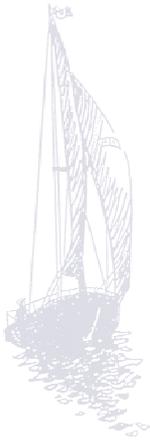


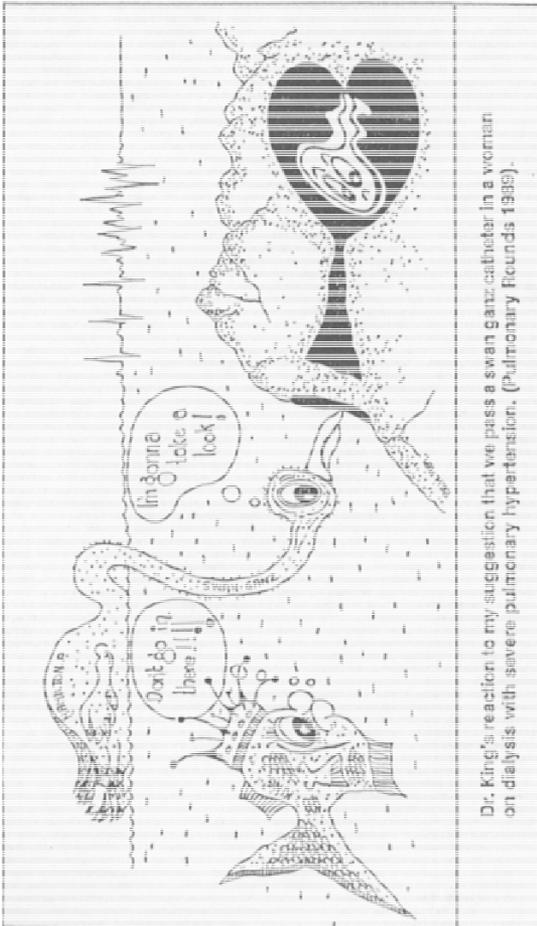
E. GARNER KING

A Life Remembered



E. Garner King obtained his MD (with distinction) from the University of Alberta in 1963; completed postgraduate training at the University of Alberta, The Banting Institute in Toronto, and the University of Colorado Medical Center; joined the University of Alberta as Assistant Professor and Director of the University of Alberta Hospitals Intensive Care Unit in 1971; trained many first generation critical care physicians in Canada as well as a large number from other countries; was named a full professor in 1981; and was appointed Chairman of the Department of Medicine (in 1986) after an international search.

As the Chair of Medicine, his vision and determination created a firm direction for the Department; he encouraged excellence, reorganized the Department's finances, and attracted many new academic staff from the world over. The University and the affiliated teaching hospitals will continue to feel the impact of his presence for many years.



Acknowledgments

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THE MORNING AFTER... A BEGINNING FOR HEALING

At 10:52 yesterday, March 19th, 1992, Dr. Garner King, age 52, died of an illness which he had courageously lived with for over a year. Ironically it was a lung condition in which he was uniquely expert. As we all grieve together this morning it did not seem proper to have rounds and we sensed that this hour could better serve as our opportunity to share our sense of loss together.

Garner, in innumerable ways, touched us all and his loss leaves an enormous void in the Faculty, in the Department and in all of us. He was wonderfully talented. He received the John W. Scott Award on graduation as being the most promising potential physician in his class and with his intellect, his organizational ability, his leadership, and his thoughtfulness and compassion, he has thus fulfilled that promise.

I knew him as a student, a resident, a colleague and finally as my boss and was always awestruck by his skills.

I am sure no one on the Planet could leave the ICU at 4:30 as I have seen him do with a Swedish Physiologist in tow - buy the food, prepare by himself a meal including several desserts, and welcome 30 quests for dinner at 6:30. He

was special, he was extraordinary - we will not see his like again. But he has left a legacy of acts and memories and I would like to specifically ask some of you, as well as any others, to say something of what is in your heart.

I should say that his children will be having a very private service within the next day or so and the Faculty and Department will be organizing a memorial service within the next couple of weeks.

Firstly, I know the Dean would like to say something and I would ask all of you who speak to come to the microphone.

Dr. Brian Sproule

Professor

Division of Pulmonary
Medicine



Dr. Garner King dealt with his illness "his way" from the time it began to the time it ended. He wanted to "run the good race" until he crossed the finish line and that is what he did.

And what a race of life he ran! As a physician-leader-teacher-scholar, he was committed, energetic and enthusiastic. Garner was always



innovative and goal oriented in caring for his patients, colleagues (both medical and nursing) and students.

Academic medicine in all its aspects filled a major part of his life. He looked after his patients in an exemplary fashion; he developed a new field of patient care - critical care medicine across Canada; he was an outstanding teacher in both lectures and at the bedside; his scholarly approach to clinical medicine was continually advancing knowledge in his field through research.

From the Dean's Office, I saw him as an academic leader and was delighted when he was selected and accepted the position of Chair of the Department of Medicine in 1986. There followed: recruitment of talented individuals including Divisional Directors, the organization and leadership of the Practice Plan which allowed recruitment of many young faculty, the reorganization of clinical teaching units with emphasis on cooperative medical and nursing managerial roles, research growth in applied areas as well as laboratory based research.

As a friend and a colleague I have relied on Garner for advice. As

well, I enjoyed many social events at his home and had all too few opportunities to join him in sailing and cross-country skiing. I hope his spirit is sailing today.

What can we do to be true to Garner King? We must look at the path he followed, including particularly his decision to pursue the goals of the Department during his illness. We must rededicate ourselves to continue to pursue these goals. We must care for and support each other in this process.

It is said that the true strength of organizations and individuals is discovered in greatest times of difficulty. I am confident that the Department of Medicine will not sink with despair and self-pity - that was not Garner's way - but will rise to overcome grief and meet the challenges ahead.

In his enthusiasm for his Department, the University of Alberta and for life, Garner was fond of hyperbole and I believe he would approve of the phrase of a famous coach: "when the going gets tough, the tough get going"; and to paraphrase a famous leader: "when this chapter in the history of the Department of Medicine at the University of Alberta is written, let them not say that this was the



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Department's darkest hour, let them say that this was the Department's finest hour".

Dr. Douglas R. Wilson
Dean
Faculty of Medicine



I want to take you back to the Spring of 1986. Can you remember your reaction when you first heard that Garner King was going to be the new Chairman of Medicine? I remember fondly my first reaction - terror, sheer terror! It was not so much a question of whether Garner could "cope with the system", but rather "could the system cope with Garner". Well, both learned to cope with each other remarkably well, to the benefit of us all.

Garner made Billy the Kid look slow on the draw. I expect many of you found yourselves in the middle of a Garner initiative even before you knew it was coming. He ran ahead of us, calling over his shoulder for us to join him in his vision of the future.

On a personal note, I can attest to the admiration of his patients toward him. Time and again he has given my sister-in-law new life,

literally, and our family, even those who have never met him, (and many of those called me last night) revere him. His care for his patients is legendary. And his selfless dedication to the Department of Medicine will become legendary.

Those of us in the Admin Office had the privilege to work our butts off for Garner for six years and we have loved it. New ideas, new challenges, lateral thinking. "There's no rush, but have it done by noon". At lunch yesterday, Rocky Feroe suggested that Garner is already probably organizing his new friends in some visionary project, serving them warm milk and cookies while explaining the basic rules of playing together cooperatively in the sandbox. Brian Esslinger, with a twinkle and a tear in his eye, captured the essence of Garner best with a follow-up comment that "he probably has already installed a 1-800 number".

J. Charles Morrison
Director, Department of Medicine
Administrative Services



My first contact with Garner King was by two letters which arrived



in the Spring of 1986 inviting me to look at the position in Edmonton. I was in the process of buying a new home in Toronto and regarded the idea of Edmonton as completely out of the question under the circumstances. However, shortly after I moved into my home in July, as I was relaxing by the pool, I received a phone call. I suppose what struck me was his voice. He had a remarkable voice which projected confidence and sincerity and integrity and courage and possibility and determination. To my surprise, I found myself doing exactly as he wanted me to do by the time I had hung up the phone. This would of course happen many other times in the future.

My second impression of him was when he picked me up at the airport on my first visit. I noted that his appearance was not in keeping with the voice. He seemed to be a mortal just like us, whereas the voice would have implied that he was larger than life. However, during the rest of my visit my main impression matured; the real man was the powerful figure which that voice had suggested.

I want to show you this picture of Garner sailing on Lac St. Anne. This is my lasting image of Garner,

sailing toward that distant shore. He invited us to share the vision of that distant shore, the voyage toward excellence. He made us better than we were, told us we could do things we felt we couldn't do, and helped and encouraged us to do them.

Thank you very much Garner for inviting us to share your voyage and your vision. You're not with us now to complete the journey, but there is no doubt that every single person in this department of medicine will follow your vision and move the department toward that distant shore.

Goodnight, sweet prince ...

Dr. Phil Halloran

Director, Division of Nephrology
and Immunology



Grief is a terribly individual and personal emotion. Thus, it isolates us at a vulnerable time. Though we meet and grieve together, we do so differently.

Happiness is a shared human emotion. Though it may be derived from varied sources, it naturally unites us.



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Today, I propose happiness on two counts. Happiness in celebration of Dr. King's incredible life. Happiness in his liberation from an irreversible disease.

Dr. Tom Noseworthy

Chief of Clinical Services
Royal Alexandra Hospital



Friends and colleagues, I share with all of you a sense of personal loss at Garner's death. I first knew Garner in the late 60's as I completed my residency training and he, a newly successful candidate, organized an exam review course for the four of us. I remember a particularly awful evening when Marty Atkinson had all of Internal Medicine on a stack of 4x6 cards and I knew nothing. Garner walked with me to the door reassuring me that everything would be OK. And it was. And somehow over the years I have always known that if you asked, Garner would fix it. He was the model clinician/technician, the teacher's teacher, the doctor's doctor. He challenged as he threw the gauntlet and he praised as it was carried forward.

A friend who had Guillain-Barre in

1970 remembers those four weeks of helpless paralysis in the new ICU, the former sun room, on Station 64. "My God", she said, "he was invincible". He would not accept "no" for an answer.

When we met in the corridor, Garner would pause, hands in pockets and ask, "How are you?" It was a question which demanded a pause and an answer from the heart; it was not a political nicety.

We are Garner's legacy, whether colleague, student, patient or friend, challenged, stimulated, pushed and supported by his conviction that we could be the best. To his family who knew best his strengths, and for whom his loss will be most profound, our sincere sympathy.

Dr. Anne Fanning

Professor
Division of Infectious Diseases



I'm not in any way ready to let Dr. King go, and I wonder is heaven really ready to have him?

There will be changes here as we realize the void Dr. King has left behind but, ... nothing like the changes that will occur where he



ends up!

Heaven is going to have a new Director! Soon we will be able to use an 800 number to dial St. Peter directly and furthermore there will be a new order in the line up at the pearly gates.

The sign on the gate will read, "Lead, Follow, or Get Out of the Way" !

With this new direction from the very top, our mission is to keep firing on all cylinders!

Dr. Rocky Feroe

Chief Resident
Department of Medicine



This is the hardest speech to give, the words come tumbling, because I loved him so much. So did you, look around you, this is not the outpouring for an ordinary man.

Garner's battle is over. We are here to show our respect and love for Garner and to gather strength to meet the disaster his death has brought to us.

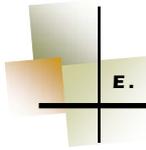
It seems incredible that he is dead. It was only a short time ago that he was so alive, working hard in

our midst, sailing his boat, enjoying the opera, hiking, skiing, gathering his strength to be able to lift our spirits, as only he could with his friendliness, his intuitive sense of justice, his energy, unselfishness and generosity with his time. His constant encouragement of our efforts and his good cheer.

You know how he could put you at ease and the comfort you felt in his presence. He inspired us by his pride in this Department, this University, this city and this Canada. Remember how he always used his University tie? The one I am wearing today is a gift from him, one of the thousand little ways he pointed the way.

It is hard to lose such a good chief; we will never see his equal again. He was our good chief because he made us love our work. Certainly my year and a half here has been the happiest in my career thanks to him. He gave us the right and good marching orders. There he reached us through our heads and directed our noblest striving. But he also touched our hearts by the personal interest he took in each of us. We have lost the best of friends and that is the hardest of all.

Perhaps the most difficult task a



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chief has is to balance the need of an institution against the respect for our individuality and human frailty. No one I have met has been his equal in that.

They say the truly good and strong ones die early. They are needed in a more important battle between good and evil, some place above us and beyond our understanding. If that is true, the good forces have gained an invaluable warrior, a true king. We have lost correspondingly.

Nothing lasts forever. Today we are sad and downcast with our grief. But remember, his spirit lives in our memories to help us who have to strive on down here. I know what he would like us to do: Go on, love your work as I taught you, respect each other as I showed respect for each of you, work together because then you are more than the sum of your numbers. That is the best way we can honor such a fine man, to let him inspire us for the rest of our lives.

Because someone dies does not mean that the good things they did when alive go away. Let him live in your memories as the best, most just and truest of men. He shall be a lasting source of joy to

us. Think about it and let us treasure the privilege of having met such a man, who can give us back our hope for mankind. Let us go on building what he started here. How can we even think we will not succeed when giants like him are still born on this earth?

Dr. Carl Kjelstrand

Professor of Medicine
Division of Nephrology
and Immunology



I feel extremely fortunate to have worked as closely as I have with Garner over the past five years.

As Director of Nursing and Chairman, we collaborated on virtually everything. We shared a common vision, had no secrets, no hidden agendas and no competition.

I totally respected him because he had the highest respect for nursing. He listened to the nurses and he listened to me. Many of you know that we would regularly go on a round of the units or on a "walkabout" as he preferred to call them. After going to a unit to talk with nurses, patients, residents and student interns he'd stop and say about a nurse or group of nurses:



"Now right there is the reason why this unit runs so well, or why that patient is doing so well, or why the student interns and residents are so happy with their current rotation."

"The universe is unfolding as it should."

Courage, integrity, vision, altruism.

Garner believed in the TEAM, in the concept of TEAMMANSHIP and in collaboration and sharing. Although Garner's style of leadership had changed over the years, there were still times when he'd send out a GARNERGRAM, decreeing that "From this date forth, the following edict was in effect and shall be adhered to by all personnel herewith", but these occurred less and less over recent years, as Garner led the way, coaching and facilitating major milestones in the Department of Medicine.

I will miss Garner. I will not forget Garner. Garner will not forget us.

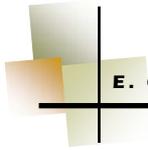
Dr. Terry Montague
Director
Division of Cardiology

There is one phrase that Garner would repeat during many conversations and meetings which is a good indicator of his success and good advice to all of us. That is, whenever we came to a point of having made a decision, he would say, "Well, why don't we just do it?"

When I was asked to stand up this morning and say a few words about Garner, I was honoured but I have to confess that my initial reaction was to think that it was appropriate that I be asked to do so because I had a special deep personal relationship with him. When I started to think about that however, I realized that just about everybody in this room feels that they had that special deep personal relationship with him. I think that's the measure of the man.

Greta Olinyk
Director of Nursing

When I thought about my own relationship with Garner, I've thought of him as perhaps being an older brother or a younger



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uncle but finally settled on the word "coach". Indeed he embodied the ideal coach's attitude. One of Garner's most striking attributes was his "can do" attitude - his optimism, his assumption that we could win. I think that in the past several months he became somewhat impatient with the slow pace of change around this institution, feeling that he had much to do in a short time. He spoke about our tendency around here to "plan to perfection" which is something that he didn't do. He took reasonable pains to see things through and then adopted the approach of getting started and working through the details as he went along. He was not afraid of the bold failure.

Garner believed in us - as individuals and as a collectivity - and I believe that when each of us looked in the mirror this morning we appeared bigger and better than before because he helped us to see ourselves that way. If he could counsel each of us now (and God knows he loved to give advice) - "if I may offer a piece of gratuitous advice" he would frequently say - I think he would tell us that we should believe in ourselves, that we should keep our heads up and that we should remember the strength that he helped us find in

ourselves.

Sail on Garner!

Dr. M. G. Elleker
Associate Professor
Division of Neurology



Yesterday we lost a great man, friend and colleague. Though over the last few days the end seemed inevitable, the news still came as a shock. For me, at least, a sense of sad surrealism set in as I attended to my patients in the afternoon. Memories of Garner flashed through my mind, and continue to do so as we meet here today to honour his memory.

Over the years Garner has touched countless people in this institution by his unrivalled energy, drive, determination and vision, as a clinician, teacher, leader and friend.

I was fortunate to have benefited from Garner's presence, first as a student. His lectures were among the best. He had a gift as a speaker and communicated his ideas with clarity and purpose that left no doubts in the minds of his audi-



ence.

Garner was then my teacher during my residency, in the Intensive Care Unit. Again, as a clinician and teacher, he was unmatched and served as a shining example of a caring physician which is no small feat in an area where machines and tools can often overshadow thought and feeling. No doubt, by example, Garner inspired the career paths of many of his pupils.

As chief resident, I came to know Garner as a great leader and friend. His vision for this institution was obvious. Just as obvious and clear now, is the fact that his vision has changed our place beyond recognition.

Over the past year I have seen a Garner I had not seen before - a man of immense personal strength and courage. Who can forget Garner seeing patients or chairing meetings with his IV pole in tow?

Over the past few days I've felt a sense of helplessness. I've felt frustrated that I couldn't hold his hand and say thank you. Well, I can do this now because I know that he is with us and that he is at peace.

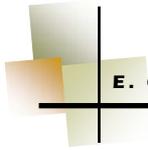
Garner, thank you - your work continues.

Dr. Vlad Dzavik
Assistant Professor
Division of Cardiology



Most of us are old enough to remember when Lyndon B. Johnson said "All I have I would have given not to be here today". With the anguish that I feel, I am quite unclear as to whether I am doing this for Garner or for myself. Probably, it is more for myself because I know I will feel better as I speak about him.

I first met Garner in 1971 as a first year medical resident. I was amazed at how bright, how skilled and how decisive he was. Notwithstanding that, he was extremely stubborn. I can remember standing with Bob Bailey over a patient saying "Dr. King, this patient has a sign painted on him saying 'I have had a pulmonary embolus' . Let's heparinize him". Garner would shake his head quietly and say "We must have a pulmonary angiogram". When I returned to Edmonton fifteen or sixteen years later, how much he had grown! He was still as bright as ever but he was open, flexible



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and always willing to listen to another opinion. He always had insight into the larger picture. He had become a chief, with leadership skills surpassed by none.

In particular I loved his sense of humor. He was a master at one liners. He referred to geographic areas as "east of the Suez", parenteral feeding mixtures as "the breakfast of champions" and he would nod his head as he spoke in references such as "that particular branch of the A.M.A. drive two ton trucks with rifle racks in the back".

I had a special bond with Garner King, similar to what George Ellerker has described. After he had contracted his serious illness, I visited him in his home. Having had some of my own dealings with medical adversity, I spoke with him. It was one of the few times in our lifelong relationship that I spoke, and he listened. I stated that his discomfort was not being produced by his dyspnea, or his chest pain. It was his fear of impending loss of control. I told him that he must never lose control and that in his work he could find tremendous solace and pre-occupation. It was indeed with that firm sense of control that he actively pursued the rest of his life.

I studied theology for some years in undergraduate school. I learned some significant lessons from those teachings. The first of these is that, with the loss of a loved one, it is important to see through the anguish and sorrow and to celebrate his life. We must celebrate the fact of Garner King's impressive life, that it was he who lived it and not someone else. I also learned in those studies that death is not a passive and a negative step, but an active process that represents the very culmination of life. From a metaphysical point of view, we actively step into death. However, I could never truly understand that. Still now, I prefer to look at the afterlife in the same way as I did as a 10-year old boy. All of us have some 10-year old boy within us. A 10-year old boy's view says that if we play our cards right and live our lives prudently, that we will see Garner King again. And when we see him, he will be as we most fondly remember him: sitting on the starboard side of his sailing ship, swishing through the snow on his skis, working on the business end of a bronchoscope, or standing outside his office with a smile saying "Come on into my office and sit down - we'll blue sky a little bit".

There was a lot of blue sky to Gar-



ner King. May God bless him and keep him.

Dr. Peter N. McCracken
Clinical Head
Youville Geriatric Services



I would just like to relate two vignettes regarding the career of Dr. E. G. King in the early years.

The first vignette is when Dr. King was one of my senior residents and the time was December, 1964. This attests to his early highly tuned clinical assessment and application of the best medical literature - in this case the December 1964 issue of The New England Journal of Medicine.

A patient with a somewhat atypical facial nerve palsy (Bell's Palsy) with some accompanying systemic symptoms was admitted to my service and Dr. King phoned me that evening, since he had seen him as the resident when he was admitted to the ward.

He enthusiastically gave me the details of The New England Journal of Medicine which had just been received at the hospital that same day as the latest issue, which fit the patient exactly, namely that

of facial palsy accompanying an albuminal cytologic dissociation syndrome in the cerebral spinal fluid, a Guillain-Barre syndrome. This turned out to be exactly the patient's diagnosis. He recovered uneventfully from this disease entity as an exact example of this very current case report. This was one of my earliest but by no means the first experience of Dr. King's excellent early clinical approach and enthusiasm in diagnostic medicine.

The second vignette was three or four years later - I believe it was in 1968-69 - when I was the Alberta Governor for the American College of Physicians. I received a phone call and a letter from one of my American colleagues who, at the time, was the Governor for Colorado from the American College of Physicians, who had encountered Garner King when he was a trainee in Pulmonary Medicine and Intensive Care Medicine under Dr. Tom Petty in Denver before coming back to Alberta.

He knew that Dr. King had worked with me in Alberta and that I knew him well and it had been his impression that Garner had been an outstanding young clinician.

We thought we could foreshort-

en. the usual procedure for fellowship in the American College of Physicians so that Garner likely was a unique example at that time of being proposed for fellowship in the American College of Physicians by two members of the Board of Governors, namely myself from Alberta and my colleague from Denver. This, of course, was accomplished quickly at that time with letters of recommendation. By the time he came back to Alberta to go into his early ICU and Pulmonary work, he was already a fellow, which was perhaps a unique development for the ACP.

Dr. Allan M. Edwards
Professor
Division of General Internal
Medicine

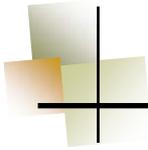


We have lost a great leader, partner, and friend from the academic medical centre. Garner had become one of my most trusted advisors within the institution. I respected his vision and his understanding of the role of the academic medical centre and would often go to him for advice and guidance on important issues.

It will be two weeks ago later this

afternoon that I went up to visit Garner to discuss an issue and seek his counsel. We met at around 4:30 and what was intended to be a half hour meeting turned into a meeting that did not end until nearly six o'clock. During our discussions we dealt with the particular issue at hand but also talked about the need to continuously move ahead. He relayed the story that Dr. Peter McCracken just recited about Peter advising Garner simply to go on and continue his work. He talked about the fact that he had done so and that it was his commitment to work and life that allowed him to make a strong contribution during the last year of his life.

It is impossible on occasions like this to avoid reflecting on what could have been if Garner had lived. What further contributions could Garner have made to our institution, our province and our country - and we know they would be significant! On the other hand, Garner has made a wonderful contribution to our institution, our province and our country. He has also left us with a vision for the future that I know he would expect that we try to fulfill on his behalf. I am sure that he is quite confident that the entire staff can fulfill those aspirations and I be-



lieve he is right. We do have the capabilities to continue to advance as he would have liked. Thank you.

Mr. Donald P. Schurman
President
University of Alberta Hospitals



THERE WILL BE A NEW ORDER AT THE PEARLY GATES

LEAD, FOLLOW
OR GET OUT
OF THE WAY!





THE MEMORIAL... A CELEBRATION

Friends, colleagues and members of the King family, I am honored to pay tribute to Dr. Garner King on behalf of the University of Alberta.

The University was a major part of Garner King's life as a student, as a young physician in postgraduate training, as a faculty member developing an emerging new clinical specialty, teaching and conducting research, and as an academic leader building one of the strongest Departments of Medicine in Canada.

In 1963, Garner King graduated with distinction from the Faculty of Medicine at the University of Alberta, and received both the Mewburn Medal in Surgery, and the E.L. Pope Medal in Medicine. He won many other awards as an undergraduate and worked for 2 summers with a young faculty leader of future distinction, Dr. Lionel McLeod.

Following graduation, Garner did a rotating internship and then entered the Surgery training program at the 'University of Alberta Hospitals for a second year of training, following which he went to the Ontario Cancer Institute in Toronto to continue his training in surgery - doing research in neuro-

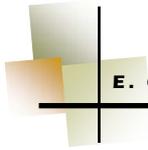
surgery.

At this point, Garner sensed his interests lay in internal medicine, rather than surgery, and he returned to Edmonton for 3 years of residency training, including a final year as Chief Resident in Medicine at the University of Alberta Hospitals.

In 1968, he obtained his Fellowship in Medicine from the Royal College of Physicians and Surgeons of Canada and subsequently undertook two further years of research training in acute lung injury at the University of Colorado Health Sciences Centre in Denver, supported by the Medical Research Council.

In 1971, eight years after graduation, Dr. King took up his first academic appointment at the University of Alberta as an Assistant Professor. He was ideally prepared in internal medicine, surgery, and in the treatment of lung injury to lead the development of a new clinical specialty in Canada.

Critical care medicine brought together the skills of chest physicians, surgeons, anesthesiologists and pediatricians to treat the acutely ill patient in specialized Intensive Care Units which were becoming



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established in teaching hospitals across Canada.

By 1981, ten years later, Garner had achieved wide recognition, both locally and nationally, as a clinician-teacher-researcher and as a leader in his chosen field. He was promoted to full Professor at the University of Alberta.

Letters of support for Garner's promotion in 1981 have a familiar ring to all of us who knew him.

- Dr. Tom Petty, President-elect of the American College of Chest Physicians, referred to Garner as a national leader in critical care medicine.
- Dr. Arthur Scott, Chairman of Anesthesia at the University of Toronto, noted Garner's work in founding the Canadian Society of Critical Care Medicine.
- Dr. George Molnar, Chairman of the Department of Medicine, noted that Dr. King was 'perhaps the most dynamic and effective teacher in the Department.

Recognition of outstanding teaching was also provided by students

who voted him Teacher of the year on two occasions.

The Intensive Care Unit proved to be an excellent environment for development of Garner King's natural talents - calling as it did for difficult decisions, teamwork among a variety, of disciplines, and a supportive but highly visible style of leadership.

In 1986, after a national search, I was delighted to be able to offer Garner King the position for which he seemed to be destined and so well suited, that of Chair of our largest department, the Department of Medicine. He was thrilled and honored because of his great attachment to the University and to academic medicine. He promptly informed me, however, that he had made arrangements to join a sailing race across the Pacific Ocean from Seattle to Hawaii that summer! What a great way to develop his vision for the Department of Medicine.

What a fine experience we had together as academic administrators over the next 5 years as Garner forged ahead with recruitment of outstanding new staff, enhancement of postgraduate and undergraduate teaching, expansion of clinical research,



reorganization of clinical practice and other developments which I know Drs. Lee Anholt and Ron Wensel will mention.

Garner's influence within the Faculty and University extended far beyond his own Department, and the Chairs of both basic science and clinical departments as well as other sectors of the university benefited from his energy, enthusiasm, leadership and supportive approach to many new collaborations.

What a wonderful time we had together socially as Jane and I came to know Garner well - although all too briefly - the introduction which he provided for us to Victoria and to sailing in the Gulf Islands will never be forgotten - his hosting of countless excellent dinner parties at his home for newcomers from far and wide - his spontaneous invitations to 'drop over' to the house as we did after a concert only a week before his final illness.

It was a tragic irony, when in his 5th year as Chair, just having been renewed for a second five year term with resounding support from staff, students, and administrators, Garner was struck by progressive lung fibrosis of unknown

cause.

True to himself and his goals, he faced down the illness with great courage and chose to continue to lead his beloved Department of Medicine despite multiple hospitalizations and life-threatening episodes of acute illness. During what was to be his final year, he continued to make major contributions to the Faculty and University, and was able to enjoy a busy summer in Australia as a distinguished Visiting Professor.

The University of Alberta and Faculty of Medicine salute you, Garner King, as one of our most distinguished graduates, as a caring physician who broke new ground in clinical medicine, as an inspiring teacher, and as an academic leader who leaves a Department of which you and all of us can be proud.

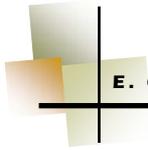
Sail on Garner - we will be together in spirit.

D. R. Wilson

Dean

Faculty of Medicine





E. GARNER KING - A LIFE REMEMBERED

It is an honour for me to speak on behalf of the University of Alberta Hospital at this memorial celebration of Garner King.

E. Garner King was granted Superintendent's Privileges in March 1969 and Active Privileges at the University of Alberta Hospital in April 1971. He was the first director of the Intensive Care Unit and was instrumental in developing the Bronchoscopy service using the new fiberoptic technology. In those early exciting years he also became the Founding President of the Critical Care Society of Canada.

He was a tireless worker, a talented clinician, a revered teacher, a sympathetic listener, and above all, a kind and empathetic man.

In June 1986 he asked me to write a letter of support of his candidacy for Chairman of the Department of Medicine. I would like to read two short paragraphs from that prophetic letter written not quite six years ago.

In the first paragraph I said, "I believe that Dr. King is a natural leader, capable of commanding the respect of the entire Department. He has the ability to analyze, consider, and make decisions with

balance, justice and insight. He is able to delegate responsibility. He is also an incisive judge of character. At his age he has the energy necessary to cope with the demands of the Chairmanship."

The second paragraph begins "Dr. King possesses an entrepreneurial spirit and, in my view, would further build upon the present foundations towards a goal of exemplary patient care, outstanding teaching and world class research". The letter goes on to state that it was my belief that he would lead the Department of Medicine into international prominence. I think you will agree that I was right. What a remarkable success Garner was.

Garner always believed that we should be compared with, and measured against, the best institutions in the world. Within our hospital Garner was a powerful force working towards that goal.

While driven by the desire to excel in all aspects of his life, he was also a decent man, ever respectful and supportive of everyone he knew or worked with. This was particularly evident in his relationships with nursing, his divisional directors, medical staff and students. His way of encouraging others



was often a simple comment - "Terrific".

In regards to his "reason for being" and "personal values", his obvious concern and empathy for patients was reflected in the instant bond of trust that existed in those he cared for.

While I had supported his candidacy for Chairman of the Department of Medicine, in some ways he became my mentor when I became Vice President (Medical). When there were difficult decisions to make, his advice was always "Do what is Right" even if there happened to be an adverse effect on his own department. Garner always had the greater good in mind.

His drive to excel and achieve maximum potential extended to his personal life and particularly to his love of sailing. He did not like to be second. Once for example, when sailing in a three boat flotilla from Victoria to Ganges, Garner misjudged the wind and fell way back, only to announce when he arrived an hour later than the rest of us, that he had "decided to test a new instrument".

Garner was simply the best. His inner self would not allow other-

wise. He was a symbol of integrity and achievement, an example for all of us as we celebrate his remarkable life and remember the ways in which he influenced, led, and touched us all.

R. H. Wensel
Vice-President (Medical)
University of Alberta Hospitals

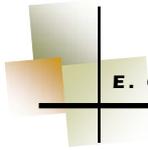


"But the bravest are those who have the clearest vision of what is before them, glory and danger alike, and notwithstanding go out to meet it"

(Funeral Oration of Pericles)

From July 1, 1986 to March 19, 1992, Dr. E. Garner King was Chairman of the Department of Medicine at the University of Alberta. Garner became the embodiment of this Department and he touched, in a very personal way, each and every member.

The Department of Medicine was transformed because Garner King had extraordinary vision. From the beginning it was clear to him that for the Department to realize the excellence of which he dreamed, there must be a rationalization of all its resources and that there



E. GARNER KING - A LIFE REMEMBERED

must be fiscal management with appropriate rewards for its members. Garner knew that given the means, there would be no limit to its growth.

This was bold thinking. At least 20 years of effort before him had failed to consolidate the Department. There was great resistance and there was great personal risk for Garner, but on November 18, 1988 an agreement was signed. So was born the Department of Medicine Practice Plan.

Great deeds are wrought by great risks and to my mind this was Garner's greatest achievement. Looking back on it now, and the mood of the time, I still do not know how he made it happen.

The crescendo of growth and the parade of successful initiatives, in and of the Department of Medicine, was made possible because of the practice plan.

And what growth there was!

During the 69 months of Garner's chairmanship, the academic staff saw an increase from 159 to 219 - 60 positions - nearly one per month. Of these, 45 were geographic full time and include:

- 5 funded chairs
- 1 directorship
- 6 other funded GFT positions
- 13 more came about through rationalization of hospital-based positions
- another 20 - nearly one half of the GFT positions - were established entirely through the Department of Medicine Practice Plan.

In addition, three new Divisions were formed and there were new directors appointed to 9 out of 11 pre-existing Divisions.

Garner's tenure also saw Departmental research funding increase from 6.5 million in 1986 to over 10 million in 1992. Teaching enjoyed high priority from Garner and similar growth, though less measurable, occurred in undergraduate and graduate education.

Among the recruits were mature, established scientists and clinicians of national and international stature, as well as young academics with wonderful dreams.

They came with faith responding to Garner's vision, his charm, his honesty, and his enthusiasm. Once here, Garner somehow made them "believers" -



enthusiastic supporters of this Department, this University.

These recruits are easily recognized - they come from "elsewhere" and they are wearing the University of Alberta neckties which Garner gave them.

The Department of Medicine was Garner's very own "Field of Dreams" - a voice had also said to him "build it and they will come". But Garner King was an ordinary man - albeit an ordinary man with extraordinary talents.

He loved his kids and he loved his job. He exalted in good health and physical activity when he was able. He thirsted for knowledge and relished the arts.

Garner respected people. He was an honest man. He was what you would expect of another person - he would never let you down and so it was in his leadership of this Department.

Garner was comfortable with himself - he felt no need to boast.

Garner was loyal. He was generous with praise and of himself.

As has been said many times by others, Garner maintained a spe-

cial relationship with each of us and above all, he told us to be true to ourselves.

Garner had faith in us and he made us feel good about ourselves.

- and we loved him.

Dr. L. M. Anholt

Director, Division of
General Internal Medicine



The Bible tells us that whatsoever a man sows, that is what he shall reap. When you look at the life of Dr. Garner King, it is clear that his successes were due to the seeds of love, respect and wisdom that he sowed.

In this life, there are few men who impact the lives of so many others as Garner did.

I think that first and foremost, Garner was a teacher. If you asked any of the nurses who worked with him, I think they would agree.

It was easy to care for him, because he cared so much for each of us, his family, patients, colleagues and friends.

It was easy to have a passion for



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the vision that Garner had for his department and for the University of Alberta Hospitals because he was filled with such passion.

It was easy to see the funny or absurd side of a tense moment because Garner could. He could put the whole situation into perspective with one comment.

It was easy to learn from Garner not only because he could teach so well but because he learned so well.

It was easy to fix a difficult problem because Garner would be there whenever you needed him despite his unbelievably hectic schedule.

He was a man who was larger than life, respected by everyone he touched.

We grieve the passing of a wonderful father, friend, colleague and mentor, but we have a greater hope of seeing Garner again with so many other friends in heaven one day.

Let us hold on to this hope.

Greta Olinyk
Director of Nursing
Medicine and Psychiatry



Garner King was, until his untimely death, President of the Canadian Association of Professors of Medicine. As the past president of this group, I am deeply honored to be able to speak on behalf of the other 15 Chairs of Medicine at this memorial service and to express to Kathy and Michael, and to Garner's many friends here, our deepest sympathy, and our sense of sharing in your loss.

Garner became a member of our group upon his appointment as Head of Medicine at the University of Alberta in 1986. We who were already members immediately had a new friend, and a highly valued colleague. When Garner spoke at our meetings, we listened. His opinions were always given after careful consideration and were always to the point. Garner spoke when he had something useful to say!

Our association deals with the many problems facing Canadian Academic Internal Medicine. Garner seemed to thrive on challenges and always looked forward to the opportunities which arose from these. He was having great success in building and moulding a strong academic Department of



Medicine in Edmonton. He was also providing strong leadership at the national level, within our group, and in his activity with the Royal College.

I personally valued Garner's sound judgment very highly and invited him to be an external advisor on one of those sensitive issues which arise from time to time in teaching hospitals. As I had anticipated, all who were involved were thoroughly satisfied with his thoughtful, wise and compassionate approach to our problem. This occasion also provided an opportunity to get to know this rather private man better on a personal level in my own home. He was a delightful companion. Dining together in some of Canada's better restaurants twice a year also helped to strengthen the friendships which Garner made with all the members of our association.

We were alarmed by Garner's illness last year. It prevented him from attending our spring meeting in St. John's. By the fall he had recovered sufficiently to attend the meeting in Quebec City. On that occasion we were moved to hear Garner describe, from a physician's point of view, the experience of being gravely ill. He wanted us all to understand that the

patient perceives quickly and usually accurately who is truly competent, and equally who is not. He felt that this true and visible clinical competence is something we need to strive harder to achieve as physicians, and that its importance must be more strongly emphasized to our students and residents.

Garner was to have come to Western in May to judge the presentations at our Residents' Research Day. We had arranged that he would also share with our residents his experiences as a patient and his views on the importance of true competence.

I suspect that Garner would be pleased if I expressed here the thought that true competence characterized his own work, as a physician, professor, and leader of his department and his profession. Garner will be sorely missed and fondly remembered by the Canadian Professors of Medicine.

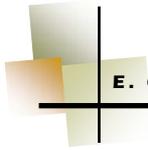
John W. McDonald

Chairman

Department of Medicine

University of Western Ontario





E. GARNER KING - A LIFE REMEMBERED

Because like many of you I have felt the desire and even an intense need to do something to honor and remember Garner, I want you to know that I truly cherish this opportunity to share my feelings with you.

Even though we have lived at least 2,000 kilometres apart for the past 27 years, I have always considered Garner as my best friend.

It was nearly 40 years ago that Garner delivered the newspaper to our door. We attended the same junior and senior high schools. You'll find our eager young faces on the 1963 and 1964 medical graduating class photographs at the University of Alberta. When he was married, around the same time, I was on another photograph with him, as his best man.

Over my loud protests, Garner dragged me to the peak of Mount Norquay before I thought I should. In so doing he was responsible for my instant and permanent passion for the mountains and for skiing, that we shared ever since. He steered the canoe I tried not to swamp by my inexperience, on a trip down the North Saskatchewan River from above Rocky Mountain House to Edmonton. Without either of us realizing

it, I think he adopted me as a younger brother. He was usually the first down the mountain, and almost always steered the canoe. In fact, it may be his trademark that he paddled and steered his own canoe. In a way, he was to me in those days what we would now call a "near-peer teacher", and certainly was my role model in many ways.

I believe one of his exceptional gifts was that so many of us have felt that he was our best friend.

While I do share that with you, I also have some very special remembrances. In his brisk, competent and yet compassionate way he has helped each one of our family. I'm sure that many of you can tell similar stories.

One of those exquisite ironies of life is that he took care of my father when he was admitted to the Critical Care Unit 20 years ago with chest complications related to steroid treatment. Garner intervened twice recently when my mother was seriously ill with pulmonary edema, and she is present here today, and well, as a direct consequence. While she was in various Intensive Care Units last summer, Garner insisted that my brother be examined and tested, then treated his asthma. Garry is



feeling better than he has for years! Even while he himself was having such difficulty, Garner helped members of my family to breathe easier. He did the same with me in another sense, by helping me over some rocky times by just being the dear friend that I will never forget.

"Never" of course implies permanence, and we are here this evening because of what we all realize, that life is not permanent. In the tradition that I grew up in, I came to believe that we humans can transcend death in a number of ways. The author, Milton Steinberg,¹ sums it up this way. We do it biologically through our children. We do it in the thoughts of our families and others, by being remembered. We do it by influence, by the continuance of our personalities as a force among those who live with and come after us. In terms of being a teacher, Henry Adams said it this way: As a teacher one affects eternity; one can never tell where one's influence stops¹. All of this is what Steinberg calls our "essential personality". It is this aspect of us that is immortal².

I am privileged to be part of this celebration of Garner's life and of all those special remembrances

that will live on within each of us. I bring you, his family and friends, the heartfelt sympathy and wishes of the entire Marliss family, and those of my colleagues at McGill University who knew Garner.

He embodied the motto of my own research mentor: Learn as though you will live forever, live as though you will die tomorrow.

From my last conversations with Garner, his advice to me could be paraphrased in this way: "Fulfill your commitments with sensitivity, determination, excellence and elegance, for as long as you can, while you have the sense of being in control of your own destiny". Then as he might have said, "So long, m'friend".

(1) Paraphrased from Henry Adams: "The Education of Henry Adams"

(2) This paragraph, apart from (1), was derived from Milton Steinberg: "Basic Judaism"

Errol B. Marliss
Town of Mount Royal, Quebec



Late last year, we were privileged to have Garner in Australia fulfilling the role of visiting Tooth Professor. It was a softer Garner

who came to Australia, and though he was not in robust health, he was characteristically enthusiastic and indomitable. Soon we were witnessing classic Garner. He lectured, he taught, he demonstrated and he suggested.

On one memorable occasion, he presented an interesting chest round. He described the disease, the complications of diagnostic procedures, the treatment and the prognosis. All of this in a cool clinical objective manner - the patient was Garner. He talked about his mortality but was entertaining and entertained by his friends. He sailed, he boated, he rode a bicycle around Brisbane and was wine and dined and even spent a weekend on a drought ravished farm.

One of his great loves was sailing. At this point I will read a few words from some of Garner's Australian contemporaries.

"Others will talk about the multifaceted nature of Garner's extraordinary contributions to life, but we would like to confine ourselves to his nautical exploits.

We first met Garner in the late 70s when, together with Bryan Kirk and other friends, we went sailing

and imbibing on Sydney Harbour. It was a magical day, the sailing conditions were perfect and the rhetoric flowed. We reminisced about the early days of Intensive Care, of "the blind leading the blind", well summarized at the end of the day by the statement, "you did the first thing that came into your head and if that didn't work, you did the opposite!"

Late last year Garner returned to Australia for what was to be his last visit. We were fortunate enough to enjoy yet another sailing trip, this time a few days cruising the beautiful Broken Bay area north of Sydney and comparing notes on sailing the West Coast of Canada. He and Kathy then left for Queensland, where they managed to spend some time on a Beneteau exploring the Great Barrier reef.

The day prior to his departure for Canada, Garner arranged a marvelous Chinese Banquet which was attended by all his Sydney friends, an event which we all now remember with fondness. At this stage he was making preliminary arrangements to return around Christmas, this time for a cruise to Tasmania.

Unfortunately, this was not to be,



and in November a fax arrived saying his health had deteriorated further and a long sea voyage was not possible.

Garner loved nature, loved the sea, loved the challenge of man against the elements and he loved life. We all knew his days were numbered and he, more than anyone else, was prepared for the eventual outcome.

In his voyage through life Garner encountered some turbulent seas, especially towards the end. There is no doubt that he is now sailing in much calmer waters. We wait for the future when, once again, old shipmates can meet in some idyllic cove to renew old friendships and reminisce about past experiences and voyages."

Dr. Bob Wright

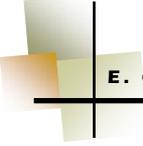
I first met Garner King in 1979 while visiting Edmonton. Since then, I have watched him develop his research interest and expand into administration and medical education. His visits to Australia, though too infrequent, were always times when we renewed our friendship. One of Garner's great

strengths was the way he nurtured and encouraged junior faculty and he continued to do this in recent times. His enthusiasm, his zest for life and his clarity of thought helped enormously in his administrative roles. Two days before he entered hospital for the last time, I had invited him back to Australia to share his thoughts on medical education and academic leadership. Canadian medicine has lost one of its bright lights and we in Australia will miss him too. I am honoured to have known Garner King and have lost a good friend and colleague.

Dr. Peter Brooks

Garner King was a remarkable man who shaped the careers of a generation of respirologists and intensivists in Canada and around the world.

In 1978 I arrived in Edmonton from Australia for my first rotation. As head of the team, Garner allowed us tremendous freedom in decision making about patient management, but we always had to be prepared to justify our decisions. He approached every problem in a very logical way and frequently was able to focus on im-



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portant points and discard irrelevant and peripheral material. He encouraged us to participate in research both in the clinical setting and in the research laboratory. Fortunately that is a career path that I continue to pursue.

I was also fortunate to see another side of his life. Garner was a dedicated father and a caring son. With his family I discovered the joys of bushwalking and skiing in the Canadian Rockies and of sailing and canoeing on the lakes and rivers of Alberta. With other residents, particularly Josep Armengol from Spain, we enjoyed music, opera and drama together.

When Garner and Kathy stayed with us last year he implied he was saying good bye. Even then he was frustrated at his inability to function normally and would have hated to have to give up his extracurricular activities. Garner was a man who lived life to the fullest. It was a wonderful experience to have been even a small part of that.

I send special thoughts to his family, Mrs. King, Kathy and Michael. We grieve with you, but also give thanks that his suffering is over.

Dr. Helen Ward

Each of us loved and admired Garner for different reasons. To me he was a man who demanded much, who worked me to the bone, but in doing so demonstrated a logical approach to all of medicine's and life's problems. He encouraged research in clinical settings and in the laboratory. He demonstrated clarity of thought and was able to focus on important points, and in doing so, discarded irrelevant and peripheral material.

To those from elsewhere he insisted they see the mountains; that they discover the joys of skiing and bushwalking, and of canoeing the lakes and rivers of Alberta. He reminded us that the pleasures of the theatre and the galleries should not be neglected.

Over the years, Garner has passed the torch to a generation of intensivists and respirologists around the world. That torch will flare when people think of him and his legacy. He will be missed.

It was a privilege and an honour to know him.

M. Heiner
Brisbane, Queensland
Australia



It is fitting, and, no doubt a reflection of my general good fortune in life, that Garner King was one of the first Canadians I met upon arrival in this country nearly 20 years ago. Garner appeared in Jasper at the request of the Hospital Board to advise in the planning of the small Special Care Unit in the then-new Hospital. Over the ensuing several months a number of chance, and eventually planned, encounters laid the foundation of what became a close, personal relationship which has flourished through the intervening years until this sad time.

Others will tell of the legendary accomplishments of Garner King, the consummate physician, beloved teacher, inspired researcher, academic leader and incomparable administrator, all of which he certainly was. Although he remained through our time together my professional advisor and inspiration, my preferred consultant and my loyal supporter in times of need, my abiding remembrance of Garner is that of warm and close friendship and of adventures shared together. We quickly became comfortable and welcome guests in each other's home;

in his case, answering the call of the mountains and in mine, affording the occasional urban escape from the remoteness of Jasper Park. We shared many interests, growing together in many areas, among them a love of great music - especially opera.

I am happy to know that Garner found, in our home, the shelter he occasionally sought from the pressing demands of competing academic and clinical responsibilities inherent in tertiary care consulting practice. It was always Garner's way to share, and I recall with fondness the many colleagues, fellows, friends and family, many of you here tonight, who passed through our home on the way to yet another mountain adventure.

However, it was particularly in sailing that Garner and I found the closest bond of brotherhood. Garner had discovered the pursuit which was to become his great passion and typically he wished to share this new thrill with his friends. We spent much time together acquiring the necessary knowledge and skills. He was a little more experienced than I at the time and there was never any doubt about who was skipper.



E. GARNER KING - A LIFE REMEMBERED

It will come as no surprise to those of you who knew Garner well that his play and recreation activities were approached with the same intensity of purpose, and constant desire to advance his skills, as he displayed in all his endeavours. Keeping up with him was a constant challenge and sailing with Garner always a stimulation. However along with the excitement and challenge came the peaceful serenity of sunset in a quiet anchorage, and I believe it was in this setting that Garner found his deepest inner peace.

As I thought of Garner over the past few weeks, my mind drifted back to a day many years ago at the end of which we were both grateful to see the sunset. At the time, we were both quite inexperienced, and, by a mutual lapse of good judgement (a most uncommon event for Garner), we found ourselves in great difficulty, foundering in a whole gale off Victoria. I was already injured, we had more or less lost control of the boat and I had become quite fearful for our safety, threatened as we were with grounding on a reef. Garner did little to allay my apprehension when he observed that we were indeed in a survival situation.

However, he applied himself to

the task in hand, calmly saying "If we can just keep a steady hand on the helm, we'll get through this somehow". And, of course, we did.

Suddenly, tragically, and without time to prepare for it, the steady hand of the helm is gone. Garner, on whom we all leant so heavily, has been taken all too soon. But for those of us, colleagues, friends and especially family, whose lives have been so changed by Garner, the course ahead is well-charted though not necessarily free of obstacle. For, as he taught us all by his example, life without challenge brings a lesser reward.

And you know friends, Garner was quite right. We will get through this somehow.

Sail on, Dear Captain.

Au revoir, Dear Friend.

Peter R. Callegari





*We are here to say goodbye to Garner,
at best a difficult chore,
As a father there was no better,
as a person no one gave more.*

*Now Garner believed in the Golden Rule,
At least as he would conceive.
For he did unto others so much better
Than he would ever receive!*

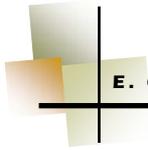
*He loved to bring friends into his home,
He was the natural host,
Welcoming all with a ready grin,
Always making the thoughtful toast.*

*He was wise and lordly,
And some have said a renaissance Prince with vision.
He never avoided conflict
He always made the tough decisions.*

*He's been called a gunfighter by some
Like me who know of his many feats,
He saw the issues, loaded his gun,
And went out into the streets.*

*He wasn't always the quickest draw,
That was not the secret of his fame,
But when he drew he never failed,
He had the very best aim!!*

*As a son he was devoted,
As a father without compare,
To Garner, Special Moments were
When his family was there.*



E. GARNER KING - A LIFE REMEMBERED

*Allergic to horses, congested by hay,
Early mornings as black as doom,
It was Cathy to the farm, the horse from the barn,
Garner her capable groom.*

*Now Michael is a cyclist,
He could ride and ride all day!!
No fool this lad, he had a pit crew,
His Dad gladly leading the way.*

*Garner travelled far and wide,
He was a world renowned teacher.
But for him having his children along
Was always the main feature.*

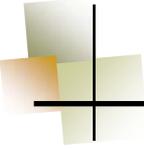
*Garner taught me now to sail,
Showed me how not to flip,
Catamaran or schooner,
He was always the Captain of the ship.*

*Even in Heaven I'm told,
There still remain a few unchartered reefs
Well fear not any longer,
We're sending the Commander-in-Chief!*

*Goodbye Good Friend,
Goodbye Good Fellow,
Goodbye to a Wonderful Dad,*

*Garner, we ask that you forgive us
If we are occasionally sad,
For some of us gathered here today,
You're the best friend we ever had!!*

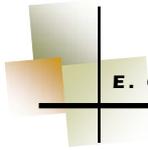
Dr. Neil Finer
Director, NICU & PICU
Royal Alexandra Hospital



I Have Had Three Personal Ideals

One to do the day's work well and not to bother about tomorrow. . . The second ideal has been to act the Golden Rule, as far as in me lay, towards my professional brethren and towards the patients committed to my care. And the third has been to cultivate such a measure of equanimity as would enable me to bear success with humility, the affection of my friends without pride and to be ready when the day of sorrow and grief came to meet it with the courage befitting a man.

Sir William Osler
Aequanimitas with Other Address



MORE REMEMBERANCES

Garner and I had several serious conversations about working effectively, dealing with the stress of work, and recruiting young physicians into academic medicine. As someone who grew up beside the sea I could relate to his analogies where he compared work with sailing. What he consistently said is summarized below:

"Sailing does not mean watching from the beach, and it does not mean heading into port whenever the wind or waves come up. Sailing means preparing your voyage, taking your sails on board, and heading off out into the sea, dealing with whatever happens and reaching your destination."

The analogy to our work is important, but we will not recruit young people and we will not remain effective in our work if we do not take time out to relax - for example, go sailing!

Grant MacLean
Director of Research
Department of Medicine



GARNER IN THE RESEARCH LAB

Garner and I have had many good times together since I came

to the U of A in 1971 to work with him as a post doctoral fellow. I was drawn here by Garner's personal phone call which was as convincing then as it evidently was more recently in attracting high quality Divisional Directors and other staff. When I first came here I remember being most impressed by how Garner could make things happen with a phone call. At first I was a little concerned with Garner's approach to research until I got to know him a little better. Shortly after coming here, in a meeting on a research project, Garner said, "We'll do one to see what happens, another one to see if it happens again and a third to satisfy the editor".

We were doing pulmonary edema research in the early 1970's and had our own lab at SMRI. At a post docs' party one night, I had too much to drink and offered to do a hysterectomy on a cat owned by a veterinarian do it. A few days later that friend called to say he was bringing the cat over to the lab as per my instruction. Not being as good on the phone as Garner, I said OK then hung-up and sprinted to the library to read about the procedure. When I got back, the cat was there. I got the halothane set up, the instruments



ready and a photocopy of the procedure taped in a prominent place.

The surgery went fine and I was just about to close the abdomen when Garner walked in and said "What's up"? After a red-faced explanation, Garner laughed, checked the surgery and stitched up the cat - he liked surgery. The halothane was shut off and we got talking about the pulmonary edema studies we were doing when, to our horror, the cat jumped off the table, ran under the sink and disappeared up into a hole in the wall beside the main sewer stack. I reached into the hole as far as I could but the best I could do was feel a little hair which I hoped was the tip of the cat's tail. After a period of discussion, which included the possibility of blowing halothane into the wall, we decided we would have to make a snare. We put our heads together and fabricated a contrivance which was a hybrid between the classical chicken leg snare I was familiar with and a rabbit snare Garner had seen while working as a summer student researcher in the Arctic. I tried but failed to snag the cat and then Garner tried. With his experience at inserting pulmonary artery catheters he slipped the wire into

the wall, gave it a twist here and a push there and in a matter of seconds the cat was pulled out of the wall at which time I grabbed it and put it back into its cage.

I had a real friendship with Garner and will miss him. Unlike some, Garner never walked the hallway with his head down, indifferent to passersby. He always gave an enthusiastic greeting to those he met. Let's not let the lessons taught by Garner go to waste. Greet your colleagues, students and staff with a heart-felt "Hi, what's up".

Addendum: The cat recovered nicely but was run over by a car two weeks after the hysterectomy.

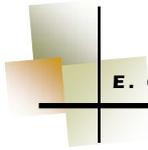
R. L. Jones

Director, Division of Pulmonary
Laboratory Medicine



RANDOM RECOLLECTIONS OF GARNER

1958: Physics lab - Old Medical Building, U of A - comment from lab partner Roger Cumming, "look at that King fellow, he's a bloody genius; knows more than the instructor and everyone is going to him for help. How the heck are



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we going to get into Medicine if we have to compete with a fellow like that?"

1959: 1st Year Medicine, U of A - class president, top student, and who refuses to use any book for anatomy class other than Gray's Anatomy (and knows it word for word)? - Garner King.

1963: Graduation Medicine, U of A - class president, gold medalist, top student (O.K. - so Elliot Phillipson also won awards).

1975: Meeting acquaintances outside intensive care unit - University Hospital: "Garner King is a saint! He just saved my brother's life and he has been simply wonderful, considerate and caring to all of us".

1986: Discussions re planning for future of Dermatology Division - lasting impressions of Garner - impressively clear focus, grasp of future needs, making my areas of involvement seem very important, sincerity of concern, always attempts to be positive and cares to be complimentary and extremely efficient follow-up.

1987: July 31 - drive to International Airport to greet and welcome Dr. Kowichi Jimbow on his

move to Edmonton - time of arrival 5 p.m. - time of tornado 5 p.m. Garner's first comments "Welcome Kowichi, it's a little windy today but the forecast is for excellent weather (now we have three meetings tonight and a full schedule in the next week...)"

- Sincere personal interest in my son's Bar Mitzvah and great care and attention in choice of gift - seemed so obviously important to him to fulfill commitment to attend even though several important conflicting events.

1988: 25th Anniversary Medical Class Reunion - organizing chairman, chief planner, main ideas, main fundraiser for class contribution. Attention to even smallest detail, consideration and care to make certain honorary class President T. S. Wilson and his wife Mary well looked after - Garner King. (Gofers - E. Schloss, P. Heslip, K. Shutt.)

1992: Late February - bright sunny day outside east entrance Mackenzie Health Sciences Centre - "Hi Garner - remember to wear your sunscreen even if you're not sailing".

1992: March - no-more sunscreen, no more sailing. - no more care,



concern and compassion. - no more life of excellence, distinction and achievements.

We all miss you Garner.

us a good-night and left for home. I realized that I had met a sincere man, and from that night onwards, Dr. King always remained my friend.

Eric Schloss
Clinical Professor
Department of Medicine

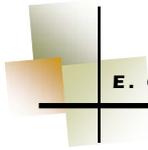


As the years went by, and I joined as a member of the Staff in Nephrology, Dr. King became the Chairman of the Department of Medicine. But even after his promotion, he always had the time to talk and to listen. To me, he was more than a colleague; he was a friend, a brother, a mentor. Whenever I went to him with a problem, he listened first, and then, when I asked how to improve the situation, he advised: "BE YOURSELF". This wise piece of advice always worked for me. Furthermore, Dr. King could open up to me, as in the time when he was ill in the hospital while his daughter was touring India. "I'm really worried about her, Mrinal. Why hasn't she called yet.....Someday, I would like to go to India with you and your family."

"THE WINNING STREAK"

As we boarded the plane from New York to Edmonton, all we knew about our new home was that there would be a man named Dr. E. Garner King, for whom I was going to work as a chief resident in the new Intensive Care Unit (ICU), awaiting our arrival at the airport. Surely enough, he was there, ready to take my wife, our eighteen month old daughter and me to our residence in Edmonton. As we had mailed all our personal belongings from the States, Dr. King brought us some pillows, some blankets, some plates, and some cutlery to get us started. He then took us all to a local store, where he bought us some groceries. He rushed back home, after realizing that our daughter did not have a bed on which to sleep, to bring back his own child's crib. He then wished

This dream of Dr. King's could not be fulfilled. To me, Dr. King is not gone, but has merely moved to heaven to enjoy the eternal peace that he deserves. He is not dead, but is and always will be alive in all of our hearts.



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Two weeks prior to his last hospital admission, I met Dr. King as he was returning home from TGIF. We had a brief conversation about his health, our families, and our work. I asked him about the progress in the Department of Medicine. He replied: "WE ARE IN THE WINNING STREAK"

So we are in the winning streak. And, Dr. King, keep faith in us, we shall hold your torch up high and with pride. We shall keep the Department in the winning streak for evermore.

Dr. Mrinal K. Dasgupta

Associate Professor
Division of Nephrology &
Immunology



ADVENTURES OF THE MIND

Garner King was an enthusiast for life, with great ideas. One of his enthusiasms, as has been stressed by many of his friends, was sailing in the Gulf Islands - an enthusiasm which I share. We used to talk sailing from time to time. For me, it was a sort of escapism. However, Garner had one idea which is worth placing on record as it reflects the wide imaginative scope of his interests. It also testifies to the focus which he could bring to

bear on an idea as it matured in his mind.

It seems Garner was interested in Thor Heyerdahl and his theories as to how the Polynesian people came to populate the vast ocean region of Polynesia. This is that vast triangle of the Pacific which stretches between Hawaii, New Zealand and the Easter Is. (with their incredible stone monoliths), and includes Cook Is., the Marquesas, and the Tuamotus.

Did their peoples get there by slow migration through the Melanesian islands, migrating from one to the next in an eastward direction? Did they move by similar but parallel island-hopping migration through Micronesia, the Carolines, the Marshalls from the Philippines? Or did they come from the South American continent, drifting or sailing westwards from the coast of Peru? If the latter theory is correct, then the migration almost came full circle as such peoples would have come from China and Asia in the first place.

There are even two alternative routes for those mongoloid peoples who had gone 'the long way round'. They could have taken the Bering land-bridge to present day Alaska, and then, like the



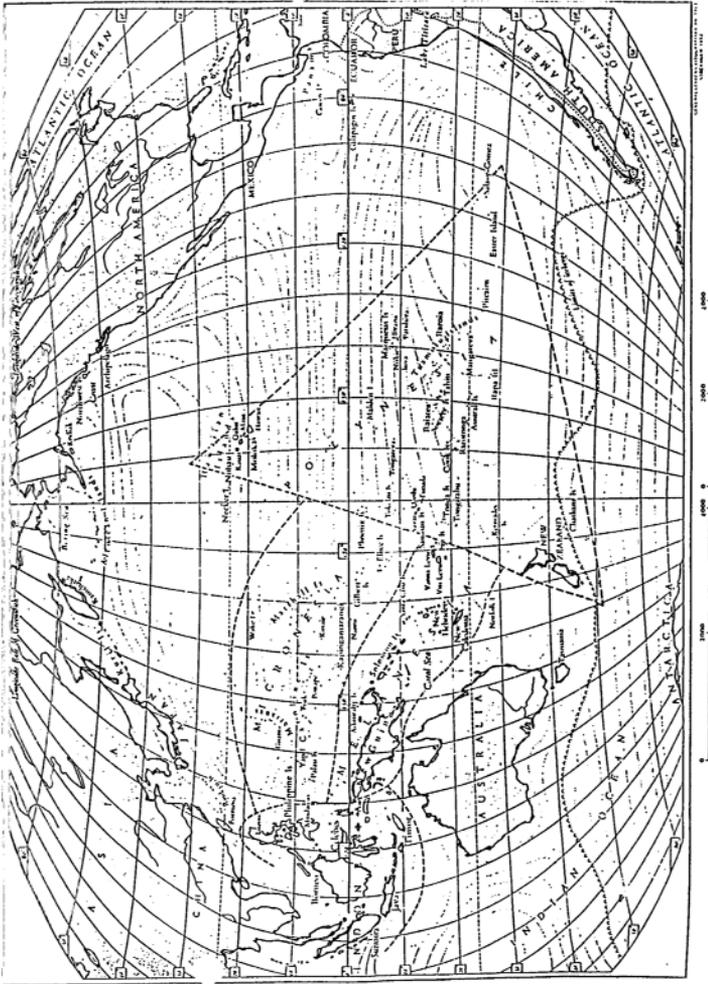
Plains Indians, very slowly migrated by land southward through the Americas to Peru. Alternatively, they might have sailed or drifted by a northern ocean migration past the Aleutians to become the coastal tribes of the Pacific Northwest of North America archipelago (the Queen Charlottes, and Vancouver Island), and then drifted on by long ocean migrations from there. There are differences in physiognomy between the plains and coastal tribes, the latter group comprised of Haida, Kwakiutl, Nootka, Salish and Bella Coola, though both races are believed to be derived from ancient mongoloid stock. The ocean migration would depend on ocean currents and could have taken place in a much shorter span (of anthropological time).

All this intrigued Garner King. I think, also, that Thor Heyerdahl was one of his heroes. Heyerdahl championed the theory of westward migration of peoples from Peru. He had shown it was feasible through his famous Kon-Tiki raft expedition in 1947 in which he and his intrepid crew drifted on rafted balsa logs from Peru to the Tuamotu group of islands (several thousands of miles in 93 days). I won't go on and on about this; suffice it to say that there are

many similarities between the culture of the coastal peoples of our Pacific Northwest and those of Polynesia and even the Maoris (similar canoes, totems, etc. as well as facial features and body habitus). Garner clearly admired the adventurous spirit of Heyerdahl and was stirred by the tale of the Kon Tiki expedition and the theory on which it was based.

Heyerdahl's theory, however, had come under attack. I believe most anthropologists favour the theory that Polynesia was populated by one of the first two routes mentioned above. Garner wanted to pursue a research project which might prove his hero, Heyerdahl, was right! To do this, he needed me - as I was responsible for the HLA histocompatibility laboratory here in Edmonton, and we had some experience in field research, having mounted several HLA-typing trips to the Inuit in two regions of the Arctic and subsequently to the Dariusleut of Alberta Hutterites, in the early 1970s. Garner figured that HLA typing (already established as a valuable tool for anthropological research) was the best way to trace the migration patterns of the Island peoples of the central Pacific. (Now, a decade later, one might use DNA finger-printing, I suppose.)

PACIFIC OCEAN





His idea first surfaced in 1979, I think, and we were so keen about it that we chatted about it whenever we met for coffee or even in the corridors of the hospital. He would provide the leadership and navigational skills, I would provide the laboratory expertise. The plan was to type 100-150 individuals from each of the following indigenous populations: the Bella-Coola of the Pacific Northwest, Hawaii, the Easter Is., the Marquesas and the coast of Peru. HLA data is available for New Zealand Maoris and the tribes of New Guinea. The HLA antigen profiles would be compared and probable migration pathways determined from their relative affinities. We had several scientists critique the validity of the theory, and our protocol. Incidentally, there was no shortage of volunteers from the HLA laboratory staff!

There was no doubt in either of our minds that it was a capital idea. The only problem was that it needed us to collect about \$150,000 and the need for both of us to arrange to take 6-9 months off work. The main trip was planned for, say, 1982, after a shorter preliminary trip out there to the University of Cook Is. (our pre-selected base). The preliminary

trip to Cook Is. was originally planned for 1981 and we would then arrange to fan out from there. Obviously, we hoped to do much of it from a sail cruiser, to be chartered out there.

We planned to raise the money from the National Geographic Society, and then build on that from Canadian sources until we had enough. We might use a bank loan to bridge a funding gap, so we thought, as we were very confident of the royalties from sale of the book which we would subsequently write!

Alas, - as Robbie the Scottish bard puts it - the best laid plans of mice and men oft gang a-gley ... We must have missed the optimum time without knowing it. It was always a case of 'we should be able to get down to the project next year, don't you think?'... It became part of my dream world, and I think it was the same for Garner. But life caught us up on different waves of new endeavour and we never got the chance to drop anchor in our dream-world tropic island, with its azure blue lagoon.

And now he's gone. I don't pretend that this was a major thing in Garner's life, but it revealed a side



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of him that I would like to pass on. He was always an innovative thinker, who could think 'big'. There was nothing small minded about our friend and erstwhile leader, Garner King. Long will he be remembered, and sorely missed.

John B. Dossetor

Director, Division of Bioethics
Faculty of Medicine

DR. GARNER KING: SUBTLE PHILOSOPHY AND PRAGMATISM

The untimely departure of Dr. King (Garner), a great man and true friend, created such a void, a deep sense of emptiness and loss in my life already assailed by gloom and doom. Yet, even after his death, I can visualize upon reflection, his gentle and reassuring hand on my shoulder, urging me to go on. "Get up and do it! It is for the general good . . . ! We'll work out the details and worry about fine tuning later!" Typical of his caring nature and desire "to fix things".

Memory is fallible. But ever since I first met Garner in 1971, after my arrival to Edmonton from Scotland, he has been someone spe-

cial, a source of inspiration, someone to be proud of and to have as a friend. We met again one late night in the operating room in 1973, when a patient developed hyperkalemic T-waves and hypotension during repair of a ruptured abdominal aneurysm. After I administered intravenous insulin and normalized the T-waves, a friendship sparked, and he invited me to spend some time in his unit.

Garner could be very persuasive. And his style included many acts representing radical departures from ancestral views, even in matters remote from respiratory medicine and critical care. After I flew the air ambulance to pick up a patient for him one Saturday night, he informed me that I should not worry about the fact that I was not insured for the flight! He then handed me his book on intensive care (with every word neatly underlined and every margin annotated) . . . which I cherish to this day.

This expression of caring was legendary. He always had time for a "friendly chat" and letters of encouragement, even in the last weeks. As with many other faculty members, he made me feel special. Not wanting to step over his request for privacy, I urged a close



colleague to take him a note from me at 10:45 a.m. on March 19. Imagine the shock when he returned, pale and sweaty, and announced that Garner had passed away at 10:55 a.m. Did Garner think of me, even then, for a fleeting moment? He will be in my heart ... always.

Both Jugdutt

Professor of Medicine
Heritage Scientist

He also told us at one point that he had a 24 hour pager and expected us to use it if we should ever need to reach him.

His thinking often reflected that if anyone had a weakness, that weakness should be made to work for you as a strength, and not to abuse it into a weakness.

Garner was a man of great conviction and integrity.



We first met Garner when he was a medical student. Dr. Russ Taylor brought him to our house to show him how a 'disabled' household operated - at this time Paul was just starting to come home after being stricken by polio.

Over the years Garner has been a good friend and doctor, nothing was ever too small or too much trouble.

When I broke my knee (the same day we received a letter telling us there would no longer be a respite bed for Paul) Garner, when approached for help, said: "A good doctor will, or should, recognize a cry for help and questions should never be asked". Paul had a respite bed within 2 hours.

We are saddened by his loss but are also glad that he died knowing we were making a very important move and also having started Paul on a project at the hospital.

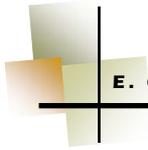
He will live on in the kindness he showed us and in the love he brought into our lives.

The Phalempins



Garner had been a close friend since his earliest days in medical school. As a student he was one of an elite scholastic group that included Errol Marliss, Jol Martin, Elliot Phillipson, among others.

In his office as Departmental Chairman he exemplified the role



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of an outstanding field commander attending the needs of his subordinates above his own, at times to his own detriment.

Garner faced and accepted life as it came, being able to rise above its adversities, one seldom left his office without feeling a little better.

I will miss him - indeed he had become such an integral part of our daily professional lives - never too busy or too tired for patients, or colleagues, old or young.

Garner was loved and admired. We have all lost a good friend and close companion.

Alan Gilbert



A TRIBUTE TO DR. E. GARNER KING

On March 19, 1992, a great leader in the Department of Medicine, University of Alberta, passed away, much to the astonishment and sorrow of many of his friends and colleagues. Many of us failed to accept the unfortunate eventuality. But to Garner, this event was another punctuation in his journey, planned and orchestrated,

and above all, it was completely under his control. Garner's illness came as a shock to all of us some 14 months ago; it reminded us that even the invincible are mortals after all. The punishment of medical therapy was severe; he had many complications, but at each turn, he provided comforting thoughts and encouragements to his colleagues to carry on with their action plan. Despite poor health, his achievements came steadily, his action was precise and deliberate, and his pace was so fast that many of us had difficulty keeping up with him. Garner had simply lived the last 14 months as if his health was never an issue.

Garner's career was star-studded. He often talked about how one's career should go through several changes in direction to remain productive and not become stale. Garner did just that. From being the first one to do fiberoptic bronchoscopy in Western Canada, to being the one to establish a premier multi-disciplinary multi-organ failure unit, to being the Chair of a well respected, multi-faceted academic unit, his timing of every major change in career was impeccable. It was not luck that allowed Garner to seize every challenge, opportunity, and adversary and



turn it into a success story. Garner worked hard and did his homework thoroughly; he was a wise man and quick learner. He shared his joy and success with his colleagues and friends and never the blame.

Garner was an impact player; he was something special to everyone he touched. To his ever grateful patients, he was a compassionate, caring, brilliant physician who was always their best advocate; to his awe-struck students, he was a role model, an inspiration, a dynamic teacher who could change one's career decision in a mere two minute encounter; to his many colleagues, he was a guiding light, a congenial friend, a Dutch uncle (as he often called himself), a fair boss, a man of vision, a populist (despite many tough decisions) and a successful coach; to his competitors, a fierce but fair and respected opponent, and to his family, a devoted son and a great loving father. It seemed cruel that Garner left us so young when he had so much to offer. But, Garner always believed in letting all of us do our very best, encouraging us to bring our game up to the next level when faced with adversarial conditions. Indeed, we have to, without Garner among us.

Garner has written an illustrious chapter in the history of the Department of Medicine, and in this he has declared bravely what the Department should be. We are all better served by having this chapter on record, and having it as a gold standard of achievement. Keep the guiding light burning, Garner! So long.

S. F. Paul Man, MD
Acting Chair
Department of Medicine





E. GARNER KING - A LIFE REMEMBERED

HOSPITAL DISCHARGE SUMMARY

DISCHARGE DATE: March 19, 1992

YEARS IN HOSPITAL: 31

DATE OF BIRTH: January 1, 1940

REFERRED BY: Self-referred (by the hand of fate)

ADMITTING DIAGNOSIS: SUSPECT SKIPPER SYNDROME

According to the following S⁵ (Skipper Syndrome Society Standardized Symptoms) diagnostic criteria:

1. Commitment - first showed in about 1960
2. Excellence - inexorable quest for
3. Impatience - especially with light and variable winds
4. Leadership - of indeterminate duration
5. Accomplishments - innumerable
6. Sensitivity - progressive and severe

COURSE IN HOSPITAL:

This gentleman was first admitted via the student's entrance at an uncertain date in 1961 (old chart not available). Anecdotal observations suggest that he began to prowl the halls at all hours, weekdays and weekends indiscriminately. In retrospect, these were the premonitory signs of Commitment that became clinically manifest later. Early symptomatology of excellence were observed, developing by 1963 into the pathognomonic sign originally described by the legendary internist Dr. John W. Scott as the "Medal" sign. This is currently designated as Stage I of the syndrome.

Despite the usual prognostic significance of the Scott Medal Sign, the patient showed a completely atypical manifestation: he developed a brief surgical complication. This was associated with an equally atypical absence from the University of Alberta Hospital, interpreted by some as a temporary remission. It was later learned that he had



been in a Toronto hospital, though only briefly, and this was followed by a return to full-blown manifestations during a prolonged residency, this time in the internal medicine wards. This was followed by a respiratory exacerbation. Based on the 1992 S5 criteria, this is now recognized as Stage II of the syndrome.

No remission was obtained by the subsequent high-altitude therapy he received in Colorado. He therefore required an extended admission to the intensive care unit starting about the tenth year of the syndrome. Indeed, signs of Impatience began to appear around this time. When he perceived that things needed to be done, he began an attitude rarely found in people who have spent so long in the hospital. His motto at this stage (and right until his discharge) became: "Well, why don't we just do it?" Excellence and Commitment were already such a part of his life by that time that he simply learned to live with them and carry on. Though always compassionate with his fellow patients, these symptoms and those of Sensitivity became more apparent with subsequent years, along with those of Accomplishment. The latter developed in teaching as well as in local and national organizational systems. This was highly suggestive of Stage III of the syndrome.

After more than a decade of progressively exacerbating symptomatology, he showed as much Commitment, Excellence, Accomplishment and Sensitivity that, in 1986, a "textbook" Stage IV syndrome emerged. At this stage the hitherto sub-clinical Leadership manifestation rapidly became a dominant feature of the syndrome. Appropriately, as one who so early on had demonstrated the Scott Medal Sign, the Scott residence was available to him to spend time during his hospital passes. During these passes and the periodic remissions of the symptomatology, he showed remarkable abilities to devote his still considerable energies to family and friends.

During the six years, 1986-92, he displayed such competence every single day that he remained able to sit up in the Medical Chair, that the Canadian Skipper's Society selected him to be the classical patient, showing advanced



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degrees of all six cardinal signs of the syndrome.

Unfortunately, although even the Stage IV syndrome usually pursues a short course (being self-limited and remitting after retirement), certain cases are complicated by intercurrent afflictions. This was the case for this patient, and the details are given in the full hospital chart. Even as his intercurrent disease distracted him from the full-time manifestations of the Skipper Syndrome, he found the internal resources to remain an exemplary parent, friend and "old-time" physician to both his fellow inpatients and those outside the hospital alike. An unexpectedly rapid downhill course ensued, in which our patient categorically refused to behave in a typical manner. As with the vanishingly few previous cases described in the literature, our Skipper patient set his sails on a course that he determined resolutely for himself. In true Skipper Syndrome fashion (from which the name was coined), he also determined which safe harbour to select, and was able to ship anchor before being becalmed.

INVESTIGATIONS:

The patient underwent so many tests, and found the solutions for them, that it is impossible to list them in such a summary. They are best summarized by indicating that whenever posed with a diagnostic or treatment dilemma, the Optimism, Efficiency and Pragmatism Laboratories were the ones used most frequently.

FINAL DIAGNOSIS: SKIPPER SYNDROME - STAGE IV

Dictated by: E. MarliSS



UNIVERSITY OF ALBERTA
FACULTY OF MEDICINE & DENTISTRY
Department of Medicine

VISION STATEMENT

To achieve international standards of excellence in our educational and research programs in order to provide exemplary contributions to the health of the current and future generations we serve.

E. GARNER KING - A LIFE REMEMBERED

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