

Retirement's a four-letter word for Manitoba MD

At 78, David Grewar still puts in full days — and weekends — at his pediatric clinic, and he also makes 2 flights a month to Northern Manitoba to check on the health of his young Indian and Inuit patients. And this specialist in pediatrics and aboriginal and newborn medicine at the St. Boniface Hospital and Winnipeg Health Sciences Centre is also trying to spread the word about the attractions of remote medicine. He often takes medical students along on his flights to introduce them to the North and to interest them in practising in an aboriginal community.

“Over the years I have developed great admiration and respect for aboriginal children, especially the Inuit who survive in such an inhospitable climate,” says Grewar. That respect began in 1956 during his first visit to Rankin Inlet, which is now part of Nunavut, when he was socked in by a blizzard for 10 days.

“At that time there were no microwave towers, so phone lines usually went dead during a storm,” recalls Grewar. “I was a young doctor confronted with a young patient with a major complication that I was not sure how to treat. I desperately needed to speak to another specialist in Winnipeg for advice.”

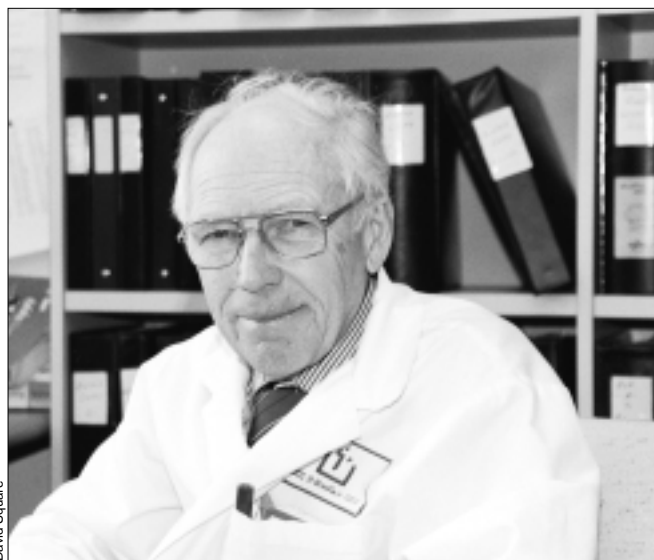
Grewar and an Inuit guide climbed onto a dogsled and mushed their way through the blizzard a half mile to the home of the local Roman Catholic priest. “In those days, all the priests in the North had two-way radios. In an emergency, they were the only people who could get a message out.”

Grewar got the information he needed to save his young patient. “Today, that youngster is a man with a family of his own. When I’m in Rankin Inlet, he drops by with his family to say hello. I think this is the most gratifying part of my job ... to be remembered by the children I’ve treated.”

And over the years, he’s treated thousands. But how did a young doctor who graduated from St. Andrew’s in Scotland in 1945 end up practising medicine in Winnipeg and the wilds of Canada?

Grewar spent 2 years in the British army and when he was discharged in 1947 there were lots of young doctors like him looking for jobs in the UK. He had envisioned himself as a country physician with a busy practice in a beautiful Scottish town, but there was fierce competition for rural practices. By the time he left the army, his choices were limited to a coal-mining area where the air was black with dust, or a hospital in one of Scotland’s large industrial cities.

“The army had given me money when I was discharged so I had time to look for other opportunities,” says Grewar. An



Dr. David Grewar: 78, still going strong

advertisement in the *BMJ* concerning jobs for specialists in Winnipeg caught his eye. In 1952, he left his young wife and first child in Britain and travelled to Canada. “I didn’t expect to stay in Winnipeg for more than a couple of months, and I couldn’t afford to move my family on a whim.”

But Grewar did stay. “I was amazed by the hospitality of the people,” he recalls, “and impressed by the quality of medicine.” At that time, colleagues such as Drs. Bruce Chown and Harry Medovy were performing groundbreaking work on the Rh factor and saving many Manitoba babies by establishing an exchange transfusion service in Winnipeg.

Six months after his arrival, Grewar called his wife and asked her to move to Canada with the baby. The Grewars went on to have 3 daughters and 5 sons; his wife, Joyce Grewar, is a retired psychiatrist.

In 1955, Grewar moved to the St. Boniface Hospital, where his expertise in Rh transfusion was in demand. “Dr. Medovy used to say the best time to check the Rh factor was at the moment a child was born,” recalls Grewar. “As a result, I spent many sleepless nights running from room to room to see if a baby was being delivered.”

And he’s still running. Each year he returns to St. Andrew’s for a class reunion, although most of his classmates are now retired. “I don’t think I’ll ever retire,” he says. “A person can only read so many books.” — *David Square*, Winnipeg