

## Book Reviews

adequate remuneration and professional autonomy. Unfortunately, the economic cost of these idealized features became too high. Health care costs as a percentage of America's gross domestic product rose from 5.2 per cent in the 1950s to a peak of 13.7 per cent in 1993. This came about because of a combination of general factors found in many western countries (including an ageing population, and innovation in medical technology), with ones more specific to the USA (such as hospital cost inflation, patient-driven insurance and personnel shortages).

Since 1993 managed care organizations have grown rapidly to cover four-fifths of the American working population. Containment of health care costs has been achieved, but this has been offset by related disadvantages. The de-personalized character of managed care has still to win the trust of American patients, and to overcome their suspicion that cost reduction has compromised the quality of care. A recent bout of merger mania amongst providers has also reduced patients' choices, but seemingly without significantly increasing their efficiency. The author concludes that better data on providers' costs, and clinical outcomes, are needed before this will show improvement. What is termed "the shopping problem"—which health care option the consumer should choose—still operates in managed care as it did earlier in traditional medicine. Dranove is intolerant of patients' poor knowledge base and their ignorance of the rankings of managed care organizations. He argues that this means that not only do patients get a less than optimal outcome, but that the efficiency and effectiveness of managed care organizations remain unimproved. One reason for what the author terms the "wilful indifference" of consumers (p. 168), and their abdication of responsibility in choosing health care options, is the intricacy of managed care.

American managed health care involves different kinds of non-profit and with-profit

businesses that range from prepaid group practices to indemnity insurance firms. The author's well-balanced and up-to-date review of the data on their efficiency and effectiveness shows their ambiguous and complex character. There appear to be no easy answers and quick fixes in the policy options for health care reform.

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**Gary Taylor**, *Castration: an abbreviated history of western manhood*, New York and London, Routledge, 2000, pp. 307, £15.99 (hardback 0-415-92785-4).

The main thrust behind Gary Taylor's eclectic history of western manhood is that if we are to understand what a man is, it helps to reflect on what a man is not; in other words, eunuchs, or castrated men, can tell us a lot about what masculinity means throughout western culture and history. But which authority should one ask about castration and masculinity? Sigmund Freud? Saint Augustine? Jesus? Seventeenth-century English playwright, Thomas Middleton? A priest in the ancient Roman cult of Cybele (whose acolytes castrated themselves)? Popstar, Tory Amos? In *Castration*, the answer is all of them, but especially Freud, Middleton, Jesus and Augustine. The point is that different meanings of masculinity are attached in some way to castration, depending on the field being considered. Thus, Taylor locates some important re-articulations of these ideas, as well as what he treats as atemporal or fundamental aspects of masculinity. They come together to give us a good story indeed.

In a post-Freudian world, *kastrationangst* is a significant part of a young boy's development. Other male anxieties include sexual redundancy, when women—as experienced by Taylor—do not want sex-for-reproduction as much as sex-for-pleasure (and one does not need testicles for

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that). But in earlier times, castration made a man essentially null and void in terms of the economy of genders. That is, he was no longer a man, no longer a citizen, and no longer able to participate in some religious practices. This contrast between ancient and modern gender relations and their signifiers is captured in the opening anecdote where 48-year-old Taylor's 29-year-old girlfriend boasted about his vasectomy at a party (and, incidentally, there are many other personal allusions to sons and ex-wives throughout the work in case you think I am being quaint by drawing attention to this story). It would not be possible to consider the "cut" Taylor a real man for most of the history of the west, although such a notion is possible in the modern, secular age.

Taylor is at his most erudite when he is discussing Augustine, Jesus (as found in the Gospel of Matthew, and reinterpreted by Taylor from the Greek rather than relying on later English translations, where the word "eunuch" is translated as "chaste"), and Middleton's (unheard of outside seventeenth-century literature studies) *A game at chess* (1624). One might expect this of such an eminent Renaissance scholar, expert on Middleton, and general editor of the Oxford Shakespeare. In other sections, Taylor refutes Michel Foucault's theory that, rather than being repressive about sexuality, the eighteenth and nineteenth centuries were times of proliferation of discourse about sexuality. His criticism, relying on simple publication statistics, does not hold water as it fails to investigate the new fields of science focusing on sexuality rather than reproduction. Furthermore, gender was being recast outside reproduction in these very texts which Taylor argues indicate nothing. His discussions of Freud are sometimes strange, as he seems put out that Freud had never heard of Middleton, and that he reinterpreted castration to pertain to the penis rather than the testicles, although Taylor rectifies this in the later sections where he relies heavily on Sander Gilman's

interpretation of Freud and Judaism. Beyond these academic quibbles, Taylor has a strong tendency to write in journalistic (replete with boxed in asides, magazine-style), although his arguments are on the whole strong, and are presented in a very "non-stuffy" way.

Does Taylor's book offer us anything new? Yes, if we wish to consider the testicular economy as it might be found in the seventeenth century and earlier. Yes, if we want to make post-modern arguments about representing gender and the body. No, if we want to address contextually Freud's ideas about childhood sexual development, or if we want to understand the change in women's attitude towards sexuality. These last two points are both parts of bigger stories, unfortunately not addressed here.

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**Jennifer Terry**, *An American obsession: science, medicine, and homosexuality in modern society*, Chicago and London, University of Chicago Press, 1999, pp. xiv, 537, \$75.00 (hardback 0-226-79366-4), \$20.00 (paperback 0-226-79367-2).

There is no doubt that Jennifer Terry has read practically every scientific and medical document associated with homosexuality in America since the 1880s. Her research is indeed wide-ranging, having explored archival as well as published material, and her impassioned comments about the subject are obviously spurred on by her political commitments. This does not mean that *An American obsession* is a particularly good book. Rather, there are some fundamental problems with her analysis of the sciences that have dealt with homosexuality—sex psychology, psychoanalysis, demography, biology,