



## Dr. Jonathan Brock: large drop in a big bucket

When he was an undergraduate student in international relations a decade ago, Dr. Jonathan Brock yearned to travel to developing countries to see firsthand the things he had been studying. Since then he has done just that, having worked in Guyana with Youth Challenge International and taken part in 4 overseas missions with Médecins Sans Frontières/Doctors Without Borders (MSF).

He explains his commitment to in-the-field medicine this way. "After you have treated war-trauma victims for 10 hours and then find yourself treating a 5-year-old girl, and you are cleaning her wounds and she is screaming in pain because you don't have any anesthetic, well, there is a very basic human urge to help. I think a lot of people don't really understand the very basic principle of common human decency that a lot of us feel when we do this work. Everybody says it's a drop in the bucket and they are probably right, but I'd rather put a drop in than nothing at all. It all adds up."

International work can be hazardous. Three weeks into his first MSF mission to Somalia in 1993,

Brock and 11 other foreign-aid workers were held hostage for 6 hours by the team's own security guards. Deterred by the presence of UN peacekeepers just 10 metres away, the hostage-takers eventually abandoned the group in a locked room; 8 of them subsequently fled the country, but Brock stayed behind to complete the 3-month mission.

Returning to Canada, he began medical school at Queen's University, and after completing his first year he headed to Rwanda's frontlines with MSF to provide help in "a very hot, high-intensity conflict." Working mostly on the rebel side, Brock helped set up a 200-bed hospital and assisted with surgery. About 7000 displaced people lived around the hospital.

After another mission took him to Afghanistan, Brock graduated from Queen's in 1997 and left immediately for his most gruesome experience: helping the mutilated victims of Sierra Leone's civil war.

Today, he is adept at reconciling the conflicting realities of Western and war-zone medicine. "You have to be able to move from one to the other.



Heather Kent

**Brock: "it all adds up"**

Some people can do it fairly comfortably and some people have a lot of difficulty with it." The key to working with MSF is adaptability. "A lot of times you find yourself moving sacks of grain when you thought you were going to be doing clinical medicine."

Brock, who is now completing his family practice residency in Vancouver, hopes to practise emergency medicine while continuing his overseas work.— © Heather Kent

## Phoney physicians nothing new

Dennis Roark, an American who posed as a physician at the University of Western Ontario for 7 months, is but the latest in a line of phoney physicians with a connection to Canada, a *CMAJ* reader reports. Dr. Cecil Robinson of Vancouver responded to a recent article on Roark (1998;159:557) by citing the well-known case of imposter Fred Demara, who practised as a physician in the Canadian navy during the Korean war. But Robinson also knew an imposter personally. He says he was taken in while attending medical school in the 1940s. The imposter, he writes, said he had to leave Shanghai after being wounded during the revolution there. He

was admitted to medical school in Canada but had difficulty with the exams and never graduated.

Years later, a British friend told Robinson that the man in question, Quong Li, was actually from Victoria, not China. Furthermore, he had been working as a resident surgeon at Leeds for 2 years, performing or assisting during many operations. He was unmasked in January 1951 when a Canadian professor he had cited as a reference visited Leeds and denied knowing the man. Just as investigations began, the alleged imposter vanished. It was then discovered that he had failed his Canadian medical examinations. — Barbara Sibbald