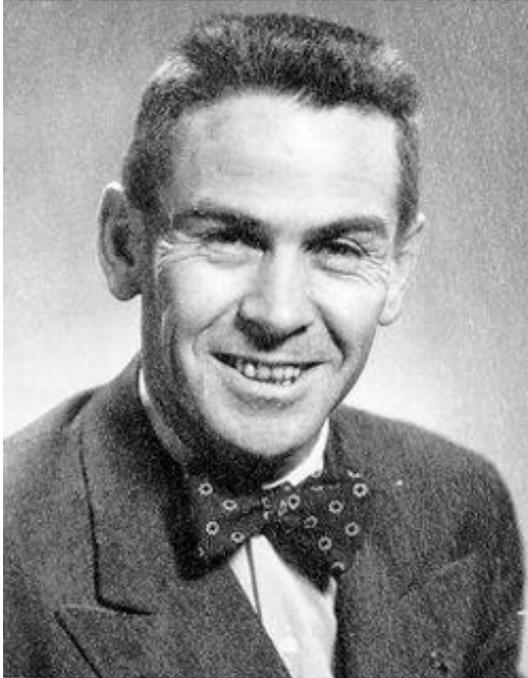


Oral History Interviews

Charles Woodward Memorial Room
Woodward Library



Dr. George B. Elliott (1918-1994)

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Biographical Information: George Elliott was a former chief of surgical pathology at Vancouver General Hospital. He also worked for many years for the BC Provincial Health Department. .

Summary: *Tape 1:*

Elliott's perspective on the medical school from his downtown location; the hospital controversy; Dean Weaver; graduate researcher Don Anderson; relationship between UBC and VGH; Drs Dolman and Strong.

Tape 2:

Department of Public Health/Preventive Medicine; allocation of resources; student/faculty contact.

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Interview with Dr. George B. Elliott, Thursday, May 16, 1985

G.E.: I suppose I didn't get involved in university developments until I came back from overseas. I spent some time in Vernon and then came down to Vancouver in 1948. Before the war, Dr. Dolman apparently had established an agreement with the Province of British Columbia that the new provincial health building which they badly needed would be built out on the campus of the University, and this was just history as far as I was concerned. When I came to Vancouver and was put in charge of the National Health Grants in 1948 which was a large system of grants that were given to the Province of British Columbia which required that I write a survey of the future health plans of British Columbia, I began to pay more attention to the discussions that were then going on at later date between perhaps mainly Dr. Strong and Dr. Dolman. Dr. Dolman actually worked for the Provincial Health Department in those days where he operated from a poor mess of buildings downtown behind the Hotel Vancouver which were a fire trap and had been condemned several times. Dr. Dolman was part-time as director of the Division of Laboratories and actually came under myself, as Director of the Bureau of Special Health Services in Vancouver. Dr. Dolman and Dr. Strong, who was the proponent for the buildings being at the Vancouver General for the university development medical school - being at the Vancouver General Hospital - and Dr. Strong was a power in medicine as far as British Columbia was concerned; he and Dr. Dolman got into much controversy over these matters. In the final analysis, however, I was also opposed to the development of the provincial health building at the University of British Columbia. My major reasons were that I felt if we were operating in the field of preventive disease and responsible for tuberculosis, venereal disease and many other diseases in this province that it was of paramount importance that we be at a site where there was a lot of activity as far as doctor care was concerned. This obviously was at the Vancouver General Hospital because, at that time, there was no indication what beds would be built and when as far as the campus was concerned. Accordingly, with much arguing and with the Province - with the ministers of the Crown of the Province of British Columbia and particularly a man by the name of George Hier, who was Minister of Education and was very strong on the campus - it was eventually decided that they would build a provincial health building on the site of the Vancouver General Hospital. And land was obtained down there and construction was developed in that area. So this was the earliest interest that I had as far as the campus was concerned and as far as the University was concerned.

Int.: *What was your position on a campus hospital at that time? Did you think it would have been the right move to have made?*

G.E.: Well, I never really thought a campus hospital was possible out here and I am sure the majority of my doctor friends would agree with me. I felt the distance was a long way for patients to come, the distance was a long way for doctors to come. It obviously is; and I'm sure in future years it will have proven it is the right spot as

our Province builds, but at that time I could not see a campus hospital developing for very many years.

Int.: *What was your reaction to Dr. Dolman's report?*

G.E.: I thought his report was good but I still thought - my only argument over this was I didn't want a provincial health building, and obviously I was going to be responsible for it, situated on the campus where it was entirely removed from all clinical medicine of any type. Which it was at that time. The only thing they had out here was a student health service and of course this was not of sufficient size to be of any value as far as...

Int.: *So your interest at that time was more specifically with provincial health not really with the University?*

G.E.: That's right.

Int.: *It was the direction that it was going. When did you actually get involved specifically with the University and the medical faculty?*

G.E.: Well, I guess it was when they started to appoint people and they started to select heads of departments. Amongst these were my very good friend Dr. McCreary, who came out here as head of paediatrics and I had first run into him in England when he was over there prior to going to the Continent to one of the camps that looked after the children who had been put in concentration camps and had been released.

I was in charge of the venereal disease program for the Canadian Air Forces in Canada, in Great Britain and on the Continent. We had a very close relationship with one another and enjoyed one another's company and it wasn't until he came out here in the Department of Paediatrics that I got to know him again and we became very close to one another. In addition to that there were others who came here whom I had known in the Air Force. One was Dr. Friedman who was in the Air Force, whom I knew quite well; Dr. Jim Mather, who was the first head of the Department of Preventive Medicine who was also a close friend of mine - he was in the Air Force in the same type of work I was in; Bill Gibson was another one that I was closely attached to, he was also in the Air Force. So I had some common interest in what was going on on campus here and I came closer and closer to these developments as the years went by.

Int.: *When did you actually become part of the staff within the Faculty of Medicine?*

G.E.: Shortly after Dr. Mather was appointed head of the Department of Preventive Medicine, and I forget the actual name because they changed it, I became part-time professor at Dr. McCreary's suggestion and Dr. Mather's in the University, and during my sessions over the period of years until I retired in 1977 from my job as

Deputy Minister of Health, I was acting head of the Department on several occasions. I spent my time doing two jobs actually, one was downtown at the provincial health building as assistant deputy minister and the other was acting head of the Department; this was after Dr. Mather died and among a series of people -- I really didn't do a very good job, I don't think, because it seemed I was running back and forth all the time between various problems.

The other thing that I was interested in, particularly in the field of paediatrics, was that most other provincial health departments had their own paediatrician working for them and as an individual I always said this was wrong as a paediatrician is seeing sick children and, if we are going to have a paediatrician on staff he is going to be a practicing paediatrician -- in other words, already practicing. He just can't sit in an office and read out of a textbook.

So I went to Dr. McCreary and I said, Look, Is there any way we can buy consultative services from the University? Say, we gave a sum of money - say, \$25,000 which was quite a bit in those days -- then I could phone you as head of the Department of Paediatrics and you do with the money whatever you want to do, it's not going to bother us. I could phone you and say, "We have a problem in, say, birth injuries which are being reported to us from somewhere up in the Interior. Could you give us the best man you have? Or perhaps in something to do with childcare in another field?" And he would pick on someone to look into this problem. And this worked out extremely well and we didn't use one paediatrician, we used ten or twelve.

Int.: *Is this right from the very beginning of the Medical School?*

G.E.: Well, right from Dr. McCreary onward. Well, not right away. It took maybe a year or so to develop it.

Int.: *So, during Dr. McCreary's term?*

G.E.: That's right. There were several things developed. For instance, we got hold of Dr. Syd Segal later on. And Syd was very interested in ambulance services. And through my connections with the Air Force I was able to develop these services using the RCAF entirely in the early days; and Syd Segal set up an air transportation service in this province for infants and all the care that was required in this stage. And this has developed up to one of the best air ambulance services in Canada at the present time.

Int.: *So when you entered, became part of the Faculty of Medicine, most of the decisions for courses and just setting up the departments and that kind of thing had already been done then. You more or less walked into something that was ready to go?*

G.E.: That's right.

Int.: *So you weren't involved in that part of it at all?*

G.E.: No, I would not have been...

Int.: *Preliminary steps...*

G.E.: Well, we'd be involved in the curriculum. I'd be involved in the Medicine, setting up the courses.

Int.: *Well, how did you go about that?*

G.E.: Well, Dr. Mather was head of the Department at that time. And we had other people here like Dr. Stuart Barry who was the City Health Officer at that time. John Nelson was another one, who worked for us at one time and became assistant dean out here. We used to have meetings, I remember we used to have meetings at least once a week at one of our houses at which we would discuss these things: who we'd bring in as lecturers and things like this, and what courses would be taught.

Int.: *So you didn't have to worry too much about space, labs, offices, that kind of thing. That was pretty well all...*

G.E.: They were primarily in the Wesbrook Building in those days. The Mather Building out here wasn't developed until many years later when Dr. Mather died.

Int.: *Did you find your space available to work with was adequate?*

G.E.: Yes, I felt we... Of course, I was still working downtown a lot of the time. I would see problems out here but they really didn't affect me directly because they had lecture halls and places for us to meet out here, small seminar rooms and things like this. And I didn't see their problems as they would see them when they were sitting with them day by day.

Int.: *What about the... I think, shortly after the Faculty of Medicine opened, there was a building built up at the Vancouver General Hospital. Can you tell us anything about that, the circumstances of that being built? Why it was built there? Why they didn't build a building out at UBC?*

G.E.: Well, it was built on the east end of the Vancouver General Hospital and it was primarily, again, to try to establish the relationship between town and gown which was always a problem. It has always been a problem at many universities. And in there there were the clinical heads of departments, for instance, the major spot of clinical heads such as surgical, such as Rocke Robertson, Bob Kerr and others like that. They were the people who were living with the doctors. They had to use the patients down there. To use the patients they had to get the cooperation of the practicing physicians. And Dr. McCreary eventually had an office down there which he operated from. And they all had offices both here and down there. I think

that was the major reason for that. And also built some space to be able to handle the patients down there as well.

Int.: *Why do you think there was so much opposition to building a hospital at the University? Do you think it was specifically money or was there more to it than that?*

G.E.: Well, I don't know. I think the opposition was primarily the practicing physicians. I think it was also how big a hospital they could use. I still feel this one is of insufficient size for proper teaching and clinical teaching, which it obviously is because they are still using a lot of patients at St. Paul's and Vancouver General Hospital and Shaughnessy. Perhaps a more adequate thing would have been to build on the Shaughnessy site and use this as their teaching hospital, where they already had many facilities there and were also more centrally located. There was a great battle went on for years and I even feel that Dr. McCreary was more in favour of this central development down there than he was out here. But this was an argument that went on and I'm sure will never be settled completely for many years to come.

Int.: *Do you think there was ever really any question of whether or not the University should be in control of the Faculty of Medicine? I think some people wanted the entire Faculty of Medicine to be at the Vancouver General, not just to use the facilities.*

G.E.: Yes, some people thought that but I don't think that it's right that any higher educational centre should be - they shouldn't be stripping off. Why not have Law downtown? Why not have Engineering down amongst the buildings downtown where all the engineers work? And I think this would be wrong. It would destroy a university eventually. Eventually they would all split off and disappear into their own little compounds. So I wouldn't want to support that.

Int.: *Did you have much interaction with Dr. MacKenzie?*

G.E.: Norman? Yes, a fair amount. I got to know him very well actually because at that time one of the things that I worked at when I came out here was - as I worked with Government they are always a bit suspect - I did my very best to develop a good relationship with the medical profession. And that appears in that article there. And by that ways and means I guess I was able to. And I got a job that I liked to do as much as running their annual meetings, and particularly the social end of it, that I did like. So I called on the University a good deal to get speakers, and Norman MacKenzie was the one they got back several times. Now since that time I still see him about twice a month regularly. And at one time we went to Maui together. The families were there for four or five years in a row together. We thoroughly enjoyed him, so I was really quite close to him.

Int.: *What do you think his position was on the Faculty of Medicine in the late '40s?*

G.E.: (Laughs) I couldn't answer that.

Int.: *You weren't really involved in it enough at that time?*

G.E.: Not at that time.

Int.: *Umm. What about Dean Weaver? What was your involvement with him and how would you assess him as the first dean? Do you think he was a good choice?*

G.E.: I think he was a good choice as first dean. He was low key, certainly. He wasn't all the time aggressive and quarreling with people as Patterson was to some extent. But I think he was a good choice. He wasn't well, I think, by the time he left here. He died a short time afterwards, you know.

Int.: *Do you think somebody who was maybe a little bit higher pressured, a little bit more aggressive, would have got some more - I don't know - more money to build buildings out here sooner than they did? Do you think that really had to do with him or was it just the fact that people couldn't make their decisions fast enough?*

G.E.: Part of these buildings out here got started primarily when, I mentioned earlier, National Health Grants were brought up in 1948 and they had construction then. And \$8 or \$9 million came out to B.C. I was placed in charge of doing a health survey of the province. This health survey really almost destroyed me with the medical profession. I was castigated at one time at a general meeting. They called it the Mein Kampf of Canada. This book that I wrote about what should happen in health, and of course I was interested in the social aspects of medicine such as Medicare - all these things have happened since I wrote this little report. At that time funds were made available and I generally supported this to the extent of assisting in construction and equipment out here and the first Anatomy building and various buildings like that. And at a later stage they came along with health resources funds, which was a dream of Dr. McCreary's but came to me and I was put in charge of expenditure of these funds in this Province. These funds went into this library; they went into the Health Sciences Centre; and they went into many things. So the Federal Government played a large part in putting funds here as did the Province. But I suppose, shortly after the end of the war there was so much construction and stuff needed that - and they first joined, of course - I don't think the Government had got any clear direction from the medical profession and from the University, any united expression, and you know, the politics is this way that they are going to go. And as long as people are quarrelling amongst themselves the Government will say, "OK, make your mind up."

Int.: *Yeah. Once you've done that, then we'd be more willing to put money in. Do you think, once the money was allocated for the Faculty of Medicine, that it was pinpointed enough, or was it just left to put wherever it might fit in? Do you think if it had specifically allocated money for certain jobs things might have moved a little more quickly as well?*

G.E.: A lot of it was pinpointed. That's another thing, I suppose. I don't think governments are in a position to dot every 'i' and cross every 't'. I think if they do this they're really just saying, We have faith in you guys. How are you going to spend this money?

Int.: *Even if that was the role of the University to - you know - to allocate the money for specific things, do you think the University did that?*

G.E.: Yes, I think they could have.

Int.: *Do you think there was a lot of vying for money from other faculties such as the Law faculty that took money away from the Faculty of Medicine or do you think it might have worked the other way?*

G.E.: Well, I think that Medicine was pretty well treated out here over the years as to what they got. After all, it was the only province in Canada of any size that didn't have a medical school at that time. Newfoundland hadn't started.

Int.: *It seemed that the desire for a medical school was there with everybody. It was just a matter of how to go about it, where to put it, and what were they going to do with it. Or was it really a question of whether or not they should have it. It seems that everyone was in agreement.*

G.E.: Yes, I don't think there was any argument about that.

Int.: *What role did Myron Weaver play in getting the Faculty of Medicine going?*

G.E.: Well, I think he made a good selection of people he brought here. all turned out extremely well. Certainly, people like Gibson, Copp and Friedman and all these people, you know, it's evident I think, because they've all as individuals made contributions to other programs in the world, in Canada anyway. Particularly Dr. McCreary. I think that was the real fortunate selection that was made because there was no doubt that Dr. McCreary once he came here became not only a national figure but an international figure in India, and was the person who founded the theory of the health sciences centre. Unfortunately, he was the last one to get the hospital built but everybody else in Canada hooked onto this thing. He had a great personality and he had good salesmanship primarily to Judy LaMarsh whom he sold on all these things and she just went after them hook, line and sinker and supported him all the way through. And I suppose, with the health resources funds which was a large grant and the other thing that he had on his staff was a chap by the name of Gordon Reid. I used Gordon Reid as my liaison and between him and myself, we worked out that 90% of all these health resources funds were spent here somewhere on the campus in various fields. He was, I'm sure, offered many other jobs that he could have gone to and it was just unfortunate that he passed away so soon. I took his job with the Woodward Foundation. As a matter of fact, Dr.

McKechnie, who was instrumental in getting Woodward to build this library, died suddenly and they asked me, because I knew the president of the Woodward Foundation very well, he'd been my stockbroker for years, who they could find. And I said, "Why don't you just sit on this. Dr. McCreary's going to be retiring in about six months and you couldn't get a better man anywhere in Canada for this job and in the meantime I'll help you out. And when Jack died they immediately asked if I would take over.

Int.: *So it was really Dean Weaver who got Dr. McCreary here in the first place? He can be thanked for a lot of the things that followed from that. What about Dean Patterson? You mentioned him just briefly.*

G.E.: I didn't know him well but he was a - well, he had a lot - he was from Western Reserve as I remember and he had a lot of different ideas about things. He really didn't catch on here too quickly as far as I was concerned. I never knew him as well as I was closely involved with my own job at that time. I don't think he contributed as much as either Weaver or Dr. McCreary.

Int.: *He certainly wasn't here very long so things obviously didn't work out the way that he had hoped that they would as well. Do you think that having a split school was a satisfactory arrangement for most people? For the students and for the clinical appointees at the hospital in the end? Do you think it was adequate?*

G.E.: Well, I don't expect it was ideal. Queen's and their medical faculty was right alongside the university, two blocks away. And the same thing existed to some extent in Toronto although they are using greater facilities outside of the city now. I am sure that maybe they could have done it when they started the thing and this place wasn't so far from the rest of Vancouver. But at that time I am quite sure that the doctors were really not going to come out here unless - Why would they come when they didn't have any beds? The Government was not building any beds at that time.

Int.: *Do you think it was just because they didn't have the money or do you think the Government really didn't want to?*

G.E.: Well, I don't think it was - I suppose they didn't have the money but they can always find money, it seems to me. They can borrow it. I'm sure it was...

Int.: *A philosophic difference?*

G.E.: ...a philosophic difference. The doctors, I'm sure a lot of those dealt with the town and gown psychosis. I see the other night, I was just reading the Minutes of the Faculty of Medicine just this morning and I notice that they finally agreed to have somebody from the B.C. Medical Association attend all their meetings, even though he has no vote. But this should have started forty years - many years ago, they could have done this. It's amazing to me; I was just amazed it hadn't started.

Int.: *Do you think there was enough money available once the Faculty of Medicine did get going to run it the way individuals wanted to?*

G.E.: Well, I'd say there's never enough money but they seem to get by alright. I'm sure that the funds that were available were likely sufficient but there was always something else you wanted. I'm sure, in any department I ran ... the Government. There was never enough money. You could always use more money ... wrote a big cheque to me.

Int.: *But they were able to function with what they did have without too many hardships. Do you think the Faculty of Medicine was properly prepared when they did open to students?*

G.E.: Well, I would say yes.

Int.: *You don't think students were in any way being short-changed? That they weren't possibly getting the kind of education they might have got had they gone to McGill or another...*

G.E.: No, I think that with the history of our - someone could deal with this better than I can - but I think the history of the fact that the Dominion Council exam which everybody had to write to get their licence to practice, which was set by a national body not by an individual university and this school always rated very high, even in the early years it did very well. And I suppose that's kept up although I'm not that close to it at the present time. And some of our early graduates have done very, very well. The present dean was an early graduate.

Int.: *So how would you have rated the quality of the students at the beginning, then ?*

G.E.: Some of them were even smarter than the teachers that year. They used to have a system of preceptorships where you each got a student. I had Don Anderson as a post-graduate. Don was an amazing man as far as I am concerned. He's still around; I still talk to him. But he got involved in heavy research which was supported by the World Health Organization and he got involved in the environment and air studies, and was extremely outstanding. The other thing I was involved in at the University of McGill was research grants. I was put on a national committee as far as the Federal Government was concerned giving out research grants. And I used to notice that if Don Anderson prepared a project it had very little trouble. So anyone who wanted to do a research grant in the biology field, I would suggest to them they go and get Don Anderson to help them. He was one of the best preparers of research programs in this province. Don, however, he talked a different language as far as I was concerned; he was way up there. Sometimes when I talked to him I had to go back and get a dictionary and look it up to see what he was talking about. He went on, and at one time he was a lay minister. All of a sudden he just quit medicine and now he's a Baptist minister in New Westminster, the church is out

there. But he was a ----- , and this is the type of lad they had in those years. I mean, maybe seven hundred applications or something in those days, in the early '60s we were getting.

Int.: *So there was no problem with them being properly prepared, having the right background?*

G.E.: No, no, that was all laid down. And they came in with flying colours.

Int.: *Do you think the students changed very much from 1950, when the first class was taken in, through to...*

G.E.: Well, I would say they've changed. Students always change. It used to appall me when I used to go to the Faculty Club and there'd be guys coming in there with beards on, no tie and no jacket. I know this is the times. The appalling thing was just inside, it didn't appeal to me to publicly (?) about it. And I'm sure the students had seen times. The students now are likely to mature much earlier, I'm sure they do. And I'm sure they're much more secure by the time we get them. I think they're more interested also in the world today. Certainly more interested in the world than when I graduated. ... he didn't know what was going on outside. He said, "Who won the Stanley Cup?" or something like that.

Int.: *I don't imagine students then were encouraged to do anything except medicine whereas now I think there is much more, you know, extracurricular type of thing that people do get involved in. You mentioned a little bit about research with Don Anderson, but do you think research was curtailed at all by lack of facilities or lack of money, or limited...*

G.E.: Well, I suppose by lack of money. It certainly is under the Medical Research Council. I mean, if you compare the figures that we had in Canada, compared with what they have in the States we're about one-tenth, a figure around that of what the grants are in the States. And I notice that myself at the present time, more than anything else, with my work with the Woodward Foundation and being on the Vancouver Foundation and sitting on the meetings of the Lottery Fund, that demands are just unbelievable and that is, of course, the times we have. Our grants are often gone. And we had four meetings a year. Last year we only had three, we had no money left. This year we are only going to have two, that's with the Woodward Foundation. There are so many good grants coming in that are worthy of support that we just can't support them. And the Vancouver Foundation is experiencing this sort of thing; and the Lottery Fund is too. Their grants are larger.

Int.: *Where did you do most of your teaching? Was it at the University or the Hospital?*

G.E.: ... and before that we used to do a lot more. Before that, when I was working in Victoria, I didn't do much teaching. Many more didactic lectures. And I used to see this because I used to teach medical economics to the students and some of the stuff

I said was said first to the doctor fathers of some of my students and I'd hear it back through my wife who'd been talking to some of the other doctors' wives. I'd get the story back, What are you teaching the students? All this Communism. This has gone to some extent. We would have the odd student down in the Provincial Health Building, particularly if they were looking at programs in tuberculosis or venereal disease or something of that nature. There were rooms down there that we used to use a lot.

Int.: *Did you have very much contact with the clinical teachers?*

G.E.: Yes, I had a fair amount of contact, particularly in the field of paediatrics. I spoke I would say, not so much in medicine and law but in the field of obstetrics and gynaecology. On account of the PAP smear. We put the money up and started the PAP smear. Dr. Agnew was the first acting head; and Dr. Boyce who is now head of the Cancer Control Agency for the Province, has often said to me, "We could never have done that without the generosity of the money you sprung out of the Province of British Columbia." So we saw a lot of those chaps. Didn't see too much of the surgeons but they were all pretty close friends because I attended all meetings of the Faculty Council and stuff.

Int.: *So the relationship between the staff at UBC and the clinical doctors was a good one, it sounds like?*

G.E.: Oh, I think so.

Int.: *So once the Faculty of Medicine was under way and it was settled that it was going to be a split school and things were, you know, organized that way, there wasn't too much controversy between them?*

G.E.: No, I don't think there was ever any great amount of controversy. There was always a certain amount of controversy between some of the outspoken people. I always felt Dr. Friedman was on the offensive about many things but I think that was part of his personality. He was a small guy and, you know, most small guys go around stirring up trouble as far as I can see (chuckles) now and again. But he was a healthy person to have in there because he always had people thinking. A basic science man as far as I was concerned and as far as he was concerned himself. Copp, of course, has got a distinguished reputation.

Int.: *So you'd say the reputation between UBC and the Vancouver General Hospital was generally a good one or not?*

G.E.: Tell me again what you said?

Int.: *The relationship between UBC and the Vancouver General Hospital...*

G.E.: Vancouver General Hospital . Their staff down there, that's what you're talking about?

Int.: *What about beds that the Faculty of Medicine used at the Vancouver General? How was that arranged? Did you have anything to do with that?*

G.E.: No, it was just a notification that x number of beds - I think around 400 they'd got.

Int.: *Do you think the goal of a first class medical school was reached?*

G.E.: Umm, umm.

Int.: *Umm-umm? Right away? Or do you think this is something that they are still working at?*

G.E.: No, I think they always went ahead once they got the first class selected, nothing but success. And this was, I think, due to the group of the basic science guys and clinicians because I don't think there were any adverse steps.

Int.: *What was the relationship like between the existing science faculties and the Faculty of Medicine in the beginning?*

G.E.: I couldn't answer that.

Int.: *Do you think the Faculty of Medicine affected other faculties within the University in any way, positive or negative?*

G.E.: Well, I think it affected them, especially Dr. McCreary when he brought up the idea of the Health Sciences Centre. And the physios and all these people, and the speech therapists all working together and working with one another which is what his dream was; it sometimes seemed to be destroyed now and again and then come back here.

Int.: *Do you think that their reaction was favourable to this? Do you think most people were in agreement with Dr. McCreary, that they thought it was a good idea or that they could see how it would function in the end? Was he able to get that vision across to people?*

G.E.: Jack was a guy who could sell anything practically. If he ever got rejected someplace he'd just get around in another way and eventually get around a stone wall. But he was a real top, sales pitch, artist. I remember, we got people in here to help him. I think particularly of Dr. Don Williams. Jack was going to get involved in this postgraduate education stuff and charge around the province and teach people. Don Williams was a good friend of mine. He did venereal diseases in the army and I got to know him very well, and he taught dermatology too. He was near retirement. The other person I had with me was Paul Nerland who used to work for

me here. He had gone as far as he could with me and he has done very well out here with the Health Sciences, in the administration of it. I think that generally speaking the people themselves accepted this. Maybe the odd one was not too happy with it and I expect everyone was trying to protect their own little castle to some extent.

Int.: *Let's go back a bit, just to the few years prior to the opening of the Faculty of Medicine. You've already said that you weren't really involved and you may not be able to answer these questions. But I understand that Dr. Dolman had a lot of problems in a lot of ways and didn't really agree with the way things were going and thought that the Faculty of Medicine should be set up in a different way than it was. Why do you think that he had some of the problems that he did?*

G.E.: Well, I wouldn't know actually. Dr. Dolman was a very outspoken person to start with. He was extremely intelligent, there was no doubt about that and naturally we found that out when we interviewed him. But he was a pure scientist. We always had some trouble with him when he worked for us in the labs. He would get into some great harum-scarum things with some of our health officers over samples that he didn't want, and never do anything about them. Sometimes I would have to rush in and smooth the thing out eventually. I always had a lot of respect for him, a lot of time for him, he was a... But we needed a full-time man. When I came to the Department we had a half-time TB director and a half-time director of labs and we decided we needed full-time people to give undivided attention to it.

Int.: *Do you think that that was part of the problem too? It seems that Dr. Dolman was doing an awful lot of jobs which sounded to me as if they could easily have all been full-time jobs - spreading himself too thin. What about Dr. Strong? He also did a report. What was the reaction to that report?*

G.E.: I think it was the medical profession who supported it because occasionally... Dr. Strong was another. Dr. Strong was very, very strong and he was... You know, I often wondered. He died very suddenly many years ago and I often wonder what would have happened if he had stayed on here. But he was an amazing person and started so many things in this province. The whole cancer program was Dr. Strong's. And I'm quite sure that if he had been in the business world he would likely have been head of MacMillan Bloedel in its better days or something like that. But he was a powerful individual, international too, because he was head of some American things. And I am sure that - we had a couple of guys - whom I'm sure were going to oppose one another to some extent with their reports: Dr. Dolman and Dr. Strong, because their minds were set in what they wanted to do.

Int.: *Do you have any idea how the planning was done to start the Medical School before it opened, what sort of steps were taken?*

G.E.: You mean, after the reports were written?

Int.: *Uh-huh. Once the decision was actually made to go ahead with it.*

G.E.: Well, I suppose they had to immediately get cracking on the three basic science buildings, the first three that they built out here. As I remember, the Westbrook building was here already and a good part of it was housed, and I think they just proceeded from there, with the teams they were going to bring in to start the School.

Int.: *Let's see now... After Dr. Dolman did his report, there was a team of experts brought in to give their opinion on where the Medical School should go and just their reaction to Dr. Dolman's report and Dr. Strong's report. They seemed to support everything that Dr. Dolman said in his report. However, that's not the direction the School went. Why do you think these experts were brought in? Were you aware of this?*

G.E.: I was just vaguely - and the other thing is, I suppose the ideal situation, if he had unlimited funds and he could build a hospital of sufficient size to teach medical students in an adequate manner then this would have been alright. But obviously they weren't going to build this building out here because this present 240 beds or whatever is still so much smaller.

Int.: *So it really did get down to money – from the beginning. So do you think it was a conscious decision then to put the money that was allocated to the medical school into staff and just equipment, and wait for the buildings until, you know, the timing was better?*

G.E.: Yeah, I guess that's correct because. Well, that's what happened. They did eventually get a hospital of some size out here. It could have been bigger but the Government was cutting it back at that time.

Int.: *We're actually at the end of this tape so we'll stop for now. Thank you very much.*

(cont. Tuesday, July 23/85)

Int.: *I think today, Dr. Elliott, we can start with talking just a little bit about your Department within the Faculty of Medicine specifically. If you could tell us how it ran, if things ran smoothly and just sort of how it functioned within the Faculty?*

G.E.: Yes, I think it ran quite smoothly, particularly during the time that Dr. McCreary was dean of Medicine because he was basically not only a paediatrician but he was very conscious of preventive medicine and public health at that time. The Department was run in very close co-operation with the City Health Department in Vancouver and with the Provincial Health Department of the Province. This was quite evident when Dr. Mather, who was the first head of this Department, recruited to his staff people like Dr. Stuart Murray who was the City Health Officer. He immediately got me on the staff but I was under a different light than the others.

The others were honorary lecturers and things such as that but I spent a fair amount of time actively engaged in teaching students in medicine at that time. This close liaison came about for many years. We also developed at a fairly early stage training programs within our well-organized health unit system within this Province whereby a course in later years of Master of Science degree in Public Health was established, and their field trips were carried out in the area particularly around Vancouver, such as in Surrey, Richmond, and places like this where they could get actual field experiences. This was a close relationship and a very good one as far as I was concerned. In later years, after Dr. Mather became ill and died, the dean, I guess, asked me if I could assume some responsibility for this Department. And for several times during this period I was made acting head and professor of the Department of Preventive Medicine. I use various terms as far as describing this Department. As you know, it now has a different name from that and it changed from Public Health to Preventive Medicine and had many changes. This, however, was quite a common instance across Canada because it seemed to me that preventive medicine in those days was really searching for its right place in medicine. Years ago, of course, when I first joined the Public Health Service and became a health officer, which I did shortly after the war, you were the person who knew everything about sanitation, engineering, nutrition and stuff like that.

Shortly after that, these health units and the field of preventive medicine became better organized since they had sanitary inspectors and public health engineers, nutritionists and educators and people such as that, which work was formerly done by a doctor by himself. It was for this reason, I think, that there was a great variation in the actual titles that this department was called in those days. I think that this was a successful undertaking and I think even today you can see that health care and epidemiology is changing a little bit again. They are more and more into some of the more active roles of teaching some of the varied areas, and they have established a close relationship in these days with the other clinical departments. In those days the relationship was quite good because, at Dr. McCreary's request, I was on the Faculty Council and at one time was also responsible for all the research grants that were being screened through the Faculty of Medicine. I do believe that this close relationship with Dr. McCreary and myself was most useful to myself.

Int.: *What do you think was the role that Dr. Dolman played in the beginning? Let me put this question differently. He wanted an institute of preventive medicine to be part of the Faculty of Medicine. How do you think that affected the proceedings of the Faculty of Medicine at the beginning because he ended up being not really involved in the preventive medicine aspect of it at all?*

G.E.: I think when he was perhaps unsuccessful in his great desire to establish what he wanted to do on the campus. I have always been a great admirer of Dr. Dolman's. I was able to get along with him very well even when he was one of my employees before we had a full-time director of the laboratory. Dr. Dolman was a very good man and I feel that likely when this happened he was not too approachable by

anybody within the Faculty of Medicine. I am sure Dr. McCreary would have made several approaches because he was so broad in his vision but I am sure Dr. Dolman more or less dug his heels in and felt that he had been ignored - and perhaps he had been ignored to some extent.

But this was not a rough fight between the University of British Columbia and the downtown doctors. It was more a battle between Dr. Dolman and Dr. Strong as far as this whole thing was concerned. Dr. Strong won and this is the way it turned out. I don't know what would have happened if Dr. Dolman had won. They would have built out here. I suppose that, by today's standards, it would have been slower developing.

Int.: *What part do you think the difference of opinion in the location of the institute of preventive medicine played in the negotiations prior to about 1945 or so? Do you think that affected the direction of the Faculty of Medicine very much?*

G.E.: Well, I think to some extent. And also, as I remember, that part of the Institute in the Faculty of Medicine was to include the Provincial Health bill and a substantial amount of money would be required from the Government of this Province. As I said earlier, I fully agreed with such an institute at the time but I didn't agree with the Public Health Building with its interest in various fields of clinical medicine such as tuberculosis, venereal diseases and things such as that, that it should be located out in the country, which is really what it was. This was pretty far out in those days, and many of the employees in TB and VD were part-time anyway and you'd just never get the men you wanted to come out. There'd just be people, maybe in retirement or something like that who just wanted a tiny job to do and they wouldn't be in contact with the rest of medicine any more than some of our employees located on the campus.

Int.: *Now, just back to your Department again. Did you run into any particular problems in just getting your Department off the ground, getting things going, or just within the functioning of your Department itself?*

G.E.: No, I would point out, I wasn't involved in responsibilities until I forget how long after Dr. Mather died, it must have been a good number of years -- ten. So he really ran the thing. He was full-time in the job.

Int.: *And he did a good job on it?*

G.E.: Yes, I think he did a good job. He was a bit like Dr. Weaver in many ways, I think. He was a very easy person to get along with. He never got annoyed with people particularly but he generally steered you in a manner he wished to steer you, into the proper channels. I can't remember any large battles we had about anything at this time.

Int.: *Did Dean Weaver have much of a role in your particular Department, or not?*

G.E.: Well, I suppose not as much as he would have in the clinical years. I don't expect he would have much of a role in anatomy or physiology or stuff like this because these were able men and they did not have to have too much outside cooperation the way the clinical years had to have the cooperation of the doctors and the hospitals in the Vancouver General Hospital area and downtown. So I don't expect that if he saw something going on he would likely have stepped in.

Int.: *You can't think of any specific instances where that might have happened?*

G.E.: No, I can't.

Int.: *What about your own expectations when you did get involved with the Faculty of Medicine? What were they and were they met?*

G.E.: Yes, I think I was quite satisfied with the way my contact with the medical faculty developed. I certainly think it was a break for me. Due to my association here with the university and also with the Provincial Government I certainly got appointed to many interesting experiences that I had. As I mentioned the last time, the two Royal Commissions that I was on, the research roll grants that I was on as far as Ottawa was concerned, and for some time quite a close connection with the World Health Organization too; I was at Geneva a couple of times.

Int.: *Did the confusion in starting the Faculty of Medicine affect you personally very much? Do you think it really had any effect on you and your colleagues as a whole? Or was it sort of put behind quite easily and quite quickly once things got under way?*

G.E.: I think so. I don't think there was any confusion. Really, in those days we were excited. I mean, it was really an honour to many doctors and people. And I'm not only talking about people like myself, I'm talking about the practicing physicians. It would be an honour to be a clinical professor and assistant professor, or something like that so I think most people gave the time that they had available, and sometimes they'd give more. I know when Dr. Mather died it seemed to me that I was running back and forth between the Vancouver General Hospital and this area and Victoria about five times a week as far as I could determine in those days because I was trying to do two jobs instead of doing my own one job. And we also had a Health Department that was most cooperative in Victoria. The deputy minister would certainly do anything in the Ministry of Health to help the university. And he was also a great supporter of Jack McCreary.

Int.: *So it sounds like people really pulled together and put an effort into making it into a good school?*

G.E.: I'm sure many of them made quite a few sacrifices too.

Int.: *Was there much integration between the clinical years and the basic sciences?*

G.E.: I don't know how much existed there. I wouldn't be able to tell you that but there was certainly a pretty good integration between the Department of Public Health and the clinical years but I didn't consider Public Health as being a basic science. But I think that is a question that could better be answered by people like Bob Newall and Friedman and people like this.

Int.: *What about the - maybe you wouldn't be too much aware of the answers or even your own answers to this question - but what about the allocation of resources between the basic medical sciences and the clinical years, the clinical and pre-clinical years?*

G.E.: Well, I suppose there were slightly requirements really rather than resources. Physiology and Chemistry and stuff required really self-contained units sitting in one spot on campus that could be built with bricks and mortar and was finished as fast as they had the money. As far as the clinical years were concerned, their prime purpose was some patients to lay hands on, as we say, to use for teaching. So they had to spend a great amount of time selling those hospitals who had the beds, such as Vancouver General Hospital, Shaughnessy, and St. Paul's, which were the three main hospitals, to make their beds available. It wasn't any great difficulty really to find spaces to teach them or lecture rooms as far as they were concerned, except the university did build a fairly extensive building down there on the east end of the Vancouver General.

Int.: *Were the other hospitals used quite a lot, other than the Vancouver General Hospital? St. Paul's? Shaughnessy?*

G.E.: I don't think they were used that much at first. You've got to remember, Shaughnessy was a veterans' hospital solely in those days for long-term patients. And, of course, there always was a certain rivalry in this community, whether you like it or not, between St. Paul's and the Vancouver General Hospital. In those days I think Vancouver General Hospital had the superior services. Certainly, in the last 20 or 30 years, St. Paul's has some of the superior departments now and the Vancouver General Hospital has some of them. But I would say in the first instance they had to concentrate on the Vancouver General Hospital and didn't pay too much attention to St. Paul's; although they always used Shaughnessy to some extent.

Int.: *What about the physical circumstances of your teaching? I'm not sure if I asked you this last time, but just what were the circumstances under which you taught, the facilities that were available? Were they good enough?*

G.E.: Yes, I didn't need any facilities. I was primarily supposed to be teaching medical economics and all I needed for that, of course, was a blackboard and classroom. In more recent years we did have clinics. This, of course, has really all disappeared in

the medical school because the didactic type of lecture has really gone out entirely except in some of the basic sciences.

Int.: *What about the library facilities? Were there adequate library facilities right from the very beginning or was this something that was built up as they went along? Were you part of that development at all?*

G.E.: Well, they were built up certainly. They established a library down at the Faculty of Medicine. Many of us already had small libraries, like the Division of V.D. Control would have a small library.

Int.: *And these were made available for students?*

G.E.: Very often, these smaller libraries were just lifted over and put into the new library under the medical school and this worked out very well. And of course, they have established quite a system of libraries as far as this province is concerned now.

Int.: *But how would the first class of students have managed? Was there enough for them? Did they really need to have very much as far as the research and that kind of thing was concerned?*

G.E.: Well, I wouldn't think the first few years would have mattered that much but certainly if they got among the clinical years. Generally what you did, you bought certain required standards yourself. It's what I did. I used to buy certain books like *Gray's Anatomy* and various other books that you kept as your own. And then in the latter years of medical school you had to have access to a library.

Int.: *What about the factors explaining the difficulties and delays towards the end of the Second World War and those immediate postwar years? What do you think would have been the main reason for taking so long to get a Faculty of Medicine going. I think they started talking about it in the 1800s, and then before the First World War, and then again after the First World War. And yet it still seemed to take quite a while for people to come to any conclusion. Do you have any idea why, or what these delays would have been?*

G.E.: Well, I suppose it's the way anything happens. I'm sure this university itself is more involved in finding and getting physical facilities and being able to handle the mass of returning veterans to this area. On the other hand, the need for the immediate establishment of a medical school would be not too pressing because they would have to take some basic sciences which was pre-medical stuff, anyway, for four years or two years or whatever they took, and then they'd go on. By then, the Medical School was established in '50 anyway. This was pretty quick, actually.

Int.: *Do you think that pressure from students had much of an effect on getting the Faculty of Medicine established. As I understand, they went to Victoria as well and*

put forth a petition saying they were eager to have something begun as soon as possible. Do you think this affected it?

G.E.: Yes, I imagine that affected the decision. And, of course, at the end of the war they were not able to get into any of the other schools to speak of. It was just fortunate that during the war they had a shortage of doctors and they gave them accelerated classes at practically every university in eastern Canada. And then when the servicemen were discharged they took up...

Int.: *What role would you say the downtown medical profession played in getting the Faculty of Medicine going? The B.C. Medical Association and the Vancouver Medical Association?*

G.E.: I can't remember that because I wasn't here then but I suppose they passed good resolutions, God-fearing resolutions, supporting this program, and this was likely about as far as it went. I don't think there was any strong evidence of the doctors ever parading to Victoria or anything like that. But I imagine they had some continued pressure.

Int.: *Do you think their estimates of what it would actually cost to start a Faculty of Medicine were accurate? (pause) You are not aware of that? What would you say was the role of personality in the proceedings prior to the Faculty of Medicine getting started? Dr. MacKenzie, Dr. Dolman, Dr. Strong? How would you say they affected everything?*

G.E.: Well, I suppose they established many years ago that they were going to have a medical school. I suppose a lot of this was because Dr. Westbrook was a doctor and president of the university. And I guess these two men, Dolman and Strong, had a good deal to do with it. But I would imagine that the general population itself had just as much interest, because a lot of doctor's sons and other families' children wanted to become medical men and they had to go out of the province if they were going to get the training.

Int.: *Why do you think Dr. Dolman was asked to do a report when he was? It seems there had been a lot of talk about a faculty of medicine prior to that, and it seemed they were going to go ahead with it; and he was asked to do this report at the end of the whole proceedings.*

G.E.: I guess maybe the University wanted that and maybe it was an update, it could have been an update as far as the report was concerned. But I'm sure that they wanted the pros on one side. It was the downtown group that wanted the faculty down on the campus there. At one time it might have been built on Little Mountain or something like that. But this was never carried out. And there is still a feeling today, you know, that the Medical School would be much better separated from the University, which I think is wrong because I think they should have the use of the facilities in one spot as far as education is concerned...

Int.: *(prompts) People who think it might be a better idea to separate the...*

G.E.: I'm sure there are some people who believe this. I'm sure there are some people within the faculties themselves who would like to be off separate because it is a form of Empire-building. You have another five or six more presidents around. This is a thing that could happen.

Int.: *Why do you think Dr. Strong went and did his report? Do you think this was done specifically to counteract Dr. Dolman's report, or do you really know?*

G.E.: No, I don't know that. This all happened before I came back to Vancouver.

Int.: *So when you got back, did you sense any feelings or conflict or any of that just in the air?*

G.E.: Not that I can remember because even when I got back to Vancouver I was only here for about six weeks before I was back up to Vernon for a year. At that time it was pretty evident, back in 1948 I guess, by that time the decision was made that they were going to have a medical school and they were starting to recruit the people.

Int.: *One of the things that was recommended by Dr. Dolman was that a lot more money be allocated for the Faculty of Medicine than actually was. Do you think it would have been easier, or things would have gone better, or just that you would have had a better school if there had been more money available?*

G.E.: Well, I would suppose in any institution more money is better but I would think that the only difference that could make, would make any difference in the Dolman medical school, would be if they had voted enough money to build hospital facilities out here on campus. This was a sum of money likely three times as much as they had already received from the province.

Int.: *What about Dr. MacKenzie again? Do you think that he could have, you know, speeded up the proceedings very much with his role as the president, or were his hands more or less tied in certain matters as well?*

G.E.: Well, I suppose he, like many of the other leaders on the campus at that time - I think particularly of Dr. Shrum and people like that - they were really more involved in getting facilities established to look after the great number of veterans they were going to have to educate here rather than a small number of doctors which could be brought from other places. Which many were, of course; they were just flocking over here from the U.K.

Int.: *So this debate and the starting of the Faculty of Medicine really didn't seem to affect you specifically very much. Do you think it affected other people on the staff?*

G.E.: No, I don't think it affected them adversely. They may have been disappointed in things such as that but I can't see how anybody got adversely affected. Most of them seem to be around at the present time and I'm sure they just went on to other fields to tackle.

Int.: *Were there any unusual approaches to teaching that you can think of, either within your Department or other departments. I'm just thinking, since it was a new school. You know, there is always an opportunity when you are starting something completely fresh to take a different approach. Was that done here?*

G.E.: To some extent, I expect. We used to have retreats and things such as that. But I can't think of anything that was markedly different from what I'd experienced. When this school was established I had only graduated about ten years or less than that, and they were pretty much standard across Canada. The same thing happened, particularly to Departments of Public Health. They all seemed to be changing back and forth. I think Dr. Patterson (Dean Patterson) or Bob Kerr would have elaborated on this. Some of the ideas that he tried to get in here seemed to be more like a bag of potatoes or something.

Int.: *How do you think it actually worked out in the end, using the Vancouver General Hospital?*

G.E.: Well, I think it worked very well. As I said earlier, I'm sure our students were level with most of the other students at any other university in Canada at the present time. Certainly above them as far as the U.K. is concerned and above as far as the United States is concerned. They are the only ones you can compare them with, so I think it worked out alright. But it might have worked out just as well the other way, I don't know.

Int.: *So it's basically what people put into whatever they have to work with. What about the present state of the medical faculty? What would you say about that?*

G.E.: Well, I think it's healthy. I can't see anything wrong with it. I know that I still have a lot of contact with the people there. I don't know them as well as I used to because I used to work with the others. But with my responsibilities with the Woodward and the Vancouver Foundation I'm in contact with senior members of the medical faculty once or twice a week I expect, because they know that the foundations have some money so they make the contact, I don't have to (laughs). I think it's a healthy situation. I think the present dean has done a great job, a tremendous person. And Dr. Walter Koerner.

Int.: *What about some of the social events that happened in those first few years? Did you actually have much social contact with the students and with the other staff?*

G.E.: Yes, we did then. We used to have many things. I remember, the medical students having the medical ball which we all went to each year when we were younger and they were more organized. They would have graduation parties out here in the camp, evening things, beer drinking places at the Faculty Club, and things. And then they'd have retreats. I remember going to a retreat up at Manning Park at one time where I didn't sleep all night because the other two guys were out drinking all night and coming back in the room all the time. They purposely roomed us, not with other faculty but one faculty to two or three or four students. And they'd have them at Manning Park and they'd have them at various other places. These things -- I don't know if they still go on or not. I suppose they do. I'm sure they must, but those were good social contacts with the students.

Int.: *Somebody else had mentioned beer and skit nights. Can you recall any of those events?*

G.E.: They used to certainly raise hell with the teachers during those nights, I can remember that. I don't know if that still goes on. Sometimes I think people have too much other involvement at the present time. I remember at Queen's we never seemed to get involved with anybody except other students, not outside the university at all.

Int.: *Can you think of any other things that you would like to add to the tape? Anything in particular that you think that perhaps we haven't talked about?*

G.E.: No, I can only emphasize again that I think the individual who was, in the final analysis, responsible for the growth of the Health Sciences Centre complex and stuff like this, and I feel that some day someone had better set this down in memoirs as far as this is concerned because it certainly made a tremendous contribution as far as Canadian and world health was concerned in this whole field. No, I don't think I have anything else to add. I've enjoyed talking with you and will be interested to see... What are you going to do with this now?

Int.: *They are going to go on file for the meantime and they will be there as resource material for the kind of thing that you are speaking about. Thank you very much, Dr. Elliot, I've enjoyed speaking with you as well.*