Nicole Jolicœur, *Petites proses* (1998). Photographic triptych, silver prints on paper. 120 × 120 cm each. Collection of the Université du Québec à Montréal. Gift of the artist.

skin, which momentarily retains the imprints of writing or other marks drawn on it. In the 19th century, this phenomenon was considered to be a symptom of hysteria.” The photos show 3 women whose welted skin spells out a word or a date in large print. The point here is not to investigate a discredited diagnosis but “point to the ambivalence and the element of

belief associated with the scientific gaze, which thinks that it can adduce photographic proof to establish the iconography of inner turmoil.”

In other words, the dazzling power of a new technology can lead people to the wrong conclusions. It’s the uncertainty principle applied to medicine: the technology used in the diagnosis will inevitably affect the results.

Of course that interpretation may be completely off the mark. The solution may be just to look at the work and appreciate it on its own terms. Minus the explanations, some of it is very good indeed.

Alan King BA

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Book review

Performance review

Better: A Surgeon's Notes on Performance
Atul Gawande MD

Metropolitan Books/Henry Holt Company;
2007

273 pp \$14 paper ISBN 13 978-0312427658

As doctors, we spend a lot of time thinking: about patients, about their presenting complaints, about diagnoses. In the course of a whirlwind workday, however, finding the time to ponder one’s performance objectively is often a luxury.

In his second book, *Better*, surgeon Atul Gawande demonstrates that he has made this activity a priority.

Gawande is an accomplished writer with an impressive pedigree, having

received both his doctor of medicine and master in public health from Harvard University, as well as a master of arts from Oxford University, he is now a staff writer at *The New Yorker*. In *Better*, Gawande methodically outlines his thoughts on how continuous innovation and improvement produces enhanced medical care. Drawing upon both research and anecdotes from the far reaches of the medical profession, he illustrates how small changes and determination can produce impressive, better, results.

He proposes 3 core attributes contributing to success in almost any risky field: diligence, ingenuity and doing right. Without “diligent attention to detail coupled with great ambition,” public

health officials could not surmount the daunting logistics of polio eradication in rural India. Without the innovation of a simple scoring system (the Apgar score), thousands of newborns might have otherwise perished. Without the impetus to “do right,” medicine might be indistinguishable from other businesses.

Gawande assiduously points out how small, simple changes in routine behaviours lead to drastic changes in performance: the correct and convenient placing of hand-gel dispensers in hospital wards, for example, decreases the spread of methicillin-resistant *Staphylococcus aureus* and vancomycin-resistant enterococci.

Modifying entrenched human behaviour is an onerous task, even more difficult in medicine, a notoriously conservative profession in which change often comes slowly.

In a field entrusted with promoting health and saving lives, this reticence is disturbing, and perhaps the reason that the author highlights so many examples of where change has been successfully implemented with a positive benefit to performance.

The current Iraq war provides one of the most dramatic illustrations. By 2005, American military physicians and surgeons managed to reduce the battle injury mortality rate to roughly 10% from 24%, a level previously unchanged from the Korean War up to the Gulf War in 1990. Their success resulted from meticulous record keeping, careful examination of policies and procedures surrounding medical care in the field, and the introduction of clear measures to alter the *de rigueur* practice.

Perhaps the most important con-

cept Gawande identifies in this book is the role of the “positive deviant,” the individual or group that performs above average in a particular endeavour, be it infection control or the management of cystic fibrosis. He encourages us all to be positive deviants, or at least to find out how positive deviants operate in our respective fields and learn from them.

Recently published in paperback, *Better* is a fascinating read. Gawande writes in a clear conversational style with enough medical jargon to engage physician readers, but not enough to bamboozle the layman. With this book, Gawande reaffirms that he is indeed the thinking doctor’s doctor.

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Book review

To smile and cry humbly at our world

The Enemy

Rafael Campo

Duke University Press; 2007

99 pp \$17.95 ISBN 978-0-8223-3960-1

Rafael Campo, a physician who teaches and practises internal medicine at Harvard Medical School and Beth Israel Deaconess Medical Center in Boston, Massachusetts, is also an award-winning writer and poet whose luminous words explore fear’s dark interiors. “The Enemy,” the title poem in Campo’s fifth collection of poetry not only views 9/11’s traumatic losses — the disillusionment of personal and national security in our millennium — but asks the question of whether the enemy resides inside the self.

The buildings’ wounds are what I
can’t forget;
though nothing could absorb my
sense of loss
I stared into their blackness, what
was not

supposed to be there, billows of soot
and ragged maw of splintered steel,
glass.
The buildings’ wounds are what I
can’t forget,

the people dropping past them,
fleeting spots
approaching death as if concerned
with grace.
I stared into the blackness, what was
not

Inhuman, since by men’s hands they
were wrought;
reflected on the TV’s screen, my face
upon the buildings’ wounds, I can’t
forget

this rage, I don’t know what to do
With it —
it’s in my nightmares, towers, plumes
of dust,
a staring in the blackness. What was
not

conceivable is now our every
thought:
We fear the enemy is all of us,
The buildings’ wounds are what I
can’t forget.
I stared into their blackness, what
was not.