

HEALTH

of the individual of the family of society

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Twenty-one years ago the Pioneer Health Centre housing the Peckham Experiment, closed. During twelve working years it explored the nature of health and had devised a method for its scientific investigation. Since that time the particular contribution the experiment made to the knowledge of health has not been further developed on a laboratory scale. But there has been published a statement of the underlying hypothesis which determined the scope of its experimental approach to health.¹ This hypothesis opens up a wealth of possibilities for future research and exploration. It is our belief that the times are such that the search for health is a first priority and that it is therefore urgent that this study should be resumed.

The following pages give a very brief description of some features of the original experiment. The field is that of health:- of the individual, of the family, of society.

What is health?

Health is everyone's birthright; the pity is that so many lose it. In spite of our vast sickness services, national health insurance, school medical inspections, ante-natal and postnatal clinics, welfare centres, Institutes of Child Health and other social services, the burden of ill-health in the community remains heavy. Medical science advances rapidly with new treatments, drugs and techniques, but it does not seem to

stamp out disease. So, reasonably enough, many turned to a more logical method of protecting people from it and giving them immunity.

The preventive school is now active protecting people from one infection after the other. But new diseases crop up replacing those that have been banished and we do not seem to be any nearer health. From the vanguard of this school yet another emerged: those who believe that there is a negative ring to the words prevention, immunity and security, and that it is a contradiction in terms to speak of 'protecting' health, as though health were something fragile. They believe health to be a strong, active process; something as infectious as disease which also can grow and spread. Such people speak of "positive health".

And there the track ends abruptly. For what is the nature of "positive health?" Out of what is it bred and how does it grow? Clearly, bad economic conditions are its enemies, but a study of people in the higher income groups suggests that that is not the whole story. Disease has come under the microscope; the cancer cell has been seen, the bacterium, the body's scavengers and a great deal more. Our lenses grow more powerful and our technical ability upsurges, but all this study of disease does not reveal to us the laws of health.

It is *health* itself which must be studied. We must devise laboratories where we can put health, too, under a lens, look at it, discover how it behaves, and find out in what conditions it can grow and spread.

The Peckham Experiment

Stage I

The first laboratory in the world for the study of human health had its beginning over 45 years ago under the direction of two medically trained biologists, Dr. Scott Williamson and Dr. Innes H. Pearse. Research workers themselves widely

experienced in early diagnosis and the investigation of disease, they already had come to the conclusion that no headway would be made in the understanding of health by researches into the nature of disease. Intuitively aware that each person is born with a capacity for health, they sensed that health has its own *pattern of behaviour*, a pattern quite different from the pattern of disease. This they set out to study. If you had asked them what they expected their experiment might show they would have told you "that health is more powerful and more infectious than disease."

The choice of Peckham as the site for this first experiment was the outcome of careful search for a suitable urban area. That district was chosen as providing a cross section of low, middle, and upper middle income groups, and as being likely to contain a maximum of people who might be presumed to be healthy. Pre-war wage levels rose from £2. 10s. 0d. a week (husband's income) to £1,500 or more a year. Small income people lived next door to the relatively rich, and a ten-roomed house might contain one family, or be divided to accommodate three. The bulk of Peckham people were sturdy artisan families making their own way through life; they were free from gross poverty or continuous unemployment.

The work started in Peckham in a small house called the Pioneer Health Centre.² Local families were invited to use it as a family club, where as a condition of membership they were offered *periodic health overhaul* of the family. This gave the doctors their first opportunity to begin to study and assess health.

It also gave the member-families a chance to gain for themselves modern knowledge as to how to maintain such health as they had, particularly during their child-bearing period. The equipment for this small centre was limited to a consulting room, an afternoon nursery for the children and a small club room. Here over a cup of tea mothers had a chance of meeting in the afternoons and in the evenings both parents could enjoy a talk over a coffee or a glass of beer with perhaps an occasional whist drive. This was but a small beginning.

Some first findings

At the end of three years the following facts emerged:

- 1) That there were families who would welcome and accept family overhaul as a practical means of maintaining their own health.
- 2) That by this means disorders can be detected before the individuals are aware that anything is wrong.
- 3) That disorders discovered in this early stage are easier to deal with than in the later stage at which they normally reach the doctor.
- 4) That though a disorder detected early can usually be removed, in a very large number of instances it, or another, quickly recurs *if the individual returns to the same environmental conditions from which the disorder sprung*. The general standard of vitality found was low, even in those who showed no early signs of disorder. There was evidence of wide-spread inertia, of capacities unused. It was not poverty, for the families who joined the Centre were not in any serious material want. Was there then some inherent lack of vitality in the families themselves? They had money in their pockets, there was food for them to buy in the shops, yet they were not well nourished. There were swimming baths and sports clubs in the borough, yet not even the young were well exercised. It was a crowded district and they had next door neighbours, yet they were often isolated and friendless. They were, so to speak, hungry in the midst of plenty; and for no easily discoverable reason.

The experiment

Stage II

The periodic health overhaul had proved itself to be a sieve for sifting out disease and disorder so that they could be treated earlier than is usual by the medical services. But watching these families the biologists began to find that, by itself, this was not enough to induce health. Conditions

seemed needed to allow the family, after removal of their disorders, to find at hand in their day to day life, outlets for the fuller use of their faculties hitherto unused. So Dr. Scott Williamson and Dr. Innes H. Pearse decided to shut down the first Centre and to plan a second in the same district. This was housed in the large, unusual concrete building — The Pioneer Health Centre — erected for the purpose in Peckham. It was a building of Dr. Scott Williamson's own design, new both in structure and in concept to serve his special purpose.

The new Centre again took the form of a family club, local families being invited to join on payment of a weekly membership subscription. The building was planned for the leisure use of 2,000 families thus catering for individuals of all ages from babies to grandparents. Its object was to supply its members with a special kind of environment; an intimate environment in which the members moving freely in their leisure would have the opportunity of taking part in a wide variety of activities and through the continuity of their association with other families, could spontaneously be led into fruitful social action.

The building

The plans of this arresting building were drawn up not by an Architect but by an Engineer, Sir E. Owen Williams.³ Money was raised by a Committee almost all of whom were under 25. The money lent and given came — in large and small amounts — from private persons. Those who subscribed did so in order to support research in a new field — that of human health — and to make possible a social experiment which they saw as having far reaching implications. Since the building expressed the special design of biologists for the study of health, some description of its plan will help in understanding how all the many and diverse facilities it offered for leisure were brought together under one roof and there adapted to the spontaneous use of the ordinary family including persons of every age.

The Pioneer Health Centre was built in concrete and glass. Its four walls, with wide bays on the side which caught the afternoon sun, were almost entirely of glass. In the centre was the big swimming bath, the concrete tank of which occupied the depth between ground and first floors, its water level the level of the first floor, the sloping sides of its glass roof, through which swimmers could see the sky, rising above the flat roof of the rest of the building and carrying away noise concentrated in the bath chamber.

A glass band encircled the bath chamber and by this window was placed the cafeteria, where members could sit at leisure and watch the swimmers. From the social hall opposite they could also look down on to the stage of the theatre at one side of the swimming bath, and into the gymnasium at the other side. On the ground floor, as well as the gymnasium and theatre, were nurseries, covered open playground, changing rooms and engine house.

The only space shut off from general circulation was the consultation block on one side of the top floor. Here were the reception and record rooms, the laboratory, the changing cubicles and the private examination and consulting rooms. Here the mother-and-baby consultation room looked out onto the light open infants' nursery, used as a sewing room by mothers in the evenings. The rest of the floor was taken up by further open spaces used for indoor games —whist, billiards, darts, table tennis. From a window in the billiards room one could look down into the bath chamber with its high diving boards.

The first point of importance is that the plan provided for *visibility* of people and of their actions. Except where privacy was obviously essential, the partition walls were of glass. This was necessary for the scientists in this first health observatory. It gave them a special 'sight' of their field of observation — the family in action. This transparency was their new 'lens'. Members were fully aware that whilst *they* were gaining from the opportunities which the Centre offered, they, through their actions were contributing to the scientists' knowledge of health. Sometimes one of the men

would look at the doctor quizzically and say: "What are you getting out of this?" They got the true answer and were satisfied. But for the most part they busied about their own concerns and forgot about the 'doctors'. In the Centre the families were neither directed nor 'organised', for it was of the essence of the hypothesis that health emerges and goes forward spontaneously. The biologists — both doctors and educationalists — were there to observe and to assess capacity -- not to treat, advise or to mould people. They were there to study the ways in which health expresses itself. Natural, spontaneous and unselfconscious behaviour was a conspicuous quality of life in the Centre (visitors struck by the atmosphere of the place often commented on it); and it was indeed essential for the validity of the observations that this should be so.

The people

Visibility within the building, essential to the observers, was even more important to the members. Here shared by them all was an environment for the chance meeting; but also, and more important, for continual and repeated meetings, and so for acquaintanceship, companionship and developing friendships. It served also for the entertainment by families of visiting friends and relations, for a 21st birthday party, a wedding breakfast of a member family and for grand gala occasions as well. Everything taking place there was carried on by people who, belonging to the locality and continuously using the Centre, came to be known personally to each other through sharing in some of the many facilities of the Centre life; or through the day to day doings of their children; or merely known by sight as members participating in a common experience. This provided the varying degrees of progressively familiar contacts which permit of extension of the 'territory' occupied by each family severally. The visibility throughout the building was thus a major factor in the power of utilisation and

'digestability' of new experience each family met with. It was the design of the building which, continuously inviting such contacts, did so much to lead to the social integration of the members.

The activities taking place could be seen by those using the building for any purpose, and it was the sight of action which was the *incentive* to action. Here it is necessary to stress two points. One is that it is usually considered that it is the competent, the skilled and the expert who are the incentive to action. That maybe is true for those whose interest is already aroused, who have ambition, some confidence and some pretention to skill. It is not true, however, of those who do not particularly want to do anything, who have no confidence and no skill. In the Centre it was found that the incentive for these — the great and unknown majority — was the sight of action of people with *less* skill who were even *less* well endowed with capacity than they. This was how it came about that in the Centre people of all sorts came to do all sorts of things; rather than small groups of experts doing things expertly before a large audience of spectators. In the Centre nearly all members became 'doers'. Incidentally they also became more discriminate and critical as spectators!

The second point is that because the Centre was a family club there were people of all ages mixing freely with one another as one does at home. This means that for the young there was always a group just a little more mature than they doing things they too would like to be doing — the people into whose company they naturally wanted to move because there was always so much going on there. The adolescent wanted to be accepted among the group of young adults, so he strove to be, not only as skilled as they, but as socially competent. The young married couple without a baby came to want a baby of their own like their young married friends; and so on.

These are *natural* ecological stimuli to growth and development not understood and much neglected. But they can only have effect where all ages and types are moving

freely in the body of a society integrated through its many and different interests and actions. Any segregation into age and sex groupings tends to confirm immaturity in the young; while on the other hand, their early dispersal amidst an anonymous disjoined crowd robs them of a knowledge of the natural biological expression of social order.

In the environment of the Centre, families began to take hold of the new opportunities. For instance, during the first three years after the second Centre opened, 157 married women, most of them middle-aged, had with no urging or persuasion — and very much to their own surprise — learned to swim. Out of 160 children between the ages of 5 and 16 who joined the Centre in 1937, only forty were swimmers. A year later, 128 of them could swim or were teaching themselves to do so. Opportunities provided by the Borough but ignored were eagerly taken up in the Centre.

Now — and often led by the children — everyone was making friends; — out of swimming, dancing, use of the gymnasium, the theatre in which people acted, costumed and sometimes wrote their own plays, out of their own concert parties, orchestras and debates, out of games, crafts and studies, out of groups of mothers making the teas for the babies in the nursery. Through so many varied interests shared, came new acquaintances: and finally friends. Now, there were other families with whom they could exchange impressions and ideas; with whom the family was even glad to go on holiday. The release from social loneliness, and with it the increase in physical, mental and emotional energy was tremendous. This shift towards health and vitality was reflected in the findings at the yearly recurring overhaul of the family.

The staff of observers did not organise, suggest or promote any undertakings for the members nor provide any 'leaders'. Indeed, they discouraged members from forming themselves into permanent committees to organise their various enterprises. Thus there were no difficult thresholds for new members to cross — no closed doors, no embarrassing applications, no cliques to intimidate the newcomer. The

families became integrated into a society arranging their own affairs in community of action.

There were, of course, difficulties, and there were a few people who behaved badly, but the members found their own way of dealing with disturbing elements. They lived their individual lives in the presence of each other, and it was found that where in a mixed diverse society there are ample opportunities for all to function freely, egotism tends to fade out. A supreme example of this was seen in the childrens' use of the 'free' gym.⁴ Mutual synthesis in action is the basis of social health and of order in a free society. This we found to become an operative factor in the Centre life.

The experiment demonstrated clearly that in a suitable environment people will use the opportunities around them. Though in their leisure hours they may not respond to set teaching or to propaganda and will resist persuasion, they will respond eagerly and purposefully to facts and information when they feel they have need for them.

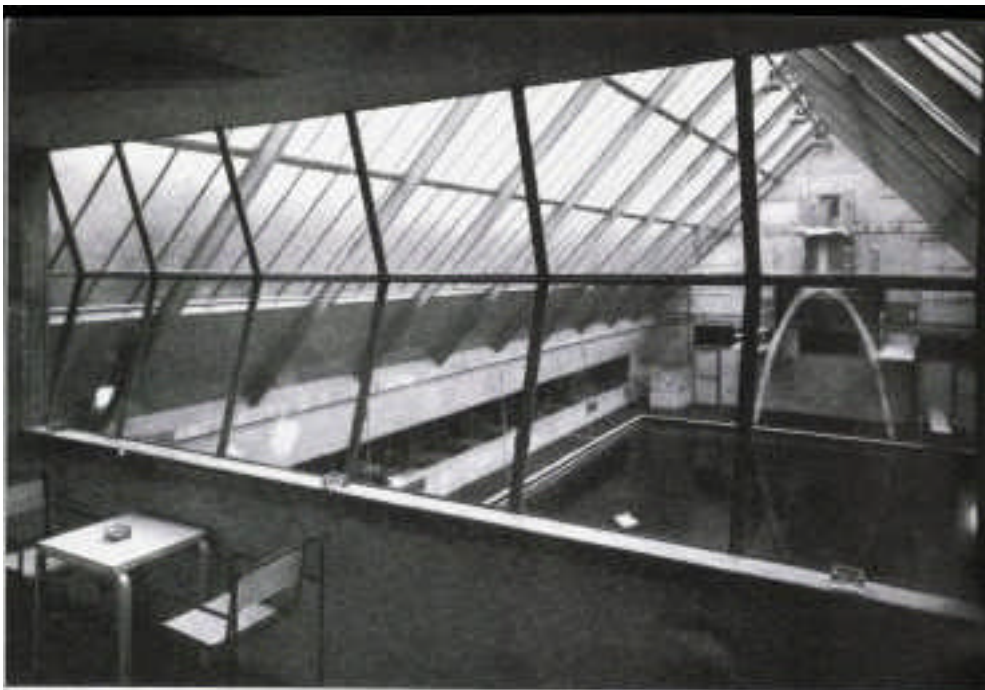
AI at Peckham

The spontaneous response of the ordinary family to facts and information given without any advice as to how they should act upon them, came out very clearly at the family overhauls. Members valued the overhaul because they knew that there they would be able to get information in a form they could understand about "where they were and what they could stretch to" — as they put it. They knew that their overhauls were being made in order to find out the extent of their health and vitality, rather than as a search for anything *wrong*. They had no fear about it and never felt they were 'patients'. Their overhaul was like a ship's survey at Lloyds — AI at Peckham. "The 'doctors' tell you where you stand," they said.

There were three appointments for the overhaul: one for

A pictorial presentation of FAMILY LIFE in the Centre





Swimming pool and cafeteria seen from billiards room



Top: Mother and Father make their date for overhaul
Centre left: Mother and Daughter prepare for their overhaul
Centre right: Son in Laboratory
Bottom: The Family Consultation





Top left: The consultation over, there's hardly a seat to be found in the cafeteria
Top right: Boys in Gym
Bottom: The end of a strenuous Saturday afternoon



Plenty to do on Saturday afternoon





Busy afternoons

Bottom left: First tea in Centre Nursery

Bottom right: Father comes to fetch baby home



Another family party on Saturday night





Top: H.M. Queen Mary visits the Centre
Bottom: The first grandchild. The 'growing point' of a new family



laboratory tests, another for personal overhaul at which father and boys were examined by a man, mother and girls by a woman doctor. When all the individuals had been examined the whole family met the two doctors for a Family Consultation. The children were discussed one by one and then went out, leaving the parents with the 'doctors'. Nothing was withheld in the talk that followed. What was found in every member of the family was frankly reviewed. Should anything be found wrong it was looked at; what it was; what it was not, and what it could be. But no advice was given, unless asked for; and no treatment. Every question — and there were many — was answered. Facts which doctors and specialists often consider too technical to discuss were as far as possible translated into lay terms and explained. The family once in possession of the facts was free to use them — or not — as they thought fit. The responsibility lay with them. But we must remember they were no longer living in social isolation; they were moving amongst members of the Centre who had already used such information and found its value. Gossip is nature's advertiser; in the Centre it was not 'idle'!

The families went away and digested what they had heard; they thought it over, talked it over at home, then came to their own conclusions, and made their own decisions. Sometimes the decisions meant coming back and asking where and how best to get done what was needed. If they wanted their teeth filled, or had made up their minds to have a necessary operation, or to undertake some treatment — then they made the arrangements with their practitioner, or with a suitable hospital or clinic. Help was often given to enable them to make these arrangements to suit their own circumstances and their pockets, so that no one taking responsibility for his own health had to expend unnecessary time or money, or risk losing his job. But this was before there was a National Health Service to which everyone may go for treatment. It was rare to find any family who, after their family consultation, did not do what the findings of overhaul showed to be necessary.

The family consultations established a mutual relationship

between the Centre staff and the member-families. Parents fell into the habit of discussing the way in which the family was growing up and the education of their children. As well as having examined them in the consulting room, the 'doctors' along with the other biologists working on the social floor, had seen the children day by day in action in the Centre. A correlation of these two sets of observations given to the family in the consultation often helped the parents in understanding the children's development. Husbands and wives discussed parenthood and whether or not to have more children. With a young couple, modern biological knowledge of the significance of parenthood and the nurture of the child for their own maturation was brought up as part of the information offered. This led to discussion of and practical information about the control of conception, in relation to the health of the possible future child as well as to any necessary limitation in the size of the family.

Most significant of all — young couples took advantage of the overhaul to achieve their fullest health before the conception of a child and this is where health begins.

It has become apparent from work in Peckham that through close and continuous contact with young families before conception, throughout pregnancy, after the birth and throughout the nurture of their child, the opportunity arises for a new form of practise — that of the cultivation of health. This does not happen through precept, but by provision of the circumstances in which parents may acquire understanding of the biological processes through which they are passing and may act upon it day by day.⁵

The experiment has shown that, given favourable circumstances, ordinary people will lay hold of opportunities and use knowledge — without persuasion. So the Centre proved to be a 'catalyst' by which the family is enabled to utilise for its own growth and development the plenty which modern civilisation is disclosing — both in knowledge and in material.

Findings of the overhaul

A survey was made of the findings of overhaul of 1,206 families comprising 3,911 individuals of all ages examined between 1935 and 1939.⁶ At their first overhaul as shown in the charts on p.14 & 15, only 9% of individuals were found with nothing wrong. In all the rest (91%), disorders were present. These ranged in seriousness from carious teeth or simple iron deficiency to cancer.⁷ At the time they joined, only 9% of individuals were under any form of medical treatment for their disorders.

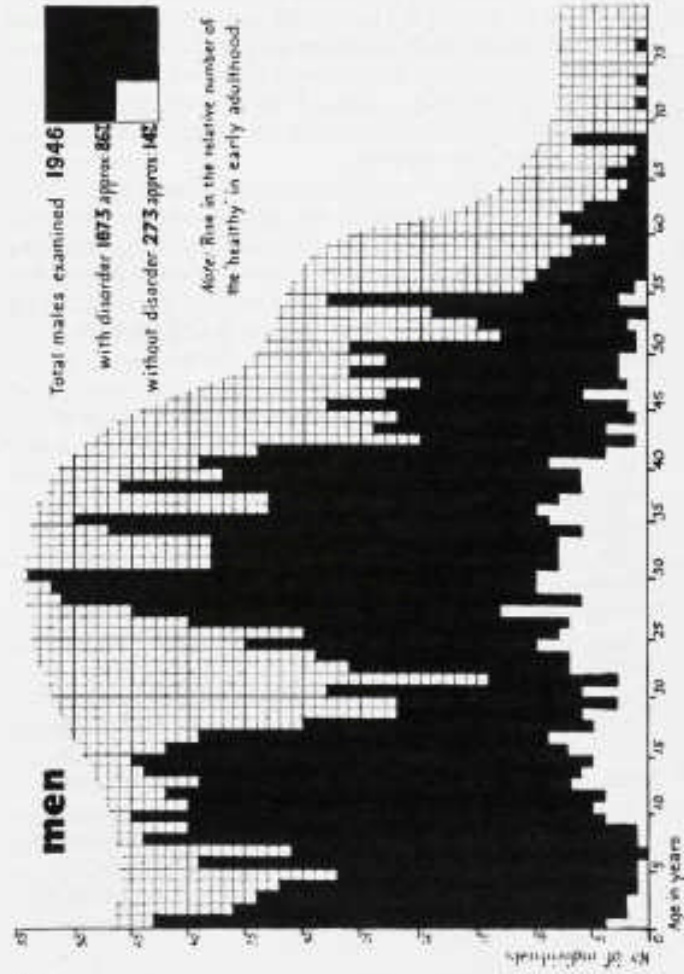
These findings were at that date so astonishing that it might well have been thought that there was something very wrong with Peckham that the choice of the district had been an injudicious one. But since the last war evidence has been slowly accumulating throughout the civilised world that this is the usual situation found on examination of a sample of the general public, whether in America, in this country or elsewhere.

One might suppose that in Britain with inauguration in 1947 of a National Health Service designed to meet the needs of all sickness in the nation, the situation would have changed. The Peckham figures were published in 1943, that is before the inauguration of the National Health Service. But, for instance, recent figures gathered from free medical overhaul offered to people living in the London borough of Southwark show that very similar results were obtained in those examined in 1970 to those gathered some 30 years earlier in the Peckham Experiment. The Southwark figures are: 15% without disorder; 85% with disorder. Over 50% of those examined were referred to their General Practitioners for further investigation and possible treatment. It is thus clear that the National Health Service is not covering the total populace in need of treatment. Perhaps even more important, in over 20 years it has not significantly increased the proportion of those free from disease and disorder.

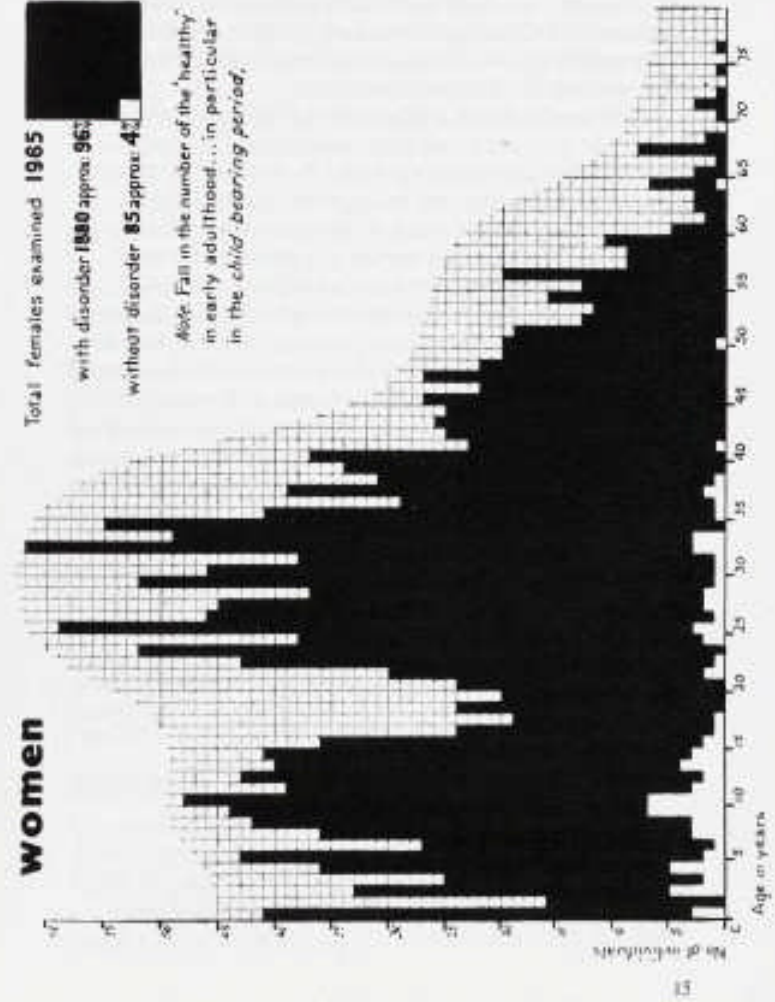
Returning to the Peckham figures: on two samples each of 500 families, a further analysis was made of the subjective

THE BURDEN OF DISORDER

These charts represent an analysis made on first overhaul of 1206 families (3911 individuals of both sexes), members of the Pioneer Health Centre. Each square represents one individual, and the charts thus show the age distribution of the individuals within the membership. The black portion



of each column indicates those found at overhaul to have recognisable disorders, the yellow those without any discoverable disorder (? the healthy). It will be seen that there is in the total membership a preponderance of adults between 20 and 40 years of age and of children up to school leaving age, indicating a relatively high incidence of young families.



response of the individuals to the disorders found.⁹ (This survey excluded infants under 5 years as they could yield no satisfactory evidence of subjective findings.) Analysis disclosed that only 30% of those examined were aware of their disorders; i.e. were suffering from disease. The majority, i.e. some 60% of those examined, were either wholly unaware of their disorders, or ignored them. They declared that they were 'well', or 'in their usual health'.

To the layman this is a very curious if not a disturbing fact, for he does not know that — paradoxically — such unawareness can be a sign of health! He does not know that if an insult or injury occurs to one organ in the body of a healthy person, the body and all its organs will contribute to sustain the function of the person as a whole. The bodily reserves are so great that they can easily fulfil this task, thereby masking defect, deficiency or disorder. So the person remains 'well'. Only when the processes of disorder have gone on so long that his reserves fail him, does he 'fall ill'. If during this compensatory process more is required to sustain his position, he will retreat from the wider implications of his environment. He will "do less" than he previously did, he may fail to respond to some new challenge, he will still "carry on".

Here is the paradox. On the one hand, the extent of the reserves on which an individual can call temporarily to compensate for his disorders and so carry on in his situation, is a sign of health. On the other hand, by continuation of this very process he is using up reserves that should avail him for all the current emergencies and adventures of living. In fixing his physiological reserves in compensation for his disorders, he is in fact giving up 'living' in order to 'survive'. This is not the freedom of health — the fullness of function.

Now when by satisfactory treatment of any disorder these reserves are released, it is of utmost importance for the individual that there should be at hand an environment in which he can re-engage those reserves in full living -- or he will quickly relapse into the habituation of a perpetually restricted life.

In the present state of society, those with disorder masked by compensation — who are as we have seen the largest group — inevitably drift into disease, thus continuously swelling the number of the sick. In the Pioneer Health Centre the situation was altered in two ways. First, through periodic health overhaul, masked disorders were disclosed and made known to the individual who usually took steps to have them put right. Second, on discharge from medical treatment, he found himself in a social environment inviting activity of many sorts. He tended them towards health.

But, as stated at the outset, the Pioneer Health Centre was not set up for the detection and treatment of disorder, physical or social, no matter at how early a stage disclosed. Its object was to investigate the process of health whereby the individual is enabled to find expression of the full biological potentiality with which he is endowed.

Periodic overhaul of the family was essential to the biologist setting out to observe behaviour in health, so that he should have information about the state of the body — i.e. the organic mechanism — through which behaviour is manifest. It is clear from preliminary findings at Peckham that the 'normal', i.e. the majority of individuals, are not the healthy — as is commonly assumed by layman and doctor alike. Had the Peckham investigators set out to observe behaviour without making provision for prior overhaul the interpretation of that behaviour would have been invalidated by the unsuspected disorder existing in the material. Those whose mechanism is disordered — even though they are not aware of it — are in no position to display the behaviour of health.

Where now?

It is clear that it is necessary to make a new approach to the attainment of health — the fight against disease is a losing battle. It is equally obvious that though disease has been studied in depth, health is but little understood. The Pioneer Health Centre has marked out a path for this study and has

shown how to collect appropriate material for the purpose – families living their ordinary lives. It has shown, too, the necessity for an ecological setting for observation of that material.

Once the material and the field for experiment have been defined, next comes the necessary association of the biologist observer with his material in its ecological setting. The biologist must not ask the families to come out of their familiar environment; he must set up his laboratory in their midst.

But besides this new location with its laboratory of special design, the biologist will require many other new conditions. He will need newly designed technical equipment, new methods for observing and for analysing, assessing and recording the results. And once set in train, the work will itself lead to new designs for future experimental undertakings.

Inevitably, a considered study of health must invoke a wide field of interest both academic and practical. We can reasonably foresee the coming need for:-

1) a School of Human Ethology

for the academic study of the health of man, to which it would be essential to attach

2) a Field Experiment

for the practical study of Human Ethology - using the human family as its unit material. A basis for the establishment of the first already exists in the hypothesis upon which the Peckham Experiment was designed. This hypothesis opens up many new avenues for promising research.

For the second, sufficient findings of practical value — to the individual, to the family, to society -- have already accrued from the relatively short experience of the first laboratory of this kind so that it is now well possible to plan a further field experiment on the same lines. By this means, unique material would be provided whereby a newly founded School of Human Ethology might reasonably and properly go forward.

In setting up such a field experiment with human material consisting of families living their ordinary lives, there is another side to be considered. Inevitably it would deeply involve not only the participant families but also the neighbourhood in which the experiment was established. In this respect the Peckham findings indicate that any district into which a field experiment firmly based on Peckham lines were introduced, could do nothing but benefit from the infectivity of a biologically integrated society in its midst. At the same time, it would be bound to attract widespread interest from outside. A great deal of experience, social, educational, psychological and medical, seen as it was from an ecological approach, arose out of the first experiment. That experience is of great significance today, when there exists a widespread awareness of progressive disruption of long accepted cultural patterns in society without any well defined alternatives to replace them and to bring about anew the integration and ordering of society. It is to be hoped that whatever new format for civilisation may forthcome, will find its inspiration in patterns of action based on natural, biological process. Experiment which throws new light on vital aspects of living can hardly fail to attract the attention of a wide and informed public.

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