of the profession in deciding how drugs were to be evaluated.

If the ideal of a profession united by science fell by the wayside, so too did another key element of reform ideology; the trust placed in the high moral character of individual clinicians to ensure the integrity of observations on the therapeutic effects of drugs. Marks argues that during and after the Second World War this trust began to fade. It was replaced at the urging of statisticians and others, with a reliance on formal statistical methods—notably the double-blind, randomized, controlled clinical trial—as means of assessing and improving therapeutic knowledge. A faith in method as the motor of reform superseded a faith in the moral qualities of individuals. Marks is not the first to trace a shift from a trust in people to a trust in numbers, but his may be the strongest historical voice arguing for the incompleteness of this change. As advocates of clinical trials constantly remind us today, the clinical trial has not permeated all areas of medical research, and most therapeutic practices have not been subject to the probe of a trial. It is also true that experts disagree on the value of particular designs for clinical trials, and on how to explain results.

This then is the story of an incomplete revolution. It is grounded in detailed case studies: (before the Second World War) the Cooperative Clinical Group's study of syphilis treatments, and the Commonwealth Fund's experiment with serum treatment for pneumonia; (during and after the War) the National Research Council's penicillin investigations, and the Veteran Administration/Public Health Service investigations of streptomycin; and (in the 1960s) the National Institutes of Health planned Diet–Heart Study, and the University Group Diabetes Program study of tolbutamide. Together these examples help to flesh out the story of this partial revolution. They also provide an insight into the tensions between researchers and general practitioners, and the impact of patient compliance on experimental design. It is possible to quibble that the story tells us less than we might wish to know about the nuts-and-bolts of therapeutic testing, and that Marks' assertion that this is a quintessentially American tale lacks a comparative perspective to nail the point home. These caveats aside, Marks has produced an important account of twentieth-century clinical medicine; conceptually sophisticated, and supported by a rich lode of footnotes. The cheaper edition of this book will ensure that future students can afford to mine the latter at their leisure.

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David Dranove, *The economic evolution of American health care: from Marcus Welby to managed care*, Princeton University Press, 2000, pp. 211, $27.95 (hardback 0-691-00693-8).

This is an economist's study of rapid change in a trillion-dollar industry—the healthcare business in the USA. It traces the evolution of medical care during the twentieth century from the traditional doctor (as represented in the 1960s American TV show, *Marcus Welby, MD*) to the present-day managed care organization. For the British reader, all too familiar with the shortcomings as well as the advantages of the National Health Service, this study of the merits and demerits of injecting business principles into health care is interesting and thought-provoking. However, the author's predilection for acronyms makes it a less than accessible read.

Under traditional health care, David Dranove argues that individual patients trusted in their doctor's professional disinterestedness, clinical competence, and ability to co-ordinate medical services. Physicians also had loyalty to their patients,

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)? Pop-star, 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