

bestrides Telford's Chester to Holyhead coaching road. Over those years he has played significant roles as long-serving editor of the Welsh-language medical journal *Cennad*, and in promoting the activities of the History of Medicine Society for Wales. In his retirement he has laboured to produce a *tour de force* of synthesis, simultaneously a history of medical institutions, a region, an industry, and a culture. As such, the title of the book might be thought to do the author's achievement a disservice.

Around six of the fifteen chapters are devoted almost entirely to the quarry hospitals. These are amongst the earliest examples of an occupational health service anywhere in Britain. The Penrhyn Quarry Hospital was opened in 1825, the Oakeley in 1848, the Dinorwig in 1860 and the Llechwedd in 1888. These small institutions dealt with a large number of amputations, head and eye injuries. The quarry doctors, many of whom were expert surgeons and experienced general practitioners, were quick to adopt new techniques, such as the use of ether, antiseptic spray and X-ray equipment. The hospitals, which were funded by both employers and workmen, evolved to provide some services for the local community, but their origins were in direct response to the hazards faced by the quarrymen.

The photograph on the dust cover of an injured quarryman being carried in a box stretcher from the Cwmorthin quarry in Blaenau Ffestiniog, conveys the scene. Employed in dangerous work carried out in the adverse climatic conditions of a mountainous environment, slate workers' risks were compounded by their generally poor physique and conditions of material existence. Work accidents were frequent and related to many features of the extractive, processing and transportation aspects of the industry. In describing these practices the author displays an awesome command of the minutiae of quarrying techniques and working practices.

The book provides invaluable insights into the struggles of the slate industry's medical practitioners to establish their professional hegemony by challenging the attempts to have them work alongside "bone-setters". Davies conveys the complexities of the relationship between doctoring and "quackery" through

his account of the bone-setting traditions of families like the Isaacs of Cwm Pennant who eventually produced "conventional" practitioners of some distinction.

Well illustrated with photographs, the book also includes appendices with quarry injury/mortality statistics and constitutions/rules of workers' welfare societies. These serve to underline the earlier point that this is truly a "total" history by an organic intellectual immersed in the life and culture of his "bro" (locality) and its neighbouring communities. Even should he not achieve elevation within the orders of the Gorsedd of Bards, he most certainly deserves to become honorary MO to the Annales School!

Since the author draws on numerous Welsh sources, the book will prove invaluable to researchers unacquainted with the language. However, one word of advice for readers not intimately familiar with these mountainous districts of north Wales. Given the centrality of kinship and place in the construction of Welsh identities and in particular the histories of medical dynasties and associated quarrying communities, the average reader would find their access to this rich source of information facilitated by prior acquisition of the relevant ordinance survey maps.

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Jonathan Oberlander, *The political life of Medicare*, University of Chicago Press, 2003, pp. xi, 262, £13.00, US\$18.00 (paperback 0-226-61596-0).

In 1965 the United States enacted a national health insurance programme for persons of sixty-five years and over called Medicare. In 1972, Congress extended eligibility for Medicare to individuals of any age with proven disabilities and (after a dramatic public demonstration of kidney dialysis) to those with end-stage renal disease. This only-in-America complex of beneficiaries represented continuing political efforts to sustain the viability of private health insurance for the healthiest, least costly

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sectors of the population; that is, those able to work and their children.

Medicare was also designed to support privately owned and operated health services, by reimbursing the costs of services given in voluntary or for-profit hospitals and by private practitioners. The structure of the programme followed the structure of private health insurance benefits in the 1960s: divided into separate programmes for hospital and medical benefits, and with major gaps and exclusions that have haunted the programme to the present. Medicare was built on social security principles of universal benefits as a right, without a means test, for eligible beneficiaries. The hospital part of the programme was designed to be financially self-sufficient, funded by designated payroll taxes on the working population. Beneficiaries have to contribute a standard monthly fee, supplemented by general tax revenues, for other parts of the programme. Services are also subject to specified contributions at time of use, in the form of deductibles and co-insurance. Medicare is geared toward acute services. At the time of writing it still excludes out-of-hospital prescription drugs (currently a hot political issue), dental care, most long-term care, and related medical and social services. The programme is, in short, a complicated patchwork. Highly popular but increasingly expensive, transferring money from workers to the elderly, providing the same benefits to rich and poor, Medicare has become a polarized political battlefield.

The political scientist Jonathan Oberlander traces the political history of the programme from its implementation in 1966 to 1994, the year when President Clinton's efforts to reform the entire health care system crashed and, significantly, an ideologically market-oriented, anti-governmental Republican party was elected, gaining control of Congress in 1995. The book includes an initial chapter on Medicare's roots as background; three chapters on the politics of benefits, financing and regulation, respectively; a chapter relating these politics to social science theories; and a concluding chapter bringing the story up to 2002. Oberlander presents the factious Congressional debates that

led to Medicare's complicated structure in the 1960s. Nevertheless, in the next thirty years Medicare support was, he argues, solidly bipartisan, governed by the politics of consensus and with "no debate over ideology or programmatic first principles" (p. 5). The one attempt at major reform, the Medicare Catastrophic Coverage Act of 1988, extended benefits (including prescription drug coverage but not long-term care) but was repealed after strident opposition from the elderly because of its financial provisions.

There were, of course, internal changes in Medicare, nicely shown in this book. Concern about rising costs of health care marked the programme. Medicare has been subject to increasing programme regulation: through peer review, prospective payment via diagnosis-related groups, and physician fee schedules; and attempts have been made to encourage managed competition through persuading beneficiaries to join privately-run managed care insurance networks (not, as yet, very successfully). However, not until the late 1990s did fundamental ideas come seriously into question, with a shift in view from Medicare as single-payer insurance to Medicare as vehicle for health care competition.

Historians will find this book useful in illuminating a neglected period in Medicare's history; in supplementing more general histories of health care financing in the United States; and in terms of theory. A major conclusion is that the familiar political stereotype that the role of state is weak in the United States is not borne out in the Medicare experience.

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Allen B Weisse, *Heart to heart: the twentieth-century battle against cardiac disease. An oral history*, New Brunswick and London, Rutgers University Press, 2002, pp. xvii, 415, illus., US\$35.00 (hardback 0-8135-3157-8).

From the beginning to the end of the twentieth century the practice of neurosurgery is recognizably similar but the perception of the