



Dr. William Gibson (1913-)

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Interview with Dr. Bill Gibson, Tuesday, May 7, 1985

Int.: *Dr. Gibson, I gather that you were at the University of British Columbia prior to the opening of the Faculty of Medicine. You weren't one of those people who came here just for the opening?*

W.G.: No.

Int.: *Tell us a little about your time at UBC before the Faculty of Medicine began.*

W.G.: Well, I came as a student in '31 from Victoria College and left in 1933 when I graduated, went to McGill and did a year's Medicine, then a Master's degree with Dr. Penfield. Then he sent me to Oxford for three years to do a D.Phil., then I came back and finished at McGill in '41. Going into the Air Force, I was fully occupied, then did a clinical training and at the end of the war went out to teach in Australia. So I came back as a visiting professor at the University of California in the spring of 1949, and Dr. Crease asked if I would come home to Vancouver and head up research for the Mental Hospital Service here provided I was based on the campus. He insisted on that.

Int.: *And when was that?*

W.G.: 1949, a year before the School began. Dean Weaver arrived on the same day and Dr. Ranta was seconded from Bacteriology to be an assistant or an associate dean - I forget what his title was - and Dean Weaver sat up at the end of the corridor in Physics next to the Chemistry Building that Dr. Shrum gave up and had walled off for an office for him and I was put in a corridor in Chemistry, about 2½ to 3 feet wide - in a corridor at the back of what had been an Air Force addition during the war for training radio operators. As I collected brains and had them in glass jars there, everybody going into that courtyard had a good look at them. So I was here from the first days, I guess.

Int.: *You were quite visible!*

W.G.: Oh boy, the engineers couldn't stand the sight of the brains - Chemical Engineering was next door- and they used to run past them, these big he-men. (Laughter.)

Int.: *You weren't actually involved in the debate and controversy prior to the opening of the Medical School?*

W.G.: Yes, I had quite a bit to do with that. Whilst at McGill, as a student and then later as a resident in Neurology, I arranged that when Dr. Claude Dolman was making his survey of Canadian and American medical schools and university hospitals, when he came to McGill he spoke to all the British Columbians that we could round up to explain what he was doing. We had that in the amphitheatre of the Neurological Institute.

Int.: *How many would there have been there from B.C.?*

W.G.: Oh, I don't know. In the undergraduate and graduate group there would be well over fifty, I would think, from B.C. at any one time because we had no medical school of our own here. So I came home and upset Dr. Fritz Strong greatly by asking questions whenever he would be propounding his ideas of the medical school, and he thought we would have to do something about that fellow Gibson who was asking too many dangerous questions. Meantime, Dr. Norman MacKenzie, who was president, had discussed with me both here and in Montreal at great length - I guess as soon as he became president; that was when - what we should be doing, and I suggested that this shouldn't be determined from local say-so but let's get some real experts in medical education. So Norman MacKenzie set up, in 1946, a really blue ribbon team to come in and advise the Board of Governors. I remember Dr. Penfield was on that and Allan Gregg of the Rockefeller's; also Dr. Ray Farquerson whom I'd been in Air Force headquarters with, he came. And from the United States, Wade Scotten, the dean of Vanderbilt; Victor Johnson from the Mayo's. There was a very good group, maybe perhaps nine people all told. They couldn't all come at the same time but they made their reports. And I inherited a series of those reports - they are quite hard to find now, they were mimeographed in the President's office - and the consensus was that we should be a university medical school not a hospital medical school, based on the campus, and that while we would use the teaching facilities of the large hospitals in or near Vancouver we would aim, eventually, to have a university hospital on campus.

Int.: *When these experts came, the surveys that had been done by Dr. Dolman and Dr. Strong were complete, do you think that the experts were brought in sort of as an umpire?*

W.G.: No. They were brought in for factual information, which they had in large amounts, let me tell you. Their experience was really tremendous. I don't suppose a better team has been put together to survey the needs and how to meet them. This impressed the Province and the Premier and others very much: that we could go out and bring top people in the world to Vancouver and they would freely state their opinions and then go home.

Int.: *I understand that just about all of these experts recommended that the Medical School not be a split school, which was in fact what did come about. Why do you think their recommendations weren't taken?*

W.G.: Because there was no money to build a hospital here. We had to have the beds, there was no question about that. And I wouldn't say that the School started despite their recommendations. Their recommendations for the eventual development of the School called for a University hospital with the headquarters of the School on campus.

Int.: *Which is what they did do...*

W.G.: There has never been any doubt about that. As a member of Senate from, I guess, 1949 or '50 on for many years and with the help of Dr. McTaggart-Cowan and J.B. Klein and Mrs. Frank Ross - Phyllis Ross - who later both became chancellors, we got Senate to

agree that that was the way to go academically; that we would have to use these downtown clinical facilities meantime but to them should be added the eventual, what should I say, requirement of a university hospital, as a teaching and research hospital. That they were largely, because of their location and nature and history, service hospitals; that we didn't need a large hospital but we needed one with sufficient patients for research and teaching, but not to the exclusion of the others. But the headquarters were to be here; it was to be clearly a university hospital. They were thinking obviously of what we shall call hospital medical schools in London, England, as against university medical schools, of which there were far fewer.

Int.: *Is this what Dr. Dolman was recommending in his report as well? So would you say the reason a hospital wasn't built on the campus to begin with was strictly because of money?*

W.G.: Well, it was quite clear that if we were going to build a medical school we had better start with the pre-clinical years. There was no way that we could get the money for both the pre-clinical years and the hospital. We had to phase the thing in because there was great competition for any sort of dollars to build anything with. That's why the Wesbrook Building was the first one to go up; and that was designed, I would think, in the late '20s. Then, because of the Depression, it wasn't built. The war came and it still wasn't built. I guess it was opened in 1951 and the Minister of Education of those days, Bill Strathe, was so confused that he gave the keys of the building to the Dean of Medicine, who didn't have anything in it. Dolman's labs were in it – he was in the Faculty of Science- and there was Nursing in it and all sorts of things, but no Medicine. So that was a very confusing day. And after that trial run President MacKenzie said to me, one day he said, "Look, would you be the landlord of that building and take their fights off my hands." And I said, "Larry, I'd do anything for you but I won't do that. I'll tell you how to settle the fight."

Int.: *What did he mean exactly by that?*

W.G.: Somebody to keep order there because it didn't belong to any one faculty and he wanted someone to take on the job of superintending, I suppose, the letting out of space and the development of the building and so on; to get the priorities in order.

Int.: *So what was your recommendation?*

W.G.: I said, That's not the way to do it. That's a lifetime occupation and you wouldn't survive it. I said, I've just been to the University of Minnesota visiting Professor Erasmus, the great neuroanatomist, and they showed me the Wesbrook Building - they call it Wesbrook Hall there. I said, That's a memorial to our first president, Frank Wesbrook, who was of course their great full-time Dean of Medicine, the first full-time dean, the man who got them a class A standing with Flexner who made the great report on medical education in the States. So I said, The simplest thing for you to do is just to call this the Wesbrook Building; that doesn't decide who occupies it. Then it's much easier to deal with; I'll help you then, but get that done first. Well, that was a

Wednesday night. He put it to Senate that night and the thing just passed like that, about five past eleven. Anything important and contentious Larry left till well after eleven o'clock. But that wasn't contentious; it went right through. So Dolman, after the meeting was over, approached the President. He said, "Where did you get that good idea?" He says, "I won't tell you." Then, he finally did tell him that I'd just come up from Minnesota with that idea, and it went down very well and no one has ever regretted it. Because it covered all the things he was interested in: bacteriology; nursing (he started the world's first degree course in Nursing at Minnesota then we had the second one here after he became president of U.B.C.).

Int.: *So it was a brilliant idea, then?*

W.G.: Well , it helped.

Int.: *Just to go back a few years - I understand I may have the dates incorrect - you were president of the Pre-Medical Society and you started it in 1933?*

W.G.: I think it was '32 because some of the people who were a year ahead of me, like Alf Elliott who became professor of ophthalmology, and Arthur Bagnall in rheumatology when they came home here from medical schools; they had been present on that day so it must have been in the autumn of '32 that we started it. We called it after Dr. Munro. The first big bequest had been of his estate, subject to life interest of his widow. Well, she lived to be 96 and it's only recently, actually, that U.B.C. got possession of the property on the Southeast corner of Cambie and Broadway that was part of his estate. Finally that was sold for \$1.5 million, the money to go to medical research at the university. The City Hall bought it because they want to control Broadway and, as an alderman, I kept needling them, You know, if you lose control of your front door on Broadway and Cambie, you're crazy. So, after they paid the \$1.5 million for it they then went ahead and bought the rest of the block on Broadway. So they control their entire future now.

Int.: *Do you feel that the Pre-Medical Society had quite an effect on...?*

W.G.: Yes. Not in those early days pre-war but post-war when the veterans were here. And it was led by a remarkable fellow from the Kootenays called Pat Fowler. We didn't get the Medical School going in time for him so he attended the University of Washington next door, and he's been a very fine general practitioner up near Castlegar, at Kinnaird, I guess it's called. Always interested; he was an excellent speaker, a logical fellow. You weren't going to put him off his stride, and he would tie into any of these clinicians in town that were sure that they were divinely guided to start a medical school on 12th Avenue. Fowler never lost his temper; he had good arguments and he could take on anyone. It's largely to him, among all the students, that we owe the medical school, I'd say. He was wise man.

Int.: *He would have been the one involved in getting the petition in 1946?*

W.G.: That is correct. I've found some of that correspondence and I'll send it over to the Archives here.

Int.: *I imagine that would have made quite a difference, approaching the Government and having names and something concrete.*

W.G.: Oh, sure. Governments are only human. They need paper on which to operate and signatures - proof, put it that way. Not just hearsay.

Int.: *I think the Government allocated \$1½ million to the Medical School in 1946-47? By the time they actually used any of that money to build any buildings it seems the costs would have escalated quite considerably.*

W.G.: Not as badly as in recent times. If my memory serves me correctly, that built the building at the General Hospital which is still used by the Medical Faculty, on the southwest corner of 10th Avenue and Heather.

Int.: *Do you think that perhaps if some of that money was used towards a university hospital at the time it might have been a better move?*

W.G.: It could have been. That's the point I made in Senate and my supporters there did, but I think that the President was strongly of the opinion that you'd better not start a two-year school and then have no clinical years to go on to. So that was what happened.

Int.: *What about Dr. Dolman's report and Dr. Strong's report. Did either one of those have an effect on the students, on the faculty, and just the general public at the time?*

W.G.: Well, not so much as on the medical profession. Anyone who had the time to read Dolman's report would realize it was a very scholarly and finished product. Whereas Fritz Strong's report was largely made up of going to his clinical friends - some of them, I wouldn't say, distinguished medical educators on the West Coast here - and then dredging up a lot of personalities. I got to know Fritz very well afterwards. When he died we were good friends, but I don't think he knew enough about education. You see, I believe he took one year's internship at the Vancouver General Hospital after he had graduated from Minnesota. Now, you'll have to look into this but that's my impression. In those days you could become a specialist by saying you were; there were no Royal College criteria. So he became a cardiologist and a very good internist but I think what the poor man lacked was a knowledge of what it really took to build a medical school. I don't think that as a student just graduating from McGill I really knew the guts of a medical school: who had to put it together and keep it together. We just took it for granted. We thought because we'd paid some inexcusably small sum in tuition fees that we had fulfilled something and that they owed it to us; that's absolute rubbish, of course. Now that I've been (to) the bankers with three universities for five years I know what rubbish it is. So that, when you pay \$1,000 a year for tuition as a medical student and you think you've done something great, you're dead wrong. It's between \$25,000 and \$30,000 a year the taxpayer has to put out for your education.

Int.: *Each student?*

W.G.: For each student. About \$25,000 I would say in the pre-clinical years, and certainly \$35,000 if not more in the clinical years. So, I don't think to graduate from medical school endows a person with any real knowledge of medical education and how it has to be mounted. That is why I think a lot of medical doctors are so free to criticize medical educators as being know-nothings and ivory tower boys and so on when some of them as clinical professors or full professors in the clinical years get into the administrative roles in a medical school they begin to learn what a tough and serious job it is.

Int.: *So who would you say was really the driving force behind the starting of the medical faculty at U.B.C.?*

W.G.: Probably Larry MacKenzie and the veterans. You see, not many people realize that President MacKenzie had been a medical student at Dalhousie. His father was a Presbyterian minister and wanted his son to do theology. Coming back from the First War he was dead sure he wasn't going to do that, he wanted to do Law. So they compromised and he did Medicine. And after the first year of Medicine at Dalhousie he did so well - he got a first class in Anatomy, and there are few enough of those in Canada, let me tell you. So the parents relented and said, "Alright, Larry, you've done your part extremely well. If you still want to do Law, you go off and do Law." Which he did. But the man came here knowing enough about medical schools and medical politics that we couldn't have had a better President, most supportive. He couldn't always give us the money we required but he was very helpful.

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

W.G.: No, it wasn't. We didn't have a federal plan such as Mike Pearson put in for this health resources fund, you see. It made all the difference to Canada post-war. Without that, I hate to think where medical education would be today. So that for every dollar the province put up he would match it to build medical facilities. It was a great thing.

Int.: *So the post-war shortages really did play quite a role in holding back. It wasn't just lack of energy on...*

W.G.: Oh, no. If you can picture U.B.C. going from about 1700 students to 9700 in the summer of 1945, and no place to put them. We had three permanent buildings only. The Library was half-finished, if that. So Larry MacKenzie was most persuasive and he got, I gather, about 600 huts here on this campus, most of them without permission. And there were a couple of barges filled with nails sitting off Jericho here, anchored there waiting to go to Okinawa because the Canadian air force was going to go to Okinawa. I was the secretary of that committee at air force headquarters, and the war, of course, abruptly ended and we didn't have to go to Okinawa or elsewhere. Air Commodore Johnnie Plant, who was an engineer, graduate of Victoria College and UBC, and had gone to the top ranks of the air force. They decided that some honorary degrees were

essential for those who had helped in the armed forces, so Johnnie kindly handed over the two barge loads of nails, I gather, and went off with an honorary degree; and those were the nails that held these huts together because they had to be collapsed to bring down the coast, you know. There wouldn't be enough barges to bring them down whole, although some did. And they hauled them up over the cliff. They brought them from all over the place. Mr. Hamber, then the Chancellor, was a wonderful man, very pro-medical. He had his head on straight, let me tell you. He was a director of the CPR. Every time the CPR would tell MacKenzie to get those huts off Little Mountain army camp - that CPR land had to be subdivided south of - what shall we say? - 25th and 37th - up there somewhere, MacKenzie would call Hamber and Hamber would call Montreal and tell them to slow it down. But one of them was brought here in five sections one night by the Eagle Transfer Company and put together again. This was arranged by Gordon Shrum who was going to have it for radioactive chemicals. The theory was that, at the end of the time, when it was polluted with these radioactive things, he would burn it. Well, Marvin Darragh got in one end, I got in the other, and all we left Shrum was the toilets at the far end (laughter).

So that served us for years, waiting for permanent buildings. Then it was taken apart and towed across campus and became the School for Rehabilitation. It leaked around the joints up in the roof but was not bad otherwise. And that had a lifetime in the war of six years, shall we say, but out here it must have been 26. It's incredible how we managed! You asked, Was there money available? No, there really wasn't.

Int.: *What roles do you think the medical organizations - the B.C. Medical Association and the Vancouver Medical Association - played in getting the medical school going? Were they quite active?*

W.G.: Some were and some weren't. It was always a bone of contention and there was a feeling by one or two of them - Dr. Panton, for instance, the police surgeon in the city, was - I guess - chairman of a committee on medical education of the B.C. Medical, as I recall, or Vancouver Medical, I don't know which. He used to assume in all his speeches that what that committee said would be law. So Norman MacKenzie really piled into them: that he was the President of the University and the Senate ran the academic affairs, the Board of Governors ran the capital and building affairs, and they alone would decide what went on here. Not Dr. Panton or anyone else downtown. So there were a couple of head-on collisions like that but in general, I think, the more seasoned medical men saw this as a chance to build what we had lacked for so long. You know, some British Columbians had gone to medical school in England, there was so little chance. Sir Geoffrey Jefferson's wife, who was Gertrude Flummerfeld from Victoria, was one of Sir William Osler's favourites at Oxford. She married Geoffrey Jefferson, the Manchester surgeon. They moved out to Victoria and he had his offices over a tearoom on Fort Street, wouldn't you know - 1912. Of course, the war broke out and he went home in 1915 - I guess, they both went home - to England, she leaving her family in Victoria where she had grown up. For his patriotism, the poor guy was sent to Russia as a surgical consultant for the British Army. He even tried to get a job over here teaching surgery or anatomy at Wesbrook, and he wrote back to Wesbrook saying, "When will you open your medical school?" And Wesbrook, who had just arrived in

1913 said, We're not planning that. There is a war on..."

So, I would say that the medical profession had a mixed role in it. Some of them were vociferously against it and the old stuff came up: Oh well, why don't we just get a hundred places in Eastern Canada and send a hundred British Columbians there, pay their way (much as we do in Veterinary Science now, at Saskatoon). But they didn't realize that Eastern Canada has a pool of aspiring medical students as well; they couldn't make provision for us much longer. So while a few, over the postwar years, have gone to McGill, Queen's, Toronto, and London, Ont., in general the feeling has been across Canada, You'd better build your own medical school. So I think the reality of the postwar crush of veterans was that we had to do it here.

Int.: *But didn't I understand that, by about 1958 or even a little earlier, there was something like one doctor for every 750 people in Vancouver. Isn't that very high?*

W.G.: You should see it in Victoria. My impression now is that there's one to 400 there; they must be taking in each other's washing. No, Victoria and Vancouver, and I suppose to a degree the Fraser Valley and Richmond, are over-doctored compared with the rest of the world. And if you only have one doctor for ten thousand in the North, you can see what the pressure is to force people getting a licence to give one year's service where they are needed, where there is no...

Int.: *You might get some who would decide to stay.*

W.G.: That's it. A general practitioner, if he were given a guaranteed floor, might go there and might be so attracted to it that he might stay. A number of my friends are very happily employed as general practitioners in the less populated areas of the Province and wouldn't go anywhere else now, now they've got to know the people.

Int.: *I understand these dates and what happened is all before your time but you mentioned, I think, that the first time they spoke about a medical school is around 1915.*

W.G.: Oh no, no - 1870, when there were, of the seven people on the legislative council in Victoria for British Columbia, four doctors. The fellow who decided pretty well that British Columbia should join Confederation was Dr. Helmcken, the first doctor in British Columbia. Married to Sir James Douglas' daughter, the Governor's daughter. Well, he and Dr. Carroll, after whom Carroll Street is named, and Joseph Trutch, who later became the Governor, went all the way to Ottawa, through San Francisco and across the United States because we didn't have railways then; they went to Ottawa to plead the case for British Columbia joining Confederation and they listed all the desiderata in a long, long list; and one of the things they insisted on was that if British Columbia joined there would be, of course, the railway across but, from their point of view, quite importantly, there would be a marine hospital or naval hospital built at Esquimalt Naval Base of sufficient size to mount a medical school. That's the earliest. You'll find it in Helmcken's diary.

Int.: *It took an awful long time then to get it going.*

W.G.: Then there was a row, about 1892 or '93, that we needed a medical school and, as usual, the profession took to quarrelling about who should be the dean. The same thing happened after Wesbrook died in 1918 because, when he had been dean at Minnesota School of Medicine, George Vincent was the President. About that time, about 1918, George Vincent became the President of the Rockefeller Foundation and he followed up some of Wesbrook's earlier entreaties concerning the University of British Columbia and either came here or sent his emissaries about 1919. There were so many if's and but's with the profession and with the University, I gather...

Int.: *I don't have the documentation here*

W.G.: ...that they went away with the money to the University of Alberta; and that's how Alberta got started.

Int.: *So it was an inability to cooperate?*

W.G.: Now, the history of the Rockefeller Foundation is being written in New York and I'm trying to get at that documentation as to what did go wrong; maybe much of it won't be written down. That's what happened. They came here first with the money.

Int.: *And then I understand there was money offered in 1933 as well, or 1944, from Siu Sassoon?*

W.G.: Oh, one of the Sassoons in China or Hong Kong. But that was a mixed bag. I've been all through the correspondence when Dr. Klinck was president. Sassoon, the wealthy banker from Britain, had married a Chinese woman and he wanted to start for her, here, a school of physical rehabilitation that she would be either in charge of or employed in. The conditions were so unusual we couldn't consider it. And the thing just dropped away.

Int.: *How important, do you think, were the differences between the Medical Association and the University on the question of location of the medical school?*

W.G.: Not very bad. No, no. The Vancouver Medical Association, which was largely general practitioners, voted overwhelmingly that the University should be in charge of this medical school, on the campus, and that it should have its campus hospital. There was never any doubt in their minds.

Int.: *It seems to me there were some conflicts between these two groups.*

W.G.: Oh, repeatedly. You see, it was all part of the same attempt by the Vancouver General to become a monopoly of medical care. They were going to be the tertiary referral centre of the Province, and they still talk in these grandiose terms. They made one great error. They insisted that the Vancouver Medical Association Library should be housed in the basement of the Vancouver General Hospital. Well, fellows from St. Paul's and

other places said, To hell with that. We're not going into the hospital, where we're not allowed to practice, in order to read our own books. So that's why the Academy of Medicine was built at the corner of Burrard and 10th Avenue, part-way, you might say, between those two hospitals; built in a building that belongs to the medical profession and not to any government or any hospital. This is one of those exacerbating things that got in the middle in those days.

Int.: *Do you think there was much rivalry for money to go to other faculties, such as the Law faculty, that were started around the same time?*

W.G.: Yes, the Law faculty got off to an early start with George Curtis coming here from Dalhousie. And poor President MacKenzie had to do a balancing act between what was essential, what was affordable, and who was going to get squeezed out. And with the development of twelve faculties it was hard going. Pharmacy, for instance, came along, and George Cunningham put up \$22,500 towards a building and that's why this Pharmacy building...

Int.: *which cost much more than that, of course*

W.G.: ... was called the Cunningham Building. But the Dental faculty - there was tremendous pressure to get that Dental faculty from the dentists of the province - and so on. Of course, there were no pre-dental students here to keep the fire alive as there had been pre-medical students.

Int.: *But I imagine it cost quite a bit more, as you have already mentioned, for a medical school, and that would have made a difference.*

W.G.: Oh yes. The problem was, who was going to get out of the huts first. And it was an awful job. Jack Diamond used to say when he came on campus, "Yes, you've got a great president in MacKenzie. You know what he's proven. He's proven that you can put up 10,000 students in huts. So what have you got: 10,000 students - and huts. He used to make this point repeatedly, and he was so right. Until the three universities campaign got going it was like pulling teeth to get guarantees or matching funds from Victoria. But that was a big campaign, for \$25 or \$28-million for three universities, when the two newer ones were just getting started. And it made all the difference, I can tell you.

Int.: *What would you say the rationale was for having the University send Dr. Dolman out to do a survey of medical schools?*

W.G.: Well, there was no other medical person on the faculty, as I recall, when he did that. Now, Dr. Ranta may have been on the faculty towards the end of the war but I just can't remember. My impression was he was in the army. So Dolman was here, MacKenzie had just arrived at the end of '44, and he sent the only fellow he had to go and talk to medical educators and bring them home, if you like, the raw data, which he did. It is a very interesting report.

Int.: *It seems to me that the medical association decided they weren't going to accept his report before he even went on it.*

W.G.: The ferocity with which he was attacked the day he was appointed was incredible.

Int.: *What was the reason for that?*

W.G.: I don't know. They didn't have qualifications comparable to Dolman's as a scientist, any of them, and I think it was a big medical, political thing and, as you know, you can't wear a high enough collar in medical politics; you are going to get it sooner or later. This was the problem. A lot of people who had tried to control the starting of medical schools before were either alive, or their offspring were, and they were going to make very sure who ran this medical school; it would be a great adjunct to one's practice. They didn't have the foggiest notion of what it cost to do these things. And a good medical library. So that I found, when I arrived here and was asked to help Dr. Friedman, who was the first chairman of the library committee, the first thing that faced us was that we tried to buy from the Vancouver Medical Library all the back numbers since the beginning of - I think it was - the Journal of Biochemistry, a well known journal, and we could offer \$2,000. They up and sold it to a bunch of Dutch dealers in Holland for \$2,200. That was their idea of how to help the medical school. I have never run into such absolute cupidity or stupidity in my life as came to the fore in those early years.

Gradually, of course, the Medical School made its own way here and I think people may have been a little ashamed of having done these stupid things. It's incredible what we were up against. I was in a strange position, as was Rocke Robertson. We were native sons. We didn't have to take any lip from people who had come from any other part of the world. But people who had given up everything to come here, like Harold Copp from Toronto and California, Friedman from McGill, Kerr from Toronto, and so on, it must have been very dispiriting at the first to run into this barrage of - I don't know how to describe those early people, they were always positive and occasionally right; that's all I can say about them. But they were a stumbling block, they drove the president crazy.

Int.: *So it wasn't just Dr. Dolman who had difficult times?*

W.G.: Oh, no. It was the whole faculty of Medicine.

Int.: *How do you think it came about that two surveys were done?*

W.G.: Oh, well. Fritz Strong and a few of his clinical friends were quite sure that Dolman didn't know anything about the real world: he was an ivory tower fellow and they had never really heard of him, and they would do it properly. Well, they talked with some of the, shall I say, least informed, disreputable medical educators. You wouldn't believe, part-time deans on the Coast here were given the authority or thought to be equal authority with fellows like Allan Gregg, Farquerson, the really top men in the United

States and Canada who came. It was hard to believe, but I don't think that they had ever heard Sir William Osler's great saying, "Beware of the man who doesn't know that he doesn't know. He is two kinds of a fool. Shun him." This was our problem. They meant well. They were in a hurry but really it was unrealistic. So it took a while.

Int.: *It seems there were really three options available: one, to have the medical faculty at the university and a hospital; to have the medical faculty at the hospital totally; or to have it split. What do you think most people wanted to do? What did happen or something different?*

W.G.: Probably we made the best of a tough situation. And the rivalry isn't over yet. The boys at the Vancouver General now are talking about a \$100-million tower for no net increase in beds. In other words, they will tear 400 beds down - 1912 beds, I believe they were - and replace them now at \$100-million expense, with some labs and a building, but the same 400 beds. And so, when the premier heard this he wanted to know, what is the size of this proposed tower? I worked it out for him: that it is 3 times the size of the Parliament Buildings in Victoria, which he knows very well, or twice the size of the Empress Hotel, or equal to the size of the Hotel Vancouver; but - no gain in beds. So, hope springs eternal down there, I must say. Everyone else is wrong, according to those fellows, but the former head of their medical board ten years ago had headlines in the Vancouver papers, I remember, "It's \$100-million or nothing." They had to rebuild the whole place. And, of course, it was nothing. We don't have that kind of money. Also, St. Paul's has become a very active teaching hospital; a lot of clinical research there; some basic research there. And there are, you see, the new Grace Hospital. The Shaughnessy/Children's combination is something new under the sun. So I don't think that 12th Avenue is to be necessarily the centre of referral medicine for the Province.

Int.: *Do you think one of the reasons Dr. Dolman was sent to do his survey was to find out what a realistic figure was for starting a school?*

W.G.: That is correct.

Int.: *And did he not feel that \$1½ million was not enough?*

W.G.: That is correct.

Int.: *But there wasn't the possibility of acquiring a little more money?*

W.G.: Not at that time. In competition with the other demonstrable needs of the university. As I say, this overwhelming number of students coloured everything. And, of course, now we are the second largest in Canada.

Int.: *What were some of the arguments put forward for having an integrated medical school, one that wasn't separated with the pre-clinical and clinical years?*

W.G.: Well, I think the experience of a number of places. Many state universities, you see, built university hospitals on campuses. Some of the best hospitals in the world such as at the University of Rochester in New York. Some of the professionals went overboard in resenting that and they were perhaps jokingly - but I'm not so sure about jokingly - saying to patients, We'll give you a dog tag in case you are rendered unconscious by a motorcar or something and the dog tag will say, "Please don't take me to the university hospital." This kind of stuff. And of course they built that hospital outside of Rochester, New York, and said, of course, people will never go. Well, of course, it is one of the most successful. This is where the Nobel prize winners have come from, including for Medicine. Johns Hopkins was cited and Harvard by Dr. Strong as being two cases where the medical school is not on the university campus. When Allan Gregg heard that, at the Rockefellers, he said, I will get letters from the two presidents of Harvard and Hopkins respectively, saying that if they had to do it over again they would put them on their campuses. I remember, at the 25th anniversary of the Neurological Institute in Montreal, Allan Gregg came to speak. We had a long chat about the situation here because he was tethered to be interested as long as he lived in the Vancouver situation. He said, "You won't believe it but I was asked the other day by Harvard University what it would cost to build a university hospital right at Harvard in Cambridge, Mass." Very interesting. Then, only a few years ago, John Rockefeller III was here with the Trilateral meetings and we were chatting up on the deck of the Faculty Club. He said, "What's your name?" I said it was Gibson. He said, "You're Allan Gregg's friend?" I said, "That's right." "Have you taken Gregg's advice?" I said, "Well, we're doing it gradually." "How gradually?" "Well, I said, the hole is dug and we are starting on the hospital." "Good," he said, "Gregg would be smiling in heaven if he knew that that were happening." Then he went on to say, Gregg was an unusual fellow. The trustees did not know until they were asked to pay for the second Kinsey Report that they had already paid for the first. (Laughter.)

Int.: *Well, I think we'll end the tape on that.*