In 2007, in an article in the *Guardian*, journalist Jonathan Freedland observed a recent trend in British politics: According to him, politicians were embracing new ideas about welfare policy and the empowerment of local communities. Providing them with further inspiration, Freedland did not point to contemporary projects. Instead, he recommended talking «to Pam about pre-war Peckham». Pam Elven of Peckham – a neighbourhood in the London Borough of Southwark – he claimed, could tell cabinet ministers more about a project she had participated in some 70 years earlier: the Peckham experiment. Freedland was referring to the Pioneer Health Centre (PHC, or the Centre), established in 1935; a health and leisure club for working-class families. He wrote that this Centre was to an astonishing degree run by members of the local community themselves. There were no lectures and few rules. Whenever they chose to do so, the Centre members could use the swimming pool, the library and sports equipment. And whenever they wanted, they could ask the two doctors who had initiated the experiment for medical advice. Meanwhile, the physicians George Scott Williamson (1884–1953) and Innes Hope Pearse (1889–1978) were silently monitoring the environment they had helped to create. The freedom of the Centre, they found, had resulted in a significant increase in the members’ fitness, and, more importantly, it had fostered the growth of an active community.

Freedland’s historical inspiration is not as far-fetched as it might seem. In British progressive discourse, the Peckham Centre has resurfaced many times since its closure in 1950. Especially in the late 1980s, it was propagated as an approach to health promotion consistent with pluralist claims for political participation. Even before that, educators, architects and public intellectuals, such as Aldous Huxley, had held that «Peckham» demonstrated how individuals from all kinds of social backgrounds could be
stimulated into activity, while keeping state control (and spending) at a minimum. In the mid-1960s, the Peckham experiment actually embodied an almost utopian dream: British anarchists such as Colin Ward viewed it as scientific proof that a peaceful society, devoid of institutions and consisting of individuals eager to cooperate while following their own paths to fulfilment, was indeed possible. «Peckham», to Ward, seemed like «a laboratory of anarchy».

It is the aim of this article to reconstruct the experiment and, in doing so, to question the narratives and interpretations introduced above. In my article, I will loosely follow a chronology. Firstly, I will consider the original aims of the Pioneer Health Centre as well as the context of its establishment, which dates back to the 1920s. As a close look at its archival records reveals, and contrary to the familiar narrative, the PHC did not start off as a research station designed to study social self-organisation (1.). In fact, it owed more to the Victorian traditions of social work than to the anarchist visions of empowered communities. It was also hardly as original as some of its recent supporters claim. This presents us with an interesting question: How, under what circumstances, and when, did the Pioneer Health Centre turn into the «Peckham experiment», which still captivates the imagination of political commentators in the twenty-first century?

To answer this question, a second section will explain the rather sweeping re-interpretations of the Centre by its founders between 1935 and 1939 (2.). It will show that both the relative freedom the users enjoyed in the Centre and the notion of social experimentation only gradually evolved during the late 1930s. As the Peckham doctors struggled to adapt a biological epistemology to the chaotic reality in the Centre, they developed an early type of participant observation. However, the scientists’ insights regarding the merits of social self-organisation started to reverberate in the laboratory. Many Centre members began to invest their individual development with meaning based on the scientists’ evolving theories (3.). As the third section will show, the methodological blind spots that resulted from this rather precarious experimental setting proved disastrous in the late 1940s, when the PHC had to apply for outside funding. Pearse and Scott Williamson, however, attributed the eventual closing of the Centre to


5 Research on the PHC has not yet fully utilised the wealth of primary sources in the London Wellcome Library for the History of Medicine (see L.A. Hall, «The Archives of the Pioneer Health Centre, Peckham, in the Wellcome Library», in: Social History of Medicine 14 (2001), 525–538), as well as additional material that can be found in the National Archives, Kew, and the Archives of the London School of Economics.
the emerging welfare state’s hostility towards individual freedom and family life. In the concluding section, I will show how «Peckham» can serve as a case study with regards to the history of planning and expert interventionism in the twentieth century (4.).

1. From Social Work to Social Experimentation

The Pioneer Health Centre was established as a charity based on bio-political concerns. In 1926, a first centre opened its doors for the Peckham residents on Queen’s road, some blocks away from the later, much larger Centre. The project was initiated by a group of wealthy philanthropists, who had a clearly defined goal consistent with the international discourse on eugenics at the time.6 The Centre was meant to raise the physical condition of the urban working-class as well as educate them on hygiene, family planning and contraceptives. For this reason, it was organised along the lines of a family club. It had a medical examination room, but it also came equipped with board games, tools (for the men) and sewing machines (for the women). In this way, the founders hoped to attract people by appealing to their «inherent desire for some constructive hobby», as they wrote in a 1925 manifesto.7 They were convinced that they could best distribute information on matters of health by addressing the family as a whole. Generally, close contact between physicians and ordinary people seemed imperative, since it seemed to be the only method that would increase the people’s responsibility for their own bodies and those of their potential offspring: «We [...] must implant in their minds how essential it is for them to be in a fit state themselves before they contemplate the creation of life.»8

Clearly, the adjective «pioneer» in Pioneer Health Centre is misleading, even with regards to the first, smaller centre. As research on social hygiene in Britain has shown, the idea to increase the health of the nation and thus gain in national efficiency was rather undisputed amongst the British elites after World War I. In fact, the need to improve the physical «quality» of the lower classes had been the subject of intense political debates since the Second Boer War (1899–1902). Consequently, a first compulsory (if rudimentary) health insurance for workers (in 1911) and the Ministry of Health (in 1919) were established.9 Furthermore, even the specific approach to social work,

6 Among them were heirs to companies such as Sainsbury’s and what was to become Unilever. The Hon Mrs Ewen Montagu recollects the origins of the Pioneer Health Centre, 1998, Wellcome Library (WL), SA/PHC/B.1/1/1. See, for instance: S. Kühl, For the Betterment of the Race. The Rise and Fall of the International Movement for Eugenics and Racial Hygiene, New York 2013, and M. Turda, Modernism and Eugenics, Houndmills, New York 2010.
7 Notes re Pilot Scheme Plans, 1925, WL, SA/PHC/B.1/1/2, 2.
8 Ibid., 2.
chosen by the Peckham founders in order to overcome the perceived medico-social crisis, was dated by the standards of the 1920s. In contrast to what it later came to stand for, the main objective of «Peckham» at this time was to implant in the «deserving poor» a sense of responsibility through neighbourly contacts with their social «betters». The Peckham Centre might actually be considered a late-comer amongst a large number of elite attempts to «improve» the lower classes, not least by establishing institutions with rather experimental approaches: When compared, for instance, to mid-1930s’ projects such as the self-governing, anti-authoritarian «Q-Camps» for delinquent boys in Hawkspur, Essex, the Pioneer Health Centre actually bears more resemblance to the settlement houses established in the poor quarters of large cities in the late 19th century, such as Toynbee Hall in London and Hull House in Chicago. Similar to the PHC, volunteer work in these institutions focused on individuals and their families in order to assist with self-improvement. More importantly, at the turn of the century, influential associations, such as the Charity Organisation Society, endorsed such personal approaches because, to them, both anonymous charity and financial redistribution by state agencies seemed only to foster dependency and passivity on the receiving end – a belief that the founders of the PHC shared. When the PHC was established, progressive reformers such as Beatrice and Sidney Webb had in fact long attacked such reasoning as ignorant of the structural – rather than moral – basis of social problems in what was essentially an unjust society.

What, however, made «Peckham» stand out from the large number of contemporary single-issue voluntary institutions was the intention to scientifically survey the health-effects of individual medical advice within a working-class community. The evaluation of the members’ health showed that the project was quite successful in this regard. The first medical report of 1927 claimed that the member families were healthier and better informed about hygiene, family planning and even nutrition. They were generally taking better care of themselves and even their social life had been enriched. The Centre was so popular that membership numbers soon began to outgrow its capacity. In 1929, the institution was closed down, and planning for a much larger building began.

Two years later, capitalising on this initial success while raising funds for the new project, Pearse and Scott Williamson published a first account of their work in Peckham, titled The Case for Action. Both doctors had originally only been hired to conduct the routine medical examinations. But now they were increasingly monopolising the Centre’s findings. Pearse and Scott Williamson had begun to conceive of the new Centre as an asset that would allow for the long-term observation of healthy behaviour in a «natural» setting. Crucially, in keeping with the personal approach of the first PHC, in their book, they considered themselves to be «knowledgeable friend[s]» of the future Centre members, rather than distant experts.16 Yet, in stark contrast to retrospective accounts, the social activities they envisaged in 1931 were still a far cry from being self-organised. Pearse and Scott Williamson pointed out that the individuals would have to be «drafted by medical prescription» to the activities in the Centre. Clearly, the doctors were rather suspicious of the average «working man»: «[T]he intramural clubs [...] will be at the same time a source of disciplined development and not merely a way of whiling away time.» 17

In May 1935, the new purpose-built health centre opened its doors on St Mary's Road, Peckham (Figure 1). Architect-engineer William Owen had designed a transparent, stripped-down building, which quickly became an icon of British modernism.18 The building housed special laboratories for the doctors; for the users, it featured a

1: The Pioneer Health Centre, seen from St Mary's Road in 1935

17 Ibid., 137.
The London Pioneer Health Centre

large swimming pool, a self-service cafeteria and a gymnasium. There were toys, tools, billiard tables, a small stage, a library and a day nursery. Resembling a leisure Centre rather than a polyclinic, the structure was designed to be used by up to 2000 families. The residents of Peckham were invited to join the Centre after paying a weekly subscription fee. There were two preconditions, however. For one, it was only possible to join as a family. Furthermore, every family had to go through a health inspection upon joining and then again once every year. During this check-up, the individual's health status was assessed and then discussed in a family consultation.

The events that followed by far surpassed the doctors' expectations, at least according to their bestselling, internationally acclaimed 1943 book The Peckham Experiment. A Study in the Living Structure of Society. In this book, Pearse and her assistant Lucy Crocker claimed that, after some initial chaos, a highly harmonic order had emerged. «In the Centre», Pearse remarked, «the visitor is generally very surprised that what he sees before him is spontaneous action and not the result of program, persuasion or regulation.» 

Apparently, people were making extensive use of the Centre and had formed clubs of their own. Individuals who had been neighbours for years without ever talking to each other were now sharing their knowledge, some of it only recently acquired via the medical staff. As a result, they were exhibiting a much more pro-active lifestyle.

In their book, Pearse and Crocker drew several conclusions. First of all, they found that it was imperative to review what they painted as top-down interventionism prevalent in contemporary public health policy – rather unjustly, given the heterogeneity of approaches to preventive medicine in interwar Britain. To the authors, ensuring the diffusion of medical knowledge amongst the members of a community was the most efficient way to cultivate responsibility. But more importantly, a milieu rich in social stimuli would also free biological potentials otherwise untapped in modern society. Pearse and Crocker were sceptical of more radical attempts at «hereditary improvement» – to them, eugenics amounted to dabbling in matters better left to nature.

They favoured the metaphor of nurture, thus merging the semantic fields of physiological and educational «intake». To the Peckham-doctors, all people, irrespective of their hereditary outfit, would (and should) continue to grow as individuals, much like an embryo in the womb, when enabled to use resources provided by their social environment. Crucially, for the doctors, the effect of such enabling circumstances – «positive health» as they liked to call it – could not be defined as the mere absence of illness. On the contrary, positive health encompassed qualities of its own, such as emotional self-realisation and the ability to stimulate social activity in others.


Pearse / Crocker, The Peckham Experiment, 228.
The way Pearse and Crocker substantiated their theories, however, was unusual, yet comprehensive. In their book, they utilised a wide range of narrative techniques as well as photographs. The medical results were introduced by a rather conventional table, which revealed the quantity of the disorders discovered among the Peckham population. Most chapters, however, presented the readers with a more allegorical narrative. Throughout much of the book, Pearse and Crocker described what they perceived as a natural cycle of human reproduction, a pattern supposedly derived from many examples in the Centre. This narrative amounted to a rather flowery tale of happy family life within a community of friends, all eager to share their knowledge, collectively overcoming ill-health, isolation and passivity, as well as producing altruistic, yet determined offspring. Significantly, statistical data played only a minor role in validating such social effects – only in one instance did Pearse and Crocker rely on quantification: They presented the case of an eleven-year-old boy, who, after a turbulent phase of testing out all the facilities the Centre offered, had gradually discovered his natural talents. An individual pattern had emerged, which the authors even depicted in a diagram. Although they produced little evidence for this claim, Pearse and Crocker held that such individual growth was prerequisite for the collective progress they were witnessing. The very «diversity of individual specific actions», they claimed, resulted in an «order arising out of the capacity [...] to respond to the total situation.»

To Pearse and Crocker, social self-organisation and individual responsibility were interdependent factors in establishing what they perceived as a biologically sound societal order. Strikingly, they were by now defining «responsability [sic]» as an instinct – an ability to respond – rather than an ethical category. To the Peckham scientists, responsibility basically amounted to a susceptibility to the «mutual synthesis» within a community of families.

2. Evolutionary Thinking and Social «Chaos»

Clearly, when Pearse and Crocker began writing The Peckham Experiment in 1939, they had lost interest in the reformist objectives of the original Centre. To understand how this change came about, two factors have to be considered. For one, in the early 1930s, the Peckham doctors, much like the British intellectual culture in general, had become infatuated with new concepts of social evolution. These ideas also provided the doctors with an epistemic framework much needed in 1935, when the Centre run into unexpected difficulties. Almost all recent accounts of the Peckham experiment have ignored the fact that Pearse and Scott Williamson saw their project as a biological rather than a social experiment. They considered themselves biologists, not sociologists or physicians. This self-image must be put into historical context. In the early 1930s, many physicians endorsed a certain holism in medicine. This can be seen as a defence strategy against...
the increasing specialisation in the medical profession, and more generally, as a reaction to a perceived tendency towards rationalisation in the modern world. But such holism also directed scientific interest towards environmental aspects of organic functions, a view which was further underlined by advances in endocrinology. Julian Huxley, for instance – he was later to become a member of the PHC’s advisory board – conducted a famous experiment that elucidated the role of hormones in the development of organisms. Concepts of communicative interaction between the organism and its surroundings, which enabled the body to maintain homeostasis, began to affect the understanding of social processes as well. The emphasis on the environment corresponded to a new interpretation of evolution as a cooperative process, put forward, again, by Huxley and other so-called Scientific Humanists. To this influential group of scholars, social interaction by state-forming species seemed to provide models that could be applied to human organisation, too. Incidentally, such reasoning – notwithstanding the Scientific Humanists’ progressivism – legitimised the extraordinary position held by upper-class academics. More «developed» personalities, it seemed, were entitled to leadership in society. By virtue of their refined culture, they were fit to realise their communities’ potential. Widespread as they were within British discourses on social reform, these new evolutionary ideas fell on particularly fertile ground in the minds of Pearse and Scott Williamson. Both had been conducting research into the thyroid gland and its hormones while planning the second centre. When the PHC opened its doors, the doctors increasingly regarded it as an unprecedented laboratory, within which they could explore social evolution in real life. Crucially, rather than coldly investigating this process from a distance, they were ready to cultivate the growth of a community they were themselves part of. In fact, it seemed imperative to walk the thin line between over-integration and excessive specialisation, as both extremes could result in stagnation of human development because of a lack of reciprocal stimulation.

However, another, more prosaic factor seems to have also played a role in furthering the Peckham scientists’ interest in freely unfolding socio-biological processes. While money is rarely mentioned in the official publications on the PHC, the archival records are full of documents relating to the economy of the Centre. They leave no doubt that even in its mid-1930s’ incarnation, one of the project’s main objectives had

26 See WL, SA/PHC/F.17/2.
27 First eight months. May-Dec 1935, WL, SA/PHC/B.3/8/1, 10.
been economic: Could an institution like the PHC be maintained entirely through members’ subscriptions? Clearly, another Victorian idea haunted the PHC. Its original supporters were convinced that people would react more readily to welfare work if they were paying for it. Assuming that many Peckham residents would happily pay their weekly subscription, all financial budgeting for the larger Centre had been calculated on the basis of weekly payments by about 2000 families. However, membership numbers in the second Centre never rose above 700 families. Thus the PHC was never able to support itself. In light of its constant financial crisis, the unexpected difficulties that it faced right after its opening appeared to be especially threatening to the Centre’s existence. During the first months, equipment was stolen, glass panes were smeared, and children were «curling» with the heavy glass ashtrays while their parents were dully sipping beer in the dirty cafeteria. «Chaos», Pearse would remember later, «raged for many months.»

Much to the frustration of the staff, they had to «walk and walk and walk round and up and down the building – watching the destruction, powerless to stop it [...]. <Can’t you do something to stop these children breaking everything up?> The answer of course was that we could, but at the risk of driving them out.»

Fatally, the staff suspected that rumours, which had spread in the neighbourhood about the chaos in the Centre, were preventing other Peckham residents from joining it. Adding to the general confusion, some of the gym teachers had begun to enforce order themselves by issuing suspensions. But these suspensions were immediately revoked by the directors, further undermining the teachers’ authority. Clearly, in trying to prove the hypothesis that knowledge was best informally communicated within a community, the medical staff was keen not to «contaminate» the laboratory from the very start. They resisted their urge to intervene when confronted with untreated medical conditions and unreasonable behaviour. In addition, the staff soon realised that the activities they had organised along traditional lines – with fixed timetables and instructors evaluating individual progress – failed to attract the people of Peckham. There was no way to pressure the members into joining swimming or fitness classes. Eventually, after consulting some of the members, tickets for activities were distributed, enabling individuals to use the facilities autonomously. The ticket-system had the added advantage of allowing for a collection of data about the users’ actions.

On all accounts, the chaos disappeared after some months, as members began to organise their own activities. In 1938, the two directors published a preliminary report on their observations: Biologists in Search of Material. In contrast to The Peckham Experiment, this short book has largely been forgotten today. «Individuals», the doctors had learned, «resent or fail to show any interest in anything initially presented to them through discipline, regulation or instruction, which is another aspect of author-
They thus concluded: «It seems that a sort of anarchy is the first condition in any experiment in human applied biology.» Even in the leaflets that the directors kept sending out to potential member families in the neighbourhood, they had begun to point to the participation in the Centre as one of its attractive features: «You have the chance to co-operate in this great experiment [...], to make it grow in the right way. Why not come in and see what you’re missing?» Membership numbers did not rise substantially, however. Nevertheless, such promises were impossible to revoke – even less so as Scott Williamson had begun to interpret the order in the Centre as the result of a process of biological integration. In line with this interpretation, he began to share even his most daring hypotheses about their behaviour with the members. In one of his regular «Sunday meetings» in 1936, he proclaimed: «[I]n joining the Centre you have become serious partners in a team of research workers. [...] Somehow or other you have to try and become an active member of the team and being so are as responsible as any other part of a whole body.»

A «strange laboratory» had emerged, not least due to William Owen’s architecture. The open plan of the building allowed for constant movement and great visual transparency. The swimming pool, for instance, was separated from the cafeteria only by glass partitions. This enabled the scientists to easily observe the members. Pearse and Crocker also claimed that being visually confronted with the activities of others spurred the members to action. However, the transparency was two-sided, as the doctors themselves suggested by the late 1930s. Apparently, they now conceived of their work as a kind of participant observation, even though they never explicitly used the term. The retrospective «experimentalisation» of the PHC – the staff spoke of an «experiment» much more frequently in the late 1930s – seems to have helped to justify this rather precarious way of gathering information. This is evident in a 1938 manuscript by Jack Donaldson entitled What do we mean by calling it an experiment?: «Scientifically, the experiment can be described as the attempt to provide a suitable environment for the family, and then to see and record what happens. The «suitable environment» is of course experimental in itself, and has continually to modified [sic] by experience. [...] It is not wished to produce certain effects in the people belonging to the Centre, but rather to see what effects, if any, will emerge. The staff members have to guard themselves continually against tendentiousness.»

33 Ibid., 38.
34 The Centre, St Mary’s Road, Peckham, SE15 [app. 1937], WL, SA/PHC/B.3/22/1.
35 Typescript [September 1936], WL, SA/PHC/B.3a/9, 1. Strikingly, in later lectures, Scott Williamson presented the scientist as the spearhead of human evolution, encouraging his audience to conduct research of their own – by finding out more about their own dormant abilities. Typescript [1936/1937], WL, SA/PHC/B.3/9.
36 Pearse / Crocker, The Peckham Experiment, 48.
37 J. Donaldson, Scheme A. The Pioneer Health Centre is a biological experiment, 1937–1938, WL, SA/PHC/B.3/10/2, 5. Donaldson had made the building of the Centre possible by donating half his inheritance and since become an engaged member of staff.
3. The «Guinea Pigs» and the «Passing of Peckham»

A year later, in 1939, the Centre was closed down. The authorities had decided that it was unsafe to use a glass building located closely to potential air-raid targets in the London Docks. Pearse and Crocker began writing *The Peckham Experiment*. When they had finished the book, as indicated, much of today’s narrative on «Peckham» had evolved. Never shy of generalisations, the authors now claimed that «at the end of four years there [was] little to distinguish members from staff in the social interplay of the Centre. The whole medium [was] social – Science socialised. The Centre [had], in fact, shown itself to be a potent mechanism for the «democratisation» of knowledge and action.» As progressive as this might sound to us, as I have demonstrated, this democratisation had only been a by-product of the original project. Forced to experiment with the organisation of the Centre, the medical directors had «discovered» the ability of the Peckham residents to act on their own impulse, without assistance. Soon, this ability became much more fascinating to the scientists than the mere effects of healthy living they had set out to study.

But how then did the members themselves appropriate the experiment? Evidently, the Centre was very popular with those who used it (if not with the majority of Peckham’s residents). At least, this is the impression conveyed by *Being Me and Also Us*, an anthology on the experiment, edited in 1989 by Alison Stallibrass, an assistant to Crocker in the 1940s, which features several members’ memoirs. In fact, the former members Stallibrass had interviewed were full of praise for the Centre; most of them pointed out how it had changed their lives for the better. But interestingly, in looking back, the interviewees were clearly framing their experiences in terms provided by Scott Williamson and Pearse. This points to a difficulty familiar to many oral historians: The members knew what they were talking about and what was expected of them – in the early 1980s, when the interviews were conducted, the books on the experiment were easily accessible. More problematically, a second glance reveals that many of the interviewees were involved in attempts at re-establishing the Centre during these years. Strikingly, other interviews preserved in the archives, which did not make it into Stallibrass’s book, paint a different picture. Some members were indeed picking up on the doctors’ theories, permanently monitoring their own achievements through a biological «lens». A large number of ex-members, however, showed little interest in the research aspect. Many would comment favourably on the affordability

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38 Pearse/Crocker, *The Peckham Experiment*, 78.
40 The methodological difficulties in writing the history of charitable medical relationships from «below» have frequently been acknowledged: See, for instance, A. Borsay / P. Shapley (eds.), *Medicine, Charity and Mutual Aid. The Consumption of Health and Welfare in Britain, c. 1550–1950*, Aldershot 2007.
of the health check-ups when no health insurance was available to them.\textsuperscript{42} Others recalled the PHC first and foremost as a place where they could enjoy their leisure as parents, since their children were supervised and busy.\textsuperscript{43} 

Even more revealing of the heterogeneity of motives and interpretations on the part of the Centre’s members is a periodical that some of them edited in the post-war years. Ironically entitled \textit{The Guinea Pig}, it communicates a norm of activeness, encouraging improvisation and tolerance of amateurs.\textsuperscript{44} However, \textit{The Guinea Pig} bears traces


\textsuperscript{43} Reminiscences of St Mary’s Road Peckham, 1984, WL, SA/PHC/C.20.

\textsuperscript{44} \textit{The Guinea Pig} 3, 1948, WL, SA/PHC/B.5/12/1, 3.
of conflicts as well. A recurrent topic is the critique of exclusive cliques in the Centre. Lamenting the lost «Centre spirit» of its early days, the editors would also accuse the post-war members of selfishly using the Centre without considering its research aspect.45

Finally, photos can serve as additional sources on life in the Centre. One should, however, look very closely at the circumstances in which they were taken. One image in particular, apparently a snapshot of the cafeteria «early on a winter evening», might illustrate that the PHC was far from devoid of power relations, if subtle ones (Figure 2). The image seems to show a relaxed routine in the Centre. All grown-ups are frozen in unconscious movement, hardly taking notice of the photographer. But all the children stare at the camera, betraying the fact that it does capture its own influence on the scene. Apparently, most people in the photo knew very well how to stage informality.

Whatever the reasons for such behaviour on the part of the Centre members, they clearly reflected upon the objectives of the laboratory they were part of. Scott Williamson and Pearse, however, never commented on how this was affecting the order that, to them, had evolved quite naturally. Additionally, in their writings, they never reflected on the extent to which a pre-existing working-class culture of cooperation might have affected the members’ behaviour. In general, the two directors were surprisingly unaware of the symbolic capital they held as educated individuals: To many members, the doctors remained representatives of the upper classes, if rather approachable ones. Above all, Pearse and Scott Williamson never discussed to what extent the actions of the Peckham residents had to be seen in light of their poverty, which was moderate, but hardly negligible. Evidently, by the late 1930s, the Centre had begun to turn into an echo chamber. The members’ actions and the scientists’ findings were amplifying one another. Consequently, little criticism penetrated the bubble that had evolved around the researchers. Scott Williamson, as Frances Donaldson, one of the original initiators of the Centre, would later note in her memoirs, «could not be moved to any form of compromise with the ideas of other people.»46 In fact, his texts ed increasingly revealing a strangely cosmological way of thinking.

Eventually, Scott Williamson’s inability to thoroughly substantiate his findings contributed to the financial demise of the Centre in 1950. Even before the war, the Centre had been standing on the verge of bankruptcy. In 1939, the directors applied for research grants from the Ministry of Health and the Medical Research Council (MRC). Experts assessed the Centre and pointed to serious flaws in its data.47 Scott Williamson had to admit: «[W]e have been groping in the dark for three years and are only now coming out into the light.»48 This, however, did not keep him from criticising plans for

45 The Guinea Pig 1, 1948, WL, SA/PHC/B.5/12/1, 8.
47 Edward Mellanby to Bradford Hill, 4.5.1939, The National Archives, Kew (TNA), FD 1/299.
48 Scott Williamson to Hill, 16.6.1939, TNA, FD 1/299.
a nation-wide health system put forward in a 1944 government White Paper. Following the great success of «The Peckham Experiment», Scott Williamson was frequently asked for his opinion on the matter, but he always declined to accept the premise that health insurance should be compulsory, tax-based and administered by the state. Instead, he envisioned a market-driven system, based on local health centres and clinics administered by boards of citizens and physicians. In 1945, he published an essay on the topic, «Physician, heal thyself». It was dismissed as utopian, and published too late to have any impact on the structure of the National Health Service (NHS) created three years later.

Meanwhile, in 1946, the PHC was reopened. To a large extent, this was actually the work of the ex-members. Several hundreds of them had petitioned the Prime Minister to release the Centre from military administration (during the war, the building had been used by a company that built radio equipment for the Royal Air Force). Although this display of responsibility on the part of their «guinea pigs» the directors must have taken pride in, they were hesitant to join forces. In fact, Pearse and Scott Williamson were by now increasingly using the PHC for the purposes of promoting their theories rather than for substantiating them. Both directors went on extensive lecture tours in Britain, the Middle East and the USA, culminating in Scott Williamson’s address to the General Assembly of the United Nations at Lake Success in March 1948. However, the great media coverage the Centre now received did not encourage more donations. Neither did a documentary film about the Centre made by the Foreign Office in 1947.

Criticism of the experiment’s shortcomings, however, grew louder. A review of «The Peckham Experiment» in Nature argued that «preconceived ideas about «the living structure of society» stand in the way of the experimenters», concluding «a biologist is driven to judge the social and the scientific aspects of [their] work very differently.»

Fatally, even a former member of staff claimed: «Many investigators came to [...] the Centre and asked where the discipline was, and they always received the answer that there was no discipline. If by this was meant that there were no principles by which people could understand what the limits of their freedom were, this statement is true. But members had only to try something that was disapproved of to find that definite limits were in fact set to social activity. [...] [T]he arbitrariness with which on occasion

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49 *A National Health Service. Presented by the Minister of Health and the Secretary of State for Scotland to Parliament by Command of His Majesty*, London 1944.

50 «What Experts are Saying about the Health Plan», *News Chronicle*, 18.2.1944.


the staff interfered with the activities of the members was startling.\textsuperscript{54} Other critics pointed out that an experiment whose objects attribute meaning to the laboratory setting can hardly claim to commit to the standards of controlled and repeatable scientific procedures.\textsuperscript{55} In this regard, some of Scott Williamson’s statements were indeed paradoxical: «I was the only person with authority», he claimed in 1946, «and I used it to stop anyone exerting any authority.»\textsuperscript{56}

Alarmed by the criticism, the Health Trust, which was in charge of the finances of the Centre, began to pressure the directors to adapt a sound statistical method and to use control groups to verify their claims.\textsuperscript{57} In 1949, the Trust commissioned another outside evaluation of the Centre, which recommended that the directors continue their research under the auspice of the MRC, financed by the London County Council (LCC). However, in compliance with the NHS’s universalist agenda, the LCC demanded that the Centre be opened for residents from other parts of the city. Scott Williamson and Pearse deemed this unacceptable. In March 1950, the Centre was shut down, to the disappointment of many members, whose public protests received considerable media attention for a couple of months.\textsuperscript{58} The building was sold and reopened as a LCC-polyclinic in 1952. Pearse and Scott Williamson had by now begun to blame the closure on hostility towards family life – again, rather unfairly, given the widespread concern with «problem families» at the time\textsuperscript{59} – and towards individual freedom on the part of the proponents of the centralist state.\textsuperscript{60} Rightly, they were pointing out that there was little room for enterprises such as the PHC within the legal framework of the NHS. However, they failed to mention that the families the Centre was serving clearly could not shoulder its running costs. The PHC had always remained one of the philanthropic institutions its founders had originally intended to prove unnecessary.

### 4. Conclusion

In light of the egalitarian ideas about economic redistribution and political citizenship put forward during and shortly after the war, it was easy to dismiss the «Peckham method» as «working in a capitalist state and being very careful not to notice it», as the Socialist Medical Association Bulletin noted in 1947.\textsuperscript{61} However, taking aside this blind spot, as well as the observation that the PHC way was by no means as «pioneering» as

\begin{itemize}
  \item See, for instance, J.A. Ryle, «The Peckham Experiment», in: Bulletin of Hygiene, 1944, 236.
  \item Quoted after Ward, A Laboratory of Anarchy, 60.
  \item Donald Wilson to Pat Winsley, 9.9.1949, WL, SA/PHC/B.5/15.
  \item See P. Starkey, «The Medical Officer of Health, the Social Worker, and the Problem Family, 1943 to 1968: The Case of Family Service Units», in: Social History of Medicine, 11 (1998), 421–441.
\end{itemize}
its supporters would have it, the amount of freedom the Peckham members enjoyed in the late 1930s was rather exceptional. So was the fact that, at least in print, Pearse and Scott Williamson were completely abandoning the idea of ordering human behaviour along normative lines. This points to three implications of this case study.

1. For one, the Peckham experiment holds a peculiar but nevertheless illuminating place in the history of the applied social and natural sciences. In a modernist building in South London, established concepts of social work were fused with environmentalist theories on cooperative evolution, which were further adapted to the specific social interplay in the emerging «laboratory». Within a few years, this resulted in a hands-off approach on the part of upper-middle-class professionals towards the problem of social reform. Thus, in terms of historical method, the case of «Peckham» shows that we should pay more attention to contingent, micro-historical processes when analysing what Lutz Raphael has termed the «scientification of the social» in the twentieth century. Much like recent laboratory-anthropology has demonstrated with regard to the hard sciences, historians need to look more closely at confined localities, at «experimental spaces». These spaces have shaped the scientific knowledge on which expert attempts at social planning or «social engineering» were based. In doing so, it is imperative not to take the experts’ reports at face value, but to consider the agency and resistance of the people who were being «engineered». But we also need to take into account that the concepts underlying socio-technical interventionism were in some cases adapted by the very people the experts were concerned with. In the Peckham Experiment at least, appropriations of expert knowledge induced productive repercussions within the very social space in which it was put into practice.

2. This points to a second aspect, which concerns what one might see as a broader trend towards the «experimentalization of the social» in the mid-twentieth century. Pearse and Scott Williamson, somewhat tragically, failed to recognize that the PHC bore much resemblance to, and possibly even influenced other social experiments. I will mention only one of these projects, the so-called «Northfield experiments», even...
though interest by experimental sociologists in «Peckham» can be traced as far as to Jakob Moreno’s American school of sociometry. During the war, in the Northfield Clinic near Birmingham, traumatised soldiers were encouraged to self-organise, to form clubs according to their interests, and to discuss their psychosocial difficulties in daily meetings. The military psychologists in the clinic abstained from intervention. Soon, to their own surprise, they observed how the initial anomic situation was turning into a highly effective «therapeutic community». Importantly, in 1946, the Northfield psychologists founded the Tavistock Institute for Human Relations, which would become pivotal in popularising knowledge about the therapeutic and economic potential of the spontaneous self-management of social groups, influencing both political elites and corporative executives. Based on their experiences in experimenting with «leaderless groups», in the post-war decades, the Tavistock scientists began to look upon authority as an obstacle to productivity, political participation and self-fulfilment. The point to be made here is that the Peckham experiment primarily attracted so much attention throughout the second half of the twentieth century because it was being associated with insights triggered by later research. But the Tavistock scientists actually went much further than Pearse and Scott Williamson (for whom the biological family unit always remained at the core of their experiment) in considering self-organisation and individual flexibility as resources rather than problems. In the 1960s, feedback in experimental, open situations was increasingly regarded as an ideal technique for developing subjects who were freethinking and adaptive to change.

3. Recent scholarly criticism tends to regard these new forms of group experimentation as crucial in the establishment of norms which are widespread today: Increasingly, the individual’s ability to motivate itself, rather than the societal position it holds, is seen as the key to success in life. Social theorists such as Nikolas Rose (who has worked extensively on the Tavistock programme) point out that we are therefore pressured to permanently explore and evaluate the self-as-project in response to shifting economical contexts. In maintaining this pressure – especially on the less privileged parts of the population –, governments often rely on intermediary, privately run institu-

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66 M. Rogers, «The Peckham Experiment», in: Sociometry 8 (1945), 92–96. See reference 3 and 4 regarding the PHC’s legacy beyond the social sciences.


tions. These institutions do in fact remotely resemble the PHC in that they channel this pressure locally, by «governing through community», by inclusion rather than control.\textsuperscript{71} It is thus tempting to regard «Peckham» as an \textit{avant la lettre} training ground for a contemporary type of governmentality\textsuperscript{72} – especially in light of its recent reappraisal by self-proclaimed «social entrepreneurs» like Andrew Mawson.

However, looking at its records, and considering, for instance, the naturalisation of gender-specific types of activity in the Centre, it is easy to put it in historical perspective. Moreover, any attempt at painting the PHC as a quasi-postmodern phenomenon is simplistic: It builds on a stark contrast between high modernist top-down planning and more liberal types of governance, a contrast which itself is a historical chimera: Since the late 1980s, it has frequently been suggested that the British post-war state crowded out established forms of mutual aid and voluntary action, thus crushing civil society, weakening social bonds and diminishing social responsibility or – as recent political rhetoric had it – destroying the «Big Society».\textsuperscript{73} In truth, many voluntary organisations were driving the state into practices of provision in the 1930s and 1940s, and even influential proponents of the welfare state were envisioning complementary roles for private initiatives and public administration.\textsuperscript{74}

All three points considered, the Peckham experiment demonstrates that, as historians, we are well advised to remain receptive to the many nuances of science-based regimes of activation. A micro-historical perspective, which brings to light the contingencies and contradictions that shape the basis of knowledge of such regimes, can keep us from falling for unhistorical generalisations.

\begin{itemize}
\item \textsuperscript{71} N. Rose, \textit{Powers of Freedom. Reframing Political Thought}, Cambridge 1999, 86–89.
\item \textsuperscript{72} See R. Kozlovsky, \textit{The Architectures of Childhood. Children, Modern Architecture and Reconstruction in Postwar England}, Farnham 2013, who draws heavily on Rose’s observations.
\item \textsuperscript{73} P. Thane, «The «Big Society» and the «Big State»: Creative Tension or Crowding Out?», in: \textit{Twentieth Century British History} 23 (2012), 408–429.
\end{itemize}
A Laboratory of Anarchy? The London Pioneer Health Centre and the Experimentalisation of the Social, 1935–1950

This article takes a micro-historical look at the «Peckham Experiment», conducted in South London between 1935 and 1950. In the «Pioneer Health Centre», working-class families could freely organise recreational activities, their physical and social development being closely observed by physicians. The article traces how theories on social evolution were structuring the doctors’ gaze on an experimental space originally conceived to study the effects of health promotion. It also argues that the scientists’ hands-off attitude evolved out of epistemological challenges they were facing when interacting with their «guinea pigs». In a bestselling 1943 book, the experimenters were rejecting interventionist thinking, theorising on the creative potential of individuals and the power of social groups to self-organise – generating insights that were discussed around the world, still haunting British political debates today. The article thus serves as a case study on hopes placed in social experimentation in the 20th century and its «governmental» effects.

David Kuchenbuch
Justus-Liebig-Universität Gießen
Historisches Institut, Neuere Geschichte I
Otto-Behaghel-Str. 10
D–35394 Gießen
email: David.Kuchenbuch@geschichte.uni-giessen.de