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American medicine attracts some of the brightest and most motivated people the country has to offer, and it boasts the most advanced medical technology in the world, a wondrous parade of machines and techniques such as PET scans, MRI, angioplasty, endoscopy, bypasses, organ transplants, and much more besides. And yet, writes Dr. Eric Cassell, what started out early in the century as the exciting conquest of disease, has evolved into an overly expensive, over technologized, uncaring medicine, poorly suited to the health care needs of a society marked by an aging population and a predominance of chronic diseases. In *Doctoring: The Nature of Primary Care Medicine*, Dr. Cassell shows convincingly how much better fitted advanced concepts of primary care medicine are to America's health care needs. He offers valuable insights into how primary care physicians can be better trained to meet the needs of their patients, both well and sick, and to keep these patients as the focus of their practice. Modern medical training arose at a time when medical science was in ascendancy, Cassell notes. Thus the ideals of science--objectivity, rationality--became the ideals of medicine, and disease--the target of most medical research--became the logical focus of medical practice. When clinicians treat a patient with pneumonia, they are apt to be thinking about pneumonia in general--which is how they learn about the disease--rather than this person's pneumonia. This objective, rational approach has its value, but when it dominates a physician's approach to medicine, it can create problems. For instance, treating chronic disease--such as rheumatoid arthritis, diabetes, stroke, emphysema, and congestive heart failure--is not simply a matter of medical knowledge, for it demands a great deal of effort by the patients themselves: they have to keep their doctor appointments, take their medication, do their exercises, stop smoking. The patient thus has a profound effect on the course of the disease, and so for a physician to succeed, he or she must also be familiar with the patient's motivations, values, concerns, and relationship with the doctor. Many doctors eventually figure out how to put the patient at the center of their practice, but they should learn to do this at the training level, not haphazardly over time. To that end, the training of primary care physicians must recognize a distinction between doctoring itself and the medical science on which it is based, and should try to produce doctors who rely on both their scientific and subjective assessments of their patients' overall needs. There must be a return to careful observational and physical examination skills and finely tuned history taking and communication skills. Cassell also advocates the need to teach the behavior of both sick and well persons, evaluation of data from clinical epidemiology, decision making skills, and preventive medicine, as well as actively teaching how to make technology the servant rather than the master, and offers practical tips for instruction both in the classroom and in practice. Most important, *Doctoring* argues convincingly that primary care medicine should become a central focus of America's health care system, not merely a cost-saving measure as envisioned by managed care organizations. Indeed, Cassell shows that the primary care physician can fulfill a unique role in the medical community, and a vital role in society in general. He shows that primary care medicine is not a retreat from scientific medicine, but the natural next step for medicine to take in the coming century.

Originally published in 1990, this title attempts to provide for the educational practitioner an overview of a field that responded in the 1980s to a major educational agenda. This innovative 'agenda' called for teaching students in ways that dramatically improved the quality of their thinking. Its context is a variety of changes in education that brought the explicit teaching of thinking to the consciousness of more and more teachers and administrators.

The passions have long been condemned as a creator of disturbance and purveyor of the temporary loss of reason, but as Remo Bodei argues in *Geometry*

of the Passions, we must abandon the perception that order and disorder are in a constant state of collision. By means of a theoretical and historical analysis, Bodei interprets the relationship between passion and reason as a conflict between two complementary logics. Geometry of the Passions investigates the paradoxical conflict-collaboration between passions and reason, and between individual and political projects. Tracing the roles passion and reason have played throughout history, including in the political agendas of Descartes, Hobbes, and the French Jacobins, Geometry of the Passions reveals how passion and reason may be used as a vehicle for affirmation rather than self-enslavement.

In a companion volume to his History of Beauty, the renowned philosopher and cultural critic analyzes our attraction to the gruesome, horrific, and repellant in visual culture and the arts, drawing on abundant examples of painting and sculpture, ranging from antiquity to the works of Bosch, Goya, and others, complemented by quotations by celebrated writers and thinkers. 40,000 first printing.

A radically subversive critique brings to the fore the masculine ideology implicit in psychoanalytic theory and in Western discourse in general: woman is defined as a disadvantaged man, a male construct with no status of her own. -- "Women's Review of Books"

Fiona MacCarthy makes a breakthrough in interpreting Byron's life and poetry drawing on John Murray's world-famous archive. She brings a fresh eye to his early years: his childhood in Scotland, embattled relations with his mother, the effect of his deformed foot on his development. She traces his early travels in the Mediterranean and the East, throwing light on his relationships with adolescent boys - a hidden subject in earlier biographies. While paying due attention to the compelling tragicomedy of Byron's marriage, his incestuous love for his half-sister Augusta and the clamorous attention of his female fans, she gives a new importance to his close male friendships, in particular that with his publisher John Murray. She tells the full story of their famous disagreement, ending as a rift between them as Byron's poetry became more recklessly controversial. Byron was a celebrity in his own lifetime, becoming a 'superstar' in 1812, after the publication of Childe Harold. The Byron legend grew to unprecedented proportions after his death in the Greek War of Independence at the age of thirty-six. The problem for a biographer is sifting the truth from the sentimental, the self-serving and the spurious. Fiona MacCarthy has overcome this to produce an immaculately researched biography, which is also her refreshing personal view.

This exciting collection represents a range of scholarly approaches and include close textual study, comparative readings, and broad cultural analysis. Contributors to this collection include Bernard Beatty, Peter Cochran, Marilyn Gaull, Charles E. Robinson, Andrew Stauffer, and Timothy Webb.

It is a sultry August at the very end of the twentieth century, and Tristano is dying. A hero of the Italian Resistance, Tristano has called a writer to his bedside to listen to his life story, though, really, "you don't tell a life...you live a life, and while you're living it, it's already lost, has slipped away." Tristano Dies, one of Antonio Tabucchi's major novels, is a vibrant consideration of love, war, devotion, betrayal, and the instability of the past, of storytelling, and what it means to be a hero. From the Trade Paperback edition.

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