

cluding the intense feelings and fears that many experience.

Most importantly, for the viewer, the quilts can be explored to varying degrees depending upon how much time the observer has to spend looking at the installation.

The quotations in the first quilt reflect pride in being able to achieve physical goals while an illness is in remission, the patient's feeling of isolation when their illness separated them from their peers and the anger associated with miscommunication.

Book review

In the line of duty

"Our Gallant Doctor" Enigma and Tragedy: Surgeon Lieutenant George Hendry and HMCS Ottawa, 1942

James Goodwin

Toronto: Dundurn Press; 2007

280 pp \$35.00 ISBN 978-1-55002-687-0

Hero is a troublesome word. Usually it is conferred like a medal, but unlike a medal, it is rarely claimed. Indeed, my readings and a few personal associations suggest there is a common response from the hero: "I was just doing my job — this is what I'm trained to do." From Winnipeg's Valour Road soldiers to the firemen and police officers of 9/11, many of those who survived reject the label. "I was just doing my job."

George Hendry would, I suspect, have answered similarly, except that he died doing his duty. In *"Our Gallant Doctor" Enigma and Tragedy: Surgeon Lieutenant George Hendry and the HMCS Ottawa, 1942*, author James Goodwin offers a convincing rendition of Hendry's story, beginning with his upper-level medical and social background in Toronto through to the tragic end of both the HMCS *Ottawa* and Hendry, its surgeon.

His hasty decision to leave a potentially distinguished career as an obstetrician/gynecologist in Toronto to take

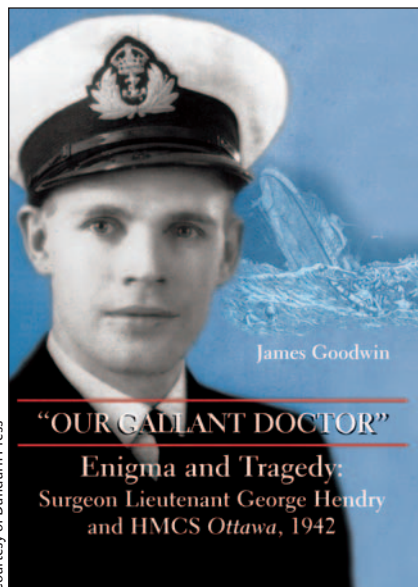
The second quilt's squares reveal the gratitude patients feel toward various members of the interdisciplinary team, from nurses to respiratory technicians to family physicians.

The squares in the third quilt reflect on the effect of illnesses on the function of these physicians with health challenges. It addresses the inability to balance physical pain with the demands of medicine and suggests that perhaps if physicians have health challenges, they enhance their ability to be "healers."

These issues are all integral to the art and the science of medicine.

Suzanne Watters MD
Family Physician
Prince George, BC
Lindsay Zier-Vogel MA
Writer
Toronto, Ont.

This exhibit is designed for display in almost any venue: hospital corridor to conference room wall. The quilts can be rolled and transported easily. For more information contact: Suzanne.watters@gmail.com



Courtesy of Dundurn Press

a posting to sea duty in the Royal Canadian Navy requires some explanation. In Hendry's case the explanation goes beyond undoubted patriotic service. An all-too-common and sometimes sordid event occurred. Although Hendry was in love with a beautiful young woman, one night of careless drunkenness changed his life (and hers) drastically. He had sex with another woman and she soon reported her — their — pregnancy. Duty and chivalry led Hendry to a loveless marriage. Then, soon after their hasty wedding, there was found to be no pregnancy.

Goodwin is not a dispassionate observer of Hendry's life. Goodwin's and Hendry's father were close colleagues in Toronto medicine; and, in his youth, Goodwin was acquainted with Hendry when the latter was a dashing, young medical officer in his naval uniform, and, one suspects, there was an element of hero-worship on Goodwin's part. This relationship may help explain why Goodwin assumed the worst possible motive on the part of Hendry's bride. Goodwin spells out the various possible scenarios, ranging from an honest belief that she was pregnant based on an irregular menstruation cycle, through to a deliberate attempt to trap a husband. But then, with no convincing explanation, he adopts the entrapment scenario as the true one. Similarly unsupported by any documentation is Goodwin's assertion that the newlyweds never had sexual congress after the wedding. Certainly this could be true, but how can anyone possibly know?

These are, perhaps, minor subjects of criticism. A more serious problem for some readers will be a sometimes overwhelming plethora of minute detail about naval matters, although this will doubtless please naval historians. Nevertheless, the account of HMCS *Ottawa*'s last moments is vivid and moving.

In order to escape his loveless marriage, Hendry joined the Royal Canadian Navy in May 1941. He was stationed ashore in Halifax, Nova Scotia, until March 1942, when he was posted to the HMCS *Ottawa*. On Sept. 7, a sailor with acute appendicitis forced a strategic decision. Rather than leave her convoy and return to Halifax for his surgery, the ship remained on station and Hendry operated. Space on the destroyer was limited and the operative theatre was the captain's day cabin, measuring some 3 metres by 5 metres, with the dining table doing double duty. The patient did well.

On Sept. 10, 1942, the *Ottawa* picked up survivors from a torpedoed cargo ship. One man was severely injured, a rivet having been driven deeply into his abdomen. The next morning, Hendry performed his second operation despite heavy seas and inadequate equipment; this one proved far more difficult than the first. Hendry began the ether anesthetic, then handed that responsibility to his lone assistant. Opening the abdomen, he found severe damage to the small intestine. He did what repair he could and closed after sprinkling generously with sulfa. Not surprisingly — perhaps inevitably under the circumstances — his patient died on Sept. 13 of generalized peritonitis. The surgeon was noted by his shipmates to be seriously exhausted.

On that same day, at approximately 23:15, while protecting the convoy bound for Britain, the *Ottawa* was torpedoed twice, the second breaking her back. She sank very quickly. Many men died aboard, but some did reach the water. Hendry was one of those. He swam to a Carley float, exhausted after operating twice in the previous days, one of them a major case, under appalling conditions. An eyewitness saw Hendry on the float, but in rough seas it tipped over several times. Each time the float flipped over in the rough sea the doctor had increasing difficulty grasping the halyard yet again. "Finally, the fourth time the float capsized, George Hendry couldn't hang on and he was swept away in the dark."¹

Canada boasts many medical heroes. Two of the 4 Victoria Crosses awarded to Canadians before 1900 went to med-

ical men: military surgeon Herbert Taylor Reade was awarded his Victoria Cross during the Siege of Delhi in 1857 and Campbell Douglas Mellis received his in 1867 in the Andaman Islands. In the last century, Dr. Francis A.C. Scrimger was awarded the Victoria Cross for outstanding bravery under fire at Second Ypres in 1915, Toronto's Capt. Jacob Markowitz emerged from the disease-ridden jungles along the Burma-Sian railway to receive a Member of the British Empire for saving hundreds of lives there, and John Weir Foote, a chaplain, received a Victoria Cross largely for enduring extreme danger while dressing and treating Canadian wounded at Dieppe (and for voluntarily remaining to become a prisoner of war so to be near his men). And there were others.

Surgeon Lieutenant George Hendry was of their ilk. He did his job under most trying circumstances, as are well described in this well-written, thoroughly researched and interesting book. Hendry deserves recognition, which this book provides. But, although I consider Hendry as a man with an acute sense of duty, he was not a hero.

Charles G. Roland MD DSc
Hannah Professor Emeritus, History
of Medicine
McMaster University
Hamilton, Ont.

REFERENCE

1. Goodwin, J. "Our gallant doctor" enigma and tragedy: surgeon lieutenant George Hendry and HMCS *Ottawa*, 1942. Toronto: Dundurn Press; 2007. p. 162.

One thousand words



Charmaine Williams

DOI:10.1503/cmaj.080383

"A refreshing splash," was taken in the Oddar Meanchey province of Cambodia where many communities struggle with access to fresh water during the dry season. Numerous nongovernmental organizations work to provide wells, such as the one depicted here. This photo was taken in 2005 by Charmaine Williams, a student at the Michael G. DeGroot School of Medicine, McMaster University, Hamilton, Ontario, and was a top entry among the 84 submissions to a photo contest held in conjunction with the annual McMaster International Women's and Children's Health Network conference in September 2007.