## **Oral History Interviews**

## Charles Woodward Memorial Room Woodward Library



Dr. Albert Cox

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**Biographical Information:** Dr Cox was a member of the first medical class at UBC.

**Summary:** Dr. Cox recounts his experiences as a member of the first

medical class at UBC.

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## Dr. Albert R. Cox, Class of 1954, Faculty of Medicine, University of British Columbia

My interest in medicine really took hold in Grade 12 at Victoria High School at which time we were taught by an outstanding biology teacher named Mr. Hammond. He was a most gifted teacher and aroused in many of his students a profound interest in all matters biological. He had an arthritic disorder and, as I recall, developed leukemia and died relatively young. I did my premedical work at Victoria College which was then housed in the Craigdarragh Castle in Victoria. I well recall being tested by the professor of psychology and career counseling. Amongst the various tests applied were those related to spatial perception which, it was alleged, would allow one to excel in anatomy.

I moved to Vancouver in 1948 to take further medical studies in anticipation of application to the new medical school which was to open in 1950. Along with others, I applied to a variety of other schools just to be on the safe side, particularly applying to the University of Ottawa which, at that time, was a relatively new school.

During the summer I worked as a house painter, and I well remember the day that the letter of notification arrived to the effect that I had been admitted to medical school at the University of B.C. The Medical School, of course, was housed in the early days in the temporary buildings which had been assigned to the Medical School. The laboratory and classroom facilities were really quite good. In particular, the anatomy laboratories were, I think, very good for a temporary building arrangement and the arrangements for Histology and for Physiology were similarly quite good. There was a bus stop and coffee shop right next door to our medical school site and this too was very handy at midmorning to nip across and have a cup of coffee.

There were, of course, a number of welcoming and introductory sessions from the professors. In particular, we met Dean Weaver, Nord Swen, and Bill Gibson; and Doctors Marvin Darrach, Head of Biochemistry; Sydney Zbarsky, also in Chemistry; Dr. Harold Copp, who was head of Physiology and his associate Edgar Black; and of course Dr. Sydney Friedman, Professor of Anatomy. Perhaps the most impressive introductory ceremonies occurred in association with the first Anatomy laboratory, at which time I well recall Dr. Friedman having a stand beside the cadaver tables, which were covered with stainless steel tops, and being instructed in the proper decorum in an Anatomy laboratory. Gordon Crossen was at that time the preceptor in the laboratory and was a very good intermediary between the faculty and the students, very effective in his job. There were only three women in the class of sixty: Margery Dupont, Peggy Myer, and Margaret Dobson. There was quite a proportion of Second World War veterans included within the class. This raised the class age substantially above what now would be considered a norm, but lent a tremendous stability and maturity to the class. The relations within the class were extremely friendly right from the beginning and I think were a source of great satisfaction and lifelong pleasure to all who were part of that class. There was a very strong class spirit, a feeling of real identity and also a sort of a sense of pioneering as a first class, with everything ahead being new and untried.

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In the Histology laboratory the order of seating was alphabetic. Accordingly, I was seated next to Peter de Vido, who in turn was next to Margaret Dobson. Margaret, or Peg, Dobson, who later became my wife, and I began to carry on friendly discussions about matters pertaining to Histology, and other matters too, to a point where poor Peter de Vido, in self defence, exchanged seats with Margaret Dobson so that she ended up sitting next to me.

There was a special congregation of the University to commemorate the opening of the new Medical School, at which time I recall that the honorary doctorates were awarded to several noted people including Dr. Ray Farquharson, who was then professor at the University of Toronto and then a legendary figure in medicine in Canada.

Our teaching overall was extremely good, perhaps in part because the professors were of outstanding quality and also in part probably because the program was brand new and, of course, induced great enthusiasm amongst those teaching. Probably the more difficult topic in the first year of Medicine was Biochemistry and in particular the Krebs cycle. This was taught in part by Dr. Darrach and Dr. Zbarsky, and in fact I recall too that Dr. Zbarsky became so identified with teaching the Krebs cycle that after a while it became known as the Zbarsky cycle. I remember too that Dr. Darrach had the tremendous capability of making relevant basic science information to future clinical application. In particular, he had the foresight to provide extensive teaching in the area of adrenal steroids, at a time when the future application was certainly not immediately evident.

In that first year the class decided to have an annual ball, which was quite an ambitious undertaking, to be held at the Vancouver Hotel. Students went out and did the task of canvassing the physicians of the community in order to try and garner their support in attendance at the ball with, of course, appropriate payment over the ticket fee. I remember going along 10th Avenue from one doctor's office to another in an attempt to interest the physicians in attending. In point of fact, it turned out extremely well with a marvelous attendance and a formal affair in the Vancouver Hotel ballroom, with Scottish pipers attending upon a banquet and other adjacent area and, following their performance to the other group they paraded into the ballroom for us and performed some striking Scottish music. The ball then became an annual affair.

In second year the major recollections relate to Pharmacology which was taught by Dr. Foulkes, a very talented teacher with a strong Texan accent. Our Pathology was notable for its outstanding presentation by Dr. William Boyd, who by then was at retirement age. He was the author, of course, of thirteen textbooks in Pathology and an incredibly capable teacher. He had a habit of holding Friday afternoon tea parties, at which time he would present slides of pathological histology and invite various attendees at the tea party to get up and describe their observations.

The third year course was characterized by a marked change, with attendance upon the various city hospitals, particularly the General Hospital, the Shaughnessy Hospital and, to some degree, St. Paul's Hospital. Outstanding figures in that experience

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included Dr. Alec Agnew who was Professor of Obstetrics, Dr. Rocke Robertson, Professor of Surgery; Dr. Robert Kerr, Professor of Medicine; and Dr. F. McCreary, who later became the dean, then the Professor of Paediatrics. I also remember Dr. Gibson in Neurology and Dr. Davidson in Psychiatry. All these people really were outstanding teachers and made a deep impact and lifelong impression on their students. As third year progressed and on into fourth year, important memories of the teaching come back into memory such as Dr. Roy Huggard in Surgery, Dr. Don Munro in Medicine, Dr. Sargent in Surgery; and in Medicine Drs. Gould and Hamish Macintosh, Frank Patterson, Allan MacKenzie, Peter Lehmann and many others.

Oral examinations were quite a striking feature of the medical program at that time. There was a particularly strong oral examination team composed of Dr. Kerr, Professor of Medicine and Dr. Whitelaw, also a Professor of Medicine. Their oral examinations were absolutely fair, invariably courteous and polite but most searching and strenuous in nature. We always felt that if we had successfully survived an oral examination with Drs. Kerr and Whitelaw we were probably going to make the grade.

Finally, in 1954, when we had completed all of the necessary requisites, we reached the stage of the annual congregation and the award of the M.D. degree. The guest speaker then was Brock Chisholm who spoke about the big challenges ahead for the graduates, as I remember. Donald Anderson was the valedictorian. A particularly pleasant event occurring at that time was a reception in the garden of Dr. Weaver, the dean. It was a beautiful May afternoon and a most pleasant and memorable episode, attended by all of the students and their spouses and friends. The blue and red whits of the graduates complemented the very fine flower garden which Dr. Weaver or his wife had developed in their garden.

There have been reunions, of course, of the class of 1954 with perhaps the most memorable being that of June 1984, at which time the gathering was held at Whistler. More than 50 percent of the class and spouses attended. There was a scientific session and all variety of informal activities: a most pleasant affair.

In retrospect, I think that we had an extraordinarily good medical education. The facilities, though temporary, were entirely adequate and the scope and breadth of opportunity for patient experience and the teaching hospitals, particularly the General and the Shaughnessy, were unparalleled. Our basic science teaching was first-class, and I think we benefited greatly from the fact that the full-time faculty at that time was very small and in consequence we had outstanding basic scientists such as Drs. Copp, Friedman and Darrach to provide us with the great majority of our teaching, and indeed they provided also a substantial amount of the instruction and laboratories. In a more fully developed school this, of course, would be somewhat unusual. Similarly, the clinical teachers were extremely good. There was a particular emphasis on adequacy of physical examination and history taking which I suspect remains as a bedrock principle throughout most of our practicing lifetimes. The curriculum would be adjudged now, I think, as entirely conservative and traditional. First and second years were characteristic organization of basic medical sciences, with 3 or 4 lectures per week in each topic and

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appropriate laboratory experience. The examinations were in large part essay type. I don't recall any real use of the multiple choice question at that time although there were a few short answer questions and even some True and False. The standards were high and I think as a class we spent most of our waking hours in either active lectures or laboratories, or in study. Then as now, there was a fairly heavy emphasis upon acquisition of fact but I think also a very commendable emphasis on an ability to integrate material and a striving to ensure that we were able to apply the knowledge to clinical problems.

In the clinical years there was a great attention paid to presentation of cases and also substantial attention to various medical and surgical rounds and opportunities for observation of the clinical reasoning process such as at clinical pathological conferences and Grand medical rounds. There was, at that time, no clinical clerkship experience so the fourth year was predominantly a continuation of lectures pertaining to clinical subjects and an increased experience on the ward with the record of patient histories, physicals and analysis of diagnostic process. We had no direct patient care responsibilities and in no way felt we were part of the patient care team. In fact, I suppose, on occasion we did feel that we might even be somewhat in the way with our very lengthy history- and physical examination-taking process. We had very little practical experience beyond the taking of histories and physical examinations. I think the majority of us only had very little experience in taking blood and many of us had, even at the end of the fourth year, never set up an intravenous. Some of us had opportunity to learn to tie surgical knots but overall I think the philosophy seemed to be that that type of experience was to be the heart and core of the obligatory routine in the internship.

Looking back on our experience, I have the general feeling a1so that the modern-day medical student is perhaps being somewhat short-changed in not having the opportunity for very extensive and comprehensive 1aboratory experience in physiology, pharmacology, biochemistry and so on. In part, there was a very substantial intellectual challenge to resolve the issue of the laboratory and also I think it gave a real insight into the function of basic medical sciences. It gave students ideas as to how much work was involved in collecting even relatively simple data and gave an insight into the labour involved in preparing a good scientific paper. In retrospect, I think there was probably too much time spent in the laboratory but I feel that we have now perhaps gone the other way and, in our press to cover all factual material, we have probably discontinued a very valuable laboratory practice.

Another feature of our education in the 1950s was a participation with a given teacher in the basic sciences or, for that matter, clinician in clinical services for long enough such that we felt we got to know that person and that he got to know us. This, I think, is extremely important from the point of view of establishing a teaching/learning relationship and also in the sense of developing a role model image. I think we, as students, got to know our clinicians extremely well and got to know how they functioned. Through this means I suspect that a very substantial teaching occurred in the area of medical ethics without any particular definition that identified that particular side of our learning. Overall, my memories of medical school are extremely positive. Work was demanding, standards were high, there was a great sense of being part of a new

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endeavour and a successful one. I think we were privileged to have been in the first class at U.B.C.

(This material has been dictated from St. John's in that I was not able to meet with you for an interview. I hope the material covered is that which you had in mind. If there are any specific questions which I haven't covered, please let me know and I will be more than happy to provide any additional information or recollections.)

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