



Dr. Geoffrey Clement Andrew (1906-1987)

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Biographical Information: Dr Andrew came to UBC in 1947 to begin a long period of outstanding service, first as Assistant to President MacKenzie, and later as Dean and Deputy President. He served UBC until 1962.

Summary: *Tape 1, Side 1:* University politics and personalities around the formation of the Faculty of Medicine at UBC, 1947-1950; *Side 2:* Early financing issues, construction of facilities, reluctance of government support.
Tape 2: Personalities of NA McKenzie and C Dolman, early science building on campus, Dean Weaver, opinion on preventative vs. curative medicine

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Interview with Professor Geoffrey Andrew, Thursday, May 16, 1985

Int.: *Professor Andrew, perhaps we could begin with your explaining a little bit about your role in the beginning of the Faculty of Medicine?*

G.A.: Well, I came to the University of British Columbia in September 1947 as Professor of English and assisting in the administration of the university. I wasn't, in '47, a deputy to the president. I was executive assistant; I became deputy to the president a few years later. I had worked with Dr. MacKenzie during the war and then I became head of the Information Division of the Department of External Affairs when he invited me to come out here and assist in the administration; also I have professorial status.

Int.: *I see*

G.A.: So that from '47 on I was interested in, and to some extent involved in, the different motions that took place as a result of Dr. Dolman's report and of the reaction of the medical practitioners in the city, particularly Fritz Strong who was the dominant voice; and the contrast between Dr. Dolman and Fritz Strong was a very marked one. Claude is a perfectionist and a purist and his view of what the Faculty of Medicine should undertake and how it should develop was basically scientific, concerned with the science of medicine - and of bias, inclination rather than terrific concern with the medical practice. Fritz Strong was not only the dominant practitioner in the city at that time but he was a very ambitious man about the Vancouver General Hospital and felt any developments in medicine should take place from the hospital and be dominated by considerations of practice. So that the politics of the early days was resulted in delay simply because of the strength of the convictions of Claude Dolman and people who inclined in his direction, and Fritz Strong and the weight of the practitioners.

Int.: *Do you think that these differences in opinion between these two groups were really philosophical or were they more resource oriented? That it was more practical to be at the General than perhaps to build a hospital at the university? Or do you think they really did have a philosophic difference of opinion?*

G.A.: Well, I would think that Claude Dolman's position had a basic philosophic position that had to do with the science of medicine. I think Fritz' s position was not nearly as philosophic. He was concerned with power, influence, and the perpetuation of practice domination.

Int.: *You say you came to UBC in 1947. I think at that time Dr. Dolman had already done his report?*

G.A.: Yes.

Int.: *What was the general reaction to his report?*

G.A.: In the university, because universities are more theory than practice dominated I think there was a good deal of sympathy with Claude's position. But Claude is a very individual and strong-minded person and he doesn't suffer fools gladly though he does answer letters by return of post! As a consequence, there were some in the university thought that there was more to be said for the Fritz Strongs of the world than for Claude. But basically the weight of the university inclined in his direction.

Int.: *Why do you think he was asked to do this report? And it seems to me that he was asked right in the midst of the debate about it.*

G.A.: What was the date of his report?

Int.: *I think it was 1946 that he went out and...*

G.A.: Well, Dr. MacKenzie came in '44 and I suppose there was no other obvious figure to do a report because he was the most important and influential person on campus concerned with the practice of medicine or the training of medical practitioners. So it would be quite natural for Larry MacKenzie to turn to him in the first instance.

Int.: *One of the things that he was also asked to do, I believe, was to go to, I think it was the Vancouver Medical Association, and tell them he had been approached by the university to go and do a report and a survey of medical faculties in North America. I think this might have put him in a rather uncomfortable position. Might it not have been better had somebody else gone to present this information to the Association?*

G.A.: I didn't know that he had been asked to do that so I really... Claude doesn't lack courage so he wouldn't have minded doing it. And Larry MacKenzie who really at this best had a great gift for compromise and trying to reconcile things; I guess in those early days he didn't fully appreciate the cleavage that was bound to develop between two people of such strong convictions and someone who had a great sense of the importance of power and local influence. I think actually the result of the Dolman Report and the reaction was that again Larry looked to people that he knew like Ray Farquharson to be ameliorating influences in the thing and to help bring about the Faculty of Medicine that was basically controlled by the university but which allowed as much tolerance for the practitioners as possible.

Int.: *So do you think, just referring to the experts who were brought into give their opinions but after the two reports were done, do you think the idea behind bringing them in was to have them act kind of as a mediator?*

G.A.: Sure, even at 92 Larry MacKenzie has a great sense of accommodation to the things that he wants to do and yet carries as many people with him as possible.

Int.: *Well, now when these experts were brought in, I think all of them recommended the same things Dr. Dolman recommended in his report so what kind of influence could they have had on the whole proceedings then?*

G.A.: Because MacKenzie wanted the kind of faculty that Dolman basically represented and as he wanted to carry as much of the practitioners with them as possible. He used the device of all people - like Mike Pearson - the compromise, and it was a very effective compromise because in fact he kept Fritz Strong out of too dominant a position in the new faculty but we had to accept the Vancouver General as the basic teaching hospital.

Int.: *Why do you think that had to be? I think that the Government in 1947 when you arrived, announced that they had set aside \$1½-million towards a faculty of medicine, which wasn't enough to build a medical school. Did they just not have any more money available? Or were they not interested? What I meant, build a hospital at the medical school. Were they not interested in a hospital at all?*

G.A.: Oh yes, they were. But again, MacKenzie's idea of compromise was to get the medical faculty started, to use the Vancouver General to the extent possible, and look forward to a later consolidation.

Int.: *Do you think Dr. MacKenzie never really intended to build a hospital at the university right from the beginning, that really wasn't part of his plan?*

G.A.: No, no. He wanted to balance the various influences and get as much as he could of his own way while trying to keep the community sufficiently united. MacKenzie had a real gift - as a person who worked closely with him and not being particularly gifted in the art of compromise myself - a little more of the Dolman type of person - and besides which I really didn't like Fritz Strong very much because he was a bully; he bullied everybody he could.

Int.: *And it seemed like Dr. MacKenzie was able to get around some of his own personal prejudices toward people, then?*

G.A.: Oh yes. It was his long suit: compromise, and a great capacity for friendships.

Int.: *But in this whole proceedings - in the proceedings for starting the medical school - it seems in some ways he did alienate Dr. Dolman. And Dr. Dolman ended up in a rather uncomfortable position.*

G.A.: Oh, sure, but that was partly because Claude is a prickly person and if he doesn't get his own way he really isn't particularly happy. And also I think he was to some extent sold short. You see, some of the best administrators in the world are people whose philosophic convictions aren't terribly strong. And MacKenzie's great gift was that he had common sense to a totally uncommon degree. And his common sense allowed him to sacrifice certain principles and even, to some extent, certain

persons in the interest of as much consensus as he could get. I don't think I could put that better.

Int.: *That's very concise, really. That does seem to sum up a lot of what did take place. Just to go back to the reports again. When Dr. Dolman was sent off to do his report, Dr. Strong immediately set about to do his. Which seemed to me that there might have been some conflict in whom they were going to go and see. Do you think this was of any concern to Dr. Strong, that he might run into the same people as Dr. Dolman. The proper thing, I think, would have been for Dr. Strong to have waited until Dr. Dolman had finished his report. But there didn't seem to be any concern for accommodating him in any way.*

G.A.: Well, Fritz Strong wasn't asked by the university.

Int.: *No, he wasn't.*

G.A.: Well, Strong and Dolman basically understood what each of them would do and Strong didn't want Dolman to be the only voice in the thing so he undertook to try and counter it as much as possible. These are very natural instincts in the political game, and every game is political in the last analysis.

Int.: *One of the things Dr. Dolman recommended was that more money be put towards the Faculty of Medicine as well. Was the Government approached and asked for more money?*

G.A.: Yes, they're always asked for more money. But again, Claude would want more than commonsense, if I may use the term, would think. One of MacKenzie's phrases that I got a little tired of eventually was, "with what money we can reasonably expect to get from Government, we can only do such-and-such." Now it so happens that in my last two years of association with the university I very much wanted the Board of Governors of the University to espouse a broadening of the base of higher education. I wanted Victoria College to become Victoria University; I wanted a second university in the Lower Mainland, either in Surrey, New Westminster or Burnaby depending on a demographic study. I wanted community colleges that would be allowed to grow into first degree institutions. And Dr. MacKenzie said that "with the money we are likely to receive, we cannot afford to expand the system." And I felt that the Board of Governors and that Dr. MacKenzie had a responsibility to the Province to diversify higher education and also to prevent the too rapid growth of U.B.C. and to get control of its growth because it wasn't, like Toronto, subdivided into colleges; it was a unitary system and I thought it was growing too fast. But I say all this merely to illustrate the fact that his concern with what was reasonable to hope for would not be a point of view shared by Claude Dolman

Int.: *I see what you mean...*

G.A.: or in fact by me at that time.

Int.: *So in some ways from what you've just said, it seems that Dr. MacKenzie, his view was a workable view in 1947, '48, '49, '50 to get the medical school going. But it might not have been a workable view at a later date when maybe you could make...*

G.A.: Oh no, I think actually that the compromises he was prepared for were essential then or at a later time too. I remember when we got the Medical Faculty started both Dr. MacKenzie and I were apprehensive about the tendency of the medical practitioners to want to keep the faculty open so to speak to the sons of medical practitioners and to pretty well exclude women and foreigners, Third World students. And in fact, I went on an Admissions Committee for the Faculty of Medicine for the first few years to resist any temptation to have a quota on women or foreign students. And at that time, even from the point of view of the practitioners there was no need for a quota because the number of qualified women or foreigners never went beyond 5-10%.

Int.: *That's amazing. That's one of the things I was going to ask you. There were only three women in the first class...*

G.A.: That's right. And actually I'm convinced that the battalions of Fritz Strong were not responsible - well, they may have been responsible for curbing the demand on the part of women for access - but we resisted successfully any attempt to put quotas on. The things people wanted quotas on were women, Jews and foreigners and we wouldn't have any of that. MacKenzie was quite clear and firm on that and things rolled very well for us. Now there are 50%.

Int.: *Yes, there really are a lot more. But I don't imagine there were an awful lot, as you say, of women applying at that time. Generally they weren't encouraged to.*

G.A.: the social climate was...

Int.: *go ahead. They didn't have the confidence or whatever was required to tackle something like that, I guess.*

G.A.: But it was interesting because it was one of the things you had to combat because of the predilection of the practitioners to keep the practice a little cozy.

Int.: *(laughs). What role do you think the Vancouver Medical Association played in actually getting the Faculty of Medicine going? Do you think they were very much behind the whole thing?*

G.A.: Yes, they were behind it if they could control it. They weren't all sheep following Fritz Strong. There were people like Alec Agnew and local _____ There weren't many local people in the senior positions of the new faculty. Bob Kerr was the first Professor of Medicine and Bob Robertson was the first Professor of Surgery. And

Sydney Friedman in Anatomy - he came from McGill with his wife, Connie - and Copp, we picked up from the University of California where he refused to sign the loyalty oath just because he was disgusted with the cringing before McCarthy. The first senior positions were really very good indeed. MacKenzie knew some of these people and he also had Farquharson's support and Gregg...

Int.: *Was Dr. MacKenzie directly involved in recruiting the first faculty members himself? Or were you involved in that as well?*

G.A.: I wasn't very much involved - I don't think I was involved to any extent at all with the first. I was chairman of the committee to choose the second dean, Patterson, and I made a mistake there because I thought that the candidate Sydney Friedman had brought forward had an innovative approach to medical teaching. I thought Sydney had the faculty pretty well behind him and although I wasn't impressed with Patterson myself when he came I thought, well, they know their business, so I went along with them. It was a mistake. The third one - I was chairman again - and this time I got my own way and Jack McCreary.

Int.: *Just to go back to Dean Patterson a little bit. You say you weren't impressed with him. Why did you feel that? Because he didn't seem to work out very well. He was here for two years...*

G.A.: Well no. I thought that he was riding a "trendy" wave of medical education. He just didn't seem to me to be strong enough, resolute enough, to have a sufficiently rounded character to carry an innovative program. You make your judgment on an estimate of human character.

Int.: *Did he seem to get very many of the faculty behind him with his ideas or not really?*

G.A.: No, he didn't. In fact, I think that his wife was a better man than he was (chuckles).

Int.: *He was having a battle pretty well the entire time he was here. I guess it wasn't a very happy time for him.*

G.A.: It wasn't a happy time for him but I don't think he really knew.

Int.: *What about Dean Weaver? Were you involved in choosing Dean Weaver as the first dean?*

G.A.: No, I wasn't involved in choosing him.

Int.: *Was that strictly Dr. MacKenzie's decision, then?*

G.A.: No. No, I think... MacKenzie used a committee for everything and he depended on either taking his voice to the committee or getting me to represent the administration voice on the committee.

Int.: *So Dean Weaver was his choice?*

G.A.: Oh yes, yes, yes. Yes, I think actually again MacKenzie's vast network of friends. Either the president of the University of Minnesota had commended Weaver very highly. Weaver did, I think, a most wonderful job in the first years until he had this nervous collapse, I'll never forget that. Weaver was a very close friend personally. In fact, I still have an ice bucket that he and his wife gave to me when they were going. But I remember, he came to my office one day after being there for, I suppose, five years or more - I think he was here from 1950-1956 when Dean Patterson came, but there was an interim period when he wasn't active as dean. '55, or perhaps it was '54 - he came to my office in late afternoon and said, "It's terrible," he said, "I can't make any decisions." I said, "What's the matter?" He said, "I read the correspondence or whatever it is. Then I find I just can't make a decision." I said, "Let's go over to your office and see what it is that is difficult." So we went over and we read through the *In Basket* so to speak. And it seemed to me in almost every case that the decision was very easy. So I said, "Isn't this what you want to do?" And he said, "Yes." We went through every one. I thought he'd made a note on every one. And he came back the next day and said, "Oh God, I can't." So we arranged then that he went on leave of absence, and he came back and he seemed relatively well. Then we got word of a really terrible thing for a very mild-mannered and sensible fellow like him. In a hotel in Spokane he apparently picked a quarrel in the lobby with someone and this really led to a total breakdown, and he had to resign and take a long time... and he died not too long after.

Int.: *Do you think that he was having problems - I imagine - before he came to the University of British Columbia?*

G.A.: Well, we were always concerned about that because, in fact, on the third dean, and I was chairing the committee, Sydney Friedman who was a great protagonist - he was brilliant, a very fine professor, but he had got his own way on the second one, and on the third one he wanted his own way very much too. And Rocke Robertson didn't want it although he then said that he didn't want to get into administration and he went to McGill to his Alma Mater to be principle of McGill, so he wasn't averse to administration. When he didn't want it then Sydney had another candidate whom I'm not going to mention, but he was a man whom I admired very much. He came and during the course of an evening that he spent with me at our home at dinner he told me he'd had two nervous collapses under strain. And I thought, "Oh God, I don't know about this." And I wasn't at liberty to say why but I had in fact wanted Jack McCreary from the beginning almost, and so I resisted the temptation.

Int.: *Do you think that anybody might have been aware of Dean Weaver's problem before he came here?*

G.A.: I don't know; but I didn't hear anything about it. Why? Why do you ask that?

Int.: *I just think that he might not have been the right choice to have made and people might not have asked him to be dean had anybody had some awareness of it. It seems to me that...*

G.A.: You don't think he was the right choice?

Int.: *I don't know. I have no idea at all... (interrupts, We got a first class team working together) He was directly involved in recruiting all of the original staff?*

G.A.: Well to some extent he was. Well, he had to be because he was the dean. But MacKenzie, who was Canadian and wanted a Canadian bias, even if it was an American dean, would have a strong say. (I would imagine.) No, I think Weaver really, for the first three years, did an enviable job because I felt there was real (pause) good morale and a sense of unified purpose over those years.

Int.: *It must have been quite hard on him, too, I imagine. The job was not an easy job to...*

G.A.: No, no, he was after all a foreigner and he was aware of being an American. Americans, before they come to Canada, have a feeling that they are not going to move into a very different set of circumstances. But when they get here - well, Simon Fraser is a wonderful case in point where the whole social science staff were almost all refugees from the Vietnam War. And they kept on fighting the Vietnam War on Canadian soil in really what was essentially a rather stupid way, and particularly when they insisted that a Department was an independent entity despite the existence of a Senate or Board. And that really was what caused Ken Strand to eventually lower the boom. And it was damned high time too because political science does not allow minorities the final word. Minorities are entitled to their position but they are not entitled to take over the role of the majority.

Int.: *It's interesting that both Dean Weaver and Dean Patterson were Americans. And I imagine Dean Patterson had a lot of the same problems as Dean Weaver did and just decided it wasn't really worth it for him to push on with it.*

G.A.: Yes, umm-uh. Have you exhausted that tape yet?

Int.: *Just about. A couple more topics before we get to the end. What about the Institute of Preventive Medicine? This is going back again to the beginning, before the Faculty of Medicine opened. What role did it play? I understand Dr. Dolman was going to open up an Institute of Preventive Medicine. How was this involved in the opening of the Medical Faculty?*

G.A.: Well, I think Claude had to retreat from what must have been his hope or expectation to a defensible position. Preventive medicine, from any philosophical point of view, is really more important in any society than curative medicine. And all these practitioners are interested in curative medicine and, in fact, once

practitioners got interested in curative medicine and research, which they were not much interested in, then - for God's sake - all these things now that they want to keep every baby, no matter how handicapped, alive. What? For the baby? For their God-damned interest in how long you can keep a baby suffering from multiple handicaps alive. To me, it is an inhumane interest in research. So Claude was very keen, as you may be aware from his chlorine and (?) exercises, was very keen on preventive medicine as a much more important thing than curative medicine. But he had a gift for sharing his perfectionism and pure-ism to the point of alienating people the whole of the time. At the time I was at the university there were a series of expeditions against Claude on the part of some of his faculty and MacKenzie kept on having committees chaired by Dean Chant and others to try and reconcile various clinicians like Claude and Cecil Goff and Jack Campbell and others. Claude was ever a fighter so one fight more the best.

Int.: *It sounds like personality really did have a major role in all of this.*

G.A.: I had not seen much of him till since I retired and came back here. We were invited to dinner last year with his new wife. My wife and I both liked his old wife and thought she was somewhat hard done by - he was a difficult man to live with. But I liked his new wife and we had a lovely evening and we got together on a whole bunch of things that we agreed about; there was no disagreement there.

Int.: *Well, I think we are close to the end of this tape so I think we'll stop it and turn it over...*

Professor Andrew, what about the compromise that was finally made to have the medical faculty based at UBC but using the Vancouver General Hospital? We talked a little bit about that, but do you think that was satisfactory to most people involved?

G.A.: I think at the time it more than likely was. The pre- clinical departments were on campus and Doctors Friedman and Copp were particularly strong and influential heads and they kept a large part of the faculty's interest campus-centered. The clinical departments, of course, are primarily concerned with clinical material and that means you've got to have an adequate number of patients. And so I think that Dr. Kerr and Rocke Robertson were not unhappy and Dr. Alec Agnew who was the childbirth and female (hesitating)

Int.: *Obstetrics and gynaecology - laughs*

G.A.: I think they were happy enough down at the General and also nobody was going to plomp totally for a university hospital until there were funds to make it an adequate university hospital, and that took quite a long time because Mr. Bennett was very penny-pinching as far as the university was concerned and after the Liberal/Conservative coalition which had preceded that and had brought MacKenzie to UBC, tried to be very generous. But there never was, after that,

genuine rapport between Wacky Bennett and the university. He kept his accountant and the Minister of Finance on the university Board which was designed to keep university demands as much as possible in check. (Transcriber note: This tape is very difficult to hear.) And the domination of university Boards in this province at this time by political appointees has, in fact, left the whole business of defending universities' position to the universities' presidents whereas the universities' interests should be defended by its Board. But George Peterson was exposed to handling the university's demands or pleas with the provincial government.

I remember two occasions when I had to put in a plea for university financing to Mr. Bennett. On one occasion, the whole Board went over. But Dr. MacKenzie invited me to put the empirical case and I put it. And I remember that Mr. Bennett said then, on another occasion, he said, "My job, as premier of this province, is to increase the wealth of the province. There are two things in this province that will increase the wealth: power and roads." And he said, "When we have created wealth, I am prepared to spend some of it on education." And I said, "Mr. Bennett, higher education increases wealth too." Achh! It was clear to him that education was a consumer good, not a productive good.

Int.: *So it sounds like there could have been money available, for instance, to build a university hospital a lot sooner than they did.*

G.A.: No, I don't think so because I just don't think that public concern differentiated adequately between good practice and teaching backed up by adequate research. I just... Even at the present time, one of the interesting things is that the public concern about the mean, mingy attitude of the provincial government with respect to education, at the moment the public attitude is more outraged than it has ever been before. And that was reflected in the poll taken the other day. It was always mean and mingy.

Int.: *But at the time people didn't see it that way, in the '50s, even in the '60s.*

G.A.: No. The influence of basic practitioners was more dominant than the Educational.

Int.: *What was the reaction of the public to the starting of the medical faculty in 1950 – '47, '48, '49, '50? Were they in favour of it?*

G.A.: No, they are always at variance with them, and particularly the humanities and the social sciences; they were all in a frenzy to grab off all the money available (Transcriber note: maybe misheard). And my own department of English - I developed a formula that the only reason people enjoy teaching poetry is that they bleed easily themselves. And if they bleed easily themselves they enjoy the exercise of making other people bleed with them (laughter).

Int.: *That's interesting! So you think that other faculties as well were a bit apprehensive about a medical school?*

G.A.: Yeah. Because salaries are higher, amounts of money are larger. So there's apprehension. But it wasn't really an apprehension that MacKenzie had to deal with very much.

Int.: *Do you think these fears were grounded, that this kind of thing did happen?*

G.A.: Well... No, I don't. Actually, I know that for the first 7 or 8 years I was at the university the demands made on the university administration by the Humanities & Social Science faculties were so modest that we in the Administration spent a lot of time trying to kick them into greater demands. On the other hand, the basic sciences - Physics under Dr. Shrum, Zoology under Ian Cowan, and Chemistry, eventually under McDowell - they clamoured and they really got their... in fact, compared with Social Sciences & Humanities, they got more than their share. But they didn't suffer from the Medical Faculty establishment.

Int.: *I would imagine the fear would have been greater with them, actually, than with Humanities - with the Science faculties?*

G.A.: Well, not really, because Chemistry, Zoology and Physics are all part of the pre-medical education and I don't think they suffered at all or were... In fact, there wasn't anyone in the medical faculty who was as resolutely demanding as Shrum, Cowan or McDowell.

Int.: *How was the money allocated that was given for the Medical School? How were decisions made as to where the money was going to be spent and how it was going to be spent?*

G.A.: Well, the university said what they needed to establish a medical faculty over and above what they needed to develop the existing branches of learning. And that was in as consistently mingeing a way done without really impinging on the existing branches. In fact, you see, in the fifteen years I was at the university in the university administration we started at least one department and perhaps one school a year and one faculty - well, how many faculties did we start in the fifteen years? Pharmacy, School of Nursing - in fact, I have a long...

Int.: *Was the School of Nursing not one of the?*

G.A.: No, there was a small department of nursing. But the School of Nursing we had to, so to speak, wrest away from the Vancouver General where almost all the nursing training was. And I had the job of negotiating that one. And the Vancouver General thought that the business of degrees in nursing was very misguided.

Int.: *They already had their nursing program...*

G.A.: Yes, and they... You see, later on when I left UBC I went to Ottawa as director of the Association of Universities and Colleges of Canada and there I spent quite a lot of time trying to bring the Health Sciences together: Meds and Dentistry, Nursing, Pharmacy and Social Work. And the terror of every one of the Health Sciences of domination by the Faculty of Medicine was such that to this day there is inadequate, in any university that I am aware of in Canada, there is inadequate coordination of the Health Sciences activities.

Int.: *So, in starting up the other faculties that you were involved in, comparing them to starting the Faculty of Medicine, was there the controversy and the debate, just the conflict in starting the other faculties, that there was in starting the medical faculty?*

G.A.: Oh, no. On the whole you got more support from the community than you did in medicine because the community was centred around the practice of medicine whereas, just to give one example, there was a Department of Commerce & Business Administration and that was transformed into a faculty. Well, you know, you had the total support of the business community because they really did need to upgrade themselves whereas medicine never felt a need to upgrade themselves. And I remember, I was involved with the Community Arts Council and through it we put on a campaign for a School of Music. Well, we got more letters to the Premier of the Province in support of a School of Music than he had ever got about anything because the community wanted more attention to the Arts. And the School of Architecture, also we had very little complaint about starting that.

Int.: *So the Faculty of Medicine was really quite unique?*

G.A.: It always is.

Int.: *You are dealing with such different groups and groups that are well entrenched in their own ways.*

G.A.: And also, you know, the tradition of medical practice, the tradition of service - you know, house calls - all the traditional aspects that have now... er, the sense of compassion has to some extent been replaced by a sense of professional duty limited by time factors and so on. And also the fact that the medical practice was the leading in salary and privileges of all the professions meant that they were at the top of the professional interest. And it came as a great surprise to the medical faculty at the end of the war, that the dental profession were to some extent topping some of them in salary.

Int.: *How did the Vancouver General react to the medical school's using its facilities? Did that work out quite smoothly? Were they willing and cooperative?*

G.A.: Oh yes, they all..., all the people who were on inside track all became clinical professors of one kind or another. God knows! You have a record of them, who they were. It actually provided their own practice, still rewarded them well. The

kudos associated with being a clinical professor, clinical associate professor or assistant professor was a (?) one.

Int.: *So once that was a fact they were quite willing to participate and take part in the medical school? (pause) What about the decisions on what buildings were going to be built and when they were going to be built? I think one of the first ones was a building at the Vancouver General Hospital. Do you think that was a good decision or was it just simply again something that was necessary? Might it have been better to have put that money towards starting something at the university? - a hospital - or not?*

G.A.: Well, you couldn't start a hospital on the money that was made available to adapt the facilities at the Vancouver General to teaching and learning purposes. It was relatively modest.

Int.: *So that was an essential thing?*

G.A.: Oh yes, yes.

Int.: *Once you got to that point it wasn't really debatable... What about the planning between 1947 and 1950? We talked about this a little bit but how exactly did this get under way? What were the steps that were needed to be taken to start a medical school once that decision to do so was made?*

G.A.: Well, er... When you talk about planning you are assuming, or we all assume, that there is a systematic progression. But that isn't the way things happen. Timing is much more important than planning because real planning only begins at the point of decision, and then an awful lot of things are only semi-planned or you have to work to a deadline then. So it seems to me that between '47 and '50 we had visits by people and what you are really doing is adding up the pro's against the cons. And it's only when the Government allows you to make the decision that the planning which is a little haphazard takes place.

Int.: *So once the Government said, "You can go ahead, you do have this money," I guess the first thing that had to be done was to get the faculty*

G.A.: Sure...

Int.: *and I guess that would have been the first...*

G.A.: ...because you really can't plan anatomy until you have the anatomist...

Int.: *I guess get the dean and then he was able to - I guess a lot of that planning had to do with getting other people involved and letting them do their part as well. What about the buildings that were finally built? Were you part of that decision? The*

Basic Sciences buildings; they went up in 1961? How were they decided on? How were the plans decided?

G.A.: You are always committed to do as much of the medical faculty on the campus as possible. So the Basic Sciences were your top priority apart from the space to accommodate Surgery, Medicine, and Obstetrics & Gynaecology and other matters. So they were going to be the first buildings.

Int.: *It still took an awfully long time, it seems, to have the buildings built. From 1950 to 1961 was quite a long time for them to be working in the huts. Why do you think that took so long?*

G.A.: Mr. Bennett is the short answer. And he eventually conned the university into putting on a campaign for funds. We were the first state university and he applied the pressure by saying he would match all the money. Well, the first decision was that we go out for \$5 million. There were some Canada Council funds but only for the Humanities. And after some coming and going we decided to raise the objective to \$10 million from our side and that jacked Mr. Bennett's promise up a lot. Then we managed to get some quite substantial gifts - Dr. Leon Koerner gave \$625,000. His brother, Walter, gave a substantial gift for the library, and this was all multiplied with Mr. Bennett's promise. But it was gross blackmail. There was no reason, anywhere in Canada up to that time, for state universities to go after private or corporate support. And we did it. And I was very much involved in that campaign.

Int.: *So without that private support do you think these buildings would have taken even longer to complete?*

G.A.: Oh, an even longer time.

Int.: *Because the Government just wasn't willing to support it. They must have known what the people were working in: the huts, the circumstances. The situation could not have been a very good one really.*

G.A.: You have no idea what a small-time hardware merchant mentality is. He had no education himself; he didn't really believe that education contributed to anything. It didn't contribute anything to his making his first million. And his son is even worse. At least Bennett - "Wacky" - thought that his job was to create wealth and roads and power, and did that. The son has no philosophy of social or educational or even political in the broadest sense, feeling about the Province of British Columbia. He only knows that you spend as little as you can and you try to say that everybody is individually responsible for his own really affluent wellbeing and therefore we shouldn't spend too much on the poor. After all, the less you spend on them the more you throw upon their shoulders to improve their lot. It's such a God-awful meager philosophy that can't be called a philosophy at all.

Int.: *What about the Campus hospital in the end? Were you still involved in the university when it was finally...?*

G.A.: No, I had left.

Int.: *I thought that...*

G.A.: And I guess I'd better not get into the subject of Pat McGeer.

Int.: *(She laughs) Could you tell us a little bit about your involvement with curriculum planning?*

G.A.: Just as an attentive listener. I really was tremendously impressed with Sydney Friedman as a person who saw the relationship between the teaching of anatomy and the practice and research in medicine, and exactly the same with Harold Copp. I thought they were just first class educators. I had to take their medical knowledge for granted. I was tremendously impressed with them and thought that the basic science curriculum seemed to be terribly well designed as far as I, with no professional skill, could follow it. And I thought that the clinical people were very good: Bob Kerr was a cautious, conservative person but thorough to the n-th degree. Rocke Robertson, I was given to understand, was a very skillful surgeon. Alec Agnew was - he was a very loyal member of the university and handled his relationship with the practitioners extremely well. Paediatrics: Jack McCreary, who was our family doctor only because he was a good friend, was just a beautifully balanced educator-practitioner.

Int.: *So would you think that the students who entered the Faculty of Medicine in 1950 were presented with a school that was ready for them?*

G.A.: Yes, yes. And I think you would find if you interviewed some of the early people that it was, I think, a most important growing up process. In fact, I remember, in the first graduating class in Medicine the student who was the class president or whoever it was was a very nice fellow, very bright. He had, in fact, gone through my first year English class and Weaver phoned me and said, Look, this so-and-so fellow is to give a valedictory address and, he said, I got him to read it to me because quite a lot depended on that impression. Now, would you mind if he goes to see you? I didn't know why Weaver wanted this but the fellow came and it turned out that he had the most primitive view on religion I have ever heard and he wanted to talk about it. And he had no qualification at all to throw religion into this. So I said, "You are in my English class. You seem to be ready to grow in your education and you have basic sciences. Why is it you know so little about religion?" And it turned out he had inherited all his religious beliefs from his parents but he had never grown up in that field at all. I was appalled. And he was so enthusiastic about what he had learned in other fields - you know, his whole intellectual equipment was totally unbalanced. It just, I suppose, means that he should have had more exposure to the Humanities.

Int.: *This brings up another question as well. How did they decide on who was to be in the first Medical class. They must have had quite a number of applicants. It must have been quite difficult to make that decision. So what were some of the criteria that were used?*

G.A.: Yes, actually, there were enough people like Friedman and Copp on the selection committee, and people from outside the faculty, who tried to say what they wanted were intelligent people; they didn't want only people who had gone through the basic sciences and starred in that. So we did try to pick well-rounded people. I had had a grant from the Carnegie Corporation to visit American universities to study the relationship between academic programs and administering habits. I visited Johns Hopkins, where they were just instituting a new kind of admission to Medicine. They were stressing at that time Humanities and Social Sciences and they were quite prepared to pick up people and admit them who had had no previous basic science training. They were going to pick that up in the early years of Medicine. I certainly was impressed by what they were trying to do but I didn't really think that they would be able to stick with it in as rounded a way, that sooner or later the forces of normal conservatism would pay more attention to basic sciences. And it turned out that way. But, at the time, I was certainly all in favour of as rounded a thing... And I remember one poor fellow who came up, and he was marginal anyway for admission, and he eventually produced a certificate of merit or something from the Kiwanis Club or someone, totally irrelevant. And I don't know when I've pitied anyone more than this poor creature who thought that this was relevant to his admission. He'd been a counselor at a boys' camp or something,

Int.: *Well, it's interesting . I also understand there were 400-500 people involved in the Pre-Medical Society so there must have been a great number of people at that time who, for whatever reasons, had desires to go to Medical School.*

G.A.: Were there 400-500?

Int.: *This is what I understand. There wouldn't be that many people attending some of the meetings. Whether that meant they were all destined to go to Medical School. Obviously they weren't but it seems there must have been a lot of people who had notions about Medical School that perhaps were not too close to reality?*

G.A.: No, it would also mean that a lot of people who were enrolled in Botany and Biology and Zoology - and what was Claude's Department?

Int.: *Microbiology.*

G.A.: Microbiology and Campbell's Department, Agricultural Microbiology. These people all joined the Pre-Medical Society just to keep in touch. They were all thinking and quite a few of them, as a matter of fact, would be interested in Veterinary Science too.

Int.: *Yes. Another question: Do you think the activities of the Pre- Medical Society had much influence on getting the Medical faculty going when it did? Do you think they speeded the process up at all? Because I understand they took a petition to the Government as well.*

G.A.: Oh yes, it's one of those intangibles that I couldn't... Certainly Wacky Bennett was a political animal whatever else he was and therefore you can't really tell whether he thought they represented enough votes.

Int.: *Do you think that - well, let's put the question another way. Some people were afraid, I think, that starting the Faculty of Medicine at UBC the way they did start it would mean there would be a second class school, it wouldn't reach the standards that they had hoped for. Do you think that this happened? Do you think that the students were getting a second class education or were they comparable to other schools?*

G.A.: You do know, don't you, that at that time (there) was a American medical authority on the quality of medical education that its inspectors of schools underwent inspection. And you know that they had the power to put a particular department with a question mark, give them a year to upgrade. It's my impression, which I can't authenticate that the very first medical school got a clear report from this investigating body. I never felt that the standard of the school was open to question from anybody in Canada. You know, at that time McGill was known to be the best and maybe it was. Toronto was also thought to be very good - but I don't think there was any other. Oh, Dalhousie had been established longer, but I don't think there was any medical school in Canada had - apart from the two first - had any higher standards. I don't think Dalhousie had because it had fewer resources to attract.

Int.: *Do you think the reasons for starting a medical school in B.C. were valid reasons: that eastern schools were overcrowded and that they might not have got in? Or were most students getting into eastern schools when they wanted to? Also, do you think there was a shortage of doctors in B.C. at the time?*

G.A.: Oh no. B.C. has always been able to trade on its climate for people, and in particular medical people were in no short supply. Certainly, just after they instituted state medicine in Britain we were overrun with British immigrants practically. It wasn't that but there was a real concern about the standing of medical practice and I think certainly this was the university's interest in getting involved in this because from the point of view of getting practitioners we could have got that without a school.

Int.: *Did a lot of the B.C. doctors who studied elsewhere come back to practice in B.C. as well? Or would a lot of them have stayed in other parts of Canada so that we were losing a lot of...?*

G.A.: Yes, I think there was perhaps some concern with losing. We were losing to the States too. That was perennial: the brain drain back in those days was the big thing. And then, of course, the brain drain was reversed after the Senator McCarthy period in the United States. And then reversed again after the Vietnam War.

Int.: *Yes.*

G.A.: So they now are starting to complain again.

Int.: *Thank you very much, Professor Andrew. We are once again at the end of this tape.*

G.A.: You've run out of tape. My God!

(continued Friday, May 31, 1985)

Int.: *A couple of questions I have here I've explained to you already may sound as if they are a little bit of a duplication of yesterday, but it's just clarifying some points.*

G.A.: Speak up a little.

Int.: *Sorry, I'll try to. Dr. Dolman seemed to have a vision of some sort. He seemed to have a conviction, from what you were saying last week. Do you feel that anybody else involved in all of this had the same sort of conviction, the same sort of vision?*

G.A.: No.

Int.: *Oh. Do you think it might have helped if some other people did have?*

G.A.: Claude Dolman is a very individual and purposeful person. It's very difficult for anyone to have the same vision as anyone else and because of his individuality his vision was individual and I don't think, because of his strongmindedness that anyone else was likely to share his vision identically.

Int.: *But with their own ideas do you think any other people had their own kind of vision or were they really just ready to go with whatever happened?*

G.A.: Well, I think yes. I think the medical profession and Fritz Strong had a vision. It's a very kind of marketplace vision. But it's a vision all the same. I find it disturbing, irritating - well, more than irritating - I can't deny that Ronald Reagan has a vision and it seems to me such a stupid and simplified vision that I can't...

Int.: *But nevertheless he has his own vision.*

G.A.: I think that other people had a vision. I think that Claude's vision was academically oriented and research oriented and so I have more sympathy with his vision than with Fritz Strong's vision by long odds but these were about as clearly juxtaposed visions as you could get.

Int.: *Do you think that Dr. MacKenzie could have altered the direction that the medical school took? And do you think if he could have it might have been better?*

G.A.: Well, I don't know how. I suppose, actually, it's conceivable that he could have altered the direction more towards Claude Dolman's vision. But at the time I think I accepted pretty well what he tried to accomplish as a compromise between two visions of two very strong minded people and I suppose perhaps Fritz Strong had more battalions than Claude Dolman - a choice between the Pope and Stalin! So, it doesn't seem to me that he could have altered it much. If Claude had been a more pliable person or had had more battalions in his support it might have been possible to achieve a balance in that direction. But whether it would have been better again is a very difficult thing to decide because I think the people who were in charge tried to bring about the best kind of medical faculty that they themselves envisaged, and I didn't notice any of them very unhappy with the starting point.

Int.: *Dr. Dolman, I understand, was, at the beginning...*

G.A.: (interrupts) Have you asked that same question to Harold Copp or Sydney Friedman? Have you interviewed them?

Int.: *Yes, I have.*

G.A.: And did they feel MacKenzie was too accommodating to the marketplace?

Int.: *I don't think so. I think they felt that at the time they really were pleased to have a chance to start a new medical school.*

G.A.: Alright, I'll go a little further: If Sydney Friedman wasn't unhappy then I don't think that many people had a right to be.

Int.: *It's not fair to say they were not unhappy with some things. They did feel that things didn't move in the direction they wanted. But one may think that that's the case whatever happens; there are many ways of looking at it. But Dr. Dolman, I believe, at the beginning was the spokesman for the Vancouver Medical Association as well as the university. So he was really playing two roles for a while. How do you think the split developed? Why was he not able, in the end, to get the support of either one?*

G.A.: How do you know he was the spokesman?

Int.: *Just from reading materials in the archives. He approached the Government for the Vancouver Medical Association. He was chairman - that sort of thing*

G.A.: Oh, I see.

Int.: *From the information that was available. This was prior to 1950 when it was opening. But the negotiations were going on, '44, '45, '46.*

G.A.: But he wasn't the spokesman in terms of his report.

Int.: *No, the report was done for the university. But when he was asked to do the report, Dr. MacKenzie asked him to approach the Vancouver Medical Association, he was chairman of the Vancouver Medical Association. So, in effect, he was asked to...*

G.A.: But is there any evidence his views on the kind of medical school had been examined at that time by the medical association?

Int.: *I presume they must not have been examined very closely. Otherwise, the proceedings would not have gone in the direction they did from that point on, I would think.*

G.A.: No, no.

Int.: *But it must have been a rather - well, really playing two different roles. It would have been somewhat, you know - I don't know - it appears it was rather difficult for him, that he didn't really end up getting the support of either.*

G.A.: No.

Int.: *How did Dr. Dolman and Dr. MacKenzie actually get along?*

G.A.: Well, I think at first quite well before the views and the flexibility. MacKenzie, as I have already said, one of his strong features is his flexibility and his willingness always to feel for a compromise solution to problems. He was a great creator of committees and, as I indicated last time, I admired his capacity to keep the university developing though I never had his capacity for compromise and I was therefore, so to speak, a little inclined to be academic myself and sympathetic to academic principles though I came to feel that Claude was too intractable and that therefore he was in a sense his own enemy. There was so much that needed to be done at the university, that MacKenzie's desire to get on with as many things as possible, on the best terms as possible, I sympathized with.

Int.: *MM-mm. What was President MacKenzie's attitude towards the Medical School? He did want it to get started? He was enthusiastic?*

G.A.: Oh yes. Actually, he really wanted British Columbia to catch up a little to the rest of the world and in the Canadian terms he had been at the University of Toronto and he was really very anxious for UBC to become the principle challenge to the University of Toronto in terms of its professional and graduate accomplishments. Oh yes, there is no doubt about it that he was, quite apart from the fact that he was ambitious for his own place in history, he was ambitious for the university's place in educational development.

Int.: *Would it be fair to say about Dr. MacKenzie that he wanted to be liked by everybody, that he wanted to retain the affections of everyone?*

G.A.: He had an enormous capacity for friendship and I suppose that implies that if you enjoy a very wide circle of friends that you enjoy being liked.

Int.: *Just to move on a little bit here to a slightly different topic: It seems that Dr. Dolman felt that the Wesbrook Building, which was built I think in 1952 - which I think was understood to be - his building - it was supposed to have been, originally, the nucleus of the medical school?*

G.A.: Yeah.

Int.: *And it was going to be called the Institute of Preventive Medicine?*

G.A.: M-mm.

Int.: *Others, I think, thought that the money that went into the Wesbrook Building was actually the capital money that was supposed to be used to start the medical faculty. Is that true?*

G.A.: (mutters) I don't know. (pause) I don't know who felt that. (coughs)

Int.: *Do you think there was resentment by people in the Faculty of Medicine towards Dr. Dolman because they were in huts and he was in a building?*

G.A.: No. (laughs) I think that Copp and Friedman would prefer to be in huts than to be too closely housed with Dolman.

Int.: *(she laughs) I see. That explains that.*

G.A.: I don't know that that explains it but it would be my view. Claude was really a (gropes for words) pretty intractable person.

Int.: *I think one of the things that people really did want and one of the conditions which they felt they were having when they came to UBC to be part of the medical faculty was that a start on buildings would happen within a few years and actually it didn't happen until 1961 when the first buildings were put up. Do you think the reason, or*

part of the reason, why it took so long to get a start on those buildings was that the purposes of the buildings was not defined, that the money wasn't pinned down, that no one really pinned down where the money was to be used?

G.A.: I'm not... I think you'd have to explain to me what lies back of that question because at the time I wasn't particularly conscious of any extraordinary unhappiness on the part of pre-clinical you are referring to...

Int.: *Yes.*

G.A.: I think actually, I had the impression that the quarters that Friedman had and in fact that I... had been pretty well and carefully planned by him in the temporary buildings and he was in no urgency to replace them, no sense of urgency for that. And you are making a great point of the fact that it was an extraordinarily long time.

Int.: *Yes.*

G.A.: Well, you are aware that when Dr. MacKenzie came to UBC in 1944 the only permanent buildings that there were. were the nucleus of the library centre building and the Chemistry building. And those were the only permanent buildings. Well, what was called the old Arts building and a few stuccoed buildings. But the rest was all huts and all the students' residence was. Well, when I came in '47 one of the problems that the university was facing was, Should we wait till the permanent buildings were all built in this awful collegiate Gothic that the University of Saskatchewan is the most retarded example of; or, should we give opportunities for architects to design in a contemporary idiom? Well, from the point of view of the central administration I remember the argument that one had to deal with was: Collegiate Gothic was the way Oxford and Cambridge were built, that these were standards of university building and therefore that we should not depart from them. Well, having gone to Oxford University, I developed an ingenious argument which was that Oxford and Cambridge were not built in the uniform collegiate Gothic; they were built over some centuries and represented a history of architecture. And that I thought in Canada we should allow our architects the opportunity to build for us history of contemporary architecture.

Int.: *It's a good argument!*

G.A.: Well, as a matter of fact the argument won but the results never lived up to my hopes because Sharpe, Thompson, Berwick & Pratt ran out of imagination almost immediately. So we had to build for more than Medicine because we were adding a department or a faculty or a school per year.

Int.: *But wasn't there \$1½ mil ion that was allocated just to the medical school? Now, was it planned where that money was going to go to? Could it not have gone into buildings? It seems to me, although I may be wrong.*

G.A.: (He interrupts:) Well, I think it went into the Wesbrook Building, didn't it?

Int.: *This was why I asked the first question because I think this is the general impression that people have, that the money that went into the Wesbrook Building that was considered to be Dr. Dolman's building was the capital money for the Faculty of Medicine. Whereas I understand from talking with people that it actually wasn't the money for the Faculty of Medicine, that it was separate money and then there was also \$1½ million for the Faculty of Medicine.*

G.A.: Where did the \$1½ million for the Faculty of Medicine go then?

Int.: *(laughs) I don't know. This is what I was hoping you would be able to tell us. But you don't know? Or, the other thing is, Was there a conscious decision to put this money into staff and equipment and not into buildings right away?*

G.A.: I have no recollection of a hard and fast allocation of \$1 ½ million for... I don't even know. I think your question is unreasonable for this reason, that when the university has needs around 360 degrees you are going to fiddle as much as you can with meeting as many of those needs as possible. And I suppose it would be logical, though I don't remember it in these terms, that Claude Dolman should be paid off to some extent. Well now, whether - I don't even remember now how much that building cost and certainly I would have great difficulty believing that MacKenzie would be reserved for \$1-million; he would try to see it was spent to cover as many needs as possible and, I suppose, some of it was spent to make the Vancouver General more habitable for students and research. And it's my vague recollection that there was never any feeling that \$1½ million was to be spent, certainly not on the campus or one designated medical building. That, it seems to me, would be unreasonable, certainly from MacKenzie's administrative point of view. He was always trying to meet as many needs as possible in as many ways as possible and that involved a little fiddling with hard and fast ideas.

Int.: *Well, apparently Dean Weaver agreed with the Vancouver General Hospital to build there first. I think, you know, this does go along with what you have just said, that they did improve the conditions there. And I don't know how valid some of this information is. Again, it's from readings and talking to people. But apparently he agreed to build a building at the Hospital and then the Hospital said that they would agree to back buildings - building a hospital specifically, I think - at the university. Well, do you think that if Dr. MacKenzie had pressed for buildings at UBC, or Dean Weaver had pressed Dr. MacKenzie for buildings at UBC, that that might have been a better way to go about it? Or would it have been possible?*

G.A.: What do you mean by "a better way to go about what?"

Int.: *From talking to people I gather that one of the aims was to have buildings and to have something structural as a Faculty of Medicine and to have a hospital originally with the Faculty of Medicine. But that didn't happen for years and years*

later and some people would say that there's still controversy about that. Could that have been settled earlier, right at the very beginning? Or maybe not? You know, the thing is, if you build a new building at the Vancouver General Hospital, you know, you don't have the option really to build new buildings elsewhere because you've got something new there. If they had built a new building at UBC first then they would have had a focus more at the university than at the hospital.

G.A.: Are you talking about pre-clinical and clinical? There was no possibility of getting enough money in the light of the university's needs to produce the clinical and pre-clinical buildings on the university campus. It would have outraged all the other faculties.

Int.: *So that eliminates the hospital, then. Would it have been possible to build buildings earlier, for labs and lecture rooms?*

G.A.: Didn't they build for Friedman and Copp?

Int.: *In 1961, yes.*

G.A.: No, no, I mean early. The temporary buildings. They cost something. How much did they cost?

Int.: *I don't have any idea.*

G.A.: Well, find out. Because - I don't know now. But I do know that a great effort - well, not a great effort but it was a sine qua non that the pre-clinical department should be housed on the campus and that they should be adequately housed pending the time that you could get permanent buildings in the light of the university's total needs. Now, the Arts building was built, it had to be built because it was spread all over the place in huts and you had to get some focus. And then why, I don't even know or remember when we got into Education and when the Social Science building - oh, and the Physics and Biology. Yes, because these were part of the basic sciences that had to be put in place too. So, those ten years passed so fast in meeting such a wide variety of things that it - yes, I was aware but only after about eight years that Sydney was anxious to get better accommodation. But even at that I wasn't acutely conscious and one of my jobs was to be sensitive to things.

Int.: *That's why I'm asking you these questions specifically because I thought you might be able to throw a little bit more light on it than what the others would who would, I imagine, be basically in a position of wanting these things but having to go to you or others in your position to voice their opinions.*

G.A.: Yeah. well. The ten years that you are focusing on doesn't seem to me to have been an extraordinarily long time when you are trying to put in place other urgent matters like Physics, Botany, Biology, Zoology - even to expand Chemistry while

coping with the difficult problems of whether we should build science buildings that have little portholes for pouring boiling oil on invaders. These...

Int.: *(laughing) ... these details...*

G.A.: Well, it's extraordinarily important (important to those involved in it), important to some. But my ingenious argument about Oxford and Cambridge eventually - I don't think it ever got support but it enabled you to disregard the Gothic purists.

Int.: *Just one more question on this sort of topic. There are those who believe that by saying certain things Dr. MacKenzie sold himself to the Vancouver General Hospital and guaranteed that money would go into the hospital rather than to building at the university: by simply saying to them, Here's our situation, this is what we have. What can you do for us? Would you feel that that would be the case, that that would have happened? That he would have approached it in that way? Instead of simply saying to them, "this is what we need."*

G.A.: No. MacKenzie was a very shrewd steerer of the ship between Scylla and Charybdis. He might have, if he... I think that... You know the Scylla and Charybdis thing, do you?

Int.: *Vaguely...*

G.A.: Well, Ulysses on his way home...

Int.: *Yes, yes.*

G.A.: If you think of these two rocks which could come together and destroy you as being Dolman and What's-his-name, steering your way between them was a judgment call and I suppose MacKenzie as the helmsman might, to some extent, have been influenced by what he conceived to be the number of battalions that each had, the amount of influence or support each had and he may have steered a little closer to Fritz Strong. But if he did so, it wasn't because he had any admiration for that point of view but that it was like trades union bargaining, it was merely a question of what seemed to him to be possible, the best balance between things that was possible. Certainly I know that MacKenzie's attitude to Dolman was one of admiration for a man of impeccable principles and he wished to God that he would be easier to deal with, either from MacKenzie's own point of view or from his relationship with the practice at large in this area. So if you want to, I think you'd be entitled to say that MacKenzie might have been too conciliatory to the Vancouver General Hospital but I certainly couldn't say that. And furthermore, I wouldn't agree with you if you said that because he wasn't only balancing the fiscal issues of medical school, he was balancing the financial needs of the whole university and so I would support his judgment on the number of concessions he made to the medical school at the General Hospital in relation to the determination

to keep the pre-clinical years on the campus so that eventually it would all be united on the campus.

Int.: *So you wouldn't say then that it would have been better, or perhaps better, to have started with a clear commitment that the first construction would be on the university campus?*

G.A.: Well, again, no. Because you don't even attempt to define what you mean by the first construction.

Int.: *The basic science buildings. A more permanent accommodation.*

G.A.: No. But they did put on campus buildings that satisfied the pre-clinical people. And it doesn't seem to me if you build temporary buildings that satisfy people, that ten years is a long time to occupy them.

Int.: *No, that's reasonable, what you are saying.*

G.A.: Well, sort of.

Int.: *We want to hear what your opinion of it is, really. Well, I think we've talked about that long enough, don't you? (She laughs.)*

G.A.: I'm bored with it...

Int.: *Good. (pause). Dolman's report was substantiated by all of the experts that were brought in. How did MacKenzie deal with this? The experts seemed to be unanimous.*

G.A.: Sure, he chose the experts in the hope and expectation that they would come down on the side of the Dolman report.

Int.: *Mm-mm!*

G.A.: And Finlayson was an old and very good friend of his. But when they come down that way, in the light of all the university has to do and to make sure that the needs of the medical faculty don't absolutely swallow up everything that could be made available, you eventually have to make a bargain. And it just seemed here that there was no way of getting everything on the campus at that time in the light of the total needs and so he made a bargain.

Int.: *Just to talk about Dean Weaver a little bit again. Did he have the backing of the President in all of his actions, do you know?*

G.A.: Yes, it was my impression that Weaver had a good and close relationship to the President and to the University Administration. I never had the feeling that Weaver

was a powerful intellect. I thought he was a reasonably able administrator who tried very hard and in fact recruited, in my opinion, an exceptional group of mostly first class people. And he was just interested in making things work. And he had substantial administrative gifts but he really had neither the intellectual capacity to be ideological in any way nor did his training incline him to take ideological decisions.

Int.: *The last time we spoke, you indicated that he came to you and said that he couldn't really go on, that he was having problems making decisions. Did he show any sort of abnormal behaviour prior to that or was he dealing with it quite...?*

G.A.: No, that came to me as a total surprise. And my wife and I saw a good deal of his wife and himself. Neither of them were very socially inclined and so you saw them more in small groupings. And I guess perhaps I should have spotted the fact that his wife, as I see it in retrospect, was more worn than her years should have made her. But I didn't see that at the time and he had such a bland appearance - you know, the damned trouble with doctors is that they spend so much time on their bedside manner that you never... (It's difficult to penetrate it sometimes.)

Int.: *Were any Canadians approached to become the Dean of the Medical Faculty, do you know that?*

G.A.: (pause) I don't recollect clearly now but it was my impression that some were made: Toronto and possibly McGill. I can't remember that... You talked to MacKenzie?

Int.: *Yes I have.*

G.A.: Have you ever asked him that?

Int.: *I think he had a hard time remembering a lot of these detailed kinds of things, really. But it seems that you think they did make overtures to the places that...*

G.A.: I think at least they made enquiries. For example, Finlayson himself. It seems to me he was asked to be... But I think actually that the most promising Canadian ones were not too attracted by the sort of shambles that the medical profession in British Columbia represented to them. They recognized the sort of strength of what I might call the Fritz Strong group and...

Int.: *And didn't want to get involved...*

G.A.: and didn't want to get involved... That would be my impression.

Int.: *So was Dean Weaver aware, when he arrived, of the conflicts and the problem that you have just indicated with the general practitioners?*

G.A.: Well, I think - if I can repeat what I said before - he was not an intellectual; he was a practical administrator from Minnesota and he felt that medical faculties would meet reasonable demands of the practicing profession.

Int.: *You mention that he came from Minnesota. There seems to have been quite a few connections to Minnesota. I understand that Dr. Strong was from Minnesota and Dean Weaver, and also a man by the name of Hamilton who was brought in to do a report called the Hamilton Report. Was this report, and was Dean Weaver, do you think, approached because of Dr. Strong's connections?*

G.A.: No, I don't think so. I think actually that the then president of the University of Minnesota was a good friend of Larry MacKenzie's.

Int.: *Yes, I think he mentioned that.*

G.A.: Dr. Wesbrook also came from Minnesota, didn't he?

Int.: *Yes, I think he did.*

G.A.: But I think the whole thing is totally an accident, the result of no important bonding.

Int.: *Dr. Strong, I understand and I may be wrong, was the Chief of Medicine at the Vancouver General Hospital prior to the Faculty of Medicine starting? How did Dr. MacKenzie get out of having Dr. Strong as Chief of Medicine through the Faculty of Medicine? And how was it that Dr. Strong accepted Dr. Kerr?*

G.A.: Well, there could be two or three reasons. One is, Fritz Strong's ambitions were centered around making the Vancouver General as big an institution as he could make it. It eventually was the biggest hospital, I think, in Canada, one of the real biggies even I think in North America. Fritz's power was more concerned with controlling the Vancouver General and the appointment of people who sympathized with his point of view to the departments there. And I've already indicated that I didn't think - well, I knew Dr. MacKenzie was not at all attracted to Fritz Strong as such so he was determined. The Professor of Medicine, Bob Kerr, eventually came from Toronto. He was highly recommended by Finlayson and so on. So there was never any possibility that Fritz Strong would be Professor of Medicine.

Int.: *From things that you and other people have said about Dr. Strong, it seems to me that he's, or was, the type of person who may not have easily accepted whoever came to fill that position but I understand that he did get along with Dr. Kerr fairly well. Was he a choice that Dr. Strong agreed with, then?*

G.A.: I don't think Kerr was appointed subject to Strong's approval.

Int.: *You don't think he was?*

G.A.: But, I don't think that would be necessary although it would be courteous. You know, when Kerr came up to have a look at the situation he undoubtedly met Strong. And Strong, I don't think was in a strong enough position to have kicked up a row, anyway.

Int.: *Who would have made the decision about positions like Dr. Kerr's? Would that have been Dean Weaver? Or would Dr. MacKenzie have been involved?*

G.A.: MacKenzie would have been involved because Weaver didn't know the Canadian scene. But Weaver was involved of necessity but it would be – I've forgotten whether we had a - perhaps you know whether we had a - we must have had - a committee because MacKenzie believed in committees on those first appointments, yes. I don't know who was on that committee. Did you ever find out?

Int.: *I don't know. I didn't come across the information on what's available out there.*

G.A.: I think you'd better try and find out.

Int.: *(mm-mm). Let's see now. You talked a little bit last time about admissions, about quotas on women and foreign students. Could you tell us a little bit about what the admission procedures were? What did a student have to go through in order to -- I don't think we talked specifically about that. I'd imagine they'd have an application to fill out*

G.A.: Yeah.

Int.: *but were there exams of any sort? Who would they be interviewed by?*

G.A.: The Admissions Committee. I remember sitting at interviews but I've now forgotten whether we interviewed everybody or just the last 10% or whatever.

Int.: *Would they also have to have letters of recommendation?*

G.A.: Oh yes. The first thing, of course, was that they had to have reports of their undergraduate standing and then - I've sort of forgotten - graduate tests of the American Testing Service. They were required. I've got a kind of feeling that almost everybody wanted to get to postgraduate took aptitude tests, but I've forgotten that. I'm inclined to think that the very best people on record and on recommendations from, let's say, McGill and Dalhousie and Toronto, more than likely the first 75 or 80%, then I think there were interviews for it. (Transcriber note: mumbles, was hard to hear.)

Int.: *This goes back to the time, somewhat before you arrived, that you might know something about. Apparently, the Markle Foundation and the Rockefeller*

Foundation were both willing at various places, to give money to start a medical school at UBC. Do you have any idea why UBC didn't accept either of these offers?

G.A.: What do you know about the offers?

Int.: *Just from some information that was in the archives that apparently the Rockefeller Foundation was willing to give some money if UBC or the Government or whoever could match the amount.*

G.A.: Oh yes. I think that more than likely but (not?) the determining factor. Markle didn't have (And I 'm not as clear on the Markle Foundation.) - Markles' scholarship - At that time the man who handled the Markle Foundation was very keen on offering Fellowships to young professors of medicine, and in fact I sat on a Markle Foundation selection committee in Denver, Colorado, and they certainly did the thing up brown. They invited both me and my wife to these and they had a whole bunch of very interesting young professors come there. We met them all socially as well as for extended interviews. The time I did this was just towards the end of the - u-uh, I've gone and forgotten his name now, the director of the Markle, executive director of the Markle Foundation - and he was replaced, and Markle went in for another form of activity. But I would doubt whether, at the time you are talking about, the Markle Foundation had enough money to make a significant offer. They would more than likely offer their good offices in helping fund junior staff and provide a little money. If you got a Markle Foundation Fellowship you got a certain amount of research money with it. That was the big doings of the Markle Foundation. They didn't have

Int.: *(interrupts) So it sounds as if they were giving money specifically to people, not to a university. I see.*

Well, I think I've covered...

G.A.: Good!

Int.: pretty well what I've got here. How about if we end with one question about you? What was your attitude towards the founding of the medical faculty? You arrived somewhat towards the end of a lot of the controversy. How did you feel about it?

G.A.: Well, I came out here to join MacKenzie after the war because (a) I didn't want to stay in public service and because I was attracted to the social and cultural growth of the West. I was aware that B.C. was regarded as Lotusland and that it needed beefing up, particularly in the areas that I was concerned about, which were social, political in the broader sense of the word, and cultural. And it seemed to me that the Faculty of Medicine had a great importance socially and culturally. I don't know whether, when I came here, I had as pronounced views on the importance of preventive as opposed to curative medicine. I think the vital importance was impressed on me when I first went to visit Africa and it seemed to me that there

were people dying right, left and centre. The medical problems of Africa were in a sense almost more important in the fields of the combatting of endemic diseases and malnutrition, bugs of all kinds in the intestines, and fevers of all kinds. In fact, I remember going to visit the Jomo Kenyatta Hospital and seeing total bush medicine guys weeding out these on the basis of children coming there with their parents. And they weeded them out. "He's a fever problem; this is a malnutrition problem; this is a bugs-in-the-belly problem, you know. And it seemed to me that was damn good medicine rather than heart transplants. And I still feel that very strongly with all these poor children who are given new livers three times and we get optimistic reports that they may some day be normal, this guy who's got his third transplant. It just seems to me that medicine that loses its primary concern with compassion in favour of its primary concern with experimenting on people as far as you can get away with it, that this is lousy medicine. So, from a social and cultural point of view I was very strong on the Faculty of Medicine and I was also strong on the faculty getting a Faculty of Law, a School of Social Work, a Faculty of Education. These were to me, this was where I had my fun for fifteen years at UBC. (Developing the university.) Sure. Not really developing the university. Developing the province through what the university could contribute to the development of the province and at the same time trying to hack away at the limitations of the Sacred politicians.

Int.: *(She laughs) Well, thank you very much, Professor Andrew. I appreciate your meeting with me these two times.*

G.A.: Any reluctance to speak on these matters stems from the fact that I think you are always in danger in recalling the past to put biases you didn't necessarily have or attitudes you didn't necessarily have a hold of at the time, that the retrospective memory (Does change things) is not very reliable.

Int.: *Well, for what we have, I think this will be helpful, Thanks again.*