

# Realising Health



# Realising Health:

*The Peckham Experiment,  
Its Descendants,  
and the Spirit of Hygiea*

By

Philip Conford

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To Saville Turner, Muriel Cox, Peter and Pamela Mansfield, with  
grateful thanks for all their help and support

“Health when realised stands in no need of the repairs which doctors  
can offer.” - Dr. Kenneth Barlow

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Figure 1 (page 403) Social Eco-System Dance Model (by kind permission of Eileen Conn, Peckham Vision)

## FOREWORD



Philip Conford did not know, when he asked me to introduce his valuable book, that I too am guided by the spirit of Hygieia and specifically by her depiction by Gustav Klimt. His painting, a detail of which is above, shows a spiral twined round her, and I am also devoted to the spiral philosophy, which tells us that progress is not linear, for where we are is always also where we have been, and that our mission in life is with increased knowledge and insight to become wider, like an ever developing spiral, and thus wiser.

Hence the value of Philip Conford's meticulously researched book and his meditation on the meaning of "health" and of health. He shows that the authorities, professionals and citizens of Western countries and all parts of the world that are dominated or influenced by Western thinking since the so-called Enlightenment, which now is most countries, have forgotten or have never seen what health means and is.

Perhaps what I have written so far seems sweeping or cryptic. Well, reflect on the fact that the UK has a National Health Service, the US has its National Institutes of Health, and the UN has its World Health Organization, which have nothing to do with health, being solely devoted to disorders, disabilities and diseases, epidemics and pandemics. Reflect also on the fact that national political parties vie to protect public health by promising more hospitals and more physicians, surgeons and nurses, which as somebody (perhaps Ivan

Illich) has said, is like proposing that the cure for insanity is to build a madhouse in every vicinity and village.

Philip Conford is not hostile to modern Western allopathic medicine or to the physicians and surgeons who practise it. I certainly am not. As a child I was operated on for appendicitis, which prevented dangerous sepsis and may have saved my life. Recently I have been treated for multiple infections with antibacterial drugs in my excellent local hospital in the large Brazilian provincial city where I live, am looking forward to a necessary surgical procedure, and occasionally use paracetamol to kill pain. And Peter Mansfield, who features prominently in this book, as he should, is a wise general practitioner who has been my friend and counsellor for forty years. What is now conventional medicine has its place. But it should be put in its place, which has practically nothing to do with health.

Here is an illustration of what I mean here, with rueful and even bitter reference to my own engagement since the 1980s with public health, specialising in food and nutrition. I have worked with United Nations agencies, national governments, and leading charities, examining and devising dietary guidelines. But these have always focused on the prevention of conditions (such as obesity, and diseases such as diabetes, heart disease and cancer, all of which continue to increase) by means of specified amounts and proportions of foods and nutrients. I was not working on nutrition and health, but nutrition and disease. The leading exception is the 2014 national official Brazilian dietary guidelines, to which I contributed. This celebrates fresh meals enjoyed in company.<sup>1</sup>

Words matter. Health is not the absence of disease. Sometimes the word “health” is ceded in favour of “good health” or “well-being”, about which dietary guidelines usually have little or nothing to say. But this in effect acquiesces in the equation of health with disease which, let’s be clear, has been and remains a gigantic power grab by successive rulers of the medical and surgical professions and the pharmaceutical industry, abetted by governments. Hence the rush by politicians of all stripes to promise more hospitals, doctors and nurses. Medicine is big business. Politicians are not interested in healthy populations. When you spend money on drugs and in

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<sup>1</sup> [http://bvsm.s.saude.gov.br/bvs/publicacoes/dietary\\_guidelines\\_brazilian\\_population.pdf](http://bvsm.s.saude.gov.br/bvs/publicacoes/dietary_guidelines_brazilian_population.pdf).

countries like the US on medical or surgical treatment, you contribute to Gross Domestic Product, the official measure of national prosperity.

All this partly explains the eclipse of the great public health movements of the nineteenth and into the twentieth centuries, when serious public money was spent on sewage systems, as well as on schools, housing, pensions, and other amenities which enabled health, as did and do regulations on working conditions and protection by friendly societies and trades unions.

It is also the context of the pitiful fiasco of the “Peckham Experiment”, about which Philip Conford writes here in detail. This was not just because of the rather bizarre nature of some of its representatives and their successors, two or three of whom I knew in the 1980s when I was in the UK. Health, in the proper sense, and its association with wholeness and the holy, was off the agenda; banned even, for being immeasurable and thus not scientific. If I had advised Philip Conford as he prepared this book I would have suggested more on Peter and Pamela Mansfield’s work in Grimoldby, and what are now the very many independent municipal, community, neighbourhood and grass-roots projects with a similar spirit to theirs that have endured or now are springing up all over the world.

There are reasons to be cheerful. *The Global Green New Deal* is gaining momentum, as is the associated movement to measure national progress not by more expenditure and exploitation but by Gross Domestic Happiness. And splendid initiatives like the Scandinavian *NOMA* (Google it as New Nordic *NOMA*) are propagating health and its enjoyment. With due respect to all wise general practitioners, I am beginning to feel that the future for public and personal health is not with physicians but with chefs, and restaurateurs who make and serve fresh cheap meals, such as those that flourish within the *per quilo* system (Google again) in Brazil. They should all have a copy of *Realising Health*, as a guide to communal, mental, emotional and spiritual as well as physical health.

Geoffrey Cannon  
Juiz de Fora, Brazil



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First and foremost, my thanks go to Peter and Pamela Mansfield. The project was Peter's idea, and he and Pamela were unfailingly supportive, patient and hospitable throughout the long period during which I worked on it. Writing this book would have been absolutely impossible without the financial support Peter so efficiently arranged for me, so my thanks also go to Saville Turner and Muriel Cox of the Saville Turner Holistic Trust for their most generous funding.

Geoffrey Cannon, whose studies of the food and pharmaceuticals industries provided essential background for my research, gave of his time to read this substantial book and write a stimulating and provocative Foreword to it. I am most grateful to him for his support.

I would like to thank all those who gave of their time either by agreeing to let me interview them, or by responding to my requests for information. The list of interviewees can be found in Appendix B. I also received information from Dr. Alice Nennecke about her time in Grimoldby with Peter Mansfield, and from Hilton Thorpe about his father-in-law Halley Harwin Stott. Among the interviewees, my thanks go particularly to Emily Charlin, for her research into the Pioneer Health Centre's free school; to Aubrey and Edith Colling, for lending me their private papers relating to the Thornaby Project; to Eileen Conn, for permission to reproduce the diagram which appears as Figure 1; to Lisa Curtice, for giving me access to her Pioneer Health archives in Glasgow, and time and peace to study them; to Sophie Greenway, for valuable research into Kenneth Barlow's project in post-war Coventry; to Joanna Ray (née Barlow) for passing on to me many of her father's papers, which I hope to lodge with the library of the Wellcome Trust; and to Alex Scott-Samuel, for lending me some rare documents published by the Pioneer Health Centre Ltd.

The great majority of my research into archival material was undertaken in the library of the Wellcome Trust on London's Euston Road, where the staff were unfailingly helpful. I was also helped by

staff at the Fife County Archives in Markinch, at the library of the Royal College of Physicians, and at the London Metropolitan Archives; and by Sharon Messenger at the library of the Royal College of General Practitioners.

Cambridge University Press have granted permission for me to re-print, in a slightly different form, material in Chapter 5 which originally appeared in their journal *Medical History*.

Not directly involved in the project, but supportive in various ways, have been Betty Boorman, who has philosophically accepted my long stints in the study and absences on research trips; Vivian Griffiths and Dr. Mike Tyldesley, who have offered advice and encouragement; and Jamie MacDonald, who has helped with my website and other matters requiring greater IT skills than I possess.

Finally, I would like to thank Rebecca Gladders and her colleagues at Cambridge Scholars Publishing for their help in preparing this book for publication.

Philip Conford  
March 2020

## AUTHOR'S NOTE

The author's ideas and views do not necessarily represent either the policy and philosophy of the Pioneer Health Foundation, or the ideas and views of the Foundation's Trustees, collectively or individually.



## INTRODUCTION: HOW THIS BOOK CAME TO BE WRITTEN, AND ITS PURPOSE

I now realise that when I wrote my two volumes of “organic history”, *The Origins of the Organic Movement* and *The Development of the Organic Network*, I had things the wrong way round. These books took agriculture and horticulture as their starting-points before examining issues of health and nutrition, the organic movement’s social and political implications, and the religious philosophy which has underpinned it. It took me an inordinately long time to see that health, not methods of cultivation, is the movement’s central concern. For health is the movement’s *end*; the methods of cultivation are the *means* to that end. The evidence for this had of course been in front of me, “hiding in plain sight”: for instance, in the title of Sir Albert Howard’s *Farming and Gardening for Health or Disease*, and in the sub-title of Eve Balfour’s *The Living Soil*: “Evidence of the importance to human health of soil vitality, with special reference to post-war planning”.

But I had come to my interest in the organic movement’s history by way of books on farming and rural life, and the Rural History Centre at Reading University seemed the obvious place at which to undertake doctoral research. Agriculture and horticulture therefore took centre stage in my thesis and in the book which resulted from it in 2001 – *The Origins of the Organic Movement* – with the specific topic of food and health not being addressed in *Origins* until Chapter Eight. One section of this chapter was devoted to the Pioneer Health Centre (PHC) in South London, but the Centre’s importance in the history of the British organic movement is much greater than this modest position indicates. One of its founders, Dr. George Scott Williamson, was, along with Eve Balfour and the Wiltshire farmer Friend Sykes, the driving force behind the founding of the Soil Association, whose headquarters were in its early days

based at the London flat of Scott Williamson and his partner Dr. Innes Pearse. Ten years after *The Origins of the Organic Movement* appeared, in *The Development of the Organic Network*, the subject of health had been promoted to Chapter Four. The present book at last gives it pride of place.

That I have been able to rectify this relative neglect of the organic movement's central purpose is thanks to the support of Dr. Peter Mansfield, and this is highly appropriate. When he was a young academic medical researcher at London's University College Hospital, in the late 1960s, Mansfield was encouraged by his mentor, the noted GP Dr. John Horder, to visit Innes Pearse, who was by then approaching eighty and living in East Sussex. He was so impressed by Pearse's ideas on health that he left the world of academic medicine and set up as a GP, first in Bermondsey, South London, and then in the village of Grimoldby, near Louth in Lincolnshire; his intention was to try to put Pearse's ideas into (general) practice. This story is told more fully in Chapter 7. Mansfield joined the Soil Association, serving for a time on its Council, and in 2008 I contacted him in order to interview him as part of my research into the history of the organic movement during the 1970s and '80s. By then he and his wife Pamela had moved to Newark in Nottinghamshire. It so happened that I moved to Newark a couple of years later and by chance or synchronicity rented a house about 50 yards from Peter's; he and Pamela were hospitable to me and my partner Betty from the word go. This was a few months before *The Development of the Organic Network* was published in April 2011.

Peter had been for some years a Trustee of a charity promoting initiatives in "positive health" (a phrase which will be discussed in Chapter 1), and was sufficiently impressed by *Development* to suggest that the Trust should fund me to write something similar about the history of positive health initiatives: in particular, about the Pioneer Health Centre, its various offshoots, and some contemporary projects which he felt encouraged personal and social health in ways similar to those with which the Centre had experimented. In the late 1980s another disciple of Innes Pearse, Dr. Kenneth Barlow, had published a book called *Recognising Health*; Peter Mansfield liked this title and suggested that my book should be called, in an echo of Dr. Barlow's, *Realising Health*. Realising health is what the Pioneer Health Centre and its offshoots were attempting to

do; it is what many other initiatives, both charitable and state-sponsored, have tried to do; and it is – nominally at least – what the National Health Service exists to do.

Perhaps, though, it would be more accurate, if less inspiring, to call this book *Failing to Realise Health*. One of Peter Mansfield's chief concerns when we discussed this project was to try to discover why ventures like the Pioneer Health Centre were unable to survive, or to replicate themselves, and why they were apparently of little interest to policy-makers. The reasons for the Centre's closure in 1950 are still the subject of debate. Here was a widely admired experiment in encouraging physical health and the flowering of skills, talents and social relationships, which was forced to close through lack of funding. Some have blamed the then recently established National Health Service and the supposedly stifling influence of the socialist State, unwilling to support an experiment which was trying to discover the laws of health rather than offering remedial treatment for sickness. As I argue in Chapter 5, the truth is more complex than this, with medical scientists at least as much to blame as politicians. But the Centre continues to arouse the interest of public health experts, historians and educationalists, serving as a symbol of "the road not taken" by the post-war reorganisation of the health services, while some aspects of its approach and philosophy have subsequently managed to find a place in government health policies.

Looking at the problem from a wider perspective than that of just one project, though, might there be more deeply-rooted reasons than shortage of funding and the conservatism of officialdom for the lack of headway made by health initiatives? Vested interests, for instance, both professional and commercial, and sometimes overlapping, with pharmaceutical companies doing very well out of the population's ailments. And, in Peter Mansfield's view, it may be that governments do not want a nation of healthy, vigorous, self-determining citizens, despite the likely saving in public expenditure that would bring, because they would be harder to manage.

A large part of the difficulty in any discussion of health is that this concept seems inseparably associated with thoughts of illness, disease and medicine. Chapter 1 will examine in detail a range of ideas about what health is and how it should be defined, I hope making clear that "realising health" is very different from avoiding illness or being cured of disease. In May 2013 I attended a meeting at the Soil

Association's Bristol headquarters during which the Pioneer Health Foundation (PHF) attempted to re-establish links with the Association. In naïve surprise I reported back to Peter Mansfield that there were only three doctors present among the PHF's representatives. He responded vigorously to the effect that this was just as it should be, because the encouragement of health is not something which requires the input of doctors; except in the negative sense that medicine can help clear the way for the conditions in which health might begin to flourish.

Nevertheless, the fact remains that George Scott Williamson and Innes Pearse were medical doctors – though in relation to their work at Peckham they preferred to call themselves “biologists” – as was their protégé Kenneth Barlow, and that the PHC's archives are lodged in the splendid medical history library of the Wellcome Trust on London's Euston Road. The PHC enjoyed the support of some highly distinguished physicians, most notably Lord Horder, Lord Moynihan and Lord Cohen. It was simply not possible for me to ignore the medical context of the Pioneer Health Centre, its offshoots and its legacy. The Centre's modernist building – the biologists' “laboratory”, as Scott Williamson and Pearse described it – opened in 1935, just at the time when sulphonamide drugs were starting to be developed. This dramatic advance in pharmaceutical science encouraged the hope that “silver bullets” would become available to deal with a wide range of illnesses; so if health was seen as no more than the absence of disease, it followed that there would be less need to investigate how it might be encouraged, with cure a more straightforward matter than prevention. The sense of what I have termed “chemical triumphalism” was widespread in the 1940s and '50s, as Chapter 4 will demonstrate.

Scott Williamson and Pearse were thoroughly sceptical about the NHS, established in 1948, but what they were trying to do at Peckham cannot be understood without reference to government concerns about the physique of the British people, and the quality of their food, during the inter-war period. Similarly, the attempts of their successors in the Pioneer Health Centre Ltd. (re-named the Pioneer Health Foundation in 2002) to promote health have to be seen against the background of public health policy since 1945, and the criticisms of technological medicine which began to be forcefully expressed during the 1970s. While it may be true that health and medicine are distinct concepts, it would be wrong to discuss the aim of realising



health apart from its medical context, since that context and its assumptions are seen by proponents of a positive health philosophy as attracting a degree of attention, status and resources which works to the detriment of the positive approach.

To express the idea in Classical terms, it is the difference between Hygiea and Aesculapius. In his book *Mirage of Health* René Dubos – a scientist who entertained a remarkable degree of scepticism about scientific medicine – describes the significance of these symbolic figures: the former representing the art of living wisely, and the latter representing the power of healing. Since this tension is fundamental to the struggles of “positive health” initiatives during the past century, it is worth quoting Dubos in some detail. He sees Hygiea as the personification of health achieved through reasonable, balanced behaviour. For her worshippers in Ancient Greece, “health [was] the natural order of things, a positive attribute to which men are entitled if they govern their lives wisely. According to them, the most important function of medicine is to discover and teach the natural laws which will ensure a man a healthy mind in a healthy body.” We see here concepts which have been central to the organic movement’s view of health: that it is a birthright, and that its realisation requires obedience to natural law. Dubos identifies another key principle of the organic philosophy when he says of Hygiea that her “serene loveliness ... in the Greek marble symbolizes man’s lofty hope that he can someday achieve a state of *harmony* [my emphasis] within himself and with the surrounding world.”<sup>1</sup>

From the fifth century B.C., however, the cult of Hygiea gave way to that of the healer, Aesculapius, who mastered the art of the knife and understood the curative value of plants; and to whom Hygiea grew subservient. Her sister Panakeia became a healing goddess through her knowledge of plants; her name survives in our word “panacea”, while medical science searches tirelessly for cures, announcing its latest hopes through a regular succession of press releases.

Dubos suggests that the myths of Hygiea and Aesculapius “symbolize the never-ending oscillation between two different points of view in medicine”, with the followers of Aesculapius believing that the physician’s chief role “is to treat disease, to restore health by

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<sup>1</sup> René Dubos, *Mirage of Health* (London: Allen & Unwin, 1960), 108, 109, 111.

correcting any imperfection caused by the accidents of birth or of life". In his view, and in that of the advocates of positive health we shall come across during the course of this book, modern Western medicine has colluded in the subservience of Hygiea. "As disease and other failures of adaptation are obvious and often dramatic, whereas health and fitness are considered the 'normal' state and therefore unnoticed, it is not surprising that the cult of Hygiea tends to be neglected and that the skill of Aesculapius looms large and bright in the mind of man. In our societies the school of public health always plays second fiddle to the school of medicine."<sup>2</sup> Or, to express the idea by means of a different image: much as we can admire the skills of the ambulance staff who cope with the injured bodies at the foot of the cliff, we should pay more attention to ensuring that the fencing on the cliff-edge is as secure as we can make it. It is, like health itself, a question of balance; but there are signs of a growing awareness that the skills of Aesculapius cannot be relied on indefinitely to solve our problems without the contribution of Hygiea.

In 2013 Professor Dame Sally Davies, England's Chief Medical Officer, published a Penguin Special, *The Drugs Don't Work*, in which she highlighted the increasing problems posed by antibiotic resistance. Use in hospitals of broad-spectrum anti-bacterials had resulted in increased infection of hospital patients, particularly by *Clostridium difficile*; but Dame Sally was able to report that "the reintroduction of strong infection control measures *including handwashing* [my emphasis]" had helped dramatically reduce the number of cases and of deaths by this cause. Nevertheless, in 2016 it was recorded that the number of infections in Scottish hospitals resistant to what are considered "last-resort" antibiotics had tripled since Dame Sally's book appeared.<sup>3</sup> The fear that the "silver bullet" of antibiotics may one day soon prove ineffective must surely lead to a re-evaluation of Hygiea's importance (though equally it might have the effect of intensified searching for a new supposed panacea).

The dominance of Aesculapius over Hygiea helps to explain why positive health initiatives have tended to be the poor relation in comparison with the status that surgery, pharmaceuticals and

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<sup>2</sup> Dubos, *Mirage*, 109, 110-11.

<sup>3</sup> Sally C. Davies, *The Drugs Don't Work*, (London: Penguin, 2013), 19. The *I* newspaper, 1 June 2016, 21.

(bio)technological medicine command; so an understanding of his influence since the 1930s is essential for understanding this unequal relationship. I therefore had to familiarise myself with some of the main features of twentieth-century medical advances and the debates which they provoked; a task for which James Le Fanu's *The Rise and Fall of Modern Medicine* was a most valuable point of departure. But, as the pathologist Rudolf Virchow pointed out in the nineteenth century, individual cases are but a small part of medicine, which is primarily a social science.<sup>4</sup> I have therefore identified some of the wider social and cultural influences on the relationship between Hygiea and Aesculapius, and considered the context in which the Pioneer Health Centre was conceived and that in which it foundered.

This book expands and deepens the chapters on health in my earlier volumes of organic history, but goes well beyond them in scope. To attempt a general history of health initiatives would be a boundless project, and in order to keep it reasonably manageable I have opted to focus on the Pioneer Health Centre; the other projects (at Thornaby-on-Tees in North Yorkshire and Glenrothes in Fife) which hoped to replicate it; the Pioneer Health Centre Ltd. (PHCL), and its successor the Pioneer Health Foundation (PHF); Peter Mansfield's Templegarth Trust; and the variety of initiatives with which Trustees of the PHCL and PHF have involved themselves or in which they have shown an interest. I have also looked at some interesting initiatives which are very much in the spirit of the Peckham doctors' approach.

The Pioneer Health Centre is rightly celebrated as a remarkable project, but one sometimes feels when reading the works of its celebrants that nobody else was thinking along the same lines. Certainly, no-one else was thinking along *exactly* the same lines, and no-one else set so ambitiously about trying to establish whether health, like the various forms of sickness, has identifiable laws and can be encouraged through their systematic application. But as the healing skills of Aesculapius, thanks to the discoveries of scientific medicine, grew rapidly in effectiveness and influence, the voice of Hygiea was still to be heard: not just from unorthodox apostles of "natural health" such as Edgar Saxon, but from eugenicists (or to use a less tarnished term, advocates of social hygiene), nutritionists, and

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<sup>4</sup> Dubos, *Mirage*, 120-21.

enthusiasts for physical culture and outdoor pursuits. The PHC, despite its unique features, was one project among others, part of a broader social movement to improve the nation's health.<sup>5</sup> This does not detract from the value of its ideas and achievements; if it had been a project right out on its own, with no like-minded thinkers working along similar lines, it would have had little relevance to the problems of its time. Its significance can be more clearly seen when set in the context of other campaigns in the battle for health, and I hope to show its continuing significance through to the present day.

As with my earlier books, I must disclaim any pretensions to completeness or to writing a definitive history of the subject tackled. The Pioneer Health Centre continues to attract the interest of social historians and historians of architecture. Pyrs Gruffudd has compared and contrasted the PHC with the socialist approach of the health centre at Finsbury in North London; the German scholar David Kuchenbuch has studied the Centre as an experiment in community politics; and since starting to write this Introduction I have been contacted by a retired architect who appears intent on writing a complete history of the Peckham Experiment.<sup>6</sup> More recent movements like Healthy Cities, Healthy Villages, Healthy Living Centres and The Reader are sure to attract interest from future researchers into social and medical history.

*Realising Health* might serve as a starting-point for such investigations. It will, I hope, broaden the organic movement's knowledge and understanding of its attempts to promote the realisation of health, and it may provide encouragement through demonstrating how one of the key institutions in its history has left a legacy which continues to interest and inspire people seventy years after that institution's closure. Above all, this book places health where it really should have been in my previous two volumes of organic history: at the centre of its concerns. And not merely at the centre, but right at the beginning. Books about health issues can take

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<sup>5</sup> Pyrs Gruffudd, "Science and the Stuff of Life': Modernist Health Centres in 1930s London", in *Journal of Historical Geography*, Vol.27, No. 3, (2001), 401.

<sup>6</sup> Gruffudd, "Science". David Kuchenbuch, "A Laboratory of Anarchy? The London Pioneer Health Centre and the Experimentalisation of the Social, 1935-1950", in *Journal of Modern History* (January 2015), 480-98. E-mail communications from Justin De Syllas, February-March 2017.

a surprisingly long time before defining what the term “health” actually means. Here, in contrast, I shall devote the first chapter to examining a wide variety of the definitions and qualities which have been attributed to this elusive concept.

## 1.

# THE CONCEPT OF HEALTH (AND SICKNESS)

### *Problems of definition*

One day when I was researching at the Wellcome Trust, its library's website featured an unusual book from the end of the nineteenth century. This was *The Natural History of Healing: A New and Complete Guide to Health* by F.E. Bilz, founder and proprietor of the Bilz Sanatorium near Dresden; and because its title suggested that it was directly relevant to my investigations, I put in a request for it. Here, I hoped, might be found a thorough, and perhaps even definitive, analysis of the subject on which I had been commissioned to write a book. After all, Bilz's encyclopaedia is more than a thousand pages long: a thousand pages devoted to "health", with every conceivable ailment covered, and detailed guidance offered as to its cure. But there is just one brief section on the topic to the achievement of which the whole book is nominally devoted: "Health – care of"; health itself remains undefined.<sup>7</sup>

Bilz's work offers an extreme example of a feature sometimes to be found in books about health: they can appear rather reluctant to discuss what it actually is. For instance, the textbook *Developing Practice for Public Health and Health Promotion* by Jennie Naidoo and Jane Wills does not define the object of its concerns until page 78. In Ian Sutherland's symposium on health education, contributor Peter Baelz admits on page 20 that health is an "elusive" idea, and turns his attention to illness, considering it to be a clearer concept. Eventually, more than a hundred pages later, one of the other contributors offers a definition of health taken from René Dubos: it is "a *modus vivendi* enabling imperfect men to achieve a rewarding and not too painful existence while they cope with an imperfect world". C.F. Brockington's

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<sup>7</sup> F.E. Bilz, *The Natural Method of Healing*, (Dresden: F.E. Bilz, 1898), 593-94.