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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

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coroners and juries. Even within the medical profession, there was disagreement whether medical knowledge should come from a practitioner acquainted with the victim during life or from a specialist who knew only the dead body. As Burney shows through an ingenious discussion of the tools of post-mortem examination, the more sophisticated and specialized the medical intervention became, the more it tended to bypass the lay jury, while a less sophisticated approach could seem superfluous. And to many, medicine was hardly neutral: there was worry about doctor-coroners seeking to increase their incomes by performing unnecessary inquests or seeking to satisfy their curiosity in post-mortems. In most respects, the popular tribunal of the inquest did succumb to expertise. Major towns built facilities for the conduct of post-mortems and employed specialist pathologists who carried out their examinations away from public view. It became unnecessary for the jury even to view the body. Ironically, by the end of the period, the surgical theatre, a medical institution, had replaced the prison and the workhouse as a key site of vulnerability, a place where death required public explanation. Deaths under anaesthesia were the great concern. The inquest would represent the interests of the anaesthetized patient, who (undergoing surgery in a non-public space) was in no position to exert his or her will; it served equally as an essential means of public vindication of those who had carried out the surgery.

This is an important book, deserving to be read by historians of politics and of the state as well as of medicine. It should stimulate research, for there is much still to be done on the activities of coroners, the political uses of inquests, and the changing political and jurisprudential role of expertise in the development of the modern state.

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Sander L Gilman, *Love + marriage = death: and other essays on representing difference*, Stanford Studies in Jewish History and Culture, Stanford University Press, 1998, pp. ix, 247, £30.00, \$49.50 (hardback 0-8047-3261-2), £10.95, \$17.95 (paperback 0-8047-3262-0).

Like virtually all of Sander Gilman's numerous publications, this set of previously published essays is concerned with racial and sexual stereotypes. The title essay deals with the historical links between love, sex and death and how those links have been reinforced in this age of AIDS. Hopping merrily from Jonathan Swift to Shakespeare to Martin Amis, Gilman concludes that "the object of desire . . . carries with her the potential for the male's destruction" (p. 39). Not every essay here is that banal; the next two, indeed, are fascinating. One of them addresses the significance of conversion (to Christianity) among Central European Jews of the *fin de siècle*. Focusing on Max Nordau and Sigmund Freud, Gilman argues that both believed in the utter distinctiveness, not of the Jewish body, but of the Jewish mind and character. This fine study is followed by an illuminating discussion of the differentiation between the male Jew and the Jewess in the anti-Semitic discourse of turn-of-the-century Central Europe.

Gilman then turns to one of his old favourites: the theme that Jews are inherently predisposed to insanity, and Eastern European Jews even more so. This time around, he focuses on the 1938 novel by Albert Drach, *The massive file on Zwetschenbaum*, placing it in the contexts of medical and cultural ideas about Jewishness and madness. He then moves to the ultimate symbol of the mentally unstable Jew—the Viennese philosopher Otto Weininger—and Sigmund Freud, the prototypical Jewish doctor of the psyche. Ignoring the cultural contexts that shaped Weininger's work and downplaying his