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'The core': the centre as a concept in twentieth-century British planning and architecture.

Part one: the emergence of the idea

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ABSTRACT

This is the first of a pair of articles in which we argue that what we term the 'centre-idea' was fundamental to British modernist architecture and planning thought from the mid-1940s onwards. We locate this idea's roots in the pre-1939 British voluntary sector, specifically the activities of the Peckham Experiment and the Pioneer Health Centre which housed it. We evidence its long-term influence on post-1945 architecture and planning in the invitation to the Experiment's co-creator George Scott Williamson to speak at CIAM's eighth Congress in 1951. The paper begins with a discussion of the Experiment, an architectural and urban setting which was understood to effect new forms of human relationships and subjectivity suited to a democratic, post-imperial modernity. We then consider other environments to show how this 'centre-idea' was widespread in progressive circles by the late 1930s. The paper concludes by discussing the community centre as an emerging building type increasingly supported by the state. This coming together of the British state, modernist architecture and progressive voluntarist thinking by the outbreak of war in 1939, would mean that the 'centre-idea' had a significant impact on reconstruction debates and post-war planning; the subject of our forthcoming companion article.

KEYWORDS

Modernism; planning; CIAM; MARS Group; Pioneer Health Centre; Jaqueline Tyrwhitt; J M Richards; community; democracy

In 1951, reflecting on the recent meeting of CIAM (the *Congrès Internationaux d'Architecture Moderne*), which had taken place in the Hertfordshire town of Hoddesdon, the organization's Secretary Sigfried Giedion wrote that 'no-one at the eight congresses of CIAM was listened to with greater attention than Dr George Scott Williamson'.¹ Similarly, architect H.T. Cadbury-Brown, one of the British delegates, made a particular note of Williamson's speech in his account of the event. He reported how the doctor's experience during the 1920s and 1930s of co-creating the Pioneer Health Centre in the inner London area of Peckham 'related directly' to the subject of that year's congress, which focused on 'the core ... the physical heart or nucleus of the human community ...'.² In essence, the Pioneer Health Centre offered a model for post-war planning in Britain and beyond.

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¹Giedion, "Humanisation of Urban Life," 128.

²Cadbury-Brown, "CIAM 8, Report," 63.

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CIAM was formed in 1928 and comprised national groups of modernists who came together for regular Congresses. Each of these meetings had a theme; the groups researched and prepared projects in advance. The goal was to establish and evolve an international praxis of modernism. As John Gold has noted, CIAM was unusual for an architectural organization in its consideration of town planning as integral to the purview of the contemporary architect (a position which owed much to the influence of the Swiss-French architect-urbanist Le Corbusier, one of the original members). Its founding statement, the La Sarraz Declaration (1928), for example, addressed planning in several of its articles and included an identification of the four functions of the city: dwelling, work, leisure and circulation.³

Between 1928 and 1959, when it was wound up, CIAM held 11 conferences in a progression that Giedion later characterized as from 'the cell to the city', the themes of the congresses following an increasing scale.⁴ CIAM 2 (1929) addressed the 'Minimum Dwelling' but by 1933 (CIAM 4) the focus was 'The Functional City'. Gold argues that these choices were deliberate and intended to establish the Congress's credentials for 'being concerned with urban problems'.⁵ These credentials were reinforced by publications, with the early 1940s seeing, albeit belatedly, two outcomes from CIAM 4. In 1942, the Spanish modernist, J.L. Sert's book *Can our cities survive* was published, followed in 1943 by Le Corbusier's *Athens Charter*. The emphasis on urbanism continued when Congress reconvened in 1947, by now with the prospect of seeing its members' ideas realized in the context of post-war reconstruction. British delegate Mark Hartland Thomas noted that 'building science and planning research were now well established ... CIAM members ... need only to use their personal experience to guide the work on proper lines'.⁶

Williamson's participation in CIAM 8 marked a moment of consolidation in CIAM's post-war development and thinking on urbanism since that resumption of activities in 1947. This consolidation was manifested in the handsomely produced post-Congress publication, *The Heart of the City*, which included Williamson's paper, 'The Individual and the Community', alongside other contributions that expanded approaches to the planning of the city beyond the precepts of the Athens Charter.⁷ The process had begun in wartime, primarily in the UK and the USA, and sought to augment the fundamentals of architecture, through greater consideration of the formal and affective language of architecture, what Giedion called in 1944, 'the reconquest of monumental expression'.⁸ Such shifts prompted the re-statement of CIAM's aims at the first post-war congress, held at Bridgwater, Somerset, in September 1947, as 'to work for the creation of a physical environment that will satisfy man's [*sic*] emotional and material needs and stimulate his spiritual growth'.⁹ The concerns summarized in this proclamation were worked into a more solid body of theory in CIAM's subsequent meetings at Bergamo (1949) and Hoddesdon, and can be said to have underpinned both CIAM activity, and the praxis of modernist planning and architecture more generally, in the post-war era.

Given this, Giedion's singling out of the unprecedented level of attention paid to Williamson's speech is worthy of more thoroughgoing scrutiny than it has hitherto received – not least as it allows us to illustrate a key strand in British planning and architecture, running from the 1930s

³Gold, 'Creating the Charter of Athens,' 225, 230.

⁴Giedion, *Decade of New Architecture*, 27.

⁵Gold, 'Creating the Charter of Athens,' 225.

⁶Hartland Thomas, 'Report of CIAM 6,' 10.

⁷Williamson, 'The Individual and the Community,' 30–5.

⁸Giedion, 'New Monumentality,' 27.

⁹Giedion, *Decade of New Architecture*, 6.

to the 1950s and connecting a range of building types to an overarching philosophy of urbanism. The doctor's articulation of the relationship between the individual and the community in a modern urban context – what he described as ‘the power of the architect to fix the conditions in which life and living has to take place’ – spoke directly to an audience whose calling was to design for reconstruction and to re-define the city in human terms, both spatially and socially.¹⁰ Furthermore, it was the particular conceptual synthesis made at Peckham between bodies in space and the space itself that resonated so strongly with this gathering of modernist architects and planners (Figure 1). This symbiosis was embodied in the use of the term ‘Centre’ and had as its concomitant the understanding that such Centres were active environments that enabled or facilitated life in a modern, democratic state; they also embodied a specific vision of its citizenry. As Cadbury-Brown suggested, the Pioneer Health Centre provided a concrete example of what the urban ‘core’ (or, in CIAM’s term, the ‘heart’) of the city might be and what it might effect. The planner Jaqueline Tyrwhitt had made the same point in 1945, in the first volume of the *Architects’ Year Book*: ‘the three-storey building of the Peckham Health Centre may become a free grouping of single-storey buildings interwoven with the general activities of the neighbourhood’.¹¹

The Pioneer Health Centre was home to what became known as the Peckham Experiment, and was led by the doctors Innes Pearse and George Scott Williamson. It ran (with some interruptions) from 1926 to 1950. Located deliberately in a run-down inner-urban district of London, the project sought to develop a prototypical environment – the Centre – which combined health and social facilities, in and through which the actual state of health of an artisanal working-class community could be assessed. As the results demonstrated how poor was their subjects’ general health, they then developed techniques to improve their well-being, especially as it related to reproductive health. The doctors published extensively in the hope that their focus on health and not disease would be widely emulated, along with the model of the Centre and the society it envisaged:

We hope to see this experiment spread from this Centre to other Centres, not only in London but in all England and perhaps ... in time to the whole world. We hope, by this experiment, to re-establish England as a Grade A people, and as the enlightened leader of Nations in the matter of HEALTH [*sic*].¹²

The doctors’ model of health care, preventive and funded by a weekly subscription, did not spread as they envisaged, and the post-1948 National Health Service was based on a very different model of curative medicine. Nevertheless, their concept of the interplay between environments and people, what will be called here the ‘centre-idea’, would be a profound, formative influence on the shaping of the post-war built environment, from the individual building to the city as a whole. It represents a specifically English contribution to modernist theory, something often overlooked but, as Williamson’s presence at CIAM 8 suggests (and as is traced here), it was absorbed not just into the thinking of the western architectural avant-garde, but also shaped and informed a broader progressive consensus about the purpose and nature of reconstruction that permeated the thinking of planners and architects from the 1920s onwards, becoming further consolidated during the war and in the post-war years.

At a time when suburban growth was associated by many reformers with anomie and isolation, the ‘centre-idea’ promised the re-centring of society and offered a revitalized model of urban citizenship when the opportunity to participate in the organs of democracy itself was being expanded. Thus the scheme was invoked by a wide range of contemporaries as (variously) a model of health care, a model community centre, and a focus for urban and regional renewal. It was the subject of a

¹⁰Williamson, “The Individual and the Community,” 33.

¹¹Tyrwhitt, “Town Planning,” 23.

¹²Wellcome Library, London, SA/PHC B2.10, “The Health of the English Race”; pamphlet in folder “Planning Expansion,” c. 1930.

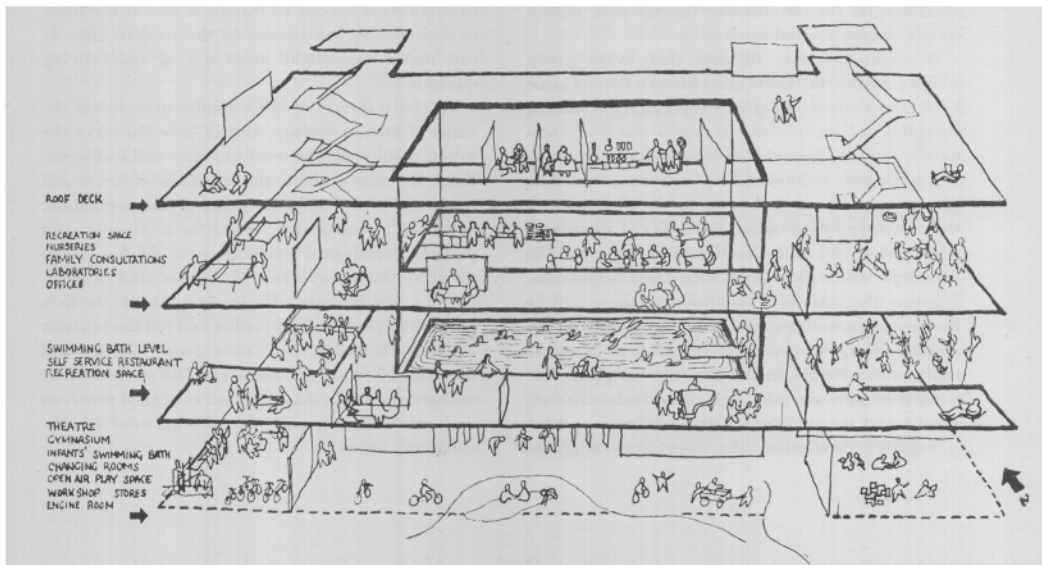


Figure 1. Sectional drawing of the Pioneer Health Centre (*Plan no 7, 23*).



Figure 2. Exterior of the Pioneer Health Centre, 1935 (Dell and Wainwright / RIBA Collections).

Central Office of Information film in 1948, and was much lamented when it closed its doors for the last time in 1950.¹³ For young planning and architecture students both before and after the war, its fusion of the social, the architectural and the technological (combined into a design of some bravura) was understood as representing the defining force of an evolving modernist urbanism (Figure 2).¹⁴ In these instances, the term 'centre' came to serve as a widely understood shorthand for a particular way of thinking about the social, the spatial and the architectural and, as rebuilding

¹³*The Centre*, written and directed by JB Holmes, produced by Paul Rotha. A Central Office of Information film made for the Foreign Office by Films of Fact Ltd.

¹⁴Fenton, "Plan: A Student Journal of Ambition and Anxiety," 188–9.

proper began in the 1950s, would be manifested in built form. An examination of the 'centre-idea' thus provides fundamental new insights into architectural and planning practice and ideas of social (and political) reform in Britain in the years around World War Two.

While there has been some discussion of links between medical science and planning in wartime, for example by Rob Bartram and Sarah Shobbrook,¹⁵ to date the links between the Peckham Experiment and the social and spatial aspects of post-war architecture and planning have only rarely been made, and few have remarked upon Williamson's presence at CIAM 8. One exception is Leonardo Marchi, who, in his 2020 study of the legacy of the heart of the city, has rightly drawn attention to the doctors' 'architectural-scientific' approach to urban re-planning and its embrace by CIAM members, concluding that 'the centre mirrored and anticipated the need for urban centralisation as a unique healthy and civic anchor'.¹⁶ David Kuchenbuch, in his 2019 study of the Pioneer Health Centre, began to make connections between the resonance of the thinking behind the Peckham Experiment (especially as it related to ideas of community building and urban planning) and CIAM's concerns. He notes that it was Jaqueline Tyrwhitt who invited Williamson to CIAM 8 at a time when the Congress was 'beginning to address "soft" anthropological and social psychological aspects of city planning' and that its members were interested in developing 'spatial settings conducive to processes of social integration'.¹⁷ However, with their focus lying elsewhere, neither author was concerned with such overlaps and did not explore them in detail, nor interrogate the term 'centre'.

In the planning literature, it is in work on Tyrwhitt that there has been the most focus on the Pioneer Health Centre. For example, Ellen Shoshkes has noted the doctors' connections with various progressive architecture and planning fora from the later 1930s through to the 1950s, including CIAM's post-war congresses, as well as the personal collaborations between Tyrwhitt and Pearse in wartime.¹⁸ Nevertheless, like Marchi and Kuchenbuch, her focus on Tyrwhitt means that she too is less concerned to interrogate the conceptual idea of the 'centre'. Furthermore, while she acknowledges British theorizing as core to modernism's evolution, she downplays the significance of the Pioneer Health Centre in that process.

Within the wider context of architectural history, the present article builds on the revisionist work of the authors and offers a new account of the 'centre' which posits the wider significance of this type and nomenclature to an understanding of mid-century planning and design.¹⁹ It also contextualizes existing studies, which have established the 'reforming' aims of these buildings and the organizations they contained.²⁰ For example, Christophe Grafe has argued that the new breed of 'cultural centre' which emerged after 1945 embodied (and enabled) new policies about the arts and society, the fulfilment of which required new architectural responses. He emphasizes that such buildings were more than a simple gathering-together of diverse uses; rather they formed a new type of institution which would be transformative, multi-functional and 'instrumental in constructing a new and more interested audience from all walks of life'.²¹ However, despite his focus on British examples, Grafe does not connect pre- and post-war theorisings of such environments either socio-spatially or formally, or at the broader scale of urban planning (as is the intention here). Meanwhile, urban historians have explored how ideas of modern citizenship informed the built environment after 1919 in a range of

¹⁵Bartram and Shobbrook, "Body Beautiful," *passim*.

¹⁶Marchi, *The Heart of the City*, 35.

¹⁷Kuchenbuch, *Pioneering Health in London*, 153–4.

¹⁸Shoshkes, *Jaqueline Tyrwhitt*, esp. Part 2.

¹⁹Darling, *Re-Forming Britain*; Fair, *Modern Playhouses*.

²⁰Saumarez Smith, "The Lost World"; Fair, "Community Centre"; Fair, *Modern Playhouses*, 9–26.

²¹Grafe, *People's Palaces*, 25.

settings, notably the conception and design of new estates of council housing.²² Such work usefully establishes the social dimension of a form of development which has long also attracted the interest of architectural and planning historians, showing how particular views of productive, democratic working-class behaviour were spatialized.²³ The focus of these studies has, however, been the neighbourhood (as a concept) and the home (as a specific kind of space within the neighbourhood), though Tom Hulme has examined the wider appropriation of the urban environment for pageants whose goal was to cement the idea of modern citizenship.²⁴ The present article joins this literature, looking beyond the home to show how the 'centre' – which could equally be part of the neighbourhood – was understood in reforming terms and perhaps had yet greater significance.

Our aim, then, is to make the case for the Pioneer Health Centre and the ideas that it embodied about space and society as a blueprint for the architectural and urban environment of the post-war Welfare State, and, indeed, a particular notion of the society that it would house. By tracing and foregrounding the journey of the centre-idea from its origins in the 1920s, this article – the first of two – will show how the term had developed a set of connotations that made it central to the architectural avant-garde's theorising by the early 1950s. Emphasis will be placed on the primary role that members of CIAM's British chapter, the MARS Group, played in this process, something much informed by the particular conditions in which a native modernism emerged and the associational networks which fostered its evolution. Such a tracing, which bears in mind Ernő Goldfinger's rejoinder – 'Let's get one thing clear: the '30s and the '40s are not separate things; they dovetail'²⁵ – also has as a goal to posit that, rather than being an ersatz variation of continental European modernist theory, already in the 1930s there was evolving in England a distinctive way of thinking about what a modernist architecture and urbanism might be. It also offers a counter-narrative to planning histories that focus on the Garden City tradition. It was this alternative tradition of thinking that allowed the MARS Group to assume its formative role in post-war CIAM and become, as Giedion observed in 1947 'the best and most active group in congress today'.²⁶

What follows is the first part of a two-part exploration of the 'centre'; the second will follow in a future issue of *Planning Perspectives*. The present article begins with a discussion of the Pioneer Health Centre itself and the creation of a particular set of social and spatial connotations linked to the term 'centre'. It then proceeds outwards to consider how the concepts embodied in the 'centre-idea' may be found in other contemporary projects and discourse; and connects these to wider concerns about the planning of a modern nation at both the urban and regional level. It shows that by 1939 the centre-idea was well embedded in progressive reform debates. The companion article will then go on to explore the wartime debate and the influence of that debate on post-1945 practice. Informed primarily by archival research, and with reference to government reports, voluntary sector publications, and the publications of the Architectural Press and of CIAM, the overall aim of these two articles is to offer a revised understanding of the forces that shaped (at the very least) British post-war architecture and planning; a discussion that also has implications for the wider study of urban society and the history of democratic participation.

²²Darling, "A Citizen as well as a Housewife"; Olechnowicz, *Working-Class Housing*; and Greenhalgh, *Reconstructing Modernity*.

²³Swenarton, *Building the New Jerusalem*.

²⁴Hulme, *After the Shock City*.

²⁵Stamp, "Conversation with Ernő Goldfinger," 23.

²⁶Cited in Mumford, *The CIAM Discourse on Urbanism*, 201.

The Pioneer Health Centre and the 'Peckham Experiment'

There is not space here to explore the origin (and often ideologically problematic nature) of the 'Peckham Experiment' in detail.²⁷ Rather the concern is to show the genesis of the distinctive 'centre-idea' that was formulated and which would go on to be embedded across progressive discourses both social and spatial, in architecture and planning. It is however important to note that what unfolded in Peckham was fundamentally eugenic, a stance which shaped how the project was conceived, where it was sited and the spaces in which it functioned. This ties the Experiment to a set of wider concerns as the British state sought to reconstruct itself after 1918; it addressed anxieties about the nation's health, the development of a full democracy, evolving international relations, and the problem of how to create a vigorous white working-class citizenry capable of keeping Britain at the forefront of an emerging post-imperial modernity.

Funded by a small group of private individuals with a particular concern about the health of the race, which they linked to the opening up of access to birth control for working-class people, and run by Pearse and Scott Williamson, the first phase of the experiment began in 1926. Their concept of a health-cum-social club was accommodated in a converted Victorian house at 142 Queen's Road, Peckham. The focus on reproductive health meant that membership was confined to families or married couples (who were understood as a family in the making). The aim was twofold: to attract local residents to join (and remain members of) the Centre, and to gather a body of data from which the doctors could ascertain the state of health of a fairly representative working-class community (not too poor, not too affluent). When these initial aims were achieved, the first Centre closed and a fund-raising campaign was launched to enable the move to bigger, purpose-built premises. Designed by the architect-engineer Owen Williams, these opened in May 1935 on a site just around the corner in St Mary's Road, Peckham.

From the start all involved were insistent that their activities were to be distinguished from contemporary medical practice and that the work had a spatial dimension. They were particularly critical of the focus on treatment in the welfare centres and clinics created by maternal and child welfare legislation in the immediate post-war years, because such centres did not differentiate between the healthy and the diseased. Their approach was to get to the newly married couple before they contemplated children and hence:

With this simple but big thought in our minds, we intend to approach parents through a new, more complete and social type of welfare centre, with the objective of securing for them: peaceful homes, happy parenthood, healthy babies, useful citizenship.²⁸

No clear statement of why the term 'centre' was chosen to describe their venture has been found. Certainly, it was already in use by the time discussions began about establishing what became the Centre. The *Oxford English Dictionary* dates to 1916 the earliest use of the term in relation to health while noting that 'the first Health Center started under that name was begun by the New York Health Committee in 1913'.²⁹ A little later, *The Lancet* reported that

With the removal of the medical officer of health from the jurisdiction of the borough council that official will need a new office in the town, with laboratories, museum, library, and lecture hall. This I call for want of a better title the future 'Health Centre' of the borough.³⁰

²⁷On this see: Darling, *Re-Forming Britain*, chapter 2; Kuchenbuch, *Pioneering Health in London*; Pearse and Scott Williamson, *Biologists in Search of Material*; and Pearse and Crocker, *The Peckham Experiment*.

²⁸Wellcome Library, SA/PHC Box 4 B1.1, "Recollections by Mrs Ewen (Iris) Montagu, n.d.

²⁹*Oxford English Dictionary*, <https://www-oed-com.ezproxy.is.ed.ac.uk/view/Entry/85020?redirectedFrom=health+centre#eid1876375> (accessed on 5 April 2022).

³⁰*The Lancet*, 29 June 1918, 922/2.

Its Peckham usage can be understood as a deliberate attempt to wrest the term from the welfare centres of which the founders so disapproved, to offer a corrective to their dysgenic tendencies and thereby to invest the term with a particular significance. Furthermore, there was the motive signalled by the linking of their work to the achievement of good citizenship and the reference to a 'big' though 'simple thought'. Such terminology connects their thinking to another existing, and again American, concept of the centre, that of the Civic Centre. This early twentieth-century planning device, influenced by the American 'City Beautiful' movement, brought together in one set of buildings the administrative and related aspects of local government and housed them in something of architectural significance both formally and spatially.³¹ In one sense, the rise of the Civic Centre therefore reflected the growth of local government in the early twentieth century: it was a multi-functional complex in which local administration could efficiently be carried out. At the same time, as Charles Mulford Robertson, Professor of Civic Design, wrote, such agglomerations were also a means to 'strengthening pride in the city and awakening a sense of community with fellow urban dwellers'.³²

For our Pioneers, it was this idea of an environment invoking or creating a sense of community, belonging and citizenship that was the primary resonant idea. The principles of agglomeration of function signalled by the term 'Centre' and allied to a particular sense of the affective qualities of the resulting environment may be seen in their approach to the design of their Centre from its inception, whether in the converted premises at Queen's Road, or later, in St Mary's Road, in an appropriately remarkable building. In keeping with their positive eugenic project, they believed that putting people in a setting to which they could respond – if they had the potential – and take responsibility for their own health was the way forward.

The idea that the Centre might not just agglomerate functions but equally connote the drawing of people in and together also underpinned the conceptualization of the Centre, lending further significance to the founders' use of this term. They linked what they called the 'devitalization' of the working classes to the anomie created by contemporary urban industrialized society: '... there is to-day, under urban conditions, *no community life*'.³³ Peckham, which contained 'a moderately good artisan population', was chosen because it was just the sort of place where the urban fabric had broken down: if not a slum area, then one with houses divided into multiple occupation (their research showed most members, despite relative affluence, lived in two rooms), where it was hard to make a 'home' and where leisure was confined to the pub and the cinema – the two bogey-men of inter-war reformers.³⁴ It was not conducive to building the networks that led, in their world view, to the formation of a functioning community. This was a matter of the gravest concern because, as its 1938 *Annual Report* observed: 'the social and cultural disintegration of the nation runs parallel to the disintegration of the family ... the family is the very smallest unit on which each and every item of social construction must be based'.³⁵

A Centre like theirs was therefore a means to re-define the city so people would wish to remain there; it was a thoroughgoing pro-urbanist project. Throughout its existence, pamphlets and publications stressed that it was working 'under existing urban conditions' and against the 'centrifugal' tendency of the present-day urban population which they caused.³⁶ As J.M. Richards, Assistant

³¹Shasore, "Architecture and the Public in Interwar Britain," Chapter 3. See also Shasore, "Southampton Civic Centre"; and Larkham, "Rise of the Civic Centre".

³²Shasore, "Architecture and the Public in Inter war Britain," 244.

³³"A Pioneer Health Centre, Peckham" by Dorrit Schlesinger, "Pilot Experiment" box 4, B1/5 ca 1925. Italics original.

³⁴Wellcome Library, SA/PHC, Pioneer Health Centre, *Annual Report*, 1926, 4.

³⁵Wellcome Library, SA/PHC, Pioneer Health Centre, *Annual Report*, 1938, 3.

³⁶Wellcome Library, box 4, B1/5, "A Pioneer Health Centre, Peckham" by Dorrit Schlesinger, "Pilot Experiment," c. 1925.

Editor at the *Architectural Review*, wrote, by creating 'a focal point at which the town as a workshop coincides with the town as community' and offering the possibility of a 'full and energetic life' it would replace the attractions of 'a suburb or garden city where some illusion can be maintained of the more civilized gentleman's existence ... or ... the cinema, and suchlike distractions from reality'. In both its locations, it therefore answered the town planner's question, 'I know where people ought to live, but how can I make them live there?'³⁷

Such concerns and principles led to the creation of a very particular form of environment, the fundamental principles of which were first developed in the existing building at Queen's Road, and then refined into a state-of-the-art expression at St Mary's Road. The physical building was one of what the doctors called their 'instruments of health'. These also included some of the healthcare (primarily the provision of birth control), and more so, particular types of amenity within the Centre: variously sewing machines, gas coppers, irons, workshops and their equipment, and later, the swimming pool, gymnasium, and particular types of movable furniture. Crucially, however, there was no compulsion to do anything, for this eugenic and disinterested space was to be benefitted from only if its user had the potential to respond to these instruments; Pearse wrote 'it is essentially a building designed to be furnished with people and with their actions'.³⁸ In the 1935 building, transparency became the particular device that would achieve this goal on the principle that 'the sight of action is an incentive to action'.³⁹ From the street view, passers-by could see in and be attracted to join. Once inside, from seeing others exercising, chatting and so forth, people would coalesce into a group and thus form a community: 'the potency of vision and propinquity [serve] as an effective invitation to access to people of all ages'.⁴⁰

It is evident that for the doctors, the building was a dynamic force. In their typically verbose prose, they described it as:

... an 'interfacial membrane' in society; an active potent surface across which material can freely pass for utilisation on both sides ... It is a locus in society from which the cultivation of the family – living cell or 'unit' of society – can proceed, and from which the family sustained in its own growth and development, can spontaneously evolve as part of a larger whole – a live organismal society.⁴¹

Central to this cultivation of the family (and hence society) was the disinterestedness of the doctors. They too might be understood as an instrument of health. They provided the regular medical, the so-called periodic overhaul, from which their data derived, directing members to medical services elsewhere for any treatment beyond the prescription of birth control (another instrument of health). Otherwise, their role was to stand and watch the way that members responded to the setting of the Centre and, if their technique worked, began to build or rebuild the family unit and join with others to form not an 'aggregation of individuals but a zone of mutuality'.⁴²

The manipulation of space was central to the Peckham Experiment. The *Annual Report* of 1936 put it thus: 'Just as the grouping of the family-member for health required a new technique, so the building was required to be of a character previously unknown'.⁴³ Although the authors of this comment (almost certainly the doctors) were referring to the St Mary's Road building, we can understand the point as applying to both of the sites in which the Experiment was conducted.

³⁷ Richards, 'Pioneer Health Centre,' 203.

³⁸ Pearse and Crocker, *Peckham Experiment*, 69.

³⁹ *Ibid.*, 126.

⁴⁰ *Ibid.*, 126.

⁴¹ Pearse and Crocker, *Peckham Experiment*, 291–2.

⁴² *Ibid.*

⁴³ Wellcome Library, SA/PHC, Pioneer Health Centre, *Annual Report*, 1938, 8.

While more ad hoc at Queen's Road, the transformation of a house into an instrument of health that incorporated consulting rooms as well as social spaces can be understood as a first exploration of what a new spatial technique might be. When this Centre was closed in 1929, it then took six years to raise sufficient funds to purchase and build the new environment that was tailor-made to the doctors' needs.

In getting to the point where they could achieve that goal the doctors were helped by a recent graduate of the Architectural Association School of Architecture (AA), a certain J.M. Richards. Purely by chance he was the person who was sent by the AA in response to the doctors' approach for assistance (their home was in Gower Street, a stone's throw from the School's premises in Bedford Square). They needed someone who could translate their ideas about their new building into a set of preliminary drawings that could be presented to prospective designers. In his memoir, Richards describes how his drawings helped the doctors see how one space might relate to another and what could be accommodated across the levels of the building. This, he recalled, was mechanical work but enjoyable because 'they were delightful people, with unorthodox ideas which I was of an age to appreciate and an enthusiasm with which I was soon infected'.⁴⁴ It would be an infection with a long legacy.

It was from these plans that the commissioned designer, Williams, worked. His scheme exploited the properties of concrete frame construction to create a free plan in which all of the dividing walls, except those in private areas, were made from glass panels. In this way, sight could inspire action. The plan was centred around a swimming pool, a key site of potential activity, and each floor nominally assigned to a specific form of culture (Figure 3). Physical culture was on the ground floor (the pool, gymnasium and nursery school); social culture – the key interface in the building as it was in the doctors' method – was on the first floor. Here, the main hall and the self-service cafeteria were key spaces for mingling and both overlooked the goings on in the pool. The top floor, for mental culture, contained workrooms (one for women to do needlework, one for men to do woodwork and shoe-mending; this was a highly gendered and profoundly heteronormative environment) as well as the consulting rooms and a further recreation space. The roof could also be used for exercise.

If the frame construction allowed clear lines of sight for the members to see and be seen, it was also the means through which Williams, otherwise constrained by a very tight budget, created his architectural effect. Materially, the building was literally outstanding on its St Mary's Road site, flanked as it was by tall terraced houses, and set back from the street line on a two-acre plot of land, fronted by a large garden. Formal interplay was made by the contrast between the two load-bearing concrete wings and the central framed block with its open ground floor and two storeys of bowed cantilevered windows. Internally, the concrete was painted but not plastered, while the mushroom columns of the central block served as striking punctuation marks throughout the space (Figure 4).

Here was a building of a character 'previously unknown'. Its opening was received positively, not least by the *Architectural Review*, which devoted 14 pages of its May 1935 issue, complemented by Dell and Wainwright's photography, to the Centre (its sister paper, the weekly *Architects' Journal*, also published a significant article on it).⁴⁵ Such extensive coverage usually signalled the *Review's* particular approval of a project and that it represented a significant development in the modernism that the *Review* was keen to promote and promulgate. More particularly, from the point of view of

⁴⁴ Richards. *Memoirs*, 88.

⁴⁵ Richards, "Pioneer Work at Peckham," 514–16.

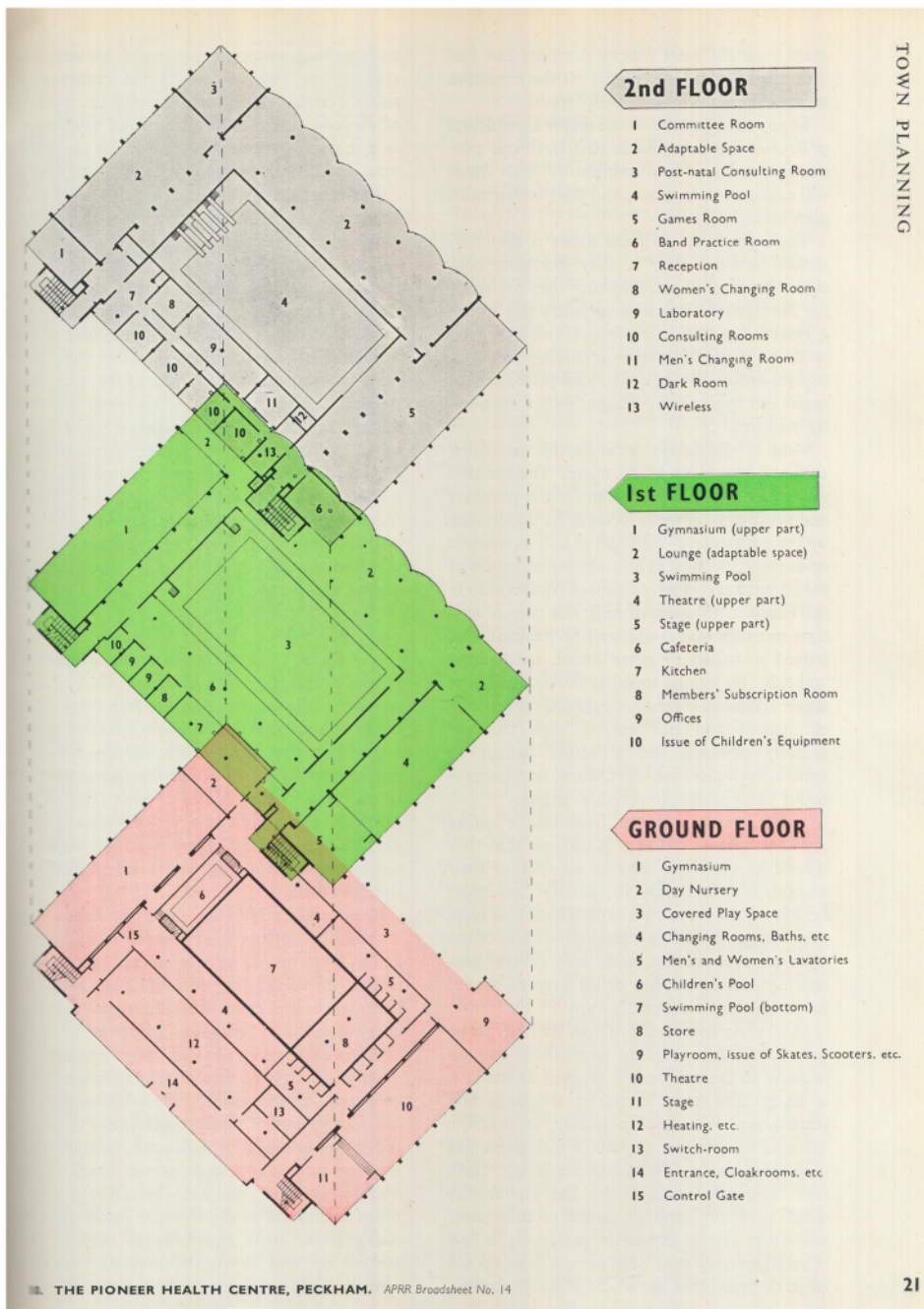


Figure 3. Plan of the Pioneer Health Centre (*Architects' Year Book 1*, 21).

this article, was the fact that the long essay 'The Idea behind the Idea' (and almost certainly the Editorial and other explanatory text), that formed a key part of the coverage, was written by J.M. Richards, who had been working for the Architectural Press since July 1933. He was also more than likely the author of the coverage in the *Journal*. The chance encounter with their



Figure 4. The Lounge and Library of the Pioneer Health Centre with views of mushroom columns, 1935 (Architectural Press Archive / RIBA Collections).

ideas, as already noted, infected Richards and now, through his position at arguably the most important channel for the mediation of progressive architectural and planning thinking in the 1930s, he was able to spread that infection further.

For Richards, the Pioneer Health Centre was important partly because it offered a model of the role of the architect within a broader progressive scene: 'the technician taking his [*sic*] place as the pioneer of social progress'.⁴⁶ Even more importantly, it represented to him a direction in which an evolving and (perhaps uniquely) English modernism might move, as the quotations already made from this text have suggested. Its determined urbanism, its promise to correct the 'centrifugal tendency' of contemporary life, its focus upon the ordinary woman and man (and their family), and concern to provide a focal point for the town were ideas that Richards went on to develop further as the 1930s progressed and, as the companion to this present article will explore, were formative to the ideas that the MARS Group, of which he went on to be a leading member, brought to the planning of the post-war CIAM congresses.

⁴⁶*Ibid.*

A progressive orthodoxy: the centre-idea expanded

Richards was one individual who took the concept of the centre-idea and grew it, but the 'centre-idea' may be found in other reformist initiatives and discourses in this period. All had implications for the design and planning of the built environment, and, it will be suggested, were informed by the project at Peckham, often because of overlaps in personnel or through associational networks. They may not always have incorporated the term 'Centre', but these too were interfacial membranes. 'Active potent surfaces', they created a dynamic interplay between the equivalent instruments of health that they housed and those who used or occupied them. The result was, in the Peckham doctors' terminology, 'a zone of mutuality' but which we might term as a wider modernist culture and a progressive consensus which had at its heart a vision of a cultured and discerning citizenry, active in its own making and that of a modern Britain both socially and spatially.

R.E. Sassoon House

A constant theme in the literature produced by the Peckham doctors and their collaborators and advocates was the poor quality of housing in which the urban working classes dwelt. This led to two problems. If their member-families returned to overcrowded and unhealthy homes, it limited the amount of impact their work could have. Furthermore, the lack of good quality housing in the city was understood as a central reason for the flight to the suburbs and further sprawl. This, in turn, led to the breaking down of the distinction between town and countryside, a situation not helped by state housing policy which had focused on the development of cottage estates on the edge of towns and cities. A reformed model of housing in combination with other new building types (such as the Centre) would help resolve the challenge that J.M. Richards articulated in his 1935 articles ('I know where people should live, how do I make them live there'). The doctors were therefore keen to link their venture with a housing scheme. An initial attempt to work with other London boroughs was made in 1932, but this failed.⁴⁷ It was another year before a genuine opportunity to forge such a relationship arose when the voluntary housing sector activist Elizabeth Denby introduced a potential benefactor to them.

Denby was a leading figure in the voluntary housing movement at this date and a keen advocate for the holistic model of housing which the sector had been developing since the early 1920s. This emphasized the need for housing to be both well-built and well-equipped and, in an echo of the doctors' reasoning, to incorporate social amenities in order to facilitate community life. Denby had been friendly with the doctors for some time and was a supporter of their aims. Eager to develop an independent career as what she called a Housing Consultant, to ally voluntarist housing praxis with a venture as progressive as the Pioneer Health Centre was an opportunity for all concerned, and one which would explore how the dwelling could be designed as an interfacial membrane.

The outcome was R.E. Sassoon House (Figure 5). Built on part of the two-acre site owned by the Centre's executive committee, it was formally opened in November 1934. Denby's proactive role in the scheme's commissioning meant that its programme followed voluntarist housing praxis closely. The flats, intended for member-families, were carefully and tightly planned, and extended by a 'family balcony' (Figure 6). Their interiors were well-equipped and the rents affordable. Amenities were (imminently) close at hand further up St Mary's Road in the form of the Centre. With its

⁴⁷Darling, *Re-Forming Britain*, 66–7.



Figure 5. R.E. Sassoon House, Peckham, 1934 (authors' collection).

completion, these two complementary environments offered an important early prototype of what Sassoon House's co-designer, Max Fry, described as constituents of a 'neighbourly and urban existence'.⁴⁸

The collaboration of Fry with Denby was significant. Fry played a central role in the institutionalization of Britain's modern movement and at this date was working with CIAM to create a British chapter, the MARS Group.⁴⁹ Together, Denby and he translated the voluntarists' new vision of the domestic and social sphere into a correspondingly new language of architecture. Sassoon

⁴⁸Fry, "Deslumping," 366.

⁴⁹Darling, "Institutionalising English Modernism," *passim*.

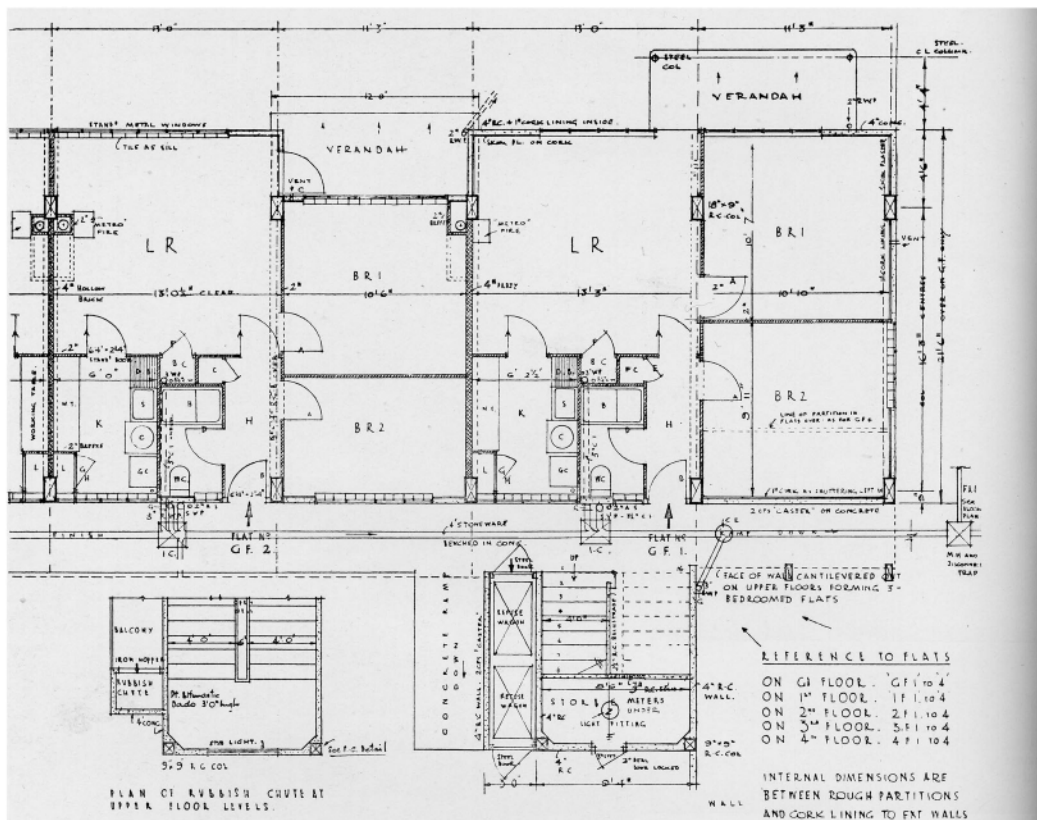


Figure 6. R.E. Sassoon House, Peckham: plan, 1934 (authors' collection).

House, like the Centre, was of a character 'previously unknown': constructed from reinforced concrete and deploying the device of the existenz-minimum plan. It represented the formation of a zone of mutuality between progressives in the voluntary housing and health sectors with those in the architectural profession, a connection that became stronger as the decade unfolded.

An urban village

The partnership between Denby and Fry was not confined to Peckham. At the same time as they were working on Sassoon House, they were also developing the project which became Kensal House (Ladbroke Grove, west London, completed November 1936). This was originally commissioned as workers' housing for the public utility society, the Gas, Light and Coke Company, but under its co-designers' influence, the scheme quickly became an expansion of the ideas essayed in Peckham and a definitive pre-war statement of the domestic environment as 'interfacial membrane'.

Described as an 'urban village' by Denby,⁵⁰ Kensal House is notable for the way in which it integrated into a spatially cohesive whole what contemporary progressive reformers understood as the 'instruments of health' which would draw out the immanent potential of residents and create

⁵⁰Denby, "Kensal House, an Urban Village," 61–4.

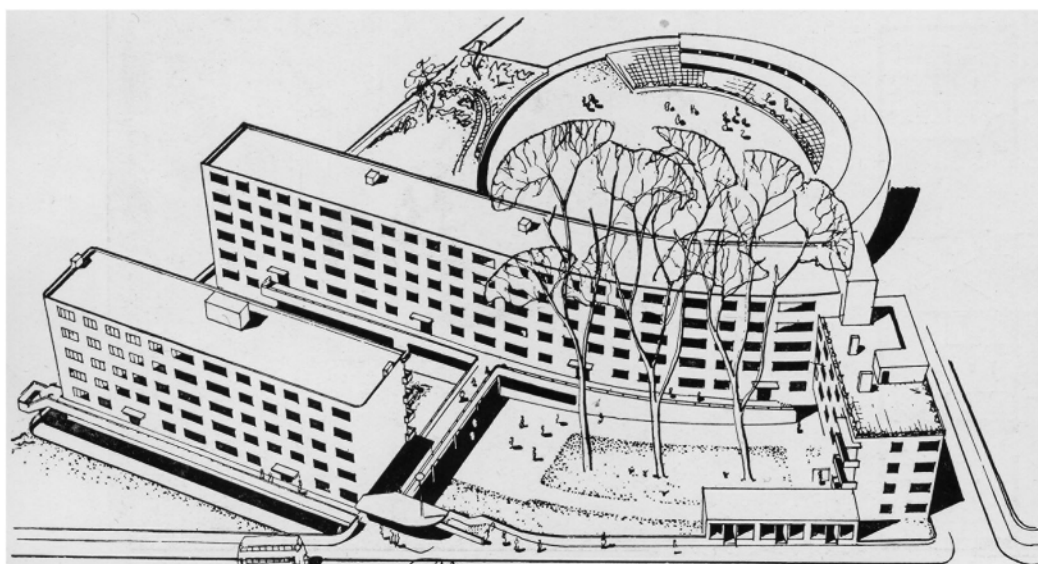


Figure 7. Perspective drawing of Kensal House, 1937 (Kensal House, a New London brochure).

modern working-class citizens. Whereas at Peckham, Sassoon House and the Health Centre were a short distance from each other, at Kensal House, buildings and amenities were all in one site, tightly bounded by the Great Western Railway to the south, the Grand Union Canal to the north, a gasholder to the west and the Grove to the east. Kensal House comprised two blocks of *existenz-minimum* flats (a more generous re-working of those at Sassoon House) each with a social club in the basement. Also on site was a purpose-built nursery school, a playground and allotments (Figure 7).

The improved material environment of the flats was understood as the first instrument that would mend the family broken by slum life. As it healed, residents' experience of the estate's other instruments of health, which, on the principle of 'the sight of action is an incentive to action' were integrated into the blocks or visible from them, enabled them to realize a collective identity. This was then augmented by perhaps the project's most innovative feature. As Denby declared in 1937, 'the spirit of the estate is that the tenants run it themselves'.⁵¹ They were given responsibility for the day-to-day management of the scheme; a strategy which situates the scheme both in the very immediate context of the rising tide of fascism in continental Europe and the slightly longer one of it being only eight years since women residents first achieved suffrage (and 18 after their husbands and adult sons). Kensal House was to be a democracy in microcosm; from child to adult it provided an active potent surface that enabled them to become active members of society. Urban – because the city needed workers – and also urbane. Another key feature of the estate was its furniture scheme which offered tenants access to affordable furniture of 'good design' through a shop that Denby had opened with another London housing association.⁵² The citizen-consumer would exercise their good taste to buy well-designed British products.

In its agglomeration of quite so many functions on one site – the only thing it lacked was a health centre – Kensal House was, as noted, perhaps the apogee of the concern to counteract the

⁵¹Denby in the film *Kensal House* (director, Frank Sainsbury; producer, The Gas, Light and Coke Company), 1937.

⁵²Darling, *Re-Forming Britain*, 146–9.

centrifugal tendencies of the day towards suburbia. It also consolidated a progressive alliance between modernist architects and social reformers. The latter did not, however, confine their concern about the impact of modernity to urban areas and we find similar anxieties expressed about rural Britain. In the case of the village college, the centre-idea, with its emphasis on new building forms that would agglomerate functions and generate new forms of association, underpinned the conceptualization of schemes intended to bring all parts of the population into a particular vision of a modern democratic Britain.

The village college

For many reformers, the lure of suburbia was not just responsible for the malaise and anomie of the urban environment but equally affected the countryside. How to maintain 'a worthy rural civilization' was therefore a problem to be addressed and one to which the educationalist, Henry Morris, whose phrase this was, directed his considerable energies from the early 1920s onwards.⁵³ In a Memorandum which he sent to members of Cambridge County Council in December 1924, he outlined both the problem and the solution. The decline of the countryside was, he declared, due to the failure to provide, at both urban and rural level, 'on a wide and imaginative scale communal facilities for every kind of cultural and recreational pursuit'.⁵⁴ The solution was the village college. Focused round a reformed vision of the educational environment, this would act as a powerful counterpull to the delights of the suburbs and work in a factory on an arterial road.

Agglomeration was core to Morris's vision. Recognizing that the individual village could not compete he argued that the first step was for the village to identify itself as part of a rural region, 'a cultural and social unit, parallel to that of the town'.⁵⁵ This new configuration would be consolidated by the building of a series of what he named the village college. Located in one village and serving both it and a cluster of encircling villages, it merged the educational – secondary education by day, and adult education by night – with the social and cultural. It thus would act as a focus for communal life and be a means to create a new collective rural identity.

Morris's Memorandum had strong overlaps with the terminology used at Peckham (and, indeed, elsewhere) both in its emphasis on multiple purpose buildings, and that his vision required something hitherto unknown. He wrote that it would be:

a building that will give the countryside a centre of reference arousing the affection and loyalty of the country child and country people and conferring a significance on their way of life. It would be a true social synthesis – it would take existing and live elements and bring them into a new and unique environment.⁵⁶

The village college was a new institution: 'simple, but many-sided, for the countryside'.⁵⁷ Its programme, therefore, was concomitantly new. Teaching spaces were required of course but not just for the day-to-day teaching of children, but in addition more flexible spaces which could serve adult learners. To function as a cultural and social centre, a hall for public purposes was required, and spaces for socializing both within and outwith the building. Morris was also insistent that they be carefully furnished with well-designed equipment and works of art displayed.

⁵³Morris, *Village College*, 29. See also a further rehearsal of these ideas in Anon (possibly Morris or J.M. Richards), "The Village College Idea," 225–6.

⁵⁴*Ibid.*, 225.

⁵⁵*Ibid.*, 226.

⁵⁶Morris, *Village College*, 26.

⁵⁷*Ibid.*, 18.

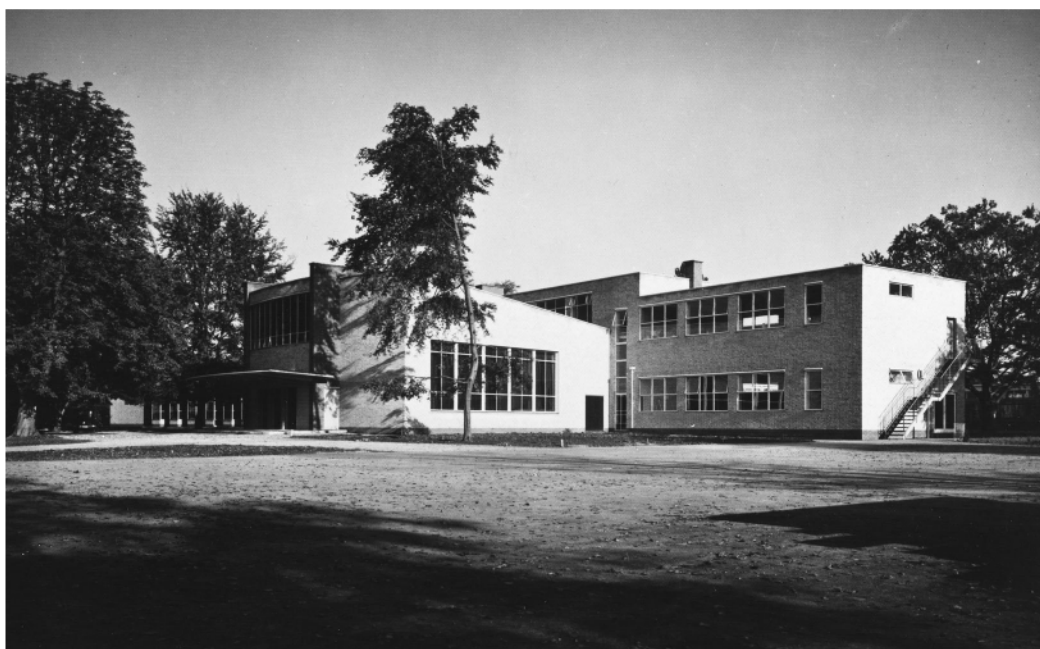


Figure 8. View of Impington Village College, Cambridgeshire, 1939 (Dell and Wainwright / RIBA Collections).

Morris was able to persuade the education authorities and in all, three village colleges were built before the outbreak of war at Sawston, Linton and Impington.⁵⁸ Impington's architecture, in particular, can be understood, like the purpose-built Pioneer Health Centre, as being of a character 'previously unknown', both in building type but also in the formal language with which this novelty of purpose was articulated. Commissioned from Fry (again), this time in partnership with Walter Gropius (and with Jack Howe as the project architect who brought the scheme to fruition), Impington is striking in its departure from the Fry office's previous adherence to reinforced concrete. Instead its primary material was stock brick, with the designers drawing heavily on eighteenth-century architecture both in materials and motifs such as the bay windows and in the invocation of the assembly hall in the combination of the fan-shaped main hall and the complementary sheltered promenade. Transparency was key: contemporary images showed the large windows folded back (Figure 8).

Like Sassoon House and the Pioneer Health Centre and Kensal House, the admixture of the social and spatial in the village college, would, as Morris wrote, 'not only be the training ground for the art of living, but the place in which life is lived, the environment of a genuine corporate life'.⁵⁹ A further overlap, especially to Denby's advocacy of intelligent consumption at Ladbroke Grove, was his emphasis on good design and art in the college interiors and through this the formation of a cultured citizenry. More broadly, Morris's project also resonated with other expositions of the 'centre-idea' to which this paper now turns.

⁵⁸Other local authorities, notably Monmouthshire, adopted the idea after 1945: National Archives, HLG 91/599, "Proposed Community Buildings."

⁵⁹Morris, *Village College*, 26.

The Building Centre

A project that developed more or less concomitantly with the Pioneer Health Centre was the Building Centre, which was opened in 1932 in premises at 158 New Bond Street, London. This brought together on one site displays of building materials (some 1000-plus manufacturers were represented) and the services of the gas and electricity industries alongside technical expert advice. Its intended audience was builders, architects and their clients as well as a lay public. As Katie Lloyd Thomas and Neal Shasore posit, its creation can be situated within a broader reconfiguration of the construction industry which hinged around the growing domination of materials manufacturers, the consolidation of building firms into major concerns and, through the Registration Acts of the 1930s, the formal professionalization of the practice of architecture.⁶⁰ This required of the industry a more public-facing, professional and expert character and, perhaps, greater cooperation between industry and profession.

The Building Centre's founding represented such a coming together. It emerged from a lunch convened by Vincent and Sidney Gluckstein, directors of Bovis Ltd, in the autumn of 1931. They had recently returned from New York, where they had seen the Architects' Sample Bureau, a commercial information service about building materials, a concept that they thought might usefully be applied to the UK. They invited a number of 'eminent builders' to discuss the idea with a group of architects which included C.H. James, Richard Atkinson (of the Office of Works) and G. Grey Wornum, who suggested they also invited Francis Yerbury, Secretary of the AA.⁶¹ The latter had been behind a similar venture at the School when, in 1928 he had encouraged his colleague, J.K. Winsor, to create a materials sample room on site; an understanding of proprietary materials being increasingly understood as part of a professional's training.⁶² By 1931 this was outgrowing its designated space and Yerbury had begun to explore ways to expand the bureau and establish it as an independent enterprise. The invitation to meet with the Glucksteins was, therefore, propitious. The outcome was the decision to found what was later described as 'a non-profit distributing educational enterprise to assist all concerned in the building industry'.⁶³

Financed by the Glucksteins, the venture was announced formally in March 1932 and opened in the New Bond Street premises in September of that year. The decision to name it the Building Centre was taken in December 1931. While Shasore suggests this can be explained as a way to distinguish it from its AA precedent, the agglomerative nature of the new enterprise as well as the way it was organized (and understood at the time) also signal strong overlaps with the idea of the Centre as it was developed at Peckham, and which suggest that in New Bond Street there was to be found a complementary 'interfacial membrane'. Like the Centre at Queen's Road, an existing building (a former gallery) was converted into a setting rich in opportunity. Separate cubicles displayed different building materials (manufacturers paid to exhibit), there was a periodicals room, an information desk, an electric model kitchen and a gas industry display as well as a Technical Enquiry Department. Crucially, however, as its publicity material emphasized, 'You cannot buy at the Building Centre, nor are you urged to buy, but you can there select what and where to buy *without importuning of any kind*.'⁶⁴

⁶⁰See Lloyd Thomas, 'This Strange Interloper,' 110–35 and Shasore, *Designs on Democracy*. We also draw here on the press cuttings files of the Building Centre, which are held in the archives of the Architectural Association School of Architecture.

⁶¹The phrase 'eminent builders' is taken from the obituary for Francis Yerbury, *The Times* 9 July 1970, 12 (who they were is not elucidated); on the meeting more generally, we draw on Shasore.

⁶²Reilly, rev. Gordon, 'Yerbury.'

⁶³Ibid.

⁶⁴Unattributed advertisement in Building Centre press cuttings book, AA archives. Authors' italics.

Thus, on arriving at the Centre, the visitor was given two guides which listed the type of exhibit and the exhibitor, and an alphabetical list of exhibitors with location codes. They also received a card on which to note products that interested them. The idea was that they, whether a client, a client with her architect, or a builder, could wander at will through the disinterested space of the Centre until something caught their eye ('the sight of action is an incentive to action'). They would then make a note of the exhibit number or, if they wished, ask for advice from one of the Technical Assistants who were available but, like the doctors at Peckham, kept their distance until needed. At the end of the visit, the card was returned to the information desk and in due course a package of brochures pertaining to the selected products was dispatched. From these the visitor could then make an educated choice about the design of their project.

So, like the Pioneer Health Centre, the Building Centre offered an environment containing the constructional equivalent of instruments of health. And, as at Peckham, the interplay between these and the Centre's visitors, in its founders' minds and that of some commentators, resulted in both a local and a greater good. In *The Listener* Paul Nash described it as a 'social enterprise', with 'its purpose to bring about a more sympathetic reach between the organised forces of supply and the scattered and bewildered masses that represent demand'. Francis Yerbury put it more elegantly: 'this is the first occasion on which architects and manufacturers have got together to do something for the mutual benefit of themselves and the public'.⁶⁵ Such framing seems not accidental. In it we see a construction industry remaking itself on technocratic lines and arguably justifying the conglomeration of capital in the appeal to the enhancement of public knowledge and, indeed, the creation of a particular type of public.

In this respect, the choice of a retail thoroughfare in Mayfair as its site was deliberate: not tucked away in some back street, but a fashionable street with a high degree of passing trade, which could be attracted in by the elaborate window displays which formed part of its design. Combined with the disinterested manner of the Centre's organization, this, as an article in the Architectural Association's *Journal* noted, and is implied in Nash's observation, would work to foster 'building consciousness' in the public.⁶⁶

The Housing Centre

If the Building Centre was concerned to foster 'building consciousness' then another Centre, located not too far from New Bond Street, had as its aim to foster what we might call 'housing consciousness'. This was the Housing Centre, founded in 1934 as a central organization concerned, as its imprimatur declared, 'to promote better housing conditions for the people of Great Britain, through organised Publicity, Information and Research'.⁶⁷ Its creation represented the culmination of a decade of increasingly collective action by the voluntary housing sector which had begun with campaigns for local and central government to address the slum problem that had gone largely untouched by post-war Housing Acts (1919–1924); individual associations also built model housing to show authorities how the problem could best be resolved. When, from 1928, government policy began to shift, partly in response to such campaigns, but it became increasingly apparent that it was local authorities that would be given primary responsibility for the provision of new

⁶⁵ AA Archives, Clippings in Building Centre press cuttings book of Yerbury writing in *The Listener* 5 October 1932 and Nash in *The Listener* 24 September 1932.

⁶⁶ AA Archives, Building Centre press cuttings book.

⁶⁷ See the Centre's annual reports and other publications.

dwellings, their approach shifted. Collective campaigning action was consolidated and channelled into reconfiguring the sector as an advisory, expert body, an early form of 'think tank'.

In conception and aim, the Housing Centre was a complement to the Building Centre and Pioneer Health Centre. This began with its nomenclature, which may have been informed by the fact that it was first housed in a pair of cottages which had been the winning entry in a competition sponsored by the Building Centre for working-class cottages, and stood on the site of Bush House on the Strand. Equally, it may also have owed not a little to shared personnel between the Housing Centre and Peckham, in the figure of Elizabeth Denby. She had played a leading role in the collectivizing impulses of the sector since 1928 and was working on Sassoon House with the doctors at the same time as the Housing Centre came to fruition.⁶⁸ During 1934, permanent premises were found for the Centre at 13, Suffolk Street. Just to the west of Trafalgar Square, and part of John Nash's Regent Street development, this house had previously been adapted as a solicitor's office. Margaret Baker, the Centre's former Director and Vice-President, recalled how this was not considered a good address at the time, but that it was 'nevertheless, good for us', not only because this kept the rent low, and it was well served by public transport, but because the street lay 'between Whitehall and the West End'.⁶⁹ From this pivotal location, it could act as a channel to policy makers for the weight of public opinion that it sought to create through its campaigns.

The Housing Centre was another 'zone of mutuality'. It brought together individual housing societies on one site, and presented a progressive front of collective endeavour against the evil of the slums: a centralized and coordinated attack. In this way, it echoed Peckham's function as a nucleus around which a community could gather. At the same time, in its primary emphasis on research and its dissemination, it developed a particular, and related sense, of the 'centre-idea'. The centre is something from which things can emanate. It has a periphery to which the exemplary can be disseminated. Like Peckham's publications, and the Building Centre's system of coded displays and information packs posted out, the transmission of (in this context) a specific set of ideas about what was an appropriate way to plan the built environment was core to what the Centre did. This was something signalled both in where it was located, the spatial organization of its interior, and the media through which its ideas were communicated. Above all, it also depended (as at Peckham and Mayfair) on a very direct correlation between the functions of such centres in a modern democratic state.

Programmatically and spatially, the Centre was to be, as a later publication put it, 'the kind of institution which can be set up in a democracy by people who want to spread what they think to be the truth'. This was not to be done by 'bully[ing] or blackmail' which 'democratic procedure' would not allow. Rather democracy gave the right to air opinion and 'to spread it by legitimate idea-machinery ... speeches, exhibitions, radios, books'. For 'idea-machinery' substitute 'instruments of health', and, as at Peckham, this was understood as concomitant with a certain level of potential within people: 'the democratic principle doesn't work for people who are without the impulse to think and learn and choose'.⁷⁰ The information the Centre presented would resonate with this impulse, and create the public opinion that demanded that better housing conditions, on the voluntarist model outlined above and rehearsed contemporaneously at Sassoon House and Kensal House, were brought into existence.

⁶⁸Darling, "To Induce Humanitarian Sentiments," *passim*.

⁶⁹Baker, "Housing Centre Trust," 161.

⁷⁰Housing Centre, *Your Inheritance*, n.p.

The architect-planner, Jocelyn Adburgham, one of the founding committee alongside Denby, was responsible for the conversion of Suffolk Street, creating a set of spaces in which, again, 'the sight of action was an incentive to action'. On the ground floor was a large entrance hall, which incorporated a bookshop. There was also a committee room. On the first floor was a large meeting and exhibition room (its walls from dado level up tiled with cork to facilitate the hanging of displays). Opening off this room was a library. The rest of the space was offices. These were to be used either by its own staff or were rented to other similar organizations, not least the Garden Cities and Town Planning Association, while Patrick Abercrombie was its first president. In this way, the Centre instigated a continuous process of agglomeration with a purpose in order to build a progressive front (or zone of mutuality) of collective endeavour against bad housing. Alongside figures like Denby and Adburgham, it proved a gathering ground for many architects and planners who would form part of the dovetailing of the 1930s and 1940s that Goldfinger recalled: people such as Judith Ledeboer and Abercrombie. It also formed strong links with the construction industry: Adburgham relied on assistance in kind from assorted building firms for the conversion (Pilkington's provided the glass shelving in the library). Moreover, by the end of the 1930s, the Centre had collaborated with the MARS Group and its offshoot ATO (the Architects and Technicians' Organization) on the anti-slum and pro-planning exhibitions called New Homes for Old that formed its contribution to the biennial Building Trades Exhibition between 1934 and 1938.⁷¹

Exhibitions were the bread and butter of the Housing Centre's 'idea-machinery'. Alongside this, it published information leaflets, a bulletin and housing bibliographies as well as developing an index card system with comparative information on new housing schemes which was held in the library (this was the work of Eugen Kauffmann, who had come to England from working on *Das Neue Frankfurt*). It also encouraged and instigated research into wider planning issues, which, like the Housing Centre itself, represented in their broad range the agglomeration of a set of complementary ideas.

The community centre

Both the Housing Centre and the village college connect to a final pre-war example, the community centre: a space which offered a synthesis of the themes we have outlined to date and related them to wider urban concerns. Indeed, in 1939, the Housing Centre commissioned an investigation into this nascent building type, which led in 1942 to a book.⁷² Morris, meanwhile, described the village college as 'the community centre of the neighbourhood', a place which would provide 'for the whole man'[sic].⁷³ The campaign for the construction of community centres had common roots with the Housing Centre's casting of housing as an active and affective social entity but, as with the village college, the community centre differed insofar as it was an actual building type rather than a prototype (unlike many of the examples discussed above). In this generalizing impulse lay its significance. For it brought together the discrete concerns of the Centres devoted to health, construction and housing and scaled them up at both urban and rural level, making them part of a wider vision of the form a modernized environment could take, and a means to Morris's 'genuine corporate life'.

⁷¹Darling, "To Induce Humanitarian Sentiments."

⁷²Stephenson and Stephenson, *Community Centres*.

⁷³Morris, *Village College*, 28.

Although such centres drew on precedents including the communal buildings constructed on such reforming housing estates as New Earswick and Port Sunlight, as well as models such as the village hall and miners' institute, the specific term, 'community centre', was nonetheless new (at least in Britain). Seemingly, it was adopted in the early 1930s and, like the centres outlined above, that term 'centre' promised modernity and efficiency, embodying ideas of a reformed, communal citizenship.⁷⁴ It was also born of a shared critique of a perceived modern urban malaise which had its origins in concerns about the cottage estates inaugurated by the Housing Acts of 1919, 1923 and 1924, and later, although perhaps to a lesser extent, the suburban estates of the speculative developer. The Tudor Walters report, which underpinned post-war housing policy, had in 1918 called for new housing estates to include institutes and clubs, but these communal buildings had gone largely unbuilt and it was this lack in provision which motivated many reformers. The National Housing and Town Planning Council, for example, articulated a number of common beliefs (and in a language that echoed the rhetoric around the 'centre-idea'):

Unless the physical reconstruction of our towns is accompanied by measures for the reconstruction of community life within their boundaries, there is grave danger that much of the good that is effected by rehousing will be undone by the absence of that social machinery which alone can give life and meaning to these new communities.⁷⁵

In the face of these concerns, the community centre would enable residents not only to engage with their neighbours in ways which countered the potential isolation of the individual suburban home, but also to shape their own leisure in ways which were a training ground for democracy. Such thinking was given particular impetus, as already noted, in the wake of the extension of the franchise after 1918, as well as the rise of totalitarian fascism elsewhere in Europe. A vocal contributor to the debates was the National Council of Social Service (NCSS, an umbrella body made from local voluntary social welfare groups). Founded in 1919, it saw engaged community as the foundation of democratic society, and sought to encourage the working class to offer civic leadership whilst also promoting the productive use of leisure time.⁷⁶

The political scientist Ernest Barker was a key figure in the NCSS, and was chair of its New Estates Community Committee (renamed the Community Centres and Associations Committee in 1937). He spoke of the need for the community to:

create a social and cultural life for itself ... instead of relying solely on the wares of the commercial conveyor of amusements. This widening of the circle of creative interests constituted a new chapter in the history of English culture – it was developing a new organ of democracy.⁷⁷

As was the case at the Pioneer Health Centre, links were made by the NCSS between rapid urbanization and perceived community breakdown:

The aim of all the efforts with which the Council has been associated is to strengthen self-reliance and comradeship in a world whose economic and social forces are tending to depress the ordinary citizen to the level of an indistinguishable unit in a vast mass, to isolate him from his neighbours, and to deprive him of the opportunities for developing his powers of initiative and judgment.⁷⁸

⁷⁴Stephenson and Stephenson, *Community Centres*, iii.

⁷⁵National Housing and Town Planning Council, *Community Centres*, 8.

⁷⁶Olechnowicz, *Working-Class Housing*, 8–10, 137–55.

⁷⁷"Social Interests on New Estates," *Times*, 10 April 1937.

⁷⁸National Records of Scotland, ED39/2, "A brief account of the work of the National Council of Social Service" [1937].

Indeed, Barker was particularly interested in what Pearse and Scott Williamson had achieved in Peckham. In his review of their 1938 publication, *Biologists in Search of Material*, he made clear parallels between their work and that of the emerging phenomenon of the community centre. He spoke positively of the Experiment because it would encourage 'the development of a common life of recreation and happy amusement ...', and described the building as 'a magnet which keeps the human material steadily attached to the Centre ... and it is itself a way of health (the positive health which comes from very happy release and action, both of body and mind)'. He was particularly taken with the device of the periodic overhaul and supervision and speculated that it might be incorporated into 'the general "community centres" which are now rising through the length and breadth of England'. He added

If the Peckham Centre, beginning as a health centre, has also become a community centre with a common life of recreation, it may be argued that centres which have begun as community centres, for the sake of a common life of recreation (in the broadest sense of the word) should also become health centres. The present movement for the encouragement of natural fitness may well encourage this development.⁷⁹

Barker made a distinction between the nature of the social aspect of the Centre, and that of community centres more generally.⁸⁰ The latter, he noted, always had a community association 'which plans and manages its activities, and thus ensures the democratic quality of such centres' whereas at Peckham there was a reliance on

a spontaneous formation of specific activity groups – that is no general democratic association rather a number of small democratic groups – but possibly as the common life of the Centre develops and attains coherence a general democratic association may ultimately emerge.

He concluded

Those who wish the Centre well will desire this consummation. In the general development of community centres (to which, after all, despite its peculiarities, the Peckham Centre belongs), the principle of democratic self-government in the general conduct of the common life is the vital and essential principle.

The building itself might in addition offer an education in taste. In December 1938, this notion was reiterated in a special issue of the *Architectural Review*, dedicated to the design of buildings for leisure. The Pioneer Health Centre featured prominently in the issue, not as an example of a building for health, but rather as a prototypical 'community centre' (and a sign of its emerging significance as a building type for the modern architect-planner).⁸¹ Moreover, the *Review* was also at pains to emphasize the quality of its architecture in comparison to other forms of community centre, noting that it 'sets a valuable standard for the planning of such buildings ... as may be developed on official lines in the future'.⁸² The architects Gordon and Flora Stephenson, authors of the Housing Centre report noted above, repeated the point in 1942:

In one or two cases, the Community Centre in its attempt to develop individuality has abandoned dignity. The buildings, particularly on the interior, look like flashy, modernistic cinemas. ... they do nothing to raise the standards of architectural appreciation among those who use the buildings.⁸³

⁷⁹Barker, "Peckham Health Centre," 7.

⁸⁰*Ibid.*

⁸¹Anon., "Community Centres."

⁸²*Ibid.*, 278.

⁸³Stephenson and Stephenson, *Community Centres*, 57.

The creation of community centres should involve a range of individuals and organizations, as the NCSS wrote in 1937: 'a successful Community Centre is established by a partnership between the statutory and the voluntary bodies'.⁸⁴ It was in that year that the Physical Training and Recreation Act allowed local authorities and voluntary bodies in England, Wales and Scotland to create and manage centres for social purposes and exercise, and not only on estates built by the housing authority, as had previously been the case. By the end of the 1930s, a sign that statutory authorities were taking an increasingly interventionist role came when the London County Council enumerated centres established by voluntary initiative in 1938 before setting about establishing its own general policy for the provision of centres, spurred on by the efforts of Ruth Dalton and Herbert Morrison.⁸⁵ In 1939 the *Scotsman* reported, in an article entitled 'a social revolution that has come to stay', that there were then nine such centres in Scotland, with 30 more planned.⁸⁶ The previous year, the same newspaper reported that there were 271 schemes for similar centres in England.⁸⁷

Nevertheless, and despite the available legislation, the building of community centres before 1939 remained largely the result of voluntary initiative alone, or the outcome of philanthropic and local authority cooperation. The voluntary ethos was in keeping with the idea that the community centre was born from a genuine impulse towards collective activity and identity and while organizations such as the NCSS favoured the continuation of such models, they did so with a firm expectation that the centres that were built showed the viability and necessity of such amenities and that local and central government should commission them as a matter of course (and from voluntary groups). That government might be attentive to a practice of exemplary campaigning, which the Peckham Experiment also pursued, is suggested by the fact that in 1939 the Ministry of Health included a model community centre in the Social Services Exhibition of the British Pavilion at the 1939 World Fair. Furthermore, in its choice of architect, Max Fry, we also see an early sign of what would become an emerging alignment of the state with the progressive-reformist wing of the British architectural profession.

Fry designed the model centre having taken advice from the NCSS. He described it as intended 'to illustrate to visitors ... this new movement in English life'.⁸⁸ Thus we might also read the commission as indicative of an emerging construct of national identity. Charting the genesis of his design, as well as the *raison d'être* for such schemes, Fry noted that he worked on the premise that the local council had used the statutory powers permitting the 'renucleation' (a very Peckham term) of existing services such that the resulting building would agglomerate health and social amenities (as well as being built and partially maintained by local government).

Although Fry noted that there was little precedent for the architectural form of a community centre 'since even its organisation is embryonic and widely variant', his design was clearly an assimilation of both his own and others' explorations of the 'centre-idea'.⁸⁹ Comprising two ranges of buildings linked at first floor level, Fry's design was, like Impington Village College, centrifugal and picturesque. As at Peckham and Impington, transparency was central to the design, with clear views into the building as one approached, and across and through the building as one made one's way around its parts. On its eastern side, and again visible from the entrance, was a

⁸⁴National Records of Scotland, ED39/2, "A brief account of the work of the National Council of Social Service" [1937].

⁸⁵London Metropolitan Archives, LCC/CL/HSG/01/046 REQ, letter from Ruth Dalton to Herbert Morrison, 28 December 1936.

⁸⁶"Scotland and the Community Centre: A Social Revolution that has Come to Stay." *Scotsman*, January 18, 1939.

⁸⁷"Social Service: Growth of Various Activities." *Scotsman*, August 10, 1938.

⁸⁸Fry, "Community Centre," 28.

⁸⁹*Ibid.*

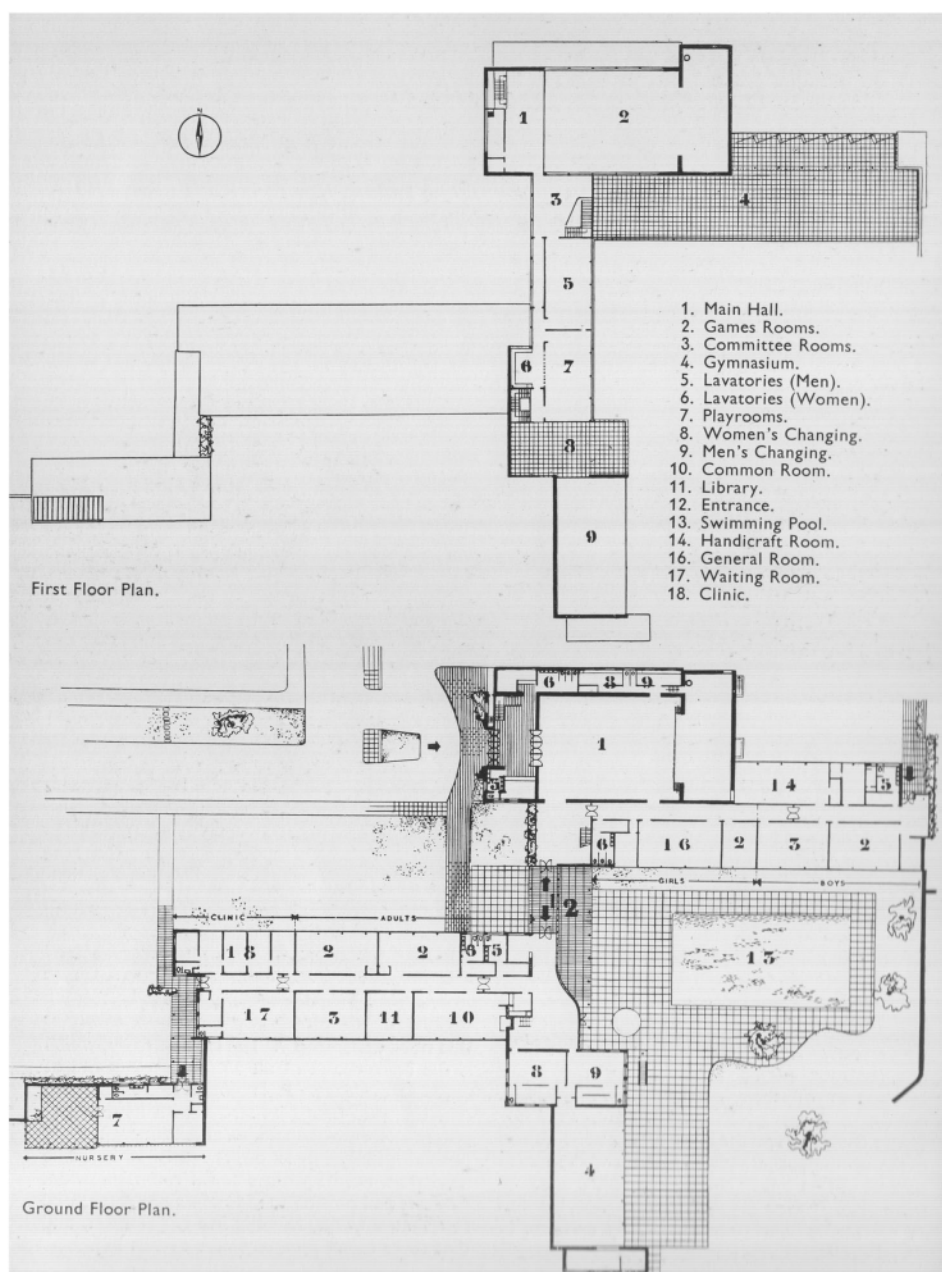


Figure 9. Model Community Centre, designed by Max Fry, 1939: plan (*Focus* 4, 26).

swimming pool; another echo of Peckham. Structurally too, this was intended as a framed structure; further enabling transparency. The overall effect, Fry declared, was 'intimate in scale and the reverse of institutional in character' (Figures 9 and 10).⁹⁰

⁹⁰*ibid.*, 29.

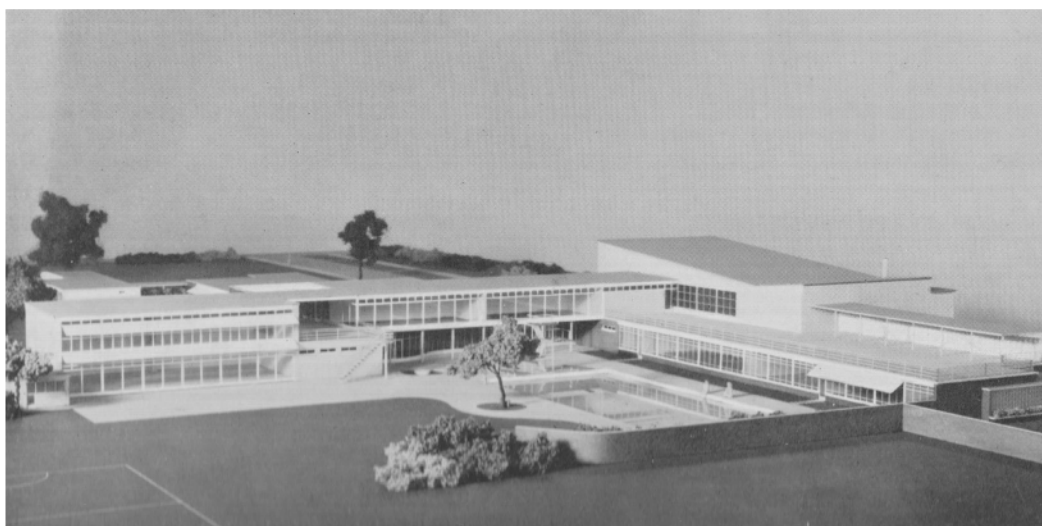


Figure 10. Model Community Centre, designed by Max Fry, 1939: model (*Focus 4*, 29).

The scheme was a ‘state of the art’ demonstration of the community centre socially, programmatically and, in particular, architecturally. Noteworthy is Fry’s use of certain motifs (transparency, walkways, the fan-shaped hall), which, as we will see, in the second part of our discussion, became something of a lexicon for post-war planners. Similarly, his choice of materials also pointed to a shift in contemporary modernist sensibilities. He wrote how ‘recent school building’ (surely Impington) was the precedent for his imaginary specification, which was for brick and light steel for the hall and gymnasium, while the bridge between their respective entrances was to be painted timber over a light steel framework.⁹¹ Such choices formed part of an ongoing shift in English modernist circles, which, informed by the socio-spatial ideas discussed above, sought a formal architectural language which was its correlate. The outbreak of war in 1939, however, meant that such developments, at least in built form, were brought to a halt.

Conclusion

This article has explored projects which were anticipatory and mainly prototypical. It has examined the ‘centre-idea’ and established its relevance to wider reforming impulses in architecture and planning. The ‘centre’ was an efficient, multi-functional place of reform; it addressed wider concerns about suburban decentralization and democratic citizenship. For the most part, the schemes which have been presented were generated by groups outside the mainstream and aimed at converting that mainstream. By the end of the 1930s, however, as Fry’s work for the Ministry of Health, and the LCC’s investigations into community centres signals, there were signs that the ‘centre-idea’ was beginning to be absorbed into the wider political discourse.

The story will be continued in a companion article in a forthcoming issue of *Planning Perspectives*. Essentially, as we will see then, wartime saw many of those who had been involved in the 1930s experiments with the ‘centre-idea’ become directly involved in plans for reconstruction.

⁹¹Ibid., 29.

They worked for local and central government in the preparation of new city and town plans, sat on government committees that explored new standards for housing, and formed new organizations to promote a national culture. The same period also saw a consolidation of impulses in progressive architectural circles in the UK, but also in the US, to develop a modernism that was a counterpoint to the strictures of the Athens Charter. It was manifested in moves to produce a formal language of modernism that was intended to be better understood by the ordinary woman and man than the *sachlich* forms of the 1920s and early 1930s. This more affective modernism was to have its spatial correlate in the understanding that it was the architect's job (with others) to create environments that enabled people to realize and have represented their innate communal and democratic impulses. The 'centre-idea' would be an important focus for all of these debates. And, reflecting the way that, as we noted at the start of this article, Jaqueline Tyrwhitt believed that the Pioneer Health Centre could be disaggregated to become a new kind of urban nucleus, the 'centre-idea' would become firmly embedded in plans for the post-war nation.

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