INTELLIGENCE AND MODERN SOCIAL TRENDS.*

By E. O. Lewis, D.Sc., M.R.C.S.

Mental deficiency and its synonym " oligophrenia " are terms interpreted very differently in various countries; this has made it almost impossible to compare the statistical data of these countries. The concept the lay person in this country has of mental defect applies with few exceptions to individuals with intelligence quotients below 60 per cent., i.e., idiots, imbecile and obvious simpletons. When a person with this conception of mental defect—and we must admit that it corresponds fairly closely to the legal interpretation of the Mental Deficiency Acts in this country—is told that mental deficiency is a major social problem, the statement is received with some measure of incredulity. There is some justification for this incredulity. The statement is ambiguous and is based upon some rather muddled thinking. If we accept this legal and administrative interpretation of mental defect only about 1 per cent. of the population can be said to be mentally defective. Probably no other 1 per cent. of the population has such a high proportion of decent, docile and law-abiding citizens. If so, what meaning can we give to the statement that mental deficiency is a major social problem?

In this paper it is not proposed to discuss mental deficiency in the somewhat narrow, legal and administrative sense, but I should regret very much if anything I say or do not say were interpreted as indicating an indifference to, or any complacency about, the administration of the Mental Deficiency Acts. We are very far from fulfilling our duty as a nation to the mentally defective. For example, the Mental Deficiency Departmental Committee estimated, about twenty years ago, that institutional accommodation was required for 110,000 mental defectives. The Acts have now been in force 35 years, and the total number in Institutions to-day is only 55,000. The care and supervision of defectives remaining in the general community is in an even worse state; many local authorities have made scarcely any such provision.

Moreover, the importance of the study of mental deficiency as a branch of medical science needs to be emphasized. The thousands of lower grade defectives in our large institutions, as well as those in the general community, present one of the most fertile fields for medical research. The science and art of endocrinology had its origin in the study of cretinism. Doubtless there are other sciences and arts waiting to be discovered by the intensive study of these experimental failures of Nature—the lower-grade defectives.

Whilst mental deficiency, when interpreted in the narrow legal sense, may not be said to be a major social problem, those of us, who have to deal with the higher grade defectives in the general community, are firmly con-

* Presidential address given to the Section of Psychiatry of The Royal Society of Medicine on 10 October, 1950.

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

vinced that we are brought into contact with a section of the community that *does* present very serious social problems. The phrase " major social problem " may not apply to persons with I.Qs. below 60 per cent. but certainly does to the much larger section of the community with I.Qs. from 60 per cent to 85 per cent. Only a relatively small proportion of the latter group can be brought within the scope of the Mental Deficiency Acts. In this paper it is proposed to discuss the problem of this larger group of persons, whose basic handicap is their poor mental endowment.

Numerous surveys have been made to determine the distribution of intelligence amongst the general population. The data of the majority of the surveys indicate that from 8 to 15 per cent. of the community have I.Qs. below 85 per cent. When we think of the innumerable surveys made in various countries, it can be stated with some degree of certainty, that in the whole field of psychiatry there are few facts so well established statistically as this one.

The interpretation of results obtained by the application of intelligence tests is a very controversial subject. Recently some psychologists have urged that the concept of general intelligence needs overhauling, and some have even advocated that it should be abolished. Whilst the academic psychologists decide this issue, I am prepared to accept as a working hypothesis Burt's concept of intelligence—that of an innate general ability largely inherited.

Environmental factors, especially scholastic attainments, determine in some measure an individual's score with intelligence tests. Researches dealing with this special point indicate that 20 to 25 per cent. of the score may be attributed to these factors. From considerable experience in the application of these tests to large numbers of school children, some in rural districts, others in small urban areas and many in large towns, coming from homes that differ greatly in their economic, cultural and social status, I think this estimate is about right, although in exceptional cases, adverse environmental factors may lower the score to an even greater extent.

After making allowances for these and other factors that influence scores in intelligence tests, it seems to me that a conservative estimate of the proportion of the population with 60 per cent. to 85 per cent. of normal intelligence would be 5 per cent. Various names have been given to this group of the community. On the Continent, the term " oligophrenia " comprises not only this group, but the lower grade mental defectives. American psychologists refer to the members of this group as " morons." In this country the terms backward, dull and retarded are preferred, but are applied with considerable laxity. Some years ago, I ventured to suggest that the term " subcultural " should be used to designate this group, but I am not much enamoured of this term, and would gladly accept a more suitable one. The term " subcultural " may serve our purpose until some popular journalist debases it to an epithet of abuse.

Of the 5 per cent. of the population that constitutes the subcultural group only about ½ per cent. can be brought within the jurisdiction of the Mental Deficiency Acts. There is little prospect of a wider or more liberal interpretation of mental defect being adopted in this country—even if this were desirable. The lay public should be got to realize that for every one person that can be

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

dealt with under these Acts, there are five or more borderline cases who are social failures, actually or potentially, and that their failure is primarily due to poor mental endowments. This marginal group requires much more consideration than it has received hitherto, because it is the members of this group, in my opinion, who present serious social problems.

The following are some of the features of the subcultural group that make it of special interest.

The numbers of any community comprised in the subcultural group may be said to be an index of the general level of intelligence of the whole community. This cannot be said of lower grade defectives—idiots and imbeciles. The large majority of these are due to pathological factors, or if the condition is inherited, to genes that are comparatively rare. It is possible to conceive a substantial increase in the numbers of lower grade defectives without any appreciable modification of the average level of intelligence of the general community. Any material change in the numbers of the subcultural group will modify the form of the curve representing the distribution of intelligence in the whole community. This subcultural group is an integral part of the general population. If this view is accepted, it follows that the numbers in this group must be some index of the level of intelligence in the whole community or nation.

During the last two decades there has been much controversy whether the average level of intelligence in this country has been falling. It seems to me that the real practical point at issue has been whether there has been a substantial increase in the numbers of persons that can be included in the category of the subcultural. Those who have maintained that the level of national intelligence is falling, have based their case chiefly upon the differential fertility of the various economic and social classes. Children with lower intelligence generally belong to larger families, and the more intelligent children are to be found in the smaller families. The fathers of large families are mostly unskilled workers, whilst small families are to be found amongst the professional classes and skilled artisans. On *a priori* grounds this differential fertility must result, if continued for a number of generations, in an increase in the numbers of the subcultural group and in the lowering of the average intelligence of the community, provided there are no compensating factors to raise the average level of intelligence.

Psychometricians have tried to obtain direct evidence of these changes. The Scottish Council for Research in Education carried out surveys for this purpose. All children aged 11 in the schools were given group tests. The first survey was made in 1932 and the second in 1947. In the first survey the average score was 34·5 points out of a maximum of 76; in the second survey the average score was 36·7 points—a significant increase of 2·2.

The average intelligence of American soldiers who participated in World War II was found to be definitely higher than those who participated in World War I. The data obtained by de Grout, on the other hand, who tested 13-year-old children, indicated that the post-war group scored on an average 4 points less than the pre-war group.

The Scottish Council have been cautious in their interpretation of the

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

improvement in the average score. The Council recognizes that an increasing familiarity with mental tests—" test sophistication " as it has been called—may have enabled the children to improve their score. Special studies made by psychologists to assess the effects of practice show beyond any doubt that the improvement due to practice alone may be considerable. It would be contrary to all we know about the foresight of our friends born and bred North of the Tweed, to assume that Scottish teachers, during the fifteen years that intervened between these two surveys, refrained from giving their pupils some drill in mental tests, especially when the teachers knew that these tests were being used in the selection of pupils for post-primary schools. Amongst other factors that may account for the increase in the scores is the acknowledged improvement in physical fitness, more especially in the nutritional condition of school children during the last two decades. Whilst the pessimism based upon differential fertility of the social classes receives no support from the Scottish surveys, I do not think the results do much to allay our apprehension.

Penrose has written recently that " defectives are the genetical backbone of the population." His remark does not engender much optimism about the future of the human race, but both Penrose and Haldane have given a timely corrective to the pessimism that is based solely upon the differential fertility. In the fields of medicine and biology there have been, from time to time, false alarms because important factors that tend to restore and maintain a state of biological equilibrium have been ignored. Genetic safeguards must have been operative throughout the centuries to have enabled the human race to attain its present level of mental development, in spite of its many vicissitudes. Research is much needed to elucidate these safeguards. Penrose and Haldane have intimated what they believe to be some of the safeguards, namely, assortative mating, the sterility of lower grade defectives and the higher infantile mortality in the poorer stratum of the population. In addition it seems to me that the whole bias for the transmission of normal characteristics, as exemplified by what geneticists term " the regression to the mean," makes for stability. For instance, if both parents have I.Qs. of 80 per cent. the average I.Qs. of the children will probably be half way between this and the normal, that is, their average I.Qs. will approximate to 90 per cent.

Belief in the biological stability of the race does not justify indifference to dysgenic tendencies, such as the differential fertility of intelligent and unintelligent persons. No amount of theorising can discount what has been observed to take place in certain small communities in this country and others during the last hundred years. The biological equilibrium has been seriously upset in certain small rural communities where there has been inbreeding of poor mental stock. Dr. Répond, at a recent meeting of the Royal Medico-Psychological Association, gave a vivid account of such a community in a remote Swiss valley ; the community had deteriorated to such an extent that 27 per cent. of the school children were mentally defective. In the course of my surveys for the Departmental Committee I found many " pockets " in rural areas from which there had been rapid migration during the last fifty years, leaving a residual population of poor mentality. In these areas the incidence of subnormal intelligence was considerably higher than the average.

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

Earlier in this paper I expressed the opinion that if mental deficiency is interpreted in the legal sense, the mentally defective cannot be said to present a serious social problem, but the much larger borderline group, the subcultural, certainly does. It is dangerous to attempt prophesy in any field of science, but probably in the new science of Social Medicine the subcultural section of the community will occupy a prominent place. The study of mental deficiency, using this term in the narrow sense, can rightly claim to have made some valuable contributions to clinical medicine. Those who have worked in this field can claim to have drawn attention to a much larger problem, that of the subcultural, which up to the present can be aptly described as " no man's land " in the field of psychiatry.

Our reaction to any new problem may be any one of the following: We may adopt the attitude that there is no real problem; this is the easiest way of disposing of any problem. Or we may recognize that there is a problem, but dismiss it as one of little importance—this is the next easiest solution. Or again, we may admit that the problem exists and that it is indeed important, but as there is no obvious solution why trouble about it? This is the commonest attitude. The fourth attitude is to recognize the importance of the problem, and to settle down to study it and discover some practical solution; this is too often a rare response.

Those who refuse to recognize that the subcultural group presents a problem when confronted with a person who belongs to this group, reason somewhat as follows: The person is either mentally defective or not. If he is a defective, he can be dealt with under the Mental Deficiency Acts; if not, he must be treated as a normal person. For people who reason thus everything is either black or white; for them there are no greys. This kind of intellectual colour-blindness is rather prevalent amongst members of the legal profession and certainly not absent from our own.

We are rightly proud as a nation that our judges and magistrates guard jealously the rights and freedom of the individual. At the same time, those of us who have been intimately associated with the administration of the Mental Deficiency Acts, could give many instances when the judicial authority has either refused to make an Order under these Acts, or has pressed for the discharge of a patient from an Order, with the result that it has left on the hands of the administrator, not only an unsolved problem, but one aggravated. Such action has often been a dis-service to the individual involved and detrimental to the community in which he lives.

The purist in dichotomy in our own profession concerns us more intimately. We frequently read in case studies that the patient was not mentally defective, but simply dull and backward; but this feature of the diagnosis receives no further attention, as if it were of no importance. Whatever the predominant feature of a case may be—psychosis, neurosis or anti-social behaviour—that the patient should be a person of poor mental endowments is a matter of considerable importance, not only in the diagnosis, but also in the treatment and subsequent rehabilitation of the patient.

The second attitude, namely, that of recognizing that the subcultural group presents a problem, but of regarding it as of no importance, has many

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

forms of expression. Some who adopt this attitude dismiss the subject by saying "there have always been and always will be hewers of wood and drawers of water"—thus showing a nodding acquaintance with the Scriptures. Others express the attitude by attempting to discredit the mental tests which have been instrumental in differentiating the subcultural from the normal. These tests, it is maintained, are scholastic in character, and such knowledge is of little importance when we come to the practical problems of living. We are told that general and compulsory education is a comparatively recent feature or fad of Western civilization. We are reminded that England forged ahead to become the foremost nation in industry and world politics when more than half the population was illiterate.

With all its defects it can be claimed that the school of to-day has proved itself to be a reliable testing ground of innate mental ability, and gives a fairly reliable forecast of the relative efficiency of the children as future citizens. Retarded children leave school greatly handicapped and very poorly equipped to fend for themselves in a competitive world. A serious indictment of our educational system—and in saying this I hope I am not using words thoughtlessly—is, that these retarded children leave school worse equipped than they need be. One of the most disturbing discoveries of my examination of thousands of school children was that the "educational" retardation on an average is double that of the "mental" retardation. That is, if a child of 12 had a mental age of 10, his educational attainments were only those of a child of 8. The neglect of the retarded child means that large numbers leave our schools with feelings of inferiority and frustration deeply imbedded. What fertile soil for neurosis, and even psychosis, not to mention anti-social behaviour! That at least two million of the forty odd million population of England and Wales can be said to belong to the category of the subcultural, surely makes this section and the problems it presents of great social importance. From the standpoint of Social Medicine, this is the most important psychiatric group in the whole community.

The third attitude mentioned is that of recognizing that the problem exists, and that it is an important one, but against that as no solution seems possible, no good purpose would be served by discussion. This attitude of futility seems to be the most common one, even amongst the more intelligent section of the community. The best way of discounting this attitude is to proceed to discuss the fourth attitude mentioned, namely, that which attempts to study the nature of the problem and to determine what can be done about it.

The right approach to the subcultural section of the community, as already indicated, is that of regarding it as an integral part of the general community. The problem presented by large numbers of the lower grade defectives and many of the feebleminded who can be brought within the scope of the Mental Deficiency Acts, can only be solved by their segregation, temporarily or permanently, in institutions or colonies. When dealing with the subcultural group the solution cannot be one of segregation, but must be that of assimilation into the general community. Whilst emphasizing the antithesis between the mentally defective and the subcultural it is obvious that there is some overlapping

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

of these two groups. Many of the feebleminded are of the subcultural type, and numbers of these, after a period of segregation for training and stabilization, can return and become useful members of the general community. This overlapping does not invalidate our main thesis, namely, that the problem the subcultural group sets us is one of assimilation and not of segregation.

The recent Education Acts (1944) recognize that retarded children, the young generation of the subcultural, must remain an integral part of the general school population. It is gratifying that our legislators realize that this is the right line of approach. Let us hope, however, that the errors of the past will be avoided. In the education of the retarded, emphasis should be placed, not on the scholastic, but on the social aspect. Our educational system has one serious failing—its detachment from the home. The problem of the subcultural is largely a family problem. If the children of this group are to become good and useful citizens there must be co-operation between the home and the school; and to ensure such co-operation the Education Authority must take the initiative. Teachers and parents should not be strangers to one another. To ensure continuous co-operation between the home and school, the services of social workers are essential. Those who have experience of Child Guidance clinics will probably agree that in many cases the crux of the problem is in the home and not in the child.

From the standpoint of Social Medicine the subcultural group presents larger and more difficult problems than the mentally defective. The majority of our chronic social problems—pauperism, slumdom and recidivism—are associated, not so much with the 300,000 mental defectives in the country, but with the two million borderline group. In a paper published recently I endeavoured to indicate some of these problems. Social Medicine, still in its infancy, is chiefly concerned with environmental factors—bad housing, unhygienic conditions in factories and mines, and many other such factors that can be remedied, and much progress has already been made with many of these problems. Sooner or later with such problems a hard core is reached which cannot be resolved by methods hitherto successful. It is when Social Medicine has to deal with these residual hard cores that it will turn to the psychiatrist, because it will be realized that further progress cannot be made without taking into consideration the special features of the persons who constitute this hard core. To illustrate this I cited the statistics from infantile mortality in this country. In 1900 the infantile mortality for England and Wales was 153 per 1000 live births. By 1940 this rate had fallen to 50. During the last ten years there has been but little change in this rate. It seems that we are getting near the "hard core," which is by no means negligible. The nature of the residual problem is better understood when we analyse the infantile mortality rate for various social groups. Statistics show clearly that the greatest reduction in infantile mortality has occurred amongst the more intelligent and better educated; the least reduction is amongst the families of unskilled workers. The wives of professional and business men, technicians and skilled artisans have benefited greatly from the medical knowledge relating to pregnancy and childbirth that has been made available in books and articles written for the lay public and from the facilities provided in ante-natal clinics.

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

Mothers of poor intelligence have not profited to nearly the same extent ; the propaganda does not seem to have reached these mothers, and although they may have attended ante-natal clinics they have not been able to co-operate effectively with the doctors and nurses. Some new method of approach to this section of the community will have to be found before any further substantial reduction can be made in the infantile mortality of this country.

Many of the Social Services have developed considerably during the last few decades. The success and future development of these services will depend largely upon how the public use them. Recent experiences with the National Health Service give rise to some misgivings. The ingenuity shown in some of the abuses exonerates the members of the subcultural group. There is, however, the danger that certain members of this group may make an unduly large demand upon the National Health and other social services. If this occurs the benefit of the services to the whole community will be restricted and their development retarded.

This brings us to the controversial subject of the Social Problem Group. The central feature of this concept is that a relatively small proportion of the population makes an unduly large demand upon the various services. The smaller the group, the more significant becomes the concept. Recent surveys made in several of our large towns may give us, at an early date, an approximate idea of the size of this group. It would not be surprising to find that it is a small one, even a small minority of the subcultural group. The smaller the group the easier it should be to take practical steps to prevent it becoming a menace to our social services. When I have talked with general practitioners in rural and small provincial towns, or with Health Visitors who work amongst urban populations and have a thorough knowledge of certain areas, they have had no difficulty in understanding the concept of the Social Problem Group and have been able to give the names of several families who can be included in this group.

During the last century our country has experienced changes in its industrial and social organization, that may be said to be phenomenal in their rapidity, in the whole history of civilization. A century ago the population of this country lived mostly in rural areas and was occupied chiefly in agriculture. To-day the population is predominantly urban ; almost half of the total population is concentrated in a dozen large towns or dense urban areas. The majority of the men are occupied in large engineering works, mines, factories or offices. It is a tribute to the adaptability of the British character that this rapid urbanization and industrialization has been effected with so little social upheaval. Such changes, however, must have affected profoundly the mental habits and outlook of our nation ; but it is only of recent years psychiatrists have given much attention to these changes.

Mumford, in his volume on *The Culture of Cities*, has given us a comprehensive survey of the process of urbanization throughout the Western world. His almost wholesale condemnation of urbanization gave me the feeling that literary hyperbolism had been let loose in scientific fields. Possibly Mumford has exaggerated the disadvantages of urbanization and undervalued its gains, but he has focused attention upon several issues that are vital to the study

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

of modern Sociology. Here it is only possible to mention one or two issues that are most relevant to the problems presented by the subcultural group.

From the purely economic standpoint urbanization has probably improved the lot of those with poor intelligence. In every factory there are several mechanical and simple processes that such persons can perform. Group or teamwork that requires little initiative does not expose their limitations. Agriculture, on the other hand, now that it has become more scientific and mechanized, makes relatively less demand for unskilled labour. Therefore it seems that urbanization has rendered it easier to assimilate the subcultural group into the economic system of our country.

From a genetic standpoint also urbanization has certain obvious advantages. One of these is that eventually it will reduce the amount of inbreeding amongst families of poor stocks, physically and mentally. I have qualified this remark by saying "eventually," because it seems that during the last two or three generations the rapid process of urbanization has indirectly caused an increase in the incidence of mental deficiency in more rural areas, by leaving in these areas a residual population of poor mental endowments.

There appears to be no evidence that urbanization has been associated with any increase in the incidence of mental deficiency. The changes urbanization is actually producing in the mental endowments and in the functioning of these endowments should prove a fertile field for research. By applying group tests to large numbers of children in rural and urban areas I obtained a little information on this point. The difference between the average scores of children in urban and rural areas was so small as to be of no significance. In the rural areas there was more scattering of the scores, that is, a larger proportion of the scores were found at the extremes, both subnormal and supernormal, than in urban areas. This suggests that urbanization tends to standardize mental endowments and their functioning. The rural protagonist will probably express this more tersely by saying that in our large towns we are producng a population of standardized mediocrities.

The great contrasting feature between the social life in villages and small towns, on the one hand, and that in large towns, is in the degree of cohesiveness. In rural districts family bonds are stronger and the people know one another more intimately, and are interested in one another's affairs. Contrast this with the social life in our large towns. The attitude of the Londoner to the vast majority of people he meets each day can be appropriately described as mildly paranoidal. Neighbourliness is a lost and forgotten art in our large towns. People live thirty or more years in the same place without taking the slightest interest in local affairs or administration. In many of the dormitory suburbs there is practically no community life. If one may be allowed to indulge in paradox and hyperbolism, the population of a dormitory suburb can be described as an amorphous agglomoration of unsociables.

The massing of population in large towns of half a million to ten million inhabitants gives rise to innumerable sociological problems. The science of Social Psychology, although still in its infancy, has made some interesting contributions and is gradually elucidating some of the chief features of the

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

complex social organizations of our large towns. In this paper only one or two of these features can be mentioned.

Sociologists and social psychologists agree that in the large urban populations there is setting in a process of stratification. This tendency results in a grouping very different from that known as the social classes of the past and can be said to be superseding the class system. The concept of " social class " implies a subjective feeling of group interest and group membership. Stratification, on the other hand, is something objective and is determined in the earlier stages, at any rate, by factors chiefly economical or educational. Stratification is not merely a classification into the " haves " and " have-nots," especially in times when many artisans and even unskilled workmen earn better wages than the members of the " black-coated " fraternity. Some sociologists have maintained that the stratification in the large towns of some countries has gone so far as to produce a bi-polarized community. In such communities the large majority of people belong to one or other of two antagonistic groups whose viewpoints are basically irreconcilable. Their attitude to economic, cultural and moral issues, are completely opposed.

To return to our main theme, that of the assimilation of the cultural group into the life of the general community, it is obvious that this trend to stratification in our large towns renders the task of assimilation much more difficult. The great danger is that the subcultural group may be precipitated out of the general life of the community and form a lower stratum that will present many difficult social problems.

In rural districts and small towns in the past this assimilation has been effected without much difficulty or conscious effort. I may be allowed to illustrate this by a personal reference. I spent my youth in a small community in the Rhondda Valley of about 10,000 population. It was a community in which everyone depended for his livelihood, directly or indirectly, upon coal-mining. In this relatively small community there were few or no class distinctions. Owing to the perils of coal-mining the managers and the miners themselves were careful not to allow any person of poor intelligence or anyone whose behaviour was erratic to work down the mine. The simpletons and oddities were given work on the surface, and there was no dearth of suitable jobs for these people. If a person of apparently normal intelligence said that he worked on the surface of the mine he received what we know as the " interrogating look." The surface workers, although receiving lower wages than the miners, felt that they were an essential part of the industrial machine. The social life was largely associated with the Churches ; over 90 per cent. were church members. Possibly the cultural interests were narrow and occasionally trivial sectarian differences produced friction and excitement ; but it was a closely knit community. Serious crime was almost unknown and there was no slum area, although naturally homes differed somewhat in standards of cleanliness and hygiene. The weaker members of the community, of which there was at least the average number, were surrounded by friends and fellow workers, who gave them assistance and guidance when illhealth or misfortune threatened their homes. Far be it from me to suggest that the Rhondda was a Utopia in those days. The infantile mortality rate was the highest in the

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

country and large numbers of miners died in middle-age from a disease that we know now to be a combination of phthisis and pneumokoniosis, but it was a community with a high degree of cohesiveness, and for this reason, the subcultural group presented no serious social problem. Unfortunately, by to-day, much of this cohesiveness has been lost.

The decline in the social activities and interests of large numbers of those who live in our big towns or cities is a matter of some importance to the psychiatrist, who deals mostly with cases of psychosis or neurosis in the treatment of his patients. The goal of mental therapy is to produce a well integrated and fully developed personality. Even the best and most harmonious home environment cannot, of itself, produce this complete personality. Social activities outside the home are essential. We all know of instances of neurosis that can be attributed partly, if not wholly, to emotional stress or conflict in the home. In many of these cases, the patient would probably have been able to cope with the home situation had he cultivated social activities outside the home. This seems to me to be a problem that relates particularly to patients who have reached middle-age; young people usually have plenty of social interests at their various clubs. The emphasis placed upon group activities, especially amongst convalescing patients, in our mental hospitals is an encouraging sign. There are many cases who fail to become properly rehabilitated when they return to the general community because there are few facilities in many of our large towns for social life outside the home.

Social Psychiatry is chiefly concerned with the mental health of the community as a whole, and it is from this standpoint we see the larger issues and wider problems presented by the social disintegration which is taking place in our large towns and cities. The seriousness of this problem is realized by many workers in various branches of social welfare, but it is too wide a subject for us to discuss fully in this paper. Unfortunately, the mass entertainments of the radio, television and cinema tend to aggravate this disintegration The crowd is the antithesis of the social group—that is, of the small group of people who meet to discuss their problems, and even if they do not reach agreement, endeavour to understand one another's standpoint and to agree upon some practical line of action.

This lack of cohesiveness in our large towns gives rise to many important problems which are outside the theme of this paper. Sociologists who study the broader issues of this subject would probably regard the assimilation of the subcultural group as one of the minor problems. Would it be any exaggeration to say that democracy has no greater or more urgent problem than that of ensuring a greater degree of social cohesion amongst the populations of large towns? If the democratic countries fail in this task there is the danger that some kind of cohesiveness will be enforced by some arbitrary authority.

Owing to its discursive character this paper is not easily summarized. The problem presented by the subcultural group has been discussed in the light of a few modern social trends. The first trend discussed was that of the differential fertility of the various social groups. Whilst there is as yet no definite evidence to justify the pessimism of some geneticists and psychologists, several surveys made in recent years indicate that there is no ground for complacency.

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press

Another trend considered was the rapid development of the social services. It is suggested that the unduly large demands the " social problem group " is likely to make upon these services will hamper their development. The other important trend discussed was that of urbanization. The social life in large towns lacks the cohesiveness found in rural and small urban districts. The chief problem the subcultural group presents is its assimilation into the social and economic life of the general community. This task is rendered much more difficult by the disintegration of social life that is taking place in large towns.

https://doi.org/10.1192/bjp.97.408.468 Published online by Cambridge University Press