

SOCIETY AND MENTAL HEALTH by R. J. Berry, M. M. Smith. *Catholic Social Guild* 5s.

Mental illness is becoming increasingly common in our lives, and there can be few people who have not known either a friend or a relative suffering from some form of mental disorder, especially since the passing of the Mental Health Act of 1959, which brought about a great increase in out-patient care, day-hospitals, and domiciliary services, giving greater responsibility for the patient to his own family, employer and fellow-workers. In fact, the Act completely changed the emphasis of treatment from the almost purely custodial to the present informal type of admission and discharge.

This paper-back, written by a consultant psychiatrist and an occupational therapist, gives a good overall picture of the development and scope of the mental health services available today. It includes a bibliography, a glossary which will be of value to the layman, and a list of organisations and individuals who are concerned with the promotion of mental health and the support of families burdened with mental invalids. The book assumes very little previous knowledge on the part of the reader, and copes bravely with the complexities of involitional depression and the definition of schizophrenia. In this definition, however, the book is sometimes unsatisfactory: anyone who has worked with schizophrenics will recognise a statement like 'one often feels as though there is a pane of glass between oneself and a schizophrenic patient' as perfectly true, but it

may well perplex a general reader hoping for fuller explanations of difficult topics. However, the authors are honest and say frankly, for example, 'most psychiatrists have a clear idea of what they mean by hysteria, although most definitions are in some way inadequate'.

The book is written primarily to demonstrate to the layman some of the ways in which individual help can be used to promote mental health, and the authors warn against well-meaning but incompetent offers of service, which can lead to undue emotional involvement and an inability to see things in perspective. On the other hand, the authors point out that voluntary workers who 'can combine sympathy with objectivity have a chance of doing real good'. There is indeed plenty of scope, for in this book, as with so many accounts of the services available for all groups, there is a tendency to state what would be the ideal provision – old people's clubs, Day Centres, home helps, hostels and halfway houses to provide a sheltered environment for newly discharged patients, and so on – without mentioning that there is a crying shortage of all these facilities.

Something like 40% of the total hospital beds in Britain are occupied by psychiatric patients, so this problem has become one of great relevance to us all. 'If community care is to work, the community must really care.'

ROSEMARY GALPIN

THE TEMPTATION AND THE PASSION: THE MARKAN SOTERIOLOGY, Ernest Best. *Cambridge University Press*, 1965, 32s. 6d.

Dr Best's *The Temptation and the Passion*, the second of a series of monograph supplements to *New Testament Studies*, falls into two parts. First, Dr Best argues that Mark is not to be classified with those New Testament soteriologies which see Christ's death and resurrection as a victory over the demonic powers. In Mark, Jesus goes to the desert to encounter Satan, and, as 3.27 indicates, by 'one definite act' (p. 13) decisively defeats him at the Temptation. The subsequent exorcisms are but 'mopping-up operations of isolated units of Satan's hosts', which 'are certain to be successful because the Captain of the hosts of evil is already bound and immobilised' (p. 15).

Dr Best stands against a current trend in Markan interpretation which understands Jesus' whole mission as an encounter with the forces of evil and attaches Satan's conclusive defeats to the Passion rather than to the Temptation. Thus James M. Robinson (*The Problem of History in Mark*) argues that the struggle begun in the Temptation continues, until at his death Jesus experiences the ultimate in diabolic antagonism; only in the resurrection is the force of evil conclusively broken. Against Robinson Dr Best is generally convincing and his conclusion is persuasive: 'the demonic slowly fades out of Mark; highly concentrated at the beginning, it gradually disappears so