faulted. Imagine, though, a hostile relationship of mutual regard, in which respect for ability is undercut by a disdain for each other's policies. Sharing the credit for the creation of Dalhousie Medical School must have been a bittersweet moment of common purpose.

Maritimers and their Dalhousie-trained physicians owe Tupper a great debt; he forged for them a locus from which they could obtain their health care and their training. Canadians and Canadian physicians owe Tupper for his early advocacy on their behalf. Visitors to Ottawa can make a pilgrimmage to the bronze bust of Tupper sitting atop a pedestal at the CMA's offices; but a more economical option is to seek out this book. On the front cover, Tupper is mature and fearsomely jowled, grey sideburns covering a great swath of his side profile, head slightly inclined. The younger man on the back sits erect over an official desk, holding a quill at the ready. Both versions of the man are perfect bookends representing a voluble doctor who fought for his principles — health care for the poor, free and nonsectarian education — and usually won. An old lion on the front cover and a young lion on the back, Tupper shouldn't just rest on a pedestal. He should be read about.

Shane Neilson
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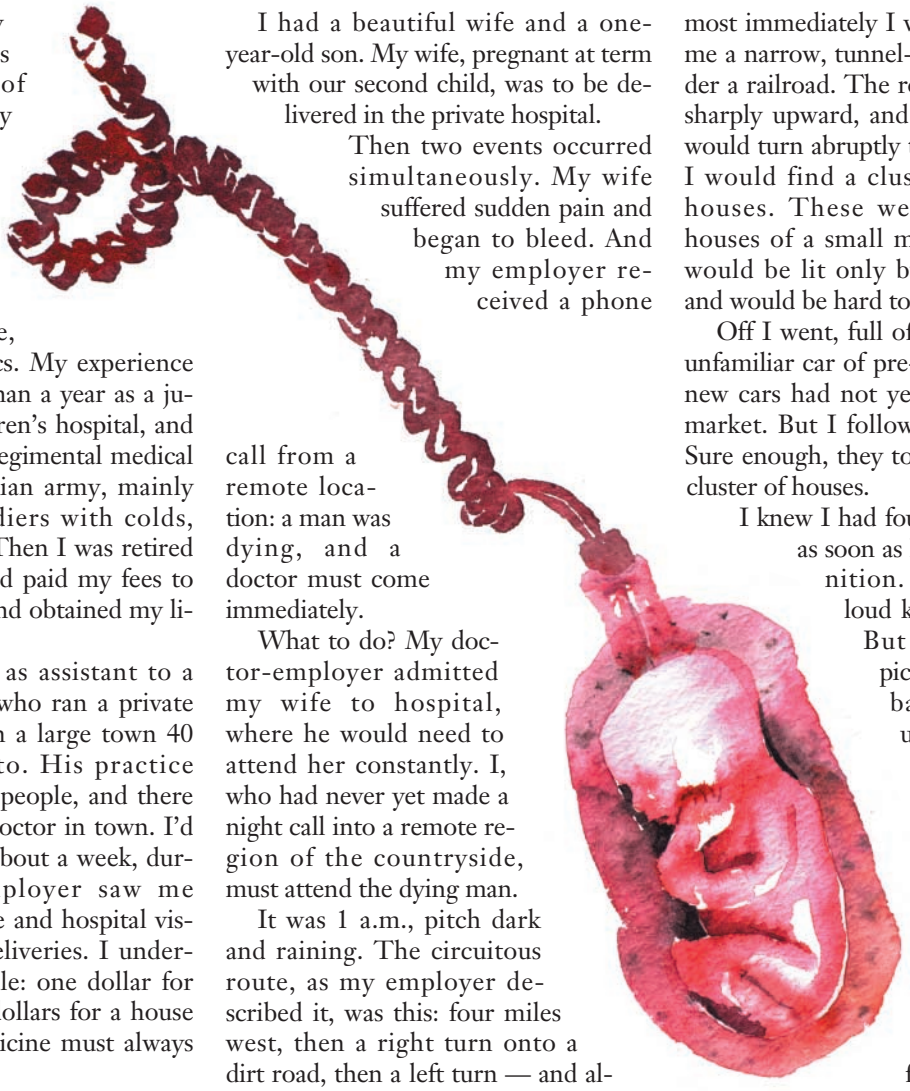
Room for a view

My first house call



Fred Sebastian

The date was May 30, 1946. I was twenty-five years of age, embarking on my medical career. Two years earlier I had been granted the degree of Doctor of Medicine, which qualified me to practise medicine, surgery and obstetrics. My experience was fairly slim: less than a year as a junior intern in a children's hospital, and just over a year as a regimental medical officer in the Canadian army, mainly treating young soldiers with colds, rashes and the clap. Then I was retired into civilian life. I had paid my fees to the Ontario college and obtained my licence to practise.

My first job was as assistant to a general practitioner who ran a private hospital and office in a large town 40 miles from Toronto. His practice served about 10 000 people, and there was only one other doctor in town. I'd been on the job for about a week, during which my employer saw me through several office and hospital visits and obstetrical deliveries. I understood the fee schedule: one dollar for an office call, three dollars for a house call. A bottle of medicine must always be included.

I had a beautiful wife and a one-year-old son. My wife, pregnant at term with our second child, was to be delivered in the private hospital.

Then two events occurred simultaneously. My wife suffered sudden pain and began to bleed. And my employer received a phone call from a remote location: a man was dying, and a doctor must come immediately.

What to do? My doctor-employer admitted my wife to hospital, where he would need to attend her constantly. I, who had never yet made a night call into a remote region of the countryside, must attend the dying man.

It was 1 a.m., pitch dark and raining. The circuitous route, as my employer described it, was this: four miles west, then a right turn onto a dirt road, then a left turn — and almost immediately I would see ahead of me a narrow, tunnel-like underpass under a railroad. The road would then go sharply upward, and in about 100 feet would turn abruptly to the right, where I would find a cluster of unpainted houses. These were the company houses of a small mining firm. They would be lit only by kerosene lamps and would be hard to spot.

Off I went, full of trepidation, in an unfamiliar car of pre-war vintage, since new cars had not yet appeared on the market. But I followed my directions. Sure enough, they took me to the little cluster of houses.

I knew I had found the right place as soon as I turned off the ignition. I could hear the loud keening of women. But which house? I picked up my medical bag, hitherto unused, and followed the sound of the lament to the middle house.

As I entered an incredible sight met my eyes. A man of about 35 years was lying on the kitchen floor. He was sur-

rounded by family and neighbours from the other two houses — men, women and children. The men were silent and sad-faced. The women, dressed in black, were wailing loudly. The man on the floor was groaning and banging his head.

The circle opened as I approached with my medical bag.

"What seems to be the matter?" I asked. The question sounded rather simple-minded to my ears, but eventually I determined that the man was not as close to death as I had been led to believe. He had a pain in his head. Further interrogation localized it to his right ear. Here was something I could check. I found an auroscope among the instruments in my bag.

I knelt beside the prostrate patient. He stopped pounding his head on the floor long enough for me to look into his right ear. What I discovered there was a bug. It had entered his ear backwards, and its two eyes were staring back at me through the speculum of the auroscope. Periodically, in its effort to escape, the bug would agitate, and the resulting vibration caused the patient to resume his groaning and frenzy.

It was an Italian household, so I knew there would be olive oil. With the patient turned on his side, the affected ear uppermost, I poured a spoonful of oil into his ear. The buzzing stopped.

I was thanked profusely. The patient was instructed to come to the office the next day for removal of the dead insect. Then I left with benedictions and much gratitude for saving a life.

In a torment of anxiety and anger I wound my way back to home base at the hospital, back to my wife whom I had been forced to abandon in the moment of her extremity. I burst into the hospital, to be met with the grave, pale face of my employer.

The baby had been born dead. My wife was alive. She had lost a great deal of blood but would survive.

William Robertson
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Every night when I lived in the ICU

Every night when I lived in the ICU
I floated on dark blankets in deep, warm water.

Every night when I lived in the ICU
I drifted to and fro, to and fro,
and the dim light and night-quiet of the hospital
drew me down
quiet.

Every night when I lived in the ICU
my breath was measured by the vent of the man
in the curtained bed beside me.
The rasp of his machine carried my breath along
with the rise and fall, rise and fall,
of his barrel chest
and I caught my breath in the darkness of the night
when the alarm sent soft-footed nurses
to scold him into breathing.

Every night when I lived in the ICU
my sleep carried dreams around me,
dreams of travel,
of crawling, creeping,
dreams of floating away,
of sinking.

Every night when I lived in the ICU
a sentinel nurse kept watch
in the shadows at the foot of my bed.
hourly first, then every two, she drifted up
to pull me back from the dark water of my sleep:

Who are you?
Where are you?
Why are you here?

She shone a light into my eyes.

Who are you?
Where are you?
Why are you here?

Every night when I lived in the ICU
I slept, tethered with tubes, buttressed with bedrails and
carried, gently, in the hands of those
who kept company with me and welcomed me back
from the exile of pain and fear that had carried me to that place.

Every night when I lived in the ICU I climbed higher
every night when I lived in the ICU

Who are you?
Where are you?
Why are you here?

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