

Past/Future Conjoined: Note from the USA on the Present Edition

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It was a warm summer day in 1937. We had heard of The Peckham Experiment while on student rotation under Aleck Bourne, Chief of Obstetrics and Gynecology at St. Mary's Hospital, London. A man of deep human sympathy, and far ahead of his time, he had a clear vision of where medicine was going. A novel experiment in prospective health care was apparently proceeding in a working class London Borough. There was not much interest in our little group, except for one other student and myself. So on that warm summer day the two of us set out to see for ourselves.

We arrived in the late afternoon. Nearly fifty years later, I still recall the first impression of the building—a feeling of access and transparency: glass walls, glass doors, story-high open spaces. The classrooms and playrooms abutted the gym, and the swimming pool. The kitchen, the cafeteria, the reading room, even the pathology labs were visible from the passage way. Only the interview rooms we shielded from view. Children of all ages were everywhere, playing in creches, nurseries, and playrooms. Some were with their parents, some with "sister" (nurse) some solo, some in clusters doing their thing on ropes, or roller skates, or engaged in quiet study or games. On the terrace-cafeteria, overlooking the pool, there were parents —mainly mothers, some of whom might be seen again in the evening joined by their husbands or friends. There was also a sprinkling of grandparents here and there. We noticed one

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other aspect: as the hours passed, more and more teenagers joined in. I remember thinking at the time how remarkable it was to have parents, children, teenagers, and even grandparents, all under one roof, and all clearly enjoying themselves. If there was "staff," it was hard to tell who was who.

Dr. Scott Williamson set aside the evening to explain his basic hypothesis, and let us sit in on a family health examination. We also looked at the record system from laboratory tests, spirometer readings, and tonoscillograms, to the number of times a particular family had purloined rollerskates or hockeysticks. In these days of computerized health risk appraisal, this indeed appears a prescient vision enacted. I kept coming back to that unique human laboratory, participating, watching, and learning.

The Peckham Experiment is contemporary and relevant. I was reminded of this when I came to Johns Hopkins, where a distinguished predecessor of mine, Adolph Meyer, had opened, in 1913, the building in which we all were to work later. As he said at the time:

At last science begins to take up with new and forceful methods the great problem of mental life ... This work does not stop in the sanctum of the investigator. Just as bacteriology studies the water supply of communities, schools, and homes, so we psychopathologists have to study more effectively the atmosphere of the community; and must devise safeguards in the locality from which patients come, and to which they are to return. (1)

I have a feeling that, although they may not have agreed in detail, Adolf Meyer and Scott

Williamson would have liked each other. Both were what the Germans call "Naturforscher," researchers of Nature, keen observers of things natural, students of the human condition-in-context. Both recognized the limitations of the purely analytical approach. Both sought languages to express novel relationships, and found existing languages wanting. Long before the birth of formal Systems Science, both were "Systems" men to their marrow.

A slight shift in focus can open a universe of new contours and connections. The depth of the obvious calls for a special kind of vision. Scott Williamson was endowed with that special vision. He looked deeply into the obvious and, like good painters, made the familiar glow anew. Instead of studying Health in the context of Disease, he and Innes Pearse resolved to study Disease in the context of Health and Ease: "Ethology rather than Pathology."

They put the terms of "living" and "dying" into context. "A whole lifetime may be spent in the process of dying," they argued. "Survival" isn't living; nor is health the mere absence of disease, but a dynamic, continuing, lifelong state of growth. Health, so contemporary (and so abused) a term, is a subject worthy of scientific study. They studied the family as the appropriate biosocial unit, and its home, not as a material fabric, but a live zone for the interchange of social nutrients.

The Pioneer Health Centre was a strange hybrid of a Center, in part a Leisure Centre, in part a Health Surveillance Clinic (serving to identify, but not to treat, incipient disorders); in part a Family Club; a Baby and Children's Care Center; a Nutrition Learning Center; and, in part, a school: but first and foremost it was their laboratory for the study of health.

The incisive simplicity of the approach may be noted in another respect. The baby care center was emphatically *not* a "day-care center." It functioned on afternoons, when mothers could bring their children and enjoy each other's and their children's company on the premises. The staff was sparse and very competent.

If all this has a familiar ring, it is simply because what has been hidden in medical care has become obvious. Behavior and mode of life – lifestyle, as we say — have emerged as major pathogens in our society. Galloping health costs have forced planners to shift emphasis from high technology care to cost containment at primary sources nearer home. Industry, usually ahead of the general public, is taking very seriously Employee Assistance Programmes, Health Awareness, and Preventive Education in the workplace. A lively stress management industry – of highly variable quality – is offering all manner of comprehensive approaches to the willing buyer. A "Wellness" wave complete with workshops on jogging, nutrition, yoga, and all – is sweeping through homes and institutions; the general public is going to medical school by way of evening classes, books and cassettes. Yet, in all this "Wellness" frenzy a central theme is both subsumed, and lost by default. That theme is, The Family as a School. In changing times, to be sure, families will change; but even in post-industrial times, one would venture to predict, families, schools, neighbourhoods will become more, rather than less important. More work will be done in the home, and telecommuting to work (rather than body-commuting) will be commonplace. Leisure will be a main byproduct of a shorter workweek. Longevity will call for more, rather than less, intergenerational contact. The neighbourhood of the future could indeed be very different: it could be infinitely more human and humane than the present suburban sprawl. All that is needed is Vision and Data.

It is this need which makes the challenge of Peckham so thoroughly contemporary. For if the megaproviders, megamanagers, and mega-consumers of the future took a cognate approach, a data base for sound, enlightened, participatory, practical planning could quickly emerge. The megaproviders are the Government, the Corporate giants in Health Care Delivery, and the Insurance Industry. The megaconsumers are Corporations, to whom good employee health simply means good business. Developers of urban renewal projects, or

of new urban and suburban neighbourhoods, and of factory towns, have a special opportunity.

It would be simple and relatively cheap to build neighbourhood Family Life and Health Centers into such developments; similar centers could also be set up in existing neighbourhood renewal programs in conjunction with local authorities, physicians, community agencies, churches, and the like. In these days of computerized family records, families could generate data deeply significant to their *own* health and wellbeing. For health data have a social function: they should not be consigned to Ph.D. theses, but be returned to the consumer to be tested in the laboratory of everyday life. In the field of health, Search and Re-Search, Discovery and Proof, while distinct phases, go hand in hand as a single enterprise.

Moreover, the scientific biomedical base is broadening. Modern psychosomatics is becoming a fascinating experimental science. Bodymind is

no longer two words, but one. The laboratory within one's skin is becoming accessible to Everyman.

To all of which I would add another term, which I heard in quiet hours at Peckham. There they talked of the Healing Community, and of Comm-Union; and as I listened, I agreed that it does not come free.

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Reference

¹ Meyer, A. *The Purpose of the Psychiatric Clinic.* (American Journal of Insanity: special number in celebration of the opening of the Henry Phipps Psychiatric Clinic: Vol. XIX, No. 5:858: Baltimore, Johns Hopkins Press, 1913.)



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