

key targeted sector, and given the military importance of diagnostic imaging, I would be surprised if the X-ray industry was not affected.

Instead, Donzé's theoretical framework focuses on an unrelated question that I find puzzling at best and deeply misleading at worst: namely, "why, when, and how medicine and healthcare became a business" in twentieth-century Japan (p. 173). Donzé claims that until the mid-nineteenth century most doctors were independently wealthy and not profit oriented, while most consumers "used self-medication or traditional healers to recover from sicknesses" (p. 173). These stunning generalizations completely ignore Japan's highly developed system of (for-profit) medical practice and drug production that extends back at least to the seventeenth century. Does he mean that only modern Western techniques count as "medicine and healthcare"?

These quibbles aside, *Making Medicine a Business* is an informative survey, and its revealing combination of business, social, and medical history offers a thought-provoking model for historians in each of these fields.

Simon Partner is professor of history at Duke University. He is the author of Assembled in Japan: Electrical Goods and the Making of the Japanese Consumer (1999). His most recent book is The Merchant's Tale: Yokohama and the Transformation of Japan (2017).

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A History of Occupational Health and Safety: From 1905 to the Present. *By Michelle Follette Turk.* Reno: University of Nevada Press, 2018. xii + 356 pp. Photographs, bibliography, notes, index. Cloth, \$44.95. ISBN: 978-1-943859-70-2.

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Reviewed by Andrew T. Simpson

Michelle Follette Turk's *A History of Occupational Health and Safety: From 1905 to the Present* is a fascinating journey through the history of occupational health in a specific locale over the course of the twentieth century. She focuses her study on Las Vegas, Nevada, to provide a "localized, long-term study" (p. 7). This ambitious approach allows the book to delve into areas that go beyond an established literature in the history of occupational health and intersect well with business history and the business history of medicine.

The railroad, construction, and chemical industries are the focus of the book's first period, which covers 1905 to 1945. Each contributes to an emerging portrait of how on and off the job health was blurred in the

American West before World War II. For example, Turk argues that because of the nature of the traumatic accidents that resulted from working with heavy machinery, the railroad (first the Los Angeles and Salt Lake, later the Union Pacific) was forced to invest in medical infrastructure, hiring physicians and, in more limited cases, building hospitals that helped the city to industrialize and served a population beyond just workers, thus laying the groundwork for the city's medical future.

Chapter 2 examines the construction of Hoover Dam. Here, the author deftly explores the relationship between various levels of regulation. For example, even though Hoover Dam was built with federal dollars—and, by the mid-1930s, subject to New Deal workplace regulations—workers' compensation claims were paid by state agencies. Because the Arizona Industrial Commission was more generous with reimbursement than was Nevada's comparable agency, Turk notes, "most workers fought hard to claim their injuries happened on the Arizona side [of the project]" (p. 90). Some even went so far as to purposely mismeasure where the state line was located or to drag dead or injured workers over it to qualify for increased compensation. In another notable part of this chapter, she explores instances when the paternalistic rhetoric of employers clashed with the actual cost of providing employees with health care. Using the Six Companies (the contractor that built the dam) as an example, she shows how the use of pre-employment health screenings to attempt to weed out workers with potentially costly preexisting conditions, as well as efforts to try to reclassify accidental injuries as occurring "off-site" to avoid paying for medical treatment, reflected the limits of welfare capitalism.

The book's second occupational health regime, focusing on the period from 1945 to the 1970s, explores Nevada's relationship with nuclear testing and the challenges that accompanied radiation exposure for a public sector and a contracted workforce. This chapter intersects well with other recent works on atomic era safety, including Kate Brown's *Plutopia* (2013).

The book's final chapter is likely to be the most interesting for contemporary business and medical historians. Not only is it a fascinating overview of the dangers of the postindustrial service sector workplace, including exposure to secondhand cigarette smoke and the perils of irregular work hours on workers' physical health and social relationships, but she also includes factors unique to Las Vegas, such as increased access to alcohol and gambling leading to addictive behavior and animal attacks from live stage shows. She also shows how the corporatization of the city's casino industry altered its occupational health regime by adding layers of bureaucracy, like human resources departments. Turk argues that this new era stood in contrast to an earlier

period when organized crime interests ran the casino industry in a more familial fashion, showing less care for long-term costs and presumably more concern for maintaining placid relationships with unions and workers—in which health and safety concerns played a critical role.

The corporate era also recast the politics of liability for guests and employees injured in casinos, which Turk illustrates by highlighting a series of deadly fires including the MGM Grand fire of 1980. In response to this event, casino executives attempted to utilize creative insurance products and the courts to recoup substantial monetary losses. She also examines how delays in paying out compensation for smaller-scale workplace accidents changed the state's regulatory landscape by creating a more proactive state agency to deal with the consequences of workplace injuries. Perhaps the most interesting part of this chapter, and a subject that needs more exploration within the business history of medicine, is the creation of new type of medical infrastructure in the city after World War II, particularly by physicians like Dr. Elias Ghanem, who negotiated payment arrangements with casinos and proprietary hospitals, leading to the establishment of managed care organizations and networks of outpatient clinics.

A History of Occupational Health is grounded in a wide variety of primary and secondary sources, including the existing occupational health history literature, archival materials, legal records, and newspapers and other periodicals. The reader is, however, left with a few questions at the end of Turk's story. What was the role of large regional universities in shaping the latter part of the region's occupational health regime? How generalizable is the Las Vegas case study given the unique employment dynamics of the region and its relative isolation for much of its early history? In the end, the book more than accomplishes what it sets out to do by providing a study that examines more than a century of occupational health in a specific locale and makes a significant new contribution to the history of occupational health and the business history of medicine.

Andrew T. Simpson is assistant professor of history at Duquesne University. His book, The Medical Metropolis: Health Care and Economic Transformation in Pittsburgh and Houston, is forthcoming with the University of Pennsylvania Press.

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