

Psychiatric social work in inter-war Britain: Child guidance, American ideas, American philanthropy.

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Summary

Concerns about children's mental health led reformers in inter-war Britain to press for the establishment of a child guidance movement similar to that of the USA. This duly happened, not least because of the funding received from the American philanthropic body, the Commonwealth Fund. American influence was, however, concerned with ideas as well as finance. The profession of psychiatric social worker took off in Britain as a result of British social workers travelling to the US and receiving training in that country's schools of social work and child guidance clinics. Furthermore, these psychiatric social workers in turn brought back to Great Britain ideas based on American psychiatry and social work practice, and thus a highly medicalised version of social work. This article examines these influences and interactions.

Introduction

Much of the original research for this paper, part of a larger research project on child guidance and psychiatric social work in Great Britain and in particular in Scotlandⁱ, was done in the archives of the American philanthropic body the Commonwealth Fund, which are held in New York; and of the London School of Economics, held in the British Library of Political and Economic Science – the significance of both of these will, hopefully, be clear by the end of the paper. But I have also drawn on the work of, in particular, American historians of ideas and of philanthropy, and we start by saying something very briefly about the ideas I have taken from their work. First, we should note what Daniel Rodgers calls the movement of 'politics and ideas throughout the North Atlantic' in what he terms the sphere of 'social politics' – that is, social welfare and social policy.ⁱⁱ While some work on the development of British social welfare acknowledges such ideas, it is nonetheless not commonplace in the historiography. Second, while a num-

ber of American scholars have examined the dynamics of the relationship between philanthropy and public policy formation this, once again, has been largely neglected in British historical writing on the development of social welfare. Third, recent historians of American philanthropy have pointed out some of the tensions inherent in the act of funding abroad wherein the donors might both accentuate the difference between themselves and their recipients – a difference underpinned by a form of American superiority and exceptionalism – while also emphasising the universality of human experience alongside the need to recognise cultural difference. This idea may be less applicable in non-Western European contexts, but it also goes some way to explaining the rigidity of the visits organised for trainee British psychiatric social workers to the United States, dealt with further below. Less problematically, perhaps, these scholars also point out that the original religious impetus behind much American philanthropic activity overseas had, by the period with which we are presently concerned, given way to a ‘secularized emphasis on uplift through science and technology’; or, as another scholar has put it, to place ‘the health-care, education, and social-service professions on a scientific, non-sectarian basis’.ⁱⁱⁱ

To the insights of these American scholars we should add the observation made by the British historian of childhood, Harry Hendrick, that what is seen in the period from around the First World War is an emphasis, in child health, on minds as well as bodies.^{iv} The significance of these analyses for this paper are that I argue that psychiatric social work in inter-war Britain did indeed owe a large part of its existence to American funding and influence; that this was, however, a complex relationship, particularly in the realm of ideas; but that, nonetheless, there was a significant step in the direction of professionalizing British social work and that this in turn contributed to the development of British social welfare; and that this is institutional evidence which further backs up Hendrick’s argument about minds and bodies with the former now being seen as at least as important as the latter.

Child guidance and its psychiatric orientation

It is now well known that the Commonwealth Fund, one of the leading and influential American charitable foundations in the early part of the twentieth century, was crucial in developing child guidance in both the United States and indeed in Great Britain, although having said that it is also the case that relatively little is as yet known about the dynamics of this relationship.^v Of course it would be wrong to ignore the indigenous roots of British child guidance, most obviously through the Child Study tradi-

tion with its emphasis on the scientific investigation of child psychology.^{vi} Nonetheless, it was to be the Commonwealth Fund which had the financial weight to actually implement what came to be recognised in Britain as child guidance, and indeed in England, although not in Scotland, psychology was to be largely displaced, after an inter-professional struggle, by psychiatry. In this context we might thus note that rather less commented on, not least because of the relative dearth of literature on the subject, is that at least as far as Britain was concerned the movement towards child guidance resulted in the creation of a professional course aimed at training psychiatric social workers.^{vii} An important step in this process was the setting up, in 1929, of the Diploma in Mental Health course at the London School of Economics (LSE) which was financially underwritten, throughout the inter-war period, by the Commonwealth Fund. The course was, until the 1940s when psychiatric social work truly 'took off', the only one of its kind in Britain and on it students were exposed to both practical and more academic work. The former was gained through placements at, for example, the London Child Guidance Clinic, also supported financially by the Commonwealth Fund. At the LSE itself students took a broad range of courses, including psychiatry, mental deficiency, physiology, psychology (including the psychology of adolescence and childhood), and public administration and social casework.^{viii}

Although both the practical and the academic content of the course were frequently adjusted and refined, not least as we shall see through American pressure, we can get some sense of its actual psychiatric content from a memorandum submitted to the LSE by the Child Guidance Council in the late 1920s. This suggested that the psychiatric strand include the work of Freud, Jung and Adler; psychiatry and 'its bearing on Family and Social Relations'; and symptoms of disorder specific to children, including thumb-sucking, nail-biting, lying, bed-wetting, temper tantrums and extreme anti-social behaviour.^{ix} This list highlights two particular points: first, that there was created what Nikolaus Rose has famously described as a 'specific repertoire of disorders' of childhood. And, second, that in creating a professional group – psychiatric social workers – with at least some expertise in such areas the numbers of those involved in monitoring and evaluating children, for analysts such as Rose and David Armstrong a characteristic of the first half of the twentieth century, were significantly increased.^x

The setting up of the LSE course also had wider repercussions. As Noel Timms, an early historian of psychiatric social work as well as a member of that profession put it, the location of the course in a university social sci-

ence department 'had a considerable effect on the status and the development of training for psychiatric social work' not least since it was 'the first course within a British University which had the acknowledged aim of giving professional training in social work' – an acknowledged instance, therefore, of our earlier point about professionalization.^{xi} An analysis of graduates of the course in the late 1930s found that in the first ten years of its life some 179 individuals had successfully gained the Diploma. All of these had Social Science Certificates, generally from the University of London and in a third of cases from the LSE itself: they had already been exposed, in other words, to contemporary thinking in the social sciences. Around 40% also had undergraduate degrees. The course was, of course, predominantly taken by British nationals but it was also the case that individuals from the Netherlands, Sweden, Norway, Canada and Australia had participated successfully. Indeed the Commonwealth Fund was, albeit reluctantly, to allow students from the British Empire to apply for its scholarships. The largest single destination for course graduates was child guidance.^{xii} That child guidance and professional psychiatric social work were linked was explicitly acknowledged by the Commonwealth Fund's Director, Barry Smith, when he wrote to the London Child Guidance Council in 1928 that 'the training of psychiatric social workers is an essential and fundamental part of (Britain's) child guidance program'.^{xiii} Timms, in his early history of psychiatric social work, picked up this and, perhaps unwittingly, other themes already noted when he remarked that in 'the treatment of the maladjusted child psychiatric social workers have played an essential part in the establishment and development of the child guidance movement'; and that child guidance itself had 'influenced both its direct clientele and in profound, if untraced, ways the manner of child rearing in our society'.^{xiv}

The nature of the Anglo-American relationship:

The politics of finance

Clearly, then, psychiatric social work and child guidance were intimately linked in the British context (as they had been and were in the United States); and were supported, financially and as part of its broader programme, by the Commonwealth Fund. In terms of training, this was most obviously so by way of the London School of Economics course. We still need, however, to examine more closely the actual nature of the relationship between the Fund and the LSE. At this stage of my research, two are of particular significance for this essay. First, the Commonwealth Fund on occasions found the financing and control of its British operations in these fields – in the first instance the London-based Child Guidance Council and

Child Guidance Clinic and the LSE course in Mental Health – immensely frustrating. On the Fund side the key players were Smith and his assistant Mildred Scoville. Significantly, both were trained social workers and had strong views about the organisation, content and personnel of their British programme, views which they sought at various points to impose. So, for example, Smith wrote to the Child Guidance Council in 1930 arguing that the LSE course should seek recognition from the Royal Medical Psychological Society and that should this not be forthcoming then the Fund would have to seriously consider whether to continue its financial support. In the same year Smith emphasised that he did not seek to dictate but, nonetheless, that he wanted his voice heard: as he put it, perhaps rather disingenuously, in another letter to the Child Guidance Council: ‘You know, I feel certain, the interest Miss Scoville and I take in the English mental hygiene work and that the suggestions which we make are only made in the interests of its success’.^{xv} It is notable here that Smith was prepared to use the threat of a withdrawal of funding, a tactic he was often to employ throughout the 1920s and 1930s without actually, at any point, putting it into force. More positively, Smith wrote to the School in the spring of 1932 that Scoville had enjoyed a worthwhile trip to London and that in her opinion the ‘course has definitely improved’. Scoville, and on occasions Smith himself, made numerous trips to England and it is difficult not to see these, along with the regular reports the LSE was required to submit, as an exercise in control and monitoring beyond the simply financial. Smith himself offered direct advice on aspects of the course suggesting, for example, that students should have previous experience of social work this being ‘of value not only in itself but in enabling students themselves to judge of their adaptability for work in the mental field...’.^{xvi}

If Smith, Scoville and the Commonwealth Fund were concerned about the content of what they were supporting financially, they were also aware that the British recipients were frequently engaged in a complex game whereby they sought to extract as much as possible from American philanthropy while remaining non-committal about their own input. This was most obviously so in the case of the London School of Economics and in particular its Director, William Beveridge, soon to be famous for his wartime Report. Beveridge was quick to see the opportunities afforded by US foundations such as the Commonwealth Fund.^{xvii} As he himself put it, as the LSE grew in size and reputation ‘people with ideas came to look on it as good ground in which to plant their ideas and to water the ideas with money. Thus, in the session 1928-29, a body known as the Commonwealth Fund gave to the School £400 a year to establish a course for welfare

work with backward children...'.^{xviii} Leaving aside the inaccuracy of the phrase 'backward children', this is teasingly ambiguous about the relationship between the School and the Fund. In any event, judging by the material in the Fund and LSE records, Beveridge was, in fact, a skilful, possibly devious, negotiator over the financing and control of the Mental Health course. As one official of the Child Guidance Clinic wrote to Mildred Scoville in 1931: 'The School of Economics course is a worry. Beveridge is out to get full control'.^{xix} The immediate response from the Fund was that Smith was travelling to England to sort things out and had written to Beveridge that 'unless things straighten out satisfactorily' the Mental Health Course, along with the Child Guidance Council, would no longer be funded.^{xx}

Despite an ongoing strained relationship, as we have already noted this threat, and that to move the course to another college of the University of London, was never actually carried out although various tense exchanges continued right up until the outbreak of World War Two. Given its commitment to what it described as 'mental hygiene work in England' and the LSE's premier role in the training of social workers, the Fund had, to some extent, painted itself into a corner. On more than one occasion Smith and Scoville went so far as to question the LSE's honesty in its dealings about the Mental Health course – Scoville told Smith in 1931 that she had no doubt that the School had 'deliberately "wangled" the budget for their own purposes'^{xxi} – and it would seem that overall Beveridge and the LSE came out winners in financial matters, at least in the first instance. Despite the Fund's clearly signalled intention by the late 1930s to eventually withdraw support from the Mental Health course – it should here be noted that it did not fund *any* projects on a permanent basis – we still find Beveridge's successor, the social scientist Alexander Carr-Saunders, seeking a further extension of financial support for the course in late 1938/early 1939 and on a reduced scale funding persisted into the wartime era.^{xxii}

Nonetheless, if the School was in a strong position, the Fund too was not unwilling to exert force where it could. On the issue of even relatively junior appointments to the LSE course team, for example, it was made clear that Smith and Scoville had to approve. The significance of this approach was most evident in a case which did not involve the LSE directly, although the individual concerned did give classes on its Mental Health course, but had wider implications for both child guidance and psychiatric social work. This was in the appointment of Dr D.R. MacCalman as General Secretary of the Child Guidance Council. MacCalman had been trained in medicine at the University of Glasgow but had also travelled to

the United States – possibly on a scholarship from another powerful American philanthropic body, the Rockefeller Foundation - to work under, as part of his psychiatric training, Adolf Meyer in Baltimore and Charles McFie Campbell in Boston. Meyer was a profound influence on British psychiatry at this period and had a particular interest in child welfare and the use of support staff such as psychiatric social workers. MacCalman clearly drew from this and became one of the foremost exponents of psychiatric social work in Britain. Throughout the appointment process Smith made his support for MacCalman clear and it was his approval which was key to the latter's appointment.^{xxiii} The particular case of MacCalman also attests to the significance of transatlantic influences. Overall, therefore, the relationship between the Commonwealth Fund and those it was supporting in Great Britain was complex and negotiated, in the realms of both ideas and material resources.

The nature of the Anglo-American relationship: Experiencing American psychiatric social work

The second broad point which emerges from this preliminary analysis of Commonwealth Fund and LSE material concerns the way in which British social workers chosen to specialise in psychiatric social work were deliberately exposed to American ideas and practices. Candidates, already with some social work experience and for the most part women (social work then, as now, was a highly gendered occupation) were carefully selected and then, with Commonwealth Fund approval and financial support, taken to the United States. Here an intensive and extensive programme was followed. To take but one example, in 1928 year Miss Olive Crosse was put forward by the Charity Organisation Society (COS) as its top candidate for a year's training in psychiatric social work. Miss Crosse had already studied at the LSE and Bedford College, London, had been trained by the COS as a social worker, and was District Secretary of its St. Pancras, London, branch. She was duly awarded a one year scholarship to study, in the first instance, at the New York School of Social Work. Her time in the US was not, moreover, spent solely in New York. From May 1929, as part of her programme, she travelled extensively, visiting cities such as Boston, Cleveland, Chicago, Philadelphia, and Detroit. Among the more than twenty clinics, hospitals and other institutions she observed in action were the Boston Psychopathic Hospital and the Institute for Juvenile Research in Chicago. Such schedules, it is worth noting, were set up and monitored by the Commonwealth Fund, which clearly wanted a strong measure of control over these young women experienced.^{xxiv} A sense of what such visits in-

volved can be gained from a letter from the Director of the Cleveland Child Guidance Clinic to Barry Smith: 'We shall not only try to give them (ie. Miss Crosse and an English colleague) an opportunity to get an idea of what we are trying to do in Cleveland in child guidance clinic work', he wrote, 'but will be only too glad to make any and all appointments for them to get a good grasp of what the social situation in Cleveland is'.^{xxv} Because of the training received by Olive Crosse and those like her, the first cohort of truly professional psychiatric social workers in Britain were, as Mildred Scoville observed shortly afterwards, trained in the United States.^{xxvi}

And such trips were not just confined to those at the beginning of their careers in social work or psychiatric social work. In 1928, that is before the setting up of the LSE course, Edith Eckhard, Tutor in the School's Social Sciences Department, paid an observational visit to the USA at the invitation of the Commonwealth Fund. Like all such visitors she had a heavy schedule, visiting, *inter alia*, the Boston Psychopathic Hospital, the Philadelphia Child Guidance Clinic, the Simmons School of Social Work and Harvard Law School. On her return she wrote to Scoville that she had been very impressed by the extent and thoroughness of the social work she had observed,

not only psychiatric social work but also family welfare and child placement...I hope very much that I shall be able to improve the family case work experience which we give our students in London, to bring it into line with what is being done in the States.^{xxvii}

William Beveridge also wrote to the Commonwealth Fund on the subject of Ms Eckhard's trip, remarking that she had urged upon him the setting up some 'experimental courses on Mental Hygiene' in anticipation of the creation of a Child Guidance Clinic. Beveridge stressed how impressed Eckhard had been 'by much...of the teaching of social psychiatry in the United States' although this has to be put in the context of his (successful) request for Commonwealth funding to pay for specialist staff.^{xxviii} Shortly afterwards Mildred Scoville wrote to Ms Eckhard claiming that she had learned that the latter had 'formulated definite and valuable ideas for introducing training in psychiatric social work into the curriculum of the London School of Economics'. 'I am so glad', Scoville continued, 'that you feel this to be an important development and that you were able to obtain helpful ideas here'.^{xxix}

Sibyl Clement Brown, Tutor for the LSE Mental Health Course, too paid a CF funded observational visit to the US, this time in 1935. She, like Crosse and Eckhard, visited a number of cities and institutions with the aim, as Scoville put it to her in a letter immediately prior to her trip, of see-

ing at first hand ‘the schools of social work providing psychiatric social work training...the field work centers being used for such training, and...social work developments in the mental hospital field’.^{xxx} On her return to London Brown produced an interesting memorandum on her trip which noted, *inter alia*, that despite certain problems psychiatric social work and child guidance had now a firm foundation in US social welfare provision, comments which she was careful to put in the broader context of President Roosevelt’s ‘New Deal’.^{xxxii} At an organisational level, close links developed between British psychiatric social workers and their counterpart’s professional body in the United States. Doris Robinson, Chair of the Association of Psychiatric Social Workers, and Noel Hunnybun, another prominent worker in the field, became ‘senior members’ of the American Association of Psychiatric Social Workers in 1934.^{xxxiii} Kathleen Butler, Chief Social Worker at the London Child Guidance Clinic, told Scoville that reading the newsletter of the American Association had given her ‘a very keen sense of the unity existing between all the psychiatric social workers in England and America’.^{xxxiii}

Conclusion

What are we to make of all this? In this brief essay it has only been possible to touch the surface of major and complex issues, but for present purposes the following points can be made. First, it is clear that there was an organic relationship between the development of child guidance and the development of psychiatric social work in Great Britain and that this was part of a conscious plan on the part of the Commonwealth Fund. Although there was clearly an element of instrumentality involved given the opportunities presented by US philanthropic monies, nonetheless leading figures at the LSE and in the child guidance movement generally were more than happy to go along with this. Second, this process contributed to the professionalisation of social work in Great Britain, with psychiatric social work acting as a sort vanguard for the profession as a whole. This can also be related to a point we made at the beginning about the ‘scientific’ ends to which American philanthropic bodies were by this point committed. While, as noted above, psychiatric social work expanded rapidly in the era of the post-war ‘welfare state’, it is also clear that the foundations were laid in the inter-war period.^{xxxiv} For these two reasons alone, we can identify a profound American influence on British development.

Third, there is, however, the much more problematic issue of the influence of ideas. We have already noted the trip made by LSE staff member Sybil Clement Brown to the US. Interestingly and significantly, she was

later to deny any wholesale adoption of American practices and techniques.^{xxxv} We have also noted that child guidance in Britain had its own, indigenous roots. The psychologist Gertrude Kerr, in an article outlining the history of child guidance, was at pains to emphasise the part played by British psychology and was critical of ‘medical writers’ on the subject – for example D.R. MacCalman – who emphasised the role of American psychiatry.^{xxxvi} Nonetheless the question is surely more complex than a simple rejection of American ideas. As we have seen, Mildred Scoville at the Commonwealth Fund explicitly noted that the first generation of British psychiatric social workers had been trained in the United States and this of itself must have had some impact on both ways of thinking and of practice. We have also seen that Ms Eckhard, already an experienced tutor by the time of her American visit, had nonetheless committed herself to injecting American ideas into the fledgling Mental Health course. Agreed, she might just have been telling Mildred Scoville what the latter wanted to hear, but superficially at least we have in this case a fairly specific influence of ‘Atlantic Crossings’, both literally and figuratively.

We can also find evidence of the significance of American influences from other sources. A work on child guidance written jointly by a psychiatrist, an educational psychologist and a psychiatric social worker – their teamwork in authorship significantly mirroring the teamwork of the clinic – and published in 1945 noted that the first medical Director of the London Child Guidance Clinic, Dr William Moodie, had studied the field in the US. Perhaps more importantly, this book also acknowledged the influence of American authors in providing an underlying philosophy for child guidance practice, a philosophy which informed the British authors’ approach throughout the rest of their book. There is a chapter specifically on the training of psychiatric social workers in this text which would repay comparative analysis with similar American works.^{xxxvii} Timms is also revealing about the complexity of influence in his early work on the history of psychiatric social work. He notes variations on American practice and how the tutors, themselves just back from the US, struggled to adapt their teachings to a British context. He also notes, however, the impact of American study on its British subjects and, specifically, how in the development of a new specialism in social work, psychiatric social work, ‘it was necessary to learn from American experience’.^{xxxviii} This insight can be extended, in the case of an influential player such as MacCalman, from the content of training for the profession to the very need for such a profession itself. Again suggesting both influence and adaptation, a contemporary piece on the Notre Dame Child Guidance Clinic in Glasgow noted the emergence

of a 'powerful Child Guidance Movement in America' and, consequently, 'with help from America the first steps in Britain, with modification of the American technique to suit our own country'.^{xxxix}

It will be evident from the above that much work remains to be done on the issue of, in particular, the transatlantic transmission of ideas on the theory and practice of psychiatric social work and the practice with which it was, at least in the first instance, intimately bound up, namely child guidance. Nonetheless it already seems clear that American influence was not confined to simple matters of finance, not least because the Commonwealth Fund itself had its own agenda. The recipients too, however, seem to have absorbed American theory and practice, at least to some extent, and to have brought these back to Britain where not unnaturally adaptations were made and other influences brought to bear. The central point, though, is that Rodgers' 'Atlantic Crossings' seem to have been alive and well in the field of psychiatric social work and further investigation will, it is to be hoped, reveal how this operated in a more nuanced way than is currently possible. This in turn will contribute both to the currently weak British historiography on the personal social services and, more broadly, to how British social welfare was influenced and shaped by concerns, ideas, and practices from other countries.

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Notes.

- i An essay complementary to this piece, and employing some of the same evidence, will appear in a volume edited by A. Andresen and W. Hubbard to be published by the Stein Rokkan Centre, University of Bergen.
- ii D. T. Rodgers, *Atlantic Crossings: Social Politics in a Progressive Age*, (Cambridge, Mass., 1998), p.3. For an analysis of an area close to that currently under discussion see M. Thomson, 'Mental Hygiene as an International Movement', in P. Weindling (ed), *International Health Organisations and Movements, 1918-1939*, (Cambridge, 1995), 283-304.
- iii E. S. Rosenberg, 'Missions to the World: Philanthropy Abroad', in L. J. Friedman and M. D. McGarvie (eds), *Charity, Philanthropy, and Civility in American History*, (Cambridge, 2003), 242, 256; and, in the same volume, D. C. Hammack, 'Failure and Resilience: Pushing the Limits in Depression and Wartime', 274.
- iv H. Hendrick, *Child Welfare: Historical Dimensions, Contemporary Debate*, (Bristol, 2003), 1-7 and passim.
- v The partial exception to this is D. Thom, 'Wishes, Anxieties, Play, and Gestures: Child Guidance in Inter-War England', in R. Cooter (ed), *In the Name of the Child*, (London, 1992), 200-19.
- vi Hendrick, *Child Welfare*, 99-100.
- vii On the Commonwealth Fund, see A. McG. Harvey and S. L. Abrams, *For the Welfare of Mankind: The Commonwealth Fund and American Medicine*, (Baltimore, 1986); on the Fund's role in the development of American child guidance and psychiatric social work see M. Horn, *Before It's Too Late: The Child Guidance Movement in the United States, 1922-1945*, (Philadelphia, 1989), J. Sealander, *Private Wealth and Public Life: Foundation Philanthropy and the Reshaping of American Social Policy from the Progressive Era to the New Deal*, (Baltimore, 1997) and H. M. Prescott, *A Doctor of Their Own: The History of Adolescent Medicine*, (Cambridge, Mass., 1998); for developments in a closely-related field also funded by philanthropic body, see J. Grant, 'Constructing the Normal Child: The Rockefeller Philanthropies and the Science of Child Development, 1918-1940', in E. C. Lageman (ed), *Philanthropic Foundations: New Scholarship, New Possibilities*, (Bloomington, Indiana, 1999), 131-150..
- viii See the list of examiners in British Library of Political and Economic Science, Archives of the London School of Economics and Political Science (hereafter LSE), Minutes of School Committees/16/5 – Mental Health Course Academic Sub-Committee, Minutes 15th March 1937.
- ix LSE, Central Filing Registry/514/A, letter, 3rd June 1929, from the Child Guidance Council to the LSE.
- x N. Rose, *The Psychological Complex: Psychology, Politics and Society in England, 1869-1939*, (London, 1985), cited in Hendrick, *Child Welfare*, 104; D. Armstrong, *The Political Anatomy of the Body*, (Cambridge, 1983).
- xi N. Timms, *Psychiatric Social Work in Great Britain (1939-1962)*, (London, 1964), pp.17-18. On the London School of Economics and Political Science see R. Dahrendorf, *A History of the London School of Economics and Political Science, 1895-1995*, (Oxford, 1995), and J. Harris, *William Beveridge: A Biography*, (Oxford, rev.ed. 1997). For the setting up of the course see LSE, Central Filing Registry/514/1/A, letter, 31st January 1929, from Child Guidance Council to LSE Director, William Beveridge.
- xii LSE, Central Filing Registry/514/2/C, Minutes of the Consultative Committee of the Mental Health Course, 1st December 1938; on the matter of funding Empire stu-

- dents, see LSE, Central Filing Registry/514/2/C, letter, 6th December 1937, from CM Lloyd (LSE) to Barry Smith, and letter, 16th December 1937, from Barry Smith to Sibyl Clement Brown (LSE).
- xiii Commonwealth Fund Archives, Rockefeller Archive Center, New York (hereafter CFA) Box 2, Folder 14, letter, 20th December 1928, Smith to London Child Guidance Council.
- xiv Timms, *Psychiatric Social Work in Great Britain*, 6-7.
- xv CFA, Box 2, Folder 19, letter, 13th October 1930, Smith to Child Guidance Council.
- xvi LSE, Central Filing Registry/514/2/A, letter, 14th April 1932, Smith to C.M. Lloyd, Head of Social Science and Administration.
- xvii On the similarly complex relationship between the LSE and the Rockefeller Foundation, a major funder of the School in the inter-war period, see the references in Dahrendorf, *A History of the London School of Economics*; and Harris, *William Beveridge*.
- xviii W. Beveridge, *The London School of Economics and Its Problems*, (London, 1960), pp.85-6.
- xix CFA, Box 2, Folder 20, letter, 11th March 1931, Dr Moodie, Medical Director London Child Guidance Clinic, to Scoville.
- xx CFA, Box 2, Folder 21, letter, 1st April 1931, Smith to Moodie.
- xxi CFA, Box 16, Folder 164, memorandum, 17th December 1931, Scoville to Smith.
- xxii LSE, Central Filing Registry/514/2/C, Minutes of the Professorial Council, 16th November 1938; CFA, Box 16, Folder 167, memorandum, 20th February 1939, Smith to Scoville; see also Dahrendorf, *A History of the London School of Economics*, p.373.
- xxiii On Meyer see M. Gelder, 'Adolf Meyer and His Influence on British Psychiatry' in G. E. Berrios and H. Freeman (eds), *150 Years of British Psychiatry*, (London, 1991); on MacCalman see J. Stewart, "'The Most Precious Asset of a Nation is Its Children": the Clyde Committee on Homeless Children in Scotland', *Scottish Economic and Social History*, 21, 1, (2001), and MacCalman's application for the post of General Secretary of the Child Guidance Council in CFA, Box 3, Folder 29; and on Smith and his support see CFA, Box 3, Folder 29, Correspondence May and June 1935.
- xxiv I am grateful to Erik Ingebrigsten, Norwegian University of Science and Technology, for highlighting this point at the Oslo conference.
- xxv CFA, Box 20, Folders 217, 227.
- xxvi CFA, Box 18, Folder 187, memorandum, undated but probably late 1929/1930, by Scoville, 'Mental Hygiene and Child Guidance: England'. A sense of what the experience was like for the British visitors can be had from 'Far Away and Long Ago', *British Journal of Psychiatric Social Work*, 10, (1954), 9-11.
- xxvii CFA, Box 23, Folder 259, letter, 6th March 1928, Eckhard to Scoville.
- xxviii CFA, Box 2, Folder 17, letter, 9th May 1928, Beveridge to Smith.
- xxix LSE, Central Filing Registry/514/4, letter, 1st June 1928, Scoville to Eckhard.
- xxx CFA, Box 23, Folder 260, letter, 21st March 1935, Scoville to Brown.
- xxxi CFA, Box 23, Folder 260, memorandum, September 1935, Sibyl Clement Brown, 'Some Impressions of Social Work in America, 1935'.
- xxxii CFA, Box 3, Folder 28, letter, 19th June 1934, Robinson to Scoville.
- xxxiii CFA, Box 11, Folder 112, letter, 26th April 1932, Butler to Scoville.
- xxxiv I am grateful to John Welshman, Lancaster University, for raising this issue with me at the Oslo conference.

- xxxv M. Ashdown and S. Clement Brown, *Social Science and Mental Health: An Essay on Psychiatric Social Workers*, (London, 1953), 17.
- xxxvi G. Keir, 'Symposium on Psychologists and Psychiatrists in the Child Guidance Service. III – A History of Child Guidance', *British Journal of Educational Psychology*, XXII, 1 (1952).
- xxxvii W.M. Burbury, E.M. Balint, and B.J. Yapp, *An Introduction to Child Guidance*, (London, 1945), 4-6, and Chapter 7.
- xxxviii Timms, *Psychiatric Social Work in Great Britain*, 20-21.
- xxxix M.D.L. Dickson, *Child Guidance*, (London, 1938), 15.

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