latter has increasing importance, and interest, but needs more psychology in order to see the whole person, not only the demented pieces. The authors point to the role of emotions in understanding and supporting people with dementia. Emotions remain intact longer than cognitive capacities in dementia, and as they are our guides for responding to unknown situations, they may help us understand, and support, people suffering from a dementia that constantly threatens to make the known unknown.

This book has many strengths and it may seem unfair to point to its (minor) weaknesses. I missed a more critical reflection on 'development' as a concept, and material on the repressive effects of religion (or politics). They are indicated, but given little attention compared to the assumed positives of religion (here mainly Christianity) and spirituality. I also missed the psychology of the body – as appearance and identity, not just as an instrument (frailty) or a risk (health). It is suggested that only a few of us will experience mental frailty in advanced old age (p. 150), and that only a small minority will enter institutional care (p. 178). In my view more than 'a small minority' will experience the pains of advanced old age, and increasingly so when more of us are living longer. The only population data presented are projections of the older US population by age between 1990 and 2050 (p. 149). Is this because the book is aimed at the US market? Not a good choice. But buying this book is, and even better to introduce it to students who need to learn that psychology extends beyond the age of 40 years.

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Sharon R. Kaufman, *And a Time to Die: How American Hospitals Shape the End of Life*, University of Chicago Press, Chicago, 2005, 412 pp., hbk no price, pbk (2006) US$18.00 or £11.50, ISBN 978 0 226 42685 3.

This is a book about slow dying in hospitals in the United States. It reports an ethnographic study that was conducted over two years by a medical anthropologist who had access to 100 critically-ill patients, their families and the hospital

staff that attended them. Although the book does not focus on accident and emergency deaths, or the deaths of people in intensive care or palliative care, many of Kaufman's observations and insights apply to these other institutional scenarios. The major reason why this is so has to do with the major cultural reason that underpins these different service contexts: the tension between recognition of the 'right' time to die and the desire to fight for life until the evidence that the 'fight' cannot be won. And herein lies the nub – clarity is the first victim of a hospital culture in which new technologies, shifting definitions of death, bureaucratic pressures, the popular desire for 'choice', and the logic of medical-treatment pathways create seemingly impossible ambiguities in the determination of when dying begins and ends.

Between life and death these emergent technological and cultural contexts help create what Kaufman calls a 'grey zone' of numerous ways by which current technologies postpone death, with the result that many seriously ill people are neither (by any easy consensus) quite 'alive' nor quite 'dead'. Some people may not be 'beyond help' depending on one's definition of 'how far to go' and what constitutes 'help'. Into this biological ambiguity about what is 'natural' for a 'seriously ill' person, as opposed to a 'dying' person, 'the body' is influenced by the American individualism that requires 'choices' or 'decisions' about quality of life, and quality and type of care, amid an array of assessments about what is reversible or not reversible in a medical crisis or disease process. Biology, culture and technical aspects of care have become intricately complex and interwoven. Moral choices have become finely incremental, displaying mixtures of partial decisions in a medical journey that can be broken into a 100 steps, turns and possible reversals. Through 27 case studies, Kaufman is able to describe and explore these intricacies thoroughly and with great success.

In the broader context of other studies of dying, Kaufman's work is unique and welcome in several ways. The last 10 years have seen numerous qualitative studies of dying in hospices, especially in Australia and Britain. Beyond palliative care, there are even more studies of dying from cancer in diverse settings: outpatient, inpatient or hospice. Less common have been nuanced studies of hospital dying, even though such deaths are far more common than dying under palliative care. Also welcome is the strong ethnographic showing of this important but underemployed method of social research. The lemming-like tendency for social researchers to prefer interviewing or survey methods alone, even in sensitive research areas such as dying or grieving, demonstrates an over-rated value of talk, and a serious under-estimation of the culture-specific nature of spoken communication. Finally, much has been written about the 'good death' over the last decade, but hardly a word about what fundamental cultural and historical values underpin how death is made 'good'. Kaufman identifies the matter of 'timing' as a crucial element in American moral assessments of the good death, although I believe this observation is today applicable worldwide. Without doubt, on methodological, theoretical and empirical grounds, this book is well worth reading by anyone interested in death and dying.

It is also a book that should be viewed in the wide context of the social sciences conversation about death and dying. Even Kaufman wisely cautions the reader *not* to view her work as a study of 'typical' hospital dying, but rather as a study of

'problem' dying: types of dying where the intersection of routine hospital or medical logic meets the growing prevalence but historically 'unnatural' forms of dying (such as persistent vegetative states), and the complex iterative decision-making with and against staff, family and dying patients. Furthermore, although most dying occurs in hospitals, in the USA, Britain and Australia a large minority of deaths occur in nursing homes. Indeed, most dying in wealthy societies is at ages older than 65 years, and frequently follows a sudden accident or other medical incident or slow deterioration, whether at home, in aged-care facilities, or in hospitals. This broader picture of modern dying is not part of Kaufman's current book. Even more, most dying in global terms does not occur in the way that Kaufman describes but in poverty, with little hospital or medical infrastructure or, as commonly with AIDS, with precious little community support. Kaufman's good work must be viewed in this broader context. Yet in all this, it is a tribute to the book that it develops important sociological insights that might be employed in understanding dying in all these other contexts.

For the growing number of students and writers, such as myself, interested in dying, I would have liked to have read Kaufman's views about and engagement with other important studies of dying, such as those thoughtfully produced by Hinton, Hockey, Lawson, McNamara, Young and Cullen, Charmaz, Fox, Kalish, and Kastenbaum. I think that critical conversations about the changing culture surrounding modern dying conducted with these other writers – who have trodden this difficult and complex research path – would have deepened and extended this otherwise wonderful and important contribution.

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Azrini Wahidin and Maureen Cain (eds), *Ageing, Crime and Society*, Willan, Cullompton, Devon, 2006, 276 pp., pbk £22, ISBN 978 1 84392 152 3.

In the foreword to this timely book, Lord Ramsbottom, formerly Her Majesty's Chief Inspector of Prisons, welcomes its focus on the neglected subject of older people and crime. He trumpets the fact that the book takes on the role of the Chief Inspector by providing independent quality assurance on the manner in which prisoners' rights are preserved. This is currently threatened by the British government's proposals to merge the 13 public service inspectorates into four. The claim is considerable, but largely justified. Although the book derives from conference contributions and suffers some of the usual flaws of such collections, it sets out an interesting stall for future research, policy and practice in the subject area. This is achieved in no short measure by sure guidance from two editors with impressive knowledge and experience.

In the introduction, Wahidin and Cain establish their aim to disturb 'the silence surrounding the unyoung', and introduce the over-riding theme of the need for interdisciplinary work while stressing how important it is for criminologists to learn from what is already known. The next three chapters elaborate each of