and the health care provider as a witness. This is a concise review of the course of litigation and trials and offers good tips on being an effective witness.

Part 6, "Business and Other Relationships," comprises the final five chapters of the book, which are perhaps the most practically useful chapters in the book. Chapter 25 discusses the legal status of nurse anesthetists. The authors did a very good job of summarizing the conflicting case laws and state statutes that make definitive conclusions in this area impossible. They raise several issues that I have not seen previously addressed, such as the potential role of contractual standards governing the employment of certified registered nurse anesthetists. Chapter 26 is concerned with the process of joining an anesthesia group and should probably be on residents' required reading lists. It contains practical and useful information that is not readily available elsewhere. Chapter 27 addresses medical staff and hospital issues. It is generally quite good but was not written specifically for anesthesiologists, and I would have liked to have seen more on the critical issue of economic credentialing. Chapter 28, on antitrust issues, is one of the real jewels of this book. It covers all of the main issues in a concise easily digestible fashion. Anyone involved in peer review, exclusive service contracts, or managed care contracting will find this chapter useful. Chapter 29 provides an in-depth review of the insurance industry and will be well received by anesthesiologists who are considering different options for malpractice coverage.

Legal Issues in Anesthesia Practice will be a valuable reference for anesthesiologists. It fulfills the goal of the editor and authors in explaining law and medical jurisprudence to health care providers. The only reservation I have about this book is that attorneys will undoubtedly find the medical background germane to their practice, and several chapters could be problematic in this regard. The authors of these chapters may have inadvertently created specific standards of practice with which many anesthesiologists do not agree.

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The Nature of Suffering and the Goals of Medicine. BY ERIC J. CASSELL. New York, Oxford University Press, 1991. Pages: 254. Price: $24.95.

The Culture of Pain. BY DAVID B. MORRIS. Berkeley, University of California Press, 1991. Pages: 342. Price: $30.00.

Two recently published books touch our specialty, particularly those aspects that deal with the diagnosis and management of chronic pain. The book with the strongest medical orientation is **The Nature of Suffering and the Goals of Medicine.** Its author, Dr. Eric J. Cassell, a Clinical Professor of Public Health at Cornell, wrote this book in the belief that modern medicine neither recognizes nor attempts to deal with human suffering, a goal and obligation that he believes should be central to practice.

Cassell carefully distinguishes among suffering, pain, and disease, although he recognizes the interaction among them. He defines suffering as "the state of severe distress associated with events that threaten the intactness of person." Disease and pain do threaten biologic life. They also threaten a person's identity and integrity as a human being through impending separation from family, work, and social life, and even from the past. Suffering as described by Cassell resembles the deep state of angst that John Updike sometimes describes as the "awesome specter of extinction."

Cassell believes that, starting in 1800, as modern medicine developed, physicians progressively focused more and more on biologic disease and ignored the human being who happened to also be the patient. Whereas we now may excel at the treatment of pain, we have failed to alleviate suffering. He argues for a return to holistic medicine, the treatment of human beings, not just the cure of disease.

David B. Morris's book **The Culture of Pain** has a very different perspective, but it complements the theme developed by Cassell. Whereas Cassell, focusing on the human being, says that there is more to suffering than disease and pain, Morris focuses on the nature of pain. He argues that it is as important as a cultural phenomenon as it is as a physical process. Thus, he deals with depictions of pain in art and literature—its role in religion, sex, entertainment, and politics, and in both normal and abnormal patterns of social interaction. His best chapters deal with the appearance of pain in literature, not surprisingly, considering his training and his work as an English professor. His discourse is imaginative, even if sometimes overdone. For example, I found his argument linking hysteria, pain, and gender to be overdrawn. Similarly, I question the use of the sexual aberrations of a Marquis de Sade as an example of the role of pain in normal human relationships. In fact, I found myself bothered by Morris's use of the word "pain." On the one hand, he describes how "pain" and "suffering" have come to mean different things, yet many of the phenomena he uses to illustrate the diversity of pain might better be called something else, such as genocide, violence, oppression, insult, mourning, melancholia, tragedy, or simply political or social injustice. Furthermore, he seems to include under the aegis of pain many things that might better be considered distasteful or simply unpleasant. Unlike Cassell, Morris never defines his terms.

Morris believes that pain is a phenomenon as "elemental as fire or ice," one that "inescapably involves our encounter with meaning." He suggests that "chronic pain constitutes an immense, invisible crisis at the center of contemporary life" and that Western medicine has led us to interpret pain simply as a problem in biology or chemistry. In this, his argument resembles that of Cassell. There, however, the similarity ends. Cassell builds his thesis from his experience as a practicing physician; Morris argues from his experience with literature and art.

To an extent I think both authors have set up a straw horse. I believe modern physicians are very aware of the interactions of mind and body and regularly struggle with this problem as they interact with patients. Nevertheless, the authors' treatments of the problem, regardless of their very different perspectives, I found stimulating and provocative. I recommend both books.

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Clinical Procedures in Anesthesia and Intensive Care. EDITED BY JONATHAN L. BENUMOF. Philadelphia, J. B. Lippincott Co., 1992. Pages: 972. Price: $125.00.

"See one, do one, teach one." Everyone who has finished a residency in some subspecialty of medicine has heard this before. Indeed, many of the clinical procedures physicians must learn are taught by seeing and doing rather than by reading. In a specialty such as anesthesiology, the ability to perform procedures and to avoid their complications often has a significant impact on the quality of care the patient receives. Certain procedures that are either commonly (peripheral intravenous access) or uncommonly (transtracheal ventilation) performed can determine outcome in life-or-death situations. **Clinical Procedures in Anesthesia and Intensive Care,** a comprehensive text on clinical procedures performed in the perioperative period, is a much-needed addition to the anesthesia literature. Furthermore, this book is the first single text to include a comprehensive collection of procedures that are essential to the safe and skillful practice of anesthesia and intensive care.