



## Dr. Alexander Boggie

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**Biographical Information:** Dr. Boggie was in UBC's first medical class, 1950-1954. After working for several years as a General Practitioner, he joined the Family Practice Dept. at UBC, also becoming Associate Dean of Admissions to the Medical School.

**Summary:** Dr. Boggie gives a student perspective on the medical school start-up and on the quality of education in the early years; describes the student experience.

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## **Interview with Dr. Alexander Boggie on Tuesday, April 2, 1985**

**Int.:** *Dr. Boggie, I understand you were one of the members of the first class in the Faculty of Medicine, Is that correct?*

**A.B.:** Yes.

**Int.:** *So you started in 1950 and graduated in 1954, then?*

**A.B.:** Quite right.

**Int.:** *Did you take your undergraduate work at UBC as well?*

**A.B.:** Yes, I did. I started out - actually, I started out in July 1946 on the Veterans' Program and took summer school, taking Physics and Math, which was my first experience at UBC. And followed on in the autumn into a regular 15-unit year and continued on to take a regular Bachelor of Arts & Science at that time, majoring in Psychology and Zoology. I was fortunate enough to finish one degree and start in Medicine in September 1954.

**Int.:** *So you didn't have to have a break at all?*

**A.B.:** No, I was lucky and kept right on going.

**Int.:** *I think it was 1946 that a group of students put together a petition that was sent to the Government requesting a hasty beginning on a Faculty of Medicine. Were you involved in that at all?*

**A.B.:** You bet. I was involved in the Pre-Med Club over the whole four years at the University in my Arts & Science program. I can remember going downtown and getting permission from the B.C. Electric, who had an office complex at the corner of Dunsmuir and Granville. We had a window that we decorated, showing the need for a medical school. We put together different briefs and petitions to the Government to start a medical school. And we pleaded with different medical groups; the Vancouver Medical Association were aware and even in those days some of the doctors were very good at coming out and speaking to the Pre-Med Club about their different professions, to keep our interest up. So we were an active group, trying to have our voice heard and trying to demonstrate to the Government that there was indeed a great need for the medical school and that B.C. was not being served well by relying on other colleges to take our students. Many of the other schools were very generous and did a good job but not nearly to the extent that we needed in our own province.

**Int.:** *Did you feel at the time that, for instance, the display that you put at the B.C. Hydro building had an effect on the general public, which I presume was why it was put there?*

**A.B.:** Yes, it did. It's interesting. I remember speaking to a man called Dal Ridge, who used to publish the "Vancouver News Herald," the morning newspaper in those days. He was very sympathetic and wrote an editorial about it, saying that we needed a medical school. He realized that there were a lot of good students not getting into medical school because they couldn't find places. And in some cases they couldn't afford to go back to McGill.

**Int.:** *So people would actually change their minds and choose not to go to medical school because it was just too much?*

**A.B.:** Impractical. That's right. Too expensive.

**Int.:** *So it really was making a difference then?*

**A.B.:** Yes

**Int.:** *What about yourself? Did you have other plans if there wasn't a medical school at the time you wanted to start?*

**A.B.:** Oh, sure. I applied widely and I would have gone anywhere if they had offered me a spot. Had I not got into medicine I would have picked some other area, perhaps teaching, I'm not sure. But I had a fail-safe program organized. I guess part of it was because I was a bit older than the average medical school applicant. I was married with a family.

**Int.:** *I was going to say - You were saying that you had a fail-safe program. I don't think that a lot of students, now even, with the economic times as they are in that sense, would have thought it out that clearly.*

**A.B.:** Well, I had time to think about it before I started. I had the support of my wife to go on and do what we thought would be reasonable. So, while I was concerned, it would not have been the end of the world.

**Int.:** *So you were going to move your family if you needed to?*

**A.B.:** Oh sure, yes.

**Int.:** *That would have been quite a difficult thing to do?*

**A.B.:** Well, not really. If you're doing what you want to do, it's not really all that difficult. Years later, after I'd graduated, we took the family to England for a year and we had a great time over there - enjoyed it and it was a good experience for all of us.

We weren't intimidated by the thought of leaving Vancouver although we would certainly have looked forward to coming back; but we wouldn't have minded.

**Int.:** *Nevertheless, you were more eager to have a medical school here?*

**A.B.:** Sure, yes. The practical economics dictated that there should be a school here.

**Int.:** *About the same time as the Medical Society was lobbying the Government there were two reports that were written. One was Dr. Dolman's report and one was Dr. Strong's report. As a student, were you aware of these and familiar with them?*

**A.B.:** Yes, not with the details. Not because they were kept secret from us but because we just didn't have the time and we were just pleased to know that there were two people indicating that there should be a medical school. One was advocating one on the campus and one was advocating one downtown. As a student, we really didn't care where it was as long as we got one going.

**Int.:** *That was to be my next question. As a student, it didn't really matter to you?*

**A.B.:** No, not at all. We didn't know enough about the intricacies of the problems of medical education. We were looking at it as a consumer. We wanted a place to go for an education and we didn't mind whether it was at 12th and Oak or right here on campus. Just let us go to medical school.

**Int.:** *So you weren't either for Dr. Dolman or against?*

**A.B.:** No, we were grateful that they both had got involved.

**Int.:** *Did either one come and speak to the pre-medical group?*

**A.B.:** Yes, and I can't remember the details. That's too long ago. But I remember Dr. Dolman, who was on the staff of the university at that time, and people used to go and speak to him. He was a very helpful pseudo-counsellor in the sense that he was around and people would go to him for help. And Dr. Strong was also very helpful because he was, I guess you might call, a big force downtown. And he had a vested interest. He wanted to see something happen in Vancouver. I know he spoke to the group at one time about cardiology, which happened to be his special interest. He didn't speak to us from the point of a political animal wanting to develop a medical school. We were never ever treated as political ammunition.

**Int.:** *So do you feel then that what was to happen to the medical students was really uppermost in the minds of the people who were involved in getting the faculty going?*

**A.B.:** Oh yeah. I don't think there is any doubt that people in those days, and Dr. MacKenzie the president of the university, were genuinely concerned about putting

together a good, first-rate, medical school. I don't think there was any doubt about that. The big thing was just how to go about getting it set up.

**Int.:** *When you first started classes in 1950 did you feel - again, thinking as a student - that they were ready for you?*

**A.B.:** Yes, that was the incredible thing. As you know, Dr. Weaver was hired as the dean of the Medical School in the summer of 1949. He made the incredible prediction that he would start the school in one year. For that we'll never ever be able to repay him for that was fantastic that he did it in such a short time, but did it and did it well. He was able to go out and recruit good people who wanted to be involved in a new school. And when we started we felt that we were ready to go. Now, we had nothing to compare it with and, you know, being in the first year of medical school is rather like driving in the fog. You know there's a white line out there and you're following it but no one's telling you what to expect or what you should have had or what they had ahead of you. So we were pleased with anything.

**Int.:** *You've jumped my next question as well, which was to be whether you felt it was comparable to the education you would have got at the eastern schools that were available.*

**A.B.:** Well, as a matter of fact we did compare it, and the reason we did was that in that particular year there were sixty of us that got into UBC. There was also a large number of our colleagues who were accepted at other medical schools. So we corresponded with them, at Christmas sometimes and in the summertime. We compared their lectures and their notes and we knew that our first year was every bit as good as theirs and felt good about it.

**Int.:** *What about admissions? What procedures did you have to go through to apply and to be admitted to the Faculty of Medicine?*

**A.B.:** Ee-rr, that's a bit hazy. There was an application form and there were letters of reference. And I don't remember being interviewed although I know I had met Dean Weaver because of my involvement with the Pre-Med Club, briefly but not with respect to my getting into medical school. I don't think I had an interview. I think they read my application and I was admitted on the basis of what was there, but I can't recall it all.

**Int.:** *Did you feel at the time that the competition was pretty steep?*

**A.B.:** Yes, we knew that there were a lot of people wanting to get in because there was a backlog, you see.

**Int.:** *This was what I was about to say. There must have been a lot of people who were veterans and had waited. Or people who perhaps hadn't applied to eastern schools who were waiting to see if they were able to go here.*

**A.B.:** Yes, I'm not sure about numbers. The number 360 sticks in my mind for 60 places, which wasn't all that outstanding. But for a first school, for a first year, that was quite a few people who were willing to gamble on a new school.

**Int.:** *Yes. Did you feel you were gambling?*

**A.B.:** Sure, I loved it. (laughter) Well, you have to gamble. We didn't know the dean. We didn't know the professor of anatomy. Nobody knew anybody. But just the same, that was exciting. That was what made it interesting. That's what made it worthwhile.

**Int.:** *I don't imagine it took you very long to get to know a lot of the heads of the departments and a lot of the instructors. What did you feel about the quality of the teaching that you were receiving?*

**A.B.:** I think we were very lucky. The people who came to start the medical school were just as nervous as we were, but for different reasons. Their reputation was on the line. They were able to start some new, innovative methods of teaching and...

**Int.:** *Did they?*

**A.B.:** I think they did.

**Int.:** *Can you think of any specific examples?*

**A.B.:** Well, I think of Dr. Friedman and anatomy who was such a good illustrator himself that I think he was able to use his own artistic talents to demonstrate things that we might not have seen in other schools. But because we were a small group and because they were on staff we got most of our lectures from the professors themselves and their enthusiasm was no less than ours. I think we were lucky and I think that fades with time and it also fades as a department gets larger and they do less teaching and get more involved in other projects. So I think we were lucky in that respect. They were really watching us daily, and available. We could go and see them. They were all available, they were all approachable, even entertained us socially at times in their homes, which I thought was magnificent.

**Int.:** *Can you think of any specific examples?*

**A.B.:** Oh sure. The Friedmans had our class in small groups to their home and Dr. Cotton had us in small groups to his home. And later on as we got into the clinical fields I remember Dr. Agnew in Obstetrics having us in small groups to his home.

**Int.:** *Would this be for just a social gathering or for extensions of...?*

**A.B.:** Oh no, just socially. Just to have us and our wives and our girlfriends and boyfriends to come along. It was purely social. There were probably others and I have forgotten. It wasn't limited to those people. Those are examples.

**Int.:** *I imagine you were able to get to know them quite well and quickly then?*

**A.B.:** Oh yes.

**Int.:** *It seems to me that a lot of the professors at that time were young. Was there a great difference between some of the students and faculty?*

**A.B.:** (He laughs). No, now that I look at it, there wasn't.

**Int.:** *Did you think about it at the time?*

**A.B.:** Oh yes, you bet. I was quite comfortable with it. I looked at some of these professors and I knew there was perhaps not more than ten years between us. And that somehow made me feel good, and it obviously didn't bother them or I wasn't aware of it. I wasn't the oldest person in the class.

**Int.:** *I didn't mean to imply that.*

**A.B.:** I think it helped to reassure some of the professors with a few of the older students in the class that we were in fact very serious. I remember Dr. Friedman in one of his slide performances, I guess it was three weeks after ..... Have you ever heard this story?

**Int.:** *No.*

**A.B.:** He was showing us some anatomical slides, I guess it was about 3 or 4 weeks after we started the course and at the end of the slides he put on a pretty girl, one of the old calendar girls. We all looked at this, and it took us about ten seconds before we began to break out in laughter. Thank God, he said, I was worried you didn't have a sense of humour, you were all so serious. (laughter).

**Int.:** *Do you think you were more serious, harder working, than later groups because of the circumstances of your starting?*

**A.B.:** I wouldn't say we were more hard-working. I think that everybody that goes through Medicine works hard. I think by and large we were perhaps a little more serious because of the ice-breaking atmosphere. As I said earlier, we weren't sure what was ahead. We didn't have anybody reassuring us other than the faculty who were very reassuring; but we didn't have students...

**Int.:** *... someone to reassure them...*

**A.B.:** That's right. So, we were a bit serious.

**Int.:** *What about the circumstances of the teaching, the physical circumstances that you had to work in? How did you feel about that?*

**A.B.:** We were delighted. As I said, we were delighted to have a school. We were taught in converted army huts which we thought were beautifully set up. We were very impressed with the Anatomy lab with all the new equipment. When it's the only act in town and when it was the first act in town we were as I say just delighted to be a part of it. We didn't feel we were lacking anything not having the big cement building because we had the important thing, we had the equipment and the teachers, and that was the most important part. And we were appreciative of what they had done with the time and money that was spent.

**Int.:** *So you feel that your labs were adequately equipped and your lecture halls were large enough?*

**A.B.:** Yes, well, it was all built for sixty students. It was very cozy, it was very comfortable, but it was adequate; and we knew that it wasn't forever. It was a start and we felt that the quality of the work that went on was quite acceptable and nobody complained.

**Int.:** *One of the issues that was talked a lot about at that time was whether or not a hospital would or could be built on the campus. What was your feeling about that, as a student?*

**A.B.:** We knew so little about the medical politics and the need for it that we really couldn't give an intelligent comment on it. And we also knew that there was enough clinical experience awaiting us downtown that, as far as we were concerned, we were quite happy to get on with it and use the facilities that were there. We certainly didn't disagree with the argument that it would be more convenient and it would have some spin-offs from the point of view of combining research and teaching to have a hospital here, because we knew from example that a lot of universities had university hospitals so there had to be some benefits. But it didn't necessarily demand that the hospital be here for the medical school to be O.K.

**Int.:** *You didn't feel, then, that it was enough to halt beginning on a medical faculty?*

**A.B.:** Heavens, no way!

**Int.:** *...because I think there were some...*

**A.B.:** Oh sure, oh yes...

**Int.:** *Basically, not the students...*



**A.B.:** No, the students didn't want it. They wanted to get on with it. They were prepared to travel back and forth as we did and we still do.

**Int.:** *Did you think about it, or find it difficult to juggle your time to make sure you got from...*

**A.B.:** No, because they took that into our timetable.

**Int.:** *So this was arranged for you?*

**A.B.:** Oh, sure.

**Int.:** *So you didn't really have to worry about it?*

**A.B.:** We didn't have to run back and forth in the middle of a morning. It was either an all-morning or all-afternoon or all-day downtown: well scheduled.

**Int.:** *How did you get back and forth?*

**A.B.:** We all had cars. We had car pools. Well, those that didn't took each other. We managed.

**Int.:** *You didn't catch buses?*

**A.B.:** Well, some of them did, I guess. I've forgotten now. But there were enough cars in the class that we got along O.K.

**Int.:** *While you were a student there wasn't a special building for the Faculty of Medicine at the Vancouver General. Where did you have your classes held then?*

**A.B.:** We had them the same place we have them now: in the T.B. Auditorium. And there was also some old buildings beside the present Centennial Pavilion that were the first buildings UBC built down that way. We had some lectures in there.

**Int.:** *What were those accommodations like?*

**A.B.:** They were old, very old...

**Int.:** *(she laughs)*

**A.B.:** ...wood and dusty. They were just lecture rooms, that's all.

**Int.:** *How did you feel at the time that the rest of the university reacted towards the Faculty of Medicine getting started?*

**A.B.:** I thought everybody was happy. I never felt any antagonism, and because we were such a small group - you know, we were small potatoes in those days - small budget, small faculty, small student enrolment. No, I think people were pleased. I think they felt that was a step forward for the whole university.

**Int.:** *Was the relationship between the Faculty of Medicine and the other faculties a good relationship?*

**A.B.:** We never knew. All our recollections were happy ones. We never got involved and never heard of any discussion about whether the Faculty of Medicine was getting more or less. We never heard.

**Int.:** *How did you progress in the first year? What kind of things happened? Do you recall? Then second, third and fourth year?*

**A.B.:** Well, first year was all out here of course. The usual pre-clinical sciences. Then, second year was much the same with different subjects. Then third and fourth year we moved downtown and got involved in the clinical side of medical school education in small groups: bedside teaching and that sort of thing.

**Int.:** *How large were the groups?*

**A.B.:** About four or five. Not big.

**Int.:** *What was the teaching like at the hospital?*

**A.B.:** Excellent. We had so many enthusiastic clinicians who were just dying to teach and did a great job.

**Int.:** *Well, I guess it was exciting.*

**A.B.:** Sure it was. They were pleased to have a medical school, no doubt about it.

**Int.:** *In that first group, were you required to do any theses?*

**A.B.:** Yes, it was a nuisance. We all hated it. (laughter)

**Int.:** *But you did it?*

**A.B.:** Yes.

**Int.:** *And you didn't complain?*

**A.B.:** Oh, did we ever!

**Int.:** *You did complain?*

**A.B.:** Oh, did we complain, I'll tell you. We fought. It was interesting, and it showed how attuned the dean was to what was going on. In the final year in the spring when we had to hand our theses in, I think it was the 15th March and at the end of March we had to hand this thesis in. We'd all been working on it but it was really quite demanding. And the word got around, What would happen if we all didn't hand one in (laughter). That sounded pretty attractive. Let's all just forget about it and we'll just see what happens. The dean was pretty good at having meetings with us every so often to update us about what was going on. He called a meeting in March to let us know what graduation...

**Int.:** *Would all students be able to attend these meetings, did you have representatives?*

**A.B.:** These were mainly flash meetings. He'd come and talk to the class. He was talking to us about graduation arrangements and he said, "By the way, I know that you are busy getting your theses ready and if, by chance, any of you think you'll graduate without one, you won't." So, he said, "Hand it in." That was it, boy. Did we ever! We liked him enough. We knew he wasn't fooling. Besides, we had agreed to do it when we signed up.

**Int.:** *I think in 1956 students put together a petition stating they didn't want to do it any more so this was a general trend. Did you think of doing a petition or anything like that?*

**A.B.:** No, we weren't that well organized. But afterwards, they used to write us a letter, to keep in touch with us and ask us what they should do. We all wrote back and said "Cancel the thesis!"

**Int.:** *This was after you graduated?*

**A.B.:** Oh yes.

**Int.:** *That's interesting. I wonder if that had influence of what the final decision was?*

**A.B.:** I don't know. I don't know when they cancelled that. I know it was several years later. We said it should be cancelled.

**Int.:** *What did you do your thesis on?*

**A.B.:** I did it on the examination of the extremities. Another student, Bill Bell, and I did one jointly under the supervision of Dr. Patterson, Head of Orthopaedics.

**Int.:** *Even though you didn't want to take the time, do you feel that it was...*

**A.B.:** Excellent. Oh yes, it was a good topic. We enjoyed it. We learned a lot too. We just didn't want the nuisance of putting it together. My wife had to type it up and we had to draw pictures (laughter).

**Int.:** *What about preceptorships? Did they have those when you were there as a student?*

**A.B.:** Oh yes.

**Int.:** *Did you participate?*

**A.B.:** Oh yes, that was a good program. That was the month after we graduated, before we started to intern. I did mine down in Vancouver with a chap called Dr. Jack MacMillan. He had a busy practice on Broadway and Hemlock. That was very good, a very good experience.

**Int.:** *Were you able to get yourself right in and become involved with the patients?*

**A.B.:** Sure. I delivered babies for him and I went on house calls. That's why I enjoyed it. He let me do things. It was good.

**Int.:** *Did every student take part in this or did you have the choice?*

**A.B.:** No, it was voluntary for those who could afford the time and could find someone. It was strongly recommended but not mandatory.

**Int.:** *I see. Do you feel that you were given opportunities to participate in research throughout the four years you were in the medical school?*

**A.B.:** Sure, we could have done. We didn't get involved in it very much because it wasn't a big thing in those days. I mean, just getting the school started and getting the teaching program was sufficient demand. Research was not a big thing although Dr. Friedman had brought his research system with him and had his ongoing research going on and we knew it was there. But we didn't get involved in it and I personally didn't want to get involved in research. I wasn't interested. It wasn't my cup of tea.

**Int.:** *But the opportunity would have been there if you had really wanted to?*

**A.B.:** I'm sure that if I had made a fuss they'd have said, Sure. Here. Go and do this. They'd have found something. I know they would.

**Int.:** *What about work in the summers? Were you able to find work related to...*

**A.B.:** Yes, I worked for two summers out in Essondale in the lab out there. One summer in the lab and one summer on the wards.

**Int.:** *Were you assisted in getting that job through the Faculty of Medicine?*

**A.B.:** I don't remember whether I was or not. I just don't know.

**Int.:** *I imagine, obviously part of the reason was to offer some experience and also to get some money together?*

**A.B.:** Oh yes, the money was important but the experience was more important.

**Int.:** *Did you have any trouble? I think the fees at that time were \$400. Do you recall if that's correct?*

**A.B.:** The army paid my fees.

**Int.:** *So you didn't have any problem getting fees at all? Were a lot of students in the same situation as you then?*

**A.B.:** There were twenty veterans...

**Int.:** *Out of sixty?*

**A.B.:** ...a third of the classroom entrance.

**Int.:** *Were there very many females on your .... ?*

**A.B.:** Three.

**Int.:** *M-mm. Have you kept in touch with students from those years?*

**A.B.:** Yes. Our class was very good at class reunions. We had one last year and that was our thirtieth. We have at least 50 per cent return and we have one every five years. They're organized by Dr. Knudsen who is just a past master at getting us together and organizing places and times - we keep in touch. It's a good feeling.

**Int.:** *What about some of the -- you mentioned already some of the social activities you had with some of the instructors. What about activities that you put together as students?*

**A.B.:** Oh yeah. Well, we had a pretty good group who were not afraid to take things on. We put on the first medical ball and we ran that at the Hotel Vancouver and went first-class, and it was a tremendous success. Just a roaring success, thanks to the support of the faculty and the profession. They really came out in full force. It was just a great event. We put her on two years in a row. We put her on the first year because we were the only class and we put her on the second year to get her going...

**Int.:** *Because you had done it before?*

**A.B.:** That's right. And then after that we turned it over to people.

**Int.:** *I see.*

**A.B.:** That was a success.

**Int.:** *And that's still a tradition?*

**A.B.:** Yes it is. And the class itself had little Christmas parties and whatnot. I can't remember any of great significance, but we were not devoid of social activities. Depending on the age groups, the older ones did things and the younger ones did things. Whether they were single or married made a difference as well, of course.

**Int.:** *It's interesting that you say you weren't devoid of social activities. One of the arguments that was given, I think, for having a campus hospital, it was said that the students would lose the chance for cultural activities if they didn't stay at the university. Somebody else mentioned that, if they were working hard they shouldn't have any time for that sort of thing anyhow. But anyway, you did manage to find some time?*

**A.B.:** Sure.

**Int.:** What about --other people have mentioned -- skit nights, I think? Did you ever have those?

**A.B.:** No. I don't think we put one on. We didn't get into that.

**Int.:** *What about graduation banquets? Did you have any? Was that part of the Medical Ball, or separate?*

**A.B.:** No, the Medical Ball was the Medical Ball, and that's when they initiated giving everybody who was graduating a shingle with their name on it, which was a great idea. And then, at our graduation, Dean Weaver had a tea party in his garden which was very nice for families to go and enjoy, and then we had - I know we had a banquet but I can't remember where it was - and then after that the class, on their own, went down to Southlands Riding Club and we took the place over for an evening and had a party of our own; which was the last time we were really all together.

**Int.:** *You have already mentioned a number of times about Dean Weaver and said that he did meet with the students and talk to them. Did you get to know him very well?*

**A.B.:** Yes, yes. I found him personally a delightful chap. Because we were all learning he used to call us in from time to time and ask us how things were going or if there were any problems or if we were unhappy with things and you could tell him. Not

that we were unhappy with many things but there was the odd time we didn't like some of the clinics or we felt someone wasn't...

We could tell him and he appreciated it because he wanted to know what was happening to the School. To us he was excellent.

**Int.:** *Do you feel he was a good choice?*

**A.B.:** Excellent choice. You bet. I don't know of anybody who could have done any better. Because he had to come into this community from down South. And he was lucky because he came in cold. He had to deal with the politics downtown and the politics out here and get them all working together. And that was no small task.

**Int.:** *And he managed to do it.*

**A.B.:** You bet.

**Int.:** *Just to go back a little bit to the few years before the medical faculty opened. I believe that Dr. Dolman particularly didn't think that a medical school should begin right at that time, that it would be better to wait until some of the more - till a hospital could be built, for instance - and he, I think, tried to sort of quiet the students a little bit. Did you feel that?*

**A.B.:** I don't remember that. I don't remember anything too active. I knew that in his report - I guess we would call him a perfectionist, he wanted to wait for everything to be right before he moved and of course in this sort of world that doesn't happen, that's why most of us were impatient.

**Int.:** *Wanted to get on with it?*

**A.B.:** Sure.

**Int.:** *So the fact that there was somewhat bitter controversy going on didn't really affect you?*

**A.B.:** No, it never came through to the students. We never got that. Sure, there was some heated arguments but we never got involved in it.

**Int.:** *Did you feel it would have been better anyhow to have an experience in a large city hospital rather than a hospital on campus, which would have been a smaller effort, I imagine, at the time? Did that occur to you?*

**A.B.:** Didn't occur to me then but it does now. I think we were lucky to have the hospitals we had. I think our experience was much better because of it.

**Int.:** *Did you use the other hospitals very much in those first years?*

**A.B.:** Yes, St. Paul's and Shaughnessy. I used them equally.

**Int.:** *You did. You weren't just at Vancouver General?*

**A.B.:** No, no, no, no. St. Paul's was very active. I took my paediatrics there and took my surgery at Shaughnessy. We were all over the place.

**Int.:** *Mn-mm. Do you remember your graduation? The event?*

**A.B.:** Yes, indeed I do, you bet. That was a big day.

**Int.:** *Are there any things you can recall specifically about it?*

**A.B.:** No, except how nice it was. It was a climax to a hell of a lot of work, and I just felt like the beginning of another whole life. From then on away we went.

**Int.:** *Did you feel at the time you were part of an historic graduation?*

**A.B.:** Oh, yes, we knew that. This was a big day, to be in the first class.

**Int.:** *Do you think that that has to do with part of the reason why your group tends to get together?*

**A.B.:** Oh yes.

**Int.:** *Because I know a lot of the other graduation classes rarely see each other again.*

**A.B.:** That has a lot to do with it. We went through a lot together that we enjoyed and we're grateful for it. You see, we are probably more grateful than anybody else because, if the School hadn't started at that particular time we wouldn't have got in at that particular time, so it picked up a lot of us at a very crucial time in our lives.

**Int.:** *Were other people... ?*

**A.B.:** Other people could afford to wait for a year but for us it was *this* year or nothing. We could wait for a year perhaps. But we were very grateful to get a chance.

**(Continued Thursday, April 18, 1985)**

**Int.:** *Dr. Boggie, the route you have taken is rather unusual because you've ended up in academic medicine whereas most people haven't. How do you think that you came by that occupation? Do you think it had to do with encouragement in your years at medical school at U.B.C. or were there other factors involved?*



**A.B.:** I think it was just a matter of chance and luck, depending on whether you look on it as a good move or a bad one. I have been very pleased at how I ended up here. It was certainly not planned, nor encouraged, nor even discussed while we were medical students. Because I think the general feeling in those days among my class was that we were all being trained to go out and practice medicine in the community. In retrospect, there was very little discussion of any of our careers of any kind. I guess we didn't have time and our teachers felt that we would sort this out ourselves.

**Int.:** *Do you think that there is more of that kind of thing today?*

**A.B.:** Oh, a great deal more.

**Int.:** *I thought there probably would be. (Pause) Have you ever worked as a general practitioner or a doctor?*

**A.B.:** Oh yes. I did that for fifteen years after I graduated, in the Interior of British Columbia.

**Int.:** *Oh, so you've had experience in both areas then.*

**A.B.:** Yes. Then, after that I moved down to Vancouver in 1959 to again practice as a family practitioner and teach at the same time. And after ten years of that then I moved out here, continuing in family practice half time and becoming associate dean of admissions half time.

**Int.:** *Oh, so you were, I suppose, a clinical teacher at the hospital then, in that position?*

**A.B.:** Yes.

**Int.:** *So, you've seen it from a student's point of view and from a teacher's?*

**A.B.:** Yes, that's right.

**Int.:** *Did it change very much, the procedures or just the way it was handled from the time when you were a student to the time when you were actually taking part in it yourself as a teacher?*

**A.B.:** Oh yes. I think the teaching methods have changed. There is more time now for exposure to patients, both in hospital which has always been a traditional route but, more importantly, in the ambulatory facilities, seeing patients who were in fact walking and not desperately ill, but needing help. That is quite a modern move and it's not unique to B.C. But I think we have been well up in the forefront of it. This is what my involvement was with the family practice teaching which I started at the General Hospital, allowing students to see patients who were walking into an office,

reporting their care and treatment and seeing them walk out again. And also encouraging them to go and visit them in their homes rather than having to wait for them to come into hospital.

**Int.:** *Just to get back a little bit to your student days again. Were most of the students that you started with in 1950 local students or were they students from other areas?*

**A.B.:** Most of them were local. There was one girl who came to us from Saskatchewan and one man who was a B.C. student but had been taking some university courses in California. And there was one other student who came to us from Alberta.

**Int.:** *But most of them, then, would have been students from the Lower Mainland, or from B.C. in general?*

**A.B.:** From British Columbia in general.

**Int.:** *A good mix?*

**A.B.:** So it wasn't just Vancouver, no, no. We had people from Vancouver Island and the Interior of British Columbia as well.

**Int.:** *Do you think that a lot of students were actually turned away from Eastern schools?*

**A.B.:** Oh yes. It was inevitable because in those days there were fewer schools and the Eastern schools virtually had to look at all the applications because there was nowhere else to apply. And so a lot were turned down because they couldn't cope with the overwhelming figures.

**Int.:** *Do you think many of those people would have gone elsewhere perhaps, in the States, or would they just have chosen another career?*

**A.B.:** I think a lot had to choose another career. There's no doubt about it, there were not enough places for them all.

**Int.:** *What do you think the quality of your fellow students was like? Do you think they were a good group of students?*

**A.B.:** Oh, they were superb. We set all kinds of records, academic and otherwise. Yes, we had a very good class. Simply because, being the first class, they were able - they skimmed the cream. This is a term our teachers use now, ourselves. We were sure what they were talking about but we had some very outstanding...

**Int.:** *Can you remember what kind of records might have been broken? You mentioned that just now.*

**A.B.:** A large number of our students graduated with first class averages. And since then they have gone on to become people of distinction in different fields. We have one who is the dean of medicine at Memorial University. We have one who recently retired as Surgeon-General of Canada. There are a couple of others who are heads of their departments in different areas. And also, even as practitioners, there are some of my classmates who have distinguished themselves in that.

**Int.:** *So it sounds like it was really quite an outstanding group.*

**A.B.:** Yes, I think it was. I'm slightly prejudiced but I have a right to be. I was with them.

**Int.:** *(She laughs). Just going back a little bit to the little bit of time prior to the Faculty of Medicine opening. What role do you think the pressure from the pre-medical students did play in having the Government decide to open the Faculty of Medicine?*

**A.B.:** That's very hard to measure but I do think they had a positive role. I think they did one very important thing: they kept the issue alight or afire. In other words, they kept reminding people by their presence and by their activities that there were a group of people very interested in becoming doctors and there were no facilities for them. And I guess this constantly reassured people that Yes, there was a need, there were some good students from British Columbia who had no place to go.

**Int.:** *So you think it had an effect on their making a decision to actually get going?*

**A.B.:** I don't think we had a lot of weight. The decision was a political one. I think it would have been made sooner or later. I think the Pre-med Society, if they had any influence at all, would have helped the decision to be made as early as possible. I think that's the main thing. They kept reminding people that the decision had to be made and to get on with it.

**Int.:** *Do you think that the decision was made as early as possible? It seems that one could look at it and think that there was a long delay before the Faculty of Medicine actually did open up.*

**A.B.:** Of course, retrospect is difficult and that's a long time ago now. I think that one of the pressures that helped was the post-war influx of students in general and the tremendous increase in the number of university students across the country because of the veterans' educational program. I think that sparked people's enthusiasm about increasing graduate studies in all areas because they realized they had a tremendous pool of good students to work with and they had better take advantage of them. I think that helped.

**Int.:** *Why do you think there was difficulty in getting together the medical profession, the university, the community and the Government to sort of come to a decision? Can you think of any particular reasons that might have hampered their getting together on this issue?*

**A.B.:** I think governments by and large, if they are going to spend a large sum of money, like to know that its use is agreed upon. And if there is any controversy they are reluctant to get involved. And I think there was a reluctance at one time about, not so much the need for medical school but, as we discussed earlier, where we were going to have it. Were we going to have it on the campus or were we going to have it downtown, or were we going to have a compromise like a lot of towns and have part in one place and part in another. Once that was settled then everyone said “Right, let’s start and do something about it.” I think that was the major problem.

**Int.:** *Dr. Boggie, why do you think there was a division of opinion between the university and the doctors downtown? Again, this was thinking about it as a student. I know it's going to be coloured by your experiences and your position now.*

**A.B.:** I think that the people in the university were interested in having control of the whole educational process. I think that's an understandable desire by most faculties that they have control of a situation, the facilities, the personnel. And medicine doesn't lend itself to that because so much of it has to be done in what we call a clinical facility, which is not necessarily on the campus. You can't move the General Hospital up here or Shaughnessy Hospital. So, until the different proponents of the medical education could come to an agreement about how much time a student would spend on each campus, that was one of the major problems. And that was where Dean Weaver was able to pull it all together and get people to sit down and discuss it in a positive way and get the show on the road.

**Int.:** *So it sounds like you were saying in effect that it wasn't just resources that made for problems, it was a philosophic difference?*

**A.B.:** Oh yes, sure. You bet.

**Int.:** *Do you think these reasons for starting a medical school in British Columbia were true? First, that the Eastern schools were over-crowded, that there was a shortage of doctors in British Columbia, and that people couldn't necessarily afford to go back East to school. Do you think they were all valid?*

**A.B.:** Good reasons. You bet.

**Int.:** *This other question you probably answered in that one too. Do you think the school was addressing itself to the needs of the Province as a whole?*

**A.B.:** Yes, indeed.

**Int.:** *And did you feel that you as a student were going to contribute to the welfare of the Province? Was that one of your concerns?*

**A.B.:** Yes, my intention was to remain in British Columbia and practice in a small town, and I did that; and I was pleased to be able to.

**Int.:** *Do you think that, by opening the Faculty of Medicine, it helped to make general practitioners in the Province just more aware of themselves, to update their skills and improve themselves? Because I think that was one of the goals as well.*

**A.B.:** There's always a spin-off by opening up a medical school, that the information will flow back and forth between students and practitioners, and that everybody benefits.

**Int.:** *Do you think it strengthened educational activities elsewhere? Or do you think it had much effect. Were doctors able to come and take part?*

**A.B.:** Yes, the Medical School formed the hub of continuing medical education, which is a very important aspect of medical school activity now. It started with the medical school and the refresher courses. I remember, just the two years after I graduated, coming down to a refresher course.

**Int.:** *That's interesting, yes.*

**A.B.:** And the old professor of obstetrics saying how nice it was to see one of the students coming back, Dr. Agnew in Obstetrics. So it showed that shortly after the school started they got involved in continuing education.

**Int.:** *Do you think it contributed to teaching the sciences in a better way and to research as well?*

**A.B.:** It undoubtedly had a spin-off. There is bound to be cross-fertilization from this. People come down with problems and when they can't get it sorted out they come out and speak to an authority of some kind, maybe someone who's doing research, to find out what's going on and to get involved sometimes. And certainly as far as the sciences goes, the practice of medicine has always been a combination of art and science. That has helped.

**Int.:** *A lot of these questions have not been specifically related and some of them today won't be to your time as a student - but some of them may be as well. As a student, were you aware that there was a team of experts brought in to analyze the situation in Vancouver and give their opinion of it. Were you aware as a student, also, that they advised against a divided school?*

**A.B.:** Yes.

**Int.:** *What was your reaction at the time? Did the students really think about it too much?*

**A.B.:** I think we didn't think about it too much because we felt they should get a school going and we didn't want just one survey to be used as an alibi for or against a

medical school. And, you know, you can put in almost anybody with any opinions and get an opinion to suit yourself. So, I mean, it didn't have any impact on us. We were still determined that something should happen, and it did.

**Int.:** *Do you think there would have been a prospect of better financing if everybody concerned had decided to wait to start the medical faculty?*

**A.B.:** No, I don't think so.

**Int.:** *And you think that's probably why they didn't wait because they didn't think so?*

**A.B.:** Yes, that's right. You see, when they started they didn't start auspiciously. They started very economically. I mean, you couldn't have built a cheaper medical school: four army huts. I mean, how primitive can you start? But it was sufficient to get started; and with the promise to carry on and build something newer, which they did shortly afterward. That's all we wanted. Let's get started. And I think in retrospect that was very smart because it allowed the people who designed these buildings to work a little bit and get the feel of the situation and find out what their needs were and get to know the university a little better rather than come in and put up a large cement edifice without knowing who's going inside and what they're going to do. So I approved of their method.

**Int.:** *Some people were of the opinion that UBC opted for what appeared to be a second best faculty of medicine. Do you think that was the case? Did you feel that at the time?*

**A.B.:** No, it didn't prove to be because, according to whatever standards you can use to measure their work, which first would be their graduates, they did very well in their exams, Medical Council exams. In their specialty training, those who went ahead and specialized did very well and became good practitioners and passed their exams. So no, it was not second best. It might have been secondbest from the point of view of real estate. It didn't have as many buildings and whatnot. But certainly the quality of the education was, I think, excellent right from the word go.

**Int.:** *What did you think when the Wesbrook Building was erected? I think that was in 1952? Did students react to that in any particular way.*

**A.B.:** No, it was another building. It was the heads of medical sciences going on inside. The Bacteriology was in there at the time. No, we were happy that was there. That was OK.

**Int.:** *You already mentioned, I think, last time as well, that the budget was not excessive. There wasn't a lot of money. Did it appear as if the budget was too low, that there wasn't enough money to do certain things, equipment or anything of that sort?*

**A.B.:** No, we were never very aware of any problems with regards to money.

**Int.:** *I don't mean to even imply that there were. It's just that...*

**A.B.:** It's interesting. Thinking back. We never thought about money as far as the medical school was concerned. Everything seemed to be coming forth, pretty much on schedule. There was a week or two delay here and there with some equipment. But it was coming, it was there. The teachers were there and they never mentioned that they were hard up, that they weren't getting enough support. So we thought that everything was going along pretty well.

**Int.:** *(laughs). It probably was too. These separated in the clinical years. Did you feel there was a lack of spiritual affinity between the medical sciences and the clinical departments at the hospital, within the faculty? But also between the Faculty of Medicine and other faculties at the University?*

**A.B.:** Within the Faculty of Medicine, no. We came back and forth on that but it was like coming home again and we felt good about it. Between us and the rest of the university, yes.

**Int.:** *You did feel that?*

**A.B.:** It didn't bother us. We accepted that. It was a graduate program. We had put in our three and four years here. We were branching out or leaving - no problems there.

**Int.:** *I think it was in 1951 Dean Weaver purchased property at the corner of Tenth and Heather, near the Vancouver General Hospital. Do you think this was a good move? Were you aware of it as a student at the time?*

**A.B.:** No, I wasn't. But it was a good move. That's where they put the university building up.

**Int.:** *Just going back a little bit again to your years at UBC just before medical school. How did you find the pre-medical courses? Did you feel you were adequately prepared? That you had enough of that groundwork?*

**A.B.:** Oh yes. I was happy with the courses.

**Int.:** *In all areas? There wasn't any that you felt you might have had a little bit more or less or, you know, whatever?*

**A.B.:** No, I felt I got more than I needed because I got my degree. I was happy with them.

**Int.:** *You just mentioned that you had your degree. Was it required that one have a degree?*

**A.B.:** Oh no. But by virtue of waiting and waiting to get in, most of us got a degree or two.

**Int.:** *Do you think you might - say that the Faculty of Medicine had already started - might you have applied without your degree? Was that something you did because there wasn't something here?*

**A.B.:** I applied after three years to other medical schools before this one opened and didn't get in. So I came back for another year and waiting.

**Int.:** *So it sounds like, even though you didn't need to have a degree, it was probably a good idea.*

**A.B.:** I don't regret it now. I enjoyed the courses.

**Int.:** *Integrating clinical work and basic sciences work might have been desirable. Do you think it would have been more helpful; i.e. having a hospital or some such thing at the university?*

**A.B.:** I don't think so. I think that once the commitment is made to integrate clinical cases with the pre-clinical teaching, that that can be done by bringing patients out. You don't bring all the hospital. You bring people out. And they've done that for years. They bring out clinicians. They bring out anatomy. They started right away bringing out radiologists to help teach anatomy. That was easily done. They brought their x-rays with them. And then in other areas they brought out patients. Some of them were some neurological problems that we could observe and we could help relate to what they were teaching and so on. It wasn't a big barrier.

**Int.:** *Was this done right from the very beginning then? You are the first person who has actually mentioned this (pause). I think the last time you mentioned that in the clinical years you were in groups of four or five students. Could you explain how the teaching, with the students in these groups, was carried out? Just how it functioned at the hospital?*

**A.B.:** We'd meet our teacher at 8:30 in the morning. And he would have done his homework the night before by deciding which subject he was going to teach us on, which patients he was going to use. We'd meet him -- and in those days it was ethical and O.K. to smoke -- and we'd go in the smoke room and have a cigarette and talk about what we were going to go and see. Then he'd take us round to the bedside where the patient was and just demonstrate to us what we were to examine, what we were to expect to find, and what we should find. And made sure we all found it and made sure we all knew what we were looking at. Then we'd go back to the room again and discuss it further.

**Int.:** *Were you always with the same group of people or did the group change?*



**A.B.:** No, our groups were fairly set depending on which subject. But there were five or six of us, most of it was alphabetical, who went to school taking most of our things together. That was the way, and we accepted it.

**Int.:** *So you would have got to know that group fairly well?*

**A.B.:** Yes, very well.

**Int.:** *Again, at the hospital, how was it determined which beds in the hospital you would use? Or was there a certain area that you worked in?*

**A.B.:** It would depend on the teacher. Our instructor decided which patients he was going to show. Frequently, they were his or her own patients. And some of the patients in those days were what we called staff patients who couldn't pay their bills and they were treated by the hospital staff. They were teaching material, if you want to call it that. We called it that. We saw those people often in the outpatients department. This was our first look at ambulatory care, the staff patient coming in for help. And if they were admitted, we would often follow them through and see what was happening.

**Int.:** *I see. What was the reaction usually from the patients? Were they keen to have you there?*

**A.B.:** Yeah, they were quite interested.

**Int.:** *And they'd have, say, six doctors helping them. Did they feel they were getting extra care?*

**A.B.:** Yes, they felt they were on the brink of something new that was being discovered. They were very helpful.

**Int.:** *So you didn't ever get, or I imagine you would not have got, negative reactions from them very often if you did at all.*

**A.B.:** I don't think I ever did personally and I don't think I heard of many negative reactions. There must have been - there had to be one or two - who said "No thanks", but it was not a big issue, no.

**Int.:** *So if patients did say "No thanks", I am sure that wasn't the end of it, you'd just go and talk to somebody else.*

**A.B.:** Oh, yes. We couldn't pressure somebody into...

**Int.:** *Were the wards you worked on closed to others coming in when you were, when there were students working, or not, or how did that work?*

**A.B.:** Well, in some places we saw patients in private rooms. That was easy. In semi-private rooms we pulled the curtains and examined them by ourselves. There's always ways of maintaining some privacy, some intimacy for the patient.

**Int.:** *I've got down here different areas of study that you took at university: anatomy, biochemistry, pathology, pharmacology, physiology and public health. I think these were the areas that you studied while you were at university. Can you think of anything in particular about any of those subject areas that comes to mind, anything that would be of particular note? Just about methods of teaching or any special incidences that happened in certain subjects?*

**A.B.:** They were all interesting. Fascinating. The instruction in anatomy was interesting because it was a brand-new field for all of us. We just couldn't get over how well it was done, using none of the modern aids that we have now. Friedman was an artist in his own right and he was great at drawing things, helping with our interpretations. And the Histology Department was straightforward and that was interesting. Dr. Darragh was Professor of Biochemistry and he had just finished coming back from helping with the discovery of cortisone. And we were all thrilled that he was here. He was interested. They worked in the lab as well as in the lecture room. Pathology was interesting and it was for a variety of reasons. A very interesting subject, and we had Dr. Boyd who had just retired from Toronto and written the famous textbook. He came out here in his retirement - although he certainly didn't retire. He was a great organizer. He was a great man to talk about words and languages, and the English language. I don't think he was a particularly good teacher but he had the good sense to bring good teachers with him, like Dr. Taylor and Dr. Fiddler from V.G.H. and a couple of other people from Shaughnessy. And he sort of supervised them. He was a very interesting man because of his experience and his reputation.

**Int.:** *So maybe he was aware of his shortcomings as well as his qualities?*

**A.B.:** Yes, that's right. (pause) And what other subjects were there? Public health was a little bit boring.

**Int.:** *Did you do very much as far as public health was concerned?*

**A.B.:** Yes, we did a lot of public health. Yeah.

**Int.:** *How was that approached then?*

**A.B.:** Oh, how to build septic tanks and meat inspection. We did a trip to the brewery to make sure that the beer was sterilized. Had a few drinks!

**Int.:** *That must have been good.*

**A.B.:** We did that on Saturday morning. We had classes on Saturday mornings.

**Int.:** *Always? Every Saturday morning?*

**A.B.:** Every Saturday morning.

**Int.:** *So it was six days a week?*

**A.B.:** Yes, five and a half days a week. You bet. It was interesting.

**Int.:** *What about...?*

**A.B.:** A lot of work. Pharmacology was one of the most intensive courses I have ever had. We covered everything very thoroughly, and My God, we worked hard. Took a lot of notes and the exams were terribly thorough.

**Int.:** *How much time would you spend on each one of these subject areas? Can you recall?*

**A.B.:** I can't recall except that you just studied every night, that's all, and you know, you tried to keep up. I can't give you the details. It's too long ago.

**Int.:** *What about the clinical years at V.G.H. You studied medicine, surgery, psychiatry, paediatrics and obstetrics. Can you think of anything in particular, about any of those subject areas? You know, methods of teaching or any particular instances that come to mind?*

**A.B.:** They were all so new. There's something very challenging and invigorating about getting into a hospital and actually looking at a patient. That was what we had been waiting for, for God knows how many years. We were all delighted to be doing it.

**Int.:** *Do you remember what you started with when you first went to V.G.H., what subject?*

**A.B.:** I started with medicine.

**Int.:** *Did everybody start with the same one?*

**A.B.:** No, there were different rotations, it was the law of the draw. Some subjects were more exciting than others. Obstetrics is always exciting. You are there when a baby is born: something happens. The same with Emergency work. The doors open and in comes somebody with some problem. Medicine was not as exciting but it was still very interesting in a slightly different vein. Psychiatry was interesting because it was such a new field and here again you don't know what you're getting mixed up with.

**Int.:** *How was that approached? Was that done at V.G.H.?*

**A.B.:** We were out at Essondale for a while, we stayed in. I think there were a couple of weeks at least we lived in and wandered round the wards. Then we also saw some patients at V.G.H. Paediatrics was great. I did my paediatrics at St. Paul's. That was a good experience because in those days St. Paul's had two paediatricians and a maternity ward. It was a good experience.

**Int.:** *I think you mentioned last time that you used St. Paul's and Shaughnessy Hospital as well. What was Shaughnessy Hospital used for, mainly?*

**A.B.:** We used that for medicine. I took some training in medicine and surgery at Shaughnessy, as I did at V.G.H. as well. So it was used as part of the whole program.

**Int.:** *I don't think we talked about the library last time. That was something that I think we should mention. First of all, was there a very good library available at the University? I imagine it would have been in the Main Library. Was there a biomedical section?*

**A.B.:** There was a biomedical section. It wasn't all that good from the point of view of having a lot of books. A lot of them are historical books. The library facilities were probably the poorest because it was the last thing to be addressed. We didn't suffer that much because we had all bought our own books and there was a B.C. Medical Library available and we could use that.

**Int.:** *Whereabouts was that located?*

**A.B.:** As I recall, it was still located in the B.C. Medical Building, but I'm not sure.

**Int.:** *Do you remember using it very much as a student?*

**A.B.:** No, not very much. But it was there. I went to get a couple of books for the odd thing but not very much.

**Int.:** *So it sounds to me that your textbooks were really what you concentrated on?*

**A.B.:** Yes, they were the major source of our information.

**Int.:** *But what about for your thesis? Did you need to do very much research, library research for your thesis?*

**A.B.:** Some people had to, they had to dig out their own research. The thesis I wrote, along with my friend Bill Bell, was mostly a clinical one.

**Int.:** *So you didn't really need it too much. Was there a library at the hospital as well?*

**A.B.:** There was one being started and it did get started. It was there when we were there, just starting. Where it is now.

**Int.:** *So it wouldn't have been very big?*

**A.B.:** No.

**Int.:** *How did you perceive the relationship between the university professors at U.B.C. and the doctors who were teaching you at the Vancouver General Hospital? - again, as a student?*

**A.B.:** I had - I think my colleagues, my classmates, would say that the relationship was excellent. They seemed to support one another. They did their best and joined clinics. I thought there was a good spirit between them, I really did. Never got a feeling that one was putting the other down, never. They respected each other.

**Int.:** *Can you think of any particular things that, since our last conversation, we should cover? That you would like to mention in particular?*

**A.B.:** Not really. We've covered a lot of it and I think you've asked some very good questions. There's nothing in the back of my mind that I felt should come out that didn't come out.

**Int.:** *I think it's difficult to remember back that far too, particularly in the light of what position you are in, having had all the different experiences along the way, at the hospital and at the university, would make it difficult to block all that, I would think, just as a student.*

**A.B.:** Yes, that's right.

**Int.:** *Just a couple more questions...*

**A.B.:** I don't know. There's one thing that is significant about my year. I don't know whether we have talked about it or not, but we have had regular reunions every five years.

**Int.:** *You mentioned that briefly but you didn't really go into it in detail.*

**A.B.:** The attendance has always, I think, been very good. We've always had 50 per cent. or more of the class come back. That says something.

**Int.:** *It is quite remarkable, I think.*

**A.B.:** I'm looking forward to it.

**Int.:** *How often do you get together?*

**A.B.:** Every five years.

**Int.:** *And I imagine there are people all across the country, they wouldn't just be in the vicinity.*

**A.B.:** Oh yes. People travel from a distance sometimes.

**Int.:** *I think that's really quite remarkable, really. Do you think that a goal of a first-class medical school at U.B.C. was reached?*

**A.B.:** Oh, sure. I would think that the goal, and I don't know that it's ever been stated, has ever been written down somewhere. But, as I said earlier, I think the goal was to train people to go out and practice medicine. And I think that was reached very early. I think most of us did go out and practice medicine. Some of my classmates got back into the academic area pretty quickly and stayed there and performed well but by and large the majority of the class has practiced medicine in some field or another.

**Int.:** *This is just a personal sort of question to tie it all up: What were your expectations? I think in some ways you've answered this. But if you can think of just a general answer, what were your expectations when you entered medical school? Do you feel they were met?*

**A.B.:** Oh, yes, they were certainly met. My expectations were nothing very profound. I was one of those people who wrote down, "I want to be a doctor because I want to help people" and I had ideas that I wanted to live in a small community. And that was it. That's how it started. Certainly I've felt that I've been able to do that. As a matter of fact, I've been able to do far more than I expected to and I'm pleased with that. That's luck not management.

**Int.:** *Thank you very much, Dr. Boggie, for your time and for answering the questions that I put to you.*

**A.B.:** I've enjoyed it. Thank you for asking me.