

Morphine, or alkaloids akin to it, is usually the basis of sedative mixtures given before operation. Some patients complain of nausea or vomiting after morphia, and it is said that such preparations as **omnopon** (syn. **pantopon** in America) or **opoidine** (syn. **alopan**, **papaveretum**) are less likely to cause these troubles. **Dilaudid** (**di-hydromorphine**) has considerable vogue in America. Although morphine is usually given *hypodermically* about three-quarters of an hour before operation, it can be injected in a diluted solution *intravenously*, if an immediate effect is required. The initial adult dose is about gr. $\frac{1}{24}$ and a pause of thirty seconds is allowed for the response to be judged. The injection is then continued slowly until the desired effect is obtained.¹ This is a good method of premedication if the operation is to be performed under local analgesia, or if the patient is shocked or cold as in air-raid or battle casualties. In such cases it has been found that the first and subsequent doses of hypodermic morphine may not be absorbed owing to the impaired circulation, but that when resuscitation is carried out signs of morphine overdose may appear.

TWO SHILLINGS OR THIRTY CENTS

ANARCHY 60

SYNANON & ANARCHISM / NARCOTIC ADDICTION



AND IN
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RECOLLECTIONS
OF PECKHAM

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Narcotic addiction and the Brain Committee Report

BY A PHYSICIAN

Drug addiction in Britain has earned a lot of money for Fleet Street in the last few years, and the stereotype of the drug addict provides copy for crime fiction writers and television thrillers. A government committee chaired by Lord Brain, President of the Royal College of Physicians, produced its report in December. Sober fellows might have expected the basic facts set in proportion and laid out so as to show the way to rational measures to deal with the problem. Alas for expectation! Lord Brain's Committee produced some garbled statistics, ignored the lessons of the drug problem in USA, where prohibition is the law, and could only suggest a feeble thin-end-of-the-wedge beginning of prohibition for this country. The following article examines both the problem and the Brain Committee's approach to it.

* * *

THE SECOND REPORT of Lord Brain's Interdepartmental Committee on Drug Addiction has received considerable publicity, but anyone with experience of the day-to-day management of drug addicts at family doctor level must feel strongly that this report, like its predecessor, gives a picture which is grossly at variance with reality.

The Committee call attention to the increase in drug addiction, in particular to heroin, and especially among young people; broadly speaking they appear to attribute as a cause of this increase the activities of a handful of "not more than six doctors" (Sect. 12), who have (Sect. 15) "abused" the ability of an addict "to obtain supplies of drugs legally". Somewhat ambiguously they add (Sect. 12) that "these doctors have acted within the law and according to their professional judgment". It is comments like these that have called forth the following observations.

The control of dangerous drugs in the United Kingdom has been vested in Home Office Regulations and the judgment of doctors. Although these regulations affect any doctor who prescribes morphine or heroin, or any other drug subject to the Dangerous Drugs Act (DDA) to a patient dying of a painful terminal illness, they were originally framed with due regard for the known addictive properties of these drugs. The relative freedom from drug addiction which this country has enjoyed has been usually, and rightly, attributed to control being vested in medical rather than police hands.

Although any doctor is entitled to prescribe for a patient suffering

from the illness of drug addiction, in fact most doctors reject these people, and the very onerous task of caring for them has been undertaken by a mere handful of doctors, mostly in London. It is difficult to escape the conclusion that this is the handful on whom the Brain Committee have passed their ill-judged strictures. But, as one of these doctors remarked at a conference on Drug Addiction in February 1965, "What is the use of liberal laws if only a tiny minority of doctors make them operative?" The point to make, which appears wholly to have escaped the Brain Committee, is that drug addiction problems might well be substantially less if more rather than fewer doctors concerned themselves with it. The Brain Committee advises that this illness be taken out of the hands of general practitioners altogether. It seems doubtful that this is wise.

It is exceedingly difficult for an addict to obtain acceptance on a doctor's National Health Service list. At present, in consequence, addicts living all over London can only find a very few doctors to take them on, often far further away than the area usually covered by a general practice. This situation is anomalous, unsatisfactory alike to patient, doctor, and Executive Councils who do the administrative work of the NHS. Evidence on this point was given to the Brain Committee, but one looks in vain in the Second Report for any recognition of the fact.

The effect however is to add to the difficulties of the handful of doctors who, perforce, have to shoulder the whole burden of treating this very difficult illness. A report published in August 1964 on experience of treating 100 addicts, showed that 35 addicts in active treatment in a total NHS list of 3,500, required (during a busy month—January 1964) no less than 25 per cent of all items of service in surgery hours. That is, 1 per cent of the patients—the addicts—produced 25 per cent of the work of a busy practice. This estimate furthermore left out of account telephone calls from addicts at inconvenient times, including the middle of the night, calls from chemists checking prescriptions under the regulations, enquiries from the police, reports to magistrates' courts, phone calls to the Home Office, etc., etc. None of these burdens, calling for much conscientious work, is noticed by the Brain Committee: only the "abuse".

The Second Report implies that the increase in drug addiction is due "to the activity of a very few doctors who have prescribed excessively for addicts" (Sect. 11). What are the facts?

In the nineteen-twenties, the committee presided over by Sir Humphrey Rolleston found that the majority of addicted persons were "therapeutic addicts", persons who had originally been given addictive drugs in the attempt to control severe and intractable pain; and also persons whose occupations made these drugs especially accessible to them—doctors, pharmacists, nurses, etc. They were satisfied that the existing regulations were adequate to provide measures for dealing with this problem. (The Rolleston Committee, incidentally, had 25 meetings. The Brain Committee were able to deal with the problem of addiction today in 8.)

Thirty years later, in the nineteen-fifties, the Home Office and others who were in contact with the problem of drug addiction became aware that the situation had changed. Therapeutic addicts still existed, but an increasing number of addicts were people who originally tried drugs for "kicks", and these people were largely in a much younger age group. The circles in which they moved—clubs and cafes—gave them much greater opportunities for spreading the habit to others.

Lord Brain's Committee was appointed in 1958 to look into this matter which was rightly causing concern to those who were in a position to know something of the facts. What did they do? In 1961 they reported that there was no real need for concern—a view which caused astonishment and disappointment to everyone in contact with the realities. Three years later, because the facts contradicted their previous findings, the Committee was re-convened to work at the problem again. In effect, to do their homework all over again. Unhappily their Second Report is as inept as the First.

In the First Report they expressed the view (quoted by them in the Second Report, Sect. 2), that "the satisfactory management of cases of addiction was not possible except in suitable institutions . . . (and) could best be undertaken in the psychiatric ward of a general hospital" (paragraph 31).

Addicts do not spend the entire duration of their illness in psychiatric wards. They have to be looked after before they go in, and, even more important, after they come out. So family doctors have to be involved in the process somewhere. Those who have had the sometimes heartrending and more frequently infuriating task of looking after an addict may be forgiven for asking where are these psychiatric wards in general hospitals? Recommended by the 1959 Mental Health Act they have never materialized. If they do exist, it is doubtful if they have admitted a single addict since the first Brain Report.

Nor is it at all easy to get an addict into a mental hospital. A Psychiatric Consultant wrote (when refusing admission to an eighteen-year-old girl addict also regarded as suffering from schizophrenia) that "as you know, no facilities for the treatment of these cases exist. . . ."

More recently another, a young girl of 22, addicted to heroin and cocaine for about eighteen months, was seen in the casualty department of a London teaching hospital suffering from a septic foot. She had no fixed abode and with some pressure from her doctor (one of the "handful"), aided by the social worker at the hospital, she was admitted to a surgical ward, with the request that her drugs be "tailed off". The House Surgeon agreed and called in the Consultant Psychiatrist. However the Psychiatrist declared that she "was incurable" and wished to have nothing to do with the case. In spite of this setback the surgical side persevered and succeeded in reducing her heroin dosage almost to vanishing point. They also persuaded her parents to assist in the next stage of rehabilitation. There are many other instances of the negativism of psychiatric departments about this problem. But one looks in vain in either of the Brain Reports for any recognition of this, or that their recommendations were, and are, unrealizable in

existing circumstances. Charitable persons may perhaps excuse their ignorance of medical realities in their First Report, but no such lenience can be extended to their Second for their attention was specifically drawn to these difficulties in the evidence of witnesses called by them. It was then urged that the provision of funds to set up adequate psychiatric facilities for the treatment of addicts in hospital would go a long way towards solving the problem of addiction, especially in the case of the younger and newer addicts.

The proposed treatment centres now recommended by Lord Brain's Committee are plainly intended more as a remedy for the sins of doctors, than as a positive contribution to therapy. New facilities for treatment, repeat, *treatment*, will require the provision of Treasury Funds by the Ministry of Health. New legislation à la Brain does not. Politically observant persons as well as doctors may be in little doubt in 1966 which course will commend itself more readily to the Government.

Now some observations on the "facts" as set out by Lord Brain. Page 5, Sect. 8 (1) reads: "The total number of addicts to dangerous drugs known to the Home Office had risen from 454 to 753" (over the years 1959-1964) . . . "During this period the number of heroin addicts had risen from 68 to 342." The implication of the Report is that this is entirely a real increase, i.e. that there were 299 more actual addicts in 1964 compared with 1959. Now the Home Office figures are of *known* addicts. No one knows how many "unregistered" addicts there are, for the only way in which an addict becomes officially known is when he ceases to obtain supplies from the black market and gets his drugs legally from a doctor. It goes without saying that no doctor in his senses gives a healthy person heroin *de novo*. He first satisfies himself from the history, and from a physical examination for injection marks, etc., that the person really is addicted. When an addict moves from illicit supplies to legally prescribed drugs there is no increase in the number of addicts, but there is an increase of *one more known* addict. And this is a gain in the cause of control and treatment.

There is not one word in the Brain Report to indicate that the figures cover this sort of problem, although their attention was certainly drawn to it. They seem to believe that the doctor who takes an addict into treatment, and so "registers" him in the Home Office statistics, has actually caused him to be addicted. In fact, of course, the greater the proportion of addicts getting their supplies from doctors, the less the incentive to resort to and so maintain a black market. Any excess prescribing will provide a "float" of available drugs, but how significant this excess is is simply unknown. It certainly could not by itself have quintupled the (apparent) number of heroin addicts in five years.

Sect. 8 (v): "In 1962 the United Kingdom produced 36 kilogrammes of heroin and consumed 40 kilogrammes. In 1964 production had risen to 55 kilogrammes and consumption to 50 kilogrammes (Appendix III). These figures far exceed those of any other country for which returns are published."

It does not seem likely that the Committee can have expected its readers to refer to Appendix III, for there we find the following:

	1959	1960	1961	1962	1963	1964	
Manufacture	68	66	69	36	49	55	Kilogrammes
Consumption	45	41	40	40	44	50	Kilogrammes

If these remarks are rephrased slightly so as to cover the whole period of increased addiction in terms of 1959 when they were first convened to 1964 when they re-assembled, their Sect. 8 (v) would read: "In 1959 the UK produced 68 kilogrammes of heroin and consumed 45 kilogrammes. In 1964 production had risen (*sic*) to 55 kilogrammes and consumption to 50 kilogrammes (Appendix III)." A rather different picture!

From their own figures in Appendix III, it appears that in 1959, 68 heroin addicts consumed their share of 45 kilogrammes, while in 1964, 342 addicts consumed their share of 50 kilogrammes. Either average consumption per head fell from roughly two-thirds of a kilo per year to roughly one-seventh, or the apparent increase, more likely, indicates that most of these people came out of the shadows of the black market into the daily light of doctors' surgeries.

However, the figures in the Brain Report are almost meaningless. Those for manufacture cover not only the heroin used for normal therapeutic purposes, and that for addicts, but also a considerable amount used as a transitional stage in the manufacture of the morphine antagonist nalorphine ("lethidrone") (heroin is diacetylmorphine). Consumption figures cover the manufacturers' use in the production of nalorphine, all that used in the not inconsiderable use of linctus heroin, elixir heroin, ready made up ampoules of heroin (not used by addicts at all), amounts made up for terminal analgesics of the "Brompton Cocktail" type, and lastly, solution tablets, the only type used by addicts. If something was known of the relative production of this last category for the last six years this might indeed be useful; but the writer has been unable to find the relevant figures, and presumably they were not available to the Brain Committee.

If, despite all this, one assumes that the Committee's figures are worth anything at all, the increase could just as well have been represented, not so much as from 68 to 342 (since there is no knowledge of how many of these were simple transfers from black market to legal addicts) but as an increase in consumption from 45 kilos in 1959 to 50 kilos in 1964, or about ten per cent in five years. You can take your choice.

The probable main cause for increase has been the "teen-age explosion" which has launched an estimated five million young adolescents with unaccustomed money in their pockets into a world of coffee bars and jive clubs in recent years. This population can be expected to have the usual proportion of psychopaths and unhappy misfits. Would it be surprising if a proportion of these, albeit a tiny minority on the figures before us, did not dabble in heroin as well as marijuana and amphetamine barbiturate combinations of the purple

heart type? (This was also suggested to the Brain Committee.)

Sect. 11 reads: "In 1962 one doctor alone prescribed 6 kilos of heroin for addicts." Appendix III, however, tells us that total consumption for 1962 was 40 kilos, so this doctor prescribed rather less than one-seventh of the total consumed. Since there are only a very small number of doctors (about 6 says the Brain Committee in Sect. 12) prescribing at all this figure does not seem all that shocking. Anyone who knows anything about addiction knows that at times of social and mental breakdown an addict can consume simply staggering doses. If it were so simple that it was only necessary to refuse drugs altogether then there would be no problem. As it is, there is no illness the management of which causes more difficulty and requires more hard thinking and ingenuity on the doctor's part than heroin addiction.

Returning to Sect. 8 (v): "These quantities far exceed those of any country for which returns are published." The clear implication is that Britain leads the world in heroin addiction. The Committee's manipulation of its own Appendix III figures may charitably be regarded as naive. But surely this implication is tendentious to the point almost of dishonesty?

The United Kingdom has 753 known narcotic addicts *in toto*, 342 of whom are known heroin addicts.

Hong Kong is said to have over 18,000 heroin addicts;

Canada over 150,000;

an estimated 50,000 in New York alone, while the

United States, all told, has over 350,000.

In all these countries heroin is illegal. In Britain alone (with 342 addicts) drugs are controlled not by policemen but through doctors, albeit "a handful of abusers acting within the law and using their professional judgment".

The writer knows of a group of eight Canadians and one American addict, who may be described as refugees from transatlantic legislation. All the Canadians have prison records for addiction in Canada, some of them multiple, and for long periods. Between them today they are consuming the staggering total of 629 grs. of heroin per week, or an average of ten grains a day. All of them come into the category of stabilized addicts, all of them are working, all of them are co-operative. A number have gone into hospital during their holidays in order to try and get their dosage reduced. Their addiction remains a problem, but it is not mainly a social problem. If they were still in Canada or the United States they would almost certainly be shuttling between destitution and prison sentences. Readers of the informed literature on the subject will find nothing new in this.

The argument is not that there is no increase or no problem. But this problem is not to be understood or solved by hasty blame on those who are doing most of the work. Nor by pious reiteration that addicts are sick people, while nothing is done to provide adequate investigation or treatment for the disease, and only penal measures are recommended as solutions.

New legislation, the Committee mildly observes (Sec. 43), would

be required to take the treatment of heroin addiction out of the hands of general practitioners. But it could be more realistically argued that as these few doctors are the only ones in contact with drug addicts they are the only people who know anything worthwhile about the problem. These doctors would be enormously helped if they could send their patients at the right moment into adequately equipped psychiatric units. But these units will have to be staffed by psychiatrists who have learned something about addiction—at the moment there are an even smaller handful of such than of the maligned general practitioners. For the question has to be asked: who *are* the experts? The Brain Committee, in two reports has sufficiently demonstrated its own ignorance and ineptitude. General practitioners who for years have shouldered the main burden of the work may well be more than a little tired of being sneered at and told what to do by people who have no idea of the problems involved.

Heroin addiction is a very serious disease, for all its numerical rarity. With no means at the moment of checking the figures it is likely that there have been two dozen deaths in the past two years, all of them in young people, and all of them preventable with more knowledge of, and treatment facilities for, their illness. Addiction destroys family relationships, social relationships, work relationships; it causes an immense amount of misery not only to its victims but also to their families and friends. Yet no research is done on it, and very little is known about it. No one knows what exactly the drug does for its devotees, or why they so readily return to it. Nor is it known why it causes their periods to cease and temporary sterility in women, orgasmic impotence in both sexes; or why heroin loses its power to relieve pain in the high habituated doses of the addict. Finally, it is not known why many young people show no fear of its power, making reckless experiments for "kicks", and are not even very upset to find themselves "hooked". These questions will not be answered by the panic legislation of Lord Brain, and require a much harder look at the problems than they appear in their eight sessions to have given it.

What is required is a sense of proportion. The Press have exaggerated the importance of heroin addiction far beyond its real social significance. The Brain Committee's recommendations tend to play into the hands of this hysteria. Addiction to alcohol is a far greater menace which is now at last being intelligently tackled. Addiction to tobacco is still almost universal, and it causes nearly 30,000 deaths a year from lung cancer. There are 342 known heroin addicts.

Synanon and anarchy

ARNOLD PRESSMAN

What is needed is a restatement of the Emersonian doctrine of self-reliance—a restatement, not abstract and general, but fully documented with an account of all the presently available techniques for achieving independence within a localized co-operative community.

Aldous Huxley:
SCIENCE, LIBERTY AND PEACE.

SYNANON IS THE MUCH-VILLIFIED, little understood organization in the United States that is achieving noteworthy success with the problem of drug addiction and crime. However, the seven-year-old "live-in" A.A. does not primarily address itself to rehabilitating dope fiends, as Synanon members call themselves. It is rather one of the most exciting social experiments of our time, approaching behavioural problems pragmatically, bringing on a stunning confrontation with the conundrum of alienation and existentialism.

An unnerving passage from *The Tunnel Back* (Macmillan), by Lewis Yablonsky, chairman of the department of sociology at San Fernando Valley (Cal.) State College, explains why a person addicted to drugs can call himself a "dope fiend":

. . . In the middle of this "beautiful-young-couple-having-a-baby, waiting-for-the-doctor scene", in the back of my head I'm trying to figure out how I can get at some of the dope (Demerol) the nurse pumped into my wife's arm! . . . My wife is screaming her head off. I hold her hand and keep inching my way closer to the anesthetic tray where the bottle of dope I want so badly is sitting. . . . I couldn't really get concerned about my wife and kid until I had stolen the dope. . . . Now you know why I call people who use drugs "dope fiends".

There are currently nearly 600 residents at seven Synanon Houses in San Francisco, Marshall, Santa Monica and San Diego, Cal., Reno and Carson City, Nev., and Westport, Conn. Every day, a member of the group reads the following statement to his assembled peers:

The Synanon philosophy is based on the belief that there comes a time in everyone's life when he arrives at the conclusion that envy is ignorance; that imitation is suicide; that he must accept himself for better or for worse as is his portion; that though the wide universe is full of good, no kernel of nourishing corn can come to him but through his toil bestowed on that plot of ground given him to till. The power which resides in him is new in nature, and none but he knows what it is that he can do, nor does he know until he has tried. Bravely let him speak the utmost

syllable of his conviction. God will not have his work manifest by cowards.

A man is relieved and gay when he has put his heart into his work and done his best; but what he has said or done otherwise shall give him no peace. As long as he willfully accepts himself, he will continue to grow and develop his potentialities. As long as he does not accept himself, much of his energies will be used to defeat rather than to explore and actualize himself.

No one can force a person toward permanent and creative learning. He will learn only if he *wills* to. Any other type of learning is temporary and inconsistent with the self and will disappear as soon as the threat is removed. Learning is possible in an environment that provides information, the setting, materials, resources and by his being there. God helps those who help themselves.

The crux of what Synanon is doing (and the fact that just one word—*wills*—is emphasized sums it up succinctly) is contained in the last paragraph of the Synanon philosophy. Synanon founder, Charles E. Dederich, a 230-pound reformed alcoholic and "stand-up" father image of candour and compassion, who has also been described as a "megalomaniacal guru", says:

Crime is stupid, delinquency is stupid, and the use of narcotics is stupid; what Synanon is dealing with is addiction to stupidity.

Prof. Yablonsky says Synanon (the word was coined by an addicted apprentice who was trying to say "seminar" and/or "symposium") is a unique social sphere, and integrated community in the fullest sense of the word, in which members bombard themselves with savage and relentless frankness. All that is *sine qua non* for membership in Synanon is the non-use of drugs (or alcohol, pills, etc.) and no physical violence. Consequently, a Synanon rookie must come off his habit "cold turkey", that is, with no chemical aids. And this hallowed harrowing experience has been shown to be in Synanon not all that bad. While the novice will receive heart-felt encouragement from his brothers and sisters, they've already been through it and so can't be counted on to react to whatever discomfort he may claim.

Where previous efforts by physicians, psychiatrists, prisons, hospitals, *ad nauseum*, have done so very little with the problem of drug addiction, Synanon can point to 600 "clean" addicts whose communicative faculties acquired within 2-3 years are a reflection of their understanding and application of the total life situation.

Central to Synanon's approach is the Synanon Game, not group therapy, but truly a game because it replaces "rumbles" with violent verbalization, involving tricky offence and defence in which the absurd is tickled and jabbed. It is played regularly by all residents for about two hours at least three times a week. Consisting of eight to twelve people who have been chosen because of personal pressures which have been observed to develop between some of them, it is conducted

in comfortable, relaxed surroundings, reflecting leisure and humanity. The emphasis is on the present, and since honesty, catharsis and purification are sought, of course some play better than others.

Although the Game has an experienced leader, it is free-floating, and command is charismatic as of the moment. A Synanon apprentice usually commences his participation by bludgeoning, that is involving himself in the only way he knows how, through pure animal anarchy. As he grows in Synanon, his tactics become more highly polished. The Game, while encouraging him to express himself in any and all terms, is expert at spotting and demolishing rationalizations through which its participants unconsciously lie to themselves and others.

Synanon's use of shame and idealism is in the best Socratic tradition. However, since the quality and quantity of language is unrestricted, it has produced its own ingenuity in bringing people up sharply to question the behaviour and motivation of *all* concerned. While the sound of the Game may reach the proportions of an African stampede, a Beatles concert, and the last minutes of a World Cup final, such goings-on are strictly forbidden outside it.

Since there is not much attempt to exchange data, the Game goes where it wants to go, and as it is composed of peers, any bluff a member may employ can become a precipice he has been led to under the withering cross-fire of the Game. The juggling of groups from week-to-week prevents the establishment of those implied bonds ("Don't hurt me and I won't hurt you") to stay away from an individual's *real* problems that generally hamper group therapy.

By being able to view the projections of his unconscious upon others and his environment through the eyes of other people, the Synanon Game player no longer finds it necessary to act out his feelings. As he learns to discharge his emotional garbage in healthy verbalization, he gradually comes to see himself in a more realistic way. Moreover, in attacking the stupid contact or attitude in others, and in assisting to strip them of their rationalizations which have always gotten them into trouble, he—without knowing it—attacks those very things in himself.

A few years ago, Chuck Dederich found that Synanon was becoming bureaucratic and that communication blocks were developing. This is only natural in an organization with seven branches in California, Nevada and Connecticut. Unfortunately, more than a year's weekly meetings failed to solve the problem, until a chance remark about extended group therapy at a party set the wheels in motion.

So, he brought together about a dozen established Synanon residents for an extended Synanon Game. Over the course of 17 hours in one room, he says this "Synathon" caused ego defences to evaporate and some remarkable insights were produced. There was much hysteria, the child in everyone came out, but the session came to a grinding, uncomfortable halt, and so, everyone went home to sleep.

Then, says Dederich, an interesting thing happened. He was up fully refreshed in four hours, and shortly after, he began receiving phone calls from the participants desiring to get together again. Because

something already had been planned, they did not meet again until 16 hours after the break-up. At that time, they met for 21 hours and there was no sense of anything being unfinished.

Since then, the "Synathons" have evolved into what has become known as Dissipations which seem to exhaust themselves initially in about 20 hours, and some 8-10 hours later, there is a wrap-up of about 6-7 hours. Dederich notes that the Dissipation has overtones of the all-night, weekend parties in which character disordered people are so apt to engage with the aid of alcohol or chemicals. However, the characteristics of the Synanon Game are not permitted in that attacking and defending are discouraged.

The Dissipation is run by someone agreed upon in advance, usually the best Synanon Game player. He is called a Conductor and is similar to a musical conductor. It is an autocratic notion that hooks up the instruments (emotional forces) through the strength of the conductor, the group, and individuals, to achieve harmony. Much of the session is recorded (there are over 1,000 tapes chronicling every facet of Synanon's growth) and played back for the participants to consider.

According to Dederich, Dissipations produce insights that must be put into action because Synanon can't afford to operate in a vacuum. Man has always dissipated, but harmfully. Synanon Dissipations, he says, have been extremely refreshing and the individual seems to experience an overall positive approach to life. Moreover, it prevents the encapsulation of the primary groups, and has taken the pressure off him, since progress in Synanon entails people growing to take executive responsibility.

Synanon "square" (non-drug addict) resident Dan Garrett, a successful San Francisco attorney, conducted the first Dissipation for Synanists living in the larger society last year. (There are currently six non-resident Synanon Games operating in the San Francisco Bay area.) Writing in the *Humanist*, he says it appears that the Dissipation follows a definite pattern at this time:

At about the sixth or seventh hour, unrestrained laughter or sobbing, triggered by two or three key words, combines with increased fatigue to dissipate defenses. This, it is believed, allows a rush of knowledge into the unconscious and what follows is the overlapping of sense perceptions. They take on new dimensions as the unconscious is dredged, ideas literally spill forth, and, at about the 10th or 12th hour, "peak experiences" begin to occur regularly.

Other participants have said the experience "promotes creative human understanding", "is difficult to articulate, but is positive", "resolves the paradox of Aristotelian logic", "time doesn't exist as such", "the outer shell cracks and falls off", and so on. Dederich, who has participated in and observed LSD experiments, feels the Dissipation approaches the heights of increased awareness that are professed in psychodelic experiences. However, he makes no claim that Synanon has "the magic pill", saying just that it appears that the Teaching-Learning Function is considerably improved in the Dissipation.

At the moment, a person generally takes part in a Dissipation after playing the Synanon Game for a year or so. Dederich has said he believes that probably once a year participation is desirable, although those in the semi-floating Synanon hierarchy may participate more frequently if a critical internal problem arises.

In general, after a member's first year, he also begins to participate in what is known as a Cerebration. Designed to encourage intellectual growth, it is an extension of noon seminars, in which all members engage on all regular working days to discuss various philosophical, religious or psychological concepts.

The Cerebration takes place at a round table, on straight chairs in a simple, non-distracting room. There is pencil and paper provided, a blackboard set up, and a few standard reference works. Different from the Synanon Game and the Dissipation, there is no leader in the Cerebration, and while it goes where it wills, it is kept as free of emotion as possible in an attempt to create a desire for knowledge. There is a feeling of equality present, and while Dederich says it is similar to a computer in which data is inserted, it is of course essentially subjective as it is not meant to produce answers.

The sessions are long and intensive, usually involving some current topic of importance in Synanon. The discussions are not directed at anyone; however, a participant may offer himself and his experiences as illustrative of some point under discussion. Whereas anything on an emotional basis is accepted in the Synanon Game, all sorts of books may be brought into the Cerebration to document a participant's remarks. It is a happy fact that the few dollars a week Synanon provides its members with for walk-around money (WAM) usually goes for the purchase of paper-back books.

At the moment, the Synanon methodology has as its high-water mark the Wizard concept. In every Synanon House, there is a Wizard Room which is set up like the leisurely study of a scholar. There is a Wizard's Chair where the Wizard of the Day (WAD) sits, and all Synanon residents are encouraged to spend as much time as they can in the Wizard Room. The discussions that take place there may be on any subject, but they inevitably proceed to the philosophical or religious.

The Wizard concept is the embodiment of the moral and intellectual qualities of Synanon. Synanon believes that the purpose of learning is growth and that a person truly grows by passing on unselfishly what he knows to others. A key element of this is the WAD's playing "The Devil's Advocate" to produce argument and controversy necessary to generate intellectual excitement.

All of this has developed from Chuck Dederich's view that he does not regard the fact that an addict has learned not to use drugs as much of an accomplishment since most people in the United States already know how *not* to shoot dope. Synanon concerns itself with the acting-out of personality disorders as a problem in education for the person. How this acting-out takes place is immaterial; there is with *all* people a failure to *know* something at some level.

Whatever may be the causes for the increasing numbers of individuals who represent failures in education, the people who comprise the ballooning statistics on crime, delinquency, addiction, alcoholism, divorce, suicide, homosexuality, etc., make it evident to any thoughtful person that Western society is hurtling toward a state of mass character disorder.

The quantitative behemoth that our educational system has become may be regarded as an even greater failure within this frame of reference. The student demonstrations at the University of California put this problem into startling perspective, and the compartmentalization of information which has developed to such startling lengths is persuasive evidence of the academic origins of our sociopathic epidemic.

While in elementary school, the student is kept in one room and taught the different subjects by one teacher. As he progresses into high school, it becomes necessary for him to go from room to room to acquire the advanced information. It then proceeds to the level in college where students must go from building to building in order to obtain data in a subject. Beginning with the categorizing of information, the movement toward compartmentalization (or encapsulation, as Synanon tabs it) is at the point now where a student is asked to sign up for Sociology 348 (the course Chuck Dederich taught at Valley State last semester; of course, what he taught is Synanon). Finally, in some of the larger institutions, the student must proceed from campus to campus to receive an education. Travel, they say, is broadening, but students in California and elsewhere have given strong indication they are none too happy with the fact that the Multiversity is a reality.

Syanon views the result of the present educational system in the following equation:

$$\text{Teaching} + \text{Learning} = \text{Education (Re-action)}$$

Emphasizing the quantitative indicates that the process is additive. The result of teaching and learning being somehow distinct produces an individual who is fed data, like a computer, retains it, and is expected to call upon it to apply to life as it is encountered. What *kind* of person he is does not enter into his education. This is, of course, at the core of the science of cybernetics. The moral and intellectual qualities that cannot be brought into play in "humanizing" a machine are similarly disregarded in the mass educational process. Very much like the data-processing machine, the person today is "capable", when presented with an appropriate coded "real" life situation, of spilling forth the storehouse of information he has been fed.

This kind of system can only produce a person who *reacts*. His responses to life will be *reaction*, not *action*, or a person who is for the most part an effect, rarely a cause, and is constantly encouraged, subtly and directly, to remain so.

Syanon may represent a counterforce in this society because it seems to be capable of producing an individual for whom acting-out is unthinkable. To this goal, it believes that the Teaching-Learning Function is an interaction which constitutes a single process. Synanon

expresses the educational process in the following formula:

Teaching × Learning = Communication (*Action*)

When communication is achieved within this "two-way street" qualitative basis of knowledge, Synanon says people become what they know, responding by stating in action what they are, and unafraid of taking a step forward. In other words, they *understand*. Not a therapeutic gathering-ground, Synanon is an educational community, or as Dan Garrett dubs it—"The Communiversity".

It must be noted that the foregoing educational techniques have only recently been articulated as Dederich says Synanon's approach is pragmatic. It is in a constant process of becoming something else, with definition and re-definition making it difficult to label its methods. It may be, however, that Synanon is now reaching a position where definition is possible. Semantic considerations are very important in Synanon because they convey a powerful, subliminal message to the groping student. Words like "wizard", "cerebration", "dissipation", are also humorous. (One word, however, central to Synanon semantics that is not funny is reaction.) This is a crucial part of their dynamics, and the changing symbolism of words and ideas, as pursued by general semantics, is a key reason that attempts to jam Synanon into other moulds clouds the issue and produces false appraisals.

Illuminating, in this connection, is the case of a writer in these pages, one of the leading authorities on anarchy in the US, and his initial visit to a Synanon House. Noticing the phrase "Joy Through Strength" on the walls, he rose at a symposium designed to answer questions about Synanon and raged that this was a Nazi propaganda slogan and just what the *hell* was going on. The WAD on the panel informed him that "Strength Through Joy" was the Nazi slogan and that Synanon had reversed it for reasons of communication and humour. Of course, any slogan is anathema to a true anarchist, but the end of the evening found the gentleman making statements like "you know, they've really got something going for them here", "it's so square, it's far out", and "what really impresses me is the autonomy".

In a sense, Synanon's goal is to place its members into a healthy relationship with society. As they grow, they acquire more responsible positions that have turned such scurrilous phrases as "brain-washing" ("brain-cleaning") and "status-seeking" (personal, *and Synanon*, growth) into positive actions. This is not to say that Synanon seeks to return the individual to society, *per se*. A Synanon resident usually becomes socially "safe" in 2-3 years, at which time he may start to consider what he wants to make of his life. Naturally, Synanon encourages him to retain contact with it if and when he becomes fully engaged in the ordinary world. However, overwhelmingly, the person who has grown up in Synanon desires to remain with it. While half of the nearly 1,300 addicts who have entered Synanon are still off drugs (compared to less than 10 per cent among former Federal and state hospital patients), Synanon notes additionally that if a person can get through the first 90 days, his chances of "making it" are 80 per cent.

The fact that some persons with seemingly no behavioural problems have given up their activities in the society-at-large and joined Synanon at no salary, and thousands more are helping in a multitude of ways, answers the recurring question of outsiders: "When does Synanon let you go?" The answer is that it doesn't matter, the truly free man does what he must.

Dederich feels Synanon has possibly revived the notion of participation of people in the amelioration of social problems. Shortly after Synanon was started in Santa Monica in 1958 (on his \$32 weekly unemployment cheque), he wrote a speech that can be considered Synanon's manifesto, and the principles incorporated in this original statement are the backbone of the current larger, more streamlined organization. In it, he says:

We have here a climate consisting of a family structure similar in some areas to a primitive tribal structure, which seems to effect individuals on a subconscious level. The structure also contains overtones of a 19th century family set-up of the type which produced inner-directed personalities. It is the feeling of the Synanon Foundation that an undetermined percentage of narcotic addicts are potentially inner-directed people, as different from tradition-directed or other-directed people.

A more or less autocratic family structure appears to be necessary as a pre-conditioning environment to buy some time for the recovering addict. This time is then used to administer doses of an inner-directed philosophy such as that outlined in Ralph Waldo Emerson's essay entitled "Self-Reliance". If it seems paradoxical that an autocratic environment tends to produce inner-direction, it must be remembered that the inner-directed men of the 19th century, viz., Emerson, Thoreau, Oliver Wendell Holmes, Longfellow, were products of an authoritative family structure. . . .

The autocratic overtone of the family structure demands that the patients or members of the family structure perform tasks as part of the group. If a member is able to take direction in small tasks such as helping in the preparation of meals, housecleaning, etc., regardless of his rebellion at being "told what to do", his activity seems to provide exercise of emotions of giving or creating which have lain dormant. During this time, a concerted effort is made by the significant figures of the family structure to implant spiritual concepts and values which will result in self-reliance. Members are urged to read from the classics and from the great teachers of mankind—Jesus, Lao-tse, Buddha, etc. . . .

It might be added that a Synanon member can scream and swear as much as he wants in the Synanon Game, but he'd better damn well get his chores done.

Part of Dederich's genius also lies in his sure realization of the opposition he faces. For example, the California State Department of Correction does not permit state parolees to take part in the Synanon programme. They are the only State to take such a stand. In 1960,

they ordered seven Synanon members back to the streets, and when the fiancée of one followed him out, she returned to her habit and died several months later from a possible overdose of drugs.

Their opposition is difficult to understand, and not only unfortunate for the addict who is blocked in his efforts to save himself, but such irrational professional negativism provides fuel for many elements of the community viciously opposed to all "mental-health" efforts. Part of the resistance to Synanon may stem from the fact that it has been modestly successful in an area where most professionals have admittedly failed. There is also the commitment on a deep emotional level by professional, layman and patient alike that only properly schooled professionals can help people. Furthermore, the moral attitude of *clear opposition* to drug and chemical use, says sociologist Yablonsky, and accompanying "hip talk", is an attitude taken by the Synanon professional, but not necessarily by the *professional* professional. Yablonsky says:

Many professionals join the criminal culture, if not behaviorally, at least with subtle approval. There exists in many criminologists whom I know an intense interest (and perhaps vicarious satisfaction) in the criminal exploits of their subjects. Many are intrigued voyeurs of the criminal world. This inclination and involvement are in some measure reflected in many professional publications on the subject. For example, in the drug-addiction field, my cursory review of recently published conference reports and papers reveals a tremendous preoccupation with the symptoms and various patterns of destructive drug use and with the hallucinatory effects of drugs. In comparison with the symptomatic destructive aspects of addiction, there appears to be fewer publications concerned with the causes and cure of the problem. . . .

Changing the laws to fit the needs of self-destructive behavior seems patently absurd. There is evidence (and I have corroborated this in a visit to London) that England has a more severe drug problem than the American "experts" who advocate free and legal drug use in the United States know about. . . . In spite of the sociologist-editor's beliefs and in spite of the opinion of some professional therapists who have failed, I still hold to the position that there is nothing wrong with *not* using alcohol, drugs, or other artificial stimulants or depressants.

One absurd psychiatrist, says Yablonsky, who never visited Synanon and knew nothing about it, testified against Synanon in court trials in Santa Monica that put Chuck Dederich in jail on a technicality. The judge's sentence was as lenient as possible. In a private conversation with a colleague, and friend of Synanon, the psychiatrist said he really liked Synanon and thought it was effective. He was opposed to Synanon because it was unorthodox!

Such reluctance is a damning symptom of our times and is at the centre of Synanon's teachings. Dederich believes that the negative

feelings about Synanon projected by some professional bodies are manifestations of their fear of losing their vested interest in the *status quo*.

More sophisticated criticism by professionals and other members of the intelligentsia who are appalled by the taking away of "individual freedoms", is answered by a Synanon resident in this way:

. . . preoccupation with human dignity and inference that Synanon denies this "inalienable right" leads me to believe that not only have they not seen Synanon but neither have they come face to face with the "dope fiend". An addict, by his own anti-social behavior, surrenders his inalienable right to human dignity. Synanon offers him the *only* hope of attaining dignity and if, along the way, his "inalienable right" to lie, cheat, steal and mesmerize himself with chemicals is brutally attacked, then such methodology must be viewed in a humane light.

In terms of the cultural arts, Synanon encourages people as much as possible to make their own recreation. Dederich likes to use the word in its basic sense, literally meaning re-creating or renewing oneself. He says:

Making music isn't that different from mixing cement. Let's do it. Don't take yourselves so seriously—nobody else does. You can tell by the fact that no one pays most jazz musicians enough money to earn a living. Play the music, blow the wind through your horns, in sequence. Get to work and do it.

Insisting even the professional already established in an artistic field put aside his talents and grow up first as a person presents a somewhat different problem. While at first blush it may seem anti-art, it may be just that approval of a person's artistic ability that reinforces his addiction symptom, allowing him to "get by" and keeping him sick. This is a fantastic notion to many, but so far, and it is difficult to judge because Synanon is still quite young, the Synanon experience seems to give the artist a sense of humility that contributes to the later and further development of his creative abilities. Additionally, members who had given little indication of creativity have discovered areas of expression that are highly satisfying to them.

Equally eye-opening is the revolutionary set-up Synanon has been allowed to operate in the Nevada State Prison. Whatever progress has been made in penology, it still deprives an individual of liberty and places him in a homosexual environment, plus having accomplished very little in preparing the prisoner for a successful return to society.

The development of Synanon in the Nevada State Prison is due in large measure to the progressive correctional philosophy of Governor Grant Sawyer. What Synanon does in Reno and Carson City varies little from its methods elsewhere, and what has been brought about is mutual trust between officials and convicts, and upward mobility in a penal colony since there is no "we-they" caste system. Symbolically, the movement is analogous to leaving the womb (solitary confinement) and into various stages of life. At each step upward, the prisoner must positively affect the critical judgments of his inmate peers, synanists,

and the prison administration. The new tunnel carved out by Synanon may very well represent the opening of a new trail in correction.

Recently, the Marin County (Cal.) Board of Supervisors granted a use permit to Synanon for its Tamales Bay complex, 40 miles north of San Francisco. This enables Synanon to undertake a building programme on its magnificent 42-acre property to provide new dormitories, and educational and recreational facilities. This land, says Garrett, will ultimately contain "The Communiversity", where maximum education it is felt will truly be obtainable.

This expansion means the inclusion of 200 drug addicts into the Synanon framework within the next year. Says Garrett:

If we took these people off the streets of San Francisco tomorrow, it would easily mean a saving of \$10,000,000 annually to taxpayers. A conservative estimate shows it costs the public \$100 a day for every dope fiend on the streets. He must steal that much to keep himself supplied with drugs. Add in the costs of having the dope fiend in and out of courts and prisons for years, and the waste is obvious to any logical-thinking citizen.

It is in this context that Synanon says it is in the business of producing "clean man days", days in which a Synanon member is off drugs.

The insurrection in Watts had particular significance for Synanon. The Santa Monica facility, nine miles from Watts, lost much of its bedding in a laundry fire. What stand did Synanon take on what happened in Watts? Very simply, law and order must be restored. Decades of injustice against Negroes in Los Angeles, and for over three centuries in some parts of the land, could not condone the rioting in Watts, according to the Synanon credo. Of course, this is outrageous to the militant liberalism that heralded the uprising, but *nonviolence is a Synanon must*. What else could Synanon say? It could, and did, send food into Watts, but it did not flaunt its integration in doing so. Mixed racial groups were not allowed on the streets and generally any possibility of involvement in additional flare-ups was anticipated. This again may seem non-committal to some, but it just made good common sense, while performing in a humane way.

Syanon itself can be called "the new slums". For instance, its San Francisco home is in the oldest commercial building in the city, and female guests are warned to be careful not to catch their heels between the floorboards. Members live and work in Synanon at a cost of less than three dollars a day, and wouldn't leave their slum for the world. And daily it is necessary to turn down applicants because funds are unavailable. While donations are always welcome, Synanon manages to get by through "hustling" or soliciting of goods and services.

Last summer, Synanon turned down \$328,000 from the city of New York. Why? Refusal to accept governmental funds would most likely obligate Synanon to bureaucratic control. This, says psychotherapist Walker Winslow, author of *The Menninger Story* and *If A Man Be Mad*, may help friends of Synanon understand why at times it seems scathingly insistent on going its own way, even to the extent

of spurning apparently friendly offers from institutions, agencies and individuals. *Its destiny has to be its own, and unadulterated*. Imitations, continues Winslow, will be run and dominated by the same people who failed so dismally in the past, and pseudo-Syanons are already in operation. He concludes:

These new houses, under whatever name, are a means of perpetuating a bureaucratic and emotional investment in drug addiction. The imitators of Synanon that spring up, leaning heavily on Synanon's success and at the same time bathed in an aura of institutionalized respectability, are not a threat to Synanon but only to the addicts it could genuinely help.

While supporting democratic and representative government, Synanon is non-political. Yet, there is already talk of confrontation—"the great confrontation" with The Great Society. There have been some token meetings with officials of the Office of Economic Opportunity, responsible for the administration's War on Poverty. Synanon is probably not specifically interested in LBJ's plans, since it is operating in a somewhat like manner to other "grass roots" groups devoted to reactivating a parallel participatory democracy. What Synanon is doing that demands attention is curtailing waste (in an extraordinary symbolic way turning the "junk" of humanity into productive use), and all that goes with it in making its contribution to the denting of the awesome obsolescence-oriented, computer-driven machinery of the United States.

While the notion of anarchy is not much heard in Synanon, because it does have a general negative connotation to most, there are recognizable exciting elements of its various forms in Synanon. It also gives indication of inculcating the desired behaviour that Tolstoy so closely reasoned out in his brilliant interpretation of The Sermon on The Mount in *The Kingdom of God is Within You*. However, Tolstoyan non-resistance, which proclaimed "Anarchy Is The Ideal", gave too short shrift to the fact that man *does* get angry with his brother—which Christ recognized, as did Tolstoy in the furious polemics of his later life—and to keep honest indignation or deep-seated frustration in the "gut", or for them to be manifested obliquely, has seldom proven to be beneficial.

Syanon is a young, vital process world. It seeks no ultimate truth, although its goals are pretty well established—to learn more and more about living. Playing it by ear, Synanon nevertheless humanly and humorously is reinstituting values in our decaying society, and its "inner-space" programme appears to have little fear of becoming "brain-washed". (Except, of course, from within. But then, what more desirable place to initiate it in as much as, in Synanon, "brain-washing" has taken on a new meaning.) In assuming a moral posture at all times and in truly "playing" out life's "hang-ups", Synanon does not restrict. What it seems to be doing is stripping away the shackles of Aristotelian logic, and may very well represent "A Newer Frontier" in contemporary notions of advanced awareness.

Peckham recollected

THE REVOLUTIONARY, OR AT LEAST ONE KIND OF REVOLUTIONARY, is distinguished by the fact that he acts, in the society in which he finds himself, *as if* it were the kind of society which he would like to bring about, or in which he would choose to live. And every generation throws up revolutionary social experiments which are an inspiration to us because they happen *as if* they were taking place in a context of quite different social values and relationships. We see them as portents, models, exemplars or parables of *the way things ought to be done*. One example of this kind of thing from the nineteen-thirties was the Tennessee Valley Authority in the United States, an experiment in "democratic" regional planning in which the whole ecology of the region was considered and in which human and humane values were cherished and not flouted. Seen from one point of view it was simply an aspect of Roosevelt's New Deal; and one which highlights the contradictions of our kind of society, since ultimately it provided the power that made the atomic bombs that were dropped on Hiroshima and Nagasaki. Seen from another point of view it was a harbinger of the kind of constructive project, making available natural and human resources that were going to waste, that we would like to see undertaken in every corner of our undeveloped planet. Another example from the same decade was the Pioneer Health Centre at Peckham in London. Seen from one angle it was simply a precursor of the Health Centres which were envisaged later in the National Health Service Act of 1946 (envisaged, but only realised in a very few localities)—a kind of super-clinic in which local medical and health services were concentrated under one roof. But seen from a different angle it was a kind of microcosm of a quite different form of social organisation from the one in which it existed and in which we exist today.

We waited eagerly for the recent belated publication of the book *Science, Synthesis and Sanity* (Collins 42s.) by the founders of the Peckham Health Centre, George Scott Williamson and Innes Pearse, because we thought this would be a kind of final testament on their work there. Unfortunately it is written in a language which is incomprehensible to the layman. But fortunately there is also an ample literature of "interim reports" by the Peckham pioneers, from which we quote in this issue of ANARCHY, and although it is fifteen years since the Centre at Peckham finally closed its doors, we frequently come across references to it in the press and in reminiscences of people for whom it has been, as it has been for us, a continuing inspiration.

For example, Frances Donaldson, describing Peckham as "one of the major influences in my life" in her autobiography *Child of the Twenties*, gives an account of the characters and ideas of the Peckham pioneers, Scott Williamson, Innes Pearse and Lucy Crocker, and describes the Centre's inception: "Probably the point of inspiration was when Dr. Pearse, doing welfare work in London, found that the health of the populace was so devitalised that babies were being born

deficient in health. 'The youth of the nation is being threatened *before* it is born.' Clearly some means must be found of surveying the conditions that led to this devitalisation, and at the same time providing an environment in which the health of the parent might be built up. This led on to the belief that the unit of society that must be considered, both as a field of research and as the only hopeful sphere for medical endeavour, was the family. This in its turn led to the conception of a family club, where opportunities for social life would provide an incentive to families to join and an environment in which trained observation of the human material would be possible. In 1926, when a small house in Peckham was used as a preliminary experiment, the two rules which were the only condition of membership were, one, that only families as a whole might join, and two, that these must agree to a periodical medical inspection.

"Several years' work in this club convinced the two doctors that here was an unexampled field for the pursuit of preventive medicine, for research into the characteristics of health, and an ideal background for sociological work. They found themselves hampered, however, both in therapeutic work and for further advancement of knowledge by the small scale of their experiment. When they examined a child, and found him ailing and feeble from lack of fresh air or exercise, they were unable in their small garden to place adequate remedial opportunities in his way. When a woman, suffering from the social isolation which appeared to be one of the great problems of life in the crowded streets of London, was found to be the source of a nervous tension which was affecting the health of every member of her family, the stimulus to activity which they could provide in their little house was often insufficient or insufficiently varied to attract her attention. They had failed in these cases both to remove the obvious conditions of ill-health and to create an environment in which it would be possible to observe the responses of ordinary people to opportunities placed in their way.

"It was decided then to close the initial small-scale experiment and to devote the whole of their energies to an attempt to get the money and support necessary for a family club, large enough to be self-supporting by subscription once it was fully running, and in which there would be the complete medical equipment necessary for the periodic overhaul, as well as such apparatus as was considered essential to the complex needs of social life."

The next step was to find sources of money to tap, from private philanthropy and charitable trusts, to raise the money to pay for the Centre. Drs. Scott Williamson and Pearse wrote a book in 1931, *The Case for Action. A Survey of Everyday Life Under Modern Industrial Conditions* in which they set out their case for the Centre. When they had collected enough money to pay for the building, they took the bold step of deciding to spend the whole of it for that precise purpose, "in the belief that the building itself would both explain the intention and inspire the generosity necessary to fulfil it." When Mrs. Donaldson first visited the Centre at the beginning of 1935, she saw "in the interior

a swimming pool, one of the two largest in London, which filled the centre of the building throughout two floors; a theatre, a gymnasium and a children's nursery on the ground floor; dance halls, a cafeteria and rooms for such games as table tennis, billiards, or for such occasions as sewing parties or gramophone recitals, on the second floor; and a complete set of medical rooms, as well as a library (as yet unstocked) on the third floor. But in the Pioneer Health Centre's bank account there was only money enough to open the Centre and run it for one month." The building itself was remarkable. They could not find an architect with enough imagination to give their ideas an appropriate physical embodiment, and the building was designed for them in the end by Sir Owen Williams, the engineer, and was one of the pioneering examples of modern architecture in this country. When Walter Gropius arrived in England as a refugee from the Nazis in 1937 he said that it was not merely the best new building that he had seen here, but the only one that he found interesting.

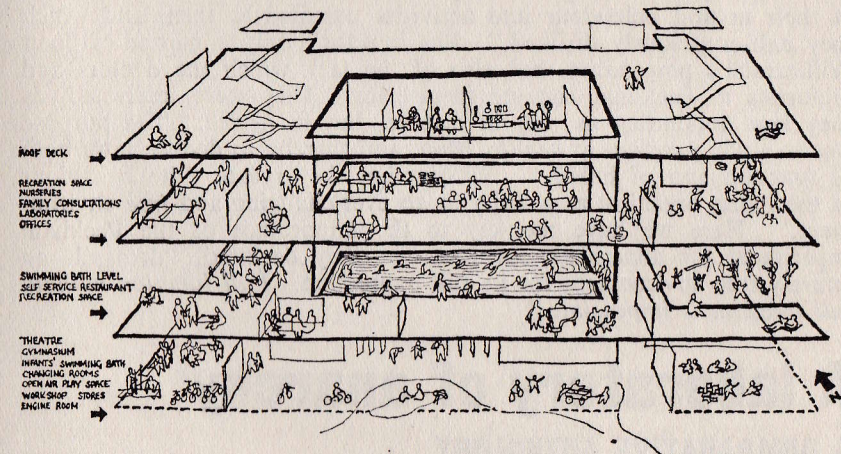
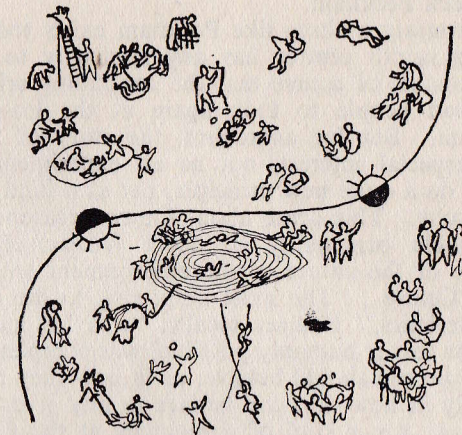
The faith of the Peckham pioneers was justified. With the building in existence, they found individuals and trusts willing to raise the money to keep the place open from 1935 until the outbreak of war in 1939 when it was closed because of the danger of air raids. It was reopened after the war from 1946 to 1950 and was finally closed in 1951 after all the efforts of the staff to overcome its financial difficulties had failed. Since "health centres" had become part of the official doctrine after the passing of the National Health Service Act in 1946, the directors approached the Ministry of Health to try to get it incorporated into the official health service, but it was denied official support for the following reasons: (1) It was concerned exclusively with the study and cultivation of health: not with the treatment of disease. (2) It was based exclusively on the integrated family: not on the individual. (3) It was based exclusively on a "locality": it had no "open door". (4) Its basis was contributory (2s. a week a family): not free. (5) It was based on autonomous administration, and so did not conform with the lines laid down by the Ministry. Since no way could be found for the London County Council to support the Centre, the premises were finally sold to the LCC for conversion to use for ordinary clinic purposes.

Considered purely as a health centre, Peckham was far in advance of the twenty-two health centres so far set up in this country under the Health Service Act. Writing recently in *New Society*, Elizabeth Blackaby doubts if any of them will ever "equal Peckham in inspiration" and she gives the following retrospective view of the Pioneer Health Centre:

"The family was the unit of both therapy and research. . . . The aim was to practise preventive medicine, and to treat the individual with full regard to his environment. There were, in fact, deliberate attempts to modify the environment by providing within the centre facilities for a wide range of social activities. . . . Participation was encouraged by the democratic attitudes of the staff, who worked for long, inconvenient hours at low salaries. The professionals were at

Interpretation

One of the main points they had to consider was flexibility. Movement must not be impeded, because movement is an essential part of the dance of life, and to restrain it is to restrain life. Free circulation and visibility, and the flow of space into space are all necessary qualities of the building. Glass screens set the eye wandering from floor to floor, from activity to activity. The whole building is circulation space and corridors are eliminated. Flexibility could also be achieved by the design of furniture which could be easily moved and handled by those who were to use the building.



pains to banish the isolating mystique usually associated with doctors. The patients knew that they were the subjects of research, and were content to be guinea pigs. There was a full appointments system, based on the conscious wish of the staff to show respect for the time and convenience of the weekly wage earner. It was from the start a highly idiosyncratic establishment—made so by the personality of its founder, Dr. Scott Williamson, who overbore his management committee and refused to conform to accepted methodology in his research. Enthusiastic visitors to the centre would express the hope of seeing replicas spring up all over the country. This could not have

happened; even if modelled on the Pioneer Centre, they would not have been Peckham.

Certainly nothing like Peckham exists today, and none of the few existing health centres has any similarity to the Peckham approach. It is possible of course that the continuing crisis of the Health Service may lead people to look again at the lessons to be learned from Peckham. But for anarchists, the story of the Peckham experiment is of especial interest, not as an experiment in organising a health service on a quite new principle, but as a kind of laboratory experiment in anarchy. This came about for two reasons. Firstly because of the remarkable personality of Scott Williamson himself, and secondly because of the nature of the environment which he sought to provide at the Centre. "The most surprising to me of all Scott Williamson's characteristics," Frances recalls, "was his lack of paternalism which, as far as this is humanly possible, was complete. He was not interested in how people should behave, or in how they might be made to behave, but only in how they *did* behave in any given circumstances. . . . And this made for a kind of democracy at the Centre which I doubt has ever been seen anywhere else. . . . He had a rooted objection to the leader in society, regarding him as someone who pushed around the human material he wished to study in spontaneous action, and who exerted the force of his personality to drive more and more people out of their natural behaviour into activities unsuited to them and which they half-consciously disliked." But it wasn't only a matter of Scott Williamson's personality, but also of the task which the doctors and biologists at Peckham had set themselves. They were interested, as they kept reminding us, not in disease, but in *health*. "Its purpose was to study *function* in *healthy* Man, and thereby to deduce laws both of function and of health." By function they meant "the behaviour of the living organism as a unity in an ever-changing and *free* environment." Here we have the key to the importance of the Peckham experiment for anarchists, for *function*, they declared, "demands an entirely free environment for its full expression. *Full function without full freedom is impossible.*"

'A laboratory of anarchy'

A COMPARATIVE ANTHOLOGY

"A Sort of Anarchy"

"As one of our colleagues remarked—It seems that a 'sort of anarchy' is the first condition in any experiment in human applied biology. This condition is also that to which our members most readily respond . . ."

"In the Centre the question is often asked by visitors—'Is it the personality of one or other of the staff or the staff as a whole that gives this atmosphere a sort of desirable order?' Or is it the thing called 'atmosphere of the Centre', which again may be a compound

of the personality of the staff and the members themselves? Or again, is it some more fundamental subjective condition inherent in the human organisms (e.g. altruism or its antithesis egoism) which creates this autonomous order and of which the so-called atmosphere is but the objective symbol?

"Clearly these are very pertinent questions, the answers to which must come by direct inquiry and experiment. For this seeming anarchy demanded by our members is the operation of something contained in the material and worthy of analysis. Further, any imposed action or activity becomes a study of authority, discipline or instruction and not the study of free agents plus their self-created environment."(D)

John Burroughs has stated that experimental study of animals in captivity is absolutely useless. Their character, their habits, their appetites undergo a complete transformation when torn from their soil in field and forest. With human nature caged in a narrow space, whipped daily into submission, how can we speak of its potentialities? Freedom, expansion, opportunity, and above all, peace and repose, alone can teach us the real dominant factors of human nature and all its wonderful possibilities.

—Emma Goldman.

Spontaneity and Order

"The reader will recall that 'anarchy'—literally, no rule—is the rule of the Peckham Centre. You come and go when you like, and in the time between you do what you like. Spontaneity is the only guide."(B)

For us there is no contradiction between spontaneity and order. On the contrary we anticipate order as the result of free growth . . .(E)

Liberty, the mother, not the daughter of order.

—P. J. Proudhon.

Freedom is the highest form of order.

—Elisée Reclus.

Order is the free equilibrium of all forces that operate on the same point.

—Kropotkin.

The Fear of Freedom

"They came: they saw: and they didn't quite know what to do! Something of the same sort happens to a wild bird or animal which has been caged for a long time. It becomes conditioned to captivity. When the cage is opened, when freedom is there for the taking, the captive hangs back. Full function is never achieved at the wave of a wand. It is sometimes even necessary to shoo your captive out of the cage into the freedom. For it may have come to feel that the bars of its prison are protecting it from the uncertainty and insecurity of the world outside rather than keeping it from that visible freedom."(B)

Man, like all living beings, adapts and habituates himself to the conditions in which he lives, and transmits by inheritance his acquired habits. Thus being born and having lived in bondage, being the descendant of a long line of slaves, man, when he began to think, believed that slavery was an essential condition of life, and liberty

seemed to him an impossible thing. . . . In the same way, a man who had had his limbs bound from his birth, but had nevertheless found out how to hobble about, might attribute to the very bands that bound him his ability to move, while on the contrary, they would be diminishing and paralysing the muscular energy of his limbs.

—Errico Malatesta: ANARCHY.

Education

“In circumstances where they are not starved of action, it is only necessary to place before them [children] the chance or possibility of doing things in an orderly manner for them to grasp it; they do not need, indeed they resent being either herded, coaxed or guided into action.”(C)

It seeks the most complete development of individuality combined with the highest development of voluntary association in all its aspects, in all possible degrees, for all imaginable aims; ever changing, ever modified associations which carry in themselves the elements of their durability and constantly assume new forms, which answer best to the multiple aspirations of all. A society to which pre-established forms, crystallized by laws, are repugnant; which looks for harmony in an ever-changing and fugitive equilibrium between a multitude of varied forces and influences of every kind, following their own course. . . .

—Peter Kropotkin.

“Our failures during our first eighteen months’ work have taught us something very significant. Individuals, from infants to old people, resent or fail to show any interest in anything initially presented to them through discipline, regulation or instruction, which is another aspect of authority. (Even the very ‘Centre idea’ has a certain taint of authority and this is contributing to our slow recruitment.)

“We now proceed by merely providing an environment rich in instruments for action—that is giving a chance to do things. Slowly but surely these chances are seized upon and used as opportunity for development of inherent capacity. The instruments of action have one common characteristic—they must speak for themselves. The voice of the salesman or the teacher frightens the potential users. How does this fact reflect on organisation and the opportunity for experimental observation on this material?

“Having provided the members with a chance to do things, we find that we have to leave them to make their own use of them. We have had to learn to sit back and wait for these activities to emerge. Any impatience on our part, translated into help, has strangled their efforts—we have had to cultivate more and more patience in ourselves. The alternative to this cultivation of patience is, of course, obvious—the application of compulsion in one or other of its many forms, perhaps the most tempting of which is persuasion. But having a fundamental interest in the source and origin of spontaneous action—as all biologists have—we have had to discard even that instrument for initiating activities.”(D)

Freedom in Society

“In the gymnasium itself he sees many figures, boys and girls

moving in every direction at varying speeds, swinging on ropes suspended from the ceiling, running after balls and each other, climbing, sliding, jumping—all this activity proceeding without bumps or crashes, each child moving with unerring accuracy according to its own subjective purpose, without collision, deliberate avoidance or retreat.

“. . . The boy who swings from rope to horse, leaping back again to the swinging rope, is learning by his eyes, muscles, joints and by every sense organ he has, to judge, to estimate, to *know*. The other twenty-nine boys and girls in the gymnasium are all as active as he, some of them in his immediate vicinity. But as he swings he does not *avoid*. He swings *where there is space*—a very important distinction—and in so doing he threads his way among the twenty-nine fellows. Using all his faculties, he is aware of the total situation in that gymnasium—of his own swinging and of his fellows’ actions. He does not shout to the others to stop, to wait or move from him—not that there is silence, for running conversations across the hall are kept up as he speeds through the air.

“But this ‘education’ in the live use of all his senses can only come if his twenty-nine fellows are also free and active. If the room were cleared and twenty-nine boys sat at the side silent while he swung, we should in effect be saying to him—to his legs, body, eyes—‘You give all your attention to swinging, we’ll keep the rest of the world away’—in fact—‘Be as egotistical as you like’. By so reducing the diversity in the environment we should be preventing his learning to apprehend and to move in a complex situation. We should in effect be saying ‘Only this and this do; you can’t be expected to do more’. Is it any wonder that he comes to behave as though it is all he *can* do? By the existing methods of teaching we are in fact inducing the child’s *inco-ordination* in society.”(C)

Nothing is of worse effect in our treatment either of the young or the old, than a continual anxiety and an ever-eager interference with their conduct.

—William Godwin.

In isolation man cannot have the consciousness of liberty. What liberty means for man is that he is recognised as free, and treated as free, by those who surround him; liberty is not a matter of isolation, therefore, but of mutuality—not of separateness, but of combination; for every man it is only the mirroring of his humanity (that is, of his human rights) in the consciousness of his brothers.

—Michael Bakunin.

No Dogma, No Training

“. . . It is the very antithesis of the action that results from training, yet training has come to be accepted as synonymous with ‘education’. Training, by whatever system, can only create co-ordinations for *special purposes* by an objective conditioning of certain reflexes. This may, in given circumstances, enhance physiological efficiency, but it is not conducive to functional efficiency.”(C)

“Here equipment—musical instruments, billiard tables, theatre ‘props’ and the thousand and one other things—are not planted by a

benevolent directorate. They are provided on demand and reflect the present needs of this growing society. Visitors notice, not so much that these people have freedom, and that they know how to use freedom. Out of freedom a poised, orderly and adventurous society is clearly evolving itself.”(F)

“. . . training is hostile to spontaneity. The child is trained to reach a standard set by others, and not necessarily his own.”(B)

In short, freedom is, for each and all things of the universe, to follow their natural tendencies—and to fulfil their own virtues, qualities and capacities.

—Bartolomeo Vanzetti.

“In the social environment of Peckham there are no guiding planners, no cliques, no closed doors, no intimidating hierarchies.”(F)

“. . . the attempted promotion of any sort of stereotyped organisation based on leadership was early discarded . . . the reader will find a notable absence of deference to the modern clamour for leadership.”(C)

“Accustomed as is this age to artificial leadership—witness the white-gloved leader of Community singing, the cheer-leader at a football match, the leader of rambling parties—it is difficult for it to realize the truth that leaders require no training or appointing, but emerge spontaneously when conditions require them. Studying their members in the free-for-all of the Peckham Centre, the observing scientists saw over and over again how one member instinctively became, and was instinctively but not officially recognised as, leader to meet the needs of some particular moment. Such leaders appeared and disappeared as the flux of the Centre required. Because they were not consciously appointed, neither (when they had fulfilled their purpose) were they consciously overthrown. Nor was any particular gratitude shown by members to a leader, either at the time of his services or after for services rendered. They followed his guidance just as long as his guidance was helpful and what they wanted. They melted away from him without regrets when some widening of experience beckoned them on to some fresh adventure, which would in turn throw up its spontaneous leader, or when their self-confidence was such that any form of continued leadership would have been a restraint to them. A society, therefore, if left to itself in suitable circumstances to express itself spontaneously works out its own salvation and achieves a harmony of action which superimposed leadership cannot emulate.”(B)

“I was the only person with authority, and I used it to stop anyone exerting any authority!”

—Dr. Scott Williamson, in a lecture to the London Anarchist Group, 10.3.46.

I receive and I give—such is human life. Each directs and is directed in his turn. Therefore there is no fixed and constant authority, but a continual exchange of mutual, temporary, and, above all, voluntary authority and subordination.

—Michael Bakunin.

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A Peckham testament

JOHN HEWETSON

SCIENCE, SYNTHESIS AND SANITY: An enquiry into the nature of living. By G. Scott Williamson and Innes H. Pearse. (Collins, 42s.)

THOSE OF US WHO FOLLOWED the Peckham Experiment in the thirties and in the years after the war have looked forward for a long time for a book which would sum up the experience at the Pioneer Health Centre and give some account of the factual matter which was observed. I had the pleasure on more than one occasion to chair a meeting for Dr. Scott Williamson in the lecture series organised by the London Anarchists at Endsleigh Street and elsewhere, twenty years ago. He made tantalising references to the material he and his colleagues had garnered during those years of observing the behaviour of the family members in that strange glass building off the Queens Road, Peckham. I remember one such fragment: boys who went to work at fourteen—it was then the school leaving age—matured physically earlier than their fellows who stayed on at school. “You know,” said Scott Williamson, “they grew hair in the right places at an earlier age.” Pressed to enlarge upon this, Scott Williamson only said that they had not yet been able to analyse and draw conclusions from this and their many other findings.

This distillation of facts observed during the three phases of this unique experiment, I, at least, hoped would form the subject matter of the present book. In this expectation I have been disappointed. If this experimental material is to be published, it is still in the future.

Nevertheless the present book *is* an attempt to distil the experience gained, but it is couched in very philosophical terms and is very difficult to read indeed, even if one is familiar with the Peckham concepts. This applies even to the first four chapters which, Dr. Innes Pearse says in her introduction, were written in complete draft, and revised by Scott Williamson himself. Those which she has had to prepare from the more or less complete notes and drafts which he left at his death in 1953 are much more difficult to grasp—and it must be admitted, even to read.

Part of this, as Dr. Innes Pearse says, may well be due to the difficulty of presenting highly novel concepts, but even conceding this, the reader longs for a simpler, more natural way of writing. This is a great pity for there has never been a comparably sustained attack on the problem “What is the nature of *Health*?” as that carried on by Scott Williamson and his helpers during the periods 1926-29, 1935-39 and 1947-51. Part of the present crisis in the “Health” (i.e. sickness) Service may well be due to the almost universal tendency to see health merely in the negative concept of absence of disease. The only other comparable attempt that the writer can recall was Wilhelm Reich’s search for a criterion of mental health through his formulations on the nature and function of the orgasm. Perhaps it is significant that Reich also found it necessary to coin new words and clothe his concepts in a similarly angular and difficult terminology. Reich was lucky to find an able translator in Theodore Wolfe: the present book I would say is untranslatable.

Despite all this, the ideas themselves are as fascinating as ever. “Until consigned to the grave,” writes Scott Williamson, “man is presumed to be ‘alive’. No conclusion could be further from the facts. We may occupy our life-span . . . either in ‘living’ or ‘dying’ . . . a man can ‘live’ up to the moment of death from the moment of birth . . . on the other hand practically a whole lifetime may be spent in the process of ‘dying’, even up to three score years and ten. Nor is it to be assumed that if we are not ‘dying’ then, *ipso facto*, we are ‘living’. We may be in a third state—‘surviving’. . . . During his life-span, then, a man is not necessarily in one continuous state of living: he may be in any one of three different modes; each subject to any one of three processes. Without taking too much advantage of poetic licence, in general terms we will here call these three modes: living, surviving and dying. More precisely . . . these modes may be called *functional existence*, *compensative existence*, and *de-compensative existence*.”

The starting point for these ideas was the findings at the medical examination of the members of the Peckham family club. Only 10% were found to be free from any recognisable disease: 90% were found to have some clinically detectable disorder. But this group was not homogeneous. 30% of the total members “were *suffering* from some disorder of which they were aware, a group which could therefore be designated as being the sick, i.e. in dis-ease.” The remaining “60% of individuals of all ages (over the age of five) constituted a group in

all of whom some disorder of recognized pathological nature was disclosed by the diagnostician, but of which disorder or disorders the individuals themselves were either wholly unaware, or blithely ignored. The characteristic common to them all was that they believed themselves to be in health and to be acting accordingly.”

These were the compensated disorders which constitute “a limitation of functional capacity for action, and hence a threat to the organism and its parts, even though the operation of the mechanism that counters the threat by this very process of compensation is itself an expression of a . . . capacity for health. . . . This limitation of function is robbing the individual . . . of his potentiality for continued growth and development: i.e. for health. These people were, in fact, not living to the full; they were surviving—in compensation.”

Scott Williamson remarks that “neither the raw material nor the method of operating, nor the end products of each type of existence, are merely quantitative variants of the *same* process. That is to say, living is not a maximum, survival not a mean, nor dying a minimum, of the *same* process.” But he then goes on to make a highly original observation (p.17):

“A further curious fact is that, so versatile are man’s emotions, he can enjoy either living, surviving or dying so that existence in whatever state may *feel* and seem worthwhile. In that respect the ‘organ’ of emotion is no different from any other organ of the body. Whether in living, surviving or dying, the lung, for example, inspires, expires, doing the best possible *in the circumstances*; and this is no small source of satisfaction to the individual. This satisfaction—the basis of happiness and enjoyment—can follow either from the smoothness of acceleration in the accelerative process of living, or from the steadiness of stabilizing in the stabilizing process of survival, or from the minimising of friction, as it were by effective ‘lubrication’ in the decelerative process of dying. Perhaps, indeed, the widely diffused emotional satisfaction that may appear as common to all three states, is the main reason why the three modes of use of the mechanism hitherto have escaped observation and study as independent entities.

“Unfortunately for the organism, the sense of satisfaction accruing from these states of existence—that of functional existence excepted—is seriously misleading, for it permits of a lack of awareness of—and so of concern for—defects as they arise in the body mechanism.”

Medical science, Scott Williamson points out, has its achievements mainly in alleviation and remedy of dis-ease. “But this great achievement of making the process of dying easier, smoother, less painful and more prolonged, has only been effected by working on the basic assumption that the process of dying, common to all men, begins in the cradle or earlier, and ends in the grave; that man is, in fact, born but to die. What is the result? Marriage becomes an economic disaster: pregnancy a ‘disease of nine months duration’: birth a major accident, clumsily designed, demanding interference and anaesthesia: infancy the opportunity for repression: childhood a breaking-in to the curb and bit: adolescence a docilisation, a taming to fit the animal for

the circus-cage of society—with Whipsnade for the few. In fact in every phase of society and civilisation and at every step, means are adopted to anticipate, to prevent or to correct the emergence of any mystery locked up in the seed of humanity; as though living were some ghoulish supernatural thing of which we were afraid or ashamed. We have *remedies* for everything: even for living. And so successful are our remedial procedures that the great majority of us are almost 'cured' of that fell disorder, living."

It is small wonder that this man lectured easily to anarchists.

These quotations are taken from Scott Williamson's early chapters. The later ones are taken up with an analysis of the concepts outlined and they are very difficult to follow. There are indications that he might have followed up certain clearer ideas which find their way into no less than 41 Appendices.

Appendix 4, for example, makes a powerful criticism of the almost universal concept of the value of prevention. "In the fight against sickness prevention is acclaimed as the high road to positive health. But it is one matter to accept prevention as the optimum method of combating disease, and quite another to envisage prevention as the highest accredited procedure for the cultivation of health." He points out that you can only take preventive measures against threats you know of, and the practical difficulty of multiplying these measures to include every conceivable threat that can be envisaged. He suggests too that such measures tend to provoke fear. "It is not . . . a question of prevention of any *one* consequence that must be taken into consideration, but that of an almost continuous stream of preventive measures arising with ever increasing scientific skill and knowledge. Hence, prevention consistently applied as the chosen method for achieving Health must eventually stifle its own efficiency. The road to Health is not paved with good preventions.

"It is difficult to accept the preventive attitude to living as primarily belonging to Health; or its application to the disposition of the healthy. Health—i.e. living—is not to be sought or found in the morality of 'safety first'—which is the term the man in the street has given to the principle of Prevention. To be preventively minded—to fear consequences—in itself undermines the courage to tackle and eliminate causes."

And later: "There is no need to point out our present choice—the child's exercise book in which I write at the moment has six 'Don'ts' printed large on the back. Every other hoarding causes the premonition of, the fear of death—'death on the roads', 'death from diphtheria', etc. . . . Pity and propitiation are the substitutes for love and living. It is open to man either to promote in mankind the love of living; or to impose the fear of dying."

For all its prolixity and difficulty, this book is full of fecund concepts which are not to be found elsewhere. Scott Williamson could not have developed the concept of positive health as being the same as fully functioning living if he had not himself been imbued with a love of life and a remarkable insight into its processes.

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