

## THE PECKHAM EXPERIMENT

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THE pioneer health center in London, the so-called Peckham Experiment, was established in 1926 through the thoughtful planning of a group of persons under the leadership of Dr. G. Scott Williamson and Dr. Innes Pearse. Dr. Williamson was appointed a research fellow for this purpose, by the Sir Halley Stewart Trust, and he directed the activities of the experiment throughout these years.

Because of dissatisfaction with preventive medical work, it was determined to establish a small pioneer health center to provide preventive medical services to family units, not to casual individuals. A location was selected in South London, in the Borough of Peckham, so as to extend the observations over a broad range of economic levels rather than to concentrate upon the extremely underprivileged. This section of London provides such material: people employed in different types of industries, and small shopkeepers—economic levels from the poorer groups up to the middle class.

The first experiment started in 1926. Within a year, several hundred families in the area had joined and were given a health overhaul; most of them have continued as members of this health club. The service was not free. It was offered to families for small payments, a shilling a week per family, sufficiently small so as not to deter them from using it.

The pioneer quarters were soon outgrown. It was realized that one could not retain families in such an enterprise and hold their interest unless they received something more than a periodic health examination. To hold the interest of the members and secure their intimate cooperation in the project, the building had to have a club-like atmosphere and at the same time be a consultation center to which people rallied for social as well as health reasons.

After a period of seven years, additional funds were secured to

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build an appropriate structure that would care for 2,000 families. The new center was in operation for about four and a half years when the war terminated its activities, partly because of the dispersal of the population and of the professional participants. It closed temporarily some time in 1939.

Although the families joined primarily because of the health services that were offered, it is important to emphasize that the incentive that held the families, and in many instances, persuaded them to join, was the club-like facilities which in the second and more permanent structure were developed rather extensively. A family was often persuaded to join because one of the children had been brought to the health center by some schoolmate whose family belonged. In this manner, the family was introduced by the child to the social and recreational activities of the organization, and they then learned to appreciate the influence upon the health of the family that could be derived from a family membership.

Once they joined, most families continued to maintain their membership enthusiastically, in spite of the fact that they were charged one shilling a week per family. For this small weekly payment, the children could participate in all sport and recreational activities without charge; the adults paid small fees of sixpence or less for certain of the recreational activities in which they joined. Although the total membership by families never reached 2,000 before the experiment had to be terminated, it came fairly close to that—about 1,500, I believe. The small weekly fees for the family memberships and the small fees for the use of recreational activities by the adult members of the families would have defrayed the entire maintenance cost of the project as soon as the membership had reached 2,000 families, a goal which was being approached when the experiment was temporarily ended. The payments for family members would have met half the cost of the enterprise and the small contribution from the adult members for the use of the recreational and social facilities would have provided the rest.

The health overhaul, which initiated the family's relationship to the center, was carried out according to a definite pattern. After the individual members of the family had been examined by the medical staff, a family conference was held with members of the staff. At this family consultation hour, the problems of the youngest members were taken up first, and so on up to the adults. As the younger members of the family were disposed of, they were allowed to go to some of the recreational rooms—the swimming pools, the gymnasium, the playrooms of various kinds—or to the study rooms where children coming from school could do their homework. The adult members of the family and perhaps the older children remained behind for the formal consultation and for the answering of the many problems which they brought to the consultation hour.

Once they joined, the people were given complete freedom to use all the facilities of the Center with little or no direction. They were encouraged to develop their own health or recreational activities as a result of contact with one another and contact with the full-time members of the staff. The people themselves gradually took over the responsibility for most of the activities of the Center. Only a small nucleus of a few full-time members of the staff was available to assist them.

A surprisingly large number of people were found to require medical as well as social advice and guidance throughout the period of their membership. At the time of the initial family health overhaul, the members were classified into three general groups. The first group included those who had actual disease—meaning *dis-ease* in the literal sense of the term—people who knew they had disabilities and complaints and subjective abnormalities. They were found to constitute roughly about 32 per cent of all members. Another 59 per cent were in a state of well-being, but physical examination disclosed disorders—some of them important disorders—of which they were entirely unconscious. And only 9 or 10 per cent were labeled as absolutely healthy people in whom

physical disturbances of no kind could be found. Of course, these percentages depended on the meticulous detail and the thoroughness with which examinations were made, and on the standards for judging the presence of organic or functional disabilities.

As a result of the membership of families in the Health Center over the years, these percentages, however, were materially improved by correction of the disabilities and by improvement of living standards.

The Peckham Experiment, then, was really a combination of a health center, a club, and the settlement activities with which we are familiar in this country. Its significance for the maintenance of health and the prevention of disease is far greater than that of any other form of preventive medicine that has as yet been attempted experimentally, because it was designed to guide families and helped them to guide one another in all medical, social, and environmental relationships which have an important bearing upon disease. A most important feature of the experiment was that new member families came under the influence of the member families who had been using the health service for some time.

As a family increased in size, professional advice and guidance were available as preparation for pregnancy as well as during the prenatal and postpartum periods. Pre-marital consultations were also available and were freely used.

The children, themselves, brought problems of their own into the Center, for which they sought guidance. At the Center, they found quiet space in which to do their homework after school, as well as facilities of all kinds in which to indulge their physical activities. Above all, they found people at the Center who were able to guide and advise them in a sympathetic manner.

The adolescents, with their special problems, found the advice and help which they needed. Those who were of the age when courtship and mating are the center of their interest found this counsel particularly valuable.

Problems of social poverty were often influenced by personal associations made between member families. The members developed an interest in one another. They influenced one another in their cultural development. Many developed a new breadth of vision in living. These new relationships had a bearing upon the diseases to which they were exposed.

A list of the welfare, educational, and health activities of the Center is impressive. It included an ante-natal clinic, post-natal clinic, birth control clinic, infant welfare clinic, care of the toddler, nursery school, immunization center, medical inspection of the school child, vocational guidance, sex instruction of adolescents, boys' and girls' clubs, sports clubs, and recreational clubs of all kinds. A country branch was established to which some of the family members could be sent during the summer, and to which people could be referred for convalescence after hospitalization or after illnesses in the home. The Center also provided space for keep-fit and gymnasium classes, adult cultural education, music, debates, drama classes and lectures of all kinds, citizens' advice bureau, holiday outings and expeditions, even a public billiard hall, dance hall, and place for social gatherings.

Among the therapeutic activities were the marriage advice bureau, mothers' clinic, child guidance clinics, school care committee work, poor man's lawyer, hospital almony, which corresponds to our hospitals' social service, hospital follow-up, including all forms of after-care in the home or convalescent place for members discharged from medical care, and finally even a rehabilitation clinic. No actual medical therapy was practiced, but members were brought into relationship with the proper agencies responsible for the technical part of rehabilitation or other services.

The venture came to be called the Peckham Experiment in order to get away from the narrow idea of a health center. It was a demonstration that families of a mixed economic group will gather together if proper facilities are provided. They will get the idea of

health through proper living and will cooperate and stick to it over the years. Almost equally important is the demonstration that such a project can be self-supporting when adequate membership has been reached and the facilities of the institution are completely utilized.

Those who are interested should read the three publications on this subject. The first appeared about the time when the pioneer health center, the first experimental center, was established; it is called "The Case for Action." The second, which appeared a few years ago, shortly after occupancy of the new building, is called "Biologists in Search of Material." The third, which has just appeared, is called "The Peckham Experiment—The Study of the Living Structure of Society." A fourth report is promised in the near future. The illustrations in the third publication give an excellent idea of the cordial response of the people to such an enterprise.

You will note that this family club, health club, or biologists' laboratory, as the founders prefer to think of it, is almost entirely made of glass and steel. The sponsors believe that this is important; the people coming into the Center never feel themselves isolated. They immediately become aware of all the various activities that are taking place and of the various services that are rendered, and are attracted to participate. The structure of the building is designed to discourage social isolationism.

The Peckham Experiment was indeed a study of the living structure of society by physicians trained in social medicine and human biology. A project of this kind could not fail to influence the many medical, environmental, hereditary, and social factors responsible for disease and dependency, and upon that all embracing condition called social poverty, the elements of which are to be found among all classes, but especially among people in the low economic levels.