Peckham Travels North: The Pioneer Health Centre’s Projects in Yorkshire and Glenrothes, 1966-84

Summary. The Pioneer Health Centre in Peckham, South London, closed in 1950. Between 1966 and 1984 two attempts were made to re-create its experiment in Ethology (defined as investigation of the laws of health). At Thornaby-on-Tees, Dr Aubrey Colling, interested in the dynamics of family health, hoped to establish a Centre on Peckham lines. He was frustrated by lack of money and by disagreements with the Pioneer Health Centre Ltd (PHCL) over research methods. The PHCL turned its attention to the new town of Glenrothes, Fife and the University of St Andrews, seeking to link a proposed ‘Peckham’ in the former with a post in Ethology at the latter. Satisfying the various civic, medical and academic interests involved proved impossible, and no research grants were forthcoming. The PHCL’s failure to re-create the Peckham Experiment led it to alter its strategy and promote health initiatives independent of any particular building.

Keywords. Pioneer Health Centre; family health; Glenrothes; Dr Innes Pearse; Dr Aubrey Colling.

Introduction

The Pioneer Health Centre (PHC), an experiment in the encouragement and study of health, rather than the management and cure of illness, closed its doors in Peckham, South London, more than 65 years ago. Yet it remains a symbol of an
approach to social medicine which had it been generally adopted, its supporters maintain, might have promoted the spread of positive well-being in the population, while saving the national exchequer a great deal of money. Enthusiasts for ‘Peckham principles’ view the National Health Service (NHS) a ‘national sickness service’, seeing health as a positive, dynamic quality rather than mere absence of illness. The Centre’s founders, Drs George Scott Williamson and Innes Pearse, were opposed to the NHS, and some former PHC members, interviewed during the 1980s, blamed it for the Centre’s demise: ‘The National Health smashed it’, said one of them.¹

Today, though, the Pioneer Health Foundation (PHF) attracts active support from within the NHS.² The Foundation has, however, significantly changed its purposes from those of its begetters. Whereas Scott Williamson and Pearse saw the work at Peckham as a scientific experiment, with its modernistic building as the laboratory, concerned with observing members’ behaviour and measuring their growth and faculties, the work of the PHF and its predecessor the Pioneer Health Centre Ltd (PHCL) has focused on encouraging initiatives in positive health.

There were, however, two unsuccessful attempts to re-create the Peckham Health Centre in the form of a similar building, and they will serve as the focus of this

¹ John Nye, ‘Reminiscences of St Mary’s Road, Peckham’, in the archives of the Wellcome Trust Library [hereafter WT], file PHC/C.20, Appendix 6.
² For example, Dr Margaret Hannah, Deputy Director of Public Health in NHS Fife, is a Trustee of the Pioneer Health Foundation (PHF). Her book Humanising Health Care (Axminster: Triarchy Press, 2014) is endorsed by Iona Heath, former President of the Royal College of General Practitioners. Dr Jack Czauderna, PHF Chair, was for many years a Sheffield GP.
One was on Teesside in North Yorkshire during the late 1960s; the more ambitious of the two was based in the new town of Glenrothes, Fife, and struggled to come to fruition over a period of several years from the mid-1970s to the early 1980s. This article will suggest that the idea of the PHC as a building was only laid to rest more than 30 years after the original purpose-built Centre closed, when the PHCL was forced to accept that it could not find sufficient support to make the Glenrothes project viable. At this point, any possibility of carrying through the sort of work envisaged by Scott Williamson and Pearse disappeared, and the Peckham Experiment as a scientific project was finally buried.

The Pioneer Health Centre and its Closure, 1926-50

First, a brief summary of the Pioneer Health Centre’s history, principles and practice is necessary. The Centre originated during the mid-1920s in a context of widespread concern about the physical fitness of the British people. In 1925 George Scott Williamson was Director of Pathological Studies at the London School of Medicine for Women, specialising, with his colleague Innes Pearse, in thyroid

There was also an attempt at Coventry, to create an entire community on ‘Peckham’ lines. Its leading spirit was the GP Kenneth Barlow (1906-2000), encouraged by Scott Williamson and Pearse. Like the projects discussed in this article, it came to nothing; unlike them, it has been thoroughly studied. See Margaret Brooks, *The Family Health Club Housing Society (Coventry) Ltd., 1945-1956* (unpublished MA dissertation, University of Warwick, 1987), and Sophie Greenway, “‘Can’t we DO IT OURSELVES?’: Health and Citizenship in British Reconstruction, 1944-50’ (unpublished MA dissertation, University of Warwick, 2014).
research. Despite their professional commitment to pathology, Scott Williamson and Pearse thought that focusing on disease was not the way to improve the nation’s health. Sceptical about the scientific validity of the genetic methods which eugenicists advocated, they envisaged an experiment in social biology which would concentrate on ‘the environmental factor in inheritance’. With a small group of non-medical associates they opened in April 1926 a family club at 142 Queens Road, Peckham.


The Club’s staff consisted of a resident medical officer, a social secretary and a housekeeper, while the facilities included a changing-room, a consulting room, a club room and a bath. Membership was for families only, who in return for a small weekly sum received periodic medical and dental examinations, a parents’ clinic, an orthopaedic clinic and ante- and post-natal clinics. The Club’s service was advisory only, aiming to identify the early stages of illness and ‘to evoke a desire for health’. During the three years in Queens Road, 112 families joined the Club, and the doctors concluded that there were many families who would welcome a service encouraging health rather than dealing with sickness.

Scott Williamson and Pearse closed this stage of the Centre in 1929 and set about planning and raising money for the second, which required an environment providing families with facilities for all their members. The Pioneer Health Centre building, designed by Owen Williams, opened in St. Mary’s Road, Peckham, in 1935. It contained a swimming-pool, gymnasium, dance hall and cafeteria, all fully open to view; a pool for babies, a billiard room, a small theatre, nurseries and a children’s playground. There were also medical consulting rooms and a laboratory. The


To these facilities was added a farm, at Bromley Common in Kent, which supplied the PHC with fresh, humus-grown (organic) food. Scott Williamson and Pearse were founder members of the Soil Association, established in 1946 to investigate the link
Centre’s staff did not run the leisure activities: it was the members who discovered what they wanted to do and then organised it. The resulting atmosphere combined heightened individuality with communal integration, giving many members a lifelong spirit of confidence.⁸

The doctors observed members’ activities and provided an annual medical overhaul for each family member. Acceptance of this overhaul was a necessary condition of membership, which was for families only. The doctors offered advice about conception, pregnancy and post-natal matters. No treatment was provided: parents decided for themselves what action they should take on the basis of what the overhaul revealed. Scott Williamson and Pearse saw themselves, in the context of the Pioneer Health Centre, as biologists rather than doctors, and from a biologist’s perspective the family was the basic social unit. By creating opportunities for body, mind and spirit to develop, they hoped to discover how health could be encouraged and to see if they could discern any laws of healthy development. They termed this study ‘ethology’, as opposed to the ‘pathology’ which studied disease. The Centre’s purpose was to provide a space in which its members could enjoy ‘engaging in the process of health’, health being defined as ‘realising one’s potential for maturity’ and

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⁸ Interview with Mrs Pam Elven, former Centre member, Cranleigh, 8 August 2013.
‘[a] mutual subjective synthesis of organism and environment and of person and group [which are] not something that members of the medical profession can give’ [italics in original].\(^9\) The PHC’s primary aim was to foster an environment in which health (physical vitality, social confidence and development of skills and talents) could be cultivated.

This conception of a ‘health centre’ is very different from that described in the National Health Service Act of 1946. Notionally a key feature of the proposed NHS, health centres were intended to bring curative and preventive work together under one roof, thereby improving first-line medical care.\(^10\) For Scott Williamson and Pearse, such a policy was merely another way of dealing with sickness and providing remedial treatment. Only the PHC, they believed, seeking to encourage health and understand its laws, could genuinely claim to be a health centre.

The PHC closed during the war, but was seen by many as a model for the post-war medical service to adopt. The Nation’s Health, published in 1944 in the series Target for Tomorrow (whose editorial board included William Beveridge, Julian Huxley and John Boyd Orr), praised the PHC for its belief that the doctor’s task should be ‘to make people as healthy as possible, not simply to attend to them once they are ill’, and for its ‘recognition of the part played by social activities and

\(^9\) Stallibrass, Being Me, 254.

relationships in social health’. The book recommended establishing similar centres elsewhere.11

The Pioneer Health Centre re-opened in March 1946, attracting worldwide interest, and was the subject of a film, *The Centre*, sponsored by the Central Office of Information in 1947 and directed by noted documentary-maker Paul Rotha. But by 1950 it had closed for good; today, Owen Williams’s building stands as a gated residential ‘community’. We noted earlier that the NHS, established in July 1948, has been made a scapegoat for this closure; Philip Conford has argued that this is an over-simplified analysis of the complex factors which brought about the end of the Peckham Experiment.12

With the closure of the St. Mary’s Road building, Scott Williamson and Pearse regarded the Peckham Experiment as over, taking no interest in the various proposals and negotiations concerning the building’s possible future use, which dragged on during the early 1950s.13 In the booklet *The Passing of Peckham*, they gave their side of the story, roundly condemning the “‘Welfare State’”, which could ‘brook no influence that comes from outside its own programme of compelling “care”’, with its ‘enabling stamp of Authority’.14 The PHC’s closure was an irreversible setback for Scott Williamson: he died in 1953.


13 See London Metropolitan Archives file CL/PH/1/131.

Scott Williamson left many notes: tantalising fragments intended as the basis of the new approach which his philosophy of health required; one which could do justice to the processes of growth, change and environmental adaptation. During the ten years following his death, Innes Pearse worked at the daunting task of giving his ideas shape and making explicit their line of argument. She was assisted by Scott Williamson’s literary executor, a young theologian called Douglas Trotter, who had worked, and met his future wife Henrietta, at the PHC. The result of their partnership was Science, Synthesis and Sanity (1965). The eminent physician Lord Cohen of Birkenhead wrote the Introduction to it, admiring its originality of thought, but admitting that it was ‘not an easy book to read’. Science, Synthesis and Sanity appeared to conclude the PHC’s history, but its publication stirred the interest of a North Yorkshire GP and raised hopes in Innes Pearse and her collaborators that the opportunity for a second ‘Peckham’ was appearing on Teesside.

**Dr Aubrey Colling and the Thornaby Project**

The GP in question was Dr Aubrey Colling, and the publication of Science, Synthesis and Sanity interested him particularly because he had known Innes Pearse nearly twenty years earlier. Colling had served in the RAF during the Second

15 These notes can be found in the Pioneer Health Centre archives at the library of the Wellcome Trust (hereafter WT), files SA/PHC/D.3/22/1; SA/PHC/D/4/6; SA/PHC/D.4/14.

16 Interview with Henrietta Trotter, Marlborough, 27 June 2006.

17 Scott Williamson and Pearse, Science, 8. The author of this article has yet to meet anyone who claims to have mastered the book’s innovative terminology.
World War, but his discharge was delayed and he was appointed an Education Officer, one of his tasks being to take airmen on visits. Someone suggested the recently reopened Pioneer Health Centre as a suitable place to investigate, and Colling was deeply influenced by what he saw there. He visited again, on his own, and after his discharge spent two months living on the farm; he also worked in the Centre’s laboratory as an assistant technician.\(^{18}\)

His ambition to be a doctor confirmed by his experiences at Peckham, Colling gained a place on the degree course in Medicine at the University of Newcastle. He still had the PHC’s approach in his mind, but did not imagine at that time, in the early 1950s, that he was ever likely to carry out work of a similar kind. However, he became a house assistant to Sir James Spence, the noted paediatrician at Newcastle’s Royal Victoria Infirmary. This association with Spence intensified his interest in an idea which had been central to the work of the PHC: the importance of the family context of health and disease. Spence, too, was concerned with the family dimension to medicine. His 1946 Convocation Lecture of the National Children’s Home, *The Purpose of the Family*, contained some distinct echoes of Scott Williamson’s ideas, both in its eugenicist concern for the quality of the human ‘material’ that the nation was producing, and in its belief that human welfare depended on ‘recognition that the unit of human existence is not the isolated individual but the family’.\(^{19}\)

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\(^{19}\) Colling interview, 12 June 2015. On Spence, see the memoir by Sir John Charles in Sir James Spence, *The Purpose and Practice of Medicine* (London: Oxford
Spence’s interest in family health and its influence on the child resulted in a major medico-social survey of one thousand families in Newcastle-upon-Tyne, which became a classic text of social paediatrics in Britain, following the progress of children born in Newcastle during May and June 1946, until 1954, when the first volume of data was published. Both the later volumes were dedicated to Spence, who died that year.20

Aubrey Colling went into general practice in Stockton, where he began to investigate what he termed ‘sick families’; these became the subject of his M.D. thesis, which he submitted in 1963. They were families whose members, while not necessarily suffering significantly from organic diseases, kept coming to the surgery with a variety of complaints. Colling considered that ‘If these families could be examined in many different ways it might be possible to see which factors were important in causing family “sickness”’. He described the study, undertaken with the University Press, 1960), 1-24. Sir James Spence, The Purpose of the Family (London: National Children’s Home, 1946), 10, 15.

20 Sir James Spence et al., A Thousand Families (London: Oxford University Press, 1954). To be exact, it was a study of 847 families, total numbers being reduced by deaths, families moving or withdrawing, and other factors. This figure is given in the second volume of the survey: F.J.W. Miller et al., Growing Up in Newcastle upon Tyne (London: Nuffield Foundation/Oxford University Press, 1960), 1. The third volume was F.J.W. Miller et al., The School Years in Newcastle upon Tyne, 1952-62 (London: Oxford University Press, 1974).
assistance of his partner Dr Angus Bird, as ‘an attempt to relate morbidity to social and psychological factors’, and regarded it as an extension of Spence’s project.\textsuperscript{21}

Colling was aware of the study’s methodological shortcomings, but these do not concern us here. Its importance for this article’s purposes is that it led him to re-establish contact with Innes Pearse. His study (of 100 families) made him realise that many family problems were social and psychological rather than medical, and his thoughts turned to the need for a family health centre on the lines of the one he had known at Peckham.\textsuperscript{22}

In July 1966 Colling met Innes Pearse and found her enthusiastic about his research; she provided various comments on his paper ‘The Sick Family’, which was published the following year. Colling also sent the paper to Seymour Court, the James Spence Professor of Child Health at the University of Newcastle, who thought that Colling’s ‘concept of the sick family [was] a very interesting one’.\textsuperscript{23}


\textsuperscript{23} Aubrey Colling, ‘The Sick Family’, \textit{Journal of the Royal College of General Practitioners}, 1967, 14, 181-86. See also Angus Bird and Aubrey Colling, ‘Family Interviews in General Practice’, \textit{Journal of the Royal College of General Practitioners}, 1968, 15, 123-27. The letter from Court to Colling is among Dr. Colling’s papers, in his possession [hereafter CP], 8 November 1966. Court had visited the PHC in 1938 and been much impressed by its approach; see the PHCL’s
With Innes Pearse scenting the possibility of a second attempt at a ‘Peckham Experiment’, events moved swiftly during late 1966 and 1967. Colling was in touch with Douglas Trotter, met Pearse again, and made the acquaintance of Allan Pepper (a key figure in events at Thornaby and later at Glenrothes) and of Sir Mark Turner, the PHCL’s Treasurer. Pearse visited Thornaby, and by July 1967 was referring to ‘The Thornaby Project’ and envisaging it as an experiment in the Science of Ethology. Thornaby, due to expand under the aegis of the Teesside Development Corporation, appeared eminently suitable for initiating a social experiment. Edith Colling has recalled that Pearse and her associates were keen that Aubrey should have a place where he could prove his ideas: not merely a building, but one very similar to the PHC.

On 14 July 1967, Ewen Montagu, Chairman of the PHCL, wrote to Colling saying that the Committee were ‘keen and anxious that [Colling’s scheme] should be sponsored by the Pioneer Health Centre’. No promises could be made about fund-raising, which could be considered only when further details about the proposed Centre’s services, and its relations with the local authorities, were available. However, Colling had an option on some available land (a disused airfield) and if he

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24 Allan Pepper (1920-2001) was an alumnus of MIT who at this time worked for BP in recruitment and training of managers. He had met Scott Williamson when an undergraduate and remained active on behalf of the PHC for the rest of his life. Sir Mark Turner (1906-80) was a merchant banker. Pearse to Colling, 14 May 1967; memo by Pearse, 13 July 1967; CP.

25 Colling interview, 12 June 2015.
could complete a preliminary feasibility study, the PHCL would do its best to help him secure it.\textsuperscript{26}

From Pearse’s letters to Colling at this time it seems that she and her associates wanted to determine exactly how he ran the Thornaby project. She disapproved of the idea that his practice (which was private) might transfer to the NHS, and she proposed that he should establish a ‘family undertaking’ in association with the University of Newcastle, ideally as a training ground in Human Ethology, a discipline she described as ‘due to come and immanent in non-medical scientific circles’.\textsuperscript{27}

Towards the end of 1967, Colling had written to some influential figures seeking support for the project: among them were Professor Tanner of the Institute of Child Health at the University of London, and Dr Angus Thomson of the Medical Research Council’s Reproduction and Growth Research Unit at the Princess Mary Hospital in Newcastle. Both were interested in the proposal.\textsuperscript{28} The \textit{Northern Echo} newspaper reported the planning of a ‘super health centre’ in its edition of 1 January 1968. Colling also contacted the newly-appointed Medical Officer of Health for Middlesborough, Dr R.J. Donaldson, who was unambiguously enthusiastic. It appears that he had had contact at one time with Scott Williamson, as he wrote in

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\textsuperscript{26} Ewen Montagu to Aubrey Colling, 14 July 1967: CP. Ewen Montagu (1901-85) was a barrister, judge, naval intelligence officer and President of the United Synagogue.
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\textsuperscript{27} Pearse to Colling, 1 August 1967: CP.
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\textsuperscript{28} Colling to Tanner and Thomson, 10 December 1967; Tanner to Colling, 12 December 1967; Thomson to Colling, 13 December 1967: CP.
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his letter of corresponding with ‘the man who was involved with the Peckham Health Centre’.29

A confidential memorandum from Innes Pearse to the Committee of the PHCL, dated 29 January 1968, perhaps marks the high tide of optimism about Dr Colling’s plans. Headed ‘The Thornaby Project’, it was sub-titled ‘Proposals for the development of a new Pioneer Health Centre in the North-East’. The memorandum set out the context of Dr Colling’s involvement with the PHC; the aims of the Stockton doctors (remarkably similar, as Pearse described them, to the long-term aims of Scott Williamson and herself); the two-stage plan of action; and the difficulties which lay ahead, with particular reference to staffing, finance and relations with external bodies.30 Pearse’s sanguine outlook was most clearly revealed in her belief that publication of Science, Synthesis and Sanity was ‘one further asset … embodying the concepts of George Scott Williamson, upon which the original Centre was grounded’. This exceptionally difficult work of biological philosophy would hardly have aroused enthusiasm in Thornaby’s bureaucrats.31

Differences in Strategy

However, the major obstacle to the Project’s success was the practical issue


30 Colling papers.

31 Ibid.
of the two-stage Plan of Action. The first stage involved purchasing the land on which Colling held an option, and building on it a prefabricated surgery with modern equipment to provide a normal, curative NHS practice; except that the practice would also be used to provide family health ‘overhauls’ of the kind which had been obligatory at the Peckham PHC and would be again at Thornaby. During the progress of Stage One, planning for Stage Two would proceed: ‘the building on the same site of a Centre of the Peckham type’. Pearse believed that the presence of a treatment centre would help overcome two problems of the original PHC: it would provide assurance of competent doctors to give medical attention in immediate proximity; and it was likely to provide a large entry of member families immediately the Centre opened. Pearse estimated that 1,200 families would have been ‘overhauled’ by the time the Centre opened, and would be eager to use the facility they had seen being built and equipped for their use.\(^{32}\)

This proposed strategy frustrated Colling’s plans, which were undermined by objections from Thornaby’s Council and from the PHCL itself. The underlying problem was lack of money. Thornaby’s Council would not sell Colling the land on which he held an option at a preferential rate, unless he joined the NHS (which in fact he was happy to do).\(^{33}\) But no financial support was forthcoming from the PHCL; Pearse had written to him on 27 February 1968 pointing out that its constitution explicitly ruled out any therapeutic activity or study of disease. Despite being intimately linked, the Project’s two stages had somehow to be quite distinct; though

\(^{32}\) *Ibid.*

\(^{33}\) Thornaby Council to Colling, 12 March 1968; notes of an informal meeting of Teesside Executive Council, dated 17 May 1968, but attached in the files to letter dated 20 March 1969: CP.
Ewen Montagu tried to work out some means by which the PHCL could negotiate the land at Thornaby and then lease it back to Colling.\textsuperscript{34}

By the end of July 1968 a rift had opened between Colling and the PHCL. On 29 July, Colling wrote to Sir Mark Turner arguing that Turner had once said that ‘any further venture into the field of the study of health should bear some relation to the broad structure of present health services, and also that success in financing Stage 2 may depend on Stage 1 being pursued satisfactorily.’ He suggested that the PHCL was taking ‘a purist position’ with ‘a much more restricted approach to “health”, and asked again that the PHC should reconsider financing Stage 1.\textsuperscript{35}

Regrettably, almost no archival record exists, either at the Wellcome Library or among Dr. Colling’s papers, of what transpired during late 1968 and early 1969; we pick up the story again in the spring of 1969. On 18-20 April, eight PHCL members visited Colling, among them Pearse, Trotter and Pepper. They concluded that ‘Colling’s interest was focused on medical overhaul of family and was without understanding and interest of cultivation of health’, and resolved that they ‘should announce the impossibility of P.H.C. engagement in undertaking until this question was resolved’. On 27 April, Pepper wrote to Colling explaining that the PHCL had decided to terminate the Thornaby Project owing to a basic difference in approach. The PHCL had no interest in family overhaul as a tool of medicine and therapy, but only as an essential part of developing a science of ethology. ‘This difference has

\textsuperscript{34} Pearse to Colling, 27 February and 20 July 1968; Montagu to Colling, 14 July 1968: CP.

\textsuperscript{35} Colling to Turner, 29 July 1968: WT/SA/PHC/C3. Pearse to Colling, 20 July 1968: CP.
existed for nearly two years,’ Pepper wrote, ‘and I can see no evidence of it diminishing.’

By the time Pepper wrote thus, Colling had put his case to a meeting of the Local Medical Committee, who objected to his proposals on the grounds that ‘they thought he would have an unfair advantage over other N.H.S. practitioners in the Thornaby area if he pursued the project of the attached social amenities’. For Pepper, this was a further obstacle to the PHC’s involvement, since it would be impossible for Colling to operate successfully in an atmosphere of determined objections to the project.

So the Thornaby Project ended with an acrimonious exchange of letters in May and June 1969. Pearse insisted that she had always said that Colling should not offer treatment; she saw no prospect ‘that the methods inherent in the aims and principles of Peckham … would find fulfilment in Stage II of the Thornaby project’. In reply, Colling wrote that he had stated his position two years earlier, and wanted to know why the PHCL had changed its mind at such a late stage. He also claimed that there was surprisingly little local hostility (which is debatable), and that he had the support of the Medical Officer of Health (which was true). With some justice, he alleged that the PHCL would not ‘consider anything less than a full replication of the original experiment’, which, he pointed out, had ‘not been held in high esteem by orthodox establishments’. His own approach would have been ‘to study human

36 Handwritten notes of visit to Thornaby, 18-20 April 1969: WT/SA/PHC/C3. Pepper to Colling, 27 April 1969: CP.

37 Notes of Meeting of Local Medical Committee, 22 April 1969; Pepper to Colling, 27 April 1969: CP.

38 Pearse to Colling, 11 May 1969: CP.
behaviour and at the same time to provide an environment which could alleviate many of the harmful factors in living and allow full growth and development to occur. There is a subtle difference in approach which has always been known to you.’ According to his wife Edith, Colling thought that there should be a therapeutic response to the problems revealed by the health overhauls. He felt deeply that he had been trained to help patients, and could not be merely a detached observer.39

Colling’s statement drew an angry riposte from Allan Pepper, denying that he and his colleagues had given the impression that they would adjust arrangements to accommodate Colling’s viewpoint. Pepper was particularly disgruntled by the fact that Colling had sent his statement to people outside the PHCL group. It seems that one of them was Professor Court, who wrote to Colling to express surprise that the PHC had ‘lost their nerve’, since ‘this was by far the most promising chance for a continuation and extension of the ideas for which the P.H.C. originally stood’. Later that year the noted GP John Horder wrote sympathetically to Colling: ‘I can well imagine the sort of difficulties even without reading [your statement], and even if there was no more than the question of dealing with visionaries’.40

A carbon copy of a letter to Sir Mark Turner from Innes Pearse, dated 21 April 1971, describes the Thornaby Project bluntly as a ‘fiasco’.41 Yet by this time, the

40 Undated letter from Pepper to Colling; Court to Colling, 9 June 1969; Horder to Colling, 12 December 1969: CP.
41 WT/SA/PHC/C.5/1. The letter is unsigned, but is a reply to a letter to Pearse from Sir Mark Turner dated 31 March 1971, in the same file.
PHCL was already becoming embroiled in an even more protracted fiasco, in the new town of Glenrothes, Fife.

**Ethology at St Andrews**

The ‘lead player’ in the Glenrothes Project was Douglas Trotter. After time spent as a minister in Aberdeenshire, and as a school teacher, Trotter lectured in Pastoral Theology at St Andrews, where he taught from 1967 until his retirement in 1985. Within months of the breach with Aubrey Colling, the PHCL had drafted a memorandum, proposing an initiative more ambitious and complex than the one which had foundered at Thornaby. This was, to establish at St. Andrews a Fellowship for the Study of Human Ethology, to which would be attached ‘in some convenient and populous district, a *Field Experiment* for the practical observation and *study of human behaviour in health*’ [emphasis in original]. The building would be on the original lines of the Peckham Centre; there would be continuous observation of some two thousand families, and the Director would be a Fellow of St. Andrews University. The object of the proposed experiment was ‘to provide the basic needs for the cultivation of health of the populace in their leisure when all are free to act according to their choice’, and to ‘provide the Fellow and University Department sustaining his work, with essential material for the studies envisaged particularly for observations of the behaviour of the family in health’. Conditions of membership would be residence within the chosen area, payment of a weekly subscription and

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42 The term was used by Professor Malcolm Jeeves in a letter to the author of 18 October 2013. Jeeves was a lecturer in the Department of Psychology at St. Andrews during the 1970s, and later Head of Department.
periodic health examination. There would be no treatment or even advice. The PHCL’s familiar optimism surfaced in its hope that increasing numbers of subscriptions from families appreciating the club’s benefits would reduce the discrepancy between costs and income. This was what Scott Williamson and Pearse had hoped for this at Peckham, but the PHC had been unable to attract significant numbers even in an area where the doctors were firmly established. Pearse and her associates were more sanguine still, in their belief that the Centre would exert ‘a salutary effect on the whole neighbourhood, as well as stirring the interest of other urban aggregates far and wide’.

Nevertheless, Trotter was able to stir the interest of the Principal of St. Andrews, J. Steven Watson, who in September 1970 was the guest at a meeting at the House of Lords arranged by Lord Donaldson. Watson met Innes Pearse, Sir Mark Turner and Allan Pepper, and was reasonably well disposed towards the idea of Human Ethology. He knew Brigadier Doyle, Chairman of Glenrothes Development Corporation (GDC), who Pepper and Trotter had recently met. Doyle favoured the link between a Centre in Glenrothes and a university department, believing it would enhance the new town’s reputation. He also hoped that such a project might help address problems faced by new towns in general. Watson felt that the Peckham Experiment’s significance would attract financial support for the proposed Centre,
and saw the Glenrothes project as a form of ‘applied sociology’ which could be associated with Trotter’s pastoral diploma and attract graduates in Medical Sciences. The proposal required more consideration, but Watson was clear that no university money would be available.  

Innes Pearse was due to deliver a lecture at St. Andrews in May 1971, which Watson thought might sow seeds of possible interest in the Glenrothes Project. Pearse saw the university Fellowship as a way of avoiding the problems with local GPs which had arisen at Thornaby; it would be a means to ‘invade’ the university. But its chief purpose was to help establish a new Centre at which Douglas Trotter could continue investigations of Scott Williamson’s ideas on health. The PHCL would grant money only for a practical demonstration of principles.

The PHCL proposed to St. Andrews the appointment of a Research Fellow in Human Ethology, whose task would be to conduct at the proposed Centre field research testing ‘a new radical hypothesis’ and observe the individual’s ‘action pattern’ and the part it played ‘in the growth of mutual action in both family and society and in the ordering of life as a whole’. The work would cover medical diagnosis, biology, sociology, psychology and ethology. Watson contacted Sir John Brotherston, Scotland’s Chief Medical Officer, asking if he would be willing to

45 WT/SA/PHC/C.5/1.

46 Watson to Pearse, 16 February 1971: WT/SA/PHC/C.5/1. The lecture, ‘Is Health a Suitable Study for Academic Consideration?’, was given on 19 May 1971, and issued as a booklet by the University of St. Andrews.


48 WT/SA/PHC/C.5/1. The document is undated but appears to have been composed between the spring of 1971 and the spring of 1972.
meet Innes Pearse; so in May 1972 Pearse, accompanied by Mary Langman, visited Edinburgh to discuss the proposed project with Brotherston and two of his staff. Brotherston felt that social circumstances had changed since the days of the Peckham Experiment, and that careful preparation of the ground in Glenrothes would be essential if the project were to stand any chance of success.49

Following this advice, Pearse spent part of August and September in St. Andrews and during this period established good relations with the Glenrothes GP G. Lindsay Smith and his partner Dr. Sutherland. Unlike Aubrey Colling, Pearse reported, Lindsay Smith did not see the absence of therapeutic treatment as unreasonable. Pearse also considered Perth and Cupar as possible sites for the project, but Watson favoured Glenrothes, and Pearse was encouraged by Brigadier Doyle’s interest.50 One senses that Watson, like Doyle, had his own agenda, seeing the project as essentially sociological, concerned with solving problems faced by the new towns. Given the problems that had arisen at Thornaby, where the PHCL had tried to work with just two GPs, it is odd that Pearse was not alarmed at the possibility of being far more at cross-purposes with St. Andrews than she had been with Aubrey Colling. The more people who were involved, the less likely it was that the PHCL could exercise the degree of control it had sought at Thornaby.51

49 Notes on visit to Edinburgh, 3 May 1972: WT/SA/PHC/C.5/2. Mary Langman (1908-2004) worked at Peckham before and after the war; she also ran the Centre’s farm at Bromley Common.


Few records from the period between late 1972 and the end of 1975 exist, but we do know that during those years Pearse maintained contact with Smith, who had emphasised the importance of developing links with local GPs.\textsuperscript{52} Pearse and her colleagues were keen to have a couple of GPs, who understood what the PHCL was trying to achieve, on the spot in Glenrothes. Early in 1976, Pearse wrote to Smith saying that he must think the PHCL a broken reed, but reassuring him that things were nevertheless progressing.\textsuperscript{53} Optimistic refrains of this kind would be repeated during the next few years, generally without much justification.

By June 1976, though, one GP with the right sympathies had become involved with the project. This was James Witchalls, who had worked with Albert Schweitzer at the beginning of the 1960s before qualifying as a GP in 1971. Through holidaying in the Dordogne with a friend, Witchalls had met Innes Pearse and been ‘riveted’ by her ideas on health.\textsuperscript{54} Pearse’s approach made him more consciously critical of his medical training, in which there had been no emphasis on nutrition, nor any discussion of the nature of health. The PHC’s philosophy influenced his methods as a GP. He took on a smallholding, grew food organically and began talking to his patients about diet and keeping healthy. Witchalls’ partner had no interest in such ideas, and eventually Witchalls went into private practice.

In the mid-1970s, Witchalls was still a GP in the NHS, but strongly drawn to the prospect of reviving the work and ideas of the Peckham Health Centre. He accompanied Pearse on a visit to Glenrothes in the summer of 1976, during which they met Lindsay Smith. They also saw Brigadier Doyle, who was now ‘abrasive’

\textsuperscript{52} Lindsay Smith to Pearse, 30 May 1974; 2 November 1972: WT/SA/PHC/C.5/3.

\textsuperscript{53} Pearse to Lindsay Smith, 11 February 1976: WT/SA/PHC/C.5/3.

\textsuperscript{54} Interview with James Witchalls, Silchester, 6 August 2013.
and unsympathetic, having lost his early enthusiasm. Smith warned Pearse that Doyle did not ‘really appreciate the nature of the Peckham project or what it is setting out to do’.

At the same time, though, there came better news from the University of St. Andrews, which was seriously considering the establishment of a Department of Human Ethology. In August Pearse again visited Glenrothes, this time with Kenneth Barlow, and was encouraged that Smith shared her belief in the importance of nutrition. Just as the centre at Peckham had had its own farm at Bromley Common, so the Centre at Glenrothes should have a farm. Well disposed though Lindsay Smith was, it was now four years since Pearse had contacted him, and one can sympathise with his hope that it would ‘not be too long before your committee is able to come forward with definite proposals’. Pearse reassured him that things were ‘moving apace’, adding with a certain academic coquettishness: ‘There is another university down south which is nibbling for our attention. I personally am hoping to fend this off as I want the experiment to be launched in connection with St. Andrews’. Certainly the PHCL put in a great deal of effort during the second half of 1976, with Witchalls visiting Glenrothes to talk to other doctors, and, along with Innes Pearse, meeting the GDC’s Chief Architect. Vacant land was available next to

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56 WT/SA/PHC/C.5/3. On Barlow, see n.3 above.

57 Lindsay Smith to Pearse, 12 August 1976: WT/SA/PHC/C.5/3.

58 Pearse to Lindsay Smith, 17 August 1976: WT/SA/PHC/C.5/3. The university in question was Nottingham; see notes on Pepper’s visit to St. Andrews, 11 June 1980: WT/SA/PHC/C.5/2.
Smith’s surgery in Cos Lane. Pearse emphasised that the proposed farm and a nutrition study were inseparable from the Human Ethology project at St. Andrews.\textsuperscript{59}

\textbf{The Pioneer Health Centre Ltd Seeks Funding}

The following four years saw the PHCL’s members – particularly Allan Pepper – invest an enormous amount of time and energy in the Glenrothes Project. Pepper visited Scotland in February 1977, meeting Principal Watson of St. Andrews; Colonel Smith, the university’s head of development; Lindsay Smith, who felt that the experiment would not antagonise other doctors in Glenrothes; the Principal of the University of Dundee; members of the GDC; and Douglas Trotter, who insisted that the design of the proposed Centre must follow that of the Centre in Peckham, with little change required. Perhaps most relevantly, Pepper also met a former money-raiser for St. Andrews, Edward Howell, who had worked in North America. Howell recommended possible sources of funding, including the Ford, Kellogg and Rockefeller Foundations; and he emphasised the need for persuasive literature, businesslike and professional, to include an account of objectives, methods, organisation, economics and the project’s underpinning ideology.\textsuperscript{60}

The PHC archives contain two different appeal documents – one from July 1977 and the other from March 1978. They cannot be faulted for lack of ambition. The earlier of the two requested a capital sum of almost two million pounds, with annual grants of £33,000 to cover salaries, for a ‘Health Research Project of

\textsuperscript{59} Pease to Lindsay Smith, 17 August and 22 October 1976: WT/SA/PHC/C.5/3.

\textsuperscript{60} Notes on Pepper’s visit to St. Andrews and Glenrothes, 15-16 February 1977: WT/SA/PHC/C.5/2.
significance to the understanding and development of health globally’. Based on
Scott Williamson’s ‘unique and successful’ study of urban health, the Project held
‘great promise for contemporary society’. The PHCL had, the document claimed,
strengthened its ‘medical, scientific and business capability’ and ‘taken steps to
anticipate and plan the action required for the full development of the research’.61

After summarising the work and findings of the original Peckham Experiment,
the 1977 document argued that the present, piecemeal approach to medical
treatment was failing to create a healthy population, and that a re-examination of the
Peckham approach would be appropriate investment in the future. The proposed
Centre at Glenrothes would allow and encourage the spontaneous expression of
action, growth and development which were essential to health, and the member
families would be observed and reported on with scientific accuracy. Beyond this
point, though, the document’s line of argument might have seemed less convincing
to potential donors, since the techniques of observation and measurement had yet to
be developed. Also, no canvassing of potential members had yet been carried out;
the main recruitment for the Centre would, it was claimed, occur once it had been
established.62

The revised document, dated March 1978 and headed ‘Research Objectives,
Organisation and Economics’, began by quoting the government’s 1976 report
*Prevention and Health* on the need to understand the relation of the individual to
inheritance, upbringing, and the social and physical environment. This provided a
useful context for a project whose stated purpose was the ‘study and investigation of
means of improving human health and immunity and unsusceptibility to disease, and


in particular health founded on the family as a biological unit' [emphasis in original]. Allan Pepper had been in contact with the World Health Organisation (WHO), and the document referred to research by that body supporting the PHCL’s view that successful health care depended on a high level of social integration active participation of families, and local initiatives. Senior medical officials at the WHO had, it appeared, expressed their interest in the PHCL’s proposals.63

Again, the question of methodology and scientific rigour had to be addressed. The study of health was an ‘ecological exercise’, dependent on observation of behaviour, so a lack of precise experimental controls was inevitable. The laws of Ethology, governing the processes of order and growth, were awaiting discovery, in a world of quality, beyond quantitative measurement. The process of discovery would necessitate a long-term and wide-ranging study of biological and social processes, in the context of family and community. Research areas would have to include maternal health, weaning, child development, puberty, courtship, and middle and old age. The family would be viewed as a multi-cellular organism integrating with the more comprehensive social organism. Studies of nutrition, education and emotional health would be essential. The proposed experiment would, it was hoped, also give rise to parallel studies. One of these was essentially eugenicist, with observation of families leading to an understanding of the factors determining family size and growth. Another was economic, comparing the benefits of this new, genuine ‘health’ service with the costs of the existing ‘sickness’ service.64

With hindsight it is easy to see that the Project was impossibly complex and unrealistically ambitious. It required the PHCL to negotiate with St. Andrews


64 Ibid., 35,46,37,39,40.
University, different departments of the GDC, local GPs and the Fife Regional Health Board, in addition to raising funding. It is hard to see how they could have expected to keep control of the proposed experiment, even if had it gone ahead. As it was, that problem never arose.

**Negotiations with Glenrothes Development Corporation**

Let us consider first the PHCL’s dealings with the Glenrothes Development Corporation. Glenrothes had been identified in the 1960s as a ‘growth point’ for Central Scotland, with a target population raised in 1963 to 55,000. The GDC was then required to plan for expansion to 70,000. The town’s historian Keith Ferguson describes this as a ‘rebirth’ for Glenrothes, and during the next seven years a draft Master Plan was prepared. In the 1970s, therefore, Glenrothes offered opportunities for new initiatives, and in April 1977 the PHCL applied for the lease of two acres of land in Cos Lane, next to Dr. Smith’s surgery.65

The GDC was somewhat sceptical, one official describing the proposal as ‘a bit fishy’, but granted a lease on the condition that the project ‘be backed by sufficient available finance to carry [it] through’.66 The lease gave an option on the land until the end of November 1978, but by late 1977 Allan Pepper feared that the PHCL would be unable to obtain the money before the summer of 1979, and wanted


the period extended.⁶⁷ Opposition to the project was gathering, though, with a memorandum circulating which pointed out that it appeared to duplicate facilities already available.⁶⁸

Securing funds was a matter of urgency. Pepper claimed in the summer of 1978 that the PHCL was close to gaining recognition by the WHO, but this was not strictly true.⁶⁹ The minutes of the PHCL’s Executive Committee meeting held on 26 March 1979 reported that the WHO required the PHCL to consider sympathetically the needs of health care practice, without which concession it ‘would continue to get only limited interest and support from both Health Authorities and potential donors who are preoccupied with the massive burden of treating the sick’.⁷⁰

By this time, a significant event in the PHC’s history had occurred: Innes Pearse had died at Christmas 1978. She left about £50,000 in her estate, and the Executive Committee decided to commit that, plus their present capital, to the work at Glenrothes.⁷¹ Thanks to a sympathetic member of the GDC, Mr. A.H. Fife of the Property Development Department, the option on the lease for the Cos Lane site had been extended to 28 November 1979, but other officials were growing increasingly restive. One memorandum demanded: ‘Have they [the PHCL] not already had more than a reasonable time? The site could be a useful one for other types of activity’.⁷² Pepper kept Fife on his side by implying that the WHO was ‘very favourable’ to what

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⁷⁰ WT/SA/PHC/C.14/1.

⁷¹ Ibid.

would be a unique experiment. The Director of Property Development, J. McCombie, insisted that the lease would be granted only if the PHCL could prove 'that adequate finance [was] available for the development and its subsequent management'. In May 1979 he wrote bluntly to Pepper that 'the future of your project depends entirely on your success in raising funding'.

The advocates of Ethology now found themselves in the same position as their predecessors forty years before: waiting for some other body to make the first move. Recognition by the WHO would be possible only if local government fully endorsed the project and the stated collaborators were actually collaborating. But the GDC would grant the Cos Lane lease only if funding were already secured. Available land in Glenrothes was diminishing, and the unused site at Cos Lane was attracting resentment.

When the option expired again at the end of November 1979, the PHCL asked for a further extension until the end of 1980: 'They are confident that the necessary funds will be obtained', wrote Fife in March 1980, conveying Allan Pepper’s optimism that the Kellogg and Rockefeller Foundations would support the proposed Centre. Others in the GDC were by now frankly dismissive, referring to Pepper and his colleagues as ‘this outfit’. In April McCombie informed Pepper that the GDC would not further extend the option. On 28 July Pepper admitted to

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73 Pepper to Fife, 5 March 1979; notes on a GDC meeting, 9 April 1979; McCombie to Pepper, 22 February 1979 and 11 May 1979: GDC/27/3/105/28.
74 Pepper to Lindsay Smith, 18 July 1979: WT/SA/PHC/C.5/3.
McCombie it was ‘extremely unlikely’ that the PHCL could raise the necessary capital.\textsuperscript{75}

**Negotiations with St Andrews**

The PHC’s optimism about the involvement of St. Andrews University proved similarly ill-founded. In August 1976, Innes Pearse had told Lindsay Smith that when she next visited Glenrothes the relationship with the proposed Department of Human Ethology would probably be settled. But three years later – as the option on the Cos Lane site became increasingly problematic – Allan Pepper and Kenneth Barlow met Professor Jeeves, who told them that his Department must have full control of the research planning, given the ‘total absence of skill or experience in scientific research’ at the PHCL. Pepper thought this should be welcomed, and hoped that scientific resources might also be provided by Dundee medical school, with postgraduate researchers funded by the Carnegie Trust, the Science Research Council and the Social Science Research Council.\textsuperscript{76}

James Witchalls, who was soon to spend a short time as a locum in Glenrothes, produced a draft memorandum for Jeeves. In it, he was explicit that the project’s aim was to get as close as possible to the original Centre at Peckham, investigating how to improve human health and immunity; ‘in particular health


\textsuperscript{76} Report on discussions in Scotland, 30-31August 1979; Pepper to Barlow, 18 September 1979: WT/SA/PHC/C.14/1.
founded on the family as a biological unit’ [emphasis in original]. He may not have helped his case by saying that ‘experimental observation has to be made in circumstances hitherto rejected as unsuitable for the rigour of scientific enquiry. But science – which means knowledge – cannot forever reject what is real just because means for its measurement are not yet known’.77

By late 1979 there was a significant disjunction between the growing improbability that the project would have any physical base in Glenrothes, and the scale of the scientific work which this notional Centre would be undertaking. Pepper visited the USA and Canada that autumn and was in contact with the William T. Grant Foundation of New York and the Rockefeller Foundation. These bodies, and the WHO, were pushing the PHCL to present statements about experimental design and research capability. Pepper wrote to J. Steven Watson, saying that he needed the university to decide who, from the various departments, would be undertaking what research. Unless this matter was clarified the PHCL would not get any grants.78

In November Alison Stallibrass and other PHCL members visited the Psychology Department at St. Andrews. Stallibrass met Dr. Andrew Whiten, and thought that he understood how in ethology a researcher goes and observes, rather than establishing lots of experiments; but she noted that Whiten insisted the PHCL must state its ‘general, fundamental goals’.79

At the PHCL’s AGM the same month Dr. Donald Patrick, of the Department of Community Medicine at St. Thomas’s Hospital, was co-opted as a member of the

77 Witchalls to Douglas Trotter, with draft memorandum to Professor Jeeves, 8 October 1979: WT/SA/PHC/C.14/1.

78 Pepper to Watson, 1 November 1979: WT/SA/PHC/C.5/1.

79 Summary of visit to St. Andrews, 15 November 1979: WT/SA/PHC/C.14/1.
Executive Committee.\textsuperscript{80} Time had almost expired for the Cos Lane option, but the Owl of Minerva flies at dusk and so the PHCL established a Management Committee whose purpose was to plan, initiate and progress all actions bearing on the Glenrothes Project. Its first meeting was in January 1980 – after the option had expired. The Committee, it was agreed, had to accept Professor Jeeves’s offer of help in preparing programmes of research; to do which, was a prerequisite of funding. It agreed to confirm a booking for a conference at St. Andrews the following August, but as yet no decision on theme, subject-matter, membership or university participation had been made. Patrick and Witchalls visited Scotland at the beginning of February, and the former summed up the situation bleakly: ‘I think we have a great deal of work ahead of us’.\textsuperscript{81} Patrick provided a seven-page document, ‘Evaluation of the Pioneer Health Centre Ltd., Glenrothes, Fife’, which enabled Allan Pepper to assure Jeeves that he and his colleagues were working, ‘as never before I might add’, on producing a statement of research objectives.\textsuperscript{82}

Jeeves responded with a letter containing important criticisms of the PHCL’s approach. Among his colleagues, only Dr. Whiten had any interest in discussing any research proposals associated with the Centre. Whiten had drawn up an outline of his own ideas, which required a comparison and contrasting of children using the Centre with those not doing so, both during and after the period spent or not spent

\textsuperscript{80} Minutes of AGM, 19 November 1979: WT/SA/PHC/C.14/1.

\textsuperscript{81} Minutes of Management Committee, 12 January 1980; Patrick to Witchalls, 13 February 1980: WT/SA/PHC/C.14/2.

\textsuperscript{82} Pepper to Professor Jeeves, 10 March 1980: WT/SA/PHC/C.5/1. Patrick’s evaluation document can be found with a letter to Witchalls dated 13 February 1980, in WT/SA/PHC/C.14/2.
there. Whiten insisted that comparisons must be based on measurements, but was unsure what would be worthwhile indices of improved quality of life. With Jeeves’s letter was a document from an anonymous university, aiming a volley of criticism at the PHCL’s proposals, condemning them for having no clear hypothesis to test, and pointing to the lack of proven tools for assessing health. The writer thought the project could be worthwhile if it adopted an integrated approach with a team of workers from different disciplines and based its work on current research literature. ‘A mere replication of the 1930s approach will be unlikely to be of value either to the people of Glenrothes or lead to an understanding of the factors that influence and promote health.’ Jeeves agreed, condemning the lack of any reference whatever to research literature published on questions of health and social medicine during the previous 30 years. He hinted that he would not be greatly upset if the PHCL sought another institution as a partner.

After a long interval, and only a few days before the PHCL formally withdrew from the Cos Lane option, Pepper wrote to Professor Jeeves to assure him that he and his colleagues were ‘working, albeit slowly, on [their] own statement of research objectives’; but any detailed account of hypotheses would have to wait. ‘We remain hopeful’, he said, but he was whistling in the dark.

The PHCL also established links with the University of Dundee. Allan Pepper visited Professor Mair of the Department of Community Medicine in October 1977 to

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83 Jeeves to Pepper, with accompanying material by Whiten and an anonymous critic, 13 March 1980: WT/SA/PHC/C.5/1. The anonymous university may well have been Nottingham, as the document refers to the Nottingham Health Profile.

84 Jeeves to Pepper, 13 March 1980: WT/SA/PHC/C.5/1.

see if he could offer a collaborative service of statistical analysis for the Glenrothes Project. After some administrative problems Mair was finally able to do so, but he was unwilling to serve on the Technical Committee that the PHCL was establishing, owing to lack of time. Pepper visited Dundee again in August 1979, with Kenneth Barlow, and they discussed the project with Professor Knox of the Department of General Practice, who confirmed his ‘general interest’, which Pepper and Barlow considered ‘deep’.86

Dr James Witchalls and the Fife Health Board

Responsibility for the PHCL’s relationship with the medical profession was chiefly borne by James Witchalls. During the autumn of 1979 he spent two weeks as a locum at the Glenwood Health Centre, and while there met Dr R. Gardiner, Chief Administrative Medical Officer at the Fife Health Board, as well as various medical members of the Board. Witchalls found them generally supportive, but they wanted to see some sort of Memorandum about the project. In his report to his colleagues, Witchalls gave his opinion that the state of health of those patients he saw at the surgery was appalling.87

Witchalls worked to inspire the PHCL with a greater sense of urgency. He told Donald Patrick that the research must be more precisely defined, and that there should be plans and a model for the proposed building, knowledge of the leisure

86 Visits to Scotland, 5-7 and 18 October 1977; 20-23 February and 11-15 June 1979; report on discussions in Scotland, 30-31 August 1979: WT/SA/PHC/C.5/2.
wishes of the local people, and investigation of sources of labour. Before Christmas 1979 he was back in Scotland, visiting Dr Gardiner, who said there could be no further discussions until a land contract had been signed.88

Further visits to Scotland followed early in 1980. Witchalls met various civic figures in Glenrothes, including the School Medical Officer; he also met the MP for Fife Central, Willie Hamilton, who was cordial but asked some penetrating questions about the original Peckham Experiment.89 In February, Witchalls and Patrick visited Professor Knox, who commented on the necessity for evaluation studies but stressed the difficulty of measuring quality. The following month, Witchalls was back in Scotland, evidently starting to be affected by the PHCL’s characteristic buoyancy. He reported that there was ‘widespread goodwill and supportive interest from everyone’, playing down Dr. Gardiner’s scepticism about the extent of the Health Board’s support for the project. The Board was in fact unlikely to support a private enterprise outside its jurisdiction, and Gardiner was concerned that the Centre’s early diagnosis strategy might put pressure on the medical service. Witchalls found a belated potential ally outside the medical profession in the person of Mary Urquhart, Director of Recreation and Leisure at Fife Regional Council, who gave him and Patrick a guided tour of the area’s facilities.90

88 Witchalls to Patrick, 6 December 1979; Witchalls to all members of the Executive Committee, 11 December 1979; Witchalls report on visit to Scotland, 19-21 December 1979: WT/SA/PHC/C.14/1.

89 Witchalls, report on visit to Scotland, 14-16 January 1980: WT/SA/PHC/C.14/2.

Despite Pepper’s admission in July 1980 that the PHCL was unlikely to find the capital for its project, Witchalls presented a paper in December on ‘The Peckham Approach to Community Health’, at the Department of Community Medicine in Edinburgh’s Usher Institute. He spoke of the proposed Centre as promoting community health through combating family breakdown and other symptoms of social dysfunction. He outlined ideas for a Centre extremely similar to the original at Peckham, with one crucial difference: there would be GPs there. Since this issue had been the sticking-point at Thornaby, it seems likely either that the PHCL was now prepared to compromise on it because otherwise there was no possibility of funding; or that Innes Pearse’s death had resulted in a relaxation of principles; or perhaps both.\footnote{GDC/27/3/105/28.}

Witchalls was given a polite but consistently critical hearing, facing questions chiefly from medical teaching staff or practitioners. He disputed the suggestion that the Centre would be a form of private medicine, arguing that it was more like social work; but he agreed, perhaps unwisely, with a suggestion that the project could be seen as a memorial to the original founders.\footnote{Ibid.}

The paper and the responses to it were discussed at a meeting of GDC Chief Officials, who considered Witchalls’ presentation ‘too simplistic’ and generally unconvincing. A representative from the Fife Health Board denied any need for the proposed Centre. It was pointed out that if funding were to be public, several bodies would have to be involved: health authorities, the district council and the regional council among them. GPs’ views would also need to be sought.\footnote{Ibid.}
The notes on the Chief Officials’ Meeting are the final document in the GDC’s files on the Glenrothes Project, but some twitchings of the Project’s tail can be found in the Wellcome Trust archives. Allan Pepper visited St. Andrews in October 1982 and met Professor Jeeves, who declared himself still interested. The following year, Pepper and Kenneth Barlow met Lindsay Smith and were apparently thinking along similar lines to him. In a letter to Barlow, Smith referred to Mary Urquhart perhaps encouraging ‘some development that would try to interpret the ethics of the previous experiment’. The medical profession had not turned its ‘thoughts and efforts to helping people have a wholeness, which really is their birthright’, and education in its broadest sense had a part to play. Mary Urquhart might be the link. In early 1984 Lindsay Smith assured Pepper that he and his partner Dr Sutherland ‘would certainly be willing to discuss and proposals with James Witchalls, once he has formulated them’. Events, Lindsay Smith concluded, seemed ‘to be moving in the right direction’.

Reasons for the Projects’ Failure

From the above accounts of the abortive projects at Thornaby and Glenrothes, various reasons for their respective failures should be clear. At the root in both cases was lack of money. If the PHCL had had the necessary funds it could have replicated the Peckham Health Centre at Thornaby as an independent experiment free from involvement with the NHS; though tensions with local medical

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94 Notes on visit to St. Andrews, 4-6 October 1982: WT/SA/PHC/C.5/2.

95 Smith to Barlow, 15 April 1983; Smith to Pepper, 3 February 1984: WT/SA/PHC/C.5/3.
practitioners and Dr Colling’s commitment to offering treatment might still have caused problems. Opposition from the Local Medical Committee and disagreement over what was permissible as part of the experiment brought about a fairly swift denouement attended by a considerable level of bad feeling. The PHCL seems to have felt badly let down by someone who, in their view, should have appreciated the exact nature of the proposed experiment. Colling likewise felt let down, and thought that the attempt to create a replica of the Peckham Experiment was mistaken. He was aware of the scientific criticisms which had been made, and to some extent agreed with them. Influenced by Spence’s work, he had a slightly different agenda from Pearse and her colleagues; but the difference was sufficient for them to consider it fatal to the desired methodology.

That the Thornaby Project should have miscarried through the PHCL’s insistence on full control makes it all the more curious that the ethologists were then prepared to consider a venture over which they were sure to have significantly less control. As well as the Glenrothes Development Corporation and the Fife Heath Authority, the PHCL was negotiating with a university department whose staff, even if sympathetic, were sure to have their own views on what needed to be done, and how (as was the case with Dr Whiten). As Professor Jeeves pointed out, the PHCL showed no evidence that they were aware of the research into health and social medicine undertaken since 1950. Despite hoping to obtain funding from scientifically rigorous organisations, they demonstrated little idea, in specific terms, of what they wanted to achieve. It is curious that, after they had started imagining what might come of the link with St Andrews, it took them several years to buckle down to

* Colling interview, 12 June 2015.
considering their objectives; but they perhaps considered the work done at Peckham an adequate example of what was required.

The chief problem with the Peckham Experiment remained, though: how does one measure the quality of lives? Pearse and her associates were seeking to develop a new science, but, lacking money, they had to work within the existing paradigm to make a case which might attract the support of wealthy organisations representing the established orthodoxy. Witchalls and Patrick evidently appreciated this, but by the time they were demanding a greater degree of practical realism from their colleagues it was already too late. In retrospect, Witchalls also felt that a certain degree of nationalism contributed to local resistance to the proposed Centre: a suspicion of a group of English people deciding to involve themselves in the life of a developing Scottish town, and using its residents as material for a scientific experiment. At Peckham, Scott Williamson and Pearse had been part of the local community for ten years when the purpose-built Centre opened; at Glenrothes, only Witchalls’ spell as a GP – itself very brief – gave the PHCL any real connection with the life of the town. Douglas Trotter’s post in the very different ambiance of St Andrews, twenty miles away, would scarcely have established him as a local.

A Different Strategy for Health

The failure of the Glenrothes Project was a turning-point in the history of the Pioneer Health Centre; thereafter, the idea of requiring a particular, designated building in order to encourage the PHC approach was abandoned. Dr Peter Mansfield, whose meetings with Innes Pearse in the early 1970s profoundly affected

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97 Interview, Silchester, 6 August 2013.
his life, grew impatient with the slow progress at Glenrothes, abandoned a promising academic career at University College Hospital, and became a GP in rural Lincolnshire. There, he regarded the whole village as, in effect, his Peckham Health Centre, initiating a variety of health-promoting activities. His methods produced measurable results in that he cut by about fifty per cent the cost to the NHS of prescribed drugs in his practice. Mansfield’s project was quickly under way and enjoyed considerable success for more than a decade. Nevertheless, other local doctors did not follow his lead, and nor did his successor in the village practice.98

Mansfield’s view that a dedicated building was unnecessary for the promotion of the PHC’s philosophy of health was shared by a group established in 1987. This was the PHC Project Team, chaired by Alex Scott-Samuel, a lecturer in Public Health at the University of Liverpool. The Project Team’s purpose was ‘to produce guidance on the adaptation of new or existing health or community facilities to the principles of the PHC’. Its members consisted of ‘health promotion and primary health care enthusiasts’ and representatives of the PHCL, including Allan Pepper, Douglas Trotter and Scott Williamson’s nephew Lorne Williamson, a manager in the NHS.99

The Project Team’s manifesto Total Health, Total Participation: Reinventing the Peckham Health Centre for the 1990s, identified various growth points for Peckham projects: ‘smaller than a “full-size” Centre but in which Peckham “principles

98 Interview with Peter Mansfield, Newark on Trent, 6-7 November 2008.

and processes” may be activated’; they would be ‘family orientated and multi-generational’. These included initiatives undertaken by local authorities and the NHS; community health projects; parent networks and family centres. There was some distinguished academic support for the manifesto: the Professors Peter Townsend of Bristol University, Stuart Hill of McGill University, Montreal, and Brian Goodwin of the Open University all endorsed it.100

Despite this continued activity, there is a case for arguing that the failure at Glenrothes marks the end of the Peckham Experiment, which was in effect an initiative in positive eugenics and an attempt, quite explicitly, to establish the new science of Ethology. Owen Williams’s building was a laboratory where the ‘material’ of the biologists – the Centre’s members - could be observed and studied as they spontaneously pursued their activities. Central to the biologists’ observations were the ‘action patterns’ of the families’ behaviour, which were indicators of growing confidence, physical skill and harmonious social relationships. Scott Williamson and Pearse also needed the experiment to be long-term in order to show how the physical and mental health of the families could be improved through the generations. The doctors aroused much love and admiration in the Centre’s members, but they were not running the place as social workers or philanthropists.

The Pioneer Health Foundation (as the PHCL is now named) has, in the 21st century, little interest in the philosophical underpinning of the Peckham doctors’ work or the establishment of a new branch of human biology. It looks pragmatically at the various ways in which the nation’s health might be improved, and is involved in a number of interesting projects to that end. The modernist building in Peckham retains some power as a symbol of a ‘road not taken’; but its specific purpose as a

100 Scott-Samuel, Total Participation, 29, 34-35, back cover.
new kind of laboratory is a fading memory even for those who believe in the continuing relevance of the Pioneer Health Centre.101

101 I should make clear that Alex Scott-Samuel vigorously rejects the view that the Pioneer Health Foundation’s projects require a philosophical basis: interview, Liverpool, 21 March 2014.