



The Left Atrium

Sir Charles Tupper: From Fighting Doctor to Father of Confederation

Jock Murray and Janet Murray

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Canadian history is widely recognized to be a neglected subject of modern curricula; students are taxed to recall basic facts such as the year women were given the vote, or when public hospital insurance became the status quo in Canada. This general weakness is perhaps a poor defence for my own ignorance of Canadian medical history. So I sheepishly admit that before I came across this book I knew nothing about Sir Charles Tupper, despite his status as one of the most important figures in Canadian medical history and one of the founders of Dalhousie Medical School, my alma mater. As Jock Murray and Janet Murray make clear in the 23rd instalment of the Hannah Institute's Canadian Medical Lives series, Tupper had a most interesting and eminent medical life.

The first few chapters lay out the basic biography. Born in East Amherst, Nova Scotia, in 1821 as the son of a dull but capable Presbyterian minister, he grew to affiliate himself with the town's local medical man, gaining the experience necessary to be admitted to Edinburgh University in 1840, at the time recognized to be the world's premier medical training facility. His return to Nova Scotia was to a typical country doctor's life: he had a thriving practice that featured its share of bad-weather house calls, charity cases and appreciative patients.

A career among the rural inhabitants of his birthplace seemed his ultimate calling until the young Dr. Tupper took the stage at a local political meeting. Being a respected figure in the community, he was asked to introduce a candidate. His forceful speech electrified

the audience, and word soon spread from that little gathering that Charles Tupper was a doctor with skills applicable beyond the bedside. The Conservative party quickly came to capitalize on this.

Tupper set a trend in Nova Scotian politics. As the first physician-premier of Nova Scotia, he introduced the populace to the concept of having an obstinate man of medicine as their leader. This trend continues to the present day, especially with the mid-1990's reign of the ejected Dr. John Savage (like Tupper in single-minded determination, but not in ability to persuade) and current premier of the province, Dr. John Hamm.

Provincial politics was not the sole arena for the dour but marketable Tupper. As a Father of Confederation, he briefly served as prime minister of Canada, the first of our ilk to do so. He also played an instrumental role in founding the Canadian Medical Association in 1867. Not only did he agitate for the creation of this national advocacy body, but he also sat as its first president and was elected for three consecutive terms.

Tupper's political success stands in opposition to his nature. Although he was elected democratically, his leader-

ship style was anything but MBA-esque, and might best be described as high-mindedness yoked to an ornery ox. He led his party and constituency down potentially explosive avenues and survived. For example, he instituted a system of free primary education in Nova Scotia long admired by opposition politicians but cynically thought to be political suicide because of the requisite increase in taxation. His paternalism would not be much in favour these days, in politics or in medicine. He was a man who, after winning the popular vote, failed to take opinion polls among the electorate or his own party; he simply evaluated the situation and decided on the right course of action without equivocation. This is the chief paradox of his political career: lacking the savvy of the usual successful politician, Tupper is described by the authors as possessing a "no-nonsense, humourless, demanding, [and] dominating manner." As a political ramrod, Tupper could institute measures that, in the hands of more silver-tongued politicians, would have meant doom on the hustings.

Focusing primarily on the role of medicine in Tupper's life, this concise volume only whets the reader's appetite with its introduction to Tupper's major rival, Joseph Howe.

The authors hint at battles of cataclysmic proportion, on a par with Trudeau and Lévesque in modern times, and I wish more attention had been paid to the relationship between these two seminal figures in Nova Scotian politics. However, since they are writing for a biographical series whose focus is trained on the medical aspects of a subject's life, the authors can hardly be



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 bitersweet 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 pilgrimage 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 fearfully 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 non-sectarian 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.

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Room for a view

My first house call

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 al-

most 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-

