

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

heart changes from that of an organ the surgeon did not dare to touch for fear of upsetting its critical function, to a robust pump that can be worked upon, repaired and, if needs be, taken out and changed for another. The definition of death changes in step. The heart beat is no longer evidence of life. Death is determined by the much more difficult test of brain death. Over a period of more than twenty years from 1979 to 2000, Allen Weisse conducted the sixteen interviews presented here as edited transcripts in what he calls “an oral history” of “the twentieth century battle against heart disease”. These are some of the people who were prominent in these changes in the medical history of the heart in the second half of the twentieth century.

The practice of interviewing eyewitness participants in the events of the past for the purpose of historical reconstruction has its own expertise and methodology and in its developed form requires training and critical appraisal. The interviewing of celebrities (which is what we have here) and inviting them to reminisce, is something rather different. It too can be done well. I have heard tapes of the amateur medical historian Arthur Hollman (biographer of Sir Thomas Lewis) who with quiet, non-intrusive, open ended questions prompts his subject. What I see in this book is not that. Look, for example, at Weisse’s interview with the taciturn John Kirklin. There are pages with more of the interviewer than of Kirklin who replies to Weisse’s long expositions with one-liners, as dismissive as they are laconic. To a question on regrets, Kirklin says, “I wish I had made a lot more money”, which for those who worked with John Kirklin (as I did) in his heyday is likely to be seen as deliberately misleading. In response to the interviewer’s closing thanks, Kirklin replies, “I haven’t told you anything”. Kirklin used the word “naïveté” to characterize an earnest but ingenuous enquirer into our scientific and surgical work in 1981. I wonder what he said in 1999 as the door closed on this interviewer.

When it comes to facts, eyewitness accounts are notoriously unreliable. They are not recordings that are made at the time and then taken out for subsequent inspection. With a film

or audiotape any corruption or accidental change is evident, but memories are like computer files which are re-opened repeatedly, worked on in discussion and reflection, and saved again to the hard drive. After many iterations and editions, over a lifetime of years, these oft recounted memories appear as true as when first saved, but they are not. When we published our research on the operations for mitral stenosis performed in 1948, eyewitnesses came forward to volunteer their own accounts of events and to contradict ours. Some described operations performed more than ten years later, on another part of the heart, in a totally different historical context. One “eyewitness” (whose dates in fact precluded his presence at the event in question) rather bizarrely believed that the operation had first been performed at dead of night to hide from the hospital authorities. Charles Bailey was one of the surgeons operating in 1948. He recounts his story in this book as he has to me and countless others. The facts and dates are accurate but from a reading of contemporary literature and primary sources one can deduce that his vision and foresight became more clear and more certain with hindsight. Others, conversely, may have more doubts now than then about the part they played.

These witnesses born between 1895 and 1929 were on average seventy-nine years of age when they told their stories to Weisse. They mainly lived and worked in the USA. They were indeed key players in the events that changed the medicine of heart disease in the twentieth century. Their witness is interesting but I think it adds more autobiography than history. This book may find its place as a useful secondary source to add some autobiographical colour to research in this era.

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Dylan Evans, *Placebo: the belief effect*,
London, HarperCollins, 2003, pp. xvi, 224,
£16.99 (hardback (0-00-712612-3)).

For a long time *the* book about placebo effect was *Placebo: theory, research and mechanisms*,