The book is written in a novelistic style, jumping back and forth from the present to the past, from one location to another. This method recommends itself because several stories are being told, interwoven with each other. One is the story of who Joseph Helfgot was: the child of Auschwitz survivors who settled in the Lower East Side of New York City. Outgoing and energetic, Joseph Helfgot rose from poverty to become a sociology professor and later a successful entrepreneur in market research for the entertainment industry. Another story recounts the background and experiences of James Maki, the face transplant recipient. Maki is a mixed Blackfoot Indian and Japanese orphan who was adopted by a Japanese couple living in Seattle. As a young man, Maki served in Vietnam, where he witnessed unspeakable tragedy and fell into heroin addiction. After the war, his life was taken over by drug abuse. One evening when he was high, he fell off a subway platform and landed face first on the third rail. This accident left him horribly disfigured, with the middle of his face missing — no nose or upper mouth and one eye stitched shut. Eating, swallowing, speaking, and even breathing became difficult.

Also woven through the book is a medical story. It describes the role of the organ procurement agency in bringing together donor and recipient, seeking consent for donation, and coordinating the various activities that are part of any transplantation. It also portrays the study and preparation of the surgeons and the complexities of having a large team of health professionals involved in the removal and transplant of potentially multiple organs.

The authors present the transplant operation in a favorable light. This is understandable because there are a number of positive things about it; Susan Helfgot’s decision to donate her husband’s face to help a man in great need demonstrated generosity worthy of commendation. But the book lacks an even-handed approach when the authors discuss whether human facial transplants should be carried out at present — a matter concerning which there is considerable disagreement. There are good arguments, based on both scientific and ethical concerns, that our knowledge about immunosuppression is not advanced enough to justify clinical facial transplantation at this time (1–3). However, the authors do not mention these serious objections and instead characterize the opposition as a group who claim that facial transplantation is “nothing more than a stunt” and that the transplant surgeons are “a bunch of fools.” Thus, the authors’ description of the debate is a caricature in which the substance of the objections is presented as little more than name calling. They state, decisively, “the naysayers were wrong. This was the right thing to do.”

Putting aside the fact that this controversy is misrepresented, the book will be of interest to many readers. Written in a clear and engaging style, it does indeed give a rare glimpse into a remarkable series of events.