now in progress, and, as some of this entails the re-laying of floors in wards on both sides, patients and staff are having to put up with certain discomforts which are, fortunately, only temporary. One of the most important improvements now being undertaken is the enlargement and modernisation of certain sanitary spurs. Where necessary, extra baths are being put in, and this will lead eventually to the closing of the general bathrooms.

The up-grading of ward kitchens is now far advanced. New equipment includes stainless steel sink units, refrigerators, hotplates and hot water boilers.

Ward 8 on the women's side, with 131 beds and accommodation on three floors, is now being divided into two self-contained wards of more reasonable size; one of them will be entirely on the ground floor. When M.7 is modernised, I hope the plastering of its walls will be a possibility.

The installation of three new Lancashire boilers has facilitated improved central heating in the wards.

One important development out of doors is the laying out, largely by patient labour, of a new sports ground and recreation park on an attractive site close to the hospital.

The furnishing of the hospital continues to be improved and the new villa in particular is most comfortable. Many more windows have been curtained in the past year. The introduction of bedside lockers on a larger scale is made difficult by the overcrowded conditions in the dormitories. I have discussed with Dr. Roberts and the Supplies Officer, Mr. Lucas, the need for better pillows, and I was glad to hear that feather pillows are now being purchased and will gradually replace the very poor ones now in use. The introduction of interior-spring mattresses is still under consideration.

The patients are well occupied both in the utility department and in occupation therapy. There are now four qualified and seven unqualified therapists, and the department has been much helped by the opening of the former isolation bungalow as the main women's occupation centre. A mixed occupation therapy building is to be erected at Gwynfryn—the Admission Hospital. The recreational life of the hospital is a full one. There are T.V. sets

everywhere, and there are weekly cinemas and dances in the Hall, as well as a programme of entertainments during the winter months, which includes concerts arranged by the Council for Music in Hospitals. The local W.V.S. continue to be most helpful both with regard to weekly "Socials" and to the running of the library.

The hospital shop does a big trade, but it is restricted in size and is sited in such a way that the development of a patients' canteen adjacent to it would be difficult.

The hairdressing department has been made more useful by the employment of a second full-time hairdresser. The barber has to carry on his work entirely in the wards.

The Kitchen is under the control of the Catering Officer; the diet is well varied and adequate. A number of electrically-heated food trollies have been purchased in the past year. The lay-out of the kitchen premises is now being altered, and the whole department is to be modernised.

I believe I have seen all the patients in residence and have talked with many of them, as well as giving four special interviews. The number in residence is 1,486 (726 men, 760 women) and, of these, 313 are voluntary, and the remainder are certified patients. There are at present 20 patients out on trial and 4 away on leave. During 1956 there were 1,133 patients admitted (489 men, 644 women). No fewer than 958 came in voluntarily, the remainder all came in under certificate. In the same period, 1,028 left or were discharged.

The nursing staff consists of 123 men and 74 women full-time and 46 women part-time nurses. Seventy of the men and 23 of the women (4 part-time only) are certificated or registered as mental nurses, and there are 15 men and 21 women students. In addition, there are 4 girl nursing cadets. Training is in the hands of a qualified male tutor.

The nursing at this hospital appears skilled and kindly, and I was impressed by the nursing standard in the various sick and infirm wards.

During 1956, 89 patients died (46 men, 43 women), giving a mortality rate of 6 per cent. The causes of death were verified by post mortem examination in 61 instances.

Since the last visit 5 inquests have been held; in 4 cases, full particulars have already been furnished to my Board. In the fifth case there has been an adjournment.

In the period under review, the causes of death have followed the usual pattern, and none calls for special comment here except that two men died from tuberculosis.

Twenty-eight patients (10 men, 18 women) have sustained serious but non-fatal casualties. In 9 instances the injury resulted from the impulsive actions of other patients.

Since the beginning of 1957, 1 man has been notified as suffering from tuberculosis and at the present time 6 men and 4 women are regarded as active and are now undergoing treatment for pulmonary tuberculosis. They are nursed on verandahs under suitable conditions. The Chest Physician visits regularly. All proper nursing precautions are taken, and the nursing staff is Mantoux tested and, at regular intervals, X-Rayed.

There are no other infective disorders at the present time, but 2 patients are regarded as paratyphoid carriers and 1 as a dysentery carrier; all are suitably isolated.

All modern forms of treatment are carried out at the hospital and the patients enjoy skilful and kindly medical and nursing care.

The visiting dental surgeon continues to attend for one session a week. This is recognised as being entirely inadequate and it is hoped to obtain sanction for an increase to 4 dental sessions each week.

There is a visiting chiropodist, who attends for 8 sessions a week.

Out-patient clinics continue to be held at Bangor, Dolgelley, Rhyl and Wrexham, involving a total of 14½ doctor sessions weekly.

Dr. Roberts, Dr. Williamson and Dr. Williams, as well as other members of the medical staff have given me every assistance in what has been a pleasant and interesting visit, and I am most grateful to them for their help.

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

BROUGHTON HOSPITAL VISITED 22nd SEPTEMBER, 1956.

Broughton Mental Deficiency Hospital,
Flintshire.

22nd September, 1956.

I to-day visited this small hospital on behalf of my Board and found 64 patients in residence, of whom ten are under the age of 16. About half of the total consists of low-grade patients, 22 of them being incontinent and seven of these are cot and chair cases.

During 1955 there were seven direct admissions; one admission on transfer; one discharge; one transfer to other care; and four deaths. All the last were from natural causes.

Since the last visit, 13 short-stay cases have been admitted and have since left.

No cases have been sent out on licence. The Matron, Miss Fletcher, is much too overworked to be able to tackle this question and so far no social worker has been appointed. This may result in hardship to individual patients and indeed I saw one patient to-day about whom my colleagues have suggested licence at intervals since 1943.

Staffing is perhaps the most serious problem here, and I have much sympathy with Miss Fletcher in her difficulties in this matter. At the present time, there are only three full-time non-resident nursing assistants and seven part-time nursing assistants. There is a resident Cook (who is ill at the present time), a resident seamstress and a laundress. A visiting teacher gives nine to twelve hours a week and her work is of much value.

The general health has been good; a recent mass X-ray showed no case of tuberculosis. There were twelve cases of chicken pox some time ago, but the hospital is now quite clear of this infection.

Weights are taken quarterly.

Dr. Bough visits twice a week and Dr. Davies, from Hensol Castle, from time to time.

Weekly visits are paid to the Cinema and there are bus outings to Rhyl. T.V. is very popular.

Dinner today consisted of Irish stew, rice pudding and jam tart; owing to the illness of the Cook, Miss Fletcher had prepared the meal.

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

COED DU HALL HOSPITAL VISITED 24th SEPTEMBER, 1956.

Coed Du Hall Hospital,
Near Mold,

24th September, 1956.

I was sorry to hear when I visited this Hospital to-day that the Matron-Superintendent, Mrs. Taylor, was away ill and had recently had an appendix operation. I trust that she will shortly be restored to health. In her absence, her deputy, Miss Edmunds, gave me every assistance.

The patients in residence to-day number 85, and there are five girls out on licence, giving a total on the statutory books of 90.

The general health has been good since the last visit, although there was a small outbreak of chicken pox in January affecting nine patients. One patient has died from natural causes.

Coed Du is a happy institution and much is done to make the patients contented.

The chief occupations are domestic and Miss Edmunds organises occupation therapy, but owing to Mrs. Taylor's illness the classes have temporarily had to be suspended. Rewards and pocket money are scaled from 6d. to 7/6 a week, but only one patient gets the highest amount and only two 6/-, and I think it fair to say that rewards for work done are somewhat below the average.

Recently, a Bedford bus seating 12 was purchased and is used for taking parties of the girls for outings. Last week a 41-seater bus was hired for a big outing to Snowdonia. The television projector set is to be modified to enable I.T.V. programmes to be shown. A New Year Party is to be held, to which the villagers are to be invited. This should stimulate local interest in the hospital. Part of the field in front of the house is being taken in as a playground for the patients.

The house is in good order and re-decoration has recently been carried out. The central heating system has been extended and tiled floors have been laid in the low-grade dining-rooms and the bathrooms.

The diet seems well varied and I saw a good dinner being served to-day; it consisted of roast beef, potatoes and cauliflower, and rice pudding with jam to follow.

In discussing licence with Miss Edmunds, I gathered that the lack of a social worker made finding suitable places for the licensees rather difficult. The danger was always present of exploitation. Of the five at present on licence, one is to be discharged and the order of another is to be varied to guardianship; no decision has been come to with regard to the remaining cases.

Coed Du is in a somewhat remote situation and staffing is therefore particularly difficult. In addition to Matron and her deputy, there are seven full-time and one part-time nursing assistants. On the domestic side, there is a cook and a part-time helper, one maid, a part-time laundress, and a handyman.

Dr. Butler and Dr. Lewis each visit weekly, and Dr. Davies from Hensol Castle from time to time.

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

LLWYN VIEW HOSPITAL VISITED 21st JUNE, 1956.

Llwyn View,
Dolgelley.

21st June, 1956.

This is a pleasant and homely institution, where the best has been made of old buildings and an excellent extension added. More recently, an entertainment hall has been built, which serves an extremely useful purpose in that weekly mixed dances are held in it (the men being brought over from Garth Angharad by bus), and also Cinema and T.V. shows.

It is in this hall also that weekly education classes are now held. These are attended by about 10 of the highest-grade women, who are most anxious to learn to read and write. Some are already making encouraging progress.

Of the 69 girls on the books, 10 were to-day away at a holiday home at Portmadoc. I was glad to know that at least 30 of the patients go for a holiday to Portmadoc each summer and that four or five others are able to go to their own homes.

I believe I have seen all the 59 in residence and gave two special interviews.

No one is at present out on licence as two licence cases have recently been discharged and two brought back on account of behaviour problems.

Since the last visit, two have been admitted, two discharged and one transferred elsewhere.

There have been two deaths, both from natural causes, otherwise health has been excellent, and there has been no illness of any kind. Dr. Owen visits regularly and Dr. Davies from Hensol Castle periodically.

The dental surgeon visits fortnightly, but one of these sessions is to see patients from Garth Angharad, so that there is only one session a month for Llwyn View patients.

The nursing staff is a small one, consisting as it does of one certificated nurse and six nursing assistants, of whom one is part-time only. There is also one ward orderly.

The girls' clothing is good, and I was glad to find everyone has individual marked underwear.

Dinner to-day consisted of fried fish and chips, dried peas, and semolina pudding, and on looking into the dietary I formed the impression that there was too much starchy food in it. I discussed with Matron the need for fresh fruit and fresh vegetables (which, of course, have been difficult this spring). I was surprised to find that ice cream is not given as pudding on at least one day a week. The dining-room/kitchen is without a warm oven for heating plates, a great drawback.

Generally, the hospital is in need of decoration.

The patients are well occupied in laundry and domestic duties, and the washing from Garth Angharad is done by the patients here. Four girls go out to daily licence, two to the local hospital, and earn wages, including overtime, of about £6 a week, and two to a local laundry, where they earn about £4 a week. Each of these girls has £1 a week pocket money to spend. I am disturbed about the pocket money and rewards for work done, given to girls doing useful work in Llwyn View. In addition to a small issue of sweets each week to all, pocket money varies from 5/- a week to 1/- a week. Only two get 5/- however, and only two 4/-, and three get 3/6. One of the girls getting 5/- works in the laundry, and is a better laundress than either of the two in daily employment in the local laundry outside and, indeed, the hospital laundry would be lost without her. It would appear difficult to justify so low a reward, when the daily workers in the outside laundry get £1 a week pocket money. Another case brought to my notice was a high-grade transfer from Hensol; at Hensol she earned 5/- a week, but here receives only a 1/-. It is perhaps not unnatural that she is a little unsettled.

I found Miss Williams sympathetic to my views and I hope the whole matter will now be placed on a more satisfactory basis.

Miss Williams, the Superintendent, was most helpful during my visit, and I am grateful to her.

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

GARTH ANGHARAD HOSPITAL VISITED 20th JUNE, 1956.

Garth Angharad.

20th June, 1956.

At my visit to-day I believe I have seen all the patients in residence. These number 62. They vary in grade a good deal, but it is possible to separate the really low-grades fairly satisfactorily, and I believe that both high-grades and low-grades are contented and happy.

Three men are out on licence, two of them for a number of years, but I was informed that the County Medical Officer is taking steps for transfer in each case to guardianship. In the third case, the patient will have been on licence a year at the end of this month, and it is expected that he will be discharged.

There are several other patients who are now ready to go out on licence, but here the lack of a social worker is much felt. Search for suitable jobs for these lads is, however, being made.

All patients capable of employment are suitably occupied, and some do very useful work, mainly in the kitchen garden, but also in the rug and mat shop and in general domestic duties. On enquiring into pocket money and rewards for work done, I found that three boys earn 7/6 a week, six 5/- a week, six 2/6, nine 2/- and thirty-seven 1/-. In addition, 10 to 20 cigarettes, or an equivalent value in sweets, are issued. The money rewards are rather meagre, and I found some boys doing very useful work whose pocket money was only 1/- a week. I feel that there is need here for a review of the whole position.

Recreations are well organised. The parole patients visit Barmouth on Saturdays for cinema or football matches. There is a weekly cinema show at Garth Angharad and also television. Twenty-seven of the boys go by bus to dances at Llwyn View each week, and also to fortnightly whist drives. Boys with good homes have a fortnight's holiday in the summer. The remainder are taken by the hospital bus for monthly outings.

I was interested to hear that a "night school" had been started and that a teacher visits one evening each week to give instruction to some 12 H.G. in reading, writing and arithmetic.

The general health has been good. Any active case of T.B. is transferred to Hensol. At present, there are two quiescent cases; they share a two-bedded room, with its own bath and W.C., shut off from a larger dormitory.

Only one patient was in bed to-day, an elderly man who is suffering from Carcinoma.

Dr. Owen, the Medical Officer, visits weekly, and Dr. Davies from Hensol periodically.

Weights are taken monthly. Patients needing dental attention go into Llwyn View, Dolgelley, where a dental surgeon holds a monthly session shared by Garth Angharad patients and patients of Llwyn View. This is inadequate, to judge by the number of patients I saw in need of dental treatment.

Structurally the house is in a fairly good state, but a good deal of trouble is being experienced with the roof, which seems in a defective condition. Plans for improving the ground floor sanitary annexe are, I was glad to hear, under consideration.

A scheme is afoot for exchanging the present hair mattresses for new interior-spring mattresses. I noticed that the Lloyd Loom Chairs are in need of painting to preserve them; I discussed this point with Mr. Jones, the Chief Male Nurse.

The Nursing Staff is, at the present time, two short. Efforts at recruitment are being made.

I must thank Mr. Roberts for his assistance during my interesting visit.

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

NORTH WALES CHILD GUIDANCE CLINICS

REPORT FOR THE YEAR ENDING 31st DECEMBER, 1956.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the report of the North Wales Child Guidance Clinics for the year 1956.

A—INTRODUCTION.

During the latter years the demand for the type of service which the clinics provide increased steadily. Our ability to meet this demand was, naturally, determined by the availability of staff and, like most clinics in the country, we experienced difficulties of varying severity.

During 1956 we were able to fill all vacancies on our present establishment and despite a number of setbacks due to illness a further considerable extension of the activities of the clinics was possible.

Table 1 reflects the changes which have taken place during the last five years:—

TABLE 1.

	First		Further		Total	
	1952	1956	1952	1956	1952	1956
Number of referrals to the Service... ..	—	—	—	—	199	363
Number of individual children dealt with by one or more members of clinic teams	188	317	68	168	256	485
Psychiatrists and Child Therapist—Attendance at clinics	174	225	437	789	611	1014
Psychologists—Examinations	160	275	32	426	192	701
Psychologists—Visits to schools... ..	—	—	—	—	41	199
Psychiatric Social Workers—Attendances at clinics	158	255	337	921	495	1176
Psychiatric Social Workers—Home and other Visits	—	—	—	—	306	436

A rise in figures for attendances, visits, etc., is not an end in itself. It should be accompanied by efforts likely to increase the value of our work to the children and families with whom we deal.

In our clinics we have tried to meet this requirement by allowing more time for discussions between members of the staff, by intensifying work with individual patients, and by improving our liaison with workers with children from allied fields.

B—GENERAL DISCUSSION.

(1) Some Observations on Future Services for Children.

Maladjusted Children have been the subject of a number of publications in more recent times. The "Report of the Committee on Maladjusted Children" (The Underwood Report, Ministry of Education, 1955) and two memoranda, on "The Provision of Psychiatric Services for Children and

Adolescents" and on "In-Patient Accommodation for Child and Adolescent Psychiatric Patients" (Royal Medico-Psychological Association, 1955 and 1956) might be mentioned specifically.

These publications and others by workers representing various disciplines leave one in no doubt that a new approach is being sought to problems of Mental Health in general, and more important for us here, to those of Mental Hygiene, preventive work and early treatment, applied to children.

It seems agreed that a considerable extension of Child Guidance facilities is required, but stress is laid on the need for a major part of the work to be carried by those who are already in contact with large numbers of children.

On this point, a great deal of discussion has been roused, and continues, on the roles which General Practitioners, School Teachers and Health Visitors in particular, might play in the future services, and on the training they would require.

It is suggested that a re-orientation of attitudes towards the problems of children will be required, and that a fuller understanding of the principles which underlie the Child Guidance approach might contribute towards this.

Knowledge of agreed facts on child development, early symptoms of disturbance, family dynamics, non-coercive methods of treatment, etc., should be more widely spread.

Workers from existing Child Guidance Clinics should take an increasingly active part in developments, on the staffs of other clinical services, as members of groups composed of medical and non-medical personnel, etc. They should continue to provide a specialist service and facilities for consultation, but their work should also become more closely integrated with that of the other community services.

It is recognised that the country is short of trained and experienced workers at all levels, and that the present clinic facilities are already stressed to their limits. Further, specialised workers need not only to be trained, a lengthy process, but they also have to gather experience before they can make a worthwhile contribution to the deliberations of others who are specialists in their own fields.

These, as well as financial considerations, will not doubt influence all programmes for future expansions. It would seem certain, however, that, over the country as a whole, a considerable effort will be made during the coming years to improve and extend the services which might lead to a wider recognition of the early signs of emotional disturbance, the prevention of mental ill-health, and the early treatment of established illness. Child Guidance Clinics will doubtlessly be called upon to play an important part in this effort.

It is probably true that the areas of responsibility which different authorities have for the care, schooling and treatment of children, and which often overlap, may be re-defined in due course. There is not, however, any reason to believe that the responsibilities of Regional Hospital Boards will become any less onerous than they are now.

It would seem desirable, therefore, that the issues raised in the above should be kept in mind when matters appertaining to the future health services for the children in this area are considered.

(2) Educational Services of the Clinics.

Dr. G. A. V. Morgan, Senior Psychologist, together with Mrs. M. E. Jones on her appointment in November, 1955, initiated the school psychological services, which the clinics had undertaken to provide on behalf of the Education Authorities of the five North Wales counties.

Unfortunately, Mrs. Jones resigned and left on 31/5/56 and we were unable to fill her post for some months.

A check to the growth of the new service was inevitable. The ground lost has been recovered, however, and considerable further progress made, thanks very largely to Dr. Morgan's thorough understanding of the issues involved and the very considerable personal effort which he has devoted to the task. I am indebted to him for the following report:—

"It was foreseen in last year's report that, with the appointment of additional staff, the clinics would be able to provide a considerably extended service within the educational field. The exact nature of this service could not be forecast, as it was felt that it would depend on the needs of the various Education Authorities and their teachers, and the particular problems encountered in actual practice.

"It has been found that the form of service given has varied from authority to authority. The main developments are described below.

"In Caernarvonshire, emphasis fell on the need for help in **ascertaining individual children** who were considered suitable for special schooling because of dullness and backwardness, or who were otherwise seriously handicapped. Our assistance was felt to be most useful when full psychological assessments appeared necessary, when special difficulties arose because of multiple handicap in the child, and when marked emotional reactions on the part of parents or children complicated matters.

"In Anglesey, a survey of the abilities and attainments of children aged between 8 and 9½ in the schools in the Holyhead area was carried out. Some 300 children were tested by means of **group tests**.

"The main aim here was to select rapidly those likely to profit by special schooling because of dullness or educational retardation.

"In addition, the survey could contribute directly to the work of the schools by spotlighting children who are weak in one or other of the basic subjects, reading and arithmetic, although not dull or backward enough to warrant special education.

"This survey was initiated and supported by the Principal School Medical Officer, but has aroused considerable interest on the part of the Education Authority. A short technical report has been prepared for the Principal School Medical Officer and the Chief Education Officer.

"In Flintshire, the psychologist worked in close contact with a panel of the National Union of Teachers and H.M. Inspector of Schools, Mr. Jenkins. The work was supported by the Education Authority. The pupils in 'retarded' or 'recovery' classes of seven secondary modern schools—practically all of those in the county—were tested by means of **group tests** of ability and attainment, and a questionnaire on the organisation of these classes was circulated.

"The aim was to obtain further information on the intellectual level of the pupils and the degree of their backwardness, and to throw some light on the way in which the problem of backwardness is being tackled.

"The panel has met to discuss preliminary findings. A joint report by Mr. Jenkins and the Senior Psychologist is to be considered by H.M. Inspectorate, and a similar one is to be presented to the panel.

"In Flintshire, assessments were also made, by means of **individual tests**, of children in 'retarded' classes in primary schools when such children appeared to have specific learning or emotional difficulties.

"In Anglesey and in Flintshire, in addition to the larger surveys, there have been investigations at the request of individual schools in which a high proportion of dullness and backwardness had been causing concern. This brought the problem of backwardness into focus, and useful discussions with teachers followed. In one instance, a retarded class with its own teacher was formed as a result of the findings.

"In Merioneth, an interesting investigation into the place of Art in the teaching of the individual child has been in progress for some time. The psychologist was able to contribute in some degree to this by discussing his assessments of the ability and progress of the children concerned with the head-teacher who is conducting this investigation.

"There has also been a development of our 'counselling' work. In this, visits are made to school on request, so that the problems of children **known to be** backward or handicapped can be discussed. Our longest-established relationship of this kind is with the special school in the Wrexham area, but new contacts have been formed elsewhere, especially in Anglesey.

"In the surveys which were undertaken, a non-verbal test was used as the measure of intellectual ability to avoid as far as possible biasing of the scores of backwardness in reading or by linguistic factors.

"In a bilingual area difficulties in testing are bound to arise, although we found them less serious than had been anticipated. Thought might be given, however, to the development of **group tests** of attainment and verbal intelligence in Welsh. These would be more just and relevant in distinctly Welsh-speaking areas. Instructions of existing tests have normally to be translated from English.

"Emotional difficulties are frequently known to interfere with effective learning.

"In a number of instances the Psychologist could discuss the basic problems with the parents. When required, the assistance of a Psychiatric Social Worker was available and, when the problems were considered too serious to be dealt with in this fashion, referral to a clinic for investigation by a full team could be discussed and arranged if agreed.

"The following comments on the year's work seem most relevant at this time:—

"The surveys undertaken illustrate how, with economy of time and effort, a broad picture of the distribution of the ability and the attainments of pupils can be obtained. The information gained can be followed by more detailed investigation of chosen cases through the School Health Service or the clinic and by rapid decision on any action, such as referral to a day special school, which may be judged necessary.

"The psychologist's work is most profitable when he can transmit information about children in relevant form, not only for the education authority or school health service, but especially to the teachers concerned.

" Discussion of individual children helps both teacher and psychologist to obtain a clearer picture of the intellectual and emotional development of the children. When their strengths and weaknesses are known, the children can then be taught more effectively, because help can be given where it is most needed.

" Teachers are, without exception, keen to know the results and the significance of assessments, and to relate these to their own observations. Often, they wish to extend their own skills in assessment, and one would wish to encourage their more active participation in future survey work.

" Most of the work done was carried out at the request of officers of the Education and School Health Authorities. Co-operation between these and the clinics has always been good, but the increase in personal contacts and the growth of understanding which have followed the development of our extended service has been very marked and greatly encouraging.

" The School Educational Service must continue to base its form on the needs of those whom it is intended to serve. Its future direction and expansion depend on their interest. We are grateful to those with whom we have worked for their goodwill towards us."

(3) Research: Intelligence Test for Welsh-speaking Children.

In 1955 we submitted a memorandum to the Regional Hospital Board setting out the reasons why we considered that a research aiming to produce a full scale intelligence test for Welsh-speaking children was required and suggesting that this research should be carried out at our clinics.

The project, which is to cover a period of three years, was finally approved and permission to proceed given about the middle of the year.

A Research Fellow and an Assistant were to be appointed under conditions of service and on salary scales which compared favourably with those of similar posts elsewhere. For the senior post an Honours Degree in Psychology or Education, or an equivalent academic qualification, considerable knowledge of the Welsh language, experience in academic research, and knowledge of intelligence testing and test construction, were required. For the junior post, an Honours Degree and extensive knowledge of the Welsh language, but not necessarily practical experience, were needed.

No suitably qualified candidates for the senior post came forward and no appointments could be made during 1956. Later, however, Mr. Urien Wiliam, B.A. Hons., M.A. (Wales), Diploma in Education, was appointed, and it is expected that work on the research will start on 1st September, 1957. The appointment of an Assistant is not expected to meet with difficulties, as the post offers excellent opportunities for training in field work and in research methods.

(4) Residential Treatment.

A relatively small but important proportion of emotionally maladjusted children cannot be treated satisfactorily while they remain in their own homes. They require admission to residential schools or hostels, or to psychiatric in-patient units for children and adolescents.

No facilities of the type required are available in this area, and as there is a country-wide shortage of accommodation for these children, considerable difficulties are experienced when placement is sought. Sometimes, especially when older or rather dull children are involved, no vacancies can be found.

It will be recalled that, some time ago, the Regional Hospital Board expressed their agreement in principle to the establishment of a residential unit for children. One such unit could not hope to cater for the highly individual needs of all the children, of different ages and suffering from varying disturbances, who might require residential treatment. It could, however, make a substantial contribution to the treatment of acutely disturbed children and others who often place an unbearable burden on their families. It could also provide opportunity for observation by skilled staff and allow us to carry out special investigations under controlled conditions.

I understand that the matter will be given some priority in the Board's forward planning and hope that in the not too distant future, we shall secure the facilities for residential treatment which, as a matter of long-term policy, are an absolute necessity.

C—INFORMATION ON CLINICS AND STAFF.

(1) Clinics.

Our better staffing position allowed us to make a number of improvements in our clinic arrangements. Thus, Blaenau Ffestiniog was visited fortnightly instead of monthly, and Holyhead weekly instead of fortnightly. Additional sessions were introduced at Bangor and Colwyn.

Some further changes were envisaged, including the opening of a new centre at Shotton. When this report is presented, the position will be as shown in the following table:—

TABLE 2.

Town	Address and Telephone	Day	Time	Sessions
BANGOR	Sackville Road, Bangor. Tel. Bangor 735.	Tuesday.	Mornings and Afternoons.	4 per week.
BLAENAU FFESTINIOG	Isallt, Bl. Ffestiniog. Tel. B. Ffestiniog 93.	2nd and 4th Mondays in month.	Mornings and Afternoons.	4 per month.
COLWYN	Bod Difyr, Cefn Road, Old Colwyn. Tel. Colwyn Bay 55016.	Daily except Tuesday.	Mornings and Afternoons.	5—7 per week.
HOLYHEAD	St. David's Priory, Holy- head. Tel. Holyhead 555.	Friday.	Mornings and Afternoons.	2 per week.
RHYL	Fron Fraith, Boughton Avenue, Rhyl. Tel. Rhyl 1208.	Wednesday, Thursday and Friday.	Mornings. Mornings and Afternoons.	5 per week.
SHOTTON	Off Queensferry Road, Shotton. Tel. Connah's Quay 383.	Friday.	Mornings and Afternoons.	2 per week.
WREXHAM	Gatefield House, 32 Kings Mills Road, Wrexham. Tel. Wrexham 4048.	Tuesday and Friday.	Mornings and Afternoons.	4 per week.

It might be noted here that diagnostic interviews, in which the full team is involved, occupy approximately two hours in most instances. Children referred for educational reasons only can be examined in about one hour. Three quarter hours are allowed for treatment interviews, and a similar period of time is needed for most re-examinations.

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

In future, we hope to arrange occasional "diagnostic clinics" in places not normally visited. In that way, the service might reach children from more distant or isolated areas who, at present, often fail to attend when given appointments at the existing centres. A few such clinics have already been held at Dolgelly.

(2) Staffing.

(a) **Medical.**

Dr. J. Aled Williams took up his duties as Registrar in Psychiatry on 1/4/56.

(b) **Non-Medical.**

Child Therapist.—Miss C. Sim, a member of our staff since 1/1/55, continued to attend at the Colwyn, Rhyl and Wrexham clinics as hitherto.

Psychologists.—Dr. G. A. V. Morgan, Senior Psychologist, had the assistance of Mrs. M. E. Jones as Psychologist until she resigned for domestic reasons and left on 31/5/56. He worked single-handed then for a period of over three months.

Mr. H. Karle filled the vacancy created by the resignation of Mrs. Jones and took over duties at the Colwyn, Rhyl and Wrexham Clinics on 10/9/56.

Mr. W. R. Jones and Mr. T. R. Miles, Lecturers in the Department of Education, University College, Bangor, have again given us one session each per week as psychologists at the Bangor Clinic.

Psychiatric Social Workers.—Mr. J. S. Midwinter, Senior Psychiatric Social Worker, Mrs. M. K. Thomas and Miss R. M. Oliver, Psychiatric Social Workers, attended at the various clinics and were responsible for home visits and general field work in their respective areas.

On 1/10/56 Miss A. Pritchard joined us, filling the remaining vacancy on our staff of four Psychiatric Social Workers.

(c) **Secretarial.**

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

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

Mrs. I. Roberts started work as a Shorthand Typist on 14/5/56 and she took over the greater part of the work arising from the expanding school psychological service. She resigned on 31/10/56.

Miss E. Rogers, who is Welsh-speaking, joined us to take over Mrs. Roberts' duties on 1/11/56.

The various changes in personnel referred to necessitated repeated alterations in the staffing of the clinics. Our aim was to sub-divide the area as satisfactorily as possible and, in particular, to reduce the size of the territory to be covered by each Psychiatric Social Worker. Finally, the time table shown in Table 2 was evolved and, in 1957, staff will be attending at clinics as shown in Table 3.

TABLE 3.

Name	Duties	Attending at
Dr. E. Simmons	Consultant in Psychiatry ...	All Clinics, except Holyhead and Shotton.
Dr. J. A. Williams... ..	Registrar in Psychiatry... ..	Bangor, Bl. Ffestiniog, Colwyn and Shotton.
Miss C. S. Sim	Child Therapist	Colwyn, Rhyl and Wrexham.
Dr. G. A. V. Morgan ...	Senior Psychologist	Bangor, Colwyn, Bl. Ffestiniog, Holyhead and Rhyl.
Mr. W. A. H. Karle ...	Psychologist... ..	Rhyl, Wrexham and Colwyn.
Mr. J. S. Midwinter ...	Senior Psychiatric Social Worker	Bangor, Bl. Ffestiniog, Holyhead and Colwyn.
Mrs. M. K. Thomas ... (formerly Miss M. K. Pretty).	Psychiatric Social Worker...	Wrexham, Shotton and Rhyl.
Miss R. M. Oliver... ..	Psychiatric Social Worker...	Colwyn and Bangor.
Miss A. Pritchard... ..	Psychiatric Social Worker...	Rhyl.

Note: Dr. Williams, Dr. Morgan and Mr. Midwinter are Welsh-speaking.

D—INFORMATION AND DATA IN RESPECT OF CHILDREN.

(1) Sources of referral.

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

TABLE 4a.

Referring Agency	Counties.						Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mon	
School Medical Officers...	43	77	38	28	22	—	208
General Practitioners ...	9	20	24	17	4	—	74
Consultant Paediatricians	6	7	6	4	1	—	24
Other Medical Specialists	—	2	5	2	—	1	10
Court and Prob. Officers	3	3	9	5	—	—	20
Other Social Workers ...	—	7	4	3	—	—	14
Parents	—	4	5	4	—	—	13
All Agencies 1956 ...	61	120	91	63	27	1	363

On 31st December, 1955, 36 children were on the waiting list. Three hundred and sixty-three new referrals were received during 1956, making a total of 399. The referrals of 27 of these were cancelled and 76 remained on the waiting list on 31st December, 1956.

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

TABLE 4b.

All Referring Agencies (Numbers referred by School Medical Officers shown in brackets)							
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Mont.	Total
1952	22(13)	54(40)	73(38)	38(4)	12(10)	—	199
1953	18(13)	60(42)	67(31)	28(4)	10(7)	—	183
1954	21(10)	76(50)	71(23)	51(15)	16(16)	—	235
1955	33(24)	106(75)	97(23)	63(22)	18(13)	2	319
1956	61(43)	120(77)	91(38)	63(28)	27(22)	1	363

(2) Causes of referral.

The variety of difficulties for which children are referred may be gathered from Table 5 which follows. Only those children who were first examined during 1956, and whose investigation was completed during the year, are included (i.e., not all those referred). The main symptoms, as stated by the referring agencies, are listed.

TABLE 5.

Behaviour, difficult and aggressive (31), destructive (1), beyond control (5), in need of care and protection (2)	39
Stealing (10), stealing, with difficult behaviour (4)	14
Larceny (7), serious sexual misbehaviour (5), other serious misbehaviour (1)	13
Enuresis (19), Enuresis with other symptoms (9), Soiling (1), Soiling, with other symptoms (3), Undesirable habits (3)	35
Temper outbursts (4), Temper outbursts with other symptoms (2), Negativistic (2), Excitable (1), Head banging (1)	10
Food fads, over-eating, loss of weight, severe constipation	4
Sleepwalking (3), Night terrors (2), Other nervous sleep disturbances (3), Habit spasms (4)	12
Hysterical behaviour (3), Nervous, emotional, maladjusted (7), Romancing (1) ...	11
Various bodily complaints, no adequate physical cause found: Many medical symptoms (2), Fainting (3), Goes pale (1), Headaches (3), Vomiting (1), Pain in knee, with stiffening (1)	11
Asthma (1), Asthma, with other symptoms (3), Loss of hair (1)	5
Stammer (1), Retarded speech development (6)	7
Reluctance to go to school (5), Refusal to go to school (4), Truanting (2), Truanting with other symptoms (2)	13
Confusional state (1), Depression (2), ? Delusions and Hallucinations (1), ? Schizophrenia (1), Attempted suicide (1)	6
Epilepsy (3), Epilepsy with behaviour difficulties (2), Infantile Hemiplegia (1), Severe head injury followed by behaviour difficulties (3)	9
Scholastic difficulties—specific	3
general	21
Backward, retarded (8), Backward, with other symptoms (10), ? Very dull (6)	24
For assessment of intelligence only	49
For special investigation—children with special handicap: Spastic (2), Deaf (3), Blind (1), Partially-sighted (1), Multiple (2)	9
For advice on career	1
Total	296

TABLE 6.

(3) Ages and Intelligence of Children.

These children were seen for the first time during 1956.

County of Origin	Ages	Intelligence Quotients										Boy Girl Totals	Both					
		Boy Girl —54	Boy Girl 55—69	Boy Girl 70—84	Boy Girl 85—99	Boy Girl 100—114	Boy Girl 115—129	Boy Girl 130 & over	Boy Girl Assumed	Boy	Girl							
Anglesey	Under 5	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	
	5—7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
	7—10	1	1	2	1	3	—	—	—	—	—	—	—	—	—	2	4	
	10—12	2	2	—	1	1	—	—	—	—	—	—	—	—	—	1	7	
	12—15	—	—	—	2	—	—	—	—	—	—	—	—	—	—	5	10	
Over 15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	2	
Caerns.	Under 5	3	2	4	4	7	—	—	—	—	—	—	—	—	—	—	—	40
	5—7	3	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	8
	7—10	1	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	9
	10—12	4	7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	36
	12—15	2	3	2	4	2	2	2	2	2	1	—	—	—	—	—	—	18
	Over 15	1	1	1	1	1	1	1	1	1	1	—	—	—	—	—	—	15
Denbigh.	Under 5	12	14	10	10	7	7	7	7	4	1	1	1	1	1	—	—	97
	5—7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4
	7—10	2	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
	10—12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
	12—15	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
	Over 15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26
Flints.	Under 5	6	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	12
	5—7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	5
	7—10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	8
	10—12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7
	12—15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	17
	Over 15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	14
Merioneth.	Under 5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	26
	5—7	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	18
	7—10	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	44
	10—12	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	12—15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Over 15	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	All Counties	26	18	22	25	31	30	33	14	6	3	1	3	5	4	161	128	289
		44	47	68	47	37	61	47	47	9	9	4	4	9	9	159	121	289

Observations on Table 6.

Likely scholastic success.—The scholastic success likely to be achieved by the children in the various I.Q. ranges which have been used in Table 6 may be gathered from the following:—

- I.Q. under 55 ... Unlikely to benefit from education, in the sense in which this word is normally used. Suitability for attendance at a "Training Centre" has to be determined.
- 55 to 69 ... Require, and likely to benefit from, education in a special school.
- 70 to 84 ... Require, and likely to benefit from, education in a special class.
- 85 to 114... Of low average, average and high average ability.
- 115 to 120 ... Of superior ability.
- 130 and over ... Of outstanding ability.

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

We have to give Individual Intelligence Tests, usually composed of groups of sub-tests, and supplemented by whatever additional special tests may be required, if we are to make a reliable assessment of a child's present, and his potential future, abilities. Observation in the "standardised test situation" and correct interpretation of his behaviour there are also always needed and of no lesser importance than the tests themselves. In addition, particularly in work with emotionally disturbed children, the findings of the Psychiatrist and the child's total background have to be taken into account before the value which can be placed on test results can be finally determined.

(4) Diagnoses.

The seriousness, or otherwise, of the conditions with which we are asked to deal, may be estimated from Table 7 which follows. In this, the children who were first examined during 1956, and on whom investigations were completed during the year, are grouped in broad diagnostic categories according to their ages.

TABLE 7.

Diagnostic Groups and Age Ranges	Under 5	5-7	7-10	10-12	12-15	Over 15	All Ages
A—Behaviour and Personality Difficulties (Number of dull children in brackets):							
1—Behaviour Disorders, simple	4(1)	2	3	3(2)	8(7)	—	20
Behaviour Dis. with neurotic traits	9(3)	16(4)	26(12)	22(9)	13(5)	—	86
Beh. Dis. with anti-social traits ...	—	1	2(1)	3(1)	16(6)	4(4)	26
Beh. Dis. with epilepsy/multiple handicap/head injury	1	1	—	—	1	—	3
2—Disorders of Adolescence with neurotic traits	—	—	—	1	1	3	5
Dis. of Ad. with anti-social traits...	—	—	—	—	—	1	1
3—Neurotic illness (Neurosis)	—	1	8	4(2)	13(3)	5	31
Psychosomatic illness	—	1	—	—	1	2	4
Depression	—	—	—	1	1	2	4
Serious Disturbance of Personality Development	1	—	—	—	1	3	5
B—Educational / Intellectual Difficulties:							
Intelligence average and above—							
Retarded	—	1	6	2	—	2	11
Epileptic	—	—	1	—	—	—	1
Dull children (I.Q. 70-84)	—	—	6	5	1	1	13
Dull C. + Epilepsy/Musc. Dystrophy	—	—	—	—	2	—	2
Very dull children (I.Q. 55-69)	1	5	13	3	—	4	26
V. dull C. (deaf/blind/part sighted)...	—	1	1	1	1	—	4
V. dull C. + Epilepsy	—	2	2	—	—	—	4
V. dull C. + Serious Beh. Difficulties	—	2	—	—	—	1	3
Educability in doubt	3	1	3	3	1	2	13
C—Ineducable Children:							
Epilepsy	—	—	(blind)	1	—	—	1
Spastic	—	2	1	—	—	—	3
Other	3	—	15	4	4	2	28
D—Normal Children:							
Guidance (School, Career)	—	—	—	—	1	1	2
Total number of Children ...	22	36	87	53	65	33	296

E—STATISTICS OF ATTENDANCES.

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

- 1—The number of INDIVIDUAL CHILDREN who were dealt with during 1956 and the workers concerned in their cases.
- 2—The numbers of ATTENDANCES AT CLINICS which were recorded for each worker.
- 3—The numbers of VISITS to homes, schools and other social agencies which were made by the Psychologists and Psychiatric Social Workers.
- 4—The nature of the investigations carried out by the Psychologists.

Note.—“Correspondence only” cases are not included in the tables. They come from open and also from otherwise closed files, are very numerous and, often, very time-consuming.

Summary of Attendances and Visits.

	First	Further	Total
1—(a) Attendances of children at clinics (as returnable to Regional Hospital Board—one attendance only can be registered, even if two or more workers are involved).	268	... 1309	... 1577
(b) Examination of children elsewhere	28	... —	... 28
(c) Attendances of Adults	28	... 1	... 29
2—Psychiatrists:—			
Attendances of new referrals	225	... —	
Psychiatrists and Child Therapist:—			
Attendances for treatment and re-examinations	—	... 789	... 1014
3—Psychologists:—			
Number of visits to schools 174
Number of visits to other social workers 25
Interviews with children... ..	275	... 426	... 701
4—Psychiatric Social Workers:—			
Number of visits to homes 382
Number of visits to other social workers 54
Interviews with Mothers, Fathers or Guardians	255	... 921	... 1176

TABLE 8.

This table gives the **numbers of individual children** who were dealt with by one or more of the members of the clinic teams. The figures refer to Psychiatrist and Registrar (1), Child Therapist (2), Psychologists (3) and Psychiatric Social Workers (4).

Clinic	First dealt with during 1956					First dealt with before 1956					Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.	
Bangor											
1	—	1	—	—	—	1	—	—	—	—	2
3	3	32	—	—	—	3	3	—	—	—	41
4	2	2	—	—	—	3	7	—	—	—	14
1+3	—	1	—	—	—	—	—	—	—	—	1
1+4	2	4	—	—	—	7	7	—	—	—	20
2+4	—	—	—	—	—	—	—	—	—	—	—
3+4	1	6	—	—	—	2	1	—	—	—	10
1+3+4	32	27	—	—	—	1	3	—	—	—	63
1+2+3+4	—	—	—	—	—	—	—	—	—	—	—
Blaenau Ffestiniog											
1	—	—	—	—	2	—	—	—	—	—	2
3	—	—	—	—	2	—	—	—	—	1	3
4	—	—	—	—	—	—	1	—	—	—	1
1+3	—	—	—	—	1	—	—	—	—	—	1
1+4	—	—	—	—	1	—	1	—	—	—	2
2+4	—	—	—	—	—	—	—	—	—	—	—
3+4	—	—	—	—	—	—	—	—	—	—	—
1+3+4	—	—	—	—	17	—	—	—	—	2	19
1+2+3+4	—	—	—	—	—	—	—	—	—	—	—
Colwyn											
1	—	—	1	—	—	—	—	1	—	—	2
3	—	4	2	—	—	—	1	—	—	—	7
4	—	6	—	—	—	—	4	1	—	—	11
1+3	—	—	1	—	—	—	—	—	—	—	1
1+4	—	1	4	—	—	—	—	1	—	—	6
2+4	—	—	—	—	—	—	3	3	1	—	7
3+4	—	4	1	—	—	—	2	2	—	—	9
1+3+4	—	13	8	1	1	—	1	—	—	—	24
1+2+3+4	—	4	—	—	—	—	—	2	—	—	6
Holyhead											
3	1	—	—	—	—	—	—	—	—	—	1
3+4	3	—	—	—	—	5	—	—	—	—	8
Rhyl											
1	—	—	—	—	—	—	—	1	1	—	2
3	—	—	1	1	—	—	—	3	2	—	7
4	—	—	—	5	—	—	—	4	13	—	22
1+3	—	—	—	—	—	—	—	—	—	—	—
1+4	—	—	—	2	—	—	—	3	5	—	10
2+4	—	—	—	—	—	—	—	—	—	—	—
3+4	—	—	—	—	—	—	—	2	4	—	6
1+3+4	—	—	4	33	—	—	—	1	1	—	39
1+2+3+4	—	—	—	—	—	—	—	—	5	—	5
Wrexham											
1	—	—	—	—	—	—	—	3	—	—	3
3	—	—	—	—	—	—	—	1	—	—	1
4	—	—	8	—	—	—	—	23	—	—	31
1+3	—	—	—	—	—	—	—	—	—	—	—
1+4	—	—	3	—	—	—	—	12	—	—	15
2+4	—	—	—	—	—	—	—	5	1	—	6
3+4	—	—	7	—	—	—	—	4	1	—	12
1+3+4	—	—	49	13	—	—	—	3	—	—	65
1+2+3+4	—	—	—	—	—	—	—	—	—	—	—
Totals	44	105	89	55	24	22	34	75	34	3	485
			317					168			
						485					

TABLE 9.

Refers to work of the PSYCHIATRISTS and the CHILD THERAPIST.

Clinic	Psychiatrists					Psychiatrist and Child Therapist					Number of Attendances		
	First Attendances (Referrals)					Further Attendances (Re-examinations, Treatments)							
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Boy	20	17	—	—	—	66(11)	63(12)	—	—	—	35	129	243
Girl	13	17	—	—	—	26(7)	23(7)	—	—	—	30	49	
Blaenau Ffestiniog													
Boy	—	—	—	—	13	—	—	—	—	6(4)	13	6	39
Girl	—	—	—	—	9	—	1	—	—	10(3)	9	11	
Colwyn													
Boy	—	10	7	1	—	—	75(7)	48(8)	—	—	18	123	219
Girl	—	8	7	—	—	—	26(3)	25(4)	12(1)	—	15	63	
Rhyl													
Boy	—	—	2	21	—	—	—	13(4)	56(14)	—	23	69	192
Girl	—	—	2	13	—	—	—	33(3)	52(12)	—	15	85	
Wrexham													
Boy	—	—	31	9	—	—	—	181(23)	10(5)	—	40	191	321
Girl	—	—	23	4	—	—	—	49(16)	14(2)	—	27	63	
All Clinics ...	33	50	72	48	22	92	188	349	144	16	225	789	1014

Notes.—The table refers to children only. As a rule, one or both parents are also interviewed on at least one occasion.

The figures in brackets refer to numbers of individual children.

One adult psychiatric patient was interviewed on three occasions.

TABLES 10a, b, and c.
Refer to work of the PSYCHOLOGISTS.

TABLE 10a.

Clinic	First examination					Further examinations					Number of examinations		
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.	First	Further	Total
Bangor													
Boy	20	29	—	—	—	32(10)	3(3)	—	—	—	49	35	148
Girl	16	37	—	—	—	5(4)	6(5)	—	—	—	53	11	
Blaenau Ffestiniog													
Boy	—	—	—	—	13	—	—	—	—	3(3)	13	3	26
Girl	—	—	—	—	8	—	—	—	—	2(2)	8	2	
Colwyn													
Boy	—	13	8	1	1	—	46(7)	61(5)	—	—	23	107	162
Girl	—	12	4	—	—	—	16(4)	—	—	—	16	16	
Holyhead													
Boy	4	—	—	—	—	40(8)	—	—	—	—	4	40	93
Girl	1	—	—	—	—	48(8)	—	—	—	—	1	48	
Rhyl													
Boy	—	—	3	22	—	—	—	30(2)	69(6)	—	25	99	145
Girl	—	—	2	12	—	—	—	—	7(2)	—	14	7	
Wrexham													
Boy	—	—	35	9	—	—	—	39(7)	9(1)	—	44	48	127
Girl	—	—	21	4	—	—	—	4(2)	6(2)	—	25	10	
Totals ...	41	91	73	48	22	125	71	134	91	5	275	426	701

Note.—A further 28 adult psychiatric patients were examined at the request of doctors working in the Adult Psychiatric Services of the area. Intelligence tests, 28; Rorschach Personality Tests, 12).

TABLE 10b.

Visits	Angl.	Caerns.	Denbs.	Flints.	Mer.	Total
To Schools: Children discussed with Teachers ...	18	41	48	47	1	155
To Schools: Special testing of Children	10	3	—	6	—	19
To other Social Workers	1	6	5	1	—	13
To Officials of Authority regarding special testing	9	—	—	3	—	12
Total number of visits ...						199

TABLE 10c.

Description of Tests	Total No. of Children	Analysis: Number of children dealt with by:—				
		Intelligence Tests	Extended Testings	Rorschach Personality Test	Vocational Guidance	Remedial Teaching
Intelligence and Attainment Tests	275	275	—	—	—	—
Extended Testings	7	7	7	—	—	—
Tests and Remedial Teaching	6	6	—	—	—	6
Rorschach Personality Test only	10	—	—	10	—	—
Vocational Guidance only ...	2	—	—	—	2	—
Remedial Teaching only ...	7	—	—	—	—	7
Totals	307	288	7	10	2	13

TABLES 11a and b.

Refer to work of the PSYCHIATRIC SOCIAL WORKERS.

TABLE 11a.

Clinic	Interviews with Parents, Guardians, other Social Workers										Totals		
	First Interviews					Further Interviews.					First	Further	Total
	Angl.	Caerns.	Denbs.	Flints.	Mer.	Angl.	Caerns.	Denbs.	Flints.	Mer.			
Bangor													
Mothers...	31	31	—	—	—	44(18)	75(16)	—	—	—	62	119	
Fathers ...	7	3	—	—	—	16(4)	3(3)	—	—	—	10	19	
Others ...	1	2	—	—	—	11(3)	1	—	—	—	3	12	225
Blaenau Ffestiniog													
Mothers...	—	—	—	—	16	—	—	—	—	15(7)	16	15	
Fathers ...	—	—	—	—	7	—	—	—	—	1	7	1	
Others ...	—	—	—	—	2	—	—	—	—	2(2)	2	2	43
Colwyn													
Mothers...	—	18	11	—	—	—	118(14)	101(14)	4(1)	—	29	223	
Fathers ...	—	1	2	—	—	—	2(2)	4(4)	1	—	3	7	
Others ...	—	3	1	1	1	—	1	3(2)	6(1)	—	6	10	278
Holyhead													
Mothers...	2	—	—	—	—	71(14)	—	—	—	—	2	71	
Fathers ...	1	—	—	—	—	7(6)	—	—	—	—	1	7	
Others ...	—	—	—	—	—	—	—	—	—	—	—	—	81
Rhyl													
Mothers...	—	—	4	33	—	—	—	27(5)	168(27)	—	37	195	
Fathers ...	—	—	—	—	—	—	—	1	5(4)	—	—	6	
Others ...	—	—	—	1	—	—	—	—	—	—	1	—	230
Wrexham													
Mothers...	—	—	50	12	—	—	—	194(38)	32(9)	—	62	226	
Fathers ...	—	—	6	1	—	—	—	2(2)	—	—	7	2	
Others ...	—	—	6	1	—	—	—	6(6)	—	—	7	6	310
Totals ...	42	58	80	49	26	140	200	338	216	18	225	921	1176

Note.—2 Adult Psychiatric Patients were also interviewed.

TABLE 11b.

Visits	Angl.	Caerns.	Denbs.	Flints	Mer.	Total
Home Visits	10	50	168	152	2	382
Visits to other Social Workers	1	5	44	4	—	54
Total number of visits ...						436

F—CONCLUSION.

One again I wish to record my gratitude to my co-workers in the service for their constant efforts to maintain a high standard of clinical work and for their willing co-operation with me in the day to day work of the clinics.

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

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

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

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

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

Your obedient Servant,

E. SIMMONS,
Consultant Child Psychiatrist.

June, 1957.

NORTH WALES MENTAL HOSPITAL MANAGEMENT COMMITTEE.

SUMMARY OF GROUP EXPENDITURE

YEAR ENDED 31st MARCH, 1957.

Approved Estimate	Heads of Expenditure	Previous Year 1955-56	Actual 1956-57	% of Total
£		£	£ s. d.	
	Salaries and Wages:			
4088	Medical	3601	3782 10 9	·75
152671	Nursing	134868	151551 16 7	30·09
21331	Administrative and Clerical	18429	20856 19 7	4·14
118809	Other Staff	101994	114529 0 0	22·74
296899	Total Salaries	258892	290720 6 11	57·72
100597	Provisions	98603	99475 0 2	19·75
15090	Uniforms and Clothing	16443	15225 19 9	3·02
10450	Drugs, Dressings, Medical and Surgical Appliances, etc.	6929	10339 3 0	2·05
40025	Fuel, Light, Power, Water and Laundry	36718	41071 6 8	8·17
27346	Maintenance of Buildings, Plant and Grounds	22882	27842 11 6	5·53
21410	Domestic Repairs, Renewals and Replacements	29382	19395 9 3	3·85
62527	All other Expenses	60277	64205 3 6	12·75
574344	Total	530126	568275 0 9	112·84
60520	Less Direct Credits	63173	65384 18 0	12·98
513824	Net Hospital Maintenance Expenditure	466953	502890 2 9	99·86
500	Central Administration	623	396 13 6	·08
500	Other Expenditure	239	329 1 3	·06
£514824	Total Expenditure of H.M.C....	£467855	£503615 17 6	100·00

