



## Dr. Sydney Zbarsky (1920- )

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**Biographical Information:** Dr. Zbarsky joined UBC in 1949 from the University of Minnesota. He was a professor in the Department of Biochemistry for his whole career.

**Summary:** *Tape 1, Side 1:*

Early facilities, huts; academic medicine/research  
biochemistry/chemistry relationship; funding; clinical  
teaching

*Tape 1, Side 2:*

Dean Weaver; Dean Patterson and systems teaching; Dean  
McCreary; basic sciences facilities; Dr. Darrach;  
biochemistry curriculum; Biochemistry's relationship with  
and teaching in other departments

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**Interview with Dr. Sydney Zbarsky, Thursday February 14, 1985**

**Int.:** *So, Dr. Zbarsky, to start with, what were the circumstances of your recruitment? How did you come to be at UBC?*

**S.Z.:** I spent the year '48-'49 teaching physiological chemistry at the University of Minnesota and it was there that I first met Dr. Weaver - he came from Minnesota as well - who was assistant dean there. There were certain circumstances about my job at Minnesota so I started to look around for other jobs and I knew Dr. Gil Hooley, Dr. Hooley, that is, Gil, Gilbert Hooley, who was chairman of Chemistry at UBC and because of my various applications around, found there was an opening in the Chemistry Department here for someone to teach Biochemistry, and this was going to be in association with the opening of the new Medical School, which was news to me at the time. So I wrote to Hooley and I spoke briefly to Dr. Weaver while I was still at Minnesota and the result was I ended up here in 1949 before the Medical School opened.

**Int.:** *So you weren't actually part of the medical faculty to begin with?*

**S.Z.:** Well, I taught Chemistry the first year. And it took me a long time to find out who was paying my salary. It turned out it was the Faculty of Medicine.

**Int.:** *From the beginning?*

**S.Z.:** Yes, there was no faculty but they had funds already and they paid my salary, 1949-50. And then in 1950 the Biochemistry Department opened but I still spent one year teaching a Chemistry course; and have been there ever since ... a long time.

**Int.:** *It is actually. So, were you involved in getting the Biochemistry Department off the ground?*

**S.Z.:** Well, yes, because we had to open for students in September 1950. When I came here there was no Department, no facilities, no building; there was nothing for Biochemistry and we didn't have a teaching staff and no one had been hired yet to head the Department. So I took it on myself to get a lab organized - lecturing was easy, you could always get a room but ...

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**S.Z.:** ...paid mostly lip service and he was more interested in the political activities that went on. We moved into three huts, which are long gone. They were behind the Chemistry building and behind the Physics building. Now, one hut was retained by Chemistry for

their labs. We had two huts: a lab hut and then a hut in which we had our offices and research labs. We got that one again through the kindness of the Physics Department who really wanted it but they gave it up to us and for a while there was Biochemistry and Neurology sharing the one hut and eventually Neurology moved out; and that went along for quite a while.

**Int.:** *Zoology labs were in the huts?*

**S.Z.:** Yes, we were in huts. We were vulnerable to fire.

**Int.:** *Did you find it difficult to work under those circumstances?*

**S.Z.:** No, I had come from Chalk River, I'd spent two and a half years in the Chalk River atomic energy labs in Ontario which had similar huts. There are a lot of advantages if you get them properly insulated so it's not too cold in the winter. There's no real difficulty if you want to change a lab. You knock down a wall, it's easy. It's a very friendly atmosphere. It was a real friendly place at the time.

**Int.:** *Did you do much of that, changing around?*

**S.Z.:** No. The odd change but nothing serious at that time because they started to plan for a new permanent building within a few years.

**Int.:** *Do you think the students found it difficult working under those circumstances?*

**S.Z.:** Well, in the early years a lot of the students had had military experience so they were used to a barracks type building and that didn't - I don't think it bothered them.

**Int.:** *No? You don't think that academic activities or research were curtailed by the working conditions?*

**S.Z.:** No, not at the time. We had a room, and there was no great problem in taking out a plug and moving it some place else. We weren't too crowded, not until about 1957-58 were we beginning to feel...

**Int.:** *There were just more students ....*

**S.Z.:** ... more students and so on. But at that time the total student population, you remember, went down for a while and there were only 60 students in medicine so there was no push on the student labs and the numbers of graduate students was fairly low and no push on the research facilities.

**Int.:** *When did you actually move into a building?*

**S.Z.:** In 1961. In 1961 the three buildings, Medical Sciences A, B and C, were completed. In August of 1961 the move was completed. Fortunately, I was away so I didn't have to struggle...

**Int.:** *When you came back it was all done for you...*

**S.Z.:** It was all done. Now, before that there had been another move. Before that - I'm trying to find out just what years these were - it was about 1959, our huts were moved from behind the Physics and Chemistry building to where IRC is now, just where the entrance to the Woodward Library is now...

**Int.:** *They lifted the huts up?*

**S.Z.:** Well, they cut them into six sections each and carried them on moving vans and reassembled them.

**Int.:** *Why did that happened?*

**S.Z.:** That's a good question. To me and others it seemed that it was just a make-work project. Remember, there was nothing here. It was all bald, like prairie rock and so on, nothing at all here. And all of a sudden Dr. Darrach came in one day and said, We'd better make plans to move the huts to another location.

**Int.:** *Whose decision was it then?*

**S.Z.:** No one knows yet. I'm trying to go through the files now to see who decided. I said, What for? He said, Well, Physics is planning a building which they want to finish within the next two years which is where the Hebb Building is, and as part of that plan we have to move out, etcetera, etcetera, and so we'd better plan. And, within a few weeks along came the saws and the jacks. Research was shut down for six weeks because they had to tie the buildings up. They moved us over and we didn't do a thing except teach. They put the buildings together and now there were two huts and maybe - I've forgotten, a third hut? - from some other location. And the Faculty of Medicine offices eventually moved into that location and we moved out.

**Int.:** *To the spot where your huts first were?*

**S.Z.:** No. Our huts were moved, were plonked down. There was nothing there. Parking was easy. It was great, you could park any place. And we stayed there until 1961 when we moved out of those huts. Well, we moved into Medical Sciences A. And then the Faculty of Medicine fixed up the huts and made administrative offices.

**Int.:** *And you're still in the same spot you moved to in 1961?*

**S.Z.:** That's it. Now, since then there have been two additions. There has been an expansion on each of the buildings - I guess that would be about 1976 or 77. Then the latest one

was completed about three years ago so it's much bigger now than they were originally. The interesting thing is - I was just talking about this the other day - there were three buildings put up, permanent buildings, all done for \$2-million. (Laughter).

**Int.:** *That's quite amazing, isn't it?*

**S.Z.:** You couldn't get one floor done for that now. So that's the kind of moving and building. Now one thing of course, people tend to resist moving and adding because it's very disruptive. How long we'll be where we are now I don't know; it's very crowded right now.

**Int.:** *You are crowded?*

**S.Z.:** Oh, yes.

**Int.:** *Worse than when the Faculty first opened?*

**S.Z.:** Oh, sure. The day we moved into medical sciences we were crowded.

**Int.:** *Good heavens!*

**S.Z.:** Because it took them two years to build and in that time things began to expand.

**Int.:** *Were you in on the designing of the building?*

**S.Z.:** Yes, Dr. Polglase and I spent many hours with the consultants, I would say Dr. Polglase more than I. But I do recall many afternoons with the consultants, actually trying to teach them what the heck we wanted.

**Int.:** *Do you think you got what you wanted?*

**S.Z.:** No, we didn't. We got a good building but I remember Dr. Polglase and I almost cursing as we moved in and saw what was there. In some respects - for example, some of the piping and plumbing - we'd spent days with the consultant on this about how to locate these on the benches to give maximum room. And we came in and it was just as if we hadn't said a word. And it was too late because all three stories were plumbed the same way. But essentially it was a good building.

**Int.:** *Did you run into any other kinds of problems getting the buildings under way?*

**S.Z.:** Well, I didn't run into it because we tended to leave it for the big wigs who thought they knew all about it. But there were difficulties. It could have been done much faster but they couldn't make up their minds about the design. That is, the University planners and the Faculty of Medicine couldn't make up their minds about what they wanted. At one time there was an excellent design of one single building to house everything. It would

have been a huge building and very efficient because it was all together but every little department wanted its own kingdom so that was the end of that.

**Int.:** *Wouldn't it make it more difficult for departments to work together having separate buildings, or...*

**S.Z.:** That's exactly true.

**Int.:** *... it does affect...*

**S.Z.:** Sure, I mean, we had very few inter-relations with say Anatomy and Pharmacology and Pathology. In fact, we might not talk to the Pharmacology Department for months.

**Int.:** *That must hamper research and work.*

**S.Z.:** The biochemists like to feel that they don't need too much interplay or inter-relationship with the other departments. You see, we have I guess about fifty graduate students, which is almost more than the rest of the departments put together except perhaps for Pathology. So we were very busy and very crowded. People were just working all the time. So they don't miss it. But I think it would be nice to open lines of communication.

You asked me about who got the idea of that move for the huts and I told you I really don't know. One night I was in one of the huts when Dean McPhee came over. Dean McPhee at that time was the dean of Commerce and Deputy President. He at that time was in charge of the financial part of the University administration. He came over to see what was going on. This was after 5, and he said, You know, this University will never do this thing again. I said, What do you mean? He said, This move cost us \$80,000. In those days that was a lot of money. He said, There was no damn need for it as it turns out. It turns out that Physics - the Physics Department - was in no rush. They hadn't put pencil to paper yet, hadn't even talked about moving in where we were so there was no need for us to move out. And in the rush of the move they had to put UP Power lines, transformers to get power in, and no one to this day, I think, knows why that move was made.

**Int.:** *Sounds like there was a great lack of communication somewhere.*

**S.Z.:** Well, the University was guilty of a lot of things like that. But we moved.

**Int.:** *Was there a lot of money available from the beginning?*

**S.Z.:** No. No.

**Int.:** *Well, \$80,000 to move was ... that was later, I guess.*

**S.Z.:** That was about 6 to 7 years later. But the Faculty of Medicine, in the opinion of many people, was underfunded to begin with and I would think - I wasn't in on the

developmental history but from what I gathered and heard from others, the committee that was looking into the establishment of a faculty of medicine recommended that it should begin with a fund of about \$7-million. Of course, that never took place. I think we started with \$700,000. That was the trouble for a long, long time. We were always underfunded.

**Int.:** *Do you think they would have been better to have waited?*

**S.Z.:** It's hard to tell. I have to admire the pioneers who struggled and finally got it through, got it going. It's possible they would have reached the same level faster without all the traumas, whereas it was an awful struggle for a lot of people.

**Int.:** *Do you think that the Faculty of Medicine was prepared to open for students in 1950?*

**S.Z.:** I think they handled them all right. You see, they didn't have to worry about clinical years because this was the first year student who was coming in. Anatomy was ready. Physiology was ready, at least as ready as they could be. And Biochemistry was ready and that was the thing. Anatomy and Physiology were in huts where the present Bookstore is - not the present Bookstore but the Bookstore before this one. Now we are in the new Bookstore: the old one near the Bus Stop. And at that time it was just a bus stop and a lunch counter behind it and there was a complex of huts built there which housed Physiology, Anatomy, Pharmacology and the dean's office. So it's been a series of moving from hut to hut. So I think the students handled it alright. They may have not had the best facilities but they had lecture rooms and they had good labs; they don't seem to have suffered. As I said, a lot of them had military experience.

**Int.:** *So they had put up with a lot worse.*

**S.Z.:** So all this was better than they had ever had. And they were anxious and in a hurry to get on with their careers so that didn't bother them.

**Int.:** *In a lot of the papers that I read talking about the starting of the medical school one of the phrases that I came across a lot was "the desire of everyone to start a first-class medical school." Do you think that goal was reached?*

**S.Z.:** Oh, I think so. I think this is first-class and I think the results of the students and the success of the students in their careers will also bear this out. Now, I had experience at the University of Toronto, which was an old-established medical school and at the University of Minnesota which was also a well-run medical school. They had great facilities but there wasn't any great difference between the students. I would think that students out here and students at the University of Minnesota had more drive because somehow they knew out here that they were pioneers and they were going to make the best of it. In Toronto the students were a bit jaded and sort of expected things. And of course they had great facilities. But I think the students here did very well and I think they turned out to be successful.

**Int.:** *How would you compare the students from the first classes to the students now?*

**S.Z.:** (laughs) I'd better be careful here. I think the first classes wanted to get on with their careers. They knew their lives had been interrupted.

**Int.:** *But they weren't all...*

**S.Z.:** Most of them were...

**Int.:** *The majority.*

**S.Z.:** Sure. And they tended therefore to be a little bit older.

**Int.:** *I imagine their presence would affect the others as well?*

**S.Z.:** Yes, they were hard-driving students. Not that they didn't have any fun but they were interested in getting on with their careers. They worked very hard and they were very good students. Also they were the real cream of the crop. I enjoyed talking with them and I followed them as they graduated and carried on with their careers. We did go through a phase when I thought the students felt that things were owing to them in medicine now, and therefore you've got to do that for me.

**Int.:** *When would that have been?*

**S.Z.:** Well, that would be during the sag in the '60s. I think we've got over that. There's still that attitude around on the part of some. You can understand. A student suddenly gets into this medical school or a medical school. He knows he's setting out on what can be an exciting career but also one that pays well. And he thinks nothing can touch him now. You know, I've heard the expression that the first class you get is how to be got. But in the main they're not like that. There are some who are arrogant, possibly because they feel they are chosen to occupy a niche in society and people have to defer to them. But most of them end up as hard-working physicians with good practices or enter administration. But one thing I regret is very few of them go into academic research.

**Int.:** *I wonder why that is.*

**S.Z.:** I don't know.

**Int.:** *Because of the nature of the kind of education they get here?*

**S.Z.:** It may well be the nature of the attitudes of the clinicians. I can only recall one or two who have established successful academic careers. Not here, they were from here but they were... We've had excellent students who came out of Science programs and said they'd take an M.D. and then they would go back into academic research along clinical or medical lines, never do it.



**Int.:** *But they don't.*

**S.Z.:** Never do it. Just end up somehow in practice or in a hospital.

**Int.:** *Would you say that's one area where things are falling down?*

**S.Z.:** I wouldn't say they are falling down. I don't know what the reason is because there have been many moves made to encourage them in the research activities, like a combined Ph.D. and M.D. program. But we don't get very many takers. Now it may be that they can see that you get more money in a clinical practice than you do working in a university or in a research environment. I guess what bothers me is that, at the University of Minnesota when I was there, the head of Medicine was Dr. Watson. And all his residents had to undertake research projects and most of them ended up with Ph.D.s as well. They were gung-ho all the time; it was a fantastic attitude. You don't find that here. One factor may be the geographical split between the basic sciences and the clinical areas downtown.

**Int.:** *This was one of the issues when the School first opened.*

**S.Z.:** Well, there was no hospital.

**Int.:** *Exactly.*

**S.Z.:** And there wasn't going to be one for a long time so the best compromise ... No, I think they did a good job arriving at a compromise where the clinical years were spent at the Vancouver General, and I guess at St. Paul 's to a certain extent as well, and I don't think there was any other way to do it. They had to have clinical training. The other way, of course, might have been to move the basic sciences down into the Vancouver General as well, to have the whole faculty operate out of there until the new building was built.

**Int.:** *I suppose, again, they could have waited until money was available to do it all at UBC?*

**S.Z.:** Well, that would have delayed the medical school. There was great pressure to have a medical school, so I understand, before I got here. They couldn't have waited too much. Now one reason, of course, that they could not move the basic sciences away from the campus is, as I recall it, when the Biochemistry department was set up or at least when the medical school was set there was going to be a Biochemistry department. I think one of the conditions was that the Biochemistry department would handle the biochemistry teaching on the campus. If we weren't going to have a Biochemistry department in the medical school, then another Biochem department...

**Int.:** *There'd be a lot of duplication?*

**S.Z.:** Even the Faculty of Science or some people in it who really wanted it. But that was the idea. I've never seen the document but I was assured early on by Dean Eagles - or ex-

Dean Eagles or Dean Emeritus Eagles - that that was a clear understanding with President MacKenzie that the Biochem department handle all the biochem teaching, and that's the way it is today.

**Int.:** *What was the relationship between the existing Science faculties and the Medical faculty at the beginning?*

**S.Z.:** Well, before the Medical School there was a biochemistry course that was listed in Chemistry and then when we started, I remember the first year we were still teaching what was listed as the Chemistry course. It sort of wavered. For instance, Dr. Dooley had no great wish to have biochemistry as part of chemistry. And then when Dr. McDowell came he used to talk about this very often, that it all should go into his department that they should have it, and they do teach courses which I suppose could be labeled biochemistry but they are very careful not to list them as biochemistry or to give material which we are giving in our courses. In the biology program which we accept as one-half of one of our courses. There was some pressure from there, from some people in Microbiology, to be able to teach biochemistry because those people are biochemists. In other words, they are biochemically trained but then they are in departments of Zoology or in the Biology program or in Microbiology, and they want to be able to teach. It is an unfortunate situation but I guess when you are looking for a job you take it where it is. It would be nice to have them all include Biochemistry in a sense but there has never been any active, political move to have two types of Biochem departments or to have two departments move into the Faculty of Science...yet.

**Int.:** *Yet! How did the Medical faculty affect other faculties within the University? I understand it's quite expensive to start a medical faculty.*

**S.Z.:** Yes. You see, the Faculty of Medicine have a reserve fund which is a fund budgeted for entirely separately from the rest of the University. But for years there was resentment although the Faculty of Medicine tried to reassure the rest of the University that it was not taking in any way from their budget. Which isn't really true because if the Government has a certain amount of money that goes into the Faculty of Medicine reserve that means there is less ...

**Int.:** *uh-uh.*

**S.Z.:** ... But there was never, I didn't experience any real outcry or protest at higher levels that because of the Faculty of Medicine the rest of the University was going down the drain. Now this is true in certain small, eastern universities where 80% of the budget can be in the Faculty of Medicine.

I think that because of the Faculty of Medicine being here the rest of the University may have prospered to a certain extent because the rest of the University had to be developed too. But I used to get a lot of good-natured joshing because you guys were not getting this and I'd have to explain that we were not getting anything either. It's the same, and salary increases in the Faculty of Medicine - at least, those of us who didn't have M.D.'s - were even worse because our increases had to come out of the Faculty of Medicine

reserve fund and sometimes there wasn't enough left over to give us the same increase as the rest of the University got. But I don't recall - this was my experience - that politically this was a factor. Now, it may have been at the higher levels, they may have just called for resolution by the Government.

**Int.:** *You talked a little bit already about having the School split. That was a compromise, I think, for just about everybody, that I can understand. How was it arrived at? Do you think it was satisfactory for staff and satisfactory for students?*

**S.Z.:** Well, for staff - I don't know how it was arrived at. I wasn't privy to discussions that went on. I know there was a lot of negotiation with the Vancouver General before this could be arranged because a lot of the profession didn't welcome the Medical School here.

**Int.:** *The doctors in Vancouver? Why do you think that was the case?*

**S.Z.:** I don't know why. Unless they felt that they were threatened. Now that there'd be a medical school they'd have to improve their backgrounds and practices accordingly. But there was a lot of resentment.

**Int.:** *Do you think they just didn't want a medical school at UBC or they didn't want one at all?*

**S.Z.:** They didn't want a medical school. Then it was, We don't want one at UBC, we want it down here where we can control it. A lot of them really didn't understand how a university medical school worked even though they were all graduates because in many places they tend to be isolated. And that's still true here. And that, I think is one of the unfortunate things of the split school is that the medical school students after they finish their first year they spend most if not all their time down at various hospitals away from the campus and they really have no connection, that is no connection with the University except they pay fees to it. First year they're out here and second year they spend time in both places and the travelling can be a drag. But the third and fourth year they're away from the campus and naturally feel that the medical school concerns the hospitals and really has no connection ... I think that's one of the bad things. But other than that, a lot of beginning academic activities take place out on the campus. I think it would be better if they had more time out at the campus. But you can't have a big enough hospital out there to do that.

**Int.:** *Ummm. Not now, with the amount of money it takes to..., and so they might not go...*

**S.Z.:** And even, I remember, in the early '40s I remember that the Toronto General Hospital was the main hospital for the Toronto students but they were still spread all over the city. There's just no hospital big enough to hold a class the size it is now. In those days, when the medical school started here there were only sixty, it might have been feasible if there had been a university hospital to have it done here.

**Int.:** *What was the relationship between UBC and the Vancouver General once their working relationship was set up?*

**S.Z.:** You mean, was it friendly? As far as I know, because there was always a dean's office down there and the department head at the hospital was usually the department head of the Faculty of Medicine.

**Int.:** *So there was control from UBC?*

**S.Z.:** I think everybody benefited.

**Int.:** *Did the Medical faculty always have control of beds at the Vancouver General?*

**S.Z.:** That's an area I was never involved in, never asked, and I don't know. My feeling is, I don't think the Medical School controls the beds, it has to be controlled by the hospital. And this is part of the negotiations, how many beds are set aside, who has the final say.

**Int.:** *What was your attitude toward the general practitioners? Did you have very much to do with them?*

**S.Z.:** No, because we were in the basic sciences in the early part of the course. I talked to the general practitioners and that's where I sense these attitudes: We really don't want it, If it's going to be a medical school why isn't it all down here, or We don't need the university.

**Int.:** *So they voiced these opinions.*

**S.Z.:** Oh yeah. They voiced them at their meetings. But a lot of them eventually became clinical instructors and taught medical students and I think they began to see the advantages. And a lot of them were quite anxious to spend that time, for the small pittance they get as an honorarium, because they feel there's a certain amount of prestige to be known as an instructor in a certain department. And I feel now that professionals can't visualize the situation where there wasn't a medical school.

**Int.:** *What was the role of the clinical appointees? How did they fit in?*

**S.Z.:** What do you mean?

**Int.:** *Well, most of them only taught a certain amount of time and still had their own practice. How did they juggle their time? How were they paid?*

**S.Z.:** Well, the clinical instructor (taught) at the instructor level and down. They were asked if they would participate in clinical teaching and this would require a certain number of hours per week and the honorarium was non-existent. I think at one time they would get \$400 for the whole year...

**Int.:** *Whole year?*

**S.Z.:** ... for this, and sometimes less. A lot of them were quite happy with this. What they would do is, they knew their timetables and they wouldn't accept patients in their offices at that time and that was all there was to it. For some of them that represented a loss in income which many of them were quite happy to suffer knowing they were participating as part of the medical school.

**Int.:** *So this really must have been a turn-around for a lot of them.*

**S.Z.:** Oh yeah. I think it was the medical profession as it existed when the medical school started, they were almost antagonistic. But I don't see that attitude nowadays.

**Int.:** *I suppose it takes a while for these things to iron themselves out.*

**S.Z.:** Once they began to see the advantages and once they got the feeling that there was a medical school behind them, they began to feel that they were a big medical centre. And Victoria wants a medical school.

**Int.:** *Now?*

**S.Z.:** Yes. Which would be a little much.

**Int.:** *Yes, it seems to me now it would be a little bit too much*

**S.Z.:** For the population.

### **Continuation of interview with Dr. Zbarsky on February 21, 1985 (part II):**

**Int.:** *Dr. Zbarsky, today what I think we will start with some questions about Dean Weaver, his role in getting the Faculty of Medicine going and his role in getting your department off the ground and just generally, what kind of a person he was.*

**S.Z.:** Well, Dean Weaver was assistant dean in the Faculty of Medicine at the University of Minnesota, where I first met him. And I didn't have any idea what he was like at the time. He was a very pleasant individual. We had one or two talks about Vancouver. I had visited here and he didn't have a clue what it was except it was a new medical school. That was his major interest. When I got here, I remember I spent the first year in the Department of Chemistry and I just had a few contacts with Dr. Weaver until our department got started, and then more and more. It turned out that he and Mrs. Weaver lived in a duplex just half a block from where we lived on 4th Avenue and I'd see him

from time to time. My overall impression of him was that he was a workaholic. I think he gave everything he had getting the medical school going. He had to reconcile the university concerns on the campus; he had to get agreements at the hospitals to teach medical students. He had to get this all into shape and worry about all the budgets, the medical school budgets, which were far too low as I said, and he was just working, working, working, working. And the sad history is that eventually he did have heart trouble, he did have a nervous breakdown. He was away for quite a while and there was a triumvirate of three - naturally of three - ran the medical school while he was away, including Dr. Darrach who was head of our Department. Dr. Weaver really worked, I think he worked his way into an early grave, to get the Medical School going. It was a big job. I don't know whether he had to work that hard or if he could have delegated more or not, whether he could have done things differently. But whatever might have been, he really was on the job all the time.

**Int.:** *Do you think he was the right person to do the job?*

**S.Z.:** Well ... I don't know if other people could have done it better; some could have done it differently, more efficiently perhaps. But I think he has to be given credit for getting the Medical School on its way and going.

**Int.:** *How did he manage to reconcile the conflicting interests, the different opinions in the beginning?*

**S.Z.:** Just by persuasion and meeting. He was always meeting and talking, and going from the office at the General Hospital out to the campus and it was just one constant effort; he was always on the go, going to Ottawa and Victoria. He worked very, very hard.

**Int.:** *He must have been quite a personable type of person as well.*

**S.Z.:** Yes. He was a little distant, yet when you caught him - as I did the odd times at meetings - sitting in the lobby of a hotel he was quite a different person. Maybe that was what he needed more. I don't know if he had any really close friends or whether he ever got used to the idea of leaving Minnesota and the United States and settling here. That may have been a problem. He did have his relaxed moments but they were few and far between.

**Int.:** *Do you know what his attitude toward having the School divided was? Was he in agreement with that or was it just something that he was willing to work with?*

**S.Z.:** I just think he accepted it. It was the only way he could get the Medical School going because where he came from, at Minneapolis, it was a medical school all on one campus with a big hospital available so that was something. What he found here was something he had not anticipated - well, he may have anticipated but he wasn't used to it - but he strung things together. He got housing for the basic sciences; he got clinics going and he got the profession behind him .... so he did a good job.

**Int.:** *He did get the professionals behind him?*

**S.Z.:** Enough to get the medical students taught. He got clinicians - he had to line them up - and department heads.

**Int.:** *So he did get on quite well with the doctors here in Vancouver, then?*

**S.Z.:** Well, if he was able to persuade them to help out. I just think he worked himself sick.

**Int.:** *That might not have happened had he not taken on the job?*

**S.Z.:** He was under constant stress; and then it took its toll.

**Int.:** *What about the next dean, Dean Patterson? There isn't too much information about him, actually.*

**S.Z.:** John Patterson was a different type. I don't think John Patterson worried too much about details, which may have been Weaver's fault. But John Patterson had the big idea. He also had research training so he knew what it was like to be both a clinician and a researcher. But he had big ideas and one idea he wanted to get in here was this idea of core curriculum or systems teaching where the students were given a program - for example, if they were going to study the liver - give them a basic lecture on the liver, then the anatomists would come in, the physiologists would come in, the biochemists would come in, the pathologists would come in, private medicine would come in, and they would really study that liver almost to death. Then they would go on to another system. The students would also have to do a lot of time outside and this system entailed the setting up of a lot of committees to coordinate it and get the thing in line and involve all the Department so it meant a lot of time meeting before the program would get going. There were universities that started this, Western Reserve among them, and Patterson figured this was just great. So he tried to move the Faculty of Medicine towards this and he ran into an awful lot of resistance. We weren't going to be pushed around because every place we tested we found out that it took an awful lot of committee work to get this going, far more committee work than people were willing to spend. We heard stories about the students who take all this - you see, the idea was not to teach by discipline, not to teach biochemistry and so on but to teach by organ. Then we found out that the students were having great trouble because they would go home and try to separate it back into discipline; it was just a natural instinct. There were a lot of flaws in the system. I don't think it operates in too many places today but Patterson - well, he liked new ideas and this was what defeated him. The faculty wouldn't buy it, especially the heads of departments.

**Int.:** *When he arrived, was this something he started immediately?*

**S.Z.:** Oh no. He got his feet into the program, he was .... In the early stages he had many good points. He was a good dean because of his progressive ideas and he could foresee for the Medical School what he wanted to do. But when he tried to ram this sort of thing

down he ran into a stone wall. And I guess he just decided, That's it, he's not going to put up with that.

**Int.:** *Do you think that's what caused him to quit?*

**S.Z.:** That was one of the things. And I ran into him a couple of times later, in the United States, and he was doing similar things. He was a dean at Nashville, Tennessee, dean of Medicine. He moved on to some place in Connecticut to set up a big school with big money there. Last thing he told me, last time I saw him - well, this was many years ago, he had \$55-million with which to set up new buildings and a medical school so he was all right. He had some very nice and progressive ideas. I didn't agree with everything he said but...

**Int.:** *And it sounds like a lot of other people didn't, either.*

**S.Z.:** ...but I guess he just figured he'd got to the stage here of being frustrated all the time, so on he went.

**Int.:** *What about Dean McCreary? Can you tell us something about him?*

**S.Z.:** Dean McCreary was...it's just hard to judge. You know, a lot of things happened while he was dean.

**Int.:** *It seemed to be a period of growth.*

**S.Z.:** He was a great politician at the federal and the provincial level and man to man. He was a kind guy. I never saw him angry. I just feel that he was blarney personified. You know, you could spend half an hour with him unburdening yourself and he'd say, Yes, that's right, or Yes, that's what we'll have to do and I'll see what I can do. Then he'd walk out of his office and ten minutes later you'd wonder, What the heck did he ever agree to? - nothing. He just listened to you.

**Int.:** *Did you feel better?*

**S.Z.:** Yes, you felt better. You felt he was going to do something. There were times when he would move fast. One thing I remember was my promotion was being, it just wasn't taking place, and Dr. Darrach the head of our Department kept saying, I keep pushing this forward to the dean's office and that's all I can do, nothing ever happens. So I said, OK, can I go and speak to the dean? And Darrach said, Sure, by all means, you go and talk to him. So I spoke to Dean McCreary and I told him this, and he kept saying, he says, I can't do anything until I get something from your Department. And suddenly it hit me that the department head was lying. I said, What do you want me to do? I can't go back and call Dr. Darrach a liar, just like that. So McCreary said, Now, leave this with me. And in two weeks it was all done, both for myself and for Dr. Polglase's. So he was capable of very quick action. He could be ruthless, and on one or two occasions he had to do that with the clinical department, but he treated our department very well, I



thought. He wouldn't back off from a fight. If something had to be resolved he would show up. I found him a hell of a nice guy. I don't think ...I think he was in politics so much, he could have done a lot more had he stayed on the scene; he was away an awful lot. But on the other hand, that may have been one of the reasons that there was expansion. He could get a lot of people all fired up about the university medical school, and I mean people who had political influence.

**Int.:** *People in a position to do something for...*

**S.Z.:** He was an interesting guy. It was a real shock when he died because he'd retired, we felt he was in great shape and so on. He was a great paediatrician and he brought some good people here; he did do that.

**Int.:** *It sounds as if he did a lot of good for the Faculty of Medicine here.*

**S.Z.:** Oh yes. He had his faults but on balance I think he was good for the Medical School.

**Int.:** *Just to go back a little bit. You mentioned that Dr. Darrach didn't put forward your application for a promotion. Why would that have been?*

**S.Z.:** Either he was just lazy or he forgot, or this was his way.

**Int.:** *He wasn't really interested in it.*

**S.Z.:** Yes, he just wanted to keep us in place. He was an oddball in many ways. Full of charm but you couldn't trust him from here to that wall to do what he said he was going to do.

**Int.:** *Just to go back again to Dean Weaver. Did he have very much to do with putting your department together or were you left very much on your own?*

**S.Z.:** It didn't bother me. He was the one that I suppose pushed to hire Marvin Darrach as head of the Department. I think he pulled some boners with some of his department head appointments. But he let our department develop pretty well as we wanted. There was no interference, no interference and no commands or directions that he had to do this or do that. Once he had a department head in place he let him . . . .

**Int.:** *Go ahead on his own ...*

*What were some of your expectations when the Faculty of Medicine was started up?  
And do you think they were met?*

**S.Z.:** Well, I didn't know what to expect. I'd never been in a brand-new medical school starting from zero. I'm not too disappointed. I don't think Biochemistry got a fair shake overall in terms of space.

**Int.:** *Why is that?*

**S.Z.:** In allocating space - and this was, I suppose, Weaver's fault - they finally settled on the Departments of Anatomy, Physiology, Biochemistry, Pathology and Pharmacology, these were the campus departments. So in determining what size of building they had to have some allocation of space and they hit on a formula 5:4:4:3:3. That is, for every 5 sq.ft. that Anatomy got Physiology would get 4 sq.ft., Biochemistry would get 4 sq.ft. and Pathology would get 3 and Pharmacology 3. Now, we already had as much space as Anatomy, we needed it. We had more graduate students and we should have had more space than Physiology because there again we had a slightly bigger faculty at the time and far more graduate students, so we needed the space. Anyhow, that was a formula.

**Int.:** *How was this formula decided upon?*

**S.Z.:** Well, the Users' Committee or somebody haggled and haggled.

**Int.:** *You weren't involved in the committee yourself?*

**S.Z.:** No, and that went on for about two years. Dr. Friedman from Anatomy, of course, was a persuasive arguer and he won out for his department. That's the buildings we moved into in 1961.

Then along came the time for additions. And we were crowded the day we walked in to that.... We had equipment in the hall. There just wasn't enough room. That's the nature of biochemical research. Along came addition time. So that is, we were going to add to the ends of the buildings. At that time McCreary was dean and I point blank asked him, I said, Are you going to stick to the same formula? He said, That's no good, we need twice as much space as anybody else. He said, No, the formula's forgotten. Well, they stuck to the formula and Anatomy again ended up with far more space. And you know, even today you can go into the Anatomy Department and bowl down the hall and not hit anybody. And here we have 58 - 56 graduate students, equipment, postdoctoral fellows and faculty, and we're just jammed. That's the biggest disappointment to me. Personally, at one time we had - you know, I had plenty of space, I can't complain about my own. Right now I don't have any because I'm not doing any research. I think this is the biggest complaint I have against the deans of medicine; I don't think Biochemistry got treated squarely. We should have - well, that building we are in now we share with Physiology, the Copp Building, we should have a building that size.

**Int.:** *The whole building?*

**S.Z.:** The whole building.

**Int.:** *Can you see that happening in the future?*

**S.Z.:** No, not for a while. Our trouble is, we have never had a persuasive leader who would go to these meetings and bang the table and say, If I don't get this I'm not interested...

**Int.:** *So this would have been Dr. Darrach's role?*

**S.Z.:** Initially. As a matter of fact, during the first two phases of expansion we just never had someone who was just going to shake everybody up and be tough. Then, when the medical school got into where - we've had a third expansion - second expansion, third phase - and again we and Physiology get the same space. We need twice the space. So they may be comfortable but we're not. And that engenders a lot of complaining and so on. I'm not sure that we need all the space that people think we do but...

**Int.:** *a little room would be nice...*

**S.Z.:** Yeah. We have no services. Other people have what you'd call mechanical technicians and so on but we don't have any. We've never had it. Again, it's traceable to Darrach's philosophy. In the early years a lot of the budget.... and it still goes on, for salaries, for budget, for supplies. Well, Darrach prided himself on being able to turn back money to the dean at the end of the year. We kept telling him, You should overspend. It took him four years to find out that the dean just took his money that he turned back and gave it to other departments that had overspent. In other words, because he was so careful - he wasn't careful, he was just silly - our budget was shrinking and the other people's would go up. And we really suffered from that all along.

**Int.:** *How long was Dr. Darrach dean - head, of your department?*

**S.Z.:** From 1950 to 1972.

**Int.:** *Oh, a good long time.*

**S.Z.:** When he resigned and became acting head. I was supposed to go on leave, so I postponed that and I said, It's going to take too long to find a head and I'm going. Then Dr. Polglase became acting head for about three years. Finally we said, It's crazy. Nobody's coming; confirm him in the position and be done with it. And that's what happened.

**Int.:** *What about curriculum planning? Were you involved in that very much?*

**S.Z.:** In the Department, Oh yes. The first two years when I was more intimately concerned, I suppose, with the Department than Darrach. Darrach was dealing with the dean, he was a great one at drug company politics. I got together with Dr. Campbell who was then in the Department of Dairy and later became head of Microbiology and he had students who were doing essentially biochemical research. We eventually set up a joint course at a graduate level - this was in addition to the undergraduate courses I was teaching and Darrach was supposed to be teaching to the science students and the medical students. And this graduate course was attended by the Dairy students who were really studying microbiology, and we had a couple of graduate students by then. That was a very successful course. They went on for a few years and as our Department expanded and we got some cross appointments from the Cancer Research facility we had a series of meetings and we developed a graduate program. I more or less chaired that. It was a

good program because it represented a consensus of nine people. We purposely kept Darrach out of it, we used to meet without his knowledge.

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

**S.Z.:** Because we knew if he was there he'd screw it up. He'd give us an hour's lecture on philosophy and he had no experience. He thought he did but his whole experience was very minimal. Before coming here he'd spent his time working with Merck and Company in Canada. So he really didn't know the academic scene. We did very well. We got this course and it got through without any fuss. Unfortunately, it meant the end of our cooperation with Dairy and Microbiology. And we kept developing our undergraduate program at the same time. I was deep into that and our courses came along well. I'm not too happy with what's happened lately because the graduate program, a lot of it's moved down into the undergraduate area. Well, it's sort of a logical thing because what was graduate material twenty years ago is now undergraduate material. But we haven't refurbished our graduate program. But in many ways it was very exciting because we all felt we were really on top of development and we had a great attitude. People did their lecturing and no fuss or nonsense, unless they were sick. Actually we were fortunate, but we've had very few emergencies where someone got sick and someone had to take over. I had a kidney surgery in 1960 and Dr. Tener took over – a few lectures and that's about it. Everyone is cooperative and it turned out here was rarely any need for substitution or cancellation so in that sense we were pretty conscientious people.

**Int.:** *What was the relationship between the existing science faculties and Medical School like when it started?*

**S.Z.:** I came here into the Chemistry Department so that, in a sense, was the Faculty of Science. Actually, it was the Faculty of Arts and Science at that time. When Biochemistry was set up as its own discipline apparently the agreement was made that Biochemistry would teach, the Medical School Department would teach, all the biochemistry on the campus. In other words, there wasn't going to be a Biochem department in Medicine and another one in the Faculty of Arts and Science, another one in Agriculture and so on. We stuck to that pretty well. So right to the present, we teach all the formal biochemistry that's taught to the science students. And in fact we have far more science students than we have medical students. We have students from Science, Pharmaceutical Science, Agriculture, and some from Engineering too. Now that doesn't help us budget wise. I remember we had a couple of meetings, because we were hitting financial problems during McCreary's term, with the various deans to try and persuade them to contribute to our budget so we could get more people in. Because all our budget came from the faculty of Medicine and it wasn't enough. But we got absolute cold, cold silence from the deans. They all said, That's great! You're doing a great job and it's fine. We're satisfied. And why shouldn't they be satisfied, it wasn't costing them anything. So nothing happened. Now, we were told also - at that time MacDonald was president - and he told us that there was an allotment made to the Faculty of Medicine for the number of undergraduate students that were taking courses

in the Medical School departments, and another higher allotment for each graduate student. Now we had the most undergraduate students but we never saw that allotment. I remember every meeting Dr. Tener would bring this up because he and I were there with MacDonald when he made the statement. So we really have suffered by not having a proper arrangement with the Faculty of Science. They were quite happy to leave us - within the Faculty of Science there are certain departments that would dearly love to teach biochemistry. They have hired biochemists or they have hired people with biochemical training, talk about Zoology and Chemistry. Chemistry has some people with excellent biochemical training who are doing what could be classed as biochemistry. Dr. McDowell, when he first came here as head of Chemistry, one of his avowed aims was to have biochemistry or a form of it taught in his department. That was one of the battles we have had. But in the main we have had very good cooperation, and why not as it cost the Faculty of Science so little extra. We have representation on the Faculty of Life Sciences Council and we have to gear our offerings to the Faculty of Science because that's where most of our students come from. If we were just teaching medical students in many ways that would be fine, it would make our teaching relatively much smaller than it is. But I don't think we'd attract research students and I don't think we'd be as widely known on the campus as we are. But you mentioned this point of what I thought of the biochemistry as it was - existed - in other departments. When I came here there was biochemistry being taught by the late Dr. Allardyce from Biology or Zoology. He was teaching a course to nurses which I took over; it lasted two years because they just didn't have the background. And I was told, Don't use any formulas or anything like that when you talk to the nurses.

**Int.:** *So why were they taking the courses if...*

**S.Z.:** It was prescribed at the hospitals that they have to take it in nursing programs at the hospitals.

**Int.:** *But they didn't have the prerequisites?*

**S.Z.:** Not for university level.

**Int.:** *Mmm.*

**S.Z.:** Before I came here, Dr. Ingles taught the course that I took over. So there have been for a few years courses of a biochemical nature, not at the level we felt they should be so we took them all over. They were quite happy to give them up. So, in a sense, we have had no difficulty with the Faculty of Sciences, in fact a lot of cooperation because most of our program is Faculty of Science. In that sense, we're in both faculties.

**Int.:** *The fact that an awful lot of your students are from the Faculty of Science, would that account for part of the reason why your space is less than some of the other departments in the Medical faculty in your building? Would they look at it that way?*

**S.Z.:** Good point. To a large extent, that's true. When it comes to dividing up the space, one philosophy that's entered in is how much of your teaching and effort is spent on the Faculty of Medicine. Well, naturally Anatomy spends a much larger percentage. We finally accused the powers that be of using this thing and there was no denying it.

**Int.:** *Yet the Science faculty doesn't actually give you money to develop space and buildings either. So your money does come from ...*

**S.Z.:** Our budget faculty is the Faculty of Medicine.

**Int.:** *You're in kind of no man's land in a way.*

**S.Z.:** Caught in the squeeze.

**Int.:** *I can see that it would be difficult.*

**S.Z.:** So that's been our problem. And a lot of departments in the Faculty of Medicine, would be glad to see it maintained that way.

**Int.:** *It's to their advantage, to the Science faculty's advantage, and you're kind of left holding the bag!*

**S.Z.:** Even though the Department of Biochemistry draws the biggest research budget by grants of any department except perhaps the Department of Medicine themselves, in the Faculty of Medicine. And we're right up there with the Department of Chemistry. And we turn out more Honours graduates with what we have now - about 16 or 17 faculty members - we turn out more Honours graduates than does the Department of Chemistry which has a faculty of about 55 or 60. It's been that way for years. We think we have a good case for more space and money.

**Int.:** *Well, it sounds like you do. Thank you very much, Dr. Zbarsky, for the interview.*