

in *Farm Boys* we see males with systematic preference for the culturally defined women's sphere even though they were consistently pushed in the opposite direction. These are fundamental gender issues that need to be fleshed out in further research.

Fellows succeeds admirably in bringing out hidden stories; his analysis, on the other hand, is perfunctory rather than inspiring. The chronological arrangement of the chapters suggests that there should be some historical progression, but this is unclear. There was, for example, no obvious trend toward greater self-acceptance in the later stories; and the use of pseudonyms was roughly uniform in all age groupings. What if the stories had been sorted according to class or level of education of the families? Was there any difference in experience from the prairie states to the historically more conservative plains states?

Fellows pushes the differentiation between German and Yankee farmers beyond its original formulation by Sonya Salamon, and even so it explains little. Labeling patterns of mindless intransigence and violence "German" may be more stereotypical than analytical. Furthermore, I would like to see more thoughtful digging into why rural areas—which in some ways are earthy and practical—are so hostile to gays, even though the book describes a great deal of homoerotic activity in the rural Midwest. Why should the culture of rural areas, of all places, deny the salience of sexuality?

But my quibbles with the book have mostly to do with how absorbing I find it and how many issues it raises. A sensitive and progressive educational system would place this book in high school libraries, where both straight and gay youth would read it. It will be unfortunate if *Farm Boys* gets relegated to the gay shelves, to be read only by "those people." It is about rural midwestern society, and descriptions of the rural Midwest will be poorer if they miss the world that this book uncovers.

Readings in American Health Care: Current Issues in Socio-Historical Perspectives, edited by William G. Rothstein. Madison: University of Wisconsin Press, 1995. xiv, 412 pp. Tables, graphs, notes, index. \$49.95 cloth, \$17.95 paper.

REVIEWED BY DOUGLAS R. PARKS, UNIVERSITY OF IOWA

Readings in American Health Care, edited by William Rothstein, consists of thirty-two essays that illuminate the historical background of many of the current difficulties of America's health care system. Except for a few original contributions by Rothstein, the readings are reprinted

or excerpted from a variety of journals and books. The contributions of the forty authors or coauthors have been grouped into nine topical sections: Health Care from 1920 to Mid-Century, Basic Concepts, Public Health, Health Care Professions, Health Care Organizations, Mental Illness, Financing Health Care, Medical Education, and Issues in Health Care.

The readings collectively demonstrate that the current difficulties of America's health care system are largely a by-product of its past successes. Of greatest significance, the successes of the public health movement (coupled with a rising standard of living) have drastically reduced the incidence of death from the infectious diseases of youth. Hence, as the average life span has increased some twenty-five years over the course of the twentieth century, a growing proportion of the population has been afflicted with the chronic and degenerative diseases of old age (particularly heart disease, cancer, and stroke). Those diseases have been highly resistant to inexpensive treatment, and a number of the readings therefore discuss the nettlesome issue of how medical care can be organized and financed so as to control costs while simultaneously providing better care for the poor and uninsured.

The readings cover a wide variety of topics but have one strong element of continuity, for they consistently demonstrate that the development of modern medicine has been strongly influenced by a host of nonscientific social, political, and economic considerations. For example, different readings discussed how societal norms and the social distribution of power have helped determine the status of female professionals, the access of African Americans to hospital care, the distribution of privileges and responsibilities within the health care professions, the fate of plans to provide low-cost care for the poor, the definition and treatment of mental illness, and the policies to control AIDS and venereal diseases. Abortion has long been a particularly controversial medical, social, political, and religious issue, and James Mohr's essay, "Iowa's Abortion Battles of the Late 1960s and Early 1970s" (reprinted from this journal), demonstrates how abortion reform became a surrogate issue through which people expressed their approval or disapproval of the larger social and political developments of the 1960s and early 1970s.

The social and political dimensions of medicine are perhaps most strikingly demonstrated in the readings on public health (preventive medicine). The decline in the incidence of fatal infectious diseases has led many public health professionals to stress the importance of developing policies that will lead people to abandon the unhealthful practices (such as smoking, excessive alcohol consumption, and overeating or underexercising) that are significant risk factors for the dis-

eases from which most Americans now die. According to the advocates of preventive medicine, persuading people to adopt more healthful lifestyles will both enhance the nation's health and significantly reduce its health care costs. Because significantly altering people's lifestyles often requires employing the coercive powers of the state, the addition of a reading on prohibition or the war on drugs would have introduced some important countervailing values that should be considered when deciding how much force should be used to induce people to live more healthfully. (Rothstein notes that drug abuse is "primarily a social rather than a medical problem" (109), but his collected readings demonstrate that many health problems are part social and part medical.) And, especially if the costs of Social Security are taken into consideration, one wonders whether an increase in healthful living (and longevity) would yield much of a financial windfall for society. A fuller examination of the social costs of unhealthful living would have been valuable, particularly since lower-income Americans disproportionately engage in the unhealthful practices that the proponents of public health hope to curtail through sin taxes and other social control measures.

But the literature about American health care is too voluminous to be covered comprehensively, and Rothstein has selected a fine array of readings that both impart valuable substantive knowledge and demonstrate the sociopolitical dimensions of many medical issues. The readings also include extensive footnotes and valuable introductory bibliographical essays, both of which will help guide readers to further information about topics of particular interest. The book is primarily designed for the use of students in courses on the history and sociology of medicine and public health, but it will be of interest to all students of America's health care system.

Chiropractic: An Illustrated History, edited by Dennis Peterson and Glenda Wiese. St. Louis: Mosby-Year Book, 1995. xiii, 509 pp. Illustrations, bibliography, index. \$87.95 cloth.

REVIEWED BY LEE ANDERSON, A & P HISTORICAL RESOURCES

In September 1995 chiropractic practitioners celebrated the centennial of founder Daniel David Palmer's first spinal adjustment. This lavishly illustrated book was part of that celebration, a work featuring an international list of contributors reflecting chiropractic's remarkably wide dissemination.

Chiropractic: An Illustrated History consists of seventeen chapters. The first eight chapters are organized chronologically, albeit with some overlap, while the remaining nine chapters treat a range of topics, from

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