

## Lessons from the Peckham Experiment

Barry Clifton

This article is a review of a recent book by Alison Stallibrass about the study of the biological aspects of human health, which was undertaken in the 1920s/1940s and known as the Peckham experiment. It examines the implications of the study and the theories of health which arose from it, for the direction which health care might take, in the light of the current re-examination of the NHS, which resulted from the recent white papers 'Working for patient' and 'Caring for people'.

It concludes that nurses may find lessons in the experiment to guide their practice, where the indications are that nursing is developing a broader, more holistic role.

### THE PECKHAM EXPERIMENT

When, after a pilot scheme in the late 1920s, Dr Innes Pearce and Dr G Scott Williamson set up the Peckham Experiment in the 1930s, their stated intention was to obtain data about healthy families in their environment and, with this in mind, they designed and built the Pioneer Health Centre, which they believed would optimise the health of its members.

They told those who joined the centre that its purpose was primarily an investigation of health. It is perhaps indicative of their individual personalities that South London working families flocked to the centre, happily describing themselves as 'guinea-pigs'. Indeed, when at one stage some members decided to organise a newsletter, this is the name they gave it.

Pearce and Williamson were able to produce quantities of data from the centre, which they

subsequently used to frame a theory of health. On a practical level, the centre and the way it was run is still very relevant today, and present ventures into health and leisure could well draw lessons from it.

### THE WORK OF THE CENTRE

The centre was housed in a purpose built, utilitarian building, with a steel frame, with large areas of glass, including some internal walls of glass both to facilitate observation by the doctors, and to allow the families in the centre to see and choose the activities that interested them. Though somewhat modified, the building is still in St. Mary's Road Peckham, in use today as an adult education institute, and the elegance and practicality of the building remain very clear.

There were within the building a central swimming pool, café, gymnasium, badminton court, small theatre and large spaces suitable for dancing and all kinds of meetings and activities, and the usual indoor sports such as snooker and table tennis, as well as the rooms set aside for

Barry Clifton RGN DipN, Lilac Cottage, Western Road,  
Jarvis Brook, Crowborough, East Sussex TN6 3EW  
(Requests for offprints to BC)  
Manuscript accepted 12 December 1990



examinations and consultations. The only obligation placed on the members was to submit to an annual medical examination, called an 'overhaul', after which, in a family consultation, they would be given a verbal balance sheet of their health, both good and bad points being described. No advice as to treatment or behaviour was given unless this was requested by a family member. If such a request was made, the family were offered advice as to changes in 'lifestyle' or, if appropriate, guided to a suitable specialist. It was not intended that treatment should be given at the centre, though it was quite often found to be more practical to do so, for minor disorders.

The key note was the people should take responsibility for their own health and their own lives. As Pearse and Williamson said:

'Health and responsibility are synonymous.' (Stallibrass, 1989).

My own first introduction to the ethos of the centre was through Colin Ward's 'Anarchy in Action' (1973) in which he described how Pearse and Williamson were prepared in the initial stages to allow children to run riot and cause damage to the centre, and to leave people to sit around inactive, in café and meeting rooms, without trying, as would most health care professionals, to organise people into doing things. They were confident that the people in the centre would, in time, given the facilities available, find their own enthusiasms and create their own constructive activities. They were prepared to back that confidence by risking total disorder, but were proved right. Among the statements they made about this attitude, Pearse and Williamson said the following two things:

- 1) 'Individuals resent or fail to show any interest in anything initially presented to them through discipline, regulation or instruction, which is another aspect of authority' (Stallibrass 1989, p44).
- 2) 'It would seem that a very strict "anarchy" ... will permit the emergence of order through spontaneous action' (Stallibrass 1989, p45).

Williamson was fond of saying that he was the only person in the centre with authority, and that he used that authority only to prevent anyone else from trying to exercise authority over another.

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## CURRENT IMPLICATIONS

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The National Health Service is becoming more and more tightly entangled in chains of centrally controlled management and baroque structures of accountability and, despite lip service to health promotion, becomes ever more narrowly a high technology exercise in biological engineering and ever more unconcerned, despite its name, with preventing the actual broad environmental, social and psychological causes of illness, concentrating only on eradicating the individual illnesses, which are only a symptom of general ill health. Thus it seems a very good moment to look at an alternative concept of health.

Equally, as people seem to be continuing to depend on experts to tell them how to behave, trusting not only in traditional doctors, but also in media pundits and practitioners of alternative and complementary therapies, a situation where people were offered resources to take responsibility for their lives and were then left alone to develop them, seems worth examining.

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## 'BEING ME AND ALSO US'

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On these grounds, I welcome the publication of a book 'Being me and also us - lessons from the Peckham experiment' by Alison Stallibrass (1989), which is a major new analysis of the experiment, though I would like to mention the welcome news that this same publisher is in the course of reprinting much of the original contemporary writing about the experiment. It contains a description and history of the project, and interviews with some of the members, who even now, forty years after the centre closed, still seem to carry its influence.

The third part of the book is a consideration of the theories arising from the experiment, and



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their application today. She is particularly concerned with the lessons to be drawn for child development, and the current tendency to concentrate on deviations from the norm.

She shows that, as she herself puts it:

'in a situation where small children are allowed to be responsible for themselves in surroundings offering appropriate opportunities for activity, they will work hard at acquiring the skills they want. Of these, sensory-motor skills of all kinds are the most obvious to the observer but imaginative power and self-control in all fields are also exercised and strengthened, and the children acquire the social skills which enable them to obtain the cooperation of the other children in the games they create' (1990).

In this she is supported by current influences in education, as for example John Holt (1976), whose book 'Instead of education' acknowledges both Mrs Stallibrass's (1974) own work in this field ('The self-respecting child') and the wartime study by Innes Pearse and Lucy Crocker of the achievement of the experiment up to its suspension at the beginning of the war ('The Peckham Experiment' 1985), from which he quotes at length.

## The concept of health

The final chapters of the book concern the concept of health as defined by the experiment, and its possible application in the future. Some of the statements which Williamson and Pearse made about what health is are as follows:

- 1) 'Health implies growth. To stop growing is to begin to die'.
- 2) 'Health and responsibility are synonymous'.
- 3) 'Health is not a state; it is a process. A person may manifest health at some times and in some situations and not in others, for health is manifested in a person's relationship with his social and physical environment' (Stallibrass 1989).

Stallibrass herself describes health elsewhere as:

'a progress towards the achievement of one's full human potential and one's potential

unique individuality. Health means the ability to choose what is the right thing to do at any moment for 1) the good of one's self as a whole and 2) for one's physical and social environment as a whole.

A baby does 1) instinctively\* e.g. he or she responds to people with behaviour (smiles, coos, hand-waving) which encourages them to continue to give him or her the loving attention he needs (Liedloff 1986) or he explores his surrounding because he needs to become effective in them' (1990).

To summarise these final chapters, Stallibrass explores Williamson and Pearse's claim that for the human being, as for any other biological organism, the factors that make it an organism rather than 'a mere aggregation of bits of matter' (Stallibrass 1989) are:

- Uniqueness
- Wholeness
- The power of creative growth.

The wholeness is not however something exclusive, isolating the organism. Rather, as the organism is a synthesis of parts, so it too is part of a mutual synthesis with its environment, comprising in the case of a human being all of which he is aware, as much as is possible of the whole of his surroundings, including events and people, and the physical settings in which these take place - including his home and, in this case, the Centre. The finding of the experiment was that children who are able to act spontaneously, act for their own good and as part of the whole environment. Alston Stallibrass, for example describes how 30 children in the gym would each be following their own chosen régime of activity

\* Stallibrass explains what she means by instinct on pp 233/234 of 'Being me and also us' (1989). Williamson and Pearse 'held that a healthy child is biologically motivated from birth to do what he needs to do in order to develop his essential human capacities. He has an instinct to develop his human faculties through the digestion and synthesis of experience'. She comments: 'what a person is at any moment is determined both by his past environment and by his genes and, above all, by what he himself has felt, pondered on and done throughout his life - by what he has chosen to attend to, respond to and in what manner he has responded'.



without collisions, exercising judgement in moving in relation to the apparatus, but also moving in relation to the movements of other children' (1989). This spontaneity, allied with 'autonomy', which again in Williamson's usage related to any organism – the cell within the body as much as the family member in the centre, works as follows: 'a cell acts individually ... but also according to the unique needs of the body of which it is part and on which it depends for sustenance' (Stallibrass 1989). The person with the freedom to act spontaneously and autonomously, according to this definition, would be responsible, and thus by definition healthy.

In the last chapter, Mrs. Stallibrass considers how health of this sort might be promoted now, and in what ways people could associate to form similar communities to the Peckham Centre, and while accepting that it may be difficult to set up similar undertakings, is clearly optimistic that such ventures might act as a focus for large scale change in our approach to health.

### Critique

This book seems to be a very faithful evocation of the spirit of the experiment. In some ways, the accent of the venture does belong particularly to the 1930s. People today perhaps might not be so ready to accept the authority of the doctors, who seem to have more than a touch of benevolent autocracy about them.

Perhaps, too, we are less willing to believe that a pure objective science is possible, or desirable, when dealing with intricate matters of humanity, or to suppose that healthy bodies are a route to Utopia as Pearse and Williamson apparently did.

The central themes, however, are the need for individuals to be their own authorities and to take responsibility for their lives in a manageable size of local community, the idea that the individual is more the sum of his physical systems, and that his health consists in his 'uniqueness, wholeness and his power of creative growth' (Stallibrass 1989) as part of a community of similar individuals.

These themes are very much alive today, and at this moment when the paternalistic principles

of the NHS, which have always concentrated on doing this to and for people, are under examination it is very necessary to consider whether the humane and dignified principles of the responsibility of the individual are not more valuable and more to be pursued than the view of 'Working for Patients' (1989) of high-tech body shops run on industrial lines by business managers employing technical production-line workers, called doctors and nurses.

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### THE CURRENT REFORMS

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It might be thought that the present political climate would be friendly to such alternative approaches as health centres in which people as well as professionals took responsibility for their health. There is much lip service by the government in their latest white paper 'Caring for People' (1989), based on Roy Griffith's second report, on the community care, to the idea that the place for most health care is in the community rather than in hospitals and institutions, and that people should have choices and make decisions about their lives, but the emphasis is on the money that will be saved and not on making services more humane. They will become more individual only for those with resources to pay for them at point of service.

Clearly the changes that are envisaged are to be business rather than community measures. This government's record on devolving power to local communities rather than to large companies is not encouraging. The place of nursing in the proposals is not at all apparent, but it may be speculated that any role in health education will be in disease prevention rather than in promotion of 'health' as perceived in the Peckham experiment. Indeed, these white papers continue the process of the divorcing of 'health' and 'social', begun in the splitting of the Department of Health and Social Security.

For example, services to the elderly and chronically disabled are apparently 'social' and to be divorced from 'health', which the white papers use as Stallibrass (1989) puts it: 'to mean its opposite – sickness – (so) that it tends to be associated in people's minds with the care of



ill-health, with remedial and therapeutic institutions and personnel'.

In this case, they will become the responsibility of social services and thus indirectly of the local authorities. The present problems of charge-capping and restriction of local services do not in this case bode well for their continuation at their present level, let alone their expansion, in which case responsibility will fall on the private sector, volunteers and on the community, which in most cases will mean the family. There seem to be no incentives or plans for group endeavours of the type of the Peckham Experiment.

Michael Wilson begins his study of health 'Health is for people' (1975), with a most appropriate claim:

'In his novel 1984 George Orwell describes four ministries through which 'The Party' hold power:

A Ministry of Peace concerned with war,

A Ministry of Love for law and order,

A Ministry of Plenty to deal with scarcities,

A Ministry of Truth where a vast system of brain washing is planned and executed.

He did not need to describe a Ministry of Health which deals with disease: we already have one' (p 1).

Even in title, these white papers call to mind Orwell's 'newspeak', where 'Working for patients' means 'Cutting hospital services' and 'Caring for people' means 'Cutting community services'.

## VIABILITY

What is envisaged by current reforms makes the individual the passive recipient of private rather than public illness control – though the chances of cure for the poorer ill person become less where the market rules, and the likelihood of his environment being such as to encourage illness becomes more (e.g. Townsend & Davidson 1982; Whitehead 1988). Structures like the Peckham Experiment in which people were enthusiastic participants rather than passive consumers, could create and save so much in resources, so that health becomes, as the word implies, a

synonym for 'wholeness', and a norm rather than a goal.

In making this claim about resources, more is implied than mere economic resources. Kenneth Barlow in his book 'Recognising Health' (1988), which devotes some chapters to the Peckham Experiment, contrasts the two current usages of the over-used phrase 'growth and development':

'The objectives which politicians set before us may be summarised as growth and development. When we ask what it is which is to grow we learn that it is the wealth of nations. When we ask about the other objective, development, we are informed that this derives from the creation of new abilities and skills calculated to promote this same wealth of nations.

But doctors also get mixed up with growth and development or, to be more precise, with what goes wrong in the course of growth and development. But when, in this context, we ask about what it is that is to grow and what it is that is to develop, we find ourselves confronted by living systems which are human – individuals, families and communities, not to mention societies and cultures' (p VII).

As the economist, Peter Donaldson (1976) says, using the word 'resources' in its narrower meaning:

'much economic jargon has overtones which can confuse us into thinking that economic considerations are all-important . . .

'Uneconomic', as we have noted on a number of occasions, has come to have a condemnatory connotation. But this is justified only if we are solely concerned with getting maximum output from the limited resources at our disposal. If we are also interested in fairness, humanity, security and so on, then to distinguish between economic and uneconomic measures and conditions becomes the starting-point rather than the be-all-and-end-all of policy decisions' (p 242).

If we are interested in full human growth rather than only in economic growth, all these factors must be counted as resources as well. As Barlow (1988) says:



It is not clear that either the extent of economic production or of technological skill, can, without paying attention to patterns of human social organisation and general social direction, contribute with any security to the fitness of our environment. Certainly Government which responds merely to the haggling of the market and the imperatives of finance, is apt to be blind to biological considerations. The administration of social circumstances in order to promote health in people requires an understanding of how health arises from the intimate circumstances of the individual, the family and its community' (p6).

In terms of economics, it is, of course, difficult to establish how results obtained 50 years ago could be applied to today's more complex economic situation. The members of the health centre were required to make a small weekly family payment, and to pay additionally for use of some facilities. Even so subsidies were needed, and it was the fact that no way could be found to provide this subsidy under the NHS in its original form that led to the closure of the centre in 1960. A positive result of the new reforms could be that local initiatives of this sort could once again become possible.

To take for a moment the position that the purpose of health centres is to cure disorder, it may be that even in this limited field, the Pioneer Health Centre could offer an economic success, since as Studdert-Kill (1989) says, quoting an annual report:

Our experiment from that second family overhauls of some 230 families indicates that the majority of minor maladies that can be cured remain cured, and that a great number of major maladies that can be alleviated remain alleviated.

Experience has shown that enhanced vitality and a wider measure of freedom from sickness can be attained through periodic health overhauls of families "in the circumstances provided by the Centre" (p87).

Jack Donaldson, Lord Donaldson of Kingsbridge (1988) introduced the interim report of the Pioneer Health Centre at Peckham,

published under the title 'Biologists in search of material' (1982). He saw the amount of the subsidy per head falling as the centre became established, and the numbers involved optimal for the facilities. Comparing this cost with the costs of working time lost for sickness he came to the conclusion that even if there was little economic saving to be made, there was certainly enough to pay for the inestimable social benefits and the benefit to people's health.

In this country over 70% of the health budget goes into hospital care. Ian Kennedy, in the second of his series of Reith lectures 'Unmasking medicine' (1980), draws on the third world for an illustration of the shortcomings of the acute medical system. He states that:

'Two-thirds of the health budget of most developing countries goes to medical education and teaching hospitals. The limitations of adopting this approach are illustrated by a medical school programme in Colombia for the hospital care of premature infants. Survival rates were achieved which compared well with those of the United States. But 70% of the infants discharged were dead within 3 months because of infection, malnutrition and general poverty'.

Hospitals, he says:

'are the epitome of the problem solving, disease orientated, scientific engineering approach. And this idea of hospital-dominated medicine is constantly reinforced in our minds, if only by such things as radio and television programmes'.

That so much is spent on them:

'could be said to be evidence of the failure of health care and how we perceive it'.

David Seedhouse is a writer who has recently produced a body of work about the concept of health, which has many pointers to possible new directions in health care (Seedhouse 1986, 1988; Seedhouse & Cribb 1989). In his second book in which he, as he puts it: 'extends a theory about the nature of health into the heart of practice' it is to the Peckham experiment that Seedhouse turns for a concluding example of an alternative approach to health care. He points out that:



'The ways in which the national budget is spent are not somehow preordained. The decisions taken about what money is spent where are made by human beings. And just because someone with particular values has decided that there is only a specific limited amount of money available for health care, this does not mean that other people cannot campaign for more, or that it is wrong or unrealistic to do so' (Seedhouse 1988, p 153).

Nor is it written in letters of stone that resources for health care must be concentrated on curing those who have succumbed to illness. There is an anecdote about the man who left the crowd dragging the constant flow of drowning people out of the stream. They all said to him 'Where are you sloping off to? Can't you see there's work to do?' He replied 'I'm just going upstream to see where they're getting in.'

The idea behind the Peckham Experiment is that if life is worth living upstream, people won't jump or fall or be pushed in the stream and get into difficulties. It might be argued that true economy, both humane and financial, would be looking for similar radical ways of changing the basis of health care, rather than just changing the organisation, to supply more, or perhaps rather less, of the same.

## IMPLICATIONS FOR NURSING

I found Alison Stallibrass's book to be a treasure-trove of ideas about health and health care. Applying it particularly to nursing, I feel that it has the potential to bring individuals to a complete reassessment of what they are doing as nurses and in what sort of service.

A recent study of nursing by Lesley Mackay (1989) encourages the thought that nurses are currently increasingly restricted and cowed by shortages of manpower and resources and by the unlooked for change of their role away from people and towards the mechanics of high-tech therapy, as well as by a heavier weight of general management, eroding their all too limited autonomy.

It is as associates in such undertakings as the

Peckham experiment that nurses have a chance of becoming professionals in Paul Goodman's (1968) sense of the word: 'From medieval times, a professional . . . was an artist in that he dealt with individual cases, each one unique' and to rescue themselves from what seems an impasse situation. There have been many critical studies over the last fifteen years of the current basis of health practice, and some of these have seen an altered role for nurses.

Michael Wilson, for example, in 'Health is for people' (1975) sees the problem of acute health care as follows:

'A reluctance to speak of death or to tell patients about a fatal prognosis, the withdrawal of attention from patients for whom doctors can do no more, pointless resuscitation and prolongation of life, the allocation of funds and staff to Intensive Treatment Units and the impoverishment of hospitals primarily concerned with care, all this behaviour is rooted in our present social "taboo" of death' (pp 28-29).

He claims that nurses are better able to deal with death than other health care professionals.

'Nurses in fact are usually far more balanced than doctors about death: they are more often with the patient, it is to their care that the doctor leaves the patient when he can do no more, and it is nurses who lay out the body' (p 29).

The idea runs through his book that the special role of nurses hinges on the fact that they are with the patient, and relating more closely to the patient than other health care professionals.

The physicist, Fritjof Capra, writing of the influences of post-Newtonian views of science on various aspects of everyday life, also considered the future role of the nurses.

In his book 'The Turning Point' (1982), he suggests that the emphasis of the physical sciences has moved from the idea of the world as a machine, as Descartes and Newton conceived it, the full knowledge of the tiny details of the components of which would lead the detached observer to a complete understanding of the machine.



Against this he sets a new picture of the world as a whole in which every particle influences and is influenced by every other and in which the scientist is participant rather than observer. He shows how the reductionist machine approach still survives however in many areas, and in none more than in medicine. He draws out the relationship between 'heal' and 'whole' and states that:

'to reincorporate the notion of healing into the theory and practice of medicine, medical science will have to transcend its narrow view of health and illness. This does not mean that it will have to be less scientific. On the contrary, by broadening its conceptual basis it will become more consistent with recent developments in modern science (Capra 1982, p 119).

In considering how health practice can be broadened he foresees that all kinds of complementary physical and social therapies will be added to the present mainstream of medicine. He expects that it will be nurses who will pioneer this work as independent therapists at the forefront of the holistic movement.

In such a system medical doctors will act as specialists and practice the full range of medical care for which the biomedical approach is appropriate and successful. Even in those cases, however, the nurse practitioner will still play an important role, keeping the personal contact with the patient and integrating the special treatments into a meaningful whole (Capra 1982, p 369).

In ventures of the type of the Peckham Experiment, this particular dream for nurses could be realised. In the United States there are increasing numbers of nurses in such roles, and here too the numbers are growing. It is time perhaps for nurses to abandon the lofty attitude of experts telling people what they must do, in pale imitation of the dominant medical profession, and instead to become engaged in their own neighbourhoods on developing places where people could find their own motivation and activity. In such a setting nurses would find their satisfaction, not in doing things to and for people, but in being sources of information and in liaising with other ventures in other neighbourhoods. An

interesting account of the experience of a nurse who found this function taking over from her 'day job' in a poor district of a large American city is to be found among the papers in Dolores Krieger's celebration of the expanding role of the nurse 'Foundations for holistic health nursing practice - the Renaissance Nurse' (Boyd 1981).

Ivan Illich (1976) claims that comprehensive medical services are at least in part responsible for creating the illness which it purports to cure, suggesting that: 'people find fewer resources in their environment and culture to help them come to terms with their suffering, and thus are forced to depend on medical services for a wider range of trivia'. He puts a good part of the blame for this situation onto a system of work and government in which people have little control over their lives and says: 'people who are angered, sickened and impaired by their industrial labour and leisure can escape only into a life under medical supervision and are thereby seduced or disqualified from political struggle for a healthier world'.

Perhaps in these present circumstances, nurses should be considering abandoning a service where such a large proportion of resources is being poured into performing miraculous cures on people whose chief problem is perhaps that, as Illich suggests, their health has been broken by the lack of positive values and personal responsibility in their lives.

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