A Reassessment of the Work of the Peckham Health Centre, 1926–1951

JANE LEWIS and BARBARA BROOKES

Department of Social Science and Administration,
The London School of Economics and Political Science,
University of London;
Department of History,
Otago University, Dunedin, New Zealand

THE PIONEER HEALTH CENTRE WAS FOUNDED BY George Scott Williamson, a pathologist, and Innes Pearse, a general practitioner, who met while working at the London Hospital during World War I. Williamson and Pearse set up the Centre in the South London suburb of Peckham—hence, its more common designation as the Peckham Centre—as an independent research experiment to test their ideas regarding the nature of health and the conditions necessary for its maintenance. The Centre was open between 1926 and 1930, 1935 and 1939 (in new premises built for the purpose), and 1945 and 1950. It functioned as a family club with two conditions for membership: each family paid a weekly subscription, and all family members subjected themselves to periodic "health overhauls." The Centre provided a broad range of services for the whole family: crèche facilities; fresh produce for sale from a farm in Kent which was a part of the enterprise; and, towards the end of the experiment, an elementary school for the children. It was this combination of activities, together with Williamson and Pearse's tireless propaganda efforts, that attracted attention to the Centre.

The Centre worked at a number of different levels. To the ex-members we interviewed, it combined a good primary health care

Milbank Memorial Fund Quarterly/*Health and Society,* Vol. 61, No. 2, 1983
© 1983 Milbank Memorial Fund and Massachusetts Institute of Technology
0160/1997/83/6102/0307-44 $01.00/0

service with excellent recreational facilities and a sense of community. In the published reports of the Centre, the directors stressed the way in which the community helped to solve the housing, employment, and personal as well as the health problems of members. From the point of view of Williamson and Pearse, the Centre was a human laboratory, designed to test their belief that health meant more than the absence of disease and that the cultivation of health required a completely different approach from the cure of disease. Their attempt was inspired by the reaction against the mechanistic analysis which had dominated the life sciences, and in particular by the belief that biology, with its emphasis on the organic and the whole, rather than medicine, held the key to the study of health. The Peckham Centre thus bore little resemblance to the other experimental health centres (such as the one at Finsbury), which were set up by local authorities during the interwar period (Stewart 1946). Williamson and Pearse referred to these derisively as "polyclinics," serving the cause of medicine and sickness, not biology and health (Pearse and Crocker 1943, 49). Ideally, Williamson and Pearse intended that the Peckham Centre would form the basis of a new health service. General practitioners would give up their role as advisors on anything to do with health (for example, diet, antenatal and infant care) and confine themselves to the role of "therapeutic agents," working out of well-equipped group practice centres which Williamson referred to as therapeutic centers or cells (Political and Economic Planning Papers 1935).

During the last eighteen months of its existence, some 12,000 people visited the Centre and its published reports were reviewed in all the major medical journals. When it closed in 1950, most newspapers and medical writers bemoaned its passing and noted what one called the "melancholy irony" that no place could be found for the Peckham experiment within the new National Health Service (Greater London Council Archives a). However, few of Williamson and Pearse's contemporaries and few commentators since have either understood or accepted their attempt to distinguish between health and medicine; thus, the work of the Peckham Health Centre has tended to be reviewed in terms of its contribution to established medical practice rather than as the qualitatively different enterprise it was intended to be.

Specialists in community medicine have tended to abstract those aspects of the Centre's work that they felt compared favorably with

the practice of community medicine today. Above all, the Centre has been held up as a shining example of what can be achieved by community commitment and participation (Abel-Smith 1981, Ashton 1977). To John Ashton, the Peckham experiment led towards the creation of an environment where real health education became a possibility. The members of the Centre became interested in their bodies and their environment and actively sought to look after them—a situation which contrasts vividly with the sterile and didactic approach to health education we are familiar with. Other commentators have seized on particular aspects of the Peckham practice, particularly in relation to their treatment of pregnant women and the encouragement they gave to home births.

We would argue that to abstract particular aspects of the Centre's work and insert them in an entirely different medical discourse creates distortions, and that to endorse the experiment as a whole on the basis of this selective historical perception is unacceptable. Such an approach dwells only on those practices that are considered to have been "in advance of their times," such as the Centre's work in the area of maternal and child welfare and the relationship Williamson and Pearse fostered between themselves and the members. But many of the political and social implications of the Centre's philosophy and practice were far from progressive by today's standards. Rather, they were often consistent with contemporary responses to such interwar social anxieties as urban dissociation, family instability, and the declining birthrate.

Evidence that there may have been both progressive and regressive ideas in the Peckham experiment does not in and of itself constitute a rejection of the community medicine approach, other than to signal a warning against wholehearted endorsement of the experiment. However, we would go a step further and argue that proper assessment of the work of the Centre requires that it be examined in the light of the aims and philosophy of those responsible for its direction. Williamson and Pearse took the view that the work of the Centre had to be accepted or rejected as a totality because it represented a completely new philosophical approach to health. They tried to persuade policy makers and the public that the Peckham Centre provided a model for social planners, believing that the Centre and others like it would bring about social change in accordance with fundamental biological principles. Moreover, the Centre was set up as an experiment

and this open attempt to set up a human laboratory raises in microcosm more universal problems regarding the evaluation of means and ends, and questions of control and measurement in scientific investigation. In order to reach an assessment of the work of the Centre, this paper attempts to review and understand Williamson and Pearse's premises and to explore the implications of their experiment. It arrives at an assessment of the Peckham contribution that is very different from and, we believe, far more realistic than the prevailing historical view in community medicine.

The Genesis of the Peckham Idea

Williamson and Pearse were convinced that the concept of health had to be separated from that of disease, and health practice divorced from medical practice. Their critique of medicine and construction of a concept of health that involved considerably more than the mere absence of disease were derived from conclusions based on their personal experience and intellectual currents of the period. Because the genesis of Williamson and Pearse's ideas can only be reconstructed from their later writings, which were designed as propaganda for the Peckham experiment, it is often difficult to determine causal relationships. But it is clear that from Williamson's work as a pathologist at the London Hospital came ideas as to the essential difference between medicine and health, while Pearse's infant welfare work during the early 1920s reinforced the conviction that the interaction between the individual and his environment, and the quality of that environment (particularly the home), were crucial to healthy development. The important intellectual influences were to be developments in biology and the attempts of certain writers to use biological principles in their efforts to understand social life. Williamson was led by these to espouse a holistic philosophy, and to believe that his ideas would indeed transform society. In propounding his views, Williamson also revealed the way in which he shared contemporary anxieties over deteriorating family relationships, smaller family size, and increased numbers of the physically unfit. He believed that the Peckham Centre and others like it would help counter these problems.

Williamson's work as a pathologist was greatly influenced by the trend in both biology and physiology away from a mechanistic analysis,

towards consideration of organisms more as complete entities and as interacting systems (Allen 1978). Williamson conducted his early thyroid experiments under the influence of Sir James Mackenzie, who had stressed the importance of relating the functions of a particular organ to the function of the body as a whole (Mair 1973). Mackenzie's belief in the importance of studying the individual as a whole also led him to emphasize the advantages of the general practitioner over the specialist, a point also taken up by Williamson. At about the same time, J.S. Haldane's work on respiration also convinced him that a simple mechanistic physiology would not suffice. The description of intake and discharge provided by such a method revealed nothing of the relation of respiration to the other phenomena of life. In fact,he concluded that the mechanism of respiration was merely a superficial aspect of the coordinated maintenance expressed by the whole life of the organism (Haldane 1932). Like Mackenzie and Haldane, Williamson was convinced of the need to study the relations of function and structure, and the whole rather than the parts.

Williamson concluded that medicine, like pathology, treated the parts in isolation from each other and, thus, from the life process as a whole. He defined pathology as the study of the knowledge of suffering and, because medicine was derived from the science of pathology, it followed that medical care could prevent death without necessarily being able to promote health (Political and Economic Planning Papers 1935). (When Innes Pearse started work in a Jewish infant welfare center in the East End of London after the First World War, she complained that she had to do so without ever having seen a healthy baby in the course of her training at the London Hospital [Pearse 1979a].)

Williamson and Pearse went so far in their condemnation of medical training and practice as to charge that it was working merely to procure the survival of the unfit. A similar point was made by Sir Andrew Duncan and Professor Alexander Gray in their evidence to the Royal Commission on National Health Insurance in 1926. They warned that the prolongation of life might well increase the amount of sickness, and that the medical profession's ethical obligation to succor the unfit might in the long run work against the interests of society (United Kingdom. Parliament 1926, 298).

Fear of physical deterioration, particularly amongst the working class, had been a subject for debate since the turn of the century

(United Kingdom. Parliament 1904, 1). During the interwar period, the press frequently referred to "our C-3 population," a reference to the lowest category used in army medical examination reports. The first survey of the standard of health of members of the Peckham Centre, using the data obtained from the health examinations, or, as Williamson and Pearse preferred to call them, "overhauls," revealed that only 9 percent of members were free of disease (defined as a state of discomfort recognizable by the patient) or disorder (defined as recognizable only by the physician). Williamson and Pearse chose to interpret these as providing evidence of widespread "devitalisation" (Williamson and Pearse 1938). They did not share the belief of many earlier writers that urban life was breeding a race that was hereditarily degenerate (Masterman 1901, Bray 1907), but they shared their conviction that town life led to social disintegration, which, in turn, threatened the survival of race and nation. In their evidence to the 1926 Royal Commission, Duncan and Gray argued, in common with public health officials, that more attention should be paid to preventive medicine. Williamson and Pearse also believed that the problem of the unfit required a positive initiative, rather than the birth control and sterilization solutions advocated by the Eugenics Education Society, but they saw prevention and cure as representing but two aspects of the same medical approach to health which had failed. What was needed, they argued, was a complete reconceptualization of health.

Williamson argued that health practitioners must start with what was right, not what was wrong, and then cultivate it using ecological methods. Health practice derived from biological rather than pathological principles and the health practitioner had, therefore, to concentrate on the natural growth, development, and differentiation of the faculties and functions of the human organism (Williamson 1946a). Williamson illustrated his point by referring to the way in which school medical officers congratulated themselves on the better health of children who had been issued glasses or had had their tonsils removed. He argued that this was a pathological measure of health. The pathologist used a social standard of health—the degree of health necessary for the individual to function in society and not be a threat to his fellows. This was far removed from a biological standard of health that would ideally refuse to accept the deterioration of either eyesight or tonsils (Political and Economic Planning Papers 1935). Such a concept was arguably utopian and Williamson was criticized for proposing an

absolute standard of physical health that denied people could be useful or happy with minor disorders, such as bunions or poor teeth (Winner 1950).

Williamson and Pearse believed that the key to health lay in the relation between the whole human being or organism and its environment. They argued that biologically man is an organism comprising man plus woman, because alone neither man nor woman is capable of "significant function," that is, reproduction (Pearse and Crocker 1943, 17). Williamson and Pearse believed the family to be the fundamental unit of society and in a 1932 lecture on "The Biological Significance of the Family," Williamson (1932) explained why:

> The family has grown out of a definite primitive instinct and as biologists, we know "instinct" to be something emerging from "organism." That is to say, it is outside and beyond the purely physical forces; it is a product of life.

The family's natural environment was the home which provided the "social soil" for personal growth and development. The aim of the Peckham Centre was to enrich that environment and thus promote healthy social interaction. As Pearse explained to the Royal Commission on Population in 1945:

> It is not only refrigerators, hoovers and electric fires that a woman needs to build a home. It is the possibility of making social contacts with people that they meet, and things to do, perhaps, out of which she will "grow" that home around her house (London. Public Record Office a, 19).

Thus, Williamson and Pearse contended that any assessment of health according to biological principles had to be made on the basis of the family unit rather than the individual, and on the quality of family relationships and of the family's material environment as well as on the presence or absence of disease. Williamson condemned the "social standard" of health used by the physician to measure physical well-being, but he was oblivious to his own use of normative, social concepts to assess the quality of family life.

The initial inspiration for Williamson and Pearse's ideas about the importance of home and family came from Williamson's observations in his pathology laboratory. During the course of his experiments

with families of rats, Williamson recorded that the rats appeared to be immune to airborne tubercle bacilli as long as they were kept together in family groups. Once separated they contracted the disease. Williamson concluded from this that the social conditions of animals had to be one of the crucial factors in the maintenance of their health. In a 1946 lecture he commented: "So long as rats live their social life and they have a beautiful life and a far better psychological pattern than human beings—they remain well and healthy." In the same address he recalled wondering how he could "get the human animals in my cage so that I could observe them and experiment with them" (Williamson 1946b).

During the course of her infant welfare work, Pearse was dismayed by the irregular contact she had with the mothers and the difficulty of obtaining information as to their home circumstances. She was also appalled by the number of unwanted pregnancies and the poor health of the mothers attending her infant welfare clinic. She recalled remarking to Williamson: "What nonsense this welfare work is, there's no sense behind it, no rationality" (Pearse 1979a). Thus, when Mrs. Dorritt Schlesinger approached Pearse on behalf of a group of society women to ask if she would open a birth control clinic to serve poor families, she consulted Williamson and they agreed, on condition that it was run as a family club for the purpose of improving the health of the family as a whole. Pearse explained their position in her evidence to the Royal Commission on Population:

> I felt that a clinic or situation or organization set up wholly for giving advice on contraception would put that matter in the wrong setting altogether for the satisfactory giving of advice. It must be placed in a situation in which it is clear and apparent from the context that it is for the benefit and health of the family (London. Public Record Office a, 16).

Mrs. Schlesinger's committee preferred this concept to that of Dr. Norman Haire, who, together with Marie Stopes, was the best known advocate of contraception during the interwar period. Haire was concerned only to give advice to women as individuals regardless of their family situations (Haire 1929). Thus, the first Peckham Health Centre opened in 1926 as a family club with the primary intention of providing birth control information. It obtained the necessarily unofficial blessing

of the Medical Officer of Health; local authorities were not allowed to give access to birth control information through their own clinics until 1930, and then only in exceptional circumstances (Lewis 1979).

Williamson and Pearse were not alone in their desire to promote healthier family life (Haire 1927; Russell 1929; de Pomerai 1930; Marchant 1946). Family stability was the concern of many of the Centre's supporters. For example, the eminent physician Lord Horder was actively involved not only with the Peckham Centre but also with the Eugenics Society, the Family Planning Association, the Marriage Guidance Council, and the Food Education Society. With the advent of smaller families and easier divorce, it appeared to many writers that marriage needed a new cement. The answer provided by the sex reformers was to make sexual fulfillment the central aspect of marriage (Stopes 1918; de Velde 1928). Women's magazines suggested that women achieve fulfillment through high standards of housework and child care (White 1970). Williamson and Pearse, while disclaiming any interest in the moral aspects of marriage—it may be significant that their own relationship remained unsolemnized for a number of years—envisaged the Peckham Centre providing the means to revitalize family life.

The reason Williamson and Pearse held the growth and evolution of the family unit to be so important was because they believed that "the Home with its contained Family Nucleus" had the power to evolve and contribute to the "greater whole," by which they meant the cosmos (Halley Stewart Trust Archives a). This grand theory of existence owed much to Williamson's preoccupation with the idea of "wholeness" and the evolution of wholes. He was particularly influenced by the work of Smuts, who developed the idea of creative or emergent evolution. Smuts believed that wholes were more than the sum of their parts, that only wholes were dynamic, organic, evolutionary, and creative, and that the evolution of wholes transcended the mechanistic concept of existence (Smuts 1927). With these ideas in mind, Pearse spoke of a natural "urge" behind human living and asserted that human evolution followed certain natural laws that were ascertainable. If human beings were to align themselves with those laws, "we should see an ordered pattern arise in society as well as a great advancement in living within that society" (Pearse 1948). On the basis of these ideas, Williamson and Pearse argued that health was crucial to human

evolution and, because of their wide-ranging definition of health, this inevitably led them to apply biological principles to what were as much social as medical problems.

Williamson and Pearse were seeking to explain what the mechanist (physiologist or pathologist) could not. For example, Williamson could not agree with Sir James Jeans that the universe was explicable mathematically (Jeans 1930). There remained something unexplained: literally, the life-giving forces. Many biologists and sociologists sympathized with Williamson and Pearse's attempt to link biology and social science in a theory of life. Patrick Geddes and Arthur Thompson designated function, organism, and environment as the three fundamental coordinates of biology which would allow them to reach an understanding of the process of life. In the last two chapters of their two-volume work on biology, published in 1931, they sketched out their model society of the future in which the interdependency of organic and social life was made clear (Geddes and Thompson 1931). The ideas and work of the Peckham Health Centre were eagerly welcomed by another biologist writing in the *Sunday Times* in 1938, who saw the experiment as the first practical application of biology to "the service of man" and believed that it provided "a clear lead as to what should be the legitimate aims of biology" (Stapleton 1938). Victor Branford, editor of the *Sociological Review,* also looked forward to the day "when the biologist, psychologist and sociologist, all acting in concert, will gain courage and competence to unveil the unity of life in all its characteristic aspects" (Branford 1923).

But in seeking the quality of life itself in biology, Williamson went much further than any of these writers. Geddes and Thompson, for example, premised the study of society on biology but never attempted to deduce mental processes from biological principles as did Williamson and Pearse (Pearse and Crocker 1943, 30–32; Williamson and Pearse 1965, 86, 210). For the Peckham investigators, biology was precognitive; the mind merely reflected back what was already there. The true guides to functional action were the feelings, which Pearse, in particular, believed to be located in the yolk sac in the ovum, which she termed the natural or environmental inheritance. This essentially neo-Lamarckian idea fitted well with Williamson and Pearse's conviction that the source of disease was to be found in the environment rather than in the individual and that it was the environment that had, therefore, to be changed. Speaking to the Eugenics Society

in 1943, Pearse explained that the Peckham Health Centre was dedicated to explaining the environmental factor in inheritance (Pearse 1943). However, environmentalism is a difficult concept to locate during the interwar years. Because of the intensity of the nature/nurture debate, the extent to which environmentalists defined the *problem* as one of nurture and yet went on to impose an individualist rather than an environmental solution, is often missed, as recent work has begun to show (Lewis 1980; Webster 1981). In the case of Williamson and Pearse, a firm belief in self-help paralleled their provision of an improved environment in the form of the Peckham Health Centre.

The philosophy of Peckham was essentially optimistic, promising not only better health but a higher quality of life. Williamson and Pearse were thinking of the health of race and nation as well as the individual, which serves to explain their tremendous commitment to the Peckham idea. It is also clear that their biological premises and their belief in the existence of "laws of health" made their ideas very rigid, which affected the way in which the Peckham experiment was conducted and also carried a political and social message.

Managing the Peckham Health Centre

From the work of the first Peckham Health Centre, which was open between 1926 and 1930, Williamson and Pearse claimed to have gained evidence to prove the positive nature of health as a force. The health overhauls revealed much undiagnosed disease which, despite the referral of member families for treatment, tended to recur. Williamson and Pearse believed that this was due to the social situation of the families (Peckham Health Centre 1949). They, therefore, decided to raise money for a new health centre which would allow them to collect a large number of families together (the raw material for the study), and to establish both the kind of conditions that would permit the development of family health and the nature of the techniques necessary to implement those conditions. Physiologists established what the human organism did; the new Centre would provide the means for learning what each individual was capable of doing and how the body responded to the familiar substances of its environment. The design of the experiment demanded that the members be left to interact freely and spontaneously with the environment provided by the Centre.

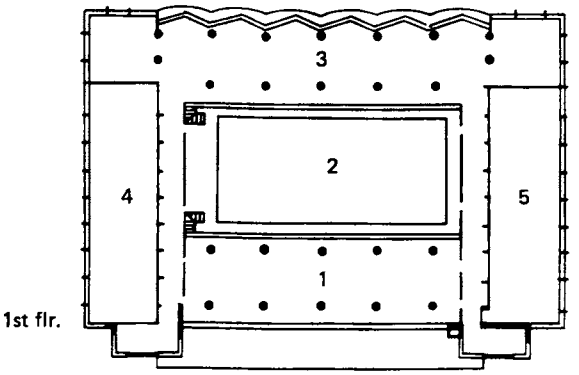
The way in which decisions were made regarding the nature of the materials to be provided, the organization of activities, and the nature of the interaction between members and the directors are thus crucial to any assessment of the validity of Williamson and Pearse's claims regarding the experiment's success.

To observers the Centre, designed by architect Sir E. Owen Williams, appeared as an unusually well-equipped and modern community centre, with its large swimming pool, badminton courts, roller skating facilities, gymnasia, and soundproofed walls and cork floors. The Bauhaus architect, Gropius, arriving in Britain in 1935, apparently found it one of the very few interesting pieces of modern architecture (Donaldson 1959). The *Architectural Review* described it thus:

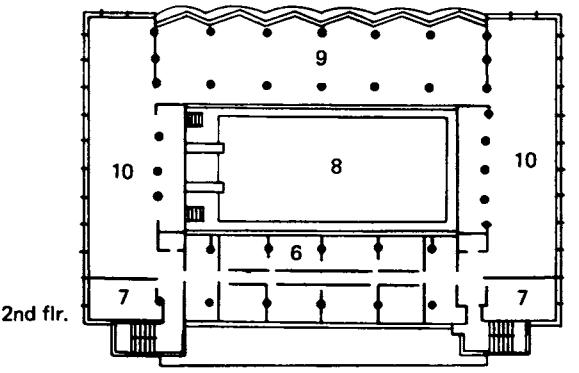
> Just as each activity is part of and a contribution to the central purpose of establishing an intelligent basis of existence, so, by means of open planning, every compartment is made to merge into another, visually when not actually; and the function of each part is quite clearly subsidiary to the whole (Richards 1935, 208).

Freedom, flexibility, and visibility were the chief characteristics of the building. Open planning made for multipurpose space and the free circulation of people and staff through the building, permitting the members free choice of activity and giving the staff opportunity to observe their behavior. Only the consulting rooms on the top floor were walled off. The image of Peckham conveyed in the photographs contained in the 1943 report convey activity, companionship, and, above all, the commodities considered so precious during the 1930s, space and sunlight (Pearse and Crocker 1943, 51–66; Fox and Terry 1978). Infant welfare centres gave artificial sunlight treatment often in preference to free or subsidized milk during the period and, together with T.B. sanatoria, stressed the importance of fresh air (Lewis 1980, 173–74). The image conveyed in a film on Peckham made in 1947, on behalf of the Central Office of Information, is less impressive. The interior of the Centre, with its unfinished concrete pillars and visible service pipes, looks distinctly utilitarian, something the writer in the *Architectural Review* recognized but justified in that he felt they served to emphasize the fundamental qualities of the design. The ex-members interviewed all seem to have been impressed by the building, and the novelty of the open-plan design should not be underestimated.

Exterior of the Pioneer Health Centre, Peckham. From A. Cox and P. Groves, *Design for Health Care* (Sevenoaks, Kent: Butterworths, 1981), 10. Reproduced with permission.



1 lounge & cafeteria
2 swimming pool
3 lounge
4 upper part gym
5 upper part lecture hall
6 medical rooms
7 dental
8 upper part pool
9 library & rest room
10 study & recreation



Floor plan of the Pioneer Health Centre, Peckham. From A. Cox and P. Groves, *Design for Health Care* (Sevenoaks, Kent: Butterworths, 1981), 10. Reproduced with permission.

Williamson and Pearse decided that the equipment of the Centre should reflect what the family might find in its "natural environment," because human beings could only work with whatever materials existed. On the other hand, family members had to have enough new material readily available for them to "digest" in order that their faculties might have full opportunity for development. The range of facilities had, therefore, to be extensive. The Centre provided for a wide range of sporting activities and permitted beer drinking in a socially approved family setting, but it prohibited gambling. The directors chose to make very little provision for the intellectual development of the members. Dr. K.E. Barlow, who worked at the Centre and tried to establish a center on Peckham lines at Coventry after World War II, answered this criticism by arguing: "That it is possible to put a garnishing or sauce of culture upon a disintegrating society is not open to question. But such garnishing is not in any true sense the culture of a society. True culture implies a culture of the seeds of society, namely its homes" (Barlow 1946, 91). Insofar as the Centre paid greatest attention to the young family because it represented the growing point and vitality of the nation (Pearse and Crocker 1946), many of the facilities it offered could be justified from the point of view of child development. But the overwhelming emphasis on activity for all contrasted strongly with Williamson and Pearse's own frank rejection of any physical exercise and delight in intellectual conversation sustained by communal rather than family living (Donaldson 1959).

Williamson and Pearse tried to ensure that the decision to join the Centre was freely taken by the prospective members. Thus, while the neighborhood within one-half mile of the Centre (the distance a mother could be expected to push a pram) was circularized, no other incentives to join were offered. It might be argued that only the more outgoing in the community, "the joiners," would be recruited by such methods. This was certainly the case with the early infant-welfare centers, which also circularized mothers in the vicinity and, having none of Peckham's qualms, followed these up with visits by volunteers.

More difficult than ensuring that members joined freely was the direction of activities within the Centre. Ideally, the "biologists" had to remain observers. Like Maria Montessori, whose influence they acknowledged, they believed that learning as opposed to training could only take place spontaneously. Moreover, someone who learned to swim spontaneously learned better than someone who had been taught

(Pearse 1979b). Williamson and Pearse believed that there was a "biological moment" for absorbing new material which would be seized only by the fully functioning organism; for example, there was a critical moment when a child was ready to be weaned onto solid food and "skirt-weaned" away from its mother's constant vigilance and protection (Pearse and Crocker 1943, 177, 188). The role of both the Peckham Health Centre and the Centre's school, which was set up in 1946 at the request of the parents, was to make sure that the right equipment was available at the right time to ensure full development. (Alison Stallibrass, who worked at the Centre as a young woman, has pointed out the links between the educational ideas of Peckham and the present-day play groups, which are run autonomously by parents and encourage children in free play [Stallibrass 1974].)

In trying to ensure that the members responded freely and spontaneously to the facilities, Williamson and Pearse faced the problem of what today is called participant observation, albeit in a situation they themselves had created. When the Centre opened, it experienced about eight months of chaos which was only made clear in its later reports. Children entering the Centre for the first time, and faced with the novelty of so many activities, ran wild and, in the process, cut holes in the cork walls and destroyed furniture and gym equipment (Pearse 1979b). Williamson and Pearse's faith in the existence of a biological order that would assert itself, given time, forbade interference. "Authority" and "responsibility" were antithetical concepts to Williamson. System, he argued, should not be mistaken for order. According to Pearse, the trouble was "talked out" and the community itself dealt with the few troublemakers (Pearse 1979a). However, in 1938 members of the executive committee of the Centre were still voicing concern about the high cost of damage caused by the children (Peckham Health Center Archives a) and apparently one boy gambler was ejected, but this was never mentioned in the public reports (Farley 1981). Williamson maintained that once the members discovered what they wanted to do and became attuned to the freedom they were offered, then order emerged out of the chaos (Williamson 1946a).

The claim that this happened without direct intervention or manipulation by the Centre staff was important in terms of the support it gave to Williamson and Pearse's original premises. However, a critic writing in the *Lancet* suggested, in the course of one of the most balanced reviews the experiment received, that "members had only to

try something that was disapproved of to find that definite limits were in fact set to social activity" (Chance 1950, 727). Others who observed the work of the Centre first-hand also stressed the dominant personality of Williamson. Dr. K.E. Barlow characterised Williamson's role at the Peckham Health Centre as that of a "ringmaster" (Barlow 1981), while Frances Donaldson (whose husband, Jack Donaldson, gave £10,000 to help build the new Centre, opened in 1935) put it more strongly when she called him a "dictator" (Donaldson 1959).

Direction and perhaps manipulation were inevitable, particularly when the member families were given no formal say in planning the Centre. Williamson and Pearse's fault lay in denying that it happened. They stressed that no clubs or committees were formed in the Centre so that anyone who had not tried a particular activity before could not be intimidated by the existence of a group of "experts." But the prohibition of organized activities constituted a rule. Use of the equipment and facilities was eventually worked out using a "ticket system," instigated by Lucy Crocker, an imaginative and valued staff member at the Centre. Each child had to find a "curator of the social instruments," who was always moving through the open floors of the building, and claim a ticket to do whatever he/she wished. This allowed both the rationing of equipment and a record to be kept of each child's activities (Pearse and Crocker 1943, 127–9).

More direct intervention was possible during the course of the family health overhauls. The obligatory health overhauls were designed to establish the "capacity" of members for individual, family, and social life and to let members know "where they stood" in terms of their physical efficiency. Each member was given a series of thorough laboratory tests and then examined individually, females by Pearse and males by Williamson. The family and the two "biologists," as Pearse and Williamson preferred to be called, then came together to hear the results of their examinations and to have the biological significance of each phase in individual and family development explained. Williamson and Pearse referred to the family consultation sessions as a means of "democratising biological knowledge" (Williamson 1945, 117). The Centre also offered premarital consultations to engaged couples, and pregnant women were given fortnightly antenatal examinations, which included blood and urine tests (Williamson and Pearse 1938). The Centre focused its attention on the young family because it represented the vitality and growing point of society, and

on the "biological functions" of puberty and pregnancy, which were believed to be periods of differentiation crucial to the cultivation of health.

In terms of their physical health, families were told first what was "right," second, what was wrong with them, and third, what the options were regarding treatment. The responsibility for seeking treatment was left to the family although the Centre helped by providing referrals. Pearse argued that by making their own decisions, families took "a step forward in confidence in their own ability to act reasonably" (Pearse 1979b, 44). Because the Centre was concerned only with "health," it refused to offer treatment, although in practice this policy broke down. For example, when 42 percent of males and 23 percent of females aged 6 to 10 years were found to have worm infestations, for which local GPs appeared to have no effective remedy, the Centre devised its own "medical" treatment (Williamson 1945).

Williamson and Pearse stressed that, after their initial examination, members approached the health overhauls without anxiety, although as many as 10 percent of the total number of families applying for membership "took fright" at the prospect of overhaul and decided not to join. Apparently people who had been in hospital often feared that an examination would result in another operation (Peckham Health Centre 1936; Underwood 1981). Williamson and Pearse attributed the gradual diminution in anxiety about the overhauls to the way in which they were firmly dissociated from the typical army or insurance medical examination. The aim was not to look for major and minor conditions of a specific nature and no "pathological check list" was used (Williamson and Pearse 1938, 47). No formal case histories were taken either, because it was felt that these focused the mind of the patient on what might be wrong. Instead, information was recorded continuously during the course of conversations with members in the Centre and by watching family behavior.

Members were at first shocked by the thoroughness of the health overhaul. As one respondent commented: "Wherever there was a hole, they were in it" (Brooker 1981). However, members of the Centre also recalled Williamson and Pearse's sympathetic understanding of their fears of personal examination, especially in the case of women who had never been internally examined (Farley 1981; Taylor 1981). Williamson and Pearse also seem to have given prompt attention in case of injury at work, and some ex-members reported that they

virtually ceased to go to their local general practitioner, relying instead on the Centre for both advice and treatment (Taylor 1981). Overhauls were arranged at times to suit the members. The Centre offered appointments for examination at any time between 2 and 10 p.m., thus making it unnecessary for the worker to take time off. Williamson and Pearse also installed a bath at the Centre because they found that no member liked to appear for examination without having bathed, but the lack of a bathroom in many of the homes in the neighborhood made bathing the whole family on the same night an impossibility. The sterile gowns provided for members to wear while in the consulting rooms of the Centre also lessened embarrassment.

Williamson and Pearse insisted that they let people know "where they stood," and did no more. But emphasis, language, and even gesture become important here. In the Peckham film, "Mrs. Jones" is told that she has a "misplacement" which may be corrected by operation or unspecified "rather tedious treatment." Not surprisingly, the decision for Mrs. Jones was reduced to whether or not to have the operation. The consultations also provided the biologists with the opportunity to express their views regarding matters such as the importance of children to a marriage, of good physical health during pregnancy, the way in which a home should grow, and its significance in terms of the most important biological function: "the parental faculty for nurture." The talks given by Williamson and Pearse on these occasions proceeded by way of their favorite method of biological analogy; for example, homes were "nests" and the influence exerted by the engaged couple on each other as "subtle as pollen" (Pearse 1979b, 2, 86). Pearse commented: "It is one of the most heartening experiences to take part in a pre-marital consultation, to see dawning in the comprehension of one or other of the pair the meaning for them of this biological interpretation of their situation . . . " (Pearse and Crocker 1943, 242). Because Williamson and Pearse believed the biological principles underlying their work to have the status of natural laws, they represented these interchanges as the "democratization of knowledge" (Williamson 1945, 112) rather than a specific form of guidance or influence.

Direction within the Centre was also achieved by the use of suggestion and rumor. The first report of the Centre documents a case where this was carefully manipulated. Health talks and lectures had been found to pay scant dividends so, having persuaded a mother whose

first child had died of diphtheria to have her other children immunized, Williamson and Pearse then encouraged her to talk to others "in her own language" about the benefits of the measure. In terms of ends there was little difference between this controlled use of suggestion and the spontaneous endorsement of the antenatal services provided by Pearse, which passed from woman to woman. But the Peckham Experiment was consciously concerned about means as well as ends.

It does seem that overt intervention occurred more frequently in the early stages of the experiment. The first published report records two cases: one of a father who, frustrated in his own career ambitions, was invited to invest them in his ten-year-old daughter; the other of parents being persuaded by the Social Secretary to send their child to secondary school "even if it meant the selling of a prized piano, bought (but not yet paid for) on the installment system" (Pearse and Williamson 1931, 41, 115). There are no similar examples to be found in later reports. Williamson and Pearse were genuinely committed to the idea of spontaneous action and, as far as their biological premises allowed, probably intruded less rather than more into the lives of members. What is at issue here is not the quality of the relationship between Williamson and Pearse and the members, which was obviously first class, but rather how the interaction between directors and members affected the outcomes of the experiment. On balance, we would accept the judgment of a writer in the *Scientific Worker:* "Many people visiting the Centre in its heyday just before the War must have been struck by the fact that the Peckham scientists had preconceived notions about the very matters they were investigating" (Winner 1950).

Political Implications of the Peckham Experiment

Biological principles led Williamson and Pearse to attach great importance to the way in which the human organism responds to its environment. From this they derived the concept of responsible action which encompassed more than strictly biological concerns, as the following passage from Williamson's writings shows: "Health demands that a man shoulder his own burden. It is better that he receive his whole wage and himself take the responsibility for his own welfare than he be given what is presumed to be good for him and robbed of responsibility. The one spells health, the other atrophy and de-

generation" (Pearse and Williamson 1931, 130). Williamson and Pearse maintained that the onus of healthy development rested with the individual. Health had to be "self-acquired and self-supported." A.D. Lindsay, the Master of Balliol College, who wrote the preface to the first published report of the Centre, recognized the way in which the Centre encouraged what he called "social self-maintenance," and compared the Centre's ideals to those of the late nineteenth-century settlement movement. Certainly, Williamson's idea of responsible action incorporated notions of individual responsibility reminiscent of late nineteenth- and early twentieth-century social reformers, who would also have found themselves in sympathy with his favorable attitude towards payment for services and his fight against state involvement in health care.

Initially, the Peckham Health Care Centre charged a weekly subscription of 6 pence per family, which rose to 2 shillings after the war. Williamson maintained that the skilled and semiskilled families who comprised the membership of the Centre could afford such an amount, because most of them had an unallotted sum in their budgets which they were only too happy to spend on something worthwhile rather than on visits to the dance hall or the pub. The experiment required the recruitment of families who were not experiencing financial difficulties and who, given an expanded environment alone, might be expected to improve in health. Williamson and Pearse deliberately avoided the poor and the social-problem group. However, out of 720 family memberships in 1947 (the number fell far short of the target of 2,000 families), only 580 were making regular payments (Peckham Health Center Archives b). An ex-staff member recalled that the Centre experienced considerable difficulty in extracting subscriptions from members who had fallen behind in their weekly payments and one former member recalled considerable resentment among members when the Centre raised its subscription fee in 1945.

Williamson's suspicion of state control was a matter of principle rather than professional self-interest and, therefore, not subject to negotiation. In the first place, any free service provided by the state posed a threat to the concept of responsibility. Williamson argued that whenever the state stepped in to provide free milk, drugs, or medical services it threatened the individual's liberty by taking away his responsibility for maintaining his own health and also effectively blamed the individual for his condition (Williamson 1945). Williamson and Pearse never used the concept of responsible action as a means

of shifting blame onto the individual. This contrasted strongly with the position of the early twentieth-century infant welfare movement which had been the first to stress the importance of cultivating personal health, but which also held the mother's own ignorance and carelessness to blame for the high infant mortality rate. Williamson turned this sort of analysis on its head when he insisted that responsibility for maintaining his own health was "the working man's last prerogative to be defended at all costs" (Pearse and Williamson 1931, 129).

Secondly, Williamson condemned government health officials for not endorsing the kind of service he advocated. When Peckham closed in 1950, he regarded it as "a victory for state pathology" (Williamson and Pearse 1951). Thirdly, Williamson believed that no amount of government organization or "monopoly socialism" could provide the means to improve the standard of health because, at base, this involved an attitude towards and a commitment to the individual which could not be achieved by a state bureaucracy. Williamson was not opposed to the idea of one optimum standard of service for all; he objected only to the means of administering it. In the Peckham Centre and in his proposals for a reformed general practice, he was concerned to preserve direct contact between the individual and the biologist or medical practitioner. He had campaigned actively against the 1911 National Health Insurance Act in Bristol (Pearse 1979a) and inevitably disapproved of the National Health Service introduced in 1948. Calling himself a "liberal socialist or a socialist liberal," he attacked what he saw as "monopoly socialism" and during the late 1940s gave the occasional lecture to anarchist groups in London (*Anarchy* 1966). While other members of the medical profession could respect his concern to preserve the relation between doctor or biologist and "patient," Williamson's stand against a free medical service greatly distanced him from the trend of opinion during World War II and, in particular, from the Socialist Medical Association, which was the chief source of support for the kind of general practitioner therapeutic centres or cells he had in mind.

Social Implications of the Peckham Experiment

For biological reasons Williamson and Pearse emphasized the importance of the family rather than the individual as the basic unit of society.

Williamson believed that if the fundamentals of home and family were healthy, all other problems, including those of the individual as worker, would also disappear (Williamson 1945). He was also convinced of the advanced disintegration of the family unit, and believed that this in turn threatened both the health and stability of society: "All our experience goes to confirm our first contention—that the social and cultural disintegration of the nation runs parallel to the disintegration of the family" (Peckham Health Centre 1939). The Peckham Centre aimed to strengthen the family but, because of Williamson and Pearse's belief in a natural biological order, prescribed an essentially normative set of roles and relationships within the family, thus imposing clear limitations on the freedom of choice and action it otherwise encouraged.

As a biological, functioning unit, the human organism of man plus woman had ideally to be complementary. Any insistence on equality between the sexes "fell short of being the answer to woman in her position as a mature fully developed human being complementary to man; that is to say as a full partner in the creative unity of all living" (Pearse 1979b, 168–9). This view of the essential natural difference between, and complementarity of sex roles within the family was shared by Geddes and Thompson, who considered the idea of sex equality to be crude: each sex predominated within its own functional sphere (Geddes and Thompson 1931).

Williamson and Pearse described the role of the mother thus: "The mother, primarily a physiological selective machine for the nutriment of the infant, becomes no less the medium through which the nutrition of the family in general is achieved. . . . It is probably no coincidence therefore that the woman in history seems to have been responsible for the establishment of the homestead" (Pearse and Williamson 1931, 54). They traced the development of the female role back to adolescence when the emergent male/female action patterns were attributed to "the internal bias of sex" which made the boy look outward and the girl inward (Williamson 1965, 119). The virility of the young adolescent male, "hunting in the pack," was described as "an essential factor in the blossoming vitality of the social life of a people," while the adolescent girl, quieter and attracted more to people than activities, had about her "the passive immanence of her femininity" (Pearse 1979b, 117). Male adolescent celibacy and female virginity were celebrated not as ideals of moral philosophy, but as part of the natural biological order. When the young woman became a mother she formed,

for biological purposes, a single unit with her child until the child was weaned. Pearse and Crocker wrote: "Nature has determined the primary and specific function of the young wife. It is to feed and rear the child, first in the womb, then at the breast, later through the experience gained in the intimacy of her presence from her own progressive development and widening range of activities" (Pearse and Crocker 1946). This role was explained to the young wife at family consultations, and Pearse recorded her belief that the young women "grew in dignity" when their importance to the health of the family unit was explained. Mothers who worked suffered atrophy of their nurtural faculties. Williamson believed that domestic incompetence was the commonest cause of disease and disorder and would have liked to have seen every bride produce a "certificate of domestic competence" before marriage (Williamson 1945). Similar sentiments resulted in the Board of Education's attempt to increase the amount of domestic training given to girls in schools and the Ministry of Health and the British Medical Association's experimental cookery demonstrations for housewives during the 1930s (London. Public Record Office b, c).

The Peckham investigators deliberately devoted more attention to the role of the female than to that of the male. They noted that no organizations except the townswomen's guilds and the women's institutes concentrated on the position of the mother and nowhere at all, other than at Peckham, was the family given priority. The position of women was believed to be particularly problematical because of the way in which industry and the state had eroded the functions of the housewife and mother. Pearse noted that women attending the Centre were "of an age to have been born at the time when a whole concatenation of events occurred to bring about far reaching changes in the domestic life of her parents and their home," and then listed rapidly rising male wage rates, cheap ready-made clothing, convenience foods, "bag washes" by laundries, and labor-saving devices such as gas stoves. In the isolating world of suburbia, Pearse believed that "it was the woman's role more than the man's that is suppressed" (Pearse and Crocker 1943, 254; Pearse 1979b, 168–9).

The perceived need to raise the status of motherhood was argued with new urgency during World War II. The influential Newcastle pediatrician, Sir James Spence, distrusted state intervention in the family and, in particular, believed that the social security system

ignored and, therefore, undermined the role of wives and mothers as managers of the domestic economy (Spence 1960). He welcomed William Beveridge's 1942 plan which assumed women would return to the home after the war and proposed to give them a new insurance status on marriage in recognition of the "vital work" mothers had to do "in ensuring the adequate continuance of the British race and British ideals in the world" (United Kingdom. Parliament 1942–1943). Spence and Beveridge both determined the needs of mothers according to a functional definition of motherhood. Similarly, while the Peckham experiment stressed the importance of motherhood and aimed to expand the activities of mothers, it did so within the bounds set by a biological definition of women's role. The solution to the perceptive observations regarding the problems of the "neurosis of the isolated newly-wed wife" (Williamson and Pearse 1938, 48) was to involve her in dressmaking, keep-fit classes, the Centre nursery, and the canteen in order to give her the skills and interests which would enable her to act as the all-important homemaker. The experiment promoted spontaneous and free action only within strictly defined gender roles.

Williamson and Pearse's analysis of the problems facing women attending the Centre, and their solution, proved very influential. An article published in the *Lancet* in 1938 identified "suburban neurosis" as a major problem facing hospital outpatient departments:

> Among the neurotics, there has been a decline in the number of simple old "bottle-of medicine" loving patients, their places being taken by less poverty-stricken young women with anxiety states, the majority of whom present a definite clinical picture with a uniform background. . . . Mrs. Everyman is 28 or 30 years old. She and her dress are clean, but there is a slovenly look about it. She has given up the permanent wave she was proud of when she was engaged. Her clothes, always respectable and never as smart as those young ladies who work in the biscuit factory, are, like her furniture getting a bit shabby. She is pale but not anaemic. Her haemoglobin is 86% (Taylor 1938, 759).

Typically, "Mrs. Everyman" complained of a wide range of symptoms including backache, insomnia, shortness of breath, and loss of weight. The author's diagnosis and prescription are very similar to those of the Peckham Centre, whose work he praised. He blamed the condition

on the isolation of suburban life and the "false values" induced by modern advertising. Social interaction in a club such as that provided at Peckham or "another baby, rather than a new wireless," might effect a permanent cure. During 1939, writers in the *British Medical Journal,* as well as the National Council of Women, advocated the establishment of more centres on Peckham lines as an antidote to the problems of suburban neurosis.

Williamson and Pearse's belief in biologically determined sex roles imposed constraints on all the Centre's more obviously progressive ideas. For example, while the Centre provided a crèche, its purpose was firmly dissociated from that of a day nursery which was condemned as "a nicely conceived and attractive measure to meet the press of economics on modern conditions" (Pearse and Williamson 1931, 102). In this, Williamson and Pearse's ideas were akin to those of medical officers of health who deplored the encouragement day nurseries gave to married women's waged work (London. Public Record Office d). A mother bringing her child to the nursery was required to stay at the Centre herself. This ensured both that parental responsibility for home life was not weakened and that the mother was given a new opportunity to expand her social contacts, learn new domestic skills, and, thus, make her home a more attractive and qualitatively better place:

> Moreover while the mother is revived by the respite from the charge of the infant, the father also had benefited by repercussions from the change, because, for the first time in many months, he finds himself served with a well-cooked supper by a tidy and cheerful wife (Peckham Health Centre 1928, 9).

Williamson and Pearse continued to give frank advice on family planning during the course of family consultations throughout the 1930s and 1940s. They saw the use of birth control as a form of responsible action and, as such, to be encouraged. Because the biological organism consisted of the mated pair, they also insisted that decisions about birth control be taken jointly. This was an extremely progressive view for the interwar years, when the few physicians who were openly prepared to support birth control were more likely than not prepared only to "have a word with the husband" (Anderson 1923). But Williamson and Pearse insisted that the healthy use of contraceptives consisted in planning families, not in avoiding childbearing completely nor in deliberately restricting families to only one to two children.

This would be to violate the natural urge to parenthood and could only be explained in terms of devitalization.

The concept of devitalization was employed by Williamson and Pearse to explain the declining birthrate, which was much commented on and feared during the 1930s (Charles 1934; Political and Economic Planning 1936; McCleary 1937). Pearse explained to the Royal Commission on Population in 1944 that devitalization was a physiological and not a psychological condition (London. Public Record Office a, 2), but her views received little publicity, perhaps because they bore too close a resemblance to the early twentieth-century fears of urban degeneration. Certainly, the Peckham reports used the much publicized findings that large numbers of army recruits had been declared unfit during the course of the Boer War and World War I in support of their idea of devitalization. In proposing a physiological cause for the declining birthrate, Williamson and Pearse put themselves in the company of extremists such as Professor Corrado Gini, who regarded the decline in breastfeeding as proof that women's reproductive organs were atrophying (Gini 1926). It was rare for Williamson and Pearse to participate directly in a current debate using Peckham research findings. But the concept of devitalization linked together much that was important to them. It provided additional impetus to the idea that health was something more than the mere absence of disease and explained why apparently normal families, especially the all important, young married couple, failed to "function" healthily.

Williamson and Pearse believed that a large family provided the best environment for the full development of the child's faculties, and members were actively persuaded not to postpone having children for economic reasons. Pearse was proud of the fact that the birthrate of Centre members showed a significant increase (Halley Stewart Trust Archives b). In their "positive" attitude to birth control, the directors resembled Marie Stopes, who tried to justify contraception in a society beset by fears of population decline by showing that people practicing it ended up with larger families (*Birth Control News* 1922). The Eugenics Society welcomed the views of Williamson and Pearse and hailed the Centre as an appropriate environment for selective mating and the promotion of fertility (Gowing 1943). Williamson and Pearse had equally decided views on abortion. It was condemned because it interrupted a biological process and, therefore, curtailed further biological maturation on the part of the woman, a factor relating to health which was not considered in the medical assessment of risks.

Williamson and Pearse also stressed the importance of the mutual involvement of husband and wife in pregnancy. At the family consultations, prospective parents were told: "We regard pregnancy as a matter that affects the parents equally" (Williamson and Pearse 1938, 45). Careful attention was paid to the physical health of the pregnant woman at Peckham in terms of diet and, even more crucially, exercise; it was not uncommon for pregnant women to continue swimming within days of delivery. In a vivid imaginary conversation, Pearse conveyed what Peckham's attitude towards pregnancy meant for women: "And not minding coming in pregnant, that makes a difference too—instead of creeping out after dark—to come round here in the afternoon" (Pearse and Crocker 1943, 152). The Centre also favored home births at a time when the trend was firmly towards hospitalization of childbirth (Royal College of Obstetricians and Gynaecologists 1944; Royal College of Obstetricians and Gynaecologists and Population Investigation Committee 1943). Sir William Gilliat was persuaded to provide a 48-hour delivery service at King's College Hospital for those whose home circumstances were considered unsuitable for domiciliary delivery. Home births were advocated not on grounds of parental preference, but because the home was the natural "nesting place." Williamson and Pearse deplored the idea of any stranger, such as the health visitor, visiting the home after the birth; as usual, this idea was derived from animal behavior. The Centre was designed to expand and enrich the home environment but not in any way to intrude on its privacy. It was not considered that the isolated newly married suburban housewife might well have welcomed help in the period following childbirth. This mixture of apparently advanced and rather backward looking ideas may be considered typical of Peckham, but in terms of Williamson and Pearse's philosophy they were in no way contradictory.

The Centre's idea of weaning the infant at the appropriate biological moment using bits of food from the family table also represented a more relaxed attitude to child care. Again, Williamson and Pearse justified their views biologically; the child must be offered solid food at the right biological moment and that food must be something that comes from his familiar environment, the analogous situation being the way in which bitches weaned their pups on regurgitated food (Pearse and Crocker 1943, 175). But from the mother's point of view, this prescription compared very favorably with the rigid four-hourly feeding schedules recommended during the 1930s. All the ex-members

interviewed expressed an appreciation of the way in which the Centre catered for children of all ages. They all used the nursery in the confidence that their infants were being well looked after and they could enjoy the Centre's facilities in the knowledge that their other children could join them there immediately after school.

The limitations imposed by Williamson and Pearse's underlying premises did not necessarily create tensions for the members. In Peckham, sex roles were already highly differentiated; moreover, the membership was self-selected. Ex-members who were interviewed spoke of relations or friends who had tried Peckham but who "didn't get on with it," usually because they had no love of sport and presumably therefore decided that it did not offer value for money. Not all couples could have been as happy as Mr. and Mrs. Stockwell who went to the Centre every evening, where he played billiards and she helped in the canteen. On the other hand, women, especially, could take a leading role in the Centre's social life, perhaps because formal clubs and associations were banned. Thus, Mrs. Elsie Purser, who later led the members' campaign against closure, was extremely active at the Centre and remembers how much it helped her to go there when she had to give up her job on marriage because of the marriage bar which continued to exist in all Civil Service and teaching jobs and in some industries until World War II (Stockwell 1981). Nevertheless, the Centre never achieved its target of 2,000 family memberships, and in 1950 it was forced to close for lack of money.

The Failure of the Peckham Idea

One of the major platforms used by Williamson and Pearse to popularize their ideas was the Political and Economic Planning (a research institute) Health Group, which produced the *Report on the British Health Services* in 1937, and which Williamson chaired between 1935 and 1936. Yet even the Report made little reference to Williamson's central idea of separate health and medical services, including reference to the Centre only under the heading of "health education" and acknowledging in a paragraph the "strong representation" that had been made as to the impossibility of the general practitioner doing "constructive health work" (Political and Economic Planning 1937, 161–3).

Williamson failed to convince either policy makers or the medical

profession as to the importance of his ideas. His concept of health was never fully understood or accepted and, in common with subsequent commentators, Williamson's contemporaries tended to abstract only those parts of the Peckham idea they perceived as interesting. In the 1930s and 1940s attention was confined almost entirely to the health overhauls—the only part of the Experiment susceptible to measurement.

Williamson and Pearse's biological premises meant that their definition of health practice was not confined to the promotion of physical health but rather included all issues relating to the mating and reproduction of the individual and his relationships with the wider society. For example, they believed that the health practitioner should understand how the relation between the vitality of the soil, the quality of the food, and the processes of nutrition affected personal health. Their concern was in no way related to the intense debate over the connection between poverty, nutrition, and ill health that was waged during the 1930s between the Ministry of Health, the British Medical Association, individuals, and pressure groups (Webster 1982). Williamson and Pearse rarely contributed to any of the mainstream debates about health issues, believing them to be irrelevant to their much wider vision of a reformed health and medical practice. In regard to nutrition, their holistic approach to health led them to believe that the crucial element was the degree to which the body was incapable of utilizing food, not the provision of food per se. They found support for their views and for their advocacy of a whole food diet in the work of Sir Robert McCarrison (1944), with whom Williamson cooperated on thyroid research (Williamson, Pearse, and McCarrison 1929). But the concept of health foods was by no means respectable in the 1930s and neither Williamson nor Pearse had McCarrison's reputation in the field, which he had gained as Director of Research in Nutrition in India. Moreover, some Peckham staff members were known to be involved in a related, dubiously scientific venture, called the Living Soil Society, which was founded by Lady Evelyn Balfour (Balfour 1943; Halley Stewart Trust Archives c). The society considered the most pressing problem facing the postwar world to be one of soil erosion, a conclusion also reached by Smuts (Orr 1966). To the Peckham investigators, this aspect of the work was as important as any other, but to medical observers it appeared merely unfortunate that their concern with "social causes" diverted them from the really important work of health overhaul (Chance 1950).

When it came to their most important assertion—that the Centre had witnessed orderly growth and healthy development in family life—Williamson and Pearse could offer little by way of proof. Their only evidence took the form of psychosocial observations. For example, after the new Centre opened in 1935, it experienced about eight months of chaos, as children entering the Centre for the first time ran wild. When the Centre reopened after the war, no such period of chaos was experienced, which Williamson and Pearse chose to interpret as the irreversibility of biological growth (Williamson and Pearse 1951). Similarly, the example of the behavior of the grandmother who dived off the top board of the swimming pool four months after learning to swim was interpreted as a tardy repair of an omission in childhood development, and did not indicate "balanced health." The lack of gradual and orderly development of function in the human organism could be compensated for in later life but never remedied. Pearse's grandiose claim that "the causes we have unearthed for the prevalance of untreated disease in the populace indicate that those causes are inherent in human nature and therefore are not confined to any area or locality, so that the results of our research have universal application" made little impression on those looking for more concrete evidence (Halley Stewart Trust Archives d).

The medical profession came closest to an appreciation of Williamson's notion of health during the early 1940s, when it gave a general expression of support to the need for the planned National Health Service to encourage some form of "positive health." The British Medical Association's Medical Planning Commission stressed that any reform of the medical services should ensure that the general practitioner took responsibility not only for diagnosis and treatment but also for the "promotion of health" (British Medical Association 1942). When the Ministry of Health's white paper on the projected National Health Service was published in 1944, one reviewer in the *Lancet* condemned the proposals on the grounds that they were concerned with medical services rather than with health services. Commenting specifically on the white paper's proposals regarding the establishment of health centers, the reviewer wrote:

> A real Health Service must surely concern itself first with the way people live, with town and country planning, houses and open spaces, with diet, with playgrounds, gymnasia, baths and halls for active recreation, with workshops, kitchens, gardens and camps,

> with the education of every child in the care and use of his body, with employment and the restoration to the people of the right and opportunity to do satisfying and creative work. The true "health centre" can only be a place where the art of healthy living is taught and practised: it is a most ominous and lamentable misuse of words to apply the name to what is and should be called a "medical centre" (*Lancet* 1944, 443).

A similar theme was taken up in a "Target for Tomorrow" pamphlet on health. This popular series of pamphlets was edited by a board which included William Beveridge, John Boyd Orr, Julian Huxley, and Charles Madge. In *The Nation's Health,* published in 1944, the author listed the problems of health as sanitation, housing, industrial welfare, nutrition, education, and "social integration." The latter was illustrated by pictures and quotations from the Peckham Health Centre's published reports. The pamphlet concluded with a call for a "planned campaign for social and positive health" and "health overhauls" for the whole population (Mackintosh 1944). Williamson himself rejected the term "positive health" because he argued that there could be no such thing as negative health (Williamson 1946a); however, he was overjoyed at the general interest aroused in the concept (which he attributed to the publication of *The Peckham Experiment* in 1943), and began to make optimistic plans for the Peckham Centre to train staff for the new health centers proposed in the ministry's white paper.

The only quantifiable data produced by the Peckham Health Centre came from the health overhauls which did not in and of themselves provide any evidence regarding the nature of health. The health overhauls were, after all, essentially *medical* examinations. Williamson and Pearse's justification for calling them health overhauls rested chiefly on the attitudes of members towards them and the fact that they were carried out regularly, regardless of the absence of reported symptoms. Indeed, Pearse regretted the way in which the revelation of the extent of hidden disorder had concentrated the public mind on the idea of disease (Pearse 1979b).

The medical profession believed the overhauls to be the most valuable part of the work of the Centre and much of the discussion centered on whether the cost of regular periodic overhaul for the whole population could be justified in terms of preventive medicine (Chance 1950). However, when the Medical Research Council (MRC) looked at the overhaul data in response to a request from Williamson for funding,

the medical statistician Sir Austin Bradford Hill reported that "much of the family records has been merely scribbled down [sic] in such a way that nobody but the compilers could interpret the entries." Moreover, the histories he looked at showed "no real system of periodic overhauls; for instance on a family that belonged for 10 months, the wife was apparently examined 20 times, the husband once and the three daughters twice, each at varying intervals" (Medical Research Council Archives a). He, thus, recommended that in order to justify any financial support, the research would have to be much more closely defined and the record-keeping system greatly improved. He felt that one profitable line of research might be to study leucocytes in "health" and in colds. But Peckham's philosophy did not permit this sort of clinical investigation.

During the interwar years, the MRC shifted its support away from the kind of research done by Mackenzie at St. Andrews to the emerging fields of epidemiology and social medicine, which were considered to be more statistically sound and more scientifically rigorous. In both these fields, the concept of health differed considerably from that arrived at by Williamson and Pearse. Epidemiologists were interested in the range and variability of a particular structure or function; by "health" they meant "the normal." Bradford Hill was an influential member of the MRC during the interwar years, largely because of his work in the new field of experimental epidemiology. This research, which was funded by the MRC for 18 years, was designed to show how exposure to the risk of infection affected a scientifically controlled population in terms of survival rates and increased resistance to infection on the part of survivors. Previously, controlled laboratory experiments had yielded information on the response of the individual host to infection, and epidemiological data had provided information only on naturally infected populations (Hill and Greenwood 1936). Those involved in social medicine during the 1930s and 1940s referred to the need to measure health and to the importance of studying the whole man in his environment, but their work consisted chiefly of surveys to establish the quantity and causes of disease in the community. John Ryle, who took the first chair in social medicine at Oxford in 1943, wrote to Williamson that he had tried for many years "to think of medicine as 'the biology of Man in health and disease,' " and in a number of talks on the social obligations of medicine had "urged that our studies must now move in the direction of a broader, but

also closer, study of man in relation to his environment" (Halley Stewart Trust Archives e). However, the gap between Williamson and Ryle was effectively revealed when Ryle wrote in his book on social medicine, *Changing Disciplines,* that good social medicine had to be grounded in sound knowledge of social pathology (Ryle 1948). F.A.E. Crew, professor of social medicine at Edinburgh, also took this position, although perhaps because of his background in genetics, he put greater emphasis on the need to study human and social biology and human ecology (Crew 1948).

The Peckham Health Centre was concerned, above all, with the individual and ways of helping him or her to improved physical health and an expanded life. Those in epidemiology and social medicine were interested in discovering the extent and variability of disease among populations in order to promote more effective medical practice. The medical profession generally regarded the Peckham Health Centre as an experiment in social medicine (*Medical Officer* 1950), and in the view of both the MRC and the scientific advisory committee called in to advise the London County Council (LCC) on the future of Peckham, the experiment was conducted improperly. The staff were not suitably qualified; the member families were self-selected when they should have been randomly sampled; there was no control group, no clear research objectives, and no clear results (Medical Research Council Archives a; Greater London Council Archives b). The scientific advisory committee to the LCC wanted the Centre to continue as a family club, provided that "scientific" methods were employed to select the families. They recommended as suitable lines of research: juvenile delinquency; a mobility study; antenatal investigations, such as the incidence of fatigue in pregnancy; and the effect of day nurseries on child development (Greater London Council Archives c). These bore no relation to the study of the critical points in the family life cycle, which had interested Williamson and Pearse and focused on social and medical pathology rather than health. For example, Pearse stressed that in their research on maternity, they wanted to investigate "maternity itself as distinct from the prevailing concentration on research into maternal mortality and morbidity" (Halley Stewart Trust Archives d). Williamson and Pearse insisted that cultivating "vitality is as different from preventing mortality as is chalk from cheese" (Peckham Health Centre 1937).

On the request of the Halley Stewart Trust, which was the financial

mainstay of the Centre throughout its existence, Williamson and Pearse produced a research program in 1949. But it bore traces of hasty compilation and hardly provided a research design to impress the MRC. For example, under the heading of "human genetics," an advanced field of molecular biology by the 1940s and 1950s, they proposed to study courtship patterns among Centre members. Under "nurture," they proposed to focus on the "recognition of instinct as a guide to action" and how natural instincts could be advanced by knowledge (Peckham Health Centre 1949). While Williamson assured Bradford Hill that Peckham would standardize its records, he refused to contemplate any other change in the Centre's methods (Halley Stewart Trust Archives f; Medical Research Council Archives b). Williamson dismissed the epidemiological and social medicine approaches because their primary concern was with ways in which to measure disease rather than with what Williamson and Pearse saw as the more fundamental issue of what it was that should be measured. In Williamson's words: "The proof of the pudding is in the eating, not in the statistics of the pudding" (Halley Stewart Trust Archives a).

The MRC, therefore, continued to withhold its support from the Centre, which meant that when Williamson approached the Ministry of Health and charitable trusts for money, the large sums required were not forthcoming, and from the late 1930s onwards the Centre faced perpetual financial difficulties (Medical Research Council Archives a). Nor could the Centre be incorporated into the structure of the National Health Service because it insisted on retaining its rules relating to family memberships, the payment of subscriptions, and recruitment within a half-mile radius.

Faced by mounting debts, the increasingly autocratic behavior of Williamson, and deteriorating staff relations at the Centre (Halley Stewart Trust Archives g), the executive committee of the Centre in conjunction with the Halley Stewart Trust decided to push through the sale of the Centre to the London County Council. Williamson was never reconciled to the sale and in 1951, after the Centre had closed, he wrote a bitter denunciation of state-controlled "health" care:

> To maintain its [the state's] integrity it can brook no influence that comes from outside its own programme of compelling "care." It stands upon the ground of cure and prevention of disease, disorder and vice. It is not yet ready to consider the possibility that the

> cultivation of order, ease and virtue in society, might prove an even greater power for the welfare of the people than the abiding "care" of the administrator (Williamson and Pearse 1951).

When the LCC took over the Centre in 1950, it considered the future of the different aspects of the Centre's work separately. On the question of research, the LCC sought the help of the Ministry of Health, the MRC, and its own scientific advisory committee. It categorized the antenatal work and nonresearch aspects of the health overhauls as preventive medicine and discussed their future under the mandate given the LCC by the 1946 National Health Service Act, while the leisure facilities of the Centre were turned over to the LCC's education committee to deal with under the 1944 education act, which contained provision for community centers (London. Public Record Office e). As an entity, Peckham Health Centre fell outside the municipal mandate.

The issue of research continued to be discussed throughout the period of 1951 to 1957, but the MRC showed no interest in the sort of work that could be based on a family club membership (Greater London Council Archives d). In 1958, the medical function of the Centre was finally resolved when one of the first postwar health centers in the form of a general practitioner diagnostic center was opened in the building, with X-ray and laboratory facilities, and a physiotherapy unit (Greater London Council Archives e). From the beginning, the LCC had made no connection between the leisure facilities provided by the Centre and the nature of the research undertaken there; hence, its initial aim to keep the family club going to provide the material for research while operating the gym, swimming pool, and other facilities separately as part of an evening education institute. The LCC promised that family club members would be allowed to join the evening institute and to use the Centre's equipment. During 1951 and 1952, the LCC was forced to explain and negotiate its proposals with an extremely active members association from the old Centre. Eventually, the association expressed no further interest in the LCC's plans because it became clear that age and time restrictions would be imposed on the use of the facilities. As the association explained to the council, they believed "that a family club should provide equally for all members of the family, and that facilities should be such, that while mother and father are engaged in activities or even just having

a cup of tea, the children should be there also, each conscious of the other" (Peckham Health Centre Archives c). On the whole the LCC was pleased with the decision of the members association to withdraw because it was "fairly obvious" that they "had set out to get control of the building" (Greater London Council Archives f). This was something the LCC very much feared, because the freedom of action permitted by Williamson and Pearse had apparently taken a heavy toll of such expensive items as gymnasium climbing ropes (Greater London Council Archives g). The council then proceeded with its plans to partition the open-plan building.

The Peckham Centre closed because Williamson and Pearse refused to compromise. The Experiment was the product of a complex set of ideas which Williamson would not change; either the Centre and all it stood for had to be accepted whole or not at all. But to their contemporaries most of Williamson and Pearse's ideas—insofar as they were understood at all—appeared outlandish.

The Significance of the Peckham Experiment

The Peckham experiment has been frequently cited by advocates of reform in medical care largely because of the positive way in which the members of the Centre reacted to it. The quality of relationships between the members and Williamson and Pearse, the quality of the care members received and of the community life of the Centre were all highly valued by the member families. In all these aspects, as well as in smaller points of detail, such as the flexible appointment system for health overhauls, the Centre may be judged to have been in advance of its time. But the work of the Centre must also be assessed in the light of what Williamson and Pearse set out to achieve. The political and social implications of the Peckham philosophy may not have posed problems for the self-selected membership of the Centre, but Williamson's unwavering belief in the importance of the family unit and the concept of responsible action meant that the Centre offered little to the single, the old, the unmarried mother, and the poor. And while its social implications may have been unproblematic during the 1930s and 1940s, it is difficult to see how they could be so today. In common with many present-day advocates of policies to support

the family, Williamson and Pearse had a particular view of the kind of family they wished to support (Steiner 1981). These points are critical because Williamson and Pearse refused to modify their ideas, believing that they were constructing a completely new basis for health care that would regenerate race and nation.

Peckham combined a faith in laboratory science and experiment with what may be seen as a nostalgic appeal to a predominantly rural past. Williamson referred openly to the members as his "guinea pigs," and they adopted the term as the title of the magazine they produced, explaining that they chose the title because "it symbolizes the fact that the Peckham Health Centre is a Scientific Experiment. The members look upon it as a Family Club, the staff look upon it as a Scientists' Laboratory." That the openly experimental nature of the Centre went unnoticed in the medical journals and was accepted by the members can only be explained by the scientism of the 1930s—the *Medical Officer* (1931), for example, reported the German sterilization laws uncritically—and the powerful personal influence exerted by Williamson and Pearse.

Williamson and Pearse believed that they were attempting a restructuring of medical knowledge and a reordering of the health services, but in many ways it would be more accurate to see them as medical sectarians rather than as nonbelievers. They continued to believe laboratory science (including what happened in the Peckham laboratory) to be the basis of health practice, and simply—albeit importantly—substituted health maintenance for therapy as what should happen after diagnosis. They were also anxious to maintain the distinction between expert and layman. Despite their emphasis on free and spontaneous development of the individual and on their attempts to "democratize knowledge" during the course of the family consultations, Williamson retained complete control of the Centre. Evidence from the former members suggest that, in their perception, he was a patriarchal figure, referring to one and all as "his children."

Williamson and Pearse promoted the Centre as a means of "harnessing" natural biological laws to bring man closer to man and to nature. Dr. K.E. Barlow believed that the importance of a natural biological order which fostered the healthy development of the individual and of society had not been recognized by industrial capitalism, which had destroyed the city as a community and which had encouraged an understanding of life in terms of a mechanistic physical science (Barlow

1942). Recruiting what Williamson liked to call "artisan" families, the Centre made a conscious appeal to the closeness of the "market place, the village green and the open forum" of an earlier age (Pearse and Crocker 1943, 69). Williamson often spoke at Sunday members meetings at which he must have expressed some of these ideas. One ex-member declared that she never understood a word, but Mrs. Purser found them a very moving, almost religious experience (Purser 1981). Both John Comerford, a journalist, and Alison Stallibrass remarked on the pleasure Peckham families took in having some "common ground" provided by the Centre (Comerford 1947; Stallibrass 1981). But the appeal to community has been an essentially conservative one (Plant, Lesser, and Taylor-Gooby 1980), implying hierarchically ordered social relationships, and Peckham's search for biological order through a freedom and spontaneity that was controlled and directed from above was also designed to produce a set of carefully structured family relationships.

Their idea of studying health and their appreciation of the wide variety of conditions necessary for its maintenance were original and important. But Williamson and Pearse persisted in treating complicated issues that had a clear political and social dimension purely as health problems, to be solved in accordance with their own philosophy to which they assigned the status of natural law. In fact, their ideas were derived from contemporary trends in scientific thought, from current social preoccupations and anxieties, and from speculation on Williamson's part. Williamson himself hoped that the Centre would act as a "yeast," inspiring similar experiments by its example (Stallibrass 1981; Langman 1981). Once family life had been restored to health, healthy society would automatically result. The concept was utopian in terms of its belief that essentially large-scale social change could be accomplished by small communities, necessarily located in areas with stable populations and focusing solely on the private sphere of home and family. The strength of their commitment was responsible both for rendering their position inflexible and for the dynamic quality of their leadership which was so crucial to the Centre's existence. Thus, while the Peckham Centre sought to promote and maintain health in such a manner that gripped people's imaginations, it must also be recognized that it sought to impose particular administrative forms and to foster particular kinds of social relationships and behavior which conformed to a set of predetermined assumptions and beliefs.

References

Abel-Smith, B. 1981. Towards a Healthier Population. *New Society*: 97.

Allen, G. 1978. *Life Science in the Twentieth Century*. Cambridge: Cambridge University Press.

Anarchy. 1966. Peckham Recollected by C.W. 6 February:8–14.

Anderson, M.A. 1923. Birth Control Seen by an Open Mind. *Practitioner* 8:8.

Ashton, J. 1977. The Peckham Pioneer Health Centre: A Reappraisal. *Community Health* 8:132–7.

Balfour, E.B. 1943. *The Living Soil*. London: Faber.

Barlow, K. 1942. *The Discipline of Peace*. London: Faber.

———. 1946. *A Home of Their Own*. London: Faber.

———. 1981. Interview.

Birth Control News. 1922. 1:3.

Branford, V. 1923. *Science and Sanctity. A Study in the Scientific Approach to Unity*. London: Le Play House Press.

Bray, R.A. 1907. *The Town Child*. London: T. Fisher Unwin.

British Medical Association. 1942. Draft interim report of the Medical Planning Commission. *British Medical Journal* 1:743–53.

British Medical Journal. 1939. Patient as Person. 2:692.

Brooker, Mrs. T. 1981. Interview.

Chance, M.R.A. 1950. Where from Peckham? *Lancet* 1:727.

Charles, E. 1934. *The Twilight of Parenthood*. London: Watts.

Clark, F. le G., ed. 1938. *National Fitness*. London: Macmillan.

Comerford, J. 1947. *Health the Unknown: The Story of the Peckham Health Centre*. London: Hamish Hamilton.

Crew, F.A.E. 1948. *Measurement of the Public Health: Essays in Medicine*. Edinburgh: Oliver and Boyd.

de Pomerai, R. 1930. *Marriage. Past. Present and Future*. London: Constable.

de Velde, W. 1928. *Ideal Marriage*. London: Heinemann.

Donaldson, F. 1959. *Child of the Twenties*. London: Rupert Hart-Davis.

Farley, Mrs. Ada. 1981. Interview.

Fox, D.M., and J. Terry. 1978. Photography and the Self-image of American Physicians. *Bulletin of the History of Medicine* 52:435–57.

Geddes, P., and J.A. Thompson. 1931. *Life Outlines of General Biology*. London: Williams and Norgate.

Gini, C. 1926. The Decline in the Birth Rate and the Fecundability of Women. *Eugenics Review* 17:258–74.

Gowing, M. 1943. Incentives to Parenthood. *Eugenics Review* 35:39–41.

Greater London Council Archives a. PH/PHS/1/7. *Glasgow Herald*, 3/3/50.

———. b. CL/PH/1/131. Interim report of the Scientific Advisory Committee for the Halley Stewart Trust.

———. c. CL/PH/1/131. Minutes of a meeting of the Scientific Advisory Committee, 7/7/51.

———. d. CL/PH/1/132. Report by Dr. J.A. Scott, 20/3/57.

———. e. CL/PH/1/132. Meeting of representatives of the Ministry of Health and the Regional Hospital Board, 17/11/58.

———. f. CL/PH/1/131. Minutes of a meeting of the Public Health Dept., 17/3/51.

———. g. PH/PHS/1/7. Minutes of a meeting of the Committee of LCC officers, 29/11/51.

Haire, N. 1927. *Hymen.* London: Routledge and Kegan Paul.

———. 1929. *How I Run My Birth Control Clinic.* London: Cromer Welfare Clinic.

Haldane, J.S. 1932. *Materialism.* London: Hodder and Stoughton.

Halley Stewart Trust Archives a. Correspondence. Williamson to P. Winfrey, 21/1/51.

———. b. Correspondence. Pearse to Winfrey, 9/9/38.

———. c. Correspondence. Note 20/3/50.

———. d. Correspondence. Pearse to Winfrey, 1/4/38.

———. e. Correspondence. John Ryle to Williamson, 13/1/43.

———. f. Halley Stewart Trust Minute Books, 13/9/49.

———. g. Correspondence. Donald Wilson to Winfrey. 8/7/49.

Hill, B., and A. Greenwood. 1936. *Experimental Epidemiology.* MRC Special Report Series No. 209. London: His Majesty's Stationery Office.

Jeans, J. 1930. *The Mysterious Universe.* Harmondsworth: Penguin.

Lancet. 1944. White Paper Reviewed VI. By an Urban Practitioner. 1:443.

Langman, M. 1981. Interview by Dr. G. Richman.

Lewis, J. 1979. The Politics and Ideology of Birth Control in Inter-War England. *Women's Studies International Quarterly* 2:33–48.

———. 1980. *The Politics of Motherhood, Child and Maternal Welfare in England, 1900–1939.* London: Croom Helm.

London, Public Record Office. RG 24.9. Royal Commission on Population. Evidence.

———. b. ED 12/210. Memo to Ministry of Health from Board of Education. 1/10/35.

———. c. MH 56/54. Meetings of the Nutrition Advisory Committee. 23/9/33.

———. d. MH 55/517. Memo by MOH for Sheffield. 23/8/17.

———. e. ED 50/175. Board of Education Memorandum on the PHC 20/3/39. Purser, Mrs. E. 1981. Interview.

McCarrison, R. 1944. *Nutrition and National Health.* London: Faber.

Mackintosh, J.M. 1944. *The Nation's Health.* Target for Tomorrow Series No. 5. London: Pilot Press.

Mair, A. 1973. *Sir James Mackenzie, 1853–1925.* Edinburgh: Churchill Livingstone.

Marchant, J. ed. 1946. *Rebuilding the Family in the Post-War Period.* London: Odhams.

Masterman, C.F.G. 1901. *The Heart of Empire.* London: T. Fisher Unwin.

McCleary, G.F. 1937. *Population: Today's Question.* London: Allen and Unwin.

Medical Officer. 1931. Sterilization in Germany. 116:113.

———. 1950. Editorial. 13 May.

Medical Research Council Archives a. MRC 439. Hill to Mellanby, 25/5/39.

———. b. MRC 439. Williamson to Hill, 16/6/39.

Orr, J.B. 1936. *Food, Health and Income.* London: Macmillan.

———. 1966. *As I Recall.* London: Macgibbon and Kee.

Pearse, I. 1943. *The Peckham Experiment.* Address to the Eugenics Society. Reprint. London: British Library.

——— 1948. *Pioneering in London.* Lecture given to the Centenary Symposium of Community Service Societies of N.Y. Reprint. London: British Library.

———. 1979a. Interview by Dr. G. Richman.

———. 1979b. *The Quality of Life, the Peckham Approach to Human Ethology.* Edinburgh: Scottish Academic Press.

Pearse, I., and L. Crocker. 1943. *The Peckham Experiment.* London: Allen and Unwin.

———. 1946. *War and the Family.* Reprint. London: British Library.

Pearse, I., and G.S. Williamson. 1931. *The Case for Action.* London: Faber.

Peckham Health Centre Archives a. Minutes of the PHC Executive, 30/11/38.

———. b. Minutes of the PHC Executive, 21/1/47.

———. c. Minutes of the PHC Executive, 13/3/52.

Peckham Health Centre. 1928. *Annual Report of the Peckham Health Centre, 1927–28.* London.

———. 1936. *Annual Report of the Peckham Health Centre, 1936.* London.

———. 1937. *Annual Report of the Peckham Health Centre, 1937.* London.

———. 1939. *Annual Report of the Peckham Health Centre, 1938–9.* London.

———. 1949. *Research Programme.* London.

Plant, R., H. Lesser, and P. Taylor-Gooby. 1980. *Political Philosophy and Social Welfare.* London: Routledge Kegan Paul.

Political and Economic Planning. 1936. *The Coming Fall in Population.* London.

———. 1937. *Report on the British Health Services.* London.

Political and Economic Planning Papers. 1935. WG 15/1, 27/5/35. An Enquiry into the State of Medical Practice. Document summarising the views of Dr. Williamson of the Pioneer Health Centre.

Richards, J.M. 1935. The Idea Behind the Idea. *Architectural Review:* 208.

Royal College of Obstetricians and Gynaecologists. 1944. *Report on a National Maternity Service.* London.

Royal College of Obstetricians and Gynaecologists, and Population Investigation Committee. 1943. *Maternity in Great Britain.* Oxford: Oxford University Press.

Russell, B. 1929. *Marriage and Morals.* London: Allen and Unwin.

Ryle, J. 1948. *Changing Disciplines.* Oxford: Oxford University Press.

Smuts, J.C. 1927. *Holism and Evolution.* London: Macmillan.

Spence, J. 1960. *The Purpose and Practice of Medicine.* Oxford: Oxford University Press.

Stallibrass, A. 1974. *The Self-respecting Child.* London: Thames and Hudson.

———. 1981. Interview by Dr. G. Richman.

Stapleton, R.G. 1938. Tracing New Patterns in Biology: Pioneer Work at Health Centre. [London] *Sunday Times,* May 8.

Steiner, G. 1981. *The Futility of Family Policy.* Washington: Brookings Institute.

Stewart, A.B. 1946. Health Centres of Today: Finsbury. *Lancet* 1:392.

Stockwell, Mr. E. 1981. Interview.

Stopes, M. 1918. *Married Love.* London: A.C. Fifield.

Taylor, Mr. and Mrs. A. 1981. Interview.

Taylor, S. 1938. The Suburban Neurosis. *Lancet* 1:759.

Underwood, Mr. E. 1981. Interview.

United Kingdom. Parliament. 1904. *Report of the Inter-Departmental Committee on Physical Deterioration,* Vol. 1. Cd. 2175, 32, 1. London.

———. 1926. *Report of the Royal Commission on National Health Insurance,* Cmd. 2596, 14, 311.

———. 1942–1943. *Report by Sir William Beveridge on Social Insurance and Allied Services.* Cmd. 6404, VI, 1.

Webster, C. 1981. *Biology and Medicine, 1840–1940.* Cambridge: Cambridge University Press.

———. 1982. Healthy or Hungry Thirties? *History Workshop Journal* 13:110–29.

White, C. 1970. *Women's Magazines.* London: M. Joseph.

Williamson, G.S. 1932. *The Biological Significance of the Family.* Social Services Review Reprint. London: Wellcome Institute.

———. 1945. *Physician Heal Thyself.* London: Faber.

———. 1946a. Health Centres of Today. *Lancet* 1:393.

———. 1946b. *Health Centres.* Lecture given to the Town and Country Planning Association. Reprint. London. British Library.

Williamson, G.S., and I. Pearse. 1938. *Biologists in Search of Material: An Interim Report of the Work of the Pioneer Health Centre, Peckham.* London: Faber.

———. 1951. *The Passing of Peckham.* Reprint. London. British Library.

———. 1965. *Science Synthesis and Sanity.* London: Collins.

Williamson, G.S., I. Pearse, and R. McCarrison. 1929. Lymphadenoid Goitre and Its Clinical Significance. *British Medical Journal* 1:4–5.

Winner, H.I. 1950. The End of the Peckham Experiment. *Scientific Worker* 5:18–20.

Acknowledgments: The research for this paper was carried out with the assistance of a grant from the Nuffield Foundation. We are also grateful to Dr. K.E. Barlow and Mr. Alan Pepper, who continue to run Peckham Health Centres Ltd. and who made material from the Peckham archives available to us; to Dr. Geoff Richman, who made available the transcripts of interviews with Dr. Innes Pearse and Mary Langman (a former secretary at the Centre); to Alison Stallibrass; to the 25 former members of the Centre who responded to our advertisements and agreed to be interviewed; to the archivists of the GLC, the Wellcome Institute, the MRC, the BLPES, and the Halley Stewart Trust; and to Brian Abel-Smith, Celia Davies, Dan Fox, and Charles Webster for their encouragement and helpful comments on preliminary drafts of this paper.

Address correspondence to: Dr. Jane Lewis, Department of Social Science and Administration, The London School of Economics and Political Science (University of London), Houghton Street, London WC2A 2AE, England.