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'A Child of Misfortune': Eugenics and Children Reception Centres in Post-War Britain[1]

Abstract: *This article explores the enduring influence of eugenic ideas on British psychiatry and social policy in the aftermath of the Second World War, with a specific focus on the establishment of children reception centres. It provides a detailed case study of the Caldecott Community in Kent, and its involvement in the creation of an experimental reception centre, alongside members of the British Eugenics Society, notably the psychiatrists Hilda Lewis and Carlos Blacker. It demonstrates how these psychiatrists attempted to forge a link between childhood behavioural development and adult neuroses based upon environmental influences, such as adverse home conditions, coupled with assumptions about the hereditary susceptibility of behaviours and abilities linked to the causes of poverty. It explores how eugenic ideas influenced the categorisation of 'problem families' during the experiment, the collection of family and social background history on the children sent to the reception centre, and how hereditarian ideas influenced the eventual separation of children from their parents. The article demonstrates how eugenics, via a pathologisation of childhood and family life, was able to integrate into the policy debates on child welfare within early post-war Britain.*

Keywords: *Eugenics; Post-War Britain; Child Psychiatry; Social Policy; Children Reception Centres; Behavioural Development; Neuroses; Problem Families; Welfare State.*

Introduction

On Christmas Eve 1937, a girl named Nellie was born. Little else is known of her from this time – her family name, who her parents were, or where she had been born – other than that she was simply 'illegitimate'. The first 10 months of Nellie's life were spent in a nursery home, near Britain's south coast in the county of Kent. Separated from her mother, she had been taken to the nursery soon after birth by her grandmother, who paid the costs of Nellie's care and appears to have been the only family to ever visit her. Before her first birthday, she was moved to an-

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other nursery home. She remained at this home until her grandmother's death a few months before her fifth birthday. Shortly after she was adopted. Yet, the adoption was not a happy one. Those responsible for Nellie in the nursery home claimed that she had been 'pleasant and affectionate', yet soon after her adoption she is recorded to have become 'wilful', 'educationally backwards', and 'began rocking and making a noise at night, and was tomboyish during the day' (Lewis 1954: 107). Later, those in whose care she would eventually find herself would insinuate that Nellie's change in behaviour was due to her adoptive mother, who was 'chronically depressed' and was 'herself an illegitimate child who had been adopted by unkind people' (Lewis 1954: 108). Between 1946 and 1947, depression had led Nellie's adoptive mother to temporary stays in a psychiatric hospital and a series of treatment by Electroconvulsive Therapy (ECT). Unable to adapt to her new adoptive family, in 1947 Nellie ran away while staying with a friend, walking fifteen miles back to her nursery home.

A little younger than Nellie was a boy named Edward, born in Kent in winter 1939. It was reported that he lived in a 'filthy' single room with three siblings, in a house 'with a bad reputation' kept by his grandmother. When he was four years old, Edward's mother was sent to prison for neglect, 'having left the children alone for hours'. Separated from his other siblings, he and his youngest sister were sent to live with a foster-mother. Neither had any contact with their family again during this time. Edward did not adapt well to this new family and was described as 'destructive and occasionally difficult to manage'. By the age of eight, he was accused at school of stealing 'small articles' – specifically a balloon and a coin. Fearing the influence he may have on his sister, and having 'only reluctantly accepted him in the first place', his foster-mother wanted him 'removed from her home' (Lewis 1954: 138).

Also born in Kent, prior to the outbreak of the Second World War, was a boy named Robin. His early childhood had been markedly different from Nellie and Edward. Robin lived with his parents and his grandparents in an affectionate home during his early life, until the birth of his younger brother. His mother 'made a favourite' of his new younger brother, and as he grew older, Robin began to have outbursts of anger. Advised by a doctor not to 'control him', his parents grew powerless and afraid of him. Coupled with a deepening resentment, in his fits of rage Robin began to harm his brother, 'attacking him with a knife, jamming his fingers in a drawer, and finally cutting his fingers with a chopper'.

Eventually Robin was admitted to a child-guidance clinic – a form of psychiatric clinic aimed to assess and intervene in behavioural problems.[2]

Nellie, Edward, and Robin, though they had different early life experiences – their childhoods punctuated either by separation, neglect, or violence – would become three of a cohort of eventually 500 children born in Kent who would find themselves referred to the Mersham Children Reception Centre between October 1947 and July 1950. At the Mersham Centre, they would become part of a new post-war psychiatric experiment to understand the nature of 'child delinquency' and the role of 'problem families' in the causes of 'child neuroses'. This article explores through a micro-historical approach, weaved together via the fragments of Nellie, Edward, and Robin's lived experiences of the Mersham experiment, in addition to the psychiatrists who planned it, the extent to which eugenic ideas came to influence how children, often with difficult family histories, were perceived by doctors and those tasked with their care. It demonstrates how eugenic ideas about the existence of a so-called 'Social Problem Group' – a theorised hereditary class of families characterised by intergenerational poverty and health conditions – came to influence the experiences of the children at Mersham, from the original conception of the experiment to its effect on post-war discourses about the care and medical needs of vulnerable children and 'problem families'.

There is an extensive scholarly literature on the history of eugenics in Britain during the first half of the twentieth century. These have ranged from institutional histories, such as the development of the British Eugenics Society, histories of disciplines, such as demography and social policy, and transnational studies that have placed interwar eugenics in the UK within a wider international context (Jones 1982; Soloway 1995; Mazumdar 2011; Broberg Roll-Hansen 2005). An emerging area within the history of British eugenics has begun to emphasis the 'continuity' of eugenic ideas following the end of the Second World War. This has included histories of the role of eugenics in the post-war formulation of disciplines such as social medicine and social administration, its impacts on debates on social mobility and education policy reform, and the influence of eugenics on post-war British literature (Oakley 1991; Chitty 2007; Renwick 2015; Hanson 2012). Particularly prominent in the scholarship on the history of British eugenics has been the emphasis on the relationship between mental health policy in Britain and eugenic ideas

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[2] For a comprehensive historical account of the child-guidance clinics in Britain, see Stewart (2016).

within the context of the establishment of the Welfare State. This trend has been exemplified by Mathew Thomson who has demonstrated how interwar eugenic ideas continued to shape attitudes and policymaking towards 'mental deficiency' into the early post-war period (Thomson 1998). Even as the welfare reformism of the 1940s aimed to universalise access to healthcare and social services, Thomson has highlighted how those deemed 'mentally deficient' were subjected to having their experiences seen through the prism of eugenics, which often regarded them as outside of the new post-war order of 'social citizenship' that emphasised reciprocal rights and responsibilities between individuals and the state. Building upon the emerging scholarly examination of eugenics in post-war Britain, and Thomson's work on the relationship between British psychiatry and eugenics, this article demonstrates how eugenics continued to shape ideas about sections of the British population in the immediate post-period, such as so-called 'Problem Families', and how these ideas impacted the lived experiences of vulnerable groups, particularly children in need of psychiatric and residential care.

A 'Social Problem Group' Experiment

Long before Nellie, Edward, and Robin would pass through the doors at Mersham, in August 1944, four doctors drove from Oxford to the small town of Wareham, Dorset. In the car was Farquhar Buzzard, Regius Professor of Medicine at Oxford University and President of the British Medical Association, Arthur Ellis, then Director of the Medical Unit at London Hospital, Buzzard's medical secretary A. Q. Wells, and a psychiatrist from the Maudsley Hospital then under the employ of the Ministry of Health, Carlos Blacker.[3] These four men would eventually come to deeply shape the childhoods of Nellie, Edward, and Robin, and the experiment they would come to be part of. Their trip to Dorset had been planned on the suggestion of the psychiatrist, Blacker, in the hopes that, the most senior among them, Buzzard, could use his influence as Chairman of the Medical Advisory Board of the Nuffield Provincial Hospitals Trust to secure funding for a new pilot scheme: a reception centre, 'for the observation and classification of children' in need of residential and psychiatric care.

This proposal had come from an acquaintance of Blacker, the children's campaigner and suffragist Leila Rendel, who had founded the

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[3] Letter from A. Q. Wells to Carlos Blacker, d. 27 July 1994, SA/EUG/D.51, Wellcome Collection

Caldecott Community in 1911. The Community, according to Rendel, was a self-referred 'social experiment' that existed 'for the benefit of normal children with abnormal home conditions who … are in danger of growing up unstable, undesirable citizens.'[4] The founding of the Community was to address the need to provide residential care for children who were not known to either state or voluntary organisations, as they were not living in poverty, but who were identified as 'in grave danger of becoming socially maladjusted.' It aimed to change the environmental conditions of these children to prevent them becoming 'the misfits, criminals or neurotics of later years'. Based prior to 1939 at Mote House in Maidstone, Kent, the Community was forced by the aerial bombardments of the Luftwaffe across the UK to relocate to Wareham, Dorset – further west along the southern coast of Britain. The house at Wareham was very large, yet the Community had little resources to furnish it, relying on donations for everything from chairs, tables, cupboards, linen, and blankets to children's clothes both old and new. The very floors had become worn and splintered. Rendel quipped that the house may 'probably tumble down' over their heads.[5] Yet, with the close of the war imminent she feared the loss of their accommodation and reached out to Blacker with a proposal for the establishment of an 'observation centre' that she hoped would be able to secure the future of the Community.

Blacker and Rendel had first been put into contact with each other in the summer of 1943 by Arthur Ellis, on the basis that such a meeting 'might be mutually helpful'.[6] In 1937 Ellis had joined the Eugenics Society of which Blacker was the General Secretary. The Eugenics Society was a loosely formed voluntary organisation established in London in 1909 that advocated for the supposed improvement of differing human races by encouraging the reproduction of people with desirable traits and preventing those who were deemed 'unfit'.[7] Ellis was also a member of the Executive Council of the Caldecott Community. He had sent Blacker a copy of a recently published pamphlet written by Rendel, titled *The Insecure Child*, detailing her proposals for the identification of the causes and prevention of child 'delinquency'. The pamphlet referred often to the

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[4] *The Caldecott Community: A Social Experiment* (Pamphlet), dated 1936, SA/EUG/D.51, Wellcome Collection.

[5] Letter from Leila Rendel to Carlos Blacker, d. 9 September 1944, SA/EUG/D.51, Wellcome Collection.

[6] Letter from Arthur Ellis to Carlos P. Blacker, d. 30 August 1943, SA/EUG/D.51, Wellcome Collection.

[7] For details of the Eugenics Society and its founding, see Mazumdar (2011).

different ‘classes’ of children, including categories of children from ‘neurotic’ families and the effects of their environment on future ‘anti-social acts in childhood, adolescence or adult life.’[8] Children like Nellie, Edward, and Robin, were termed ‘insecure children’ by Rendel based on their ‘abnormal home’ conditions, including: ‘illegitimate’ children, whose maintenance was paid for by relatives and were often separated from their mothers; children ‘where one parent deserted the home’, due to interruptions in earning and economic difficulties or because of divorce; children from homes with ‘matrimonial difficulties’; and children with ‘neurotic parents’, or who themselves may have had a ‘chronic illness’. Rendel was keen to stress the role of family history in the causes of ‘delinquency’. However, this concern was not confined solely to assumptions about a child’s family environment, but also their family health history – of families with ‘parents who have been certified insane under the Lunacy Act, and who have returned from a Mental Hospital unfit for family responsibility’.

The pamphlet seems to have piqued Blacker’s interest, with its references to the assumed causes and management of ‘neurotic’ families. A year prior, in August 1942, he had been appointed by the Emergency Medical Services and the Chief Medical Officer of England to conduct a national survey of the UK’s psychiatric services. The original remit of the survey aimed to assess the degree of inadequacies in diagnosing, treating, and managing ‘psycho-neurotic’ conditions that could be exacerbated by the conditions of war.[9] In its early stages the survey was confined to an assessment of the ability of the psychiatric services to protect the health of the British civilian population during wartime.[10] Yet, shortly after the publication of the Beveridge Report in the winter of 1942 – with its wide ranging recommendations to overhaul British social services – provisions for the post-war management of ‘psycho-neurosis’ took on central importance to the survey.[11] This shift reflected rapidly changing wartime policy debates towards the creation of a new National Health Service, and expanded the scope of the survey to include plans for the

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[8] Leila Rendel, *The Insecure Child* (Pamphlet), undated, SA/EUG/D.51, Wellcome Collection.

[9] Letter from Francis R. Frazer to Carlos P. Blacker, d. 20 August 1942, PPCPB/E/4, Wellcome Collection.

[10] Carlos P. Blacker’s personal account ‘Completion of Neurosis Study’, 23 October 1944, PPCPB/D/5/4 Wellcome Collection.

[11] An in-depth account of this change in the survey’s focus can be found in Peace (2021), pp.158–188.

post-war training of psychiatrists and the development of new institutions in 'preventative psychiatry'. Included in this newly expanded endeavour was not only concern for child mental health, but how the prevention of 'mental infirmities' from childhood through to adulthood could be addressed among what had become known as the so-called 'Social Problem Group' – a supposedly hereditary underclass innately predisposed to poverty, criminality, 'mental deficiency', and who formed a generationally replenishing subsection of the British working class.

The idea of a 'Social Problem Group' had long been a fascination of many British proponents of eugenics across the first half of the twentieth century. The search for the existence of the group arose out of the encounter between eugenicists, demographic research into the causes of poverty, and criticism by social reformers of the Poor Law – a system established in the seventeenth century to provide relief to the poor and manage poverty. The Poor Law had evolved over the centuries, with significant reforms introduced by the Poor Law Amendment Act of 1834, which aimed to centralise and standardise the assistance provided to the poor, primarily through workhouses where those seeking relief were required to work in exchange for support. By the early twentieth century, its influence had a profound impact on ideas about the causes of poverty in the UK, as the images of 'paupers' and the stark realities of Britain's poorest communities permeated the national imagination. Arthur Morrison's *Child of the Jago* (1897) and Jack London's *The People of the Abyss* (1903) had offered unflinching portrayals of the lives of the urban poor and the systemic failures that perpetuated their suffering. In the tradition of Charles Dickens' *Oliver Twist*, London's firsthand account of life in the East End had brought to light for the reading public the everyday struggles and resilience of those living in poverty, while simultaneously critiquing the Poor Law structures that failed to support them.[12] By the early twentieth century, the prevention of poverty gripped the imagination of many British social reformers, politicians, and public intellectuals. Among them, reformers, such as Sydney and Beatrice Webb, both advocates of eugenics, played a significant role in supporting calls for the improvement of living conditions for the poor. Their work highlighted the inefficiencies and cruelties of the existing Poor Law system, particu-

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[12] For a recent and comprehensive account of the welfare state, including the intersections between the intellectual undercurrents of 'New Liberalism', the attempts to tackle poverty, and the role of the Eugenics Society in these debates, see Renwick (2017).

larly the workhouse system and its failure to alleviate poverty. Political pressure also came from within the Liberal Party, which, influenced by the growing social reform movement and the publication of Charles Booth's and Seebohm Rowntree's pioneering social surveys detailing the extent of urban poverty, began to see welfare reform not only as a moral imperative but also an electoral necessity.

It was within this intellectual ecosystem that the Eugenics Society formed a committee to undertake research on the supposed link between human heredity and the causes of intergenerational poverty. This committee consisted of several influential interwar scientists and sociologists, including the educational psychologist Cyril Burt, the mathematician and geneticist Ronald A. Fisher, the biologist and sociologist Alexander Carr-Saunders (later Director of the London School of Economics from 1937 to 1957), the Commissioner of the Board of Control for Lunacy and Mental Deficiency Ruth Francis Darwin, and later the evolutionary biologist Julian Huxley. The original remit of the research envisioned by the commission was to examine what was believed to be biological influences on 'qualities affecting social value'.[13] It was envisioned that this would be based upon a comparison of random samples of a 'pauper population' and a 'normal population' taken from several different towns and cities across the country. The hope of such imagined national surveys was to discover if there was 'any heredity in social value'; that large-scale surveys on the intergenerational causes of poverty would unveil an innate biological connection between those in receipt of Poor Law relief and their relationship to a series of seemingly arbitrary categories. These included: 'Mental Deficiency: Feeblemindedness; Imbecility; Idiocy'; 'Lunacy'; 'Criminality'; 'Epilepsy'; 'Tuberculosis'; 'Infant Mortality'; 'Blindness'; 'Deafness and Dumbness'. These loosely defined categories reflected the emerging assumption among advocates of eugenics of the existence of a hereditary underclass, identified as innately 'mentally deficient' or 'feeble minded' across generations, and for whom no policy interventions could hope to curtail the conditions of poverty affecting them apart from preventing their reproduction across generations. This group they would come to term the 'Social Problem Group'.

To a significant degree, the supposed existence of the 'Social Problem Group' was linked to a series of surveys conducted under the auspices of the Eugenics Society in the decades following the end of the First

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[13] Memo, 'Research into Social Qualities & Health of a Sample of our Population', undated, SA/EUG/C.29, Wellcome Collection.

World War. Prominent among these was a survey conducted by a relatively unknown Poor Law bureaucrat named Ernest Lidbetter. The survey conducted by Lidbetter, having had no prior training, was originally ambitious in scope, hoping to chart the existence of hereditary mental 'disorders' with a 'pauper' class based upon collecting family pedigrees and medical histories across the East End of London. The survey, hoping to demonstrate the hereditary nature of social problems, and advocating for measures such as segregation, took over two decades to complete. The results were far from convincing. After his work was published in 1933, the pedigrees collected by Lidbetter were ultimately a disappointment for those in the Eugenics Society who had pinned their hopes on his study. The promised exhaustive survey of families in the East End numbered only 26 in total after two decades of research, and were in many instances incomplete, with family members being signified as 'no particulars known' in the pedigrees (Lidbetter 1993).[14] The assessment of these pedigrees by Lidbetter also overemphasised the role of heredity, with loose collections of family histories of mental health, such as those supposedly demonstrating instances of both blindness and its link with hereditary 'mental deficiencies' that disregarded the social and environmental factors of the causes of poverty in these families (Lidbetter, 1993, pp. 23-32). In a letter from Blacker to Carr-Saunders, shortly after the publication, there was no small degree of embarrassment at the 'questionable deductions' Lidbetter had made from the material, with Blacker suggesting that any future volumes would have to be supervised more closely.[15] Yet, no future volumes on the pedigree survey would ever come from Lidbetter.

However, regardless of the embarrassment caused by Lidbetter's pedigree studies in private, Blacker remained steadfast to the idea of the 'Social Problem Group'. In a 1937 publication edited by him, titled *A Social Problem Group,* he allowed Lidbetter to contribute to the volume with a condensed version of his pedigree study that attempted to articulate a relationship between family histories of mental health conditions, hereditary patterns across generations, and the causes of poverty and 'pauperism' (Blacker 1937a: 152-161). The book's chief claim was that 'from the perspective of negative eugenics, no more important question

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[14] For a detailed analysis of the role of Lidbetter's pedigree survey within the context of interwar eugenic research on 'problem families', see Welshman (2013), pp. 79-97.

[15] Letter from Carlos Blacker to Alexander Carr-Saunders, d. 20 November 1933, SA/EUG/C.29, Wellcome Collection.

arises than whether there really exists a Social Problem Group composed of persons of inferior hereditary constitution' (Blacker 1937a: 2). For Blacker it remained one of the most important eugenic projects up until the outbreak of war in September 1939 (Blacker 1937b: 181-187). In a lecture given to a meeting of the executive committee of the National Association of Maternity and Child Welfare Centres and for the Prevention of Infant Mortality, in March 1939, brushing aside the question of whether the group existed or not, Blacker claimed that 'sifting the undesirable parents must develop through the work of various social agencies'. He encouraged those in his audience who came into contact with 'a typical social problem family' to discover 'persons with hereditary defects' within those families and 'assist (or persuade) them to avoid parenthood. He concluded that eugenicists, working in tandem with social workers, may hope to encourage parenthood only in those 'families where home conditions are good' (Blacker 1939: 91-95).

Blacker would ultimately come to articulate these ideas once more within the context of his psycho-neurosis survey at the end of the war. He believed that the post-war reform of the mental health provisions within a comprehensive and national health service should prevent the environmental and innate hereditary conditions that cause the increase of psychiatric diagnoses across the population. He contended that 'preventative psychiatric medicine' should be informed by the interplay between innate predispositions, based on heredity and family history, and environmental circumstances such as a person's place of work, behaviour, and home life. As such, his survey recommended: an increase in educational standards on the raising of children; a national policy to emphasize genetic and environmental diagnostics in the education of psychiatrists to allow for the earlier detection of 'mental defects' during childhood and adolescence; and the limitation of fertility 'of prolific and at the same time constitutionally inferior types' (Blacker 1946a: 38-39). The question for Blacker was whether children, such as Nellie, Edward, and Robin, belonged to a specific hereditary class of families; a 'Social Problem Group'. What were the differences in their backgrounds and family histories that could determine whether one child belonged to the group and if another did not? The proposals from Rendel, for the creation of an 'observation centre', appear to have struck Blacker as a potential means to avoid repeating the mistakes of the Lidbetter survey by attempting to consider the possibility of environmental factors on the causes of poverty and mental health. Yet, as will be explored below, though Blacker's ideas were able to find a way to integrate into the social reformism of the late wartime period, his post-war work from the psycho-neurosis study to the formation of the Mersham experiment would remain focused on the ‘Social Problem Group’ and the eugenic goal of identifying those who were believed to be hereditarily unfit to be parents.

Planning the Mersham Experiment

In her pamphlet *The Insecure Child* (1952), Rendel had highlighted the urgent need for educational and care reform for children within the broader policy debates of post-war reconstruction. Within this reform, she believed that the observation and categorisation of children was necessary, not only based upon their economic and social class backgrounds, but upon the varying degrees in which the ‘instability’ in their lives may affect their moral, intellectual, and physical development. She emphasised that to address this ‘instability’ there would need to be founded institutions that could support children to thrive within stable and nurturing family homes. If this could not be achieved, then institutions to support foster-parents and schools should be established so that a child’s loss of basic securities could not lead eventually to long-term psychological and social repercussions in adulthood.

Her pamphlet concluded by criticising the existing legislative and social welfare landscape in the UK, highlighting the disjointed ‘provisions for the insecure child’ and the ‘clumsy administrative machinery available’. She regretted the often ‘overlapping … element of ‘chance’ determining the fate of the insecure child’ that rose out of the labyrinthine bureaucratic structures for the protection of children. This labyrinth included: the Board of Education, charged with the residential care of children under the Education Act 1921, in addition to the maintenance of child-guidance clinics and residential schools for ‘physically defective’ and ‘mentally deficient’ children; the Home Office, who were charged with the responsibility of ‘delinquent children committed to approved schools’, children on probation and in remand homes, and those children in the care of the Local Education Authorities as a ‘fit person’; and finally, the Ministry of Health, who were charged with responsibility over ‘destitute children’ placed with foster parents, children in Poor Law workhouses, and those in Residential Public Assistance Schools (Rendel 1952: 7). A further complication was added with the expansion over the course of the late nineteenth and early twentieth centuries of voluntary organisations, such as Dr Barnardo’s Homes National Incorporated Association, the Church of England Society for Waifs and Strays, and the National Society for the Prevention of Cruelty to Children (NSPCC), in addition to varying smaller orphanages, hostels, and homes, each responsibilities of either the Ministry of Health, the Board of Education, or the Home Office.

From her experience at Caldecott, Rendel believed that children would become lost due to the ‘impossibility of placing [them] in watertight compartments’; a child’s life outcomes being dictated by the institution or government authorities into which they would arbitrarily fall. For instance, Rendel provided an illustrative example of a nine-year-old boy, anonymised as S. R., who had come into her care at the Caldecott Community via the Board of Education, under the Education Act 1921. S. R. was reported to be an ‘unstable, exhibitionist type’, accused of petty theft and beyond the control of his mother, who had been ‘deserted by her husband’ and was a ‘chronic invalid in receipt of Public Assistance’. Given his profile he could have become the responsibility of any of the three government departments. Firstly, he could have been the responsibility of the Ministry of Health, as a destitute child eligible for admittance to a Public Assistance School. On the other hand, he could have been under the Home Office, ‘being charged by his mother as beyond control’, and eligible for admittance via the Children’s Courts to an ‘approved school’. Alternatively, he could have been charged to the Board of Education, as a child ‘presenting behaviour difficulties’, who could have been admitted to a residential school under the same Education Act that had sent him to Caldecott. His arrival at the Community, Rendel reflected, was the result only of chance, that ‘fate diverted him into the particular pigeon-hole in which he finds himself’ (Rendel 1952: 8). S. R. was not alone. Children, much like Nellie, Edward, and Robin, had arrived at Caldecott from a variety of different backgrounds – some deemed as ‘illegitimate’, or ‘aggressive types’, those who could not be cared for by their parents, or those without a home who could have been sent to an orphanage – all of whom in some way could have come under the responsibility of any of the three government departments charged with the responsibility of their care (Rendel 1952: 8-9).

Looking towards a post-war future, Rendel advocated for a unified approach that required co-ordination under a single government department, ‘to facilitate the classification of the varying types of children requiring guardianship or supervision’. This process of classification would be the responsibility of newly established ‘regional observation centres’ linked to the existing child-guidance clinics. These new centres would play a crucial role in assessing a child’s needs and in determining the most suitable educational, medical, and living arrangements for them.

Rendel envisaged at this early stage a variety of new residential communities and foster homes that could cater specifically for the 'idiosyncrasies of insecure children'. In theory, the centres would, based upon a period of observation, make recommendations for which of these communities and homes could cater for an individual child, based upon their psychological and educational needs, and their social background (Rendel 1952: 9-10).

After reading Rendel's pamphlet in the late summer of 1943, and seemingly impressed by her proposed observation centres, Blacker met with her that autumn to discuss how such proposals could be implemented. He seemed eager to first clarify a few questions and probe her further on the nature of the centres. A central question was which government department could be the single 'co-ordinating' force under whose direct responsibility the centres would be. For both Blacker and Rendel this point grew to take on paramount importance during their early correspondence. Not only would confusion on this point fail to overcome the criticisms of the current system in the pamphlet – if the proposed centres were simply placed under the direct jurisdiction of the separate government departments – but that 'valuable data' on the nature and causes of the 'insecure and handicapped child' would fail to be gathered if children were once again lost within the varying institutions responsible to the three governmental departments. From the outset, Blacker's questions for clarity appear to be directly linked not only to the organisation of these proposed centres, but also the potential for the admitted children to become an experimental population from whom data on the nature and causes of their circumstances could be gathered. Early in his notes on the centre, this proposed experimental population was suggested to be characterised by the 'dull', 'twisted', 'constitutionally abnormal' and 'physically defective' children.[16]

After outlining the structural and legislative challenges posed by the current system, Rendel also emphasised the needs of children's education which appear to have resonated with Blacker's own eugenic perspective. She argued that a future system must apply a diversified approach to education that would not only cater to the individual intellectual capacities of children, but based upon psychological observation, would also manage their emotional and social development. This system would be based upon a graded intellectual classification to first identify

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[16] Blacker personal notes d. 21 September 1943 in a copy of *The Insecure Child*, SA/EUG/D.51, Wellcome Collection.

either ‘children with high mental ratios’ – based upon Intelligence Quotidian (IQ) ratios – in addition to children who were either ‘practical’ who could be given ‘technical training’, or ‘dull’, ‘backwards’, or ‘physically defective’ children in need of ‘special provisions’ (Rendel 1952: 11). These categories of intelligence classification reflected a series of underlying eugenic assumptions. They relied not only on the perceived capacities of children based upon IQ but also their potential contributions to society reflected in the types of education that should be given to them. Such considerations had permeated many of the interwar debates on the nature of the ‘Social Problem Group’, their contributions (or argued lack of) to society, and their identifiability by an innate constitutional disposition to low intelligence or ‘mental deficiency’.[17]

In November 1943, Rendel sent a revised version of her proposal to Blacker. There were several important changes in the revised proposal. Firstly, on Blacker’s suggestion, the term ‘observation centre’ was cut, changed to the benign name of ‘Children’s Reception Centre’. This change was made on the assumption that ‘mistrust and misunderstanding’ would likely arise among both relatives and the wider public about the idea of children sent to an ‘observation centre’.[18] The proposal also began to more fully engage with the organisation and structure of the centre, with additional concerns of staffing and residence, and the length of stay of children – ‘the period to be spent in the reception centre would vary from two to three days to a month or more’. This period of stay would again be determined by an initial assessment of the child, determining whether they were ‘normal’, with an aim to allocate them to a school and accommodation ‘without delay’, or whether the child was ‘mentally defective’, ‘physically defective’, had a history of ‘behavioural problems’, came from a ‘severely disturbed background’, or had arrived from ‘abnormal home conditions’, upon which the centre would require longer periods of ‘observation’. Though the name may have changed, the remit of these centres as primarily observational and data collection driven remained very much at the core of the proposal and would continue to do so.

The revisions of this proposal continued through to May of the following year. By the summer of 1944, one of the major additions to the

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[17] For extensive accounts of the role of intelligence testing had on eugenic ideas see, Gould (1996).

[18] Memo, ‘Regional Observation Centres’, d. November 1943, SA/EUG/D.51, Wellcome Collection.

proposed reception centres was the integration of a psychiatrist, educational psychologist, and psychiatric social workers. The integration of psychiatric workers appears to reflect a considerable shift towards viewing the reception centres as central locations for the coordination of proposed large-scale data collection on ‘insecure children’. These new additions included proposals for the work of the psychiatric staff to be guided by the collection of ‘data on the economic and psychological factors which make for broken homes’ and to record ‘intensive studies of each child’, complemented with ‘full investigations of his previous history, family and social environment’. This would be further supplemented by the collection of data on the ‘methods and organisations of all local ‘Homes’, children’s institutions and foster homes receiving children from the Reception Centre’.[19] By the May 1944 version of the memorandum, Blacker appears to have been convinced by the proposal, and suggested to Rendel that they should approach Farquhar Buzzard and Arthur Ellis, who were known to meet together frequently in the Senior Common Room at Oxford University’s Christ Church College, to enquire whether the proposed centres were eligible to receive a grant from the Nuffield Foundation.[20]

In his letters to both Ellis and Buzzard, Blacker stated that during the course of his Neurosis survey, he would like to see a children reception centre integrated into each regional psychiatric service for a regional population of one million people.[21] He was quick to say to each that the original idea of the proposed centres started with Rendel, and that his adoption of the organisation into his survey was inspired by her proposal. He suggested that both he and Rendel would like to first pilot an experimental version of the children reception centres through the Caldecott Community – stating that ‘Miss Rendel … is in my opinion an extremely intelligent and able woman who would carry out the proposed new tasks as well as, or better than, anybody else that I know.’ He argued that the experiment would yield results of psychiatric, paediatric, and sociological value, and as such queried whether such a scheme would be eligible for financial support through the Medical Advisory Committee of the Nuffield Foundation.

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[19] Memo, ‘Notes on a scheme to widen the present foundation and increase the work of the Caldecott Community’, d. May 1944, SA/EUG/D.51, Wellcome Collection.

[20] Letter from Carlos Blacker to Leila Rendel, d. 19 May 1944, SA/EUG/D.51, Wellcome Collection.

[21] Letter form Carlos Blacker to Farquhar Buzzard, d. 24 May 1944, SA/EUG/D.51, Wellcome Collection.

After waiting nearly two months for a reply, Buzzard's medical secretary, A. Q. Wells, a physician with Oxford University's School of Pathology, contacted Blacker. Though apologetic for the delay, it seems that Buzzard was impressed by the proposal and was keen to start discussions with the Medical Advisory Committee as soon as possible. He requested that Blacker send to Wells as soon as possible his views on 'how best to present the matter.'[22] However, Blacker was hesitant to reply. Though he had been in contact with Rendel for nearly a year, working together to refine the proposed reception centres, he had never visited the Caldecott Community, and had no first-hand knowledge of its activities.[23] Nonetheless, Buzzard remained keen to press on with the proposal. A few days later Wells contacted Blacker again requesting that he join both himself, Buzzard, and Arthur Ellis by car to visit Rendel.

Their trip seems to have been a success. Soon after the visit Wells contacted Rendel directly, not only stating that he had enjoyed the visit to Hyde Heath and the opportunity to witness the work of the Caldecott Community, but to also provide advice on preparing a proposal to fund the experimental reception centre.[24] He was keen to express that the proposal should explicitly tie the work of the Community, both present and in the proposed centre, to the 'problems of Social Medicine'. The suggestion reflected the broader discussion currently being had between the University of Oxford and the Nuffield Foundation about the future role of medicine both at the university and under proposals for a newly formed national health service in the wake of the Beveridge Report. The seeds of these discussions dated back to 1937, when Lord Nuffield donated £2 million to the university as an endowment to support medical research.[25] As early as 1939 it was felt by members of the university's Hebdomadal Council and members of the University's Medical Advisory Committee that some of the funds should be used to institute a new Chair of Social Medicine, with the aim of conducting teaching and research on preventative medicine. However, at this early stage 'Social Medicine' was only vaguely defined. Its meaning and scope and its relationship to the teaching of clinical medicine, surgery, and specialist subjects, such as psychia-

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[22] Letter from A. Q. Wells to Carlos Blacker, d. 20 July 1944, SA/EUG/D.51, Wellcome Collection.

[23] Letter from Carlos Blacker to A. Q. Wells, d. 24 July 1944, SA/EUG/D.51, Wellcome Collection.

[24] Letter from A. Q. Wells to Leila Rendel, d. undated, SA/EUG/D.51, Wellcome Collection.

[25] UR6/MD/13/10 File 4, Bodleian Library, University of Oxford.

try and psychology, was disputed among both the administrative staff and doctors at the university. Yet, in support of Oxford's plan, in the Autumn of 1941, Buzzard outlined a proposed framework for the Social Medicine, and the prevention of disease under a new nationalised health service (Buzzard 1941). The chief aim of this new programme would be to identify and determine the sources of disease and disability by investigating 'the influence of social, genetic, environmental, and domestic factors' on human disease (Buzzard 1941: 703). Such a scope would encompass areas as diverse 'as heredity, nutrition, climate, and occupation … the part played by individual and mass psychology'. Buzzard believed that if the scope of this enquiry was successful 'we should see grow up an increasingly healthy and capable race and one much less dependent on the help of remedial medicine for its fitness and survival'. As he argued, central to this research would be the collection of data on the relationship between the social environment, physiology, the demographic distribution of disease and disability, and 'its bearing on eugenics' (Buzzard 1941: 704).

Working alongside Ellis, the changes to the proposed reception centres to coincide with this new shift towards Social Medicine by both Oxford and the Nuffield Foundation were only minimal, with slight changes to phraseology. According to Blacker all the outlined activities of the centre 'have an obvious bearing on social medicine' – particularly in the proposal's emphasis on the interconnected nature of social conditions and their impact on medical outcomes in the context of child welfare and psychiatric care.[26] Yet, another hurdle to the proposal remained. As they had noted back during their first meeting in October 1943, they still had to outline on a firmer basis which local authority or group of authorities they were going to work with; either the Board of Education, the Home Office, or the Ministry of Health, or some new organisation encompassing the responsibilities of all three. For Wells, the question of whether the authorities would work with them, giving them 'directive powers' over the assessment and recommendations of children, remained. Though he did not wish to appear sceptical, Wells still believed that if the Nuffield Foundation were to take seriously the reception centre as a practical proposition, it must be clear on whether 'the local authori-

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[26] Letter from Carlos Blacker to Leila Rendel, d. 29 August 1944, SA/EUG/D.51, Wellcome Collection.

ties were prepared to play'.[27] Yet, this would not remain an issue for long. In September, Rendel travelled from Dorset to Kent for a meeting with the Chief Public Assistance Officer for Kent – the official responsible for the administration of welfare provisions to families and children in the south-eastern county. The Chief Officer, as was reported by Rendel, was keen to support the centre, stating that if they were to set up the new centre in Kent the local authority 'could make full use' of the facilities, stressing that the centre 'not undertake any London children before you give us precedence!'[28]

With both the support of the Kent local authority and the integration of Wells' suggestion to link the reception centre experiment to the project of Social Medicine., Blacker and Rendel approached the Nuffield Foundation with their proposal. In December 1944, Ellis presented the proposal to the Medical Advisory Council of the Nuffield Regional Hospital Trust, with Blacker's support.[29] The proposal was received with 'much sympathy', and eventually received the financial support that would allow them to begin the experimental programme. What followed was a near two-year period of planning and negotiation with the Kent County Council on the children who would be sent by the local authority to the experimental reception centre. It would not be until the end of January 1947, that the County Medical Officer and the Kent Education Committee would confirm that the number of children likely to be admitted to the centre would be approximately thirty to forty in a year. Based upon the children who had been identified in the previous year from September 1945 to August 1946 who were the responsibility of the local authority, the children would be from the local urban areas, admitted from the towns and cities of the region, including Maidstone, Dartford, Broadstairs, Dover, Chatham, Ashford, and Tunbridge Wells, with a mixed age range from as early as 2 months to 13 years old. These children represented some of the most difficult cases brought to the attention of the Kent County Council, including instances of separation from parents admitted to mental hospitals and 'mental deficiency colonies', those

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[27] Letter from A. Q. Wells to Leila Rendel, undated, SA/EUG/D.51, Wellcome Collection.

[28] Letter from Leila Rendel to Carlos Blacker, d. 9 September 1944, SA/EUG/D.51, Wellcome Collection.

[29] Letter from Carlos Blacker to Leila Rendel, d. 4 December 1944, SA/EUG/D.51, Wellcome Collection.

who had been left homeless or had been deserted by their parents, or with parents who were unable to care for them.[30]

The first meeting of the Reception Advisory Committee would not be held until February 1947, hosted in the Library of the Eugenics Society, 69 Eccleston Square, London.[31] This committee included Blacker as its Chairman, Rendel and her longstanding collaborator Ethel Davies as Honorary Directors, Arthur Ellis, the psychiatrist and Maudsley colleague of Blacker, Aubrey Lewis, the paediatrician and Nuffield Chair of Child Health at University London, Alan Moncrieff, and the physiologist and Principal of Somerville College, Oxford, Janet Vaughan. The first task of this committee was to appoint a psychiatrist for the experiment. The choice, recommended by Blacker, was the psychiatrist Hilda Lewis. She was a close friend of Blacker, alongside her husband Aubrey Lewis, both affectionately referring to Blacker in correspondence with him by the nickname 'Pip'. Both were also active with the Eugenics Society, particularly Aubrey Lewis who was made a Fellow of the Society in 1937. Hilda Lewis would become a Fellow in 1957, joining as a member of the Society's Council until her death in 1966. Curiously, Blacker's suggestion that Hilda Lewis takes on the responsibilities as psychiatrist for the experimental centre was not based in the first instance on her expertise but rather that she was 'a mother of four children'.[32]

The Mersham Experiment

In 1947, the Caldecott Community left their accommodation in Wareham, Dorset, to take up residence in their new home, near the town of Ashford, in a large country house named Mersham-le-Hatch surrounded by large parklands and gardens. When children, such as Nellie, Edward, and Robin arrived at the Centre, they were often in the company of either their parents, a welfare officer into whose charge they had been placed, or if they had been sent by a court, by a police officer (Lewis, 1954, p. 3). When Nellie was admitted to Mersham in May 1948, at ten years old, she was frightened, particularly 'at having to leave her adoptive father'. It seems that this was not uncommon. Lewis notes that many of the children who arrived were 'disconsolate'. It was the role of the

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[30] Kent County Council, Public Assistance Department, memo 'Children admitted to Public Assistance Establishments', SA/EUG/D.51, Wellcome Collection.

[31] Letter from Leila Rendel to Carlos Blacker, d. 30 January 1947, SA/EUG/D.51, Wellcome Collection.

[32] Letter from Carlos Blacker to Leila Rendel, 6 June 1947, SA/EUG/D.51, Wellcome Collection.

warden, Miss F. Fretter, to settle them, explain why they were at the centre, and try to give explanations to their questions. If their parents accompanied them, they would be interviewed to gather as much data as possible on the child's history and background. All prior personal background would be collected at admission, including questions of the child's 'legitimacy', whether they had experienced adoption, their position in the family (in which order they had been born), if they had ever been separated prior from their parents, and their health and education history. Yet, this was to be the very beginning of the data collected. From the moment of their first entry, the children were to be observed by the warden of the Community, her assistants, the matron, and the teachers. This included a daily record of each child, keeping track of sleeping patterns, diet, routine habits, their behaviour when playing by themselves and with others, their attitude towards school, and their 'social and emotional responses' (Lewis 1954: 4). It took Nellie about two weeks to settle into her new surroundings at Mersham, after which she is recorded as becoming more 'composed', eating regular meals, playing with the other children, and responding 'pleasantly to adults' (Lewis 1954: 107).

The entries made in these initial weeks by the warden and her staff at the centre, particularly on the social and emotional responses of the children, were 'copious' and provided what would become the main material used in the comprehensive reviews of each child's condition and behaviour towards the end of their observation. For instance, the types of data collected on the social and emotional responses of the children would pay particular attention to instances of aggressive behaviour. After admission to the centre, Edward was recorded to be 'restless, talkative, babyish, and quarrelsome'. His time settling into the Community seems to have taken longer than Nellie. This may have been exacerbated by the presence of his older brother, also under care with the Centre, whom he had not had contact with since his separation from his mother and siblings over four years prior. The staff at Caldecott were attentive to recording his interactions with his brother, who Edward is said to have admired 'intensely', yet also fought with him to such an extent that they were eventually separated and 'could not be kept together' (Lewis 1954: 138). This was an experience similar to a number of the children who were admitted to Caldecott demonstrating 'severe disturbances of behaviour' (Lewis 1954: 44, 68-69). Lewis notes that among this group – 37 children in total – their social responses were marked by 'quarrelsomeness', 'constantly at war with the other children', where school became for them 'a battleground' (Lewis 1954: 69).

In addition to the psychological profiles made using observations of the social and behavioural responses, the children also underwent a battery of psychological evaluations, under the supervision of the psychologists attached to the experiment, Lucy G. Fildes and H. J. Schleicher.[33] Typically, these would begin after the first week and included a variety of tests, such as: the revised Stanford-Binet to assess intellectual and cognitive ability, i.e. IQ; Merrill-Palmer scales, a developmental abilities assessment focusing on cognitive, language, and motor skills; Gesell's developmental norms, to assess physical and neurological growth patterns; Goodenough's figure drawing test, to examine intellectual maturity and IQ based on drawings of people; Burt's educational attainments, based upon the eugenicist Cyril Burt's test to use reading and arithmetic skills to predict future academic achievement levels; Raven's progressive matrices, to examine abstract reasoning and problem solving ability via non-verbal tests; and Koh's blocks, a spatial intelligence test that used block patterns to assess creativity and spatial reasoning. Alongside these tests, the children were interviewed by Lewis with the purpose of assessing the child's personality based upon their own personal narratives of their situation and family life. This process was expressly aimed to discover any 'neurotic' patterns or signs of distress within the child's family relationships, school experiences, or broader social interactions. Crucially, these sessions sought to understand the child's rational world – in the hope to understand who the key figures of attachment in their lives were, particularly their relationship to their mother, and the impact of such separations.

Among some of the children, these tests would go even further. After his admission into the Community from a child-guidance clinic, Robin began approaching 'strangers' in the centre with 'demands to be lifted up and caressed'. His behaviour and temperament were also closely followed, and he was tested and found to be of average intelligence but 'emotionally unstable'. During the first three weeks at the centre, he was followed closely and was recorded as seemingly 'strained and preoccupied', acting emotionally much younger than his age with an inability to care for himself. He would attack some of the other younger children and

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[33] Lucy Fildes was an influential figure in the history of the British child guidance movement during the interwar period and had undertaken numerous experiments on child intelligence and education prior to the Second World War. For more information on Fildes' work on child guidance see, Stewart (2009). For details on Fildes experiments on child intelligence see, Fildes (1923; 1925). For details on Fildes views regarding the post-war necessity of child psychiatric residential care see, Fildes (1944).

was recorded to have been found cutting up frogs and insects. Under the assumption that his behaviour may be inherited due to a family history of epilepsy, he was administered an electroencephalogram test which showed neither ‘epileptic tendency’ nor ‘cerebral damage’ (Fildes 1944: 144).

Among the children undertaking these tests, particular attention was paid to a group of children who were categorised as belonging to ‘problem families’. This group took on a particularly important role within the experiment. At the close of the war, two years prior to the start of the Caldecott experiment, Blacker had begun to root the idea of the ‘problem family’ within the categories that marked the supposed ‘Social Problem Group’. These categories encompassed a wide range of ‘social problems’, from juvenile delinquency and neglect to physical uncleanliness and intergenerational dependency on public assistance. These characteristics, argued Blacker, were markers of a segment of the British working class who were characterised by supposedly social and biological deficiencies, including ‘mental defect’, ‘retardation’, and a behavioural tendency towards crime and recidivism (Blacker 1946b: 118, 123). Such ‘problem families’ were thus, not only identifiable by the conditions of poverty in which they lived, but were also characterised by their potential ‘eugenic value’. They were a supposedly clearly demarcated group, deemed incapable of producing and caring for their children, who were ‘undesirable’ due to their failures to provide a ‘happy and healthy home’. The emphasis on the eugenic value of the parents in this group – assessed both indirectly through the quality of their home environment and directly through the perceived qualities of their children – reflected the eugenic reasoning that had permeated the earlier interwar debate on the existence of the ‘Social Problem Group’. Blacker was emphasising the same position he had held prior to 1939, that parents who raised children in poor living conditions represented a ‘eugenically undesirable type’, linking ideas that pathologized the family home to the hereditability of the conditions of poverty and undesirable ‘qualities’.

Within the Caldecott experiment, the focus on the ‘problem family’ permeated the data collected on children specifically removed from their homes due to neglect and squalor. This attention to ‘problem families’ directed data which supposedly characterised the group, including whether the family was large, instances of intergenerational mental and physical disabilities in both the children and parents, and periods of unemployment and imprisonment within the family. Many of the children who fell into this category were from ‘low social class’, with 73 per cent.

falling into the Registrar General's social class category V – with parents in casual non-skilled labour or were unemployed. The size of these 'problem families' were found to be larger than the wider British population and the other groups admitted to Caldecott. The concerns to record family size echoed a much older concern among eugenicists about the relative birth-rate difference between this group compared to the rest of the population (Blacker 1937a: 120). Moreover, the children from these families, many of whom were admitted with their siblings as part of their wholesale removal from their homes, were tested for familial patterns of intelligence. Significant numbers of these children were characterised as 'dull' during their psychological testing. However, as recorded by Lewis, in many instances these scores could not be disassociated from the socio-economic conditions that had interrupted their education and did not reveal anything about the theoretical hereditability of intelligence among the group as a particular characteristic or identifier.

The individual stories of these families often defied the standardised eugenic reasoning that attempted to categorise them as a heterogenous bloc. Sixty-six 'problem families' were sent to Caldecott during the reception centre experiment; in total, 141 children. An example, as Lewis referenced a 'large problem family' admitted to Caldecott in 1947. At the request of the NSPCC, five siblings, Carol (9 years old), Stephen (7 years old), Ethel (6 years old), Bill (5 years old), and Sam (3 years old), were taken from their home together – a 'dirty ill-furnished hop-picker's hut' – on grounds of neglect. Their parents were categorised under the typical criteria that had come to identify the 'Social Problem Group' – their father being a farm labourer who was unemployed, 'who took life comfortably and wandered from job to job', and their mother being recorded as a 'dull, shiftless woman' (Lewis 1954: 154). The background collected at admission recorded that the family had never stayed in a single accommodation for any long period of time, travelling between a number of farm huts depending on the father's work. From 1943 onwards, the family grew quickly and needed public assistance. Shortly before their admittance to Caldecott, the family was destitute and the children no longer attended school. Yet, the family were deeply attached to each other; upon being offered temporary accommodation, the parents refused for fear they would be separated from their children. The children were fond of each other, and particularly 'devoted' to their father; they were also 'independent and capable at practical tasks'. However, the major concern of Lewis was that all the children were 'educationally backward', due to the interruption of their education by the conditions of poverty in which they lived. However, when each of the children were given the Stanford-Binet IQ test, they were 'found to be of average ability', except for one.

As this example shows, there were substantial issues with the conceptualisation and use of the 'Social Problem Group' and 'problem family' categories of identification. In this instance, the categories used to define the children and their parents as a 'problem family' reflected more the assumptions held against migratory workers and the unemployed and the conditions they faced, and less any supposed criteria of social, behavioural, intellectual, and constitutional value of the family. The criteria for categorising these families often stemmed from a perspective that overlooked the complex socio-economic challenges faced by these families, and in instances the lack of support in the form of public assistance they received during interruptions in earnings. The implied assumption that any 'deficiencies' were the cause of their poverty placed far too much emphasis on assumptions about the choices of such families and the supposed shortcomings in their 'qualities', rather than any broader institutional failures that may have exacerbated the conditions in which they found themselves. Unlike the characteristics outlined by eugenicists of the 'Social Problem Group' – as intergenerational criminality and 'mental deficiencies' – Carol, Stephen, Ethel, Bill, and Sam were observed to be kind, supportive to each other, adapted quickly, and 'behaved well'. The children were only at Caldecott for three weeks, after their parents were able to dismiss the charge of neglect before a magistrate court. They settled in temporary accommodation after being reunited. Yet, this would not be the last time they would enter through Mersham's doors.

Life After the Mersham Experiment

Based upon the observations and data gathering by the centre's staff, the future of the children in the experiment were debated in regularly held conferences. These conferences were led by Hilda Lewis, with contributions given by the Honorary Directors, Leila Rendel and Ethel Davies, the centre staff, and external welfare workers and probation officers familiar with the children (Lewis 1954: 5-6). These conferences were a critical juncture in the lives of the Caldecott children, that brought together their family histories, social background, their behavioural dynamics with other children and the adults at the centre, and the results of their psychometric assessments, including intelligence, to make recommendations about the next steps in their care and 'disposal' to the local authority. Notably, the discussions of these conferences would often extend beyond the child. They would examine the lives of their family and parents – the personalities and behaviours within the family, instances of mental and physical health or disease, and relationships between siblings. For instance, Nellie was recommended to a small hostel 'with a mild religious atmosphere', that also housed twelve other girls categorised as 'maladjusted' (Lewis 1954: 107). It was recommended that she be separated from her adoptive parent's home, instead meeting with them regularly under supervision at a local child-guidance clinic. Nearly six months later, the question of whether she should return to her adoptive parents was raised at one of the conferences. They believed that such a step would be 'inadvisable' as 'her adoptive mother could not be relied on' (Lewis 1954: 108).

Questions about each child's mother was particularly central to many of the recommendations the conference made for the Caldecott children. The question of the relationship between Robin and his mother came to prominence in the discussions about his care after the experiment – 'it was felt that if he returned home immediately he would relapse into his old ways' (Lewis 1954: 144). The conference suggested that Robin first be placed in a foster home, specifically one where he would be the 'only young child'. Yet, as no foster home of this criteria was found for him, he was instead sent home with his parents. The conference characterised Robin's mother as both dominating – not allowing him to 'go away again or attend the child-guidance clinic' – and as 'rude and spiteful' towards Robin, 'continually disparaging him'. After a short period, Robin began to 'pilfer' and was brought again to the child-guidance clinic that had referred him to Caldecott. Yet, he was not sent to the centre but rather to a school for 'maladjusted children'. In a follow-up interview with Lewis eighteen months after settling at the school, she notes that he was 'getting on satisfactorily at home'.

It is hard to ignore the often-eugenic reasoning that would come to permeate the choices made at these conferences, particularly in those outcomes which advocated for the separation of children from their families and segregation from the rest of the 'normal' population based upon perceived mental health and behavioural 'problems'. Children without familial support were often directed to foster homes, and siblings were often placed separately from one another. Those who exhibited observed 'neurotic behaviours', or who were deemed 'unfit' for return to their families, were placed in school and homes for 'maladjusted' children. For Edward, the conference determined, on account of his supposed 'insecure dependent attitude', that he should be placed in a foster home, separated from his siblings, ‘where there would be a foster-father as well as a kindly mother’ (Lewis 1954: 139). However, after being placed into a new foster-family, he would only last another six weeks before they asked him to be removed from their home. For the second time in a single year, in the summer of 1948, he was readmitted to Caldecott by the local authority, during which time he was recorded as being ‘forlorn’ and ‘more aggressive.’ After three weeks of observation, the conference suggested that he be placed in a hostel, under the supervision of a warden. Yet, this placement again did not last long. In winter 1949 he was referred to a child-guidance clinic, where he was then referred again to a school of ‘maladjusted children’. Within a month after admission, he was removed from the school, the headmaster stating they could do nothing for him. In 1950, he was readmitted for a third time to Caldecott, where they referred him to the Maudsley Hospital, where Aubrey Lewis had recently been appointed to the Inaugural Chair of Psychiatry. The rest of Edward’s adolescence was spent under ‘active treatment’ as an out-patient of the Maudsley (Lewis 1954: 139).

The families where the eugenic reasoning behind the recommendations of the conference were most stark were in those instances of children from ‘problem families’. After their parents had contested the NSPCC’s claim of neglect, Carol, Stephen, Ethel, Bill, and Sam, were readmitted to Mersham in 1951 (Lewis 1954: 155). In the years that had followed their initial admission to the Caldecott Community, the family was moved out of their temporary accommodation, their father’s work continued to be interrupted and migratory, and their mother had had a miscarriage. On accusations that the children were ‘dirty and ragged’ and that their parents were unable to send them to school, the siblings were again admitted to the centre. They were reassessed again and were found to be ‘self-conscious’ about their lack of education, illiteracy, and the low-test scores they received under a second battery of psychometric testing, yet there were no recorded changes observed in their emotional and social character. In total, seventy-one children from ‘problem families’ fell within the sample of 240 children that were part of a follow-up survey two years after admission. What was unexpected was that many children who had been categorised as belonging to ‘problem families’ were in a much better state than the other children in the sample group. About half of the children from these families – who were often sent to Caldecott under a charge of ‘neglect’ rather than any signs of ‘neurosis and maladjustment’ – were recorded as being in a ‘good’ condition. However, for Lewis, looking towards the future, particularly in those instances where either or both parents were categorised as 'dull or defective', the most 'desirable' course of action within 'problem families' would be to prevent them from having children through 'effective birth control' (Lewis 1955: 155).

The children who had come to Mersham from 1947 to 1950 were all from a generation of children that had lived under the conditions of a new type of war, characterised by the separation of families and the destruction of homes and cities on an unprecedented scale. Lewis could not deny that this was an extraordinary population of children; 'their fathers were away in the Services for years … their mothers had worked in factories … and, after the war, shortage of houses exposed many of them to bad living conditions' (Lewis 1954: xii). This being the case, it was not possible to view the Mersham experiment children as a fair sample of the average population in need of care, particularly a sample on which to base claims of the supposed environmental and hereditary causes of the social problems they were imagined to represent. The answer Lewis gave to this critique was lukewarm at best, claiming that context – 'circumstances of time and place' – were the essential feature to any claims of 'social and psychological conclusions'. She argued that the extraordinary nature of the Mersham sample, marked by the 'tribulations and turns of fate' in their lives made it 'possible to examine rather more readily than in ordinary and happier families the validity of some widely held beliefs about the influence of certain stresses and privations during childhood upon the healthy growth of personality'.

Of all the 500 children who were part of the Mersham experiment, only 42 were recommended to be returned to their parents. The vast majority were either sent to a foster home (104 in total) or a children's home (189 in total) (Lewis 1954: 10). The recommendations also included sending children to boarding schools, adjustment hostels, schools for 'maladjusted' children or the 'educationally subnormal', or simply 'other' institutions. In some instances, these recommendations were not acted upon (119 in total) but for most cases they were (381). For Lewis, it cannot be disregarded that the decision to place children in foster care or to remove them from their home environment appears to have been at least in some part inspired by eugenic ideals. In October 1954 she was invited by Blacker's successor as General Secretary of the Eugenics Society, the paediatrician Cedric Carter, to address the Society's Spring Members' Meeting about her work on the children reception centre at Mersham. Carter particularly requested that Lewis' talk be based on 'the relation between specific types of maternal inadequacy, and specific types of abnormality and behaviour disorder in children'.[34] On this theme of questioning, Carter suggested the title 'Inadequate Parents and Psychological Disorder in their Children'. Her lecture, slightly amended to 'Unsatisfactory Parents and Psychological Disorder in their Children', explored the eugenic implications of changing the environmental conditions of children's lives to prevent 'maladjustment, delinquency, and ill health' (Lewis 1955: 153).

In the lecture, Lewis held to the idea that the personality of a child could 'suffer' by their environmental circumstances; that if they were cut from affection within family life this suffering could continue to adulthood, making them 'a liability or a danger to society.' She believed that an ideal 'Utopia', that all parents were 'wise and affectionate', and that all children 'would be healthy', was an unattainable dream, and that instead measures to intervene in the lives of children and families were necessary 'to mitigate and prevent the ill-effects of bad upbringing and harmful environment seen in each generation'. For the many children who were placed outside of their family home on the recommendation of the conferences held at the Mersham reception centre, Lewis caricatured their parents, particularly their mothers as the reason for their proposed separation. She claimed that these parents were 'grossly psychopathic', 'neglecting', or 'neurotic' and that there was 'much evidence' that it did the children 'good' to be transferred to an 'emotionally and socially favourable atmosphere', such as a foster home, boarding school, or local authority institution. Yet, Lewis had to admit the limitations of the study, in the attempt to establish any relation between heredity and the characteristics that supposedly defined the 'problem family' – stating, 'so far as anomalies are hereditary, their prevention calls for much fuller knowledge than we now have and, probably, more self-discipline and foresight than we can count on to-day.' Yet, this did not prevent her from returning back to eugenic beliefs about the supposed intergenerational inheritance of the characters that defined 'problem families'. She believed that if there was to be any 'promise of improvement' then it was the duty of psychiatrists and social workers to interrupt 'the vicious circle', via interventions in the lives of children through, in many instances, separation and segregation 'so that they do not carry with them into adult life a pattern of behaviour which will have an adverse influence on their offspring' (Lewis 1955: 161).

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[34] Letter from Cedric Carter to Leila Rendel, d. October 1954, SA/EUG/C.207, Wellcome Collection

In 1952, after the completion of the Mersham reception centre experiment, Rendel published a short pamphlet, a sequel in many ways to *The Insecure Child*, titled *The Child of Misfortune*. In the pamphlet Rendel explored the criteria that could be used to classify ‘the problem of the Insecure Child, the rejected child, and the handicapped child’ (Rendel 1952). She mentioned those categories which had become familiar over the course of the Mersham experiment: deprivation, economic ‘depression’, family illnesses, parental death, or distress in the family caused by ‘difficulties and misfortunes’. However, Rendel appears sceptical of the assertions of those advocates of eugenics who had planned the experiment alongside her in the 1940s. She placed far greater emphasis on the environmental conditions and broader socio-economic circumstances affecting family life and children. In a lightly veiled criticism of her psychiatric colleagues and collaborators, she regretted that in the period following 1945 and the formation of the NHS, the ‘medical world’ still held to the view of the child as ‘temporarily damaged goods’, fit only for ‘observation and preliminary investigation and a diagnosis’ (Rendel, 1952, p. 10). She was sceptical of a medical view whose only interest in a child’s welfare extended as far as to understand the ‘nature and cause of his illness’ and little else beyond. Rendel’s view reflected what was a period at Mersham-le-Hatch characterised by a marked pathologization of childhood, and the families of vulnerable children. This pathologization was deeply influenced by the eugenic undertones of many of the ideas held by the psychiatrists and doctors involved in the planning of the children reception centre experiment. In many ways, from its conception through to its outcomes, the Mersham experiment, with its focus on observation and classification, perpetuated eugenic ideas of the inheritability of the causes of poverty and the innate disposition of some families towards criminality, neglect, ‘mental deficiency’, and ‘feeble mindedness’. The experiment serves as an important example of the subtle ways in which such a deterministic, hereditarian, view of psychiatric epidemiology could continue to influence social policy and practices, demonstrating how eugenics was able to still carry influence within the structures and institutions that defined the welfare reformism of early post-war Britain.

Bibliography:

Blacker, Carlos (1937a) *A Social Problem Group?* London: Oxford University Press.

Blacker, Carlos (1937b) ‘Eugenic problems needing research’, *Eugenics Review*, 29, pp. 181–187.

Blacker, Carlos (1939) ‘Maternity and Child Welfare Work and the Population Problem’, *Eugenics Review*, 31, pp. 91-95.

Blacker, Carlos (1946a) *Neurosis and the Mental Health Services.* London: Oxford University Press.

Blacker, Carlos (1946b) ‘Problem Families in the Limelight’, *Eugenics Review*, 38 (1946), pp. 117-127.

Broberg, Gunnar and Nils Roll-Hansen (2005) *Eugenics and the Welfare State: Norway, Sweden, Denmark, and Finland.* Michigan: Michigan State University Press.

Buzzard, Edward F. (1941) ‘The Place of Social Medicine in the Reorganization of Health Services’, *British Medical Journal*, 4248, pp. 703-704.

Chitty, Clyde (2007) *Eugenics, Race and Intelligence in Education.* London and New York: Continuum).

Fildes Lucy (1944) ‘Hostels for Children in need of Psychiatric Attention’, *Mental Health (London)*, 5, pp. 31-32.

Fildes, Lucy (1923) ‘Some Memory Experiments with High-Grade Defectives’, *British Journal of Psychology*, 14, pp. 39-56.

Fildes, Lucy (1925) ‘Performance Tests with Defectives’, *Mental Welfare*, 6, pp. 88-93.

Gould, Stephen J. (1996) *The Mismeasure of Man.* London and New York: W. W. Norton.

Hanson, Clare (2012) *Eugenics, Literature, and Culture in Post-war Britain.* London: Routledge.

Jones, Greta (1982) ‘Eugenics and Social Policy Between the Wars’, *The Historical Journal*, 25, pp. 717-728.

Lewis, Hilda (1954) *Deprived Children: The Mersham Experiment, A Social and Clinical Study.* London: Oxford University Press.

Lewis, Hilda (1955) ‘Unsatisfactory Parents and Psychological Disorder in their Children’, *Eugenics Review*, 47, pp. 153-162.

Lidbetter, Ernest (1993) *Heredity and the Social Problem Group.* London: Edward Arnold.

London, Jack (1903) *The People of the Abyss.* New York: Grosset and Dunlap.

Mazumdar, Pauline M. H. (2011) *Eugenics, Human Genetics and Human Failings: The Eugenics Society, its Sources and its Critics in Britain.* London: Routledge.

Morrison, Arthur (1897) *A Child of the Jago.* London: Methuen.

Oakley, Anne (1991) ‘Eugenics, Social Medicine and the Career of Richard Titmuss in Britain 1930-50’, *The British Journal of Sociology*, 42, pp. 165-194.

Peace, David (2021) *From Galtonian Eugenics to Biosocial Science: The Intellectual Origins and Policy Implications of Quantifying Heredity in Interwar and Post-War Britain*, doctoral dissertation, unpublished, University of Kent, 2021.

Rendel, Leila (1952) *The Child of Misfortune*. The Caldecott Community. <https://caldecottassociation.org.uk/index.php/history/publications/160-the-child-of-misfortune-by-leila-m-rendel-1952> [accessed 11 July 2024].

Renwick, Chris (2015) ‘Eugenics, Population Research, and Social Mobility Studies in Early and Mid-Twentieth Century Britain’, *The Historical Journal*, 59, pp. 845-867.

Renwick, Chris (2017) *Bread for All: The Origins of the Welfare State.* London: Penguin Books.

Soloway, Richard A. (1995) *Demography and Degeneracy: Eugenics and the Declining Birthrate in Twentieth-Century Britain.* Chapel Hill: University of North Carolina Press.

Stewart, John (2009) ‘The scientific claims of British child guidance, 1918 – 1945’, *The British Journal for the History of Science*, 42, pp. 407-432.

Stewart, John (2016) *Child Guidance in Britain, 1918 – 1955.* London: Routledge.

Thomson, Mathew (1998) *The Problem of Mental Deficiency: Eugenics, Democracy, and Social Policy in Britain, c.1870 – 1959.* Oxford: Oxford University Press.

Welshman, John (2013) *Underclass: A History of the Excluded Since 1880.* London: Bloomsbury.