



Margaret M. Allemang Society for the History of Nursing

September 2011

FEATURE ARTICLE

PORTRAIT OF LEADERSHIP

Elizabeth McMaster and the Hospital for Sick Children 1875-1892

By Judith Young

In 1875 Elizabeth McMaster led a group of Toronto women in the founding of the Hospital for Sick Children, Toronto (HSC). As President of this group, known as the Ladies Committee, McMaster was intensely involved with the early management of HSC and combined strength of purpose, compassion, and religious zeal in pursuit of her mission. In September 1891, the hospital moved to a specially designed, impressive new building on downtown College Street. The Ladies Committee, at this time, gave up management of HSC to a male Board of Trustees. In an unusual role transition for the era, McMaster resigned from her voluntary position, completed a two-year nurse training program, and became Superintendent of the new hospital.

Unfortunately McMaster's career as Superintendent was short-lived and very little is known about her subsequent life and work in nursing. Does she, therefore, qualify for inclusion in a series of portraits of nursing leaders? She certainly was a leader in child health care in the city, and this article will describe her critical role in the early development of HSC. The article will also explore the reasons for her departure from the hospital in 1892. Was she the victim of male power and prestige, or a strong-willed woman who could not adapt to changing times?

Early Life

Elizabeth Jenner McMaster, born in Toronto in 1847, was the second child of Scottish immigrants George and Mary Ann Wyllie, a woollen draper and dry goods merchant, achieved modest prosperity in the rapidly growing city (1). At age 17, in 1865, Elizabeth married Samuel Fenton McMaster, leading Toronto businessman and prominent Baptist. Samuel worked in the family business but in an apparently minor role and the degree of his later prosperity is unknown. Elizabeth had been baptized an Anglican, but a year after her marriage, both she and her husband converted to the Baptist faith. Faith seems to be a strong motivating force in her work, and writings for HSC are permeated with a strong evangelical fervor.

The Founding and Early Years of HSC

As a young, married woman McMaster was involved in voluntary activities including visiting the poor. This work may have influenced her, at her age 27, to organize a committee to found a hospital for sick children. Since the 1850s many children`s hospitals had been founded in Europe and the USA and McMaster clearly had knowledge of such institutions. After three months, the newly formed committee had raised sufficient money to begin their work of providing care for impoverished, sick children; care which was not available in general hospitals.

HSC opened its doors in March 1875 in an eleven-room house with six iron cots. McMaster became hospital secretary as well as committee president. The Ladies Committee was solely responsible for management of the hospital. which included finance, hiring, supervision of nurses, approval of admissions and discharges, and appointment of physicians. Local physicians were supportive and provided free medical service. Committee members rotated for a week at a time as daily visitors in order to supervise the household. Business meetings were held monthly and prayer meetings weekly. McMaster believed strongly that the power of prayer would inspire citizens to support her work.

A precarious statement of finances was to plague the hospital throughout the early period. However, HSC quickly outgrew its initial home and, in the first few years, moved into two successive houses in order to accommodate more patients. The third hospital was located, from 1878 to 1886, on Elizabeth Street, and had four wards, two for boys and two for girls. Wards were made attractive by gifts of pictures, flowers and books and one ward had a singing bird. Although by 1881, a total of 60 children were admitted during the year, there were not more than 25 inpatients at a given time. When funds allowed, an outpatient dispensary provided free examination and medicine.

The committee employed a matron to supervise the untrained nurses and servants and purchase housekeeping needs. Committee members visited daily to oversee operation of the hospital. Perhaps McMaster`s standards were exacting, because three matrons came and went in the first three years. Problems included poorly cooked food, inadequate supervision of children`s meals and impertinent remarks to committee members. The fifth matron, a Miss Fowler, proved eminently satisfactory and remained for six years. Nurses, during the first ten years, were untrained as training programs had barely started in Canada. Although there were some dismissals, most of the early nurses appeared reliable and were highly regarded.

McMaster and her committee were intensely concerned with the welfare and daily lives of the children. The daily routine included play time, meals at tables for those who could be up, secular and religious instruction, and special events such as lantern slides, and outings to nearby Queen`s Park. Diversion for the children was extremely important as many remained in hospital for months and even years. The average stay in 1889 was 64 days. Although accident cases such as burns and fractures were admitted, the majority of the children had orthopedic conditions due to congenital deformities and what we now know to be tuberculosis. Hip joint disease, attributed at the time to malnourishment, accidents, or carrying younger children, remained the leading cause of admission for over two decades.

McMaster`s Leadership of HSC

Despite a chronic shortage of operating funds, McMaster maintained her faith that HSC would survive. Often the rent was in arrears and local tradesmen waited for payment until money was available. Committee members and friends, including McMaster, would frequently make small cash donations, pay for utilities, or buy uniforms for staff and clothing for the children. Starting in 1881, the provincial government, which provided aid to certain charities, allocated a small allowance for each child.

Regular income was so vital to enable HSC to slowly expand and, in 1886, the hospital moved into larger premises, a former Catholic residence for girls working in the city. The move coincided with the appointment of HSC's first trained nurse Superintendent. In hiring Hannah Cody, a graduate of Toronto General Hospital, McMaster was keeping pace with the new practice of employing a trained nurse to manage staff and day-to-day operations. The employment of Cody also enabled HSC to open its own school of nursing, and the first student was admitted that same year.

The new location provided accommodation for 30-40 children. The 1887 Annual Report describes the wards as "bright and cheerful" although the building was considered "old and dingy". The walls were hung with pictures, mottoes and Bible texts and one of the wards had an aquarium, the gift of a young girl. There was a large ward for girls and two smaller wards for boys. An additional room. Known, as the silent chamber provided a peaceful atmosphere for very sick and dying children. Parents, who were normally restricted to twice-weekly visiting were encouraged to remain with very ill children.

Concern for Employees

Concern for employees was evident in McMaster's leadership. In 1883, a house was purchased next to the hospital for use as a nurses home. This was to ensure that nurses had an adequate rest in a healthy environment. Such concern was unusual; prior to the establishment of training schools, nurses usually slept in rooms attached to hospital wards. McMaster maintained a strong hold over all HSC affairs. For a period in 1883 she lived in the hospital when the matron was ill in order to fulfill Miss Fowler's duties. She obviously watched over the work of the committee, and this led, in 1883, to a dispute with the treasurer over accounting methods. Minutes recorded that McMaster stated she was "convinced she had been led by the Spirit of God to found HSC—she could never resign—the only alternative to those working with her was to withdraw"(3). Happily, harmony was restored and the treasurer agreed to learn a more businesslike accounting method.

In July 1884 McMaster gave birth to a daughter, Hope, a late addition to her family of three children. It is not known how much of her HSC work she continued to perform whilst pregnant. In November 1883, a committee member offered to assist with secretarial duties, though when her daughter was only a few months old, McMaster was writing letters on behalf of the hospital.

Expansion of HSC

Although the size of the hospital remained modest during the 1880's, McMaster was managing a growing enterprise. In 1882, wealthy Toronto philanthropist newspaper owner, John Ross Robertson, provided money for a convalescent hospital on Toronto Island. Known as the Lakeside Home, this was Robertson's first major financial contribution to HSC. The establishment of a convalescent home not only eased the bed shortage for part of the year, but also provided patients from poor city homes with a pleasant, healthy environment in which to convalesce. Starting in the summer of 1883, most patients, and sickly infants and children from local orphanages, were moved to Toronto Island. The

annual exodus to Lakeside was a well orchestrated event with volunteers conveying a procession of children and staff to the Toronto Island ferry.

The Lakeside Home only partially eased accommodation problems. From the early days there was hope of a specifically designed building and, in 1878, the committee had appointed a group of gentlemen as trustees to assist with business transactions. In 1887, the building fund was significantly increased by a grant of \$20,000 from the Toronto City Council, but disagreement arose over a site for the new hospital. The Ladies Committee favored the pleasant residential area of Rosedale, away from the city centre, while most trustees and the physicians favored a downtown site. After a series of meetings, the committee was finally persuaded to build on College Street.

McMaster and Robertson apparently worked amicably together over proposed plans for the new building but, perhaps, their disagreement over the site set the stage for future differences. With Robertson as chairman of the Building Committee, events moved rapidly, and in September 1889, the foundation stone for the new hospital was laid. In the meantime, McMaster's life was undergoing a major transition following her decision, in 1888, to train as a nurse.

McMaster trains as a nurse

As building commenced, McMaster left for Chicago to embark on a two-year nurses training course. The decision to become a nurse seems a remarkable one, particularly as McMaster was over 40 years old. She had been widowed in 1888 and decided to enter training so that she could continue in an active role at the hospital. HSC was in the process of changing from a home for the sick and destitute to an institution embracing the new scientific medicine; a transformation occurring throughout the late nineteenth century North American hospitals. It is apparent that McMaster felt the recently legitimized profession would provide the skills and credentials necessary for her future role. She may also have needed paid work. Her financial status as a widow is unknown.

McMaster and Robertson at HSC, 1891-92

Prior to the opening of the new hospital, the Ladies Committee handed over management of HSC to the Board of Trustees. In their final report, the committee described "a happy arrangement whereby...the burden of care...was transferred from the shoulders of a few weak women to those of strong and capable business men".(4) The committee retained the right to make recommendations to the Board, a privilege which provided little advantage when differences arose. In July 1891, Robertson was elected chairman of the Board of Trustees, a position which he held until his death in 1918.

The change in management at HSC was typical of other hospitals which were moving from custodial to curative care. Even though women had founded many institutions they rarely maintained influence as hospitals expanded and took on greater financial commitments. At HSC, the Ladies Committee did not seem to realize that their loss of financial control, in effect, eliminated them from future decision-making. McMaster, too, was to find that her role as trained nurse guaranteed her little voice, particularly when she opposed the chairman.

The children were transferred from Toronto Island to the new College Street building in September 1891, and Mc Master took up her duties as Superintendent. Tensions quickly appeared between Robertson and the committee, but relations between McMaster and Robertson took a more dramatic

downward course. McMaster did not seem to realize the extent of the power she had relinquished and continued to make independent decisions. There was a rapid series of disagreements with Robertson, first when she sent two nurses to the City Isolation Hospital to help with a diphtheria epidemic, and then over the admission of two infectious cases. Next, despite her objections, McMaster was barred from the isolation ward when Robertson decided to seal the door to reduce the risk of infection.

McMaster had been Superintendent for three months when the trustees decided to close the small nursing school. The official reason was that HSC lacked the staff and facilities to provide a valid certificate, but perhaps the more significant opposition was to McMaster and the prestige she might gain by development of the school. Following her departure a few months later, the decision was reversed. However, by December 18, 1891, McMaster's main concern was her youngest daughter, Hope, who had diphtheria. This event sparked more controversy when McMaster decided to care for her daughter at HSC. By the time the diphtheria epidemic had run its course, several staff and patients had contacted the disease including McMaster. All appeared to recover, as did Hope McMaster. After a period of recuperation the Superintendent returned to her duties, but soon tendered her resignation. The Ladies Committee begged the Trustees not to accept her resignation, but to no avail. McMaster was allowed a role in the official opening ceremonies which took place on May 5th 1892. Ill health and family obligations were given as the reasons for her departure.

Conclusions

The hospital that McMaster had so firmly established continued to expand under Robertson's dedicated and forceful leadership. McMaster's training as a nurse had given her a legitimate role in the new hospital but she did not seem to envision its limitations. Robertson, as administrator, was a powerful and wealthy man who was unlikely to brook opposition to his views. Perhaps it was inevitable that these two personalities, each with a strong personal identification with HSC would clash.

McMaster showed great strength, tenacity, and leadership in the founding and early management of HSC. Like many reformers of her era, she was strongly motivated by religion and, through the strength of her faith, inspired those who worked with her. In the early hospital McMaster and her committee had created a caring, homelike environment where each child was an individual. Perhaps it was not possible to duplicate such an environment in the large College Street building, and it is impossible to speculate upon what effect McMaster's continued presence at HSC could have meant.

Little historical evidence exists pertaining to the remaining 11 years of McMaster's life following her departure from HSC. She lived in the United States, but visited Toronto periodically, and while in the city attended devotional meetings of the HSC Ladies Committee. She may have been consulted in the committee's decision to leave HSC in 1899. She apparently did further work in Los Angeles and Schenectady, New York, but the details are unknown. She died in Chicago in 1903.

References

1. Feldberg, Gina, "Elizabeth McMaster." In the *Dictionary of Canadian Biography 1900-1910*.
2. Toronto: University of Toronto Press, 1994, 1018-19.
3. Toronto Hospital for Sick Children Annual Report 1887. HSC Archives.
4. Toronto Ladies Committee Minutes November 2, 1883. HSC Archives. HSC Annual Report, 1891-92, p. 12.

[Source: Registered Nurse, Journal, August/ September, 1995, p.11-13]. Reproduced with permission from RNAO.

Eds.Note:

Our apologies to Joyce Mc Queen for errors in the transcription of her article “Battling for a Nursing Future” in the June 2011 issue.

CAHN AND CSHM CONFERENCE REPORT MAY 28-30, 2011

This year the Canadian Association for the History of Nursing (CAHN) and the Canadian Society for the History of Medicine (CSHM) joined forces for their annual conference. The event took place in Fredericton at the University of New Brunswick and St. Thomas University as part of the Congress of the Social Sciences and Humanities. As might be expected, papers covered a wide range of topics in the history of health care, from nursing work in late 20th century long-term care in Canada to municipal investment in sewers in early 19th century England.

Susan Lederer (University of Wisconsin) was the Patterson lecturer and first key-note speaker. Her excellent talk, “Presuming Consent: Body (parts) Appropriation and the Body Politic in Atomic-Age America,” provided an historical view of transplantation in the United States with a focus on legal issues. Pat D’Antonio (University of Pennsylvania and editor of *Nursing History Review*) gave a thoughtful AMS Hannah lecture on “Exploring People and Places in the History of Nursing.”

Among the highlights of the conference was a roundtable session on “Accounting for the Importance of Home-place, Workplace, Landscape and Identity in Canadian Health Care Services.” Myra Rutherford, one of the four panelists, is this year’s recipient of a CAHN Vera Roberts Award. Papers given by Allemand Society members focused on women and the Crimean War (Carol Helmstadter), the London Nightingale School (Joyce MacQueen) and long-term care nursing (Kathryn McPherson). Among other nursing topics addressed, were refugee nurses in Britain 1933-48, nursing in Trinidad and Tobago, nurses in Nazi Germany, and a comparison of working conditions for nurses in two eras in Quebec. At each session I attended, the discussion following each paper was lively. As in Winnipeg last year, there were a good number of graduate students among the presenters. Next year CAHN will meet in Medicine Hat, Alberta.

Submitted by Judy Young.

NEWS ITEMS

Upcoming changes to NP practice

The Ontario government has approved amendments to the Controlled Acts regulation under the *Nursing Act, 1991*, which were proposed by the College of Nurses of Ontario.

The regulatory amendment and related changes to the *Nursing Act* will take effect on **Oct. 1, 2011** and will result in the following key changes to practice:

1. The NP drug list will be discontinued. With the exception of controlled substances, NPs will have the authority to prescribe medication as appropriate for client care. (This amendment does **not** affect the lists of X-rays and ultrasounds that continue to govern clinical aspects of NP practice.)
2. NPs will be able to dispense, sell and compound medication in specified circumstances (for example, when the client does not have reasonable access to a pharmacy).
3. NPs will be able to set and cast fractures in specified circumstances (for example, closed and un-displaced stable fractures).
4. NPs will be able to give client care orders to RNs and RPNs for procedures that they previously could not. For example, venipuncture to obtain blood samples.

A revised *Nurse Practitioner* practice standard, which includes new expectations for practice associated with the regulatory changes, will be available on the CNO website when the regulation takes effect on Oct 1, 2011.

MEMBERSHIP RENEWAL

Remember to renew your membership. Your support is needed to carry out our mandate of information sharing to promote and preserve nursing history.

Upcoming conferences



Canadian Association for the History of Nursing Association Canadienne pour l'Histoire du Nursing

Call for Abstracts 2012 CAHN/ACHN Annual Conference

15-17 June 2012, Medicine Hat, Alberta

The 2012 Annual CAHN/ACHN Conference, to be held in Medicine Hat, Alberta on June 15-17, marks the 25th anniversary of our association. Founded in 1987, CAHN/ACHN has an ongoing commitment to stimulate and promote historical scholarship of nursing and health. We are pleased to invite you to this conference.

The conference theme is: **Places and People's Health: Exploring Nursing in Diverse Contexts.** We welcome papers that explore diversity and contingency of nursing knowledge and practice. Aiming at a critical understanding of connections between place and practice, the conference seeks to examine the history of nursing and health care in diverse geographic, social, and political contexts, including rural and remote locations, specialty areas, and various communities. How did communities engage with health politics or respond to professional claims? What tensions arose as health services had to be established or transformed and professional identities changed? How did nurses pioneer new practice domains? How did local, regional, and global contexts of health care shape nursing? Abstracts addressing other questions are also welcome.

The conference will bring together scholars, professionals, and students from different fields and various areas of nursing and health care history. Longstanding members are especially invited to attend.

The Hannah Lecturer at the conference will be Carol Helmstadter, Adjunct Assistant Professor at the Faculty of Nursing, University of Toronto. She is an award winning nurse historian and expert on the history of 19th century nursing. She has published widely on Florence Nightingale and nursing in Victorian Britain, including a recent chapter in *Notes on Nightingale (2010)*. Her new book, *Nursing before Nightingale*, co-authored with Judith Godden, will be released in Nov. 2011 by Ashgate.

Please submit your one page abstract (350 words max.) and one page CV for consideration by Dec. 1, 2011 to geertje.boschma@nursing.ubc.ca. Submissions by email are strongly encouraged. If submitting by mail, please send one original and 3 blind copies to Geertje Boschma, UBC School of Nursing, T201 2211 Wesbrook Mall, Vancouver V6T 2B5, Canada. Abstracts will be peer-reviewed. Notification of acceptance will be sent out in Feb. 2012. All presenters must be members of CAHN/ACHN.

For information on local arrangements you may contact Florence Melchior (florence@mhc.ab.ca) or visit our website at: <http://cahn-achn.ca/>

Nursing History in a Global Perspective
International Nursing History Conference in Denmark
August 9 -11, 2012

Call for Abstracts

The Danish Society of Nursing History and the Danish Museum of Nursing History are pleased to invite scholars from all over the world to an international conference on the History of Nursing August 9 - 11, 2012. The conference is run jointly by the Danish Society of Nursing History and the Danish Museum of Nursing History and it is affiliated to academia by the Southern University of Denmark and the UC Danish Deaconess Foundation.

The conference will take place over three days from 9 - 11 August 2012 and will comprise plenary sessions and concurrent sessions. Keynote speakers include Professor Anne Marie Rafferty, Kings College London, England, Professor Christine Hallett, University of Manchester, England, Professor Julie Fairman, University of Pennsylvania, USA and Associate Professor Susanne Kreutzer, University of Osnabruck, Germany.

Abstract themes

The conference language will be English and abstracts from all disciplines are welcome. Abstracts are invited for paper presentations on the eight conference themes.

1. Medieval and Renaissance Nursing
2. Nursing in Modern Times
3. Religious and Secular Nursing
4. Gender, Culture and Ethnicity
5. Professionalization and Education
6. Disaster and War
7. Clinical Nursing
8. Nursing Ethics

Guidelines for submission of abstract

Abstracts should not exceed 400 words. Margins must be one and one-half inches on left, and one inch on the right, top and bottom. Center the title in upper case and single space the body of the abstract using 12-point font Times New Roman. In upper case on left state the author's name(s), credentials, institutional affiliation, address, telephone number and e-mail address. In lower case on left state the chosen theme for the abstract. The abstract should fit on one side of one page in a single Word document.

Abstracts will only be accepted by e-mail to Secretary of the Conference:

Mariann Bay mbay@health.sdu.dk. Abstracts received after the closing date will not be considered.

The call for abstracts opens on 16 May 2011 and closes at midnight 15 November 2011. Abstracts will be selected on the basis of merit through blind review and applicants will be informed by 2 January 2012 whether their proposals have been accepted. One abstract only per single and first-author applicant is permitted.

HISTORY OF NURSING WRITING PRIZE

HISTORY OF NURSING WRITING PRIZE

The Allemang Society is offering a nationwide prize of \$250 for the best essay in the history of nursing written by a student in the year September 2011 through August 2012.

Criteria for submissions:

1. The paper may deal with any topic in the history of nursing in any period and in any country.
2. Papers should be a minimum of 8 pages, and a maximum of 25 pages in length including footnotes.
3. Both undergraduate and graduate students may submit.
4. The student must be enrolled in a university or community college anywhere in Canada. Students **from any faculty, including nursing, social science, humanities and science**, are invited to apply.
5. The winning paper will be published in the Allemang newsletter, and the recipient will receive a one-year membership in the Allemang Society.

The deadline for submission is **August 30, 2012**. The prize will be awarded at the 2012 AGM.

Papers may be submitted either by email or in hard copy. Electronic copies should be in Microsoft Word and include academic affiliation, address, telephone and fax numbers.

Students submitting in hard copy should send three copies. The first copy should have the name, academic affiliation, address, telephone, fax and email. The accompanying two copies should have no identification.

Please send papers to:

Lynn Kirkwood
56C Concession Street
Box 344, Westport, ON K0G 1X0
Email: Kirkwood@rideau.net



*Jean Clifton, Marg Walters, Irene Mick, and Marg Kellough
#15 Canadian General Hospital, Bramshott, England, 1941.*

**Don't forget to check out our website:
allemang.on.ca**

OBITUARIES

This section is to recognize the contributions of past nurses and others to the health profession and to society as a whole. Their accomplishments are noteworthy.

Lesmond, Dr. Joan (Gayle) died of cancer on Friday, August 5, 2011 at the age of 59. Nurse, educator, advocate, mentor, and recognized leader, Joan had a profound and widespread impact on the nursing profession and on community-based health care in Canada and beyond. After immigrating to Canada in 1970, Joan worked with perseverance and passion in building a chosen career, earning a BScN from Ryerson in Toronto, an MSC in Community Health from D'Youville College in Buffalo and her doctorate in Education-Health Policy.



A dynamic and respected leader, Joan was Executive Director of Community Engagement and Executive Director, Foundation, of Saint Elizabeth Health Care, where she successfully forged community partnerships and engagements in the areas of service delivery and international consulting and the chronic disease self-management program.

Joan established a reputation for welcoming new challenges as she strengthened and role-modeled diversity within the nursing profession. Always a strong advocate for nurses, she took on leadership responsibilities and board roles with professional and community organizations including the Canadian Nurses Association, the Registered Nurses Association of Ontario, the Canadian Nurses Protective Society, the Canadian Aids Society, Regent Park Community Health Centre, Women's College Hospital and HealthForce Ontario. She served as President of the Association of Ontario Health Centres, Vice President/Director of the Ontario Community Support Association, and board member of the Ontario Hospital Association. For close to 15 years she was enthusiastically involved in the education and mentorship of countless nursing students at Ryerson University. At the same time, she worked passionately to advance community health nursing and care for people with HIV/AIDS and through international engagement as a delegate in the OHA African Lesotho Initiative-For Hope Health and Healing.

Joan championed the rights of girls and women of diverse backgrounds at all levels of the health care system. She supported African and Caribbean women affected by the HIV epidemic and, after volunteering in South Africa with women and girls living with HIV/AIDS, she became active in policy development and for the South African Network of Nurses and Midwives. This spring, Joan's many accomplishments were recognized with the 2011 YWCA Toronto Women of Distinction Health Leadership Award.

[Excerpt from The Globe and Mail, August 8, 2011]

Ballantyne, Jean (nee Reilly) passed away at Sunnybrook Health Sciences Centre in Toronto on August 2, 2011 in her 89th year. Her death followed 24 days after the death of her husband. She received her RN from the Royal Alexandra Hospital, Edmonton in 1946. She nursed in a variety of capacities over almost 40 years finishing her career as Director of Nursing Services at North York Branson Hospital. She was very involved with the community, serving on the Mayor's Committee on Aging and the Anglican Church Diocesan Committee on Aging. In 2002 she was awarded the Queen's Golden Jubilee Medal for her 18 years of volunteer work which included co-founding the Fraud Against Seniors Program of the Volunteer Centre of Toronto and her involvement in establishing that program in Winnipeg and Ottawa.

[Excerpted from The Globe and Mail, August 3, 2011].

Barber, Jacqueline "Jackie" (nee MacRae) passed away July 26, 2011 in her 71st year following a short battle with cancer. Jackie received her nursing training at Toronto Western Hospital, and followed up with a BScN from the University of Windsor, and her MEd from the Ontario Institute for Studies in Education. In the 1960s Jackie was instrumental in helping to develop the Nursing program at Ryerson and later held the position of Director of Staff Development at Riverdale Hospital (now Bridgepoint). Beset for many years with Marfan Syndrome, Jackie battled those problems with indomitable courage, perseverance and extraordinary cheerfulness. Thanks goes to the healthcare professionals at UHN and the Albany Clinic for their interventions in prolonging and enhancing her quality of life; this allowed her to continue her joys in travel, theatre and reading, and to delight in the company of her friends.



[Excerpted from The Star, July 30, 2011].

Editor Newsletter

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Dorothy Wylie. Please contact her regarding news items, short articles, announcements, etc.

All contributions are welcome.

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