M.W. Bro. Henry Holgate Watson: Rare Achievement

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Long service to the Craft is an achievement both admired and celebrated among the Brethren. There are, as we know, various kinds of long service, from the simple, but commendable, continuous membership and participation in ones Lodge, through to active service as an officer or committee member over many years. In the latter category, there is the rare achievement of M.W. Bro. Henry (Harry) Holgate Watson who served as a Grand Lodge Officer for an incredible forty-nine years. So, you may ask, how was this possible?

H.H. Watson was born in Milton, Ontario, on December 26, 1867. He was educated at Milton Public School, Upper Canada College, the Ontario School of Pharmacy. He moved to Vancouver in 1889 to work for H. McDowell & Co., Druggists. On April 25, 1892, H.H. Watson was initiated in Cascade Lodge No. 12. On July 18, he was raised a Master Mason. Only one year later, he became Secretary of Cascade Lodge, a position he held for two years. In 1895 he was J.W., then S.W. in 1896, and Worshipful Master in 1897. He served neither as Junior Grand Warden nor Senior Grand Warden, but was elected Deputy Grand Master in 1899. He was installed as the twenty-second Grand Master of the Grand Lodge of British Columbia on June 23, 1900, serving until June 21, 1901. One year later, in June 1902, he was elected Grand Treasurer, a position he held for an astonishing forty-seven years. He entered the G.L. Above on January 19, 1949.

M.W. Bro. Watson's tenure as Grand Master was eventful. In 1901, he ruled that Lodges must be at labour when conferring Degrees. This Ruling was prompted by a question from Cumberland Lodge No. 26: "Is it legal to do the work of the second section of the Master Mason's Degree while the Lodge is at refreshment?" The Grand Master's answer: "The Lodge must be at labor while conferring degrees." This official answer became a Ruling, published in the Book of Constitutions and Regulations ever since it was made in 1901. Another interesting event during M.W. Bro. Watson's year took place on March 18, 1901, when he exercised his prerogative and assumed the Master's Chair in his own Lodge. Then, he objected to the presence of a Brother who had written an "unmasonic letter" to a local newspaper criticizing Masonic Lodges in Vancouver. The Grand Master put the Lodge at refreshment, and asked the said Brother to leave. When the Brother wished to speak, M.W. Bro. Watson ruled him out of order, and the Brother retired from the Lodge room. The Grand Master then returned the gavel to the Worshipful Master, and the Lodge resumed labour.

M.W. Bro. Watson's Masonic career was also devoted to a number of concordant bodies. He was Exalted in Vancouver Chapter No. 2, Royal Arch Masons, and served as First Principal in 1894, then as Grand First Principal of British Columbia. Active in the Knights Templar, he was Presiding Officer of Columbia Preceptory No. 34 in 1898

and, later, served as Provincial Prior. In January 1909 M.E. Companion Watson was given the Honorary Rank of Past Grand Zerubbabel by the Grand Chapter of Royal Arch Masons of Canada in the Province of Ontario. He was an Active Member, 33 Degrees, of the Ancient and Accepted Scottish Rite of Canada, and Deputy for the Province of British Columbia. Noble Watson was one of the early initiates into Gizeh Shriners. He was a Knight and Most Puissant Sovereign (1927) in Western Canada Conclave No. 25, Red Cross of Constantine (Scottish Constitution), Victoria. He also served as Provincial Grand Master, Royal Order of Scotland, from 1933 until 1949.

This exemplary Freemason was also a civic leader. He served two terms as a Member of the Legislature, Province of British Columbia, in 1909 and 1912. As a professional pharmacist and businessman, he had an interest in two successful drug stores in Vancouver.

Perhaps the finest tribute given to M.W. Bro. Henry Holgate Watson was that of V.W. Bro. John T. Marshall, Grand Historian, when he wrote, “It is doubtful whether such a [Masonic] career has ever been equalled, or that it will be ever again.”

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The Seven Cardinal Virtues

Thomas J. Driber, R.A.M.

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As Masons we are taught the respective lectures of the three degrees, wherein we are again re-acquainted with the Cardinal Virtues and which, we are taught are the formula to govern the conduct of every Mason. Fortitude, Temperance, Prudence and Justice are impressed upon us early in Masonic learning and it is by no means accidental that those four are an included part of the Entered Apprentice degree. As Steinmetz has so thoroughly explained in his text, Freemasonry, Its Hidden Meaning the Entered Apprentice degree deals principally with the material or temporal aspects of life. So too, do the four Cardinal Virtues of Fortitude, Temperance, Prudence and Justice.

Fortitude means we stay the course. It does not permit us to give up. It is human stick-to-it-ness, and not really a spiritual quality. Temperance dictates moderation in all things and therefore, the practicing Mason is not excessive in his living habits. Again, there is nothing particularly spiritual in that practice. Prudence requires that a Mason use good judgment in all that he endeavors as he goes about the business of daily living, and Justice dictates that he would practice the biblical lesson that “he would treat others as he would be treated.” All of the foregoing deals with those attributes required for a stable, happy and productive life in the material temporal world. They work quite well when followed and certainly have withstood the test of time as a formula for constructive- action. These are all “DO” type virtues.

From a numerical point of view they are four in number, further evidence that they belong to the “horizontal” or material plane of Masonry and rightfully belong in the Entered Apprentice degree, as four is the number of the cube. The cube, when unfolded yields six squares in the shape of a cross. The cross is an ancient symbol predating Christianity, and is said to symbolize man with outstretched arms.

As we progress through the degree work we hear also of Faith, Hope and Charity and we are told that of these the greatest is Charity. Faith and Hope are clearly functions of the mind. A Mason has Faith that he will achieve a unity with Deity. In his mind he Hope(s) to fulfill his goal. Neither Faith nor Hope can occur outside of man’s thought process and so must be attached to the Fellow Craft degree as that is the degree of a thinking Mason who is able to apply his gavel in the horizontal to remove rough edges and achieve an ashlar of not only horizontal dimensions, but also of true perpendiculars.

Charity, being the greatest of the virtues and the third of the group presents it’s own special considerations because it is both temporal and thoughtful as well as spiritual. As the third of the group it creates the number three. Three represents the horizontal or temporal plane, the thought process of man or the perpendicular plane, and the oblique plane or spiritual aspects of man, which are characterized in Masonry as the Right Angle Triangle. In the temporal, mental and spiritual dimension we have the three aspects of man or as Steinmetz states, “the Complete Man.” From a numerical point of view in Masonry, the number three can hardly be overstated for its profound meaning. We should now look at why Charity should just so happen to comprise the third virtue of this group. It is by no means accidental.

Charity is an act of giving. It must occur in the horizontal or temporal plane, which gives it a temporal characteristic that one could easily attribute to the Entered Apprentice degree. It is a temporal act, which requires unequivocal thought especially as it implies a free giving to another of that which is rightfully yours. Therefore, it is also a characteristic of the Fellow Craft degree. It is also a spiritual act insomuch as Jesus said, “that which you do to the least of man, you do also to me.” Genesis also tells us that God created man and the world in His own likeness and image. This states that we must be in some part, godly. It then confirms that spoken by Jesus as it implies that we are all part of the same cloth, just different threads. Thus, it ties directly to the Master Mason degree since the Master Mason is supposed to be a Master in his understanding of the ways of the Craft. Finding these parallels, Charity could be said to be a giving act, prompted by thought, that we are all part of the Divine.

We are told that “Charity extends beyond the grave” and this is true since the act of charity is analogous to dropping that pebble in a pond where the ripple expands on and on to another shore. That shore, may be another foreign land wherein the Master may travel and collect wages at some future time. Could that be the life hereafter, and could it be relatively easy for us to lay-up in the archives of that foreign land, wages plus interest to be collected for a “job well done”? Did Jesus not tell us that, “the poor will always be amongst us”? One must ask, WHY? In two thousand years we have yet to resolve the problem of poor and destitute people abounding around us. Are not street people more plentiful than ever? Do we not have more social welfare programs than ever before in the history of mankind? This is the age of greatest need and perhaps so, because it is also the age of greatest abundance. If Charity is the greatest of all virtues, as already stated, perhaps the proliferation of so many needy people is nothing short of a Divine gift, which placed at our elbow, provides each of us with an immediate and accessible method to archive wealth in that foreign land, laid up for a time when the wages of our effort will be our recognition of our likeness to Deity, the identification of our own divine nature.

These are the conclusions of the writer carried to what he believes is a logical end-point of the lessons taught in the Lodge, and they are but lessons. Does not every Lodge hold it’s annual fish fry or BBQ to raise funds for its charitable endeavors? Does not every Grand Lodge support a Masonic Home or a Widows & Orphans Fund? Do we not commit ourselves, to a worthy and distressed brother? Each of such events is a repetitive exercise in the same lesson that we are to learn. It is a lesson that must, sooner or later, be carried out of the Lodge with us and practiced as inculcated on a daily basis. Why? The answer is abundantly clear. That we may lay-up in the archives of the Celestial Lodge the wages or rewards for fulfilling the simple and accessible virtue of Charity. The opportunities are all around us everyday, if only we would look.

Lastly, the practice of so important a privilege is necessary for the development of our spiritual selves that, we might begin to design upon the trestle board as true Master Masons. To do so we will of necessity have to approach so inestimable a task from the perspective of spiritual insight, not just thought alone. The practice of this one virtue develops in us then, the spiritual aspect, the thoughtful aspect and the temporal action aspect of the “Complete Man.” It is then that our horizontals and perpendiculars will be true. It will be said, that this work is good work; it is true work. We will be marked as Masters worthy of pay.

Among Friends

In the summer, many of the lodges suspend their regularly scheduled meetings and degrees. When we are not required to attend and communicate with our fellow brethren, then the importance of those friendships cultivated within the Craft become even more important.

There is an expression, Among Friends, which projects the image of being accompanied and surrounded by those who share your delights and interests, are genuinely concerned about your comfort and welfare, and provide you with the protection and support that you in turn would be willing to extend to others. This becomes a very powerful and necessary resource in our lives, as our fortunes ebb and flow from the heights of prosperity and acclaim to the depths of personal struggle and frustration.

A few years ago, a country song, "You Find Out Who Your Friends Are", became a popular anthem to recognize and support those who are willing to lend a hand. Throughout North America, the natural disasters from flooding, storms, fires, and other events has reinforced the need to serve and be served by a community of those willing to help and be helped without shame or stigma.

"*When the water's high*

When the weather's not so fair

When the well runs dry

Who's going to be there?

You find out who your friends are"

Are we as Freemasons living up to this ideal? Sometimes I have been so preoccupied with ritual or protocol or the events of the day, I haven't always taken the time I need to extend this support and friendship to a brother. This is not something that is readily apparent, but if one was to reflect, they should be able to discern whether or not they were among friends.

- Are you welcomed and appreciated by those around you, or do you feel diminished and excluded?
- Is your affiliation dependent upon their perceived stature and impression, or were you welcomed for your intrinsic qualities.
- Are you relaxed and able to be your natural self, or do you have to take on a different persona?
- Are your opinions received with respect and attention, or do others around you show arrogance and dismissive responses?
- When there are disagreements, are these dignified, or do these degenerate into combative and aggressive confrontations?

Being among friends should be energizing and uplifting, and should inspire a joyful pursuit of our passions. As a Freemason, this creates a commitment and expectation that we take the extra step to inspire and uplift others through our sincere friendship. Sometimes this can be a small gesture, a timely call or visit, or an intervention to restore the confidence of a friend who may be at a disadvantage.

This comes back to the five points of fellowship. As long as we live up to the ideals of that charge, our lodges and events will distinguish themselves as an oasis in this world, and a perpetual source where brethren are always among friends.

March Madness

“March Madness” is the term coined by a long time friend of my wife and I to refer to my, *very sudden*, recent trip to the Cardiac Care unit of the Royal Jubilee Hospital in Victoria; and to what followed for a time thereafter. March Madness is, however, the middle of the story so I will start at the beginning. The real beginning.

I was born in 1955. I was born with a congenital heart murmur. All of my physicians, from birth onwards, were aware of it. You just had to “listen” at my chest and you could readily hear the whoosh of the back flow of blood. All physicians, specialist included, said “don't worry about it, go live a normal life”. I suspect that this was because nothing could be done about a heart murmur at that time, and that such murmurs are not terribly uncommon. So I did. I lived a normal life which included contact sports such as football for a couple of years (until I broke my clavicle playing rugby).

Along with the murmur itself, came “atrial fibrillation”. I did not really know what the term meant until a few months ago, after my heart surgery, and now know that it refers to specific kind of irregular heart beat. My heart NEVER had a regular rhythmic beat. Ever. Intermittent, irregular thumping with frequent stops for several seconds and sometimes racing thumps for several seconds was my normal. Starting in my mid-twenties I did however have to severely cut back on my caffeine intake as the level of caffeine was accentuating the atrial fibrillation to the point of being both uncomfortable, distracting and a bit scary. But life goes on. This was really a minor adjustment.

My life did go on, including smoking and eating well –very well—to the point of obesity, and this is how it went for about the next 30 years. (Did stop smoking cigarettes in 1998). Sometimes things happen which at the time you think are bad things but which subsequently turn out to be good things. My “bad thing” was becoming a “trace-allergy” Celiac about two and a half years before March Madness. What this did was cause me to lose over 100lbs which, had I not lost that much weight by that time I am told, would have resulted in my death during March Madness. *Hhmmmmmm*. Maybe the misery of learning about severe Celiac disease wasn't so bad after all.

I do not suppose too many Masonic wives can say, as mine does, that “my husband went to Lodge one night and didn't come home for over 6 weeks”. That was the onset of March Madness. I was at a banquet before lodge (a bit of a misnomer as I cannot eat most regular food but was specifically catered to as a Celiac) and slowly noticed some small shortness of breath after walking *down*stairs. I thought that after a short rest it would go away and things would be fine. After all, this had happened before in the last few months, now that I think of it. Well, the shortness of breath did not go away, and things did NOT get better. I was able to breathe *a little* but it was like being in a very tight bear hug. Try as I might I simply COULD NOT expand my lungs to their full capacity and fill them up with air. Tiny little breaths were all that were available. I did NOT have chest pain of any sort. In fact I had no pain of any sort whatsoever, which made the whole thing quite curious as far as I was then concerned.

Several of my masonic brothers, being far more knowledgeable than I on these matters, called an ambulance. It arrived fairly quickly despite that fact that most brethren did not know the street address of the Temple. (In fairness the lodge had just moved, but not being able to give the dispatcher the address right away was not helpful). I was given an oxygen mask to wear, which I did, but it did nothing. I told them it didn't work. Another oxygen supply was exchanged for the first one. It didn't work either I told them. I was still unable to get a “lungful” of air. The paramedics tested the oxygen and assured me that it was working.

At this point I could still breathe a little but I could ONLY do so by standing up and leaning forward to be at about 60 degree angle.

They took me down to the ambulance in a wheeled chair. The elevator was too small to hold the stretcher anyway and I was dead set against lying down. This worked fine until they wanted me to lie on my back on the stretcher in the ambulance. I refused and argued, knowing full well that if they put me on my back I simply COULD NOT BREATHE. That is the last I remember of that night's events.

I awoke the next day in a hospital bed, fully intubated, breathing via a respirator machine. Very thoughtfully, the hospital has a whiteboard on the wall directly in front of the bed upon which was printed my Christian name (my family Christian nickname actually, not my real name), the date, and my nurse's Christian name. The beauty of this was that by using my family Christian nickname I knew instantly that:

1. My family was either in the hospital now or were there shortly after my arrival (if this were not so the name for me on the whiteboard would have been different);
2. This was only the next day after the event;
3. I was in hospital getting care;
4. I was doing pretty well so far – I was alive and competent.

So far, so good!

Thank you to whoever in the hospital system came up with the whiteboard idea. Its a GREAT idea and saved me from considerable upset, terror even, and perhaps even a panic attack. The information was the very first thing I saw on regaining consciousness and its instantaneous availability was immediately calming and much appreciated
I learned later that I had been resuscitated no less than three times! I learned that I had undergone “total respiratory failure” three times.

What had happened was that my old aortic heart valve, the cause of the congenital murmur, after 58 years of service had ceased to work effectively. It did not enable enough blood to be pumped by the heart into the lungs to pick up oxygen and bring it back to the heart for distribution throughout the body. So, while this was not strictly a “heart attack” it was caused by a defective heart valve. The result of the defective valve not operating properly is that fluid built up in my lungs. This was the most direct physical

cause of the shortness of breath. I was drowning in my own bodily fluid, technically referred to as “pulmonary edema”.

Parenthetically, I was advised by a particularly knowledgeable cardiac care nurse that not all paramedics are aware that someone suffering from acute pulmonary edema CANNOT be put into a reclining or prone position, as this will prohibit breathing. Anyway, I made it through that part.

So the moral of the story at this point at least is: don't think that just because you are not suffering from acute chest pain that there isn't something very seriously wrong with you, something potentially fatal, happening very fast.

My immediate family had come to the hospital shortly after my admission apparently, and were present in the hospital for a couple of the failures and resuscitations. Very frightening for them indeed. (I was oblivious of course). They spent a terrifying, uncertain and unhappy night at the hospital. For which I am both thankful and very regretful to have inflicted on them.

If you are going to have emergency heart problems Victoria is probably one of the best, if not the best, city in Canada to be in. The professional expertise, knowledge, compassion, and experience of the staff at Royal Jubilee Hospital is second to none. I was admitted into the RJH on a Wednesday night. I was stable by mid-morning of the following day. When I awoke I became unhappy about the intubation and the breathing machine seemingly working at cross-purposes to my own breathing. I wanted the tube out pronto until it was explained to me that I should not fight the breathing machine but let it do the work for me. Once I complied with that things went along just fine thereafter and the tube was removed within an hour or so.

Being stable, I was then transferred to another ward for the ensuing week during which time numerous tests were conducted, assessments made and medical advice, explanations and recommendations given to both my wife and myself. I thought the most important of these was an angiogram whereby they insert a tiny camera through your wrist and feed it into your heart to take pictures of the internal structure of it. There is no guesswork any more. The surgeons have already seen and know where they are going and what needs to be done.

Although it felt at the time as though they had cut a six inch incision in my wrist to enable this procedure, in fact it was only a very small hole which healed very quickly and is now totally invisible.

Your cardiac surgeon then advises you that you have a choice of a new “mechanical heart valve” or a new “tissue heart valve”. The latter is made from porcine and/or bovine material, generally. The former from carbon fibre and titanium generally. The tissue valve will only last generally about 10 years before requiring replacement whereas the mechanical option will last at least 40 years. The difference however is that with the mechanical alternative the patient must be on anti-coagulant medication

(Warfarin/Coumadin) for life. The standard advice amounts to this: if you have a reasonably long life expectancy left, select the mechanical valve; if you aren't likely to have much more than another 10 years anyway, go for the tissue valve. I/We (my wife and I) opted for the mechanical valve.

I was scheduled for the procedure to occur on the morning of the second Friday after my admission. RJH has two operating theatres dedicated o this surgery and this was the first available after all of my tests were completed. RJH does about 800 – 900 open heart surgeries per year apparently, so the personnel are well practiced indeed.

Preparation for surgery is quite involved. A first shower with special soap, followed by a complete frontal body shave, neck to ankles, followed by a second shower with the antiseptic soap not less than 4 hours prior to the surgery.

I was warned by the surgery manager that morning however that I may get bumped as an emergency patient was on her way by air ambulance from Nanaimo and that she may need that surgery more than I did at that time. She did. I was bumped to first thing the following Monday morning with priority. I was stable and feeling all right so I couldn't complain.

The following Monday morning the surgery preparation procedure was repeated and this time I under went the valve replacement surgery together with one artery bypass. One of my arteries was about 40% blocked apparently and the surgeon recommended the bypass be done since they were “going in” anyway. Made sense so this was done too.

It is emphatically made clear to you beforehand that the primary objective after the surgery is to take care of the incision, particularly the curing of the breast bone. It is actually casted from the inside with stainless steel wire but it must not be moved AT ALL for the first few weeks to ensure a proper re-connection. You are limited to FIVE pounds of weight carrying capability and are taught how to sit up and lie down without stressing the breast bone. This is not easy but doable. You are given a pillow to hug to protect your chest. You are also prohibited from driving for at least 8 weeks after the surgery until your cardiologist clears you to drive.

After the surgery they get you up and walking around as soon as possible. This usually occurs within 48 hours if not sooner. It starts by getting you sitting up in bed. The worry is more edema –fluid collection in the lungs-- so they get you up and moving ASAP.

Chest xrays and examinations are frequent to ensure your lungs remain clear.
If however you think that you will get much rest whilst in hospital you must think again. To a certain extent you are a piece of meat, a living “engine” that is being re-built and established procedures mus be followed. The typical day goes like this:
0600 or so – blood collection is taken
0630 or so – you are rousted out of bed and weighed and bathing is discussed
0700 or so – your blood pressure is taken and an examination

0730 or so – Doctors start coming to see you. There are different kinds of cardiologists and of course your cardiac surgeon will visit
0800 to 0802 – breakfast is delivered (yes, it occurs within a window of only a few minutes)
0830 to 10:00 depending on how busy the staff are a health care worker assist you with a shower.

Depending on your state of health more tests and/or xrays will occur during the morning;
12:00 to 12:02 lunch arrives;
1:00 to 3:00 pm is “quiet time” when visitors are asked (by signage) not to come to the ward;
3:00 pm to 5:00 pm –some peace, if no visitors appear;
5:00pm to 5:02 pm – dinner arrives; after 5 pm you may have one or more examinations and/or more blood pressure testing;
8:00 pm is the nurses' shift change and the night nurse comes in –another examination and blood pressure test; medications administered and preparation for sleep;

All day long you are to walk around the ward as much as possible, starting with at least 3 journeys per day. Assistance is provided at the start.

On top of this there are a number of “courses” you must attend, especially a course on the anti-coagulant Warfarin. The blood test for the level of Warfarin in your bloodstream is standard worldwide and measures your INR (International Normalized Ratio). This is simply an expression of your blood clotting time where normal blood clotting time is 1.

For a mechanical Aortic heart valve recipient (referred to as AVR -- Aortic Valve Replacement) an INR anywhere between 2.0 and 3.0 is OK with the target being 2.5. Getting into the range and staying there is imperative however. It took me about four months to get my INR stable in the range, but I now only need a blood test for INR once a month.

For most people the Aortic Valve Replacement procedure involves a hospital stay of only 5 of 7 days. I, however, am not most people as you will see. I should explain too that after my discharge from the hospital ward my INR was far from stable or in range. This necessitated a daily journey back to the hospital lab every morning to have blood taken for an INR test and waiting there for the result to be delivered to the outpatient clinic to be reviewed by the specialist doctor for this; then discussed with me and the dosage adjusted appropriately. I couldn't drive myself, so this meant that my wife and I spent the next few weeks driving to and from the hospital every single day.

Following the heart surgery the next couple of days went fine however I then discovered that I could not eat and started vomiting bile. A tube was put into my stomach through my nose (not at all a pleasant experience) and my stomach continually pumped thereafter. My cardiac surgeon called in a general surgeon. A section of my bowel had failed.

This occurs in about 2% of cases they said. The general surgeon visited and watched me for the next couple of days. The tube was inserted on the Thursday following the heart surgery which had taken place the previous Monday. I was also given a “pic line” a special intravenous connection in your upper arm enabling both intravenous feeding and direct administration of intravenous medications. This is how I would be kept alive for the next couple of weeks.

The daily visit from the general surgeon largely involved one question – have you farted yet? The simple fact being that if gas can go through your intestines then they should work. Answer each day – no.

He came on the Sunday morning and got the same answer to which he responded that he needed to operate immediately to do a bowel re-section and would set it up right away. That took him the rest of the day (it was Sunday) and the bowel re-section operation was carried out at about 9pm that night. The operation was successful he said. He removed about 12cm of bowel which had died due to an embolism.

So, two general anesthetics and two major surgeries in six days.

As between bowel surgery and heart surgery, from the patient's point of view, heart surgery is easy, bowel surgery is horrible. I would take 2 heart procedures to 1 bowel procedure any day.

Following bowel surgery your digestive system shuts down for about a week, so the intravenous feeding is essential.

Being a Celiac complicated things a bit. My wife and I had to strenuously underscore my severe reaction to even trace elements of wheat gluten to the physicians. They had not experienced this before, many of them, and so an investigation of ALL medications and food substitutes for the presence of gluten had to be undertaken. The hospital pharmacists and gastroenterologists did an outstanding job of dealing with these issues successfully. The hospital food was quite adequate for me to obtain a reasonably varied Gluten Free diet for about a week. But only for a week. Since the menu options did not change from week to week, it did get pretty boring – when I could eat food that is.

During my hospital stay I was buoyed up by the fact that most people –but not all by a long shot – were septuagenarians and octogenarians, so being only 58, if they could do it I could certainly do it. Many patients were in their 50's and even 40's which is a testament to the quality of our overall lifestyle. It did get a bit depressing seeing people arrive and depart within the expected 5 -7 day window whilst I was there for weeks on end.

Eventually I was discharged into the care of my GP. I continue to improve my health but it will take much longer than I had anticipated and much longer than it would otherwise have taken had only the heart surgery been performed. I had expected about

2 or 3 months, but the doctors tell me realistically 8 months to a year to get back close to “normal”.

I will make some final observations and comments for what they might be worth:
– When in the hospital the patient needs a reasonable and knowledgeable family member or friend to be an advocate and guardian for him or her. This is because the hospital is a bureaucracy and information about the patient is simply not always communicated amongst the various departments and personnel in a timely or speedy fashion. I had one particular nurse for a couple of night shifts who I would have refused to allow to be my nurse had she been assigned to me for one more night.
– The hospital is organized by departments specialized to a particular field. After the bowel surgery I remained in the cardiac ward, but the staff in the cardiac ward did not know too much, and did not have all the necessary equipment on hand, to deal with the bowel surgery nursing requirements;
– Upon discharge the GP performs the crucial role of being a “quarterback” for your follow-up and recovery care. This is an essential role which does not really exist while you are in the hospital. On discharge I was prescribed a heart drug called amioderone but for some reason I continued to lose weight at the rate of 1 pound per day.

This was no good. My wife and I researched the amioderone and discovered its side-effects were a likely culprit for the weight loss, so we stopped me taking it and advised the doctors so. Many doctors agreed and within a few days the dramatic weight loss stopped. I was still full of fluid in my legs and still short of breath. My GP had other blood work done, noted my very low hemoglobin, albumin and iron levels and put me on elemental iron supplement which changed everything. She explained that my blood needed the iron both to carry the oxygen from the lungs to the heart and to produce the necessary proteins for my blood to remove the fluid from my legs. A good GP is therefore essential.

In closing I must say that overall our health care system is excellent and I am thankful for it. I am also thankful to have chosen an outstanding wife without whose support, knowledge and understanding I would not likely have weathered the storm.

The real point of this story however is **that you must listen to your body**. I had been experiencing shortness of breath before March Madness and paid no attention to it. That was foolish. I am one of the lucky ones. Don't let this happen to you.

RWB Iain Campbell, August 2014.

Freemasonry in Action

Mount Begbie Lodge No. 183 – 100 Mile House

Grand Masters Official Visit to District 4 South in 100 Mile August 23rd

Grand Masters Official Visit to District 4 South in 100 Mile August 23rd

Annual Reunion Cariboo Lodge No. 4 Barkerville

Barkerville Reunion August 8-10


BARNARD'S
EXPRESS LINE STAG
E.C. BARNARD
SALOON

Grand Communication June 2014


MISS BRITISH COLUMBIA
JOB'S DAUGHTER