

historical, partly non-theoretical, approach has produced highly recommended reading for practicing pension policy advisers and aficionados around the world.

One reason for the book's success is the authors' thorough knowledge of the issues involved. Their perspective in providing pension policy advice is, of course, that of two US academics and practitioners. Since the academic and political debate on pensions has long been most intense in the US, and since the authors have figured prominently in that discussion, readers should be delighted to be offered their point of view. This is the kind of work for which the public might not mind seeing a portion of their taxes end up in some academic's pocket. This book is probably as close to objective information as you can get.

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*Health Care Issues in the United States and Japan.* Edited by David A. Wise and Naohiro Yashiro. University of Chicago Press, 2006, ISBN 0-226-90292-7, 256 pages. doi:10.1017/S1474747207003046

Rapid rises in health-related expenditures and rapid aging has prompted concern regarding the sustainability of medical/long-term care schemes around the world. Looking internationally, Japan has enjoyed the lowest health expenditure as a fraction of GDP along with the highest longevity of OECD countries, while the US suffers from the highest health costs and the shortest livelihood. These contrasts invite both academic and policymakers' interest, and this joint study of Japanese and US health care issues provides insightful perspectives.

The concise and informative introduction by David Wise provides an overview of this volume, followed by 10 substantive chapters. Work by Cutler and Wise on US healthcare for the elderly neatly describes the complex structure of the US medical care system through coverage rules, the reimbursement system and access rules, which provides a useful viewpoint to compare health care scheme among countries. Cutler's international look at medical care financing problems uses cross-country data to provide some quantitative estimates of medical costs in future for OECD countries and concludes that the increase in medical expenditure in future is accounted for equally by the consequences of aging and technological change in medical treatment but the size of burdens varies substantially across countries. Noguchi and colleagues compare treatment and outcomes of heart attack patients in the US and Japan, and they offer some interesting findings based on similar data. One of the interesting findings is that high-tech treatments contributed to improve patient outcomes and hospital expenditures, and the effects are much larger in the US than in Japan.

Other chapters explore health issues by country, rather than undertaking direct comparisons. For instance Skinner's analysis examines the variation in medical practice patterns across US geographic regions to evaluate health care inequality. McGarry's chapter explores how provision of informal long-term care is likened to US female labor supply. Utilizing a longitudinal dataset, she carefully teases out causal relationships and finds surprisingly little relationship between previous employment and later caregiving. If the volume had offered counterpart research for the Japanese case, the policy implications of those chapters would have been more persuasive. Indeed, serious efforts are required to develop internationally comparable datasets to enable more direct comparisons. Particularly for Japan, we lack hospital and patient-level data, seriously hampering empirical research on health economics. This will be indispensable for those seeking to generate more comprehensive and persuasive perspectives on health care issues in the US and Japan.

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