

**The Children's Clinic for the Treatment and Study of Nervous and Delicate
Children Pamphlet:**

The Annual Report of the Children's Clinic

For the Treatment and Study of Nervous and Delicate Children 1929—30

Annual Report for the Year Ended September 30th, 1930

At Present Situated At "The Quest, 85, Clarendon Road, London, W11

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Foreword:

For those to whom the Tenets of Psychology knew.

The pace of modern living daily swells the number of casualties not only on the King's highway but even more noticeably on the highway of life itself. Amid this fevered traffic none stands in greater danger than the child.

Street accidents to children cannot happen unnoticed. Damage and disaster to the minds and sensibilities of children can and do. Nor do they take their toll of childhood only. A considerable proportion of adult breakdowns arise from unregarded

mishaps in formative years. The child victim of accelerated pace on the King's highway receives treatment at once; the child victim of accelerated pace on the highway of life has in too many cases to endure increasing suffering without treatment for the remainder of its existence.

Thus, aid lags behind knowledge. As scientific invention blazes new trails for the onward march of man, scientific research, following close on its heels, provides him with new weapons to combat the new perils that arise. For familiar dangers, the old and tried weapons are as effective and essential as ever, no less for children than for adults; but the growing stress of life imposes continually new strains upon the modern child. To meet these strains psychological investigations have brought fresh knowledge to bear upon the new need. It is imperative that this knowledge should be placed at the service of the child in difficulties with all possible speed (serious mental injury takes place quickly in childhood - not to displace, but to supplement, the skill of the physician and the reforming work of the social student. Causes of neurosis and of maladjustment are so many and varied that, to be successful, curative and preventive work must be coordinated. The physician, the social worker and the psychologist must take the field as a team in which all the units combine and converge upon the same goal.

Society is the child grown up. Given warped, neurotic children, a perilously unhealthy society must follow; and no amount of mere education, physical training, or inculcation of high principles can avail to change it into a healthy society. The need, therefore, for a comprehensive grappling with the problem of the nervous and unbalanced child is clear. No emphasis can exaggerate its enormity. Only by devoted and concentrated study can a solution be found.

The goal, we feel in a universe so distraught as ours in 1930, should be to make possible the full development of liberated individuals capable of moulding society into a healthier and more beautiful form.

In the work of the Children's Clinic lies, we are convinced, the germ of a solution. Hampered though it is in its early stages of growth, once a vision of its potentialities has been captured its development must be as rapid as the need for it is urgent.

The Clinic: its Aims and Objects

The Children's Clinic has been described as a great social experiment. It is, and must always remain, an experiment; but in the last year it has passed beyond the realm of experiment into the realm of achievement.

The aim of the Clinic remains in 1930 what it was in 1929: to restore to mental and physical health the child who suffers from neurosis ; to enable the child to face his own difficulties, and to work out within himself a solution of his conflicts; to assist parents in the understanding and management of their children; and, by a special method of group work, to advance our understanding of the problems that harass the "difficult" child.

The work has been carried on, and a firm foundation laid, in the face of almost insuperable difficulties. Though it had many helpers, the Clinic had, at the outset, no funds and no home. It has still no adequate income and no adequate funds. It has never at any time been able—and it is not able yet—to hold sessions on more than two afternoons a week. Its office furniture for a long time consisted mainly of a few fountain pens and the despatch cases of the Medical Director and the Social Worker. There were no typewriters—there was no office even. Yet during the six months comprising the second half of our financial year there has been built up an administrative machinery and a system of recording and analysis that successfully challenges comparison with any existing in this country or abroad.

What has been attempted, and what is being built up, is a method of research into causes, and a treatment, built upon the result of that research, which is combined with the work of the physician and the social student. It has been realised that the problem of neurosis is far too big to be tackled in its entirety by any one branch of medical or social service, and it has been the aim of the Clinic to make real the half-formulated conception of all true wisdom, that any condition is the reaction of the whole man to his whole circumstances.

General Survey of the Year

The past year has been one of marked progress and of ceaseless activity, broken only by pauses in which our activities had, of necessity, momentarily to be diverted from the curative side of our work to a strengthening of our foundations, and the building of a superstructure worthy of those foundations.

We believe that we have builded well. Side by side with the curative work to which our efforts were mainly directed last year, we have this year developed research and record departments which will provide scientific data of the utmost value in the treatment of our own cases, and—if our aims and ambitions are fulfilled—in the treatment of cases handled by all fellow-workers in our own field. We have standardised our methods; and we have undertaken educative work in psychological training.

Arising out of our general work, the features most worthy of comment have been:—

(1) The intensity of our struggle to overcome the handicap imposed by lack of accommodation.

(2) The embarrassing increase in the number of applications for admission to the Clinic.

(3) The quality of the results which we have been able to obtain in spite of the handicap imposed by restricted space and an income entirely inadequate to our needs.

Four circumstances have combined to create our chief difficulties:—

(a) Our inability to have the children on more than two afternoons a week.

(b) The very large number of cases that have to be carried by our social worker. Although only 34 new cases were admitted, 20 were carried over from last year, and 18 were referred to other agencies—all representing considerable work on the social side. In addition, the cases of the previous year report at regular intervals.

(c) The serious inadequacy of our present accommodation. The only “Doctor’s Room” available for physical examination is a curtained-off part of the Mothers’ Room, and in the same room typing has also to be done and visitors interviewed. Toddlers, children, and adolescents, all have to work and be observed in the same playroom. The Rhythm Department works in a canteen distracted by the noise of a typewriter. The doctors in charge of the Parents’ Department are compelled to work in a “room” that is also a passage to the yard and the hall. The whole of our apparatus and materials have to be cleared up and put away and got out again and arranged afresh before each session.

(d) Nine office workers have to share one small office 10 by 8 feet. Maximum efficiency—comparatively easy to obtain where adequate accommodation is available—is impossible when each department is crowding in upon another.

The limitation of quarters making expansion in numbers treated impossible, we have concentrated upon consolidating the structure of the work. As a result the organism is now capable of expansion, equipped and ready to take any field that opens before it. The building up of this has made it impossible for the Clinic to be open for the treatment of children for as many weeks as in the previous year; and the 54 children treated represent 30 weeks of treatment instead of the normal full year’s programme. The remaining 22 weeks have been devoted to the creation and organization of an office, and a system of scientific records, and to the working out of better methods for the more thorough handling of each case. Much as we have regretted the curtailment, we had reached a point at which it was impossible for our future work to be carried on without it.

* * *

The fifty-four cases treated this year present the same features as the cases of last year, that is:—

- (1) Physical symptoms which have not yielded to ordinary treatment.
- (2) Difficulties in adjustment to existing educational systems.
- (3) Anti-social modes of behaviour.
- (4) Fears, phobias and compulsions, and other experiences which cause distress to the child himself.

These cases have been accepted from:—

Hospitals.

School Care Committees.

Welfare Societies.

Private consultants.

Individuals and agencies concerned with the character and welfare of children.

Each child admitted has received on entry a medical examination, with medical treatment where necessary. Psycho- logical study of each case through the method of play has, been combined with rhythm and free movement. These Activities work together to resolve the neurosis. A full biochemical examination of the child has been made when funds permitted and the case was suitable.

The parents of very many of the children have been visited in their homes, some once, some many times, as the exigencies of the case demanded and the resources of the Clinic permitted. All mothers, and as many fathers as possible, have been seen in the Parents' Room at the Clinic.

* * *

The outstanding features of the year have been the creation of an adequate office and records department; the loan by the Child Guidance Council of one of their social psychiatric workers to the social side of the Clinic; the organization of a formal training course in our methods.

Two happy auguries marked the close of the year. H.H. Princess Marie Louise graciously consented to become our Patron, and Dr. Leonard Findlay (until September 1930, Professor of Children's Medicine at the University of Glasgow) accepted the post of Senior Physician to the Clinic. In future, all children will be seen by Dr. Findlay for diagnosis as to the nature of physical complaints, and for the correlation of morbid physical with psychological conditions.

We have to thank Dr. Stuart Orchard for his services during the past year, and are glad to announce his appointment as Assistant Physician. Dr. Laurence Bendit, who has been at work in the Children's Room for the past year, joins the staff as Clinical Assistant to Dr. Findlay.

We wish to express our gratitude to Dr. Eileen Boyd, to whose help we owe the routine biochemical work done throughout the greater part of the year, and our regret that her commitments out of London rob us of her services.

During the year one of our workers was fortunate enough to gain a scholarship at the Merrill Palmer Training School in the U.S.A., and was granted 6 months leave.

Dr. Sybille Yates leaves us because severe pressure upon her time makes it impossible for her to give up two afternoons a week to the work of the Clinic. Dr. C. L. C. Burns and Mrs. Gardner retire for the same reason. We are grateful to them for their help in carrying the work through its earlier stages.

We are very glad to welcome Miss Lilley, our social psychiatric worker; Miss Winifred M. Antill, our most capable and efficient Secretary, to whose enthusiasm and ability is due the excellent team work of our office staff; Miss Alcock, as executive officer in charge of the Children's Room; Miss Madeleine Ekenberg, Ph.D., as research worker on the psychological side; and Miss Norah Sturdy, as honorary photographer to the Clinic.

We would like to thank Dr. Ruth Burr and Miss E. M. Lord, who have worked with us during the past year, and Major de Lacy Wooldridge, to whom the initial organization of the office was due.

MARGARET LOWENFELD, Hon. Director.

Departmental Reports

Clinical Department

Due to the rapid extension of the scope of the Clinic, it became, this year, at first increasingly difficult, and ultimately obviously impossible, for the Medical Director

to be personally responsible for the clinical as well as the psychological work, and we are grateful to the Clinical Assistants who successively made possible the carrying on of this section. By June it had become imperative that a physician should be appointed to be definitely responsible for the clinical work; and Dr. Stuart Orchard joined the staff tentatively as Assistant Physician—an appointment that by the close of the year had been confirmed.

The work done on the cases and the results obtained have emphasised the essential importance of the clinical section, and the dependence upon it, from the point of View of validity, of the whole of the work of the Clinic. The appointment of Dr. Leonard Findlay as Senior Physician to the Clinic necessitated a re-organization of the department, and Dr. Wilfred Gaisford, Assistant Physician, East London Hospital for Children, has been appointed Assistant Physician in conjunction with Dr. Orchard.

Dr. Orchard's Report

This department is responsible for the complete physical examination of every child admitted to the Clinic, according to schedules devised to provide a full medical and psychological record of each case. Throughout its attendance at the Clinic a survey is kept of each child's physical condition—weight, height, etc.—and special attention is paid to environment and hygienic life. Where necessary, advice and help are given to parents with a View to changing conditions that are likely to be injurious to health. A complete record of progress is ensured by physical re-examination every month. Temporary conditions, such as sore throat, cough, vomiting, etc., are dealt with at the time of appearance.

It is found that the cases are divisible into the following groups: (1) Children who have some organic disease, such as neurological conditions, tuberculosis, etc. These are reported at once to the proper authorities. (2) Children with mild organic lesions, e.g., defective eyesight, enlarged tonsils, etc. These continue to attend the Clinic while receiving treatment elsewhere. (3) Children in whom no organic disease is found.

A review of the records shows that, so far, all cases treated have made steady progress physically, with increase in weight and improvement in general health. A further point of interest is that in some cases early psychological symptoms (e.g., excessive crying) have led to diagnosis of definite organic lesions of the central nervous system that would otherwise not have been discoverable.

Biochemical, Radiological and Pathological Departments

Metabolic urinary studies have been made of the majority of cases attending the Clinic. Certain cases of special interest have been fully investigated by Dr.

Obermer, to whom our grateful thanks are due. Owing to severe pressure of work and the impossibility at present of developing laboratory accommodation at "The Quest," we have had to lose the services of Dr. Eileen Boyd, and at present have no physician to undertake the routine of this department. It is a very great grief to all concerned that it has not been possible to develop this side of the work as we should have liked, owing to lack of funds and accommodation.

"We should like to acknowledge warmly the help given us by our consultant radiologist, Dr. Roth, particularly in the investigation of cases suggestive of pituitary disease, and by our consultant pathologist, Dr. Hervey Wyatt.

Psychological Department: The Children's Room

We have been throughout the year gravely handicapped by cramped quarters, necessitating the treatment of infants, junior children and adolescents in the same room and at the same time. Some relief has been obtained in emergencies from the use of the yard, and of other parts of the building, by courtesy of "The Quest," and much good work has been done. The handicap, however, remains; and it is essential, in the interests of the Clinic and the children, that during the coming year—and at an early date—more adequate premises should be secured, to make possible a grouping of the children according to age. The main work on the technical side has been standardisation, on a comparative and scientific basis, of the material used in the Children's Room. Progress in this department has been greatly assisted by the work of Mrs. A. E. Gardner, B.A., to whose initiative and ability the better systematisation—and thus the increased effectiveness—of the work in the room is due. Her report is appended. So greatly has work in the Children's Room developed that its direction can no longer be carried out through part-time service. By July, indeed, it became clear that a new full-time post would have to be created. The timely assistance of the Thomas Wall Trust made possible the foundation of a research scholarship to meet the emergency, and this was awarded to Miss A. T. Alcock. Her duties include executive charge of the work and workers in the playroom; development of method and material under the Director and correlation of playroom reports.

The methods used during the year show no departure from those of the previous year. These are difficult to describe, as they comprise many avenues of approach to the child. Sand, water, clay, mosaics, and pieces of coloured woods of varying shapes and sizes, drawing and painting materials, and group games of all kinds, are used to enable the child to give expression to his conscious and unconscious phantasies, and to provide opportunities for the rev-direction of his primitive impulses.

An example of an arrangement of mosaic pieces made by the children is reproduced on the cover. The author, Jane (see pp. 27-28), was unable to make the

simplest pattern when she first attended the Clinic. The example chosen was made just before. she was discharged cured.

We wish to record our thanks to Miss Gosse, who conducts intelligence tests for us, and to Miss Meredith, who continues to give us trained help with speech defects. Miss Lea Wilson (Montessori Diplômée) has greatly added to the efficiency of the Room in bringing to the study of the children her experience, of Montessori apparatus.

Mrs. Gardner's Report

In the Children's Room scientific classification of materials and method has given to the workers and the students in training a far clearer understanding of the different types of children and the special treatment and apparatus suited to each type. The apparatus is grouped under four heads:—

(1) Tests of Intelligence.

(2) Material for Expression of Phantasy. (3) Constructional Work.

(4) Social and Individual Games.

The apparatus for each section is painted in a characteristic colour, so that material can be clearly arranged and the required piece easily located in the cupboards. The use of this material now enables groups of children to be defined not only by age (e.g., babies, 7-10 year olds, or adolescents), but also by fairly clearly marked characteristics. As examples of the latter we may take:—

(1) Children who need emotional release—who have never expressed themselves, and who need to be encouraged to do so; and

(b) Children whose interest has become diffused, and who need a framework within which interest can be concentrated.

Among (a) are to be found children whose intense repressions have resulted in educational backwardness. Among (b) the condition is sometimes found in association with epilepsy and allied disorders.

It is a striking fact that the method used at the Clinic has, during the current year, been shown to be effective in the cure of three cases of epilepsy—two adolescent, one six years old.

More detailed and scientific observation of the individual play of the children, and improvement in the general organisation of the work done in the room, have

greatly added to the value and completeness of the playroom records. Ready reference can now be made to charts showing the exact time spent by each child on any occupation on any date. A. E. G.

Social Department

With the growing number of cases which the Clinic was asked to treat or to advise upon, the increasing importance of social work made itself strongly felt. Hitherto, the duties of social worker and of secretary to the Clinic had had, of necessity, to be carried on by one person. The burden of office work was growing daily; and it was obvious that it would continue to grow. The need for more and more social work was becoming equally clamant. In April a decision was made to appoint a separate full-time secretary and a separate. full-time social worker.

It was difficult to find a social worker with the necessary experience and knowledge; and in August an application was made to the Commonwealth Fund for the loan of a specially trained social-psychiatric worker. The application was granted; and in September Miss Lilley was lent to the Clinic by the Child Guidance Council. Owing to the generosity of Miss Lilley, we were able to avail ourselves of her services for two months before the appointment was formally made. It is impossible to over-estimate the value to all departments of the Clinic of a worker with this specialised training.

Miss Lilley's Report

Owing to changes in the personnel of the social staff during the year, the following report mainly covers the periods 1st June, 1930, to 31st July, and 15th to 30th September.

During the year 54 cases have been carried, more or less intensively, and, in addition, there have been three consultation cases involving only partial work.

While the main responsibility for the direct study and treatment of the child rests with the Psychological Department, much of the work with the parents, teachers and other individuals associated with the child is, under the direction of the medical and psychological staff, undertaken by the social worker. The general responsibility of the social worker for the adjustment towards which treatment is directed usually involves two types of activity:—

- (1) Helping the child to find outlets and various types of activities not included in the Clinic's work, and entirely outside its scope, such as scouts, guides, clubs, libraries.

(2) Endeavouring to help the parent or other individual closely connected with the child to a better understanding of the child: to a grasp of its special needs. When necessary, to work with the parents towards a change of attitude to their children.

The type of social work involved is essentially that of case work.

Such work must be governed by objectivity of approach and an attitude of non-condemnation if it is to succeed in the delicate task of attempting to sort out the tangle of human relationships and behaviour. In practice this work mainly falls into the following categories:-

(a) Preliminary investigations after the first referring of the case and before actual attendance at the Clinic, to ascertain its suitability. Where, the, case is unsuitable, alternative plans are suggested.

(b) Work during the period when the child is actually being studied and treated in the playroom. A biographical study is made of the child. so that the first sign of the development of the neurosis can be detected. Every attempt is made to see the child's adaptation to life from as many angles as possible, and reports are obtained from as many agencies as possible, including past and present schools. The information gained is pooled and presented to the heads of all the Clinic Departments.

Into category (b) fall two sub-divisions of the work, which are mainly administrative in character:—

(1) The carrying out of the recommendations made in the Clinical Department with regard to the physical condition of the child—i.e, the liaison work between the Clinic and the various treatment centres or hospitals. Work is then carried on during treatment. The following figures show details of this side of the work:—

Cases Referred for Special Physical Treatment to Outside Clinics or Hospitals.

General Medical. . . .3	Ophthalmic.4
General Surgical. . . .2	Dental.4
Neurological.4	X-Ray.2
Orthopaedic.1	Convalescent. . . .4
Ear, Nose, Throat. . . .2	

The carrying out of recommendations for some specialised form of social service or experience. This is usually done through co-operation with the particular

agency or body in the position to supply it. Cases in which this type of service have been given are as under:-

Referred for Special Service to—

Children’s School Care Committee.	34
Charity Organisation Society.	8
Invalid Children’s Aid Association.	6
Hospital Almoners.	1
Housing Authorities.	2
United Services Fund.	1
Public Assistance Committee.	2

These figures represent a variety of service. Cases have been referred for help in the planning of recreational programmes, for training, for temporary boarding-out, for financial relief, family holidays, medical treatment at the local School Treatment Centre, etc.

(c) “Follow up” Work on Cases Discharged from the Clinic—Every case is investigated at regular intervals to determine Whether the improvement made is maintained.

Throughout the work of this department close touch is kept with all other social agencies connected with the cases carried by the Clinic, both from the administrative and from the psychological point of View.

Case Conferences

A case conference is held on all cases in which the circumstances are such that diagnosis cannot be arrived at, or suitable provision made, by the unaided work of the Clinic. To the conference are invited all agencies by whose help the difficulties can be solved, either by way of information or in carrying out recommendations. A full statement of the case from every angle is prepared for the consideration of those attending the conference.

From time to time informal conferences are also held with outside workers, to give opportunities for discussion of cases and for a mutual understanding between the Clinic and a particular society. This type of work is common to all the categories mentioned above, and is not peculiar to any one.

Rhythm Department

The value of this department is becoming increasingly evident, and in spite of the fact that for part of the year work has had to be done in the Mothers' Waiting Room, and for the rest of the year in the Canteen, good progress has been made. It is slowly beginning to be possible to see that a differentiation can be made between types of children and types of response. Owing to the lack of a piano and the lack of a pianist, all work has to be done to gramophone records, but even with these handicaps it has been possible to begin to work out certain standard rhythms which can be used as formal stimuli. A schedule has been devised for the recording of each child's work on a standard basis.

Mrs. Vaux's Report

Forty-four children have attended the rhythm class during the year, and twenty are at present attending weekly. A large percentage of the children discharged during the year and those now attending have benefited by these classes. A decided difference in behaviour has been apparent, even when the child had attended for only a very short period.

There are two distinct classes of children:—

(1) Those with a natural sense of rhythm.

(2) Those who automatically acquire the sense through intimacy with rhythmical movement.

Children in the second class are incapable of executing the more complicated movements unless their conscious attention is wholly directed to their performance. The will here plays the greater part in progress. This is not the case with the musical child.

The reluctance to obtain release shown by all neurotic children is gradually broken down in the second case through progress in rhythm, whether obtained by the mere act of movement or by concentration.

It is true that to obtain release through continuous motion the over-strung, unmusical child has to expend much energy in concentration, but left to itself it will revert to free, nervous, and spasmodic movements. The musical child, on the other hand, comes back to the rhythmic and controlled action spontaneously.

A swinging movement proves to have a steadying influence upon an exhausted child, and helps it to regain confidence in spite of itself: thus tending to

show that the effect of certain kinds of movement is to bring about involuntary action, without any effort of will or attention.

Willed movements, on the other hand, bring about situations requiring attention, and have not the same soothing result.

One looks for the following points: (1) the degree of pleasure shown in movement, and the subsequent result upon the voluntary desire to discharge emotion; (2) the reluctance to give away in movement that which necessitates a disclosure of suppressed feelings. Having satisfied oneself on these two most essential points, it is easy to gauge the extent of the child's ability and objectivity.

Photographic Department

It has always been the aim of the Clinic to make a photographic record of children who have passed through it, but until June, 1930, this was not possible. In that month, owing to the very generous help of Miss Norah Sturdy, the Photographic Department was at last founded, and the collection begun of records of posture and facial expression. We hope, during the coming year, considerably to extend this department.

Parent's Department

It is the aim of the Clinic that every parent who suffers from nervous or temperamental difficulties should have the benefit of psycho-therapeutic advice. For part of the year there was no physician in charge of the Parents' Department, but in June, through the co-operation of Dr. S. M. Sloan, a new start became possible.

Limitations of space make the working of this department at present very difficult, but we are happy to welcome Dr. Marjory Edwards and Dr. Evelyn Saywell as physicians to the department in conjunction with Dr. Sloan. Dr. Edwards is prepared also to give advice upon chronic gynaecological conditions.

We are grateful for the help of Mrs. Gordon in the formation of the beginnings of the Parents' Library. We hope that discussion groups will follow for the gradual enlistment of parents in the study of conditions out of which neuroses in childhood arise.

Dr. Sloan's Report

During the last five months nine parents have been treated in this department.

The fact that the physician in charge was able to attend the ordinary Clinic sessions has facilitated the work of the department as far as the mothers are concerned, but as it is difficult for men to get away in the daytime it has only been possible to see one father regularly. For success, every effort should be made to get in touch with the fathers, whose responsibility for that atmosphere in the home which is indirectly affecting a child's condition is frequently at least as great as the mother's. Treatment in certain cases has revealed very clearly traits which have obviously influenced a child's condition,- and in these cases the work of the department has helped to create a better understanding of the child and a happier and healthier outlook.

S. M. S.

Office and Records Department

This department has been entirely created during the year.

In October, 1929, we had no office of any kind, and no stenographers; and secretarial work had perforce to be carried on at a temporary office address or in the Director's home. By February, 1930, this had become intolerable, and as no room was available at "The Quest," the clinician's room was sacrificed and turned into a makeshift office. In the same month, Major G. de Lacy Wooldridge joined the staff of the Clinic temporarily, as adviser on office organisation. It was not till April, however, that a suitable room became available, and we were able to buy something in the way of office furniture and to create and install an efficient office system.

Since then the department has grown apace and now numbers no fewer than 12 workers. Of these, four are paid and full-time, and eight are voluntary and part-time. We wish to tender our grateful thanks to these voluntary workers, who have assisted us in carrying out the complicated work of the department. The work falls under four heads:—

- (1) Administration and organization.
- (2) Publicity and appeal.
- (3) Secretarial work for the therapeutic side of the Clinic.
- (4) Maintenance of records and research.

The work of the department has been—and still is—very seriously hampered, as much by the need for more and better office equipment as by the need for more

elbow-room. We need more room; more furniture—particularly more filing cabinets, modern typists' desks, and proper typists' chairs; and more typewriters.

As, during the year, the organization and staffing of the Department proceeded, it became obvious that the hub of the work must be the records, which would be at once evidence of work done, instruments for training, and materials for future research. To make this possible, an assistant, trained in records and filing systems, was appointed to work under the Director. This section has attracted the attention of visitors from America, Europe, India, Australia, and New Zealand, who have been greatly impressed by its completeness and efficiency.

We owe—and hereby acknowledge—a very heavy debt of gratitude to the group of friends who, by a special loan of £500, made possible the creation, organisation, and development of the Records and Research section.

Publicity Department

During the earlier part of the year the imperative need for more publicity and appeal propaganda placed a heavy burden on an already overworked and numerically inadequate office staff. Both publicity and appeals demanded, moreover, specialised knowledge; and towards the close of the year it was decided to form a special committee to assume responsibility for this work. We were fortunate, indeed, in being able to secure as its Chairman, Dr. Joyce Partridge, who has undertaken the leadership with a zeal and energy that are even at this early date being reflected in our balance sheet. To this voluntary committee, no less than to our friends of the Press, and to our Council, we wish to record our gratitude for very valuable services. The appointment of a full-time secretary for the department has been made possible by the generosity of Dr. Helena Wright, who has undertaken to defray practically the whole of the cost.

Training Department

During the year a special course has been initiated for the training of men and women possessing a sympathetic understanding of children in the principles of modern dynamic psychology and in the carrying out of remedial work with difficult and neurotic children. The training is based upon work done in the Clinic, and is designed to include, in addition to its psychological side, some insight into social conditions and administration. It aims at giving a unified method of handling each case, while allowing full scope for individual differences.

The course as at present planned extends for one year of ' three terms, with roughly thirteen weeks in each. Students are accepted who have already passed some

standard test in any recognised branch of training, medicine, teaching, social work, welfare work, etc.

The course comprises practical work in the psychological room under the supervision of the Director, the writing of summaries weekly upon past or current cases at the Clinic, and lectures and demonstrations both in the Clinic and in the various departments of the University of London. While a consideration of all sides of the work undertaken in the Children's Clinic (social, medical, psychological, rhythmical) is demanded from the student, no certificates of proficiency will be given by the Clinic for any branch of work other than the actual psychological handling of difficult and nervous children. Full particulars of training course sessions will be found at the end of this report. The fee is 21 guineas for the year, payable 7 guineas a term in advance. Applications for admission to the course should be made to the Secretary of the Clinic, with full particulars of previous training.

Lectures

During the year the following lectures were delivered by Dr. Margaret Lowenfeld, the Honorary Director of the Clinic :—

(a) Course of 7 lectures at The Children's Clinic, 85, Clarendon Rd., W.11, on "Some Physical and Emotional Factors Causing Neurosis in Childhood:—

Tuesday, May 20th. The Child and his World.

Tuesday May 27th. The Social Factor.

Tuesday June 3rd. The Constitutional Factor

Tuesday June 10th. The Factor of Physical Disability

Tuesday June 17th. The Factor of Emotional Stress.

Tuesday June 24th. The Use of Play in the Study of the Neuroses of Childhood. Part I

Tuesday July 1st. The Use of Play in the Study of the Neuroses of Childhood. Part II

(b) Course of 4 lectures at The Friends' House, Euston Road, N.W.1, on " The Study of Difficult Children:—

Tuesday, July 8th. The Child's Outlook on the World.

Tuesday July 15th. How Difficulties in Childhood Arise.

Tuesday July 22nd. The Value of Play in Understanding Children.

Tuesday July 29th. Some Factors in Re-education.

Representative Cases

The following are some cases received at the Clinic illustrating the groups outlined on page 13:—

1. TONY, aged 11, was brought to the Clinic as he was suffering from epilepsy, and was unmanageable at home and at school on account of his explosive temperament and resistance to all forms of discipline.

Tony is an only child, nice looking, and with very good manners. His father is an artist at work on a contract abroad, his mother a careful, very strict parent with a high standard for herself and the child. The fits had begun three months before his entrance into the Clinic and had been Very severe, causing the boy, in one instance, to fall down a flight of stone stairs. His temperament had made it impossible to find a school he could successfully attend. His characteristics were irresponsibility and a marked contempt for women, together with a disposition to bully anyone he could command or control.

After three weeks at the Clinic, the intervals between fits began to lengthen. A fit occurred one month after admission, and this was the last experienced. Tony continued to attend the Clinic for a few weeks, learning gradually to understand his own character and to bring the different sides of himself into harmony. He is now at his old school, where the Headmaster reports him “happy and doing well.”

2. ETHEL was the elder of two girls with a young and hearty mother and a kindly and affectionate father. She wept nearly all day, started when spoken to, and was terrified of the dark. Her face was pale, her body thin, and there were black rings under her eyes. At school she was said to be painstaking but very slow—not actually backward but apparently unable to concentrate. During her work at the Clinic layer upon layer of fear and struggle were shown to be in her mind. Her thinness and pallor showed us the result of the torment in her mind and her condition steadily improved.

Her bluff and hearty mother, having no outlet for her practical emotions, had found it impossible to allow Ethel to grow out of that state of babyhood in which everything had to be done for her, and the violent revolt of the child’s nature lay at the root of her fears.

When she first came to the Clinic she sat listlessly and was unable to carry out any task calling for concentration. Conversations with the mother modified her attitude to the child. By the work carried out in the Psychological Room the inhibitions in Ethel’s mind slowly cleared away; and from being a backward child she became at her discharge equal in ability to any child of her age.

3. JANE. A graceful, attractive child of 9, began quite suddenly to pilfer from school, and rapidly went from bad to worse. Filtering was followed by truancy, lying, and all kinds of untruthfulness, until her mother, in despair, brought her to the Clinic.

The child came from a very respectable and satisfactory home. There was only one other child—her little half-sister, aged 2. Jane's father had died when she was 3 and a step-father appeared two years later. Among Jane's cousins there was also a step-father, but this one brought his step-children pennies, little toys and apples, and even included June in his affections. Jane's step-father did none of these things; he was devoted to Mary, Jane's little half-sister, and seemed to forget that Jane existed at all. Added to this, they had just moved, and Jane had had to leave her little friend, Katie, who lived next door. Torn from her, Jane felt that the world held nothing more that was worthwhile.

All these miseries came out during the work and play at the Clinic and were explained one by one to Jane's mother, who was quite unaware of any of them. Jane's conduct improved steadily and by July (four months after admission) she had won a prize in her school and extra marks for good conduct. She had ceased to steal and had become entirely reliable and trustworthy. Her work at the Clinic finally showed a sense of artistry and form—reflected in the mosaic reproduced on the cover of this Report.

4. FREDDIE. A stalwart and determined young man of 4 came to the Clinic one day in September with a complaint from his mother of continual bed-wetting, uncontrollable fits of anger, night terrors, long hours before he could go to sleep, and constipation. He is the elder of two children, with a delightful mother and father, and these troubles began about two years ago and had been steadily getting worse.

Freddie had always been a serious baby and possessed of great determination. His sense of his own importance and the desire to dominate his environment had ill-brooked the arrival of another baby. The interest taken by his father—whose entire attention he wished to claim—in the new baby, was unbearable to him. The admiration of his mother, to which he had before been sole claimant, he now demanded as his exclusive right.

Struggles with himself and struggles against his family led him to develop an identification of himself with a power object, in this case a train, to such a degree that he could at no time be persuaded to answer or to carry out any action unless the command was put into the form of train symbolism, such as: " Now it is time for the boiler to be tilled up, come and sit by the teapot "—in which the teapot played the part of the boiler-feed—and then Freddie would consent to eat his tea.

Through the material at the Clinic Freddie was able to work out in great detail and to get real satisfaction for all his desires for power. The enuresis began to diminish

steadily and in four months' time had disappeared entirely. The temper fits lessened, night terrors disappeared, and a year after his first attendance at the Clinic Freddie had become a normal little boy.

The Future

There are at present thirteen people working at their various tasks in one big and one very tiny room. In the small room only is there any office furniture. Of these thirteen workers, eight are voluntary. All these people may be typing in one room—if they are lucky enough (or strong enough) to secure a typewriter. In the future this confusion will have to disappear.

* * *

One hundred and nine cases have been through the Clinic's hands. Hundreds of play reports on these children are in the case sheets. The psychological laws daily coming to light in the therapeutic work are buried in these case sheets. They must be brought to light.

* * *

The medical officers have to work without adequate apparatus. and in corners merely screened off from the public rooms. This must cease.

* * *

Students in training need more books and a place of quiet in which to read them. This must be created.

* * *

For the expression of the destructive tendencies of boys and girls adequate space is necessary. This must be out of doors or in a large covered-in space, a place where noise can be made without distracting other children, and where water and earth can be played with. This must be provided.

* * *

The worker in charge of the children's room is remunerated by a research scholarship only, and none of the medical staff is paid. To carry on the work of the Clinic properly we must have an assured income. This must be secured.

* * *

The biochemical work is bound up with the whole conception of the Clinic work. It has been driven out by lack of a place in which to house it. It must be brought back.

* * *

The work of co-operation with other agencies is carried on in conditions that render it almost impossible owing to lack of a room where case conferences can be held. We must have more room.

* * *

The wall space needed for large scale painting and drawing and for fresco work is not available because the wall is needed for cupboards. There is no space whatever for growing plants. We must have a hall—and a garden.

* * *

Three girls and two boys of 12 to 14 years, seven girls and boys of 7 to 12 years, and nine toddlers work together in one room. The older children who should be so much helped at a critical period of their lives do not want to come because they say, "It is a place for babies." We must have new premises.

* * *

In the year that lies ahead of us we must continue with undiminished energy the policy that we have pursued with so much success during the year that lies behind us—that of building for the future, anticipating probable lines of development, and making ready for the new demands that will inevitably be made upon us. It cannot be made too clear that, rapidly as we have grown in stature and in strength during the past twelve months, in no direction has there been development that has not previously been foreseen as inevitable.

* * *

We are working in a big To-Day for a still bigger To-Morrow, and our paths are being carefully mapped. We aim to make the Children's Clinic a model, and our responsibility is great and has no finality.

* * *

Our early work has been but as the acorn to the oak that will be after many years ; but already the sapling is thrusting its first leaves upwards through the soil, and bids fair to become a very sturdy oak.

Statistics

Cases carried during 1929-30 (Clinic open 30 weeks)

20 carried forward from September 1929.

34 admitted from September to September.

54 excluding three consultation cases.

24 discharged.

30 Attending

Status of Cases

Apparently cured.9

Greatly improved.7

Slightly improved*.4

Unchanged*.1

Lapsed through non co-operation, various reasons. . .2

Transferred elsewhere. . . 1

Still under treatment. . . .30

*Including children who, after a short period of treatment, removed from the district or who, owing to other reasons, could not maintain regular attendance.

Total Number of Applications during 1929-30

Accepted for full treatment.58

Accepted for partial treatment.5

Accepted for consultation. 4

Accepted but did not mature11

Referred to other agencies.18

Refused as unsuitable2

. . .98

Total Applications

Under 5 years Boys. .6

Girls. . 11 . .17

5-10 years Boys .. 23

Girls. . 20. . 43

Over 10 years Boys. . 17

Girls. .21. . 38

Accepted Cases

Under 5 years Boys . .6
Girls . .11.. 17
5-10 years Boys. .14
Girls. . .14. . 28
Over 10 years Boys . . 17
Girls. . . 21. . 38

Sources from which applications were received

Referred by:

Local Education Authorities (L.C.C., etc.), School Care Committees	20
Charity Organisation Society	3
Invalid Children's Aid Association.	4
Infant Welfare Societies	7
Hospitals:	
St. George's Hospital..	7
Children's Hospital, Paddington Green..	2
St. Mary's Hospital	2
Brompton Hospital..	1
Princess Louise Hospital	1
Maida Vale Hospital for Epilepsy..	1
Private doctors and consultants..	14
Publicity and friends	15
Staff of Clinic	5
Headmasters and Headmistresses (non-L.C.C.)	8

Total: 98

**PRIMARY CLASSIFICATION OF COMPLAINT ACCORDING TO
PARENTS' STATEMENT**

	Girls.	Boys.	Total.		Girls.	Boys.	Total.
Anxiety ..	1	0	1	Mutism ..	1	0	1
Arson ..	0	1	1	Nervousness ..	11	8	19
Backwardness	6	3	9	Night terrors ..	5	2	7
Cruelty ..	1	0	1	Obstinacy ..	0	1	1
Crying ..	0	1	1	Pilfering ..	4	5	9
Debility ..	0	1	1	Post-concussion			
Enuresis ..	6	9	15	character change	0	1	1
Epilepsy ..	1	2	3	Screaming fits ..	2	0	2
Fears ..	3	1	4	Sleepwalking ..	0	1	1
Fighting ..	1	0	1	Spasms ..	0	1	1
Hysterics ..	1	0	1	Speech defect ..	1	1	2
Insomnia ..	1	2	3	Sullenness ..	1	2	3
Loss of voice	0	1	1	Temper ..	0	1	1
Lying ..	5	1	6	Truancy ..	1	2	3
Masturbation	1	1	2	Unmanageable ..	6	3	9

**DISTRICTS FROM WHICH APPLICATIONS FOR TREATMENT
HAVE BEEN RECEIVED**

Campden Hill ..	..	1	St. John's Wood ..	..	1
Chelsea ..	..	1	Southwark ..	..	2
Clapham Common ..	..	1	Stamford Hill ..	..	1
Cricklewood ..	..	4	Upper Tooting ..	..	1
Croydon ..	..	2	Victoria ..	..	1
Dulwich ..	..	1	Walham Green ..	..	2
Fulham ..	..	12	Whitechapel ..	..	1
Hackney ..	..	1	Wimbledon ..	..	3
Hammersmith ..	..	4	Abridge ..	..	1
Hampstead ..	..	2	Brockley ..	..	1
Harrow ..	..	1	Chatham ..	..	1
Hendon ..	..	1	Colchester ..	..	2
Highgate ..	..	1	Devonshire ..	..	1
Holland Park ..	..	6	Farnham ..	..	1
Ilford ..	..	1	Guildford ..	..	1
Kennington ..	..	2	Hayes ..	..	1
Kensal Rise ..	..	3	Hoddesdon ..	..	1
Kentish Town ..	..	2	Oxford ..	..	1
North Kensington	..	16	Oxted ..	..	1
Paddington ..	..	5	Purley ..	..	1
Peckham ..	..	1	Sevenoaks ..	..	1
Putney ..	..	1	Sutton ..	..	1
Rochampton ..	..	1	Welwyn ..	..	1

Size of Family

One child only	8
Two children in family	16
More than two children in family	29
	—
	54
	—

Home Conditions, Economic

Good country	1
„ suburban	9
London residential, whole house	2
„ „ self-contained flat	5
„ tenement dwelling	9
„ poor, part house	18
„ „ slum	10
	—
	54
	—

Educational Status of Children

Pre-school	5
Nursery school	1
Elementary school	43
Secondary or higher education	1
Private schools	4
	—
	54
	—

Parental Condition and Whereabouts of Children

Child with both own parents	41
„ mother and stepfather	2
„ father and stepmother	1
„ mother only, father dead	4
„ father only, mother dead	1
„ in foster home, or boarding school	5
	—
	54
	—

PARENTS OF CHILDREN

A. Legitimacy—

Legitimate	94
Illegitimate	2
Adopted	0
	—
	96
	—

B. Education. No information available.

C. Nervous History—

Insanity	0
Elementary mental disturbance	0
Suicide	2
Suicidal tendencies	0
Neurotic tendencies—	
(a) Nervous instability	10
(b) Neurotic	9
Fits	3
Alcohol	2
Delinquency	1
Unsatisfactory character	1
G.P.I.	0
Locomotor ataxia	0
Clear	62

D. Severe or chronic illness	6
	—
	96
	—

STATISTICAL TABLE

A.—NUMBERS

	1929-30.	1928-29.
1. Total number for the year of new Patients..	34	52
2. Total number for the year of Out-Patient attendances	593	Not ascertained.

B.—AVERAGE COST OF EACH OUT-PATIENT ATTENDANCE

	—	1929-30.	1928-29.
	Expenditure.	Average Cost of each Out-Patient Attendance.	Average Cost of each Out-Patient Attendance.
	£	Pence.	
1. Provisions	<i>nil.</i>	<i>nil.</i>	Not ascertained.
2. Surgery and Dispensary ..	17	6·9	
3. Domestic	4	1·6	
4. Salaries and Wages (Maintenance)	335	135·6	
5. Miscellaneous	63	25·5	
6. Administration	467	189·0	
* Statistical cost ..	£886	358·6d.	
7. Establishment: Renewals and Repairs	<i>nil.</i>	<i>nil.</i>	
8. Finance	183	74·0	
TOTAL COST	£1,069	432·6d.	

* Statistical cost (excluding Special Expenditure on Records and Research), 207·2d.

Finance

The Clinic continues to be supported by voluntary contributions, no grant being received from any public body. Owing to the pressure of work and the small staff employed for the greater part of the year, it was possible to send out only one appeal to the public, that of Christmas last year, which resulted in a sum of £150 being raised. Lectures have accounted for £20, from which expenses have to be deducted. A public meeting was held in June, in support of the Clinic, and the subscription and donation list has risen from 18 to 80. This is very satisfactory for so young a body, but the amount subscribed does not meet one-tenth of our needs. Fees are charged to all patients on a scale proportionate to their means, but as it is desired to extend the services of the Clinic to those most needing its help, and no case is refused on financial grounds alone, these receipts cannot cover more than a very small fraction of the cost.

The formation of a special Publicity and Appeals Sub-Committee towards the close of our financial year Will, it is hoped, do much to relieve the financial embarrassment that has throughout the year seriously impeded progress.

The expansion on the record side has been fully borne by a loan made by a group of generous friends for this purpose. A grant from the Wall Trust has assisted towards the expenses of the new appointment on the psychological side. A loan of £100 made last year has been converted into a gift, and the receipt in the current year of a gift of £100 in memory of Mrs. Quicke will help to lighten our financial burden.

Our most grateful thanks are due to our Hon. Accountants, Mr. Edwards and Mr. Leamon, and to our Hon. Auditor, Mr. Albert Rayner, for the immense amount of work they have done for us during the year.

Note—Since the close of the financial year, we are grateful to record that, among other donations, the sum of £200 has been received from Claude Morrell, Esq., O.B.E., and the salary of a secretary to help in the publicity department has been guaranteed by Dr. Helena Wright.

THE CHILDREN'S CLINIC, 85, CLARENDON ROAD, W.11.

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 30TH SEPTEMBER, 1930.

PREPARED ON THE BASIS OF THE REVISED UNIFORM SYSTEM OF HOSPITAL ACCOUNTS.

<i>Income.</i>		£	s.	d.	£	s.	d.	<i>Expenditure.</i>		£	s.	d.	£	s.	d.					
Voluntary Gifts—								Surgery and Dispensary—												
Donations, Subscriptions, etc. (see pages 41 and 42)					426	10	6	Medical Stores					4	0	6					
Receipts on account of Services rendered—								Playroom Equipment					12	16	6					
(a) Contributions on account of Services to Patients		40	11	9											16	17	0			
(b) Other receipts—								Domestic—												
Lectures : Gross receipts		£19	8	0				Heating and Lighting								4	10	0		
Less expenses		8	0	0				Salaries and Wages (Maintenance)—												
					11	8	0	Nursing					108	6	8					
								Other Officers		£142	13	5								
								" " —Special												
								Records		83	16	8								
													226	10	1					
Balance, carried to Balance Sheet, being excess of total Expenditure over Income for the year					51	19	9													
								Miscellaneous—												
					590	9	4	Printing, Stationery, Postages, Telephones, etc.		17	1	5								
								Printing, Stationery ; —Special Records		38	4	6								
													55	5	11					
								Sundries					7	17	0					
																		63	2	11

Administration—				
Salaries	189	8	5	
„ Special Organization	201	10	0	
				390 18 5
Printing, Stationery, Postages, Telephones, etc.		54	14 0	
Sundries		21	9 6	
				467 1 11
				886 8 7
Finance—				
Interest on Loan; — Special Records and Organization ..	16	6	9	
Interest on Bank Account	6	10	4	
				22 17 1
Appeals		36	7 10	
Rent		123	6 1	
				182 11 0
				£1,068 19 7
£1,068 19 7				£1,068 19 7

BALANCE SHEET ON THE 30TH SEPTEMBER, 1930

	£	s.	d.	£	s.	d.	£	s.	d.	£	s.	d.
Sundry Creditors			66	2	3		Cash in hand					5 18 5
Loans to Clinic—							Stocks of Unissued Stores on hand ..					1 7 6
Bank Overdraft guaranteed ..	230	18	1				Sundry Debtors and Payments in advance					24 8 3
Loan advanced for purpose of Special Records and Organization	500	0	0				Equipment and Furniture valued at cost, less depreciation—					
			730	18	1		Balance as per last Balance Sheet ..	33	3	8		
							Net Expenditure during year to 30th September, 1930	38	17	7		
												72 1 3
							Income and Expenditure Account—					
							Balance at debit on 30th September, 1929	102	15	7		
							Excess of Expenditure over Income for year to date, per account ..	590	9	4		
												693 4 11
												£797 0 4
												£797 0 4

REPORT OF THE AUDITOR.

I have examined the above Balance Sheet with the Books and Vouchers of the Clinic, and have obtained all the information and explanations I have required, and in my opinion the above Balance Sheet is properly drawn up so as to exhibit a true and correct view of the state of the Clinic's affairs according to the best of my information and explanations given to me, and as shown by the Books of the Clinic.

LONDON.
9th December, 1930.

ALBERT RAYNER, *Chartered Accountant,*
Hon. Auditor.

Donations and Subscriptions

	£	s.	d.
Mrs. Allen	1	0	0
Father Andrew	1	1	0
Anonymous	3	3	0
Miss A. Armytage	1	0	0
Mrs. H. Bailey	5	0	0
Miss Barter	20	0	0
Lieut.-Colonel Barton	1	1	0
Graham Boag, Esq.	2	2	0
W. E. Bradley, Esq.	1	1	0
Alan Brodrick, Esq.	1	0	0
Dr. Anna Broman	2	2	0
Mrs. R. Allen Brown	3	2	0
Mrs. Moore Brown	2	2	0
Mrs. Buxton	2	2	0
Mrs. Cadbury	1	1	0
Mrs. Charlton	0	5	0
The Child Welfare Conference	1	2	6
Dr. Hilda Clark	0	10	0
Miss Clements	2	0	0
Miss Cory	1	0	0
Mrs. Waley Cohen	1	0	0
Miss K. D. Courtney	0	10	0
" F. M. C."	1	1	0
Miss Danels	1	0	0
Mrs. Daunay	1	0	0
Miss A. M. Davis	2	2	0
Miss N. Kennard Davis	0	10	0
Miss Dickinson	2	0	0
Dr. E. H. Edwards	20	0	0
Dr. F. M. Edwards	5	0	0
Miss Inez Empson	1	0	0
The Lady Glenconner	20	0	0
Dr. Hazel Chodak Gregory	5	5	0
E. Haberfeld, Esq.	10	0	0
R. Haberfeld, Esq.	10	0	0
Mrs. Haldin	2	0	0
Mrs. Harris	1	0	0
Mrs. Henman	1	1	0
Mrs. R. Hirst	3	3	0
Miss Hiscocks	0	10	0
Mrs. Hull	0	10	6
Mrs. Hunter	1	0	0
W. James, Esq.	1	1	0
Mrs. Johnston	5	0	0
E. V. Johnston, Esq.	0	10	0
Mrs. Mark Kerr	1	1	0

Donations and Subscriptions—continued.

	£	s.	d.
The Hon. Lady Lawrence	1	0	0
Mrs. Philip Leon	1	0	0
The Sir A. Levy Fund	2	2	0
Mrs. G. Lockett	2	2	0
Henry Lowenfeld, Esq. (loan converted to gift)	100	0	0
Mrs. Mackusick	20	0	0
Miss Lois Mann	0	10	0
Mrs. Mappin	2	0	0
Mrs. Mason	1	1	0
Miss Mathieson	1	0	0
Mrs. Langton May	2	2	0
Mrs. McConnel	1	1	0
Mrs. Macdonald	10	0	0
C. K. Merston, Esq.	5	5	0
Mrs. Morgan	0	10	6
Mrs. Neame	2	2	0
Mrs. Palmer	0	10	0
Mrs. A. Noël Paton	3	3	0
Mrs. Weston Peck	1	1	0
Mrs. Pelmore	0	10	0
Public Meeting Collection	5	8	0
Mrs. Pinhorn	2	2	0
Mrs. Quicke	10	18	0
Captain Quicke	2	2	0
Miss Ethel Royden	2	2	0
Mrs. Sandeman	0	5	0
Miss E. M. Savill	10	0	0
Dr. Sheridan	0	10	0
Mrs. Dudley Short	5	5	0
Mrs. Charles Singer	0	10	6
Mme de Stocker	2	0	0
Mrs. Durham Stokes	1	0	0
Miss Ethel Sturdy	6	0	0
Mrs. Southwell	1	1	0
Mrs. G. Tanner	0	10	6
W. Lisle Tayler, Esq.	1	1	0
M. T.	0	5	0
Vasanta Lodge	3	1	0
The Thomas Wall Trust	50	0	0
Miss Edith M. Webb	2	2	0
Welwyn Garden City Collection	1	15	0
Miss West	1	0	0
Miss Widdows	1	0	0
Mrs. Williams	1	11	0
Mrs. Cooper Willis	5	0	0
Dr. Helena Wright	3	3	0
W. H. Yeld, Esq.	1	0	0
£426 10 6			

The Secretary will be grateful for notification of any errors or omissions.

Training Course Sessions

Mondays .. . 2-5pm

Tuesday .. . 5-7pm

Thursdays.. .2-5pm

Fridays5-7pm

Full particulars from the secretary of the Clinic

Clinic Sessions

Open to all patients for psychological treatment

Mondays2:30-5pm

Thursdays.. . . .2:30-5pm

Each child attends for the whole of each session.

Fees: From 6d. to 5s. per visit, arranged by an Assessment Committee

Applications for Treatment must be made, by letter only, to the secretary.