



## Dr. Ray Parkinson

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**Interviewer:** Sharlene Stacey

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**Biographical Information:** Dr. Parkinson was a member of the first medical class. He later practiced psychiatry in Vancouver.

**Summary:** *Tape 1:*

Dr. Parkinson describes how he managed an air force career, high school matriculation and a university degree in the 1940s; important role of the Pre-Med Society; problems of aspiring medical students; benefits of local medical training; preceptorships; facilities and teaching; the 'split' school; UBC Hospital controversy; isolation of the Faculty of Medicine; classes at VGH and the library; relationships with the professors; Dean Weaver; student social life

*Tape 2:*

Dolman and Strong Reports; teaching hospitals; the medical lectures and the lecturers; psychiatric training; summer jobs; medical school admission process

*Tape 3:*

Getting into medical school; the clinical teachers; general reminiscences; student sacrifices

**PDF Date:** Monday, March 30, 2009

## **Interview with Dr. Parkinson, Wednesday April 24, 1985**

**Int.:** *Dr. Parkinson, could you tell us first of all whether you were in the first graduating class of the medical school at U.B.C. or the second? I'm not clear on that.*

**R.P.:** I was in the first class which began in 1950. The start was in the fall of '50 and the selections went on right through the preceding winter and spring, and the appointment of the dean, Dean Weaver, the year before, 1949.

**Int.:** *Did you take your undergraduate work at U.B.C. as well?*

**R.P.:** Yes, I took an Arts degree, Honours Psychology, minor Philosophy, prior to Med School.

**Int.:** *So when did you actually begin at U.B.C.?*

**R.P.:** I began with my discharge from the Air Force. I was one of the last ones to be discharged because I was in the medical service and they had to discharge all the people from the Air Force before we could get out. So it was 1946 when I started at U.B.C. but I was fortunate to be stationed at Jericho Beach and that made it possible for me to complete my matriculation at night school.

**Int.:** *I see, prior to 1946?*

**R.P.:** Yes, I was strange entry into Medicine at university. I had been brought up in the depression and graduated from a high school in Winnipeg, where nobody ended up at university. I graduated in Commerce, then worked as a bookkeeper originally, then ultimately as a professional secretary with shorthand and typing. So during the war I spent six years in the Medical Corps, originally with the Army then I transferred into the Air Force with the formation of the medical services. And it was during working for the medical services that I got to know something about hospitals, doctors, and ultimately psychiatry which made me determine to become a psychiatrist. I actually worked for a psychiatrist back in 1942. He became a role model. It was from there on that I had to go back and try and acquire my matriculation because, of course, graduating from high school I missed all the science subjects and things like that. I tried to do that by correspondence in the evening but unfortunately my tutors were always at least 3-4,000 miles away from me whenever I was taking a course, whether it was lab or mathematics. I was very fortunate, at the very end of the war, to be posted to Vancouver to Jericho Beach discharge centre. I was a sergeant in charge of running the administrative side. We had about fifty doctors, some of whom ended up on the faculty, some of the ultimate professors. I recall Jack Ross. The first day he joined the Air Force he came straight out of Med School and came down to our discharge centre, put on a uniform and I had to teach him how to salute.

These people were all examples, but the most particular one was Dr. Bill Gibson, who

was ultimately one of the professors at Med School at U.B.C. He was a researcher with the R.C.A.F. in high altitude investigation, working with hyperbaric chambers, many other things. I got to know him when I worked with him in the Air Force and later on he proved to be a mentor and assisted me in getting my admission to med school, which may never have happened without his help.

So at the time when I was in the Air Force in Vancouver I decided to go to university. I came from a family that had never been... well, most of them had never been to high school so it was not my usual thing. So I enrolled in what was called the B.C. School of Matriculation and Science which was run by a very well known gentleman called Bain. He was in his '80s I think at the time. His school was at that time the only teacher of pharmacy in the province of British Columbia. It was the only accredited school at which a person could become a pharmacist. Like some other professions, there was no university training. You did it by apprenticeship and by taking night school. This gentleman, Mr. Bain, ran his operation down in an old building in Vancouver and, when I turned up on his doorstep, he saw me in uniform and he said, "There is no charge." So I was able to go and take all matriculation classes I could from him. So I went to his school for three nights a week.

Then I discovered a place called Shurpass College which is now Columbia Pacific College. At that time it was a bit of a matriculation cram-school. But in those days people were desperate to get their matriculation in a hurry. People of all ages were going to school and the schools, both of them, were operating well into the wee hours of the morning - sometimes one or two o'clock in the morning - because most of the students were adults and desperate to get caught up and get into universities. So I went to the two schools without each knowing I was going to them. I acquired my junior matriculation that way and much of my senior matriculation. So I was able to enter U.B.C. in 1946 and almost from the beginning was very involved with the Pre-Medical Society.

**Int.:** *You mentioned that people wanted to get an education in a hurry. You mentioned also that you received a B.A. Was that done in three years, then, if you started in 1946?*

**R.P.:** No, I did a four-year B.A. because I was taking extra courses each year to do the Honours program.

**Int.:** *I see. So you actually did four years' work in a shorter space of time.*

**R.P.:** No, I did four actual years from '46 to '50: four years at U.B.C. You have to remember that if you took a degree in psychology it wasn't really fitting very well with what the requirements were for med school, which were all the sciences and various things like embryology. In fact, when the med school started I was lacking embryology, and I believe I was the only person admitted without it. There might have been one other.

**Int.:** *Why do you think you were admitted? How were you able to get around that?*

**R.P.:** That's a long story. Well, I think it was. I had already been admitted to McGill University through the good offices of Dr. Bill Gibson who was Mr. McGill in British Columbia. He had been very actively involved with them over the years, and in the efforts to get involved in medical school, qualifications really weren't sufficient because for every spot there was at least 50 to 100 qualified people in North America. This was a phenomenon that was caused by the back-up of the war years: 5 or 6 years of war in both Canada and the United States. Plus all the younger people who were finishing high school. There was a tremendous desire on their part to get into med school too, probably very unrealistically. It was sort of the occupation that people were aiming for whereas in the years following they might have been more interested in pure science, or space work, or other things. But at that time, medical school was the ultimate. At that time the huge growth in the university campus was incredible but many, many of those people were fantasizing about being physicians. Our active Pre-Medical Society had meetings at which hundreds of people would attend the meetings.

**Int.:** *So there were a lot of people who were disappointed?*

**R.P.:** I don't mean two or three hundred; I mean five or seven hundred, sometimes even more. Some of the meetings were professionally oriented. There was a kind of desperation to these people who had been in the university from, I presume, about '44 to about '49 and, all those years a pile-up of people who were taking all these courses hoping to get into med school and applying around the continent and in other countries. Just as an illustration, in order to prepare myself, I made a trip to Europe - I was fortunate enough to get a scholarship on a World Student thing for the United Nations. As part of the trip, I made the rounds of the British universities and tried to enroll everywhere from Edinburgh to University College in London, which everybody else was trying to do. As an aside, one of the members of our Pre-Med Society actually enrolled in a north China college. He was accepted there but unfortunately did not complete his education because the red tape took over with the invasion from the north of China to the south. He eventually came back and lost his opportunity to become a physician. But it was the typical thing, that people wanted to be doctors, that the need was incredible, that there were political campaigns going on to form a med school at U.B.C. This campaign had more or less started in the period of '44-'45 when it was the start of a very active Pre-medical society with the support of some of the people on campus like Dr. Ranta, who just recently died. He was one of the people. Then there was Dr. Dolman, who was a microbiologist. And two or three other medical people who were around U.B.C. who were more or less mentors to all these hundreds of milling around pre-meds. And the pre-meds became a political force because they decided that if were going to get into medical school, there was no way a British Columbian could really compete with people at McGill or the United States schools. For most of them they felt they would have to get a med school in British Columbia. There were a lot of people who have been very prominent in Canadian medicine who took a part in those campaigns. The one who comes to mind is Bob Wilson, who was president of the Pre-Medical Society and later became president of the Canadian Medical Association - pardon me, full-time secretary of the Canadian Medical Association and also an officer of the Association; well known throughout medicine in

Canada. He was one of the major ones, along with some other people whose names escape me, who did everything from lobbying governments to lobbying medical associations, to forming what I'd call political action units in the province.

**Int.:** *Would you say then that the activities of the Pre-Medical Society really had an effect on the beginning of the...?*

**R.P.:** I have no doubt. It started long before I started with them. The groundwork was laid. They approached the Legislature; they approached every member of Parliament; they lobbied all the professional groups and got support; they put pressure on everybody imaginable; they held rallies; they took petitions to all the towns of British Columbia.

**Int.:** *And did they get a lot of public support?*

**R.P.:** They got a tremendous amount of public support and there is no doubt in my mind that they would never have moved to establish a medical school without the pressuring.

**Int.:** *Did you work in conjunction with the B.C. Medical Association then? Or side by side, not directly with them?*

**R.P.:** Yes, there was co-operation with the B.C.M.A. and the Vancouver Medical Association. But curiously there was a lot of ambivalence amongst the people in the town about whether or not they wanted a medical school. There were some of them that were very keen on having it; some of them that were tremendously academically oriented and wanted a place to use their talents. But then there were some who were perhaps very parochial - it might have been professional jealousies or whatever - but there was some negative impact coming from some of the people in the town medical community. But the vast majority ultimately accepted it and went with it. They did do lobbying too. I don't want to say that the Pre-Meds did it all but they certainly played a major factor. Plus there were people on the campus, both those who had some medical training and were working in other fields and I would say a general support across the campus for having a medical school. Because you have to remember, U.B.C. had been a very small university, almost a college, before the war. Its expansion under Dr. Larry Mackenzie was phenomenal, and the establishment of faculties, professional faculties, was probably one of the major things that was happening.

**Int.:** *Do you think there was competition at the time for money from other faculties as well, people who would rather start a law faculty or something else?*

**R.P.:** No, I don't think so. I think, I don't want to sound chauvinistic, but the med school seemed paramount, the major thing that was in the press, that was talked about. There were other things happening: the establishment of the pharmacy school initially, and later the law school, but they came much more out of the demands of the professional groups and not off the campus. I don't think there's a comparable thing.

**Int.:** *So student involvement was really much more prevalent as far as medicine was concerned than other faculties?*

**R.P.:** In the pre-medical, yes. There was a unique situation of all these people with all this pent-up demand. And while it's true there were lots of people wanting to go into pharmacy or into law just as frustrated, I suppose. But it was just this ultimate goal everybody had of becoming "a doctor".

**Int.:** *Do you think it also had to do with the fact that to start a medical school it obviously takes a lot more money than it does to start another type of faculty?*

**R.P.:** Of course, the problem was not just money. There are so many problems when you start a medical school. Like I remember one of the initial ones was finding cadavers. Because of the laws in British Columbia and the economic situation, it was quite different from being in Europe or the eastern United States or Canada, where it was customary for bodies to go to medical schools. Even this very simplistic thing; because the first year in med school we needed cadavers and it took so much effort and energy, and lobbying of bureaucrats and legislators to try and get first legislation and then try and get public approval of the idea that somebody's relative might end up in the medical school inadvertently. You'd be surprised that it was a public issue, right from the very beginning of the medical school. And in fact when the medical school did open our biggest problem was that our anatomy class had a shortage of cadavers. I think most of the students who went into the first class would tell you that that was one of the greatest frustrations because there were so many of us working on each cadaver that our knowledge of anatomy was sometimes seen almost through a telescope, peering over each other's shoulders, and the specimens that we had were not especially ideal, certainly not up to the standards that other medical schools had.

**Int.:** *It sounds like a typical situation where people are keen to get something going but they don't necessarily want to deal with the realities.*

**R.P.:** Yes, it's just I suppose like now there's so much antagonism to animal experimentation on campus. Yet those very same people are the same ones who will benefit. At that time there was a public upset and discussion about the use of cadavers: the idea that poppas would end up there. But there were many problems long before we got up to anatomy. The main one was entering into the medical school for the majority of people on campus who were desperate to get in. These ranged from people who were very, very young - often they were people who did very well in high school and graduated early and got into university and had done extremely well and were still in their very early 20's in contrast to many, many war veterans, some of them ranging up into their 40's even, with large families, all trying and competing for the same kind of things initially, to try to get into places like McGill. There were not as many universities at that time.

**Int.:** *So was it really a problem then, getting into these medical schools that were available?*

**R.P.:** Yes, it was a desperate problem. I remember people having counts of the medical schools they had applied to around the world, and coming close to 200. Now you can imagine the logistics that go into doing that: getting transcripts, writing letters, even finding out where these schools were. In fact, one of the jobs of the Pre-Med Society was to help people find out where schools were, what their requirements were, how you'd go about it. Some of our meetings were focused entirely on that. How does one get into a medical school? It became obsessive almost with a lot of people. As I was mentioning to Dr. Norris, I can remember just a few years back being at a social event and running into a man who'd now be sixty - he was then in his upper 50's - and he still had the same obsession, I recall. He was around U.B.C. as a pre-med. He had had a successful career in real estate, running his own business, highly successful in his community, but he still had this obsession of having failed to become a doctor. I think he would still have given his eye teeth to go back and have another go. Of course, this is sad as so many were disappointed.

**Int.:** *Thinking of yourself, did you have other plans? First of all, if there wasn't a medical school when you needed it in 1950, if it hadn't got started. Did you have other plans for other schools, or other occupations, even?*

**R.P.:** I was geared into becoming a psychiatrist first and a doctor second, which was a total reverse of everybody I knew who essentially had scientific bents and these were focused on medicine. I would say at least 80% of the people had this kind of an interest. Most people would think it was the status or the money that would attract people but I think it's primarily the interest in the human body and so on to most of the people. Whereas only a few of the people would come, as they do nowadays. There is a totally different entry into medical school in recent years, people whose prime interest is not in physiological or anatomical function of the body but much more in the holistic, global thing of human behaviour. In fact, I can remember 10 or 15 years ago, when the medical school was trying to shift out of this picking up all the scientists because they were getting a lot of PhD's who were shifting from various basic sciences into medicine. And there was a considerable feeling in medical school at that time that we were getting the wrong kind of entrants, that maybe we needed a broader base, not just scientists who want to become doctors but a perhaps more humanistic approach. So there has been a major shift. In 1950 in all med schools the focus was really on science. So people had the great emphasis on getting marks and pre-medical training, and yet they were into the sciences which, of course, is the hardest place to make marks on campus. So the screening process really would bring in people who had a major scientific bent and not the broader one. I had difficulty because of that, there was no doubt about it.

**Int.:** *Do you think most people had adequate training in the basic sciences, though, in pre-medicine at U.B.C.?*

**R.P.:** Oh yes, they did. Because of all this great competition people were always taking extra courses and they were all taking extra science courses. At that time that's what sold you to get in whereas in recent years, I've noticed - I haven't had much contact very recently - that people would be emphasizing on their applications things that they had

done in the community, working for storefront operations. That became the fad way to get into med school. But in 1950 it was science. I don't want to decry that because obviously it has a scientific base but those of us who have been through the mill, we know there is far more to it, not just science. It's an art.

**Int.:** *So when you found yourself in first year, did you find it difficult because you did lack some of the basic sciences?*

**R.P.:** Yes, I had a couple of lacks. I can't remember what the other was besides embryology. Yes, I found myself behind and while I had made fairly good marks I hadn't made them in the sciences. So I felt at a disadvantage. My results in my first year medical school bore that out because I think I was second last or third last in the first year. It was pure and simple because first year is almost all basic sciences, carrying on with previous basic sciences. So personally I found it extremely difficult. And the following material that was thrown at us in the first year, primarily because nobody knew quite what they were doing as many of the professors have since admitted that they were only one lecture ahead of us. It often seemed to some of us that they were trying to do it all in one lecture because there were some incredible lectures in things like pharmacology and chemistry - and Dr. Zbarsky was one of them - where the details that were thrown at you. I've had some contact with other medical schools and I don't think there was quite the same rush, competition, or the stress or pressure that there was in our first class. It was primarily because nobody knew what was happening next, including the professors. So much of it was *ad hoc*. There was no clear initial emphasis on, well, I suppose, the missions of the university. I personally found it uniquely stressful.

**Int.:** *This was at the time as a student, not just looking back. You felt this in 1950 when you were...*

**R.P.:** It's curious that the different classes in the first few years operated very differently. The third year class, of course, felt that too much emphasis was put on the first class because they were always used as the example, always "perfection, ideal", etcetera. They took a totally different attitude. Ours was so much more internally competitive. People were competing for marks. They would hide their materials from each other. There was this kind of fear thing almost that had been developed in pre-med. A lot of people had become so competitive that the sharing that you usually see in a small faculty wasn't present in the first class initially, especially in our first year.

**Int.:** *By the second year, do you think that had changed somewhat?*

**R.P.:** It did partly. We also had this division between the vets and non-vets. There was a tremendous difference, I think, because even those few years - sometimes the age difference was only 3 or 4 years in age - it made a world of difference in terms of experience. Some of these people had been overseas and in difficult situations and were now faced with competing with people that had been constantly in the school stream and were used to making marks and competing basically. Whereas the other people were much more into the groupie thing. This showed up whenever we would have any



sort of relaxation of any kind. Some of the “brains” as they were called wouldn’t take time to have a cup of tea or coffee whereas some of the vets, and a few of the others who were drawn into it, would be much more relaxed.

**Int.:** *That’s interesting. I would have thought in some ways that it would have been the other way around, that the veterans would have been the ones who were more driving, more likely to stay at their books and study, because they had this other experience that, in a sense, they would have felt they really wanted to get on with their life’s process.*

**R.P.:** No doubt that the whole of U.B.C. reflected the fact that the presence of the veterans - I think all teachers, including med school would agree - changed the school. It was a maturation that hadn’t been there before; the responsibility idea that it wasn’t all fun and games and social life, bridge and Brock, which at that time was the escape. There was no such thing as drinking. There was no liquor and certainly no drugs on campus at that time. Bridge was the drug, and some people actually failed because they were in the Brock playing bridge instead of working. But the veterans’ attitude, I will agree, brought that maturity and that responsibility. But a different kind of *esprit de corps*, and it took the younger ones some time to get over the competitiveness and be part of the group. Whereas the years that came after us, because we were around them over a period of 3 or 4 years, we recognized they were quite different. Some of them had a heck of a lot more fun in the med school. And those of us who had gone to other schools realized that medical schools in other places had a heck of a lot more fun. In the beginning, certainly, ours was just bloody hard work and competitive, and for those who were married the stress on their wives and families was incredible because of this competitiveness and attitudinal thing. I suppose it was a desperateness; it was unfortunate.

**Int.:** *I suppose having waited for so long too to have a medical school started and to know that you were there as part of the first school and I suppose there would be some feeling of wanting to make sure it was successful, that you did a good job of it. Would you feel that would be part of it as well?*

**R.P.:** There was quite a sense of identity, getting through that screen to be a part of the first class. As I said, I think there was much more individuation in that group than there would be in even the second year. Some of the fellows I knew quite well personally, and their attitude about learning was totally different. I don’t think that they learned less because of it, they probably learned a heck of a lot more.

**Int.:** *Do you think it might have to do with preparation as well? Do you think they would have been better prepared in any way than your group, or not?*

**R.P.:** No, they had basically the same pre-med stuff. Some of them hadn’t got in on the first year selections. Some of them were holdovers so the first few years of the med school was picking up some of that slack. They were creaming the crop for quite a few years.

**Int.:** *There were people there to choose from.*

**R.P.:** There was tremendous demand. There were a lot of people who could go to med school because at that time you could have the support of the Department of Veterans' Affairs to veterans and that made it possible not just to pay for fees but to pay for living expenses.

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

**R.P.:** This was in the days before student loans were really an 'in' thing in UBC or anywhere else.

**Int.:** *I understand fees were, I think, \$400 a year. Was that total amount paid if you were a veteran?*

**R.P.:** It was entirely paid: all expenses in any course you took, undergraduate or graduate, as long as you made it. But if you had to repeat anything you paid it for yourself. I think in my first year at U.B.C. - I was married - I got \$90 a month, which doesn't sound like very much money but, curiously enough, though my wife was working at an office job, just subsistence, we were able to save enough money to make a trip to Europe. So monies were different. \$400 doesn't sound like a very great cost to go to medical school but it was a very large sum in those days because I can recall that earnings were only in the 49-69¢ an hour range working at the sugar refinery. So it took a long time to earn \$400 to go to med school. It was a difficult thing.

**Int.:** *Just to go back a little bit. In 1946, I think it was, the pre-medical society had a petition that they took over to Victoria. Did you sign that? Were you part of that? Do you think it made a difference?*

**R.P.:** Oh, absolutely. I have been in the political process all my life and I know it's direct action that gets attention and gets things moving. However, it doesn't happen unless there's need and there's a will and there's potential. There was a need for a medical school in British Columbia. In fact, when they did the Hall study they found there was a need for two medical schools. And even today, the complaints that the expansion of the medical school to what is almost double what we had seems expensive and seems wasteful because there's "too many doctors". The truth of the matter is British Columbia still only educates half of the doctors that it takes in each year.

**Int.:** *The others come from outside of the province...*

**R.P.:** And the truth is that British Columbians were cheated of their birthright because they were not entitled to get into professional schools. If you are born and raised in Alberta you have twice as much chance of getting into a professional school as you have in British Columbia. That's the fact of the matter. We have been importing brains for generations and we still haven't stopped doing it even though we are doing a little better.

**Int.:** *In fact, I think that was an argument that was put forth during the whole debate about starting the medical school. People felt that there really wasn't that great a need because B.C.'s a nice place to live and doctors would come here anyhow.*

**R.P.:** The argument has been, "Why do you train them if you can drain them from somewhere." But people came from all over the world to British Columbia to doctor, but the truth of the matter is you cannot have a good health care system if you don't have the scientific base behind it. Any hospital is only as good as the entire system and if you don't have the teaching centre you don't have a healthy system. You may be able to import the experts but you cannot import all that support system, whether it's continuing education of people, whether it's the - I've been on the faculty at U.B.C. as a clinical teacher for some, well, almost all my career, I guess - and I know that all those people who have done that have gained as much as they have given. Because the moment you are around students, be they medical or nursing or anything else, you end up by learning. It forces you to be on your toes and there is no doubt that places like St. Paul's and Shaughnessy initially, that were not the central teaching schools, when they started to do some teaching it undoubtedly helped them in their quality.

**Int.:** *Well, I think this is one of the big spin-offs that they expected to get from it as well.*

**R.P.:** I would say it's more than a spin-off, it's actually a very central focus in my view of having a proper health care system. We could never really have entered the world of health insurance and Medicare without doing it. I think it would have been a pack of cards that would have fallen. The first thing was hospital insurance that came in during that year, which made it possible. And it had many advantages because it did mean that the pool of people open for the training purposes; there's an egalitarian thing that everybody was part of the pool. The traditions in Europe and eastern North America was that the poor were the pool. But because of the entry of hospital insurance a little later, Medicare, it meant that everybody who entered a teaching hospital in British Columbia was fair game for teaching.

**Int.:** *That wasn't the case when you first started, was it?*

**R.P.:** No, we were just at the beginning and there were problems because initially some of the teaching had to be done in places like a horrendous outpatient department at the Vancouver General Hospital which was a bit of the old-fashioned, well, almost British style hospital waiting room with people lined up by the scores waiting their turn patiently, hour in, hour out. Fortunately, that seemed to change as we were in med school.

**Int.:** *But you did work in that system?*

**R.P.:** Initially, yes.

**Int.:** *But I guess it was about your fourth year or your third year by the time you were actually involved in the hospital?*

**R.P.:** No, the unique part of the U.B.C. medical school was that they decided that from the beginning there would be an orientation within the system, of the hospitals, even in the first year. And they advanced the clinical teaching half a year to try to increase, to emphasize the clinical side of medicine as compared to what had been the traditional approach of you spend all these years and then suddenly you are thrown onto patients. It's really the current health sciences approach. Now all health professions are supposed to be trained in that approach of being in place, just like Simon Fraser's teacher training is done in the professional development by being in place for your teaching. It's a mix of the apprenticeship and the - incidentally, the other ways that they emphasized that was that in our final year we all had to do a preceptorship.

**Int.:** *Yes, did you take part in that? You say you all had to. It was required then?*

**R.P.:** Well, I don't know anybody who didn't. It might have been voluntary but most things that were voluntary in our class, if you didn't do it you were stupid. But actually I think most of us enjoyed our preceptorship as an exposure to mostly general practice, I think all general practice, and I was assigned to a man who treated almost nothing but Ukrainian peasant families, particularly women, and he had some unusual approaches to medicine, dealing with these fairly simplistic people, one of which was spinal manipulation. Before I even got into my internship I had learned to crack backs a little bit and found that this was a very helpful thing to a lot of people. I'm sure people who went on preceptorships to a variety of places, they all told me that they really enjoyed it and I think it influenced a lot of them in their choices of going into general practice.

**Int.:** *Whereabouts did you do your preceptorship?*

**R.P.:** I did mine in Vancouver, which I think only about a third of the people did. Most of them did go out of town.

**Int.:** *And how long was it actually for?*

**R.P.:** I can't recall. It was a number of weeks...

**Int.:** *Weeks not months?*

**R.P.:** No. We more or less lived with the doctor. In Vancouver we didn't live with them but in the outlying places people actually lived with the physician, followed him around on his rounds and lab work, whatever was going on.

**Int.:** *It would have been a worthwhile experience.*

**R.P.:** It was a great exposure to practice, to the human side of medicine, quickly. Even before we finished we realized there was more to medicine than just science: That you had to know the business side, the human side. Most of the things that came by your door

initially were things that couldn't really be taught in med school directly, about common colds and the like.

**Int.:** *When did you actually have your orientation to the clinical side then, in first year?*

**R.P.:** As I recall, it was in the first few months. We were down in the hospitals on introductory things.

**Int.:** *And this practice was carried on throughout until you actually started third year at the hospital?*

**R.P.:** I think there's been much more of that in later years because I know in my own field that people have come into my office during the course of their psychiatric rotations in med school and had exposure directly to a patient in a non-hospital setting. And I know that's happened to many people in general practice and other specialties. That has been a part of the teaching at U.B.C. medical school. That started from an initial idea that there should be less of the institutionalized side of medicine.

**Int.:** *Perhaps you could tell us a little bit about the physical circumstances which you were living in at U.B.C., where the conferences were held and what it was like. Were the classrooms adequate? Did you have adequate equipment?*

**R.P.:** Well, for those of us who had been in the army or air force it wasn't a great switch because many of us lived in army huts while we went to university. I lived at Little Mountain, which is now a housing development in the Workmen's Compensation Board; and later lived on the campus where the sports stadium is. Many of my colleagues in the first class lived at Acadia Camp; the ones with children tended to live at Acadia Camp. So we were living in army barracks basically. I would say a large number of the vets were doing that, even some of the younger students, I think, also had similar sorts of digs. Then, when we did our pre-medical training there was great shortages of teaching space at U.B.C. and I would say about a third to a half of most people's classes in basic sciences were given in the huts along that one street which name escapes me. Certainly things like Physiology, almost all the basic sciences, were in the wooden huts. Then, when the medical school started, the first buildings were just behind where the bus depot was and the coffee shop, which is almost exactly opposite the old Chemistry building. I don't know, it doesn't exist any more, but these were temporary buildings built almost in an army style but they were built specially for us to house the size of our class. They had lecture theatres which were amphitheatre style, raised seats. But built specifically for us. As I recall, there were only three or four classrooms. There were not a large number of classrooms. So the med school really started in shacks, even though these were the more modern variety. There was no fancy building. And I can recall the debate leading up to the opening of the med school. The decision was made to put all the monies that they could into staff and equipment and not into buildings. It was a conscious decision, and they tried to hire the best faculty, which I believe they did. My experience since is that they creamed the crop. We were very fortunate in the timing of the opening of the med school, which has a political flavour

because it was the time of the McCarthy inquisitions in the United States and the California trials of university professors, where they had to take a loyalty oath. Many of the members of the first faculty were acquired because they fled north to escape the loyalty oaths.

**Int.:** *So it sounds, Dr. Parkinson, as if you feel that the quality of the teaching was very good.*

**R.P.:** Yes, I don't think any of the members of our class would have criticism of any member of the faculty. And that's not a motherhood statement. That comes out of the fact that not only because they managed to acquire such top-notch scientists and teachers. At the time we didn't realize it but they were quite young. They were people who were prepared to teach in different ways and there was a concerted effort to have the U.B.C. Medical School be adventurous, not to repeat the patterns of other medical schools. Now, you'd have to ask the faculty members who still survive exactly what that was all about. I've heard some of them talk about it but my own views are...

**Int.:** *So you weren't aware as a student at the time of it being approached in any unusual sort of way? Just from conversations with other students, maybe?*

**R.P.:** It became clear to us that we were not having the same kind of training that they were getting in other medical schools.

**Int.:** *Did you worry about the fact that you would not be getting such a good training, say, as friends of yours who went to McGill or any of the established schools? Did that occur to you?*

**R.P.:** Yes, that was in the backs of some of our minds when we saw the problems we ran into because we knew that in established places like McGill this didn't happen: things were done in the traditional way and what you got was what they got the year before. But we were so caught up in the pressures and stresses I don't think we were really in a comparative mode. I had the opportunity to travel. I was a member of what they called CAMS1 - Canadian Association of Medical Students & Interns - involved with their journal and I did represent the U.B.C. class at a meeting in Laval. So I had the opportunity to get into the Laval Medical School with Laval students and see some of their operations. They were then a very traditional medical school, just as McGill was. I have no regrets. I turned down McGill to go to U.B.C. and I'm glad that I did. I ultimately went to McGill afterwards for Graduate Studies in Psychiatry but I think, while the older universities could give you what I would call more the taste of being in a fraternity in the sense that you have much more social connection, much more of a sense of history, of belongingness and the like, I don't think the kind of thing we got in our first class at U.B.C. could be bought by going anywhere in the world. I'm sure that there have been - I know I have heard Dr. Cox, one of my colleagues, talking about Newfoundland starting their school - I'm sure those students had exactly what we had being the guinea pigs.

**Int.:** *It wasn't the time necessarily. It was also the circumstances...*

**R.P.:** Also, it was the times which were hectic because the whole learning experience on any campus was a different thing than it is today. Learning was the thing. Everybody had to get a degree and, of course, that has been diffused by things like sessions and changes in attitudes of people as to the value of various things like degrees. But at that time, after the war, everybody was focused on education, it didn't matter which kind, either vocational or university. To be in that kind of experience was something I don't think anybody would have traded away.

**Int.:** *One of the things that was happening around the time they were talking about starting a medical school was a debate about where it would be and how it should be set up. As a student, were you involved in that at all? Were you aware of...?*

**R.P.:** Oh, yes, because of my involvement with the pre-meds and also because I was in the political arena as well. I was quite active in the then C.C.F. and had been during the war when I was in the Air Force, so I was fully aware of what was going on in Victoria and in Federal House about where should there be a medical school: should it be on campus, or downtown, or in Victoria?

There was a lot of competition for the medical school. As I said, there was a lot of ambivalence in the downtown medical community and that was primarily because a lot of them saw the competition of having a medical school on campus with its own hospital. Because initially the belief was that there could not be a medical school without a hospital. And it was the price of the hospital on which the provincial government of the day was gagging. It was the coalition government. We were overwhelmed by the demands of postwar expansion of everything from roads to you-name-it and they were a bit immobilized by their own political inertia. One of the reasons they got so badly defeated and the Socred years started was that they just ground to a halt. They finally approved the medical school but they failed to approve the hospital, and some people thought that was the kiss of death if there was a medical school on campus without a hospital-based medical school. It made a lot of difficulties for the first and following classes to have to train on campus and in the various hospitals, all the travelling time and disorientation that would go on from them.

**Int.:** *It was difficult then?*

**R.P.:** It made for great difficulties trying to get from a delayed lecture at U.B.C. to a demand that you be at Vancouver General Hospital in the operating room at a certain time. And some of the students were not exactly rich. Some of them were very poor and didn't have anything but public facilities - transit - which wasn't as good as it is now. So it was very difficult to have a multi-campus operation.

**Int.:** *So what was your opinion as a student about a hospital on the campus? Did you feel it was something that they should have done at the time?*

**R.P.:** I don't think there was any doubt that that was what they should have done but unfortunately there wasn't the monies or the will to build it at that time.

**Int.:** *Do you think there really wasn't the money?*

**R.P.:** It was promised, when they opened the medical school, they made an absolute promise they were going to build the hospital. The promise was not kept by that government. The next one waffled on it. They finally built a hospital as the first stage of building the Health Sciences. But it wasn't until many, many years later that the health sciences were built on campus. Then again, at that time, there was still another debate as to whether it should be on the Shaughnessy site or the university campus. Ultimately the university campus won out. It's been an ongoing debate: Where should the university hospital be? It did end up on campus but it was a close call; it almost did not. I can't imagine a medical school without a hospital near it very long. I mean, it was all right on a temporary basis.

**Int.:** *Dr. Dolman in his report, I guess was one of the key people who recommended having a hospital. I understand, prior to his report there wasn't really too much debate about whether or not there should be a hospital. The debate really seemed to centre around whether it should be at U.B.C. or whether it should be at the General.*

**R.P.:** It was taken for granted there wasn't going to be a hospital.

**Int.:** *Yeah, that's what it seems to be. With that understanding, why do you think they didn't start a medical school much earlier than they actually did?*

**R.P.:** Umm. First of all there was the war. I don't think there was any expansion of medical schools at that time. It was only post war when some of them started up.

**Int.:** *I think the debate for a medical school started in 1915, like the First World War, and there was some time in between. There seemed to me to be some sort of lethargy as far as the Government, the university, the doctors, the community, the whole...*

**R.P.:** Yes, that's for sure. A built-in reluctance; it's hard to say why. I was not privy to that at that time.

**Int.:** *Did you feel with Dr. Dolman, and I suppose other supporters of him, that if they weren't going to build a hospital at U.B.C. that they should wait before they started the medical school?*

**R.P.:** That was voiced by a number of people. Being one of the hungry ones I was absolutely against it. I would have been happy if they'd built the med school in Timbuktoo or Pouce Coupe even. I'm sure all my colleagues were the same.

**Int.:** *You just wanted to go to med school...*

**R.P.:** We just wanted to go to med school. We were as obsessed as the rest. We didn't really understand that you can't just teach medicine in isolation. It has to be where the patients



are and, of course, everybody realizes that the problems of having the medical school on the tip of a peninsula on the wealthiest side of the city at a great distance from where the mass of the population is, is not the way to go. However, that's the way it went and the problems that have been created have been created by the geography and historical accident.

**Int.:** *Just taking your last point. Do you think it might have been better had they started the medical school at the Vancouver General Hospital?*

**R.P.:** Oh, I think there were a lot of good reasons to have built it there, yes. First of all, that's where the pool of patients was at the time it started.

**Int.:** *Do you think that having the association with the rest of the university though was important in your medical years, not your pre-medical years as a medical student - to keep that contact was an important issue?*

**R.P.:** The irony was that I would say, during the four medical years, you had very little contact with your peers in other faculties. You had the occasional professor coming in. I can always remember Dr. Beasley from Poultry Science coming in and showing us how nutrition and chickens and us were all connected. That was an incredible lecture. He was a famous scientist. That stands out in my mind. A man they had probably never heard of at V.G.H. But generally speaking we were isolated even though we were on the middle of the campus. You have to remember, this was not the days of the Health Sciences Centre. Whether it was coordination of nurses' training or social work training or psychology training, there was none of this at that time. Disciplines were taught in isolation. Even Pharmacy had no connection with us although they were functioning at that time. There certainly was some nursing training going on, not much. And there was absolutely no connection I can remember of social work. I do remember that there were people came in. Dr. Kenny, who later was president of the university, was one of our teachers in psychology, who came to teach some of the courses that we had. There weren't that many in the humanities. But I think there was an advantage, yes, to being on campus despite the fact that it was isolated.

**Int.:** *I imagine it still is, really.*

**R.P.:** And I should point out that, unlike many faculties, members of the Faculty of Medicine of the day never participated in other university activities.

**Int.:** *Why was that?*

**R.P.:** The irony is I just noticed that the Board of Governors just re-elected a medical student to be a representative on the Board of Governors. Now, in our day there was no way that anybody in medical school would be encouraged, allowed, or even conceive of going and doing something like going on student council

**Int.:** *They had too much work to do?*

**R.P.:** Well, there was the pressure of work but there was an attitudinal thing: that you were not supposed to be doing other things. There were very few of us that were. There were a few of them that were doing the odd athletic thing, but not many. Some of the people in our class were very athletic. There was Bill Bell who was, I believe, a basketball star if I remember rightly; but he wasn't playing basketball.

**Int.:** *He was just becoming a doctor.*

**R.P.:** He was becoming a doctor. The whole focus was on being a doctor. And if you were doing other things you were suspect. And I was one of the suspect ones because I always tried to do some other things. It wasn't easy. It's one of the sad things of medical school. It does isolate you. Finally they have turned that around and I notice most of the people who are graduating now have a much broader experience. Ours, like most med schools, was fairly narrow and I think that does condition things in later life when people are operating in teams. Like, in my profession, it is mostly teamwork except in private practice in an office. And, of course, in modern medicine it is mostly teamwork, everything from OR's to outpatients. But in those days doctors were trained to be individual operators - take responsibility, operate in your own way, in an ethical way like your colleagues, but not in groupie things.

**Int.:** *That's interesting. So I would imagine that most of the people who you went through medical school with still have that kind of approach, then?*

**R.P.:** I think so. And I think some of them overcame it. I can think of one who became an associate dean or assistant dean in the Family Practice Unit at U.B.C. That's Dr. Boggie. However, I think that's the nature of personality and it was his personality rather than the training he got at med school that made him into that kind of family practice oriented person who would be used to working in teams.

**Int.:** *Can you tell us something about what the years that you spent most of your time at the Vancouver General, were like? How the classes were conducted? Just something about that aspect?*

**R.P.:** Well, life at V.G.H. depended on where you were assigned and we had a mixture of things, on-ward things, but we also had lectures too.

**Int.:** *Where were they held?*

**R.P.:** There was a mixture. Our first lectures at V.G.H. were held in the old buildings that were the buildings that the students marched to U.B.C. from in the great trek! They were still existent at that time. They were over where the new Emergency is. They were World War I wartime buildings and they consisted of, as I recall, 2 or 3 lecture rooms and we had some of the initial V.G.H. lectures there. Most of the other things were held in small groups in seminar rooms off of wards. An awful lot of teaching was done round bedsides in groups of 4 to 6.

There was a medical student lounge and centre in a hut across from V.G.H. near Tenth and Heather which was the social focus, near the library, the medical library, which was in the Heather Building... (space) What I remember is Marguerite Ford who is now an alderman with the City of Vancouver was the person in the library, which we had in our lounge centre initially. She was sort of the only female some of us would see outside of our three female classmates for the first year. And I always remember Marguerite Ford for that, that she was a breath of the outside world when you were trying to study and work. The other memory of V.G.H. for many of us were doing things because in those days medical students and interns used to do an awful lot of lab work. If you were doing certain rotations, both in med school and later in internship, your first chore would be to go down and do all the urines at 6 o'clock in the morning yourself. There was none of this computerized lab printouts that you might get in the mail on patients. You went and did it. There was a lot of this hands-on, do-it-yourself stuff. So I'd say that would be one of my negative memories, boiling urine at 6 o'clock in the morning which, for me, was not a cup of tea.

**Int.:** *(laughs) You mentioned a library at V.G.H. Was it fairly well stocked? Was it a good place to go?*

**R.P.:** No, initially it was very under-stocked and, as I said, it started in the lounge and then later moved over into the Heather Building where I'm not sure - I believe it still is. It gradually grew as we went along because in the beginning it just didn't exist. It was a typical hospital library with just old journals and a few books that people had donated. You really couldn't call it a library. But then they started an inter-library loan thing. If you wanted books they often had to be brought out from campus.

**Int.:** *Was there a fairly good medical library at campus?*

**R.P.:** Well, I wouldn't be expert enough to say how good it was. It was very difficult to get books that you needed. Sometimes even buying a book was difficult in Vancouver because there was no traditional source of medical books. If you go to Montreal or New York or London there are bookstores that specialize in medical books. But at that time there was not in Vancouver so it was always very difficult to get resource material. There was only the one source which was the U.B.C. Library and not ever having had a med school there it was very haphazard as to what it would have. It might have a great deal in basic sciences and very little in clinical sciences. So I'm sure that the faculty were hard-pressed to get the library stocked. It was obvious you couldn't buy everything at one time. You didn't have the time to. And they didn't even know the courses they were having next week or next year so often the books were never there. So a lot of the materials were presented orally or in other ways - mimeographed. Much of the teaching faculty was clinical. People were unpaid and untrained; very few of them - well, none of them here - and some of them had had exposure in other medical schools. But almost everybody was groping around so it was always spotty as to what sort of course you would get. You could never be quite sure if it would be high quality, low quality. There was nothing predictable about anything. So it turned out some of

these clinical people were superb teachers and others were impossible teachers because they had never done it before. So being the guinea pig you win and lose. But even the exposure to people who were poor teachers but good doctors was worthwhile, even seeing them in action.

**Int.:** *How did they actually teach you the clinical side of it at V.G.H.? You mentioned there were small groups but was this ..... ?*

**R.P.:** Most of the teaching was done at the bedside and then moving into small seminar rooms nearby. One of the things, as I remember - and my memory is starting to slip, I'm afraid - is that U.B.C. med school tried to integrate rather than teach courses in isolation. They tried to cross disciplines, both clinical and basic science disciplines and they would often have more than one teacher present. I suppose the first of group teaching; it entered the public schools later. There was some of that and there were attempts to not just teach things like anatomy by one system but across-systems. Instead of just teaching you all about the waterworks system they would try to teach how the body as a whole operates to get rid of waste, through the liver, through the bladder, through the skin. And therefore it might require teachers from different areas. There might be an internist and a surgeon, a urologist or whatever, combined. I think that was a unique thing at U.B.C. as I recall. I'm sure that's what our teacher said. I'm sure it's probably the way it's done everywhere now.

**Int.:** *This is more in the clinical years than in the basic science years?*

**R.P.:** No, it was done there originally too. Well, we had this isolation from the rest of the campus. Because the university med school was so small, the faculty was small, the student group was small, it was possible for these people to fuse things together when they were teaching such things as microscopy using slides of this or that. Then they would also have somebody there who was an anatomist. It was quite possible because of the smallness to do this and I think that was an advantage.

**Int.:** *One of the things I was going to ask you about is a thesis that you were required to do. Can you tell us something about that?*

**R.P.:** Now, this was a unique thing apparently at that time. The reason for having a thesis is that they decided that if this was a doctoral level training that it warranted having a thesis. And right from the beginning of the medical school we were told that we would have to have that thesis. So we were given wide freedom on what topic we could choose, Mine was on "The language and logic of schizophrenia". It was a very esoteric subject at the time for me, but it forced you to go into areas that you might not go into normally because of all this rote learning that we were taking. It was a cross-discipline of psychiatry in that case.

**Int.:** *I would imagine you would have to do a fair amount of research for this. Back to the library again. Were you able to find the information you needed here?*

**R.P.:** I was fortunate because in my area the libraries were very good. Now I don't know how the other people fared because we had every conceivable kind of thesis. I think that was a good thing. It was unique as far as I know at the time.

**Int.:** *It was later dropped.*

**R.P.:** Yes, many of these things were dropped.

**Int.:** *Did your class, or you in particular, feel it was something you would rather not be doing?*

**R.P.:** At the time it was a real bind for most people. There was all this competitiveness in trying to keep up with the pressure that was going on. To do something like a thesis which wasn't immediately needed was a real problem. I don't know how I could convey the urgency, contrasting it to other teaching situations that I have been in. I had never been in a place where the exams were coming so quickly. There was almost an exam constantly and they were thrust on you. You were never prepared for them. These were in subjects which normally people would take great preparation. Such things as pharmacology or things that you have to learn formulae in. It was always this expectation: What is going to descend on us today? Who is going to give that exam now as we walk in?

**Int.:** *You had to constantly be on your toes, then?*

**R.P.:** I think these faculty members were trying to find out what, in order to teach next, to figure out where we had got to. Because they hadn't got the experience of people going before. Because, let's face it, in any teaching situation people tend to develop their notes and their form.

**Int.:** *But didn't a lot of these people come from other faculties of medicine in other universities so they had had that...*

**R.P.:** Yes, some of them did have that. I'd say some of them were noted for many things. I'm trying to think of his name, the physiologist was quite a famous scientist, he was a researcher who found one of the new hormones.

**Int.:** *Dr. Copp.*

**R.P.:** Dr. Copp. I don't know, he was so young. I don't know how much teaching experience he would have had. These guys looked old to us but I think they were very, very young.

**Int.:** *They must have been fairly close to your age in some cases.*

**R.P.:** This is it. I think some of them were really fresh PhDs, but brilliant. I have no doubt that many of these were brought in. There were some really experienced teachers - I guess Dr. William Boyd was the most noteworthy - he's the man that was the dean of surgery, I suppose, definitely in Canada and North America, perhaps in the world. He

was certainly...Did I say surgery - pathology, I should say - he was a unique teacher, but of the old school. He was one of the very few that I had. He was a traditional-type teacher, more didactic, although fascinating. But we had many people like Dr. Kerr and Dr. McCreary who were really humanistic, clinically-oriented people who wanted to convey a completely different grasp of medicine than they had been exposed to. And I think that's what shaped the medical school was some of the attitudes of these people. They were trying to break out of old modes of teaching.

**Int.:** *Were you able to get to know a lot of them quite well?*

**R.P.:** Yes, I think that was the advantage of a small school. I would say, at least half of the medical school class would be on - even yet - on very friendly terms with the teachers. There were some very unique personal relationships.

**Int.:** *What about relationships between the students and the dean, Dean Weaver? Were you able to have a lot of contact?*

**R.P.:** That was another kettle of fish. I think I mentioned before that I had had probably the first contact with Dean Weaver of any of the students because of the pre-med thing. He had been appointed, come from the Midwest of the U.S., to be the dean. He was the first appointment. As I think I admitted, my first reaction was not one of joy. And some of my impressions were quite different, as I understand after talking to some of the faculty members of the time. He came across to me as a very rigid person. I suppose I was over-reacting because I very quickly found out that he hadn't got much sympathy for psychology, psychiatry or humanistic medicine, that he was much more into - well, it's unfair, I guess, he's dead and gone. He just seemed rigid to me and I certainly didn't make a friend of him in my first talk to him. I was used to the U.B.C. approach to teachers because even in my contacts early in university I had quite an open relationship with a number of the teachers. And I'm not unusual. There were a lot of people who I got to know, like Dr. Dolman, or Dr. Grant or Dr. Gibson. And many of us had a very open thing even with Dr. Larry Mackenzie who was president of the university. It was quite possible to sit down with Larry Mackenzie and have a cup of coffee and talk about what was happening. I'm afraid that the new dean did not seem like that to the students. I am told by the faculty at our last reunion that my impressions were wrong, that he was much more friendly, much more open, much more liberal. I saw him as conservative, rigid and not open.

**Int.:** *Do you feel that some of the things that he did during his time as dean proved your first impression, or not?*

**R.P.:** No, I never got to know him. But I don't know that many of the students did, unlike how we got to know our teachers, including Dr. Boyd.

**Int.:** *Which is not unusual, that you wouldn't get to know the dean.*

**R.P.:** That's true; he's the manager.

**Int.:** *And I don't imagine that he actually did very much teaching, or did he?*

**R.P.:** I can't recall, but I could be wrong .... my memory's failing.

**Int.:** *So do you think he was a good choice for the first dean of the medical school?*

**R.P.:** I've voiced a prejudice against him so it's kind of hard to say yea or nay.

**Int.:** *I took that as a sort of personal reaction to him. If you can somehow think of just the job that he did, getting faculty...*

**R.P.:** In my view, it was a tremendous task. Somebody made it work and he was the man so I presume that he was a very good manager but we, the students, weren't privy to that. All that I was privy to was, when he first arrived and the PR side of it, with all the potential mass of students out there, I was trying to find out from him what was up, unlike people like Dr. Dolman and Dr. Ranta and Dr. Gibson who didn't feel quite the same since he was not used to students coming and asking him what kind of a school system it would be? What are you going to be doing?

**Int.:** *Maybe he didn't know the answers either! (laughs).*

**R.P.:** That could possibly be what it was. Maybe our brashness didn't go over well but we were used to - you must remember, these were heady days and it wasn't just the med school, there were all sorts of things going on on campus. Those were the days of near revolution at times; those were the days when the leader of the communist party came to U.B.C.; and they had a thousand students and they dragged the cat across the stage in front of him in the middle of his speech; and those were the days when the Canadian Legion veterans were very active politically and conservative. But there were clashes of every conceivable idea and opinion; and there were groups, political of every stripe; social issue groups of every stripe. There was no such thing as feminism then, or ecology. But I'll tell you, there sure was a hell of a lot of politics of every conceivable kind and it included everything from NATO to the management of the university. It was a fairly open university, that's the way Dr. Mackenzie had operated, in almost a cooperative fashion and openness. This allowed it a lot of turmoil. I don't think, even the days of the Faculty Club occupation by the New Left, I don't think even those days were as heavy as the post-war days when there was all this going on on the campus. It was the days of the Peace Congress, the communist-oriented one. The president of the U.B.C. Student organization got very involved and he went to Europe as a part of all this and became part of the whole clash of Right and Left. And the campus reflected all this. Some of the people whom you see around in politics now or professions were either activists or conservatives in this whole conflict. For example, Bewley the columnist was one of the most Right-wing conservative students and he was leader of the Conservative party there. And Grant Livingstone who is head of the Legion. All these things were fermenting and it was this kind of a scenario when the dean arrived on campus. I don't think he was used to this kind of a campus, somehow or another. U.B.C.

was a little different than most campuses in Canada because President MacKenzie had said, No student will be refused at U.B.C. If they turn up, we'll make sure there's a classroom, we'll make sure there's a class. Now he couldn't make room for every medical student but he made room for everybody who wanted to come to Arts or Sciences. The thing just grew, grew, grew and there were all sorts of ....

**Int.:** *It's interesting because that's not the sort of impression that I received in some way of what it was like, sort of having gone to university during the 60s when there were so many political things going on. One always thinks that that was the only time that that sort of thing happened. It sounds quite different from what you were saying.*

**R.P.:** Having been around in the 60s and having been involved, and having to represent the hippy Fourth Avenue and Kool-Aid and everything else - yes, there was much more politicization of the general public but I'm saying on campus it was highly politicized. And I don't mean just party politics but ideas. People would go in droves to hear people coming from off campus, conflicted things. And it wasn't then about abortion or feminism - that sort of thing - but to do with where the hell the world is going. A broad, philosophical, political...

**Int.:** *Just before we stop for today, maybe you could tell us something about some of the social activities you had as students. Some of the things I can think of are a graduation ball, and I think you had skit nights? Did any of those happen in those first few years; whatever things you can think of.*

**R.P.:** Part of the attempt to get over the town/gown thing, they decided very early on - I think it was in the first year, maybe the second

**Int.:** *possibly it was the second*

**R.P.:** they decided to have a big ball at which they would try to get all the community doctors to attend as well as the medical students. This was before graduation balls; this was the Annual Medical Ball. As I said, we had this mixed bag of students and some of them were what I would have to call the bespectacled, brainy type of high school student. In our class we had four students of the Mennonite faith who, at least a couple of them, had come straight off the farm and were very Mennonite: traditional, old-fashioned. When they first arrived in medical school they hadn't heard many swear words, I don't think. It was quite a shock to some of them when they were up against some of the veterans who could hold their own in any sort of company. So, when it came time to have social events, some of the students, the "brains," were not into socializing at all; they had never done it. Their idea of a good time was maybe on Saturday night to turn to a recreational book rather than a textbook. That might be their big night. And the Mennonite boys were the best example of this. The first time we had a ball (There were only sixty of us and - it might have been our second year) and we had a shortage of people and we needed people to run the thing so the four Mennonite boys acted as the doorkeepers and things like that. Of course, by the end of the medical school, those four had transformed from being these very innocent four Mennonite boys to being quite



different. It was a very interesting transition. And it was for some of these others but, generally speaking, there were some people who went all the way through med school - I'd say, about ten percent of the class- who never socialized. And I think they missed something. Most of the other people tended to socialize more and more as the years went by. There were, of course, among the older students the kind of guys who were used to drinking beer and playing poker and playing craps and I'm sure some of the students can tell you about it. I'm not a gambler so I can't tell you that side, but some of them had some interesting parties that started out in a formal way but ultimately became crap games. This was probably the main outlet for a small core of the people. But there wasn't much social life. There was very little of what I saw at McGill; a totally different approach to socializing outside of school hours. There was a limited amount and it was usually in very, very small groups. There was none of this *esprit de corps* of doing things together, just nothing at all. That's the way it was, I think. But there were these balls which people did attend, which the community doctors also attended, so that was a good thing. One thing I do remember is the first socializing or breaking out, it was a thing I think I did mention before, it was the very first time they opened the labs the absolute alcohol all disappeared in the very first week!

**Int.:** *Oh dear - laughs.*

**R.P.:** Some of the older students, along with a few of our adventurous young ones, discovered that absolute alcohol was not only better than Liquor Control Board stuff, it's about ten times stronger, pure .... and it all disappeared! It's the only breaking out that I can recall and from then on, through the rest of med school absolute alcohol was kept under lock and key. But there was no such thing as having teams. It was a very rare event to do anything like that; which is not necessarily the best way to go to school.

**Int.:** *However, I understand that your class still does get together, you know, years after the fact.*

**R.P.:** Yes.

**Int.:** *I don't think that kind of thing happens with many classes that go through university together.*

**R.P.:** We had our either 25<sup>th</sup> or 30<sup>th</sup> not too long ago. We have never had full attendance. What we would get would be somewhere between half and two-thirds of the people take part. There are all sorts of friendships that have carried on, but mostly just as individuals or pairs or threes or fours.

**Int.:** *Thank you very much, Dr. Parkinson. We are at the end of the tape today so we'll carry on later.*

**Continuation of interview with Dr. Ray Parkinson, Wednesday, May 1, 1985:**

**Int.:** *Dr. Parkinson, I thought today what we could start with is talking a little bit about the two reports that were done, one by Dr. Dolman and one by Dr. Strong, prior to the medical school starting. Were you aware of these as a student?*

**R.P.:** As I was saying, I don't recall the details of the reports but I do remember them being made. We, as students, were not too involved with the reports themselves; all we were interested in were the conclusions and, of course, the battle over the siting of the hospital. The start-up of the medical school with or without a campus hospital was the central issue, and the mechanisms of starting. But we, as a pre-med society and as individual students, had very little input at that level. That was the days before student input in things like that.

**Int.:** *Would you have had a chance to read either one of the reports? Would they have been available?*

**R.P.:** Yes, they were in the public domain and a lot of them were published in the newspapers, part of them, I should say. But all we were interested in was getting the campaign to succeed and that was to have a medical school at any cost. I don't think the students were particularly interested in the fine points of how; they were interested in achieving the end result of the medical school.

**Int.:** *Both of these reports really said quite different things in many ways. Dr. Dolman was recommending, one of the main things was a university hospital and having the medical school on the campus. Whereas Dr. Strong was more for having it at the Vancouver General, totally if necessary. What were the students' opinions on these two approaches?*

**R.P.:** All along the campaign that had been initiated in the end of the war period, post-war, by the students was geared to having the medical school and the hospital on campus. The original campaigns were started before my time and were all focused on that. But when push came to shove the students were wanting a medical school and when the Government finally went without the hospital on campus the students were not as concerned, of course, as some of the people who were directly involved in forming the medical school. Plus those who were downtown in the three major hospitals who had their own views as to whether there should be a separate campus hospital or whether we should use the existing facilities. Even amongst those people there was a division. Some of them whom I'm sure were interested in teaching full-time on the campus would, I'm sure, have preferred a medical school hospital on campus.

**Int.:** *Did any of these people speak to the Pre-Medical Society? Dr. Dolman or Dr. Strong, that you can recall?*

**R.P.:** I don't recall Dr. Strong but certainly there were a lot of speakers coming from the downtown medical community, talking not just about the campaign to have a med

school but talking on a lot of scientific subjects, about the practice of medicine. There were weekly lectures attended by hundreds of pre-medical students because this was the thing that whetted everybody's appetites. Because the very lack of them on the campus made people more interested in outside speakers coming. I understand Dr. Dolman in particular recommended waiting, if a hospital couldn't be built, just waiting till it was possible to do that.

**Int.:** *Did he try to quiet the pre-medical students at all and have them not quite so energetic in their demands for a Faculty of Medicine right then? Do you recall that?*

**R.P.:** I don't recall him approaching us directly about it but we certainly knew that he was the more conservative of the people concerned and that he was opting for the perfect solution which was a hospital and school on campus. And, of course, being as that didn't meet the needs of the students to have it postponed, that wouldn't have been favoured by the students, either formally or informally. Dr. Dolman was one of those on campus with a degree who was active in the med school formation and who was known to so many students, both as a teacher and as a person of substance. But he was a conservative-minded type person and I don't think he reflected that mood that was on campus which was to have a medical school at all costs.

**Int.:** *One of the - I suppose in some ways it was a compromise between the two different groups, that they would bring in some consultants from other areas to take a look at the situation and give their opinions on it. And just about all of them - I think, in fact, all of them - did recommend a hospital being built at the university. And some people felt that if they weren't going to do that it would then be a second-class medical school. Did you feel that as a student? That it was, or might be. Was it a concern of the students?*

**R.P.:** It was always part of the campaign to get a medical school that there would be an integral hospital on campus. That was what was campaigned for across the province by the students over many years. But when the issue really came to a head and it was clear that the medical school with an off-campus hospital situation, the students were really not concerned. They didn't feel that this was compromising the quality of education and certainly, in my four years in the medical school, I don't recall hearing any of the students, either informally or in a formal way, being critical of the lack of a hospital on campus except for the inconveniences of going back and forth, that was a constant complaint of the students, the time loss. The one thing you had at medical school was a grave lack of time. Most people begrudged the amount of time it took to go between classes, just the sheer mechanics of doing it. But the idea that they got less than quality training, I don't think entered the minds of any of us. We didn't believe it. I don't think in retrospect most people would believe that they were short-changed at all. In fact, probably the way in which we were integrated into the hospitals and welcomed by all of them, because it was a challenging thing for them to fit into the existing clinical system, all these external people, both the teachers and the students. The physical space problem was a challenge, but I think all the places from St. Paul's to V.G.H. and Shaughnessy and other facilities that were used, all rose to the occasion and I don't think anybody truly suffered.

**Int.:** *Did you think at the time, too, that it might be a good experience or a bad experience, or think about it really, having time spent at a larger hospital rather than what would have been a smaller hospital on the university campus? Looking back, do you think it did make a difference?*

**R.P.:** I think in retrospect that the advantages outweighed the losses because there is a complaint rife in medicine that general practitioners get trained by specialists in specialty hospitals such as campus hospitals and they are not exposed in the beginning or even in the middle of their education to working in the kind of situation they would work in for the rest of their lives. This has really skewed medicine far too much and certainly there have been many, many attempts to be more integrated into the normal medical community instead of being in a separate, small campus hospital. I personally believe that in a large urban community hospital you are bound to get a better cross-section of the public and of the types of problems you would run into in either general practice or a specialty practice, that you would never see on a campus hospital situation. I think the events that are occurring right now prove it. In my own specialty there is no doubt that the psychiatric hospital on campus, which was the first one to be built, never has been able - even nowadays - to give the same kind of experience that medical students and graduate students in psychiatry get in the city hospitals like the V.G.H. and St. Paul 's. I think that is a generally accepted view of most people in my specialty. Now if it pertains to the other specialties I'm not sure. Because we were the very first to have a hospital unit on campus we had a much longer experience. And we had the experience of having a separate psychiatric hospital apart from a general hospital. This too was a negative thing because the integration of units and hospitals with the practicing community is the critical thing in medicine today and everybody agrees with that. So the distance the University of B.C. has from the centre of the city is a deficit thing for a medical school, both in the patients it receives and the closeness to the community it serves.

**Int.:** *So it sounds as if they would probably have had to use a lot of the facilities available - and do today.*

**R.P.:** The truth of the matter is that to get quality teaching material, to be in the place where most of the teachers are, you have to go into the city, the urban core city, to get that kind of experience. While it's perfectly true there's a place and a need for a university hospital, I don't think many of us who are in either specialty or general practice would say that you could learn all the medicine you need to learn on campus. I don't believe it and I don't think many others do either.

**Int.:** *Do you think there was any trouble - I don't know, Vancouver was much smaller at the time - finding all the different types of people that you met at the Vancouver General Hospital when you were a student?*

**R.P.:** You're referring to the teaching staff? (pause) Yes, there were problems because never having had a teaching hospital there were, I'm sure, many people just not readily

available. And yet it was surprising, I recall, when the medical school started that, right from the very beginning we had, in the Faculty of Anatomy, we had an artist, which surprised me, a person who had training from elsewhere. The advantage of British Columbia was, of course, everybody moves here so there was a lot of talent around before the medical school ever started, people that moved here for other reasons, such as clinical work, the scenery, or for other reasons such as family reasons, and so there was quite a reservoir for the medical school right from the beginning. Though there hadn't been any seeming need for these people here before but emigration had brought these people here by accident.

**Int.:** *Do you think that the needs of the students or the needs of the province in general were uppermost in people's minds, those people who were involved in getting the Faculty of Medicine going?*

**R.P.:** I think everybody in the population generally agreed that having a medical school in the province was an imperative. Everybody agreed that it would upgrade the quality of health care throughout the province and therefore it was in everybody's general interest. The Government of the province was not too convinced because it, as it had done in so many other areas, had always relied on the import of trained people. Therefore, it never felt any more imperative to train doctors than it did to train veterinary surgeons whom it still relies on to be trained in Guelph or elsewhere. There was a general attitude that it was an expensive thing, why bother when people come here anyways? So that was an attitudinal thing. Those of us who had anything to do with it have no doubt that it upgraded the quality of medicine and that quality is what people depend on. And it certainly did help to upgrade hospitals in British Columbia generally.

**Int.:** *The debate that went on about the Faculty of Medicine: it seemed to me that it was a somewhat bitter controversy; that there were people with quite different ideas about it. Did it affect the students? Did you feel this bitterness at all - or, again, not really?*

**R.P.:** We did and we didn't. Very few of us had involvements with the profession in negotiating for support and dealing with politicians and the university administration. Yes, we were aware of all these differences. But I don't think the vast majority or either pre-med students or those who got into medical school were aware of the conflicts in the medical community because it was really a medical community fight rather than a political community. Most of the political community, as far as we were aware, were pro medical school, whereas in the medical community there was quite a division between those who felt that it should proceed and those who didn't.

**Int.:** *In 1951, I believe it was, Dean Weaver purchased some property at the hospital, at 10th and Heather. Do you think that, if he had not purchased that property and built a building for the Faculty of Medicine, that the hospital at the university might have been built earlier than it was? Were you aware of this?*

**R.P.:** Yes, this was publicly known at that time. But it was a necessity. There was a grave need for some of these facilities that were lacking in these very old buildings at the

Vancouver General. I think you are referring to the space that eventually became a library.

**Int.:** *I think so, yes.*

**R.P.:** It was a necessity when we entered the clinical years, which was of course 1951.

**Int.:** *So it wouldn't really have made much difference, then, to the direction that the school took?*

**R.P.:** I don't think the amount of money that was invested in that direction had any impact whatsoever. Because the government of the day in 1949 had announced that it would eventually build a hospital on campus. That was agreed to at that time. It was a promise. It just never said when. So upgrading facilities at any of the hospitals I don't think held up the campus hospital.

**Int.:** *Why do you think there was a division between the opinions of the university and the downtown doctors?*

**R.P.:** Well, not having been a downtown doctor at that time, I have no real way of knowing. I think there is a tendency in medicine to be conservative, to resist change, to do things slowly, to look at things carefully; and I think that's what most of the people who were resistant were concerned about: that there was too much rush going on. It was almost upsetting one's turf right, I believe. There was, of course, a lot of people in the medical community downtown who were very pro the medical school, that formation and hospital formation. I'm not really privy to why they would do it. I would hate to think that it was their own selfish interest, I don't believe that. I think it was just conservatism generally in medicine.

**Int.:** *If you can recall, I thought we might talk a bit about some of the actual courses that you took. And, if you can remember anything about them specifically, the ones you took at the university and then the ones you had when you were at the Vancouver General as well. I think at U.B.C. you had Anatomy, Biochemistry, Pathology, Pharmacology, Physiology and Public Health. Can you think of anything specific about any one of those subjects that stands out in your mind?*

**R.P.:** I think all the people in the medical school would probably agree that the most unusual and stimulating of the lecturers was Dr. Boyd because of his reputation that preceded him and the fact that he was such an intriguing character and such a really stimulating lecturer. He had a wealth of anecdotes and connections with people throughout the world of medicine. He was the star of the campus, there was no doubt about that. He was quite different from the rest of them because of his age - he was coming in more or less on his retirement years, from Toronto. He was well-known and published and his was the textbook, so he was almost like the oracle of traditional medicine for us. He was such an interesting person. He was a mountain climber and in his 60s was still doing it actively, but a delightful - I don't know what his nationality was but I would have to

describe him as almost Irish in his ways and manners of talking. I think all students found him very stimulating. He was such a difference from the rest of the teachers who were so much younger and much more "modern." I'm thinking of people like Dr. Darragh in Biochemistry. He was a very serious-minded person who threw on the work, was a work-horse really, both himself and his expectations. He was in contrast to the pharmacologist teacher who was an interesting person of a totally different kind. He was a man who came from the United States because of the loyalty oath issue. He had been involved with the National Executive of the American Medical Students just prior to that because, during the postwar years, some of the student organizations in the States got quite active. They were labeled as Communists and this label followed him right through into his teaching career. This was Dr. Foulkes who has remained all his life an activist in both the peace movement and politics. His lectures were noteworthy because he was what I would have to call an almost compulsive talker. He talked at machine-gun rate and gave you no second breaths to catch up on anything. It was the moment the door opened till the moment the door closed; it was just one constant race, and this went on hour after hour after hour. In his subject, of course, the detail was incredible and I don't think many people went through the medical school without recalling the stress of being in pharmacology because that is a really stressful subject. The initial lectures in anatomy with Dr. Friedman, I think everybody would agree, were a delight. The Friedmans - because they were man and wife, both in the same area - were both teachers. They ultimately published a book which was an artistic thing in itself. The thing that would stand out in my mind about Dr. Friedman was how dexterous he was. He was able to simultaneously draw on the board with both his left and right hand. I've never seen it done elsewhere by anybody: two different things going on at once, left and right hand. He was a fine artist so he was able to create a visual thing for the students which in anatomy is very important. But also he came - and his wife - from a McGill Jewish background of academia and this brought another whole spectrum to the university med school of what I'd have to call the Anglophone atmosphere of education in Quebec. He tried to inculcate in people this love of learning for its own sake and, of course, being in such a basic science and it being a visual thing, he married the whole together using not just his own artistry but, at that time, visual aids which were just coming new in medical school teaching. The whole experience, I think, for most people was to make a very difficult subject interesting because anatomy is one of the more demanding of subjects because of the intricacy of it all. (pause) I noticed, talking of anatomy, that the Dean of Medicine, the current dean, Dr. Webber just announced the retirement of Gordon Crossen. Sometimes medical schools ignore the support staff. Gordon Crossen was apparently the first employee of the medical school and to us, at the time, Gordon represented the medical school because he seemingly had to do all the running around for everybody, particularly the Department of Anatomy. It was his job to find and prepare the cadavers and get things off the ground. He went right through from 1950 to just this year. And I think most students would agree that Gordon Crossen was a good friend all those years. Anybody who ever ran into him in their training saw him as a help. So he stands out as a unique person too yet he was not an academic. He became a manager at a support staff level but he was the first person you really dealt with in medical school because he ran the anatomy lab, which was the first thing we entered. Our first introduction to med school was the anatomy lab and Gordon Crossen

and a group of young instructors, who were recruited from the surgical staffs of the downtown hospitals who were Fellows at the university. They also became very close to the students because, being just a very small core of people, you got to know your teachers and instructors and support staff intimately which you wouldn't do in a large, established institution.

**Int.:** *Did you have much opportunity to spend time with your teachers, and support staff as well, in a social setting?*

**R.P.:** Yes, because of the smallness of it and the informality, and because, as the teachers have confessed since, they were just as new and green at this thing as we were, there was a tendency to be fairly informal and there was lots of talking over coffee. As I said, beer or alcohol was never part of the campus life on campus. But there was an awful lot of that informal discussion, and because it was almost like a joint project there was lots of questioning and feedback from the teachers and the instructors wanting to know how they were doing. So it was a joint effort. Not what I have seen since then in more traditional places where there is a formal barrier between teacher and student. We didn't have that in the beginning.

**Int.:** *Was it much the same when you moved down to the Vancouver General, with your instructors there? Or was it a different atmosphere?*

**R.P.:** No, it was a totally different atmosphere when you got to places like the Vancouver General because these places had been going for so many years and had their own rigidity, everything from the head nurses who had been in psych for many, many years to the great surgeons, the great internists who had run their show; and we were the intruders. It was a totally different ballgame. But at that stage people like Dr. Kerr, teacher of medicine, and our paediatric teacher, these were the people who really were helpful when it came to working in the V.G.H., St. Paul's and Shaughnessy, who helped shepherd us through what was a much more dramatic situation because we were outsiders there and we were upsetting the system people had had for the previous fifty years. We were sort of trail-blazers going into wards that had never seen students.

**Int.:** *How did the patients generally react to having the students there?*

**R.P.:** We got a lot of mixed reactions because people were not used to it in Vancouver in 1950-52. They were used to their own doctor and even interns and residents had some problems because these places were not teaching hospitals. For student groups of 4 to 6 people to be around a bedside was not an accepted thing in Vancouver.

**Int.:** *I imagine it would be somewhat intimidating to certain people.*

**R.P.:** It took a lot of persuasion sometimes to get the patients to agree and we were often assigned to take histories of patients; sometimes we would find patients very reluctant and ultimately students would have to withdraw because it was not the socially accepted thing that you would find in a place like Europe or England or eastern North America.



**Int.:** *You mentioned medicine and paediatrics. Is there anything you can recall about surgery or psychiatry or obstetrics? These are subjects you tackle at the hospital.*

**R.P.:** Psychiatry, being my own area. It was very primitive when we entered the V.G.H. At that time there was no psychiatric facility in any hospital in British Columbia outside of the mental hospital at Riverview, apart from what was called Ward X and Ward R at V.G.H. These were very tiny wards, locked - really cells - more along the lines of a jail than a unit, and this was the very first introduction to psychiatry that most people got, not a very pleasant one. The second experience that most people got was field trips to the mental hospital which at that time was just coming out of the dark ages. The Crease Clinic had only just been opened three years before. So that, for many of the medical students, it was a pretty unnerving experience because they suddenly found themselves in places that were totally outside their experience, in locked wards, dealing with people that they had never had any experience with before, such as psychotic patients or the very senile, aged. They were dealing with staff who were unsophisticated because, at that time, much of the mental hospital was run by psychiatric nurses and aides, very few registered nurses, so there was a totally different atmosphere. So in the early years of the medical school the psychiatric training had much to be desired. It's interesting that during the summers a fair number of medical students had summer employment at the mental hospital or mental health services.

**Int.:** *Did you work there yourself?*

**R.P.:** Yes, I worked there several summers, and there was always at least five or six of us out there. And those that went there looking for clinical, medical and surgical experience got a great experience because, right from the very beginning, they were able to do everything from autopsies to participating as surgical assistants, doing gynaecological procedures that they would never have been able to get into at the general hospitals downtown. This is because there were visiting specialists coming into the mental hospital and to Woodlands School in New West. As a result, any of those students who did their summer work experience in those places got a tremendous exposure to surgery and medicine; for example, taking responsibility on for an infirmary of 80 to 100 patients. It wasn't uncommon at all for one or two to die every evening when you were on duty. Very active units where you got a lot of experience. So I would say, to my knowledge, there were about ten of our class who did rotate through there and got a tremendous amount of medical/surgical experience. I'm not so sure their psychiatric experiences were very good because they were far from ideal.

**Int.:** *Did you find it discouraging, with the psychiatric unit at the hospital set up as you have just described, and this the field you had chosen to go into?*

**R.P.:** Yes, psychiatry was one of the most primitive of the departments of the medical school. Indeed, the first professor, Dr. Davidson, was really a *pro tem* appointment, and he would have been the first to admit it: a very nice guy whose method of practicing in those days was considered old fashioned because the training was very limited in

psychiatry up to post World War II. There were an awful lot of what we called grand-father psychiatrists, people who had worked in mental hospitals from 5 to 25 years and went through the back door to get qualifications. Dr. Davidson was highly respected by the students, liked as a person, and curiously, much as he was old fashioned he also was part of the new wave. He was very much fixed on the idea of treating human beings by using what is called nowadays progressive relaxation techniques: holistic medicine, psychosomatic medicine. He was not much into dynamic Freudian psychiatry or the like so he gave people an exposure to something that they might not have got for the next twenty years, which didn't really come back into modern medicine until just in recent years. So that was another experience that our medical students had in the first few years, Dr. Davidson's approach to psychiatry, which was unique and was very interesting. But really the med school did have a deficit in that area. It was unfortunate, but the times and the fact that Vancouver was far behind say, the eastern United States and Canada in modernizing its psychiatric treatment services.

**Int.:** *Do you feel that you might have had a better education had you gone to one of the eastern schools? You mentioned that you turned McGill down.*

**R.P.:** Yes, I was familiar with it because I went there afterwards. And I haven't got the slightest hesitation in saying I've got no regrets I went to U.B.C. instead of McGill.

**Int.:** *Thinking specifically of psychiatry?*

**R.P.:** Well, I would have to admit that I would probably have got a better grounding in psychiatry. But I think that was the only area of deficit in the whole medical school, which was ironic. I could blame that on the first dean, who I think was ambivalent about the discipline, but I don't think it can be totally blamed on him. I think it was the lack of - non-existent - psychiatric treatment in the general hospital system at that time. So it would be unfair to blame it on anybody or anything. But apart from that area, I think we got a lot of things that you would never have got in a place like McGill. We were out into the community. I don't know if it has been reported but one of the first things that we had to do was take part in the Canadian health survey. This required every medical student to get out on the street, knock on doors - almost like being a political canvasser going door to door - to try to survey people's health status. Now, I don't know any quicker way of getting into the community than that. For a lot of our people who were pretty shy, compulsive student types, this was an eye-opener. They were assigned to various areas of the city. The purpose of it all has escaped me. I think it was part of a national survey, but we spent much time on it. And it was part of public health. Similarly, our public health courses were not given just in lecture rooms or the public health units, we ended up travelling all over the city, going to Well Baby clinics and to almost what would be called now, store-front operations. So, right from the beginning, there was an integration in the community and that was a good thing that I don't think happened in other medical schools till probably some years later. There was room for innovation and I think that was one example.

**Int.:** *And you took advantage of it.*

**R.P.:** Yes, the lack of fixed facilities made them go and use church halls and the like so there were a lot of experiential things you would never get in the traditional medical school of the '50s.

**Int.:** *Just to go back. You mentioned your work at the Riverview clinic. Was this job set up through the university? Did they help students find work in the summers?*

**R.P.:** Not until a few years later. They did encourage, I think it was in our latter years, encourage people to get summer jobs out of town. Quite a few people did go and live in and work. Some did it as a preceptorship; some did it as summer jobs. But there were a number of people who got externships, not a large number but some. That was a unique thing in those days. People would go to... somebody went to Port Alberni, if I remember rightly. Certainly to an Island town like that, and were able to work in the local hospital as an externship which in a way is an add-on person. You do a bit of this and a bit of that but are able to learn as well as get some money. So that was a very useful thing for a few of the people. The mental health services one had been a traditional one, and students also came from other universities so there were people from McGill there and other places as well.

**Int.:** *Another question about the specifics with your classes. Were you given very much chance to get into any research? Was that encouraged, or was that something that probably happened with later classes more than yours?*

**R.P.:** Well, I think I would have to say No. I don't recall anybody getting very much involved with the research aspects because to be honest, and certainly in the first couple of years we were on campus, the school was just getting started and hadn't really, I suppose, got their graduate programs going. The major research that I remember was anatomical. There were these Fellows there. But it was kind of an openness, and those students who were very, very keen on some subjects all had a willing faculty member. So I think it was very informal. I don't think there was much formalized research except in the last year when there would be a few people - but I would be at a loss to name them or the subjects that they got into - but it was not a requirement of the 4-year medical school program.

**Int.:** *I think we talked a little bit about this last time but maybe you can explain it a bit more. What was the basis on which students were admitted to medical school? What procedures did you have to go through?*

**R.P.:** Well, the first thing that you had to do was to take a graduate admissions test, which is very much like the L-SAT now and is done on a North American-wide basis. That was an absolute must. There was no figure that you had to achieve but that was available to the medical school committee. As I pointed out, there was such a large pool of people that, starting at some cut-off point, I don't know where you'd start, high second class to first class, there was a pool somewhere in the vicinity of 2,000 people as a kind of starting pool of people with expectations. And there were only sixty places. So I

couldn't really tell you how many people got on the short list or how they did it. There were certainly lots of people I knew who were good, first-class students that never got through the screening process at all.

**Int.:** *So you had to have good marks to start with, and you had to take this test and do well in the test?*

**R.P.:** The test and the good marks. And from there on in it would be a mystery to me as to how they made the selections. I've known from subsequent experience in later years that there were efforts made to right the male/female ratio. Our class only had three females if I recall right - three out of sixty. Whereas more recent classes there have been sometimes a majority of females. So there's been a tremendous shift. Of course, at that time in the 50s, I don't think there were many female applicants.

**Int.:** *I was about to say, it wasn't encouraged, I don't think.*

**R.P.:** And I'm thinking back to the Pre-Med Society. I'd have to say that the vast majority were male so the pool of applicants - the selection probably represented the pool of applicants.

**Int.:** *Did you have to have any letters of recommendation as well?*

**R.P.:** Yes. This was a very difficult thing for people to do, to get references. Everybody would, of course, go to their own physicians whom they would know. They would go to friends who were physicians. The key thing was to get people within the medical community to give you references and for most of the applicants that was a very difficult thing. Fortunately, for myself and some others who had got to know physicians through the campaigns, it was a much easier thing and I am sure it did not do any harm to have people who were known answer references. I maintain to this day I would never have got into Med School without Dr. W.C. Gibson's recommendation, because when the people were selecting out of the large pool they had such a vast supply of good people and so few places. I don't know how they did it except by guess and by golly, as to how they would select one out of twenty when they were all qualified, basically. These were not the days when you were trying to bring people in that had special experiences such as they do nowadays, where they would give weight to people who had worked in the community or the like. I'm not sure how they did select.

**Int.:** *Thank you very much, Dr. Parkinson. We're at the end of the tape again.*

**(continued Tuesday, May 21, 1985)**

**Int.:** *Dr. Parkinson. Today, I think the questions will be rather random to tie up a few loose ends from the other interviews that we have had. So they may not really connect too much. One of the things you mentioned when we were first speaking was that you were lacking in certain subject areas - I think it was embryology. I just wanted to check with you about entrance requirements to medical school. Were you given a specific set of entrance requirements that you knew you had to take?*

**R.P.:** Yes, there were the basic pre-medical requirements that were outlined. This was pretty general in all medical schools at that time. But UBC had specific ones to which there were really no exceptions. Except two or three of us did have exceptions!

**Int.:** *How were you able to get around this? This was not common, obviously.*

**R.P.:** No. As I said, I don't think there were more than two or three out of sixty that didn't have the complete pre-medical requirements. And those of us were just missing one course. I was missing Embryology, I recall. But otherwise everybody was on exactly the same track and therefore had a very strong science background because they had all been spending their pre-medical time trying to fulfill the requirements of med schools, and not really having a broad education, in my view. Which is different than what they have done in the last twenty years in med school.

**Int.:** *Yes, yes. Would these pre-requisites have given you the courses you needed to enter any medical school?*

**R.P.:** Yes, it was pretty well universal across North America; different when you went to Europe, where they had the six year program in Britain and Europe.

**Int.:** *What about the courses that were taken in high school? Were you counseled in high school as to what you should take in order to get into medical school in those early years, as well?*

**R.P.:** I understand from those who came straight out of high school that they were counseled and told long in advance what was needed. But as I didn't enter from high school I couldn't tell you; I went the backwoods route.

**Int.:** *Of course, you did mention [that] and I wasn't really thinking. (pause) Were there a lot of students that were hopeful of getting into medical school who were turned away from school in eastern Canada? People that you knew of?*

**R.P.:** Yes, it was universal throughout North America especially that for every position after the war there were at least five to twenty people applying. People would apply to many places. I don't know what the record was but I know there were people who applied to over one hundred medical schools or thereabouts. Vast numbers of applications and, for all the years that I was at UBC in pre-med, this was the constant topic of conversation between all these hundreds of people who were pre-medical students as to where to

apply, what the possibilities were. And it was not an individual thing; people were trying desperately to get in anywhere.

**Int.:** *In 1952 the Wesbrook Building was erected. What was the reaction of students to this?*

**R.P.:** Everybody was very pleased because they felt this was the very first concrete evidence of the medical school coming ultimately: the Grand Design. It was the first major structure that had been built in the complex. And I think it was a signal that people were happy to see.

**Int.:** *Did you feel on your graduation that you were part of the historic graduating class? Was this something the students were really proud of at the time?*

**R.P.:** Yes, there was much made of it being the first class in Medicine. Probably too much made of it. Certainly, the classes that followed us always made joking reference to the first class because of that; because they were constantly reminded by professors about comparisons to the first class. Which I must say were not always positive because, as I think I mentioned before, there was much more competition in our class and the classes that followed us - even the second one - were much friendlier, more camaraderie. I think everybody would agree, a happier experience. Ours was a grueling experience because so much was put on people who were chosen. And then they were praised so much that the expectations probably were far too great on everybody's side.

**Int.:** *Do you recall anything particular, anything specific, from your actual graduation ceremony?*

**R.P.:** Well... Except for getting emotionally overwhelmed, as we all were. But I suppose for most people it was the let-down after having spent all those years; finally reaching the point where you are a graduate doctor although you don't really know anything and you know it! It gets very frightening, although some of our people had been doing very practical experiences in their preceptorship; it was still a fact that you were suddenly a doctor and supposed to be doing everything. You could well be doing surgery, childbirth, whatever. And I'm sure for most people that's a very sobering experience and realize that you then have responsibilities that, up to that point, you didn't have to take.

**Int.:** *We didn't really talk about - we talked about the teaching, I think, in the pre-clinical years at UBC. But what about the quality of the clinical teaching compared to the pre-clinical? What did you feel about it?*

**R.P.:** Well, it was very mixed because some of the people had had very little or no experience in teaching. There hadn't been a well-structured teaching program in any of the hospitals apart from the residents/interns. And their teaching program, I'm sure from what I heard, was not that substantial. It was much more a work apprenticeship sort of teaching. So we were very disappointed with some teachers. You could arrive at a clinic and find a person who was either unprepared, who was off on completely a different tangent, or who was speaking almost a foreign language in the sense of communication. However,

some of the teachers were superb. I should imagine that, compared to most med schools, our clinical years were much more spotty; that they hadn't developed over years that through trial and error weeded out the best and worst of clinician teachers. Because some people are superb clinicians or surgeons and they are very poor communicators. And we certainly found that out in a hurry.

**Int.:** *And that process sort of started with you people?*

**R.P.:** Yes, we were more or less experimentees in that case. They didn't know at that time who were the best and I think that made the clinical experience spotty.

**Int.:** *I think we talked about this a little bit but I'll just mention it again just in case we haven't gone over it as we should. How did the rest of the University react to the Medical School getting started?*

**R.P.:** Well, we have to remember at the time it started that UBC was starting many different faculties. Law had just started. It was the mode at UBC following the MacKenzie era to start up new faculties, just a whole host of them. So, after the first rush, the several years of trying to get a med school and the opening of it, I don't think that the med school made any further impact on the campus that I was aware of. The people that were involved in it were too busy to take part in student affairs so it was not a focus of either students or... The med school became more or less invisible from the point it began.

**Int.:** *What about once it got under way? Was the relationship between the Faculty of Medicine and the other faculties a good relationship?*

**R.P.:** I can only speak from the point of view of students. We had practically no interaction with other students on the campus. We were like a monastic order, saw only each other and rarely saw anybody else because most of the med students were not taking part in any student affairs, even sports.

**Int.:** *Do you think integrating the clinical and the basic sciences work might have been desirable? Do you think it could have been helpful in your first couple of years?*

**R.P.:** Well, compared to many of the med schools we did have an early start on clinical connections relative to everybody else. But I know that since then they have had even more. And yes, I would agree that at the beginning clinical experience should be integrated completely, from day one. That is the way I think it should be in many disciplines, not just medicine. The best example is in teaching where Simon Fraser's PDP program is the best in the province probably because it was totally integrated from the beginning as compared to UBC's which is more or less twice a year experience clinically as compared to the classroom.

**Int.:** *What were your expectations when you entered medical school? And do you think those expectations were met?*

**R.P.:** Yes, I really believe... I had, as I mentioned, a back door entrance. I had been involved in medicine through the Army Medical Corps and the Air Force medical services so I was not entering it blind. I had known dozens of doctors and their lifestyles and their experiences. But I think for many people it was - for those who had not had any experience - a few others had had in the health system, but for those they had a mixed review when they finished and found out that medicine was quite different from what they had expected. In fact, one of our class became a Baptist minister, as you may be aware. A total change of plans. I think medicine just made more definite to him that his career thinking was quite different from what his original ideas were.

**Int.:** *Uh-uh. (pause) Could you just try to explain a little bit what you recall happening in first year, and in second year, third year and fourth year? Just give a brief rundown of what you can recall.*

**R.P.:** Well, I think I mentioned that the first real exposure that was memorable was Anatomy lab. I think for every medical student that is the most traumatic and the most imprinting experience that you have. And we had a special problem because of the shortage of cadavers. I think that that's the thing that impinges most in my memory, the struggle to learn anatomy in the gross using the cadaver approach. I think the other memorable experience was the experience of knowing people like William Boyd who was a unique character in his own personality. We had some very unusual people like Dr. Constantinides who was teaching in the histology part of our training in basic science, a person who was very quiet but totally different from our clinical physicians that we knew, quite a scientist. It was the experience of getting to know people in the first year. But the amount of work I think was the thing that impacted on everybody, just the sheer volume, and for the third of the class that was married, many of them with children, I think it was the time factor. There was hardly time to breathe because of the considerable travel time in both the first and later years, and trying to keep up other commitments you had already made either in marriage or with families. For some of them it was quite difficult. I think it was the sheer volume of work that was the mind-boggler. That I don't think any of us will ever forget.

**Int.:** *What about the relationship between the university professors at UBC and the doctors at the Vancouver General? How was it perceived by students?*

**R.P.:** We saw no problem. I'm sure there were many conflicts but I don't think it was obvious to us as students.

**Int.:** *The wards that you used at the Vancouver General Hospital. Were they - and other hospitals, for that matter - were they closed to other doctors, other people, when you were using them, or how was that arranged?*

**R.P.:** At the time, as I recall, there were attempts to make them into closed wards but this had still not been done by the first year, our first years on the hospital campuses. And in fact, in going to places like St. Paul's, there was no closure at all. But at VGH there had been



a system whereby attending staff dominated beds even before the med school. So that surgeons or internists would have a fixed number of beds on each ward assigned to them. So there was a kind of pecking order already established before the medical school and these people became automatically clinical teachers, professors. So the system was already in place and I don't think that it was a major change so far as I know.

**Int.:** *Was there enough of a variety of different types of patients to study at the different hospitals that you were using?*

**R.P.:** I don't think the variety of cases was a problem because of working in the downtown hospitals as it might have been if it had been a campus hospital. We certainly had no difficulty in exposure because at that time Medicare had not come in. There was a great demand to get secondary and tertiary care through hospital clinics so that the outpatient clinics at VGH and the other hospitals were very crowded with people, not necessarily all "poor" people. But that's where the best specialists and teachers were in the province and people would be referred anywhere from Pouce Coupe to Prince Rupert to get "the best assessment and care." So we saw the cream of the crop in problems, especially the VGH where most of the referrals were made, secondly, St. Paul's and not quite so much Shaughnessy which at that time was primarily a veterans' hospital .

**Int.:** *Did you use the facilities at St. Paul's and Shaughnessy very much or were you primarily at the Vancouver General?*

**R.P.:** Most of us were primarily at the VGH but we did our paediatrics at St. Paul's. We did some geriatrics and some other things at Shaughnessy but I would have to estimate 90% was at the Vancouver General Hospital.

**Int.:** *What about - I think we talked about this a little bit too but this might be the last question that I have - what about some of the social activities: the medical ball and the graduation banquet. I understand there were things like beer and skit nights. Can you recall anything in particular about any of these events that might be worth recalling?*

**R.P.:** Gordon Crossen would probably be the person to recall all these because he was one of our constant attenders, especially at the beer and skittle nights. There was a mixed bag in our med school of those who were more or less the fuzzy youths and 'veterans' , even though there might be only 5-10 years difference between them. But when it came to the beer nights and that, it was usually a case of the young ones trying to keep up to the slightly older ones in trying to outdo them. So some of them got quite out of hand. Compared to most med schools, as I've heard since, we were a pretty tame class. There were only one or two of these outbursts per year, not as frequent as you would have got in a settled school like McGill where socializing was quite a frequent thing. So I think when we did have something it was more or less once or twice a year and it was a real blow-out and some of the boys did get the worse for wear with both alcohol and losing their shirt in crap games and the like. But that was not typical of our class. Classes that followed us were much more social and had more tendency to be boisterous - I regret to say!

**Int.:** *I think that that's all I have to ask of you as far as specific questions are concerned. But if there's anything that you've thought of, just over the last few weeks when we have been talking, that you might want to add that I haven't covered, please do.*

**R.P.:** Maybe a picture of some of the students and how they struggled. I'm thinking of one of our classmates. He and his wife struggled through med school, both of them were veterans from the army, and they lived on whale meat all the way through medical school. They worked in the summers in the lab on Vancouver Island where the whaling station at Cole Harbour is still operative. There were five of our classmates who worked there. This chap who was a veteran was really short on funds and they got free whale meat. I can always recall them using this as a major part of their diet throughout the entire medical school years; which I thought was a noteworthy thing, to get through med school on whaling.

**Int.:** *Very interesting.*

**R.P.:** There were three or four other classmates who did several years' summer work at the whaling station. They were flensers, cutting up the whales. Currently at the maritime museum there is a show which shows them doing it over there. I don't think they are even aware of this particular exhibition. I also remember one of my colleagues who was a veteran with one or two children who was pretty close to the bone in finances. They survived by extending their diet with the rabbits out of the laboratories, after they had been "sacrificed" as the word is, but necessarily free of things like ether and other additives to food. I can think of one young lad whose struggle to get to med school was rewarded by admission but he had no funds. He was not a veteran, not getting help like some of us. He used to walk right across the west side. And walking back and forth to medical school with very little food intake. I think all my classmates would remember the struggle that he went through to become a doctor.

**Int.:** *He did complete it, though?*

**R.P.:** He did complete med school. I don't know how he managed financially but he certainly looked the weakest member of the class. There were a lot of people who sacrificed a lot to go through medicine. I think that's what I will end on. It was a sacrifice but a worthwhile one for those people who did it. But one could only do it once in their lifetime.

**Int.:** *Thank you very much, Dr. Parkinson, and you'll only have to do the interview once (laughs). Thanks a lot.*