construction of "personality" as a category, and thus returning to a more traditional form of the history of ideas, is perhaps not clear. In the conclusion, when the author suddenly switches voice, we are invited to relate historical scholarship to "the enormity of the claims made for the modern brain" (p. 238).

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Peter C Jupp and **Clare Gittings** (eds), *Death in England: an illustrated history*, Manchester University Press, 1999, pp. xiv, 290, illus., £45.00 (hardback 0-7190-5470-2), £19.99 (paperback 0-7190-5811-2).

In charting changing attitudes towards death in England from Neolithic times to the present, this collection of essays addresses many themes relevant to medical history. Some of these are already well known, such as the gradual medicalization of death during the twentieth century. Others are less well known, such as the importance of the doctor's role in ensuring a "good death". But whatever aspect of medicine one may be interested in—doctor-patient relationships, the interface between medicine and religion, or public health—this book will be a fascinating source of information on the history of death.

In ten chronologically organized chapters, the volume investigates various themes associated with the public manifestation of death and the social practices surrounding it. In so far as their sources allow, the twelve authors examine attitudes towards the "art of dying", what constituted a "good" or "bad" death, and how these perceptions were informed by religious beliefs in the afterlife. They investigate the public and private processes of grieving, how the body was prepared for burial, and how the burial itself was undertaken. In exploring these themes, each author is sensitive to the changing intellectual and religious background, class differences, and the practical limitations of space, time and money that affected ways of dying.

The book is particularly fascinating for the variety of approaches it adopts. In part, this is determined by the sources. Thus the first two chapters—dealing with death in the Neolithic, Bronze, Iron and Roman Ages—are written by archaeologists who draw their conclusions from gravesites and their contents. The authors are scrupulous in pointing out that surviving gravesites are not always representative of popular attitudes to death, and that only the most general inferences can be made regarding ancient beliefs in the afterlife. The survival of Roman tombstone inscriptions from England and elsewhere certainly improves the situation. But one is still left wondering how far we can go, beyond mere description of material objects, before we are in the realm of speculation.

Chapter 3—dealing with death in the period 400–1150—is curious in that it deals first with pagan Saxon and Viking attitudes to death using mainly archaeological evidence, and then it turns to Christian practices during the same period using surviving written records. The contrast is stark. The written documents give a much richer picture, at least of beliefs if not practices, and provide a valuable tool for interpreting iconographic and other material evidence for early Christian perceptions of death.

Chapters 4 to 10 rely upon more obviously historical rather than archaeological sources, but here again an interesting variety of approaches is adopted. For example, Chapter 10 (covering the period 1918–98) relies upon changing mortality rates to emphasize the importance of medicine and public health for modern attitudes to death. Chapter 9 (1850–1918), by contrast, uses visual images to illuminate how different the Victorian way of dying

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was from ours. Chapter 8 (1760–1850) sets death within the larger context of Enlightenment rationalism, romanticism and evangelicalism, whereas Chapter 7 (1660–1760) deals with perceptions of death in a changing political scene. Chapters 4 (1150–1380) and 6 (1558–1660) explore the association of secular and religious attitudes to death, while Chapter 5 (1380–1558) investigates the relationship between the fact of death and mental perceptions of it.

Quite wisely, the editors do not attempt to draw any overall conclusions from such a variety of approaches; rather they let each essay shed its own light on the topic. This means that reading the book cover-to-cover is rather anti-climactic. Few readers will attempt to do so, however. Even though the book is held together by strong central themes, it is essentially a collection of individual essays and is best appreciated as such. The excellent editing, beautiful illustrations, up-to-date footnotes and useful index make this volume a delight to read, and it will be of value to scholars and students alike.

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Ian A Burney, *Bodies of evidence: medicine and the politics of the English inquest, 1830–1926*, Baltimore and London, Johns Hopkins University Press, 2000, pp. x, 245, £31.00 (hardback 0-8018-6240-x).

Bodies of evidence focuses on the vexed problem of how a community accounts for death. It is a history of the evolution of the English office of the coroner and the institution of the inquest for roughly a century from 1830 to 1926, or from the medical reformer Thomas Wakley's first (and unsuccessful) campaign for the Middlesex coronership to the passage of the Coroners (Amendment) Act of the latter year.

This is a book about knowledge politics, about *who knows*. Burney shows the ongoing tension between the growing prowess of medical technique, the province of an increasingly narrow spectrum of specialist pathologists, and the persistent demand for "publicity"—not simply for transparency in the inference of how the living person came to be dead, but for a process by which a community could determine whether what had happened was acceptable. Traditionally, that process had been one of the exemplars of the civic liberties and amateur government of the free-born Englishman. The coroner, responding to information brought to him, convened a jury to view the body, to inquire into the circumstances of death, and to assess and judge the combination of natural, social, and personal circumstances that had led to the death. Known as the "people's court", the coroner's inquest was often conducted in a public house. Thomas Wakley, a political as well as a medical radical, sought to incorporate the new scientific medicine into that tradition. Better knowledge of the invisible ways the body might fail, particularly under the impact of chronic institutional violence, would give the community a greater basis to monitor that institutional power and, where necessary, to protest against it. Despite Wakley's success in raising outrage at deaths in workhouses and flogging in the army, those more radical than he recognized that while the inquest was a process of publicity it was also a mechanism of communal resolution. Especially in the case of institutions, there was often no clear way beyond the verdict toward fundamental change or even toward an enforceable judgement of guilt.

Even in Wakley's day there were serious questions about the compatibility of medicine and community. The categories of the new medical statisticians did not obviously correspond to the needs of