



## Dr. Albert Knudsen (1908-1997)

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**Biographical Information:** Dr. Knudsen was in the first medical class at UBC. He organized the class reunions every 5 years.

**Summary:** *Tape 1:*

Dr. Knudsen recounts his favourable memories of his medical school years.

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## **Interview with Dr. Albert Knudsen, Thursday, March 28, 1985**

**Int.:** *Dr. Knudsen, perhaps to begin with you could tell us how you came to be at UBC, and I'm not sure what year you did enter the Faculty of Medicine.*

**A.K.:** I was in the first class which started in 1950. I went to UBC, of course, because I was born in New Westminster and went to high school there; then took my pre-med training at UBC and naturally wanted to stay here if I could. And I was fortunate enough to be picked in the first class.

**Int.:** *When did you enter UBC as a student to begin with?*

**A.K.:** 1946. And I got my B.A. in 1950 and then started medical school the next term.

**Int.:** *I think it was 1946 a group of medical students, part of the Pre-Medical Society, put forth a petition to the Government, pressuring them or asking for a medical school. Were you involved in that at all?*

**A.K.:** I don't remember. The only thing I can remember was the fact that there was a petition. I don't think I did anything other than probably put my name to it. In '46 I was in first year, more interested in getting my feet wet at university.

**Int.:** *Were you a member of the Pre-Medical Society at all, later on?*

**A.K.:** Yes, I think. I wasn't a very active member, that is, I didn't have any executive positions. I think most of us were involved because there was, you know, as much lobbying as possible to get a medical school so they needed names.

**Int.:** *What kinds of things did the Society do? Do you remember at all?*

**A.K.:** No, as I said. Trying to think back. Other than the fact that they put pressure wherever they could. But as I say, I didn't play any active role in the Pre-Med Society at all.

**Int.:** *Were you prepared to go to another medical school back East if a medical faculty was not started at UBC?*

**A.K.:** Yes, I was. And like pretty well all students in those days, you applied to - you know, some people applied to - pretty well twenty different medical schools. I had applied to, I think, three others: McGill, Western and Toronto.

**Int.:** *Were you pleased when you were accepted at UBC?*

**A.K.:** Very much. For many reasons, part of them being the fact that my parents were both alive and - this is rather personal - my father was blind. My sisters were both married and although I was a student, you know, I still played a role in helping, in being around. My parents were old but certainly my father's blindness played a role in them needing me. There was a lot of things I could do for them they couldn't do for themselves. So just being

here was a help. It was a financial help too, of course, because I could live at home and commute and you didn't have this great boarding expense or travelling expense. And my future wife also lived here so that was an attraction also. I was very happy. And the other thing, of course, was I knew that I had guaranteed summer employment here which meant that I could stay here and also I had a job with the Telephone Company each summer. So it was of great benefit that I could be here.

**Int.:** *That was one of the things that I was going to ask you, how you managed to pay the fees and get yourself through school. I mean, not just first years at university but medical school as well. This was and still is quite expensive.*

**A.K.:** I think if I recall, our medical school fees were \$440. I don't know what they are this year but that was a fair amount then. Comparatively, I think that was relatively inexpensive. I applied and got some bursaries and was able to work; would get out usually in May so I could work June, July, August and a part of September. I worked for the B.C. Telephone Company on the construction crews so I was able to earn money and pay my way.

**Int.:** *I imagine commuting from New Westminster wasn't such an ordeal then, either.*

**A.K.:** In actual fact, the first year because we all wanted to do well, I actually did board for some time at Monarch Lodge. There was a whole group of us, all in the first year class: Harry Carter, Vic McPherson - Harry Carter became an orthopaedic surgeon in Victoria, Vic McPherson became the Surgeon-General of the Canadian Army. Ralph Christensen, who was head of General Surgery at St. Paul's Hospital. Gordon Heydon, who was a general practitioner in Chemamus. Another lad by the name of Bissonnette, who became a psychiatrist in the U.S. I think those were the main group of fellows. We lived there for not all of the year, if I recall. I think I found that I preferred living at home. And I actually bought a little Morris Minor and started to commute.

**Int.:** *I see.. (pause) During the time previous to the beginning of the Faculty of Medicine there seemed to be a lot of controversy about how it was going to be set up and where it was going to be set up and acquiring finances for it. Did this affect you as a student in any way? Were you involved or aware very much of that kind of thing going on?*

**A.K.:** No, I can't remember controversy in any way that affected us; probably because most of us were concerned whether we would get into a medical school period, not so much as to where it was going to be and who would be involved and the people who would actually run the school. I can't remember controversy affecting me or it being a concern at the time.

**Int.:** *Were you aware of a controversy going on?*

**A.K.:** No, I'm trying to remember, I can't really remember.

**Int.:** *Were you, as a student, familiar with the Dolman Report or Dr. Strong's report on medical schools across the continent?*

**A.K.:** Dr. Strong. I remember his report now. Once again, going back - I remember Dr. Strong's report. I couldn't now tell you what was in it, nor could I tell you about the Dolman report.

I don't remember hearing about this now I start to think about it: Dr. Dolman's report. But Dr. Strong's report, that I do recall.

**Int.:** *Stays in your mind more than the other...*

**A.K.:** The report stays in my mind. I couldn't tell you what was in it.

**Int.:** *You say you were part of the first class. During those first years there weren't really any proper buildings to work out of. Can you tell us something about the physical circumstances of what it was like?*

**A.K.:** In comparison to what there is now, it was quite different. Most of our facilities were converted army huts, but a lot of the university was converted army huts in those days because there was a great influx of veterans from the war. And of course there were quite a few veterans in our class. So we really didn't think that the facilities were in any way second rate or poor. You know, I think most of us were just so delighted to be there that we were happy with what we had. And the facilities, although mainly wooden, we didn't consider them crowded. We all worked quite comfortably in them. Most of our lectures were in an old army hut near where the old bus depot was, just down below us. Then the physiology and anatomy labs were in buildings just down and below that, a little more towards the ocean.

**Int.:** *Were the labs well stocked with the kinds of things you needed or were they lacking in anything?*

**A.K.:** I don't think they were lacking in anything that we were aware of as students. We had lots of instructors, lots of time to work on our lab work and our anatomy. I don't think any of us were aware of or felt the physical facilities were inadequate in any way.

**Int.:** *So you didn't feel that there was anything that hampered your learning or research that might have gone on, or the teaching by any of the professors?*

**A.K.:** I can't think of anything. No. I think most of us were concerned about our own performance and how we were doing. I think there was lots of opportunity to learn.

**Int.:** *What about the quality of the teaching. Do you think it was good, bad, indifferent? Are there any instructors that you can think of specifically.*

**A.K.:** I thought our teachers were just excellent. And also I've come to know some of them. They are not only good teachers, they were good men, good people. I don't think any of us in the first class will ever forget Dr. Friedman, the professor of anatomy. You know, a man who was perfectionist in his attitude to himself and to his students and was just an excellent teacher. Dr. Copp, an excellent teacher and a very personable and approachable fellow, as was Dr. Friedman. Dr. William Boyd, our professor of pathology who was a world-renowned figure but also a very human individual. I don't think any of us will forget his pathology quiz sessions where we would be called down from the class and have to go down. He would put up slides and we would have to identify these things and then it would be discussed. They were always frightening sessions because you just hated to be called

down [to the front]. But they were good. He was kind of autocratic but an excellent man. And the other... as we got on to our clinical years: Dr. Kerr, Dr. Whitelaw, Dr. Rocke Robertson. You know, I don't think any of us at any time were ever concerned about the quality of our teaching. I can't recall criticism of any of these people.

**Int.:** *Were you able to get to know some of the professors quite well, too? I imagine the classes were smaller. The university, the whole scale was smaller, so...*

**A.K.:** You did. One thing too, we were all quite proper in our attitudes. You got to know your teachers but you certainly didn't ever assume that you could be pally with them. As we were talking a little bit before the interview started, we all wore shirts and ties. We always would wear a jacket unless you had a white lab coat on. You wouldn't think of going to school unless you were properly dressed.

**Int.:** *Quite a different thing from today. (pause) One of the other things I wanted to ask you, just going back a little bit to the whole idea of the controversy that arose with the beginning of the Faculty of Medicine. One group of people wanted to have a split school, or not really a split school but a school at the Vancouver General and another group wanted to have the entire medical school at the university. As a student, what was your opinion on this? Did you feel strongly one way or another, or did your classmates?*

**A.K.:** I can't remember having a strong feeling and I can't remember any great controversy amongst my classmates as to where the school was going to be. Once again, most of us were concerned... we were there as members of the first class and we wanted to do well - for ourselves and also for the school. Certainly, we realized that we were in the first class and so there was an onus on us to be good students, to function well. So I don't think, I can't remember being concerned as to whether it was all going to be on the campus, or part of it on the campus or part at the General Hospital. No.

**Int.:** *Did you feel any qualms yourself about whether the medical school at UBC would be as good as the Eastern schools [such as] McGill, or the other ones that students had been going to? It was brand new. Did you think it was going to be prepared for you or were you concerned about this?*

**A.K.:** Yes, I think we all thought of it but I don't think we were concerned. Certainly your concerns didn't last very long because once we got going the workload became such that we didn't worry about whether this school was as good as any other school. We just worried about what we were doing. I'm sure we all thought about that. I think we all felt we wanted to do well so that the school would be as good.

**Int.:** *You felt it was up to you to give it the standards that some of the Eastern schools have?*

**A.K.:** If what we were being given was up to the standard of medical schools elsewhere it was up to us to absorb it.

**Int.:** *You mentioned a little bit about the clinical years at the hospital? How did that work out? You spent how many years at the university? When did you start going to the Vancouver General?*

**A.K.:** Roughly the first two years were mainly on the campus. The third year was the beginning. The 3rd and 4th years you spent most of your time in the hospitals doing clinical and ward work all day and some of our lectures were at the hospital as well. There were times when you would have some work out at the campus and part of your days would rotate, lectures or clinical studies, and then part at the hospital. Then there was a bit of a scramble to get from one place to the other. You had to have transportation.

**Int.:** *How did you arrange that?*

**A.K.:** Usually we would go in cars that the students had. We'd carpool it.

**Int.:** *(laughs) Were you ever late for classes or late for rounds at the hospital?*

**A.K.:** No... I don't recall. It wasn't a big factor.

**Int.:** *You managed, then?*

**A.K.:** We'd get there. I think most of us felt that you just worked late.

**Int.:** *That was something that people were concerned about, you know, having about 6-7 miles between the campus and the hospital. It seems that you were able to cope with that without too much problem.*

**A.K.:** It wasn't a major problem. It was something you just accepted. And of course, traffic was not a big factor like it is today.

**Int.:** *That's true. (pause) Did you use any of the other hospitals besides Vancouver General?*

**A.K.:** Yes, we used Shaughnessy Hospital quite often in our clinical training. Mainly those two. Yes, it was the General and Shaughnessy. I don't think we had any clinical sessions in any other hospitals except for those two.

**Int.:** *Not St. Paul's or Grace?*

**A.K.:** No, I don't recall us ever going down to St. Paul's. No, I'm incorrect there. I remember, we did have one or two sessions down at St. Paul's but in comparison to the other two, not many. I can't remember really what they were.

**Int.:** *What about – I'm not exactly sure of the date but there was a building built at the Vancouver General for the Faculty of Medicine. Were you around when that was built or not? Perhaps you could tell us something about the facilities available at the Hospital. I imagine you would have had lectures and that kind of thing there as well?*

**A.K.:** Yes. Most of our lectures were held in the TB Auditorium which is in Willow Chest. There was a - once again, I think it was an old army hut - across the street on 10th Avenue which was converted into a medical library and studying area for us. And that I think was sort of established, you know, I guess in the first of our clinical years. I can't think of

another area where we had classes. I think they were pretty well all held in the TB Auditorium in the Willow.

**Int.:** *Just mentioning the library. Did you find the library adequate? Was there enough there for you to do the work that you needed to?*

**A.K.:** Yes, I remember using it quite a bit in our 4th year when we had a graduation thesis. I didn't study in the library as a lot of the students did. I did most of my study at home. Living in New Westminster, as soon as the lectures were over we would usually head home, because we would be driving home it was usually late. So I did most of my studying at home, I didn't study in the library. I used it as a reference but I didn't study.

**Int.:** *What about the library facilities at the university? What were they like?*

**A.K.:** I don't recall. The library facilities that I used were the ones down at the General. I don't recall, thinking back now, using the library facilities at the university. If they were there, I didn't use them very much.

**Int.:** *I think the Main Library was the only real building at the time, wasn't it?*

**A.K.:** That's right. I certainly in my Arts years used the Main Library a lot, used to study there a lot.

**Int.:** *You mentioned a graduation thesis. Now, this was instituted directly from the very beginning but I think it was dropped at some point. Students again put forth a petition, I think it was in 1956, stating that they felt it was too much work or that they just didn't think it was really necessary. What did you and your classmates feel about this?*

**A.K.:** I think, like most things during our academic years in the medical school, we just accepted it. I mean, in those days, you know, students didn't question things very much. Also, too, if we felt that a thesis was part of getting a doctorate, which most of us felt it was, then we just did it. There's no doubt, it was an extra amount of work and it was the sort of ... you know, you were concerned as to when you were going to find time to do it. I think we all got them done ultimately.

**Int.:** *When did you first start on it? You were told right at the very beginning, I understand, that you had this thesis to do and you basically had four years to work on it. Is that how it worked?*

**A.K.:** I can't remember but I know I didn't start on it right away. I don't think I started working on it till 3rd year and did it through 3rd and 4th year and I did it under Dr. Marvin Darrach, who is now deceased.

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

**A.K.:** It was basically on chemical tests for carcinoma, other than biopsy. It was really sort of laboratory tests indicative of carcinoma and there wasn't really a great deal on it at that

time. I did the thesis because I thought this was an area where probably our early diagnosis of carcinoma would ultimately come. I think that this is in fact what's happening.

**Int.:** *So it sounds to me like there was a fair amount of research involved in your thesis. Is this true?*

**A.K.:** In terms of research, what it was for my thesis was mainly going through a lot of literature, trying to find out, if different investigators were doing the same kind of work and what conclusions they had reached?

**Int.:** *So you didn't actually do any...?*

**A.K.:** I didn't actually do any [research]. It was a long..., it was a literature review. I don't know, I think most of the lads in the class, I don't think many of them actually did much specific research. But most of us worked on our thesis alone anyhow because it was something you did in your spare time.

**Int.:** *Actually, this was another question I was going to ask about research. Were you actually given much opportunity as a student to work on research projects?*

**A.K.:** I don't recall research *per se* being a great part of any of our activities. Perhaps some lads who worked in - you know, I worked on a construction team in the summertime - some of them who may have worked in hospitals or laboratories did more medically-associated work. I don't think many of the class were involved in much research that I know of. No, I don't think so.

**Int.:** *So you don't think this was something that was encouraged in any way?*

**A.K.:** I can't say that. You are asking me a question and I really have a little difficulty answering it. I personally wasn't involved and I don't think any of the fellows that I was close to were involved. I think most of us were concerned about getting through and absorbing the medical work that we had to do. There wasn't much time left for research. I don't know what it is like in medical school today. I don't think that the opportunity wasn't there or that you couldn't get help or a professor wouldn't encourage it. I think we were just too busy.

**Int.:** *Part of the reason for that question is that we were wondering whether the facilities would have, you know, made it difficult to encourage that, I would think so.*

**A.K.:** I'm sure that the facilities were probably just not there. What spaces they had were used for their academic use.

**Int.:** *Just to go back a bit to your acceptance into medical school. Was it difficult to get in at the time, do you think? Do you have any idea of exactly how they chose the students? Did you have to go through any sort of interview process?*

**A.K.:** Yes. Of course, they would go by your marks in Pre-Med and your Arts years. I was number 1. We each had to write - or get - three letters of reference and we were told that



these played quite a role in acceptance. So you chose the men who would write letters for you rather carefully. And then there were a series of personal interviews. And I don't think... We did write a fair amount of psychological tests after we were into medical school. I can't remember specifically. There may have been some in the interviews. There may have been some testing done at the time.

**Int.:** *Did you feel well prepared with your pre-medical years to enter into the Faculty of Medicine?*

**A.K.:** Yes, I think the biological pre-medical sciences at UBC were excellent. I guess, some of the work that we got at medical school was work that we had been exposed to previously. Yes, I thought we were quite well prepared.

**Int.:** *Obviously, there's a lot of work and it's difficult but you didn't find you were unprepared in any way for your first years?*

**A.K.:** No, I don't recall that. I was certainly worried about whether I could do it. I think we all were.

**Int.:** *But then, that's a little different than actually... Well, I think one worries - all the time no matter how prepared...*

**A.K.:** And I certainly was not in the first group of people who were accepted. I'm not sure where I was in the numbers. I think there were sixty in the class and I have no idea where I was in terms of at what point I was accepted. But I know I wasn't in the first group. There were a lot of very bright people in that class.

**Int.:** *How did you feel about the class as a whole?*

**A.K.:** Well, you know, very honoured to be there because I felt that there were a lot of people in the class who were very much brighter than myself. There's always an air of competition, but it was friendly. Everybody wanted to do well and everybody wanted everybody else to do well. I think there was a lot of... Well, the classes stayed together and perhaps one of the reasons you had my name for an interview was I've been involved in organizing the class reunions every five years. And we get a good turnout every five years and we keep in touch. I think there was a lot of fellowship in the class. I think it still exists.

**Int.:** *It seems to me that there is more of that kind of thing with earlier university classes on the whole than there is now, possibly because they were smaller?*

**A.K.:** Smaller. And there is no doubt, we worked in smaller facilities. You know, you rubbed shoulders and this was the first class. I wanted to do well; I wanted my partner to do well. We wanted to do well for ourselves and for UBC too.

**Int.:** *Another question that comes to mind is that of preceptorships. Did you participate in that at all?*

**A.K.:** I didn't participate in the preceptorship while I was at medical school although I ran the preceptorship program for a few years after I graduated, through the Medical Association here, you know, the B.C. Medical. I looked after it. But no, I wasn't involved. I didn't go out into the Interior as we organized things later on.

**Int.:** *Did you want to at the time? Did you feel that that was something that would have helped in any way? Can you think why you didn't take part in it? Was there any particular reason?*

**A.K.:** I don't know whether preceptorship programs were actually available at the time. Were they?

**Int.:** *Oh. I'm not sure. Maybe they weren't till a little bit later, then. That's probably true. Umm. (pause) You've actually mentioned this a couple of times, but just to clarify it again. Did you feel at the time that you were part of some historical beginning being part of the first class of that medical faculty?*

**A.K.:** I did. I think we all maybe, you know, kept that a little bit under cover because once again we were concerned about the responsibility of doing the work and getting through and not failing. I think it was as as you got near the end of our 4th year, at least for me, as I recall, as you approached graduation you sort of finally felt, I've made it. Then the significance of the fact that this was something of historic significance to the university, then that became a little more of an impact. At first, you know, you were concerned about the workload.

**Int.:** *That may possibly be another reason why the first class does continue to get together and feels that there was something important there.*

**A.K.:** There were three of our classmates, as I recall, who did not graduate with us and I think that this was of concern to us all. We had wanted all sixty of us to go across that stage.

**Int.:** *What about the graduation ceremony? Can you remember that?*

**A.K.:** Yes, very well. It was a nice day and I can remember marching down the Mall. It was of particular significance. My mother and sisters were there and, yes, I can still remember going up and going across the stage and getting that diploma. Once again, you want to sort of get across without tripping and whatnot. But I do remember it still quite clearly.

**Int.:** *Where was it held?*

**A.K.:** In the Armouries. And a lad by the name of Donald Oliver Anderson was our... spoke, and spoke extremely well. He's a very bright fellow. A lot of the people there had gone through that. They'd got their B.A. but it was still a significant time and yes, I still remember sitting and waiting for my turn and going across the stage.

**Int.:** *I imagine it was reported in the newspapers too. It would have been an event in the city, the first graduating class.*

**A.K.:** Yes, I think it was. I think my mother cut some clippings out from the paper but I don't know where they are today.

**Int.:** *What about the social activities that took place? Was there a graduation ball or that sort of thing?*

**A.K.:** Yes, although we worked hard and I think everybody, their prime concern was their work. We had a lot of fun too, the fellows in Monarch Lodge, we used to like every class. We used to avail ourselves of the alcohol from the physiology lab and we'd usually get together on the weekends. The class as a group would get together. We'd also - there were a fair number of us who'd played athletics and other teams prior to going into medical school, so we had a good inter-mural group and we won softball championships and basketball championships. This was all part of being together.

**Int.:** *Was this with other groups within the medical faculty or other faculties?*

**A.K.:** Other faculties. And we did have a graduation party. I think we had it down, as I recall, in Southlands, down in south Vancouver. That was just for the class. I don't think we ever had a specific formal banquet or anything but we had our own class graduation party.

**Int.:** *Were there any other kinds of social activities that you can recall, happening through the time that you were in medical school?*

**A.K.:** The medical ball got going. And I think the first medical ball was when we were in our 4th year. It is, you know, an annual event now.

**Int.:** *You were the ones who had the first one?*

**A.K.:** I think our class got that organized.

**Int.:** *So it goes on to this day (laughs).*

**A.K.:** I hope I'm correct in saying it was in our 4th year. Well, it still goes on annually and I think I'm correct in saying that the first one was held when we were in our 4th year and that was the beginning of it.

**Int.:** *Did you get involved personally in organizing any activities or any social events or anything of that sort?*

**A.K.:** I can't recall exactly about the medical ball. I think we all took part in any little way that was needed to make it a success. And we all supported it. Everybody was there. The final class get-together. I can't remember what role I played there. The thing I remember most was that I was involved after we graduated in getting the class together for our first 5-year reunion and from then on.

**Int.:** *That was quite a feat!*

**A.K.:** Yes. We held our first one here in Vancouver and our dean came, Dean Weaver. I think he died shortly after that, if I am correct.

**Int.:** *Actually, Dean Weaver brings up another question that I have in mind to ask you. Did you have much to do with the dean? Did you get much of an impression of what he was like as a person or not really, as a student?*

**A.K.:** I didn't get to know him extremely well. What I saw of him was a very warm, concerned, friendly, quiet individual who you liked - who I liked. I can't recall getting to know him extremely well as a man.

**Int.:** *Was he available for students to go to and talk to if they needed to?*

**A.K.:** Yes, I think all of the faculty were available. You could go to them for any academic or personal problems.

**Int.:** *Did you feel that the medical school was prepared for students when it started its first class and really got going?*

**A.K.:** Yes, you know, when you look back on it, I guess there were a few delays in getting material, you know, that had been ordered and never arrived. I think Dr. Copp had some problems with the physiology lab. But I don't think it ever played a role in affecting us in terms of our learning. No, looking back on it I think it was amazing how everything was as well organized as it was considering that it was such a new thing. I think too everybody cooperated, you know, all the practicing doctors in town, everybody cooperated, did everything they could to make it a success.

**Int.:** *Did you feel as a student that the relationship between the doctors, I guess the doctors in the clinical years and the professors at the university, was a good one? Because the school was split, did you feel there was any conflict at all?*

**A.K.:** We weren't aware of it. No, we never sensed it. You mean the town and gown sort of problems? No, I think that everybody to whom we were exposed just gave of their all to us. I don't think we were ever concerned about any sort of controversy or professional jealousies.

**Int.:** *What about the relationship with the other faculties within the university? Do you think there was any - I don't know - jealousy that maybe the medical school was getting more money or more space or anything of that sort? Or were people more or less pleased that the medical school was started?*

**A.K.:** I think everybody was happy; I think the whole university was happy that this medical school was established. I don't think there were any professional jealousies, once again, none that we were aware of, or that affected us in any way. Our concerns were so much in terms of doing well as students that, if it was out there, we weren't aware of it.

**Int.:** *What about your expectations? It sounds just from what you have been saying that they were met but maybe you can elaborate on that a bit. Was medical school what you had expected?*

**A.K.:** Yes, it was. It was hard work and it was fun and you made a lot of lasting friendships. One thing - getting back to you were talking about standards - when we interned, of course, we interned at the Vancouver General and we were immediately cast in with graduates from all other schools. And, you know, I think you found out fairly quickly that what we knew and what we were capable of was certainly on a par with what they knew. So you felt that in terms of our expectations, in terms of what we were taught, they were well met. I think the faculty did a great job in giving us the exposure so that when we graduated from there I think - I don't mean this in any excessive, proud way - I think we were as good as any medical student from any other school in Canada.

**Int.:** *One of the things that I think that the people who were talking about getting the medical school started repeated a lot was the idea they wanted to start a first class medical school. Do you think they were able to accomplish that?*

**A.K.:** I think so. All I can say, in terms of - as I watched my classmates - what they did, what they accomplished, I think the level of practice that they have established, our abilities as interns and those who went on into the resident staff, you know, I think that in terms of my class and the few classes immediately following us who we also knew reasonably well, I think they established a first class medical school.

**Int.:** *Well, we're just about at the end of the tape for today so I think we'll come to an end, and perhaps we can get together again and discuss some more items.*

**A.K.:** Fine. Thank you

**Int.:** *Thank you very much.*

#### **Interview with Dr. Albert Knudsen, continued. Thursday, April 11, 1985**

**Int.:** *Dr. Knudsen, there is just one minor point that refers back to the tape we did the other day. You mentioned Monarch House that you lived in. Could you explain just what it was. I think for other people listening, I wasn't quite sure either.*

**A.K.:** It was called Monarch Lodge actually and it was really a residential area, a residential building that would accommodate about thirty students. It was near where the University Drugstore is now, I think. There was a little park in front and there were several buildings in that area that were residential areas, privately run. People - a couple - would take the building on. I think they would have to be approved by the university but they literally ran a room and boarding home, you know, hopefully for a profit and there would be two students to a room and there was a common dining room. You would have breakfast and lunch and dinner there or they would pack a lunch for you to take to school with you if you wished.

**Int.:** O.K. Thank you. (pause) I don't know where to begin here. (pause) Could you talk a little bit about the clinical years at the hospital, just how you were organized in groups and what it was like in your classes and how were beds allocated? Was there a specific area of the hospital that you worked in or did you go to all parts of the hospital?

**A.K.:** The basic part of the organization was done alphabetically. Your seating in most of the labs, not the lectures necessarily but most of the lab areas and certainly our clinical groups as they were called, were all done alphabetically. There were sixty students and I think there was basically ten groups, excuse me, six groups of ten students and they in turn were divided into two groups of five students each. So your clinical group would be five students. Each teacher would have five students that he would have under his wing for whatever clinical subject you were going to discuss. We used the General Hospital and Shaughnessy Hospital...

**Int.:** *And you stayed in the same groups at both hospitals?*

**A.K.:** We stayed in that group right through the whole school year, the whole school, third and fourth years, the two clinical years. And what you would do is, you would often meet in the mornings, the whole group of ten. And there might be a very short talk from one of the clinicians, one of the teaching doctors, about the subject that you were going to be discussing or being taught about that morning. And then you divided into two groups of five and one would go with one doctor and one with another. That wouldn't be the plan every morning. Sometimes you would go and meet right on the ward and you would go directly to a patient's bedside.

**Int.:** *And all five of you would go to the patient?*

**A.K.:** Initially, when we first had our clinical experience it would be all five because most of us were pretty leery and very green about how to handle people. So initially it would be the teaching doctor going over the subject and then discussing whatever would be, a lump on the breast or a problem in the abdomen. And then each in turn would examine, you know...

**Int.:** *Each student would examine the patient?*

**A.K.:** Pretty well. Some days. Depending on the patient and depending on the illness. And I think this thing still applies sometimes. Not everybody would examine the patient but the examination when the whole group were there would be relatively brief, just one area. Gradually you got to where you would go yourself to a patient and you would have to, you know, take the history of the problem and examine a patient totally. In other words, you were slowly worked into doing more and more with people. We always worked in the same clinical group and sometimes the whole session you would be all together and discuss the problem, maybe out in the corridor. You would go in and examine the patient and go back out in the corridor and discuss the problem. Or you would get together in a group and then you would each be assigned a patient which, as we progressed and got more experience, and then we would come back and then the teaching doctor would of course then question you as to what was the problem, what you found. And of course you were taught then on a one-to-one basis. Sometimes you would all get back in a group. You

would sit down and go over each person and each person in turn would discuss their patient and you would have questions from the clinician or from your fellow students.

**Int.:** *And so you actually learned a lot from each other as students as well?*

**A.K.:** You would. Yes. I can't recall many situations, if any, where just two of us would go. There would be either a group of five and then you would go individually. And I think clinics are still taught that way, you know, a teaching doctor and a group of students. Ours happened to be five because I think the class broke up into those numbers very easily.

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**A.K.:** ... a surgical clinic or a medical clinic as a rule. These were two big areas. And for your examination you would be assigned a patient and you would go and, you know, take the history and examination. You would have to record it all. Then you would usually... then there would be two or three clinicians would then come to the bedside. You had a certain period of time to do this. If it was a final, they would give you an hour or two hours depending on the difficulty of the situation. Then you would be examined usually right at the bedside.

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

**A.K.:** They would ask you to give the history, physical findings and the diagnosis.

**Int.:** *So this is with the patient there...*

**A.K.:** Yes, the patient was right there.

**Int.:** *...just as it would be if you were a doctor.*

**A.K.:** If you got the right diagnosis it was usually a pleasant experience. Then they would get further into questioning and try to find out how much you really did know about the thing. And that was the way at the end of each session and the way we had our basic finals too.

For the finals you'd go back to topics you'd done at the beginning of the year. Then we'd have a patient that you had to examine. Usually they didn't come to the bedside. You would then go to an office where there would be, you know, two doctors sitting and you would then have to go over your findings and diagnosis and discuss any lab work that you might have wanted to have access to. It was a little more formal because you were sitting in a chair and there were two or three of them behind a big desk. The term exams were a little more informal, at the bedside.

**Int.:** *Were these harrowing experiences?*

**A.K.:** Yes. You wanted to do well, and the teachers were all friendly, giving of their time. They were firm. I am sure they wanted us to do well so it was never easy. It was a frightening experience. And of course the further on you got the more difficult, the more formal, they became. And some professors were very stern, very formal. As we got to know them once we'd graduated, in later years, we realized they were very warm, tremendous people. But they were very professional in their attitudes and of course that was the way they had to be.

**Int.:** *Once you reached your clinical years, did you spend very much time at UBC or were you pretty well all the time at the Hospital?*

**A.K.:** Your time would be divided...

**Int.:** *Even in the clinical years?*

**A.K.:** ... in the clinical years although you spent less and less time at UBC. Your fourth year you spent most of your time at the Hospital and most of our lectures, I think as we discussed last time, were in the Willow, the teaching auditorium. So you spent less time out at UBC on the campus and you spent more time in the hospitals, the General and Shaughnessy.

**Int.:** *Did the teachers, the professors from the university, come to the hospitals to do any work with you there at all or did they pretty much stay at the university?*

**A.K.:** The university staff *per se* were relatively small then and a lot of them were involved in the basic sciences. The clinical teaching people, they were pretty well around in the hospitals. They have their offices here. Most of them are here. I don't think there weren't that many people who were out at UBC who would come into the Hospital. They were mainly basic science years, anatomy, physiology. This group of people has, of course, extended in number now.

**Int.:** *Yes. So there wouldn't have been very much contact between the basic science instructors and the clinical instructors, then?*

**A.K.:** Umm. In terms of professional contact and interaction, I'm sure that there was. I'm not quite sure. They all worked together. This was a new experience for them both. But our basic science instructors didn't come to the Hospital to teach us...

**Int.:** *So the teaching was separated in that sense?*

**A.K.:** The teaching was separated in that sense but I don't think there was any division of interest. (pause) The paediatric clinics were done very much like the medical research clinics. They were taught by a clinician in a group, usually a discussion beforehand.

**Int.:** *Would this group be the same group as the others? In every area you would have that same group?*



**A.K.:** We stayed in the same group of five. In the lab situations, for instance, I always sat with Oley Kringhaug one side. He was the other K. And Roy Jeffries on this side; he was the J. (laughter) That was not so in the lectures. But all the basic science laboratories and all the clinical groups, it was always the same: five fellows. Maybe we'd expand into a group of ten. And so paediatrics was much the same. Sometimes a group of us examining a baby. Then often you'd meet a child individually then go back and be questioned, sometimes by the residents, because there were residents there. In paediatrics, actually, the residents played quite an active role in teaching, more than the medical and surgical groups, as I recall. Paediatrics was a small, very closely-knit group in the old children's ward at the General.

**Int.:** *This was at VGH?*

**A.K.:** That was all at VGH. Obstetrics is, as I look back on it, a much more difficult teaching thing to arrange because you can't have babies delivered just when you want them.

**Int.:** *At ten o'clock on Thursday morning!*

**A.K.:** So we would have, once again, clinical groups. Then we would spend time often right in the... they had areas where you could sleep or just literally sit around all day in the obstetrical building. And you would ask the attending doctor if you could go in with him. It was pretty much, be there and get what experience you can.

**Int.:** *So it could have been any doctor really?*

**A.K.:** Oh, yes. We went through the formal teaching of delivery and whatnot. But a lot of your practical teaching in the caseroom was done not only by the early obstetric resident staff or the attending obstetrician, but a lot of it was done by the general practitioners because in those days they did probably the bulk of the deliveries. And so a lot of your practical experience was gained at their side. And they were extremely good. They would let us do a lot, as much as we could, and guide us and help us. And of course the more you were there the more you got to do.

**Int.:** *How long would you spend, say, on obstetrics?*

**A.K.:** As I recall, the obstetrics rotation & paediatrics was three months. And we had six weeks in each.

**Int.:** *Would it have been longer in certain areas than others? Would you spend more time, say, in surgery?*

**A.K.:** I think they divided the year up relatively equally amongst the major sciences. I think they each had the same time. We had other lectures in things like public health and nutrition.

**Int.:** *Ongoing?*

**A.K.:** They would be ongoing. But those lectures were usually very few: one or two or three. There wasn't a lot of emphasis placed upon them. I don't know how much emphasis is

placed upon them now. But they were things that were worked in between. In our third and fourth years most of it was clinical work done in the two hospitals.

**Int.:** *Was there much emphasis on preventive medicine at the time?*

**A.K.:** Not a lot. No. Our lecturers... Looking back, I think our lectures in public health were a series of a few. And I think for most medical students those things are very hard to teach because they aren't that interesting subjects and students aren't that receptive. It was something they had to learn but there wasn't a lot of time devoted to that. I'm sure it was a case of everything we did was being done for the first time by us and by the teaching faculty. They must have done a terrific job if you think about it. How do you allocate the students' time? Where can he get the most out of what he's supposed to learn?

**Int.:** *And just planning?*

**A.K.:** Planning. Organizing all the people involved. So it was a new experience for them. And when I say that we didn't have a lot of time that's no criticism.

**Int.:** *It's just the way it was.*

**A.K.:** That was the way it was. Yes.

**Int.:** *I understand that.*

**A.K.:** And I think the other thing about obstetrics, of course. There was... the Vancouver General Obstetrical area at that time was a very busy place. Most of us got involved in many deliveries and some, by the end of their fourth student year, had delivered thirty to fifty babies. You know, with somebody there, of course. Sometimes you'd do them by yourself if other people didn't get there. So the practical experience was really very good in comparison to what I think is available now. Of course, there are more students so the obstetrical experience that we had was really, I think, very good in terms of exposure and also teaching. The general practitioners who were very active obstetrically in those days were really very good.

**Int.:** *They were all quite willing to have you there and to teach you?*

**A.K.:** As long as you approached them properly and didn't try to do more than you were capable of and respected the fact that he was responsible basically for this patient's welfare, they were very good.

**Int.:** *Towards the end, you've already said, a lot of them must have let you get right in and...*

**A.K.:** Once they'd got to know you they'd often just come in and stand beside you. They'd be prepared to step right in if there was a problem. I mean, most of this was normal obstetrics that we did. No complicated things. You got to learn the normal delivery. Our interning years we had a great deal of exposure, too. You know, our obstetrical training at the Vancouver General as an intern I thought was excellent. We had all kinds of deliveries, both normal and abnormal. You just had a little more responsibility each time.

**Int.:** *Talking about your interning a little bit. Did you apply to various hospitals for your internship? Is that the way that went?*

**A.K.:** Yes, I wanted to go to the General. That was my first choice. I grew up in the area and went to high school, medical school, and interned. But I had a personal reason. My fiancée was here, but my parents... My father was blind and I wanted to be close. I don't know if I mentioned this on the other tape, I'm not sure.

**Int.:** *Briefly.*

**A.K.:** And I needed to be around, reasonably close, so that if there were problems I could get back to New Westminster and help them. I'm sure there's a great advantage in going to Toronto to intern. You get exposure to different doctors, different people. But I was very happy with my experience as an intern at the General.

**Int.:** *Talking a little bit again about the clinical years at the General. There were certain - this is the way I understand it and you can maybe clarify it - there were beds that were allocated to the Faculty of Medicine. Was there a certain section of the hospital that you worked in and patients would come to that section? Or did you move around the whole hospital? How was that arranged?*

**A.K.:** We actually did our teaching on certain wards as I recall. I think that patients that were admitted there - some of them were in those days what we called "staff patients", patients who couldn't afford medical care. Hospital insurance and these things was not as it is now. So a lot of them couldn't afford a private doctor or perhaps even pay for the hospital bed. The VGH Outpatients was a very big and active service. And a lot of our medical teaching was done not only in the wards but you would have clinics where you would be taught on ambulatory patients, you know, patients who would be like what I see in the office. Patients would come into the Outpatients Clinic with their complaint.

**Int.:** *So it would be like going to your family doctor but they would...*

**A.K.:** It was really a big office, a medical office, medical outpatients. You saw a lot of patients there. In fact, a lot of days we would be there all afternoon with people.

**Int.:** *I understand that changed sometime in the '50s, but I guess that was after you graduated from medical school.*

**A.K.:** The Outpatients functioned still for quite a long time afterwards because once after we graduated I worked in the outpatients as a clinician. So it did carry on for some time. Some of the patients on those wards too, though, they were not only staff patients but a lot of them were private patients who also agreed to have medical students examine them. It was a mixture of both people.

**Int.:** *This question goes back a little bit to the kind of things we were talking about last time. Do you feel that having the experience of a large, city hospital was more beneficial, or did you really think about it much at the time. Perhaps, if they had built a hospital at UBC, which*

*obviously would have been a smaller one. What do you think about that? Do you think that it helped being at the Vancouver General?*

**A.K.:** Yes, in those days. I don't think I missed anything by being in a large city hospital as compared to a smaller hospital, either at UBC or in Vernon or somewhere else. Our group was still relatively small and, of course, everything was geared to give us as much exposure as possible so we did have an easy time of it in that way because everybody was deeply involved in our teaching. I don't think that I lost. No, I think I had the opportunity to get lots of practical experience both obstetrically and surgically. But also you had exposure to the top clinicians and the best people, the best research that we had available in those days So I felt we had the best of both.

**Int.:** *One thing that I recall we were going to talk about was the make-up of your first class. I understand a lot of the students were older students. They'd been through the war, they were war veterans and probably had quite a different outlook than a lot of students who would be entering medical school now, for instance. Could you tell us a little bit about that?*

**A.K.:** Yes, a very high percentage of the class were veterans. I'm not sure of the exact percentage. We could count them in the picture up there but I think probably around 20%.

**Int.:** *Oh, not half?*

**A.K.:** Maybe half of the class were veterans. Yes, these people were a little more serious in terms of their intent. They were married, a lot of them with children. Most of them were certainly 4, 5 to 10 years older than some of us. So they were serious about what they were doing. Although I think the rest of us too were very appreciative of the fact that we had been accepted. There wasn't any way that we were going to not do well. I think we were every bit as serious in our intent as the veteran group was. And there was never any jealousy or rivalry between the non-veterans and the veterans. It meant nothing really to us. The class was very close as a group and still is. In fact, if a person was a veteran I don't think it ever entered our heads.

**Int.:** *It didn't seem to make a difference in their just having been through the war experience, that part of life, as some of the students didn't?*

**A.K.:** I don't think so. In terms of altering their attitude towards the medical school, I don't think so. I was, we were a pretty serious group of people. I think we get back to the same old theme: we wanted to do well. The teachers wanted us to do well. We all wanted to do well. So everybody buckled down. Sure, we had our high jinks just like everybody else but that was strictly fun between the group of us at any class functions. There wasn't a table of vets here and everybody mixed. I really don't think it played much of a role.

**Int.:** *When you entered medical school, did you still have a lot of time to take part in other university activities and other things that were happening in other faculties? Or did you stay pretty much within your group in the Faculty of Medicine?*

**A.K.:** Through just the physical functions of the medical school and where we were geographically located out by the old bus stop...

**Int.:** *Was that apart?*

**A.K.:** It wasn't really apart but we were in one area and the Wesbrook Building was just kitty-corner. So we stayed geographically pretty much in one area. You didn't get down to the old university cafeteria where some of your old cronies might have been. You spent a fair amount of time in the library in your years out there. But I don't think we isolated ourselves purposely. We were geographically and academically isolated because of what we were doing. As I mentioned last time, we were involved particularly in the intramural sports program. We had always been. We mixed a lot.

**Int.:** *Another thing that I would just like to mention concerning your classmates, I notice there are only two women here in the group photograph here on the wall. Did you think about that at all as students? How were they treated as students? Did you feel that there should be more women or was it something people thought about in the way they do now, for instance?*

**A.K.:** No, I can't remember actually thinking about it. I don't think anybody else did. And I don't think the two girls involved felt that there should be more. This was sort of the way things were.

**Int.:** *They didn't feel out of place being there, you don't think?*

**A.K.:** No, they were very much a part of the class. One was married. Two of the others .....were married. Margaret Myer, her name was. She was just accepted completely. She was a bright, attractive girl. Everybody knew her. They were accepted and very much part of the class and I don't think the girls ever thought that this was an unfair ratio, 2:58

**Int.:** *It didn't occur to you that there might have been others that might have wanted to go but for some reason didn't apply?*

**A.K.:** Actually you know, we are incorrect because there were three. I've just realized. This was the graduating class...

**Int.:** *Oh, I see.*

**A.K.:** ...but only 57 graduated. There were some casualties and one of the girls developed tuberculosis and missed a year and graduated the next year. And there were a couple of lads who had to repeat their fourth year.

**Int.:** *But everybody did get through?*

**A.K.:** The three of them graduated the next year and the girl who was ill went on to become very active in the paediatric area. Her name was Margaret Cox and now she's married to Albert Cox who is one of the other people I think you are interviewing. Of course, he's now the Dean of Medicine in Newfoundland.

**Int.:** *Are there any other things that you would like to mention that's you've thought about in the interim between this interview and the last one? Just anything in particular that you can think of that you feel that I've missed and should have talked about?*

**A.K.:** No, I don't think so. I think that probably what most of us remember is the good spirit in the class, the tremendous effort and cooperation that everybody gave us, you know. Clinicians, nurses on the ward. We were new to them too and they taught us. You learned a lot from the nurse if you listened to her. I think that's probably the thing that we remember most: the effort that everybody put into hoping that we would produce a good product. And I think when you look at what a lot of the lads in the class accomplished it was a good product and I think they served B.C. and Canada well.

**Int.:** *Thank you very much for taking the time to tell us about your experiences.*