



Dr. Claude Ernest Dolman (1906-1994)

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Biographical Information: From 1935-1971, Dr. Dolman was a professor of bacteriology, preventive medicine and immunology at UBC.

Summary: *Tape 1:*
How/why he came to UBC in 1935 as professor of Bacteriology. Differences of opinion with N.A. MacKenzie. His Report on Medical Education. The quality of the students in the early years. Medical sciences vs. clinical medicine. The Institute for Preventive Medicine. The Hamilton report, Rockefeller Foundation opinion, Dean Weaver. Refusal to be part of the Faculty of Medicine; problems at the General Hospital. Dan McCreary.
Tape 2:
The Strong vs. Dolman Reports. His personal role in the negotiations and his personality. Bacteriology in the medical course. Importance of preventive medicine.

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Interview with Dr. Claude Dolman, February 6, 1985

Int.: *If we could begin, Dr. Dolman, with the first question that I presented you with: How did you come to be at the University of British Columbia when the Faculty of Medicine was getting under way?*

C.D.: Well, I think I can best answer that by saying that I wouldn't be at the University of British Columbia and wouldn't have come then, in 1935, if I hadn't some sort of vision of a Faculty of Medicine coming to be within the next ten years or so. The story of how I came to be there, I suppose, requires that I say something of the circumstances of my appointment. It came about in rather an odd way that, after arriving in Canada in 1931, in Toronto, where I was employed as clinical and research associate in the Connaught Medical Research Laboratories of the university, as it then was, and demonstrator in the School of Hygiene of that university, I had come out here to Vancouver at the invitation of the chairman of the Summer School Committee of the Vancouver Medical Association to give a series of lectures that had been their annual custom. And this year, in view of some work that I had done, the then chairman, Dr. Howard Spohn, came down to my office and invited me to go and give these lectures at the summer school, the following June or July of 1934. I got permission to go and give these lectures from the chief of the Connaught Laboratories, Dr. FitzGerald, who spent his summers out here and who knew Spohn very well and was very keen indeed that I should go. These lectures were, I suppose, a success - they said they were, anyway - and as my predecessor in the Department of Bacteriology as it then was, was ill and quite unlikely to be fit enough to return to work and he had been also director of the Provincial Laboratories, a plot was hatched around the possibility of my taking on - Dr. Hibberd-Hill was his name - taking on his dual role. As a matter of fact, he had a quadruple role as he was also head of the Department of Nursing and Health and head of the university's Health Service - facts which were not told me until after my arrival out here.

Int.: *Did you take on all of his roles when you arrived?*

C.D.: (He chuckles) A good question. The Department of Nursing & Health was involved and I was, for some years, acting head of it and then became head of it for a few years before I gave it up in favour of the nurse, it became the School of Nursing. The University Health Service I resolutely refused to take on, much to the annoyance of some people and the embarrassment of myself because it was assumed that I was the University Health Officer and that was, in my view, a much bigger job than I had time left for.

Int.: *It seems like you had an awful lot of jobs to do.*

C.D.: Yes. I was, for instance, the director of the Provincial Laboratories and had not merely the Vancouver laboratory to look after, which was expanding in its demands

for physicians for public health tests and so on, but there were six branch laboratories dotted all over the province from Prince Rupert to Nelson and I was supposed to be in charge of them too. Nobody said anything about this to me. And indeed the mode of communicating the job was rather queer in any case. FitzGerald, that is, the director of the Connaught Laboratories, came down to my office one day early in 1935 and said that there was somebody upstairs in his office who wanted to see me. This turned out to be a rather pleasant, old gentleman called Henry Edson-Young, who was then the provincial health officer and had been Minister of Education and Provincial Secretary. In fact, when the right government was in power, he had held the reins of office in many directions - the old Essondale was named after his wife.

Int.: *He was quite interested himself in getting a medical school going, wasn't he?*

C.D.: Oh yes, he was, very interested - from a public health standpoint particularly, and in fact his daughter was later a member of the Nursing Department staff. He was a grand old man, and while I believe he was a crafty enough politician it never showed up in his dealings with me. I was, however, put out to find that the directorship of the Provincial Laboratories involved these six branch labs which he never mentioned to me. When I went up to see him in FitzGerald's office he blurted out, I think to FitzGerald's embarrassment and my astonishment, "We are very glad you're coming." And I said, "Where?" And he told me who he was and that I was supposed to have an appointment at the University of British Columbia and also take charge of their laboratories. That Hill, my predecessor, was ill and wasn't likely to come back and they had fixed it all up; and he was very indebted to FitzGerald for making it possible.

Well, we parted on good terms but with nothing settled, of course. FitzGerald came down soon afterwards, very apologetic for having sprung this on me and very astonished at it being sprung on me by Young, and explained that people had been impressed by my lectures and there had been a move afoot in Vancouver to replace Hill; and, in his view, I would make a very good substitute. So, to cut the story short, if I were willing, if FitzGerald would consent to my establishing a western division of Connaught Laboratories on the campus at U.B.C., to take over the Department of Bacteriology which would become Bacteriology and Preventive Medicine, he rated the chances of there being a medical school, which I was at once on the alert about, as pretty good. If my department - although there was no medical school at that time - were called Preventive Medicine, because after all there was the Connaught Medical Laboratories that I had this appointment in, that would hasten the onset of the school and it would colour its emphasis probably.

Int.: *So do you think you would have come had you not had an idea that a medical school was going to be started?*

C.D.: No, I wouldn't. Although I must say, after four years in Toronto, which is a very respectable and colourful city now but in the 1930s was boring after London...

Int.: *The idea of a change was nice.*

C.D.: ...it was absolutely wonderful to see the high mountains and sea in conjunction, and feel a whiff of the Pacific coming at one. I had been born in Cornwall right by the sea, and this appealed to me. But in spite of all that, I would not have come because the university was in a very low state. They had just had an awful row the year before inside the university itself, lack of confidence in the president had been voted and so on, and the budget of the university, you'd hardly credit, had been reduced from \$600,000 - that's to say, the grant from the Provincial Government - from \$600,000 I was told, to \$200,000. I expect that's an exaggerated figure, but the \$600,000 was the provincial grant to the university. They hadn't enough money to cut the grass and of course there was nothing but what is now the Chemistry building - and the Department of Bacteriology occupied half of the top floor of that - and the Library were the only two permanent buildings that they had been able to put up. I won't go into the history of the university, but the rest were huts, semi-permanent so-called but they looked appallingly permanent in this climate so it proved that it had to be. However, overall the then president was pleasant and a bit surprised at this having gone on over his head, so to speak, but was very pleasant and willing to welcome me and wrote letters to that effect, which I was shown, to FitzGerald. And, of course, Young was more than pleased at the prospect. So that the following September I found my way across the country and settled in this rather desert of a place. I remember Gage, who became president many years later and is now dead, poor fellow, lurking outside Klinck's office when I went in to see him and report. He said, "What on earth did I come out to that place for?" He obviously thought I was a bit of a fool. Perhaps I was. But anyway, his smiling face was one of the first ones I saw on the campus. There were one or two others who are still around; a great many of them, of course, have died.

Int.: *That was in 1935?*

C.D.: That was 1935, having lectured in '34.

Int.: *There had been talk of the medical school prior to that. Why do you think it didn't get going sooner than it did?*

C.D.: I've only to mention that the \$600,000 wouldn't nowadays be regarded as enough for the Faculty of Medicine...

Int.: *Never mind a whole university...*

C.D.: never mind a whole university. But even though, as my subsequent enquiries revealed to everybody's astonishment including mine, Canadian medical schools were making do on less than half of what was considered in the States an adequate minimum budget.

Int.: *You were aware of this, I imagine, then, before you did your survey?*

C.D.: I took no steps whatever to do anything to discourage any move for a Faculty of Medicine because it was an impracticable thing to consider. And by then I had found out what I didn't know when I first arrived, of course, that the General Hospital which was thought of from the beginning by the local profession at any rate, as a suitable centre for medical teaching, had since revealed to be - although they were kind enough to make me an honorary consultant, which I still am - it was quite obviously not suitable as a centre for medical teaching.

Int.: *Do you think they intended to have the entire medical school at the Vancouver General Hospital to begin with?*

C.D.: Nobody carried their thinking that far as far as thinking, but I'm sure their instinct would have been to establish it on the pattern of many medical schools in the United States, which started off as proprietary schools attached to the biggest hospital available. And since the Vancouver General was then thought of as the biggest or one of the biggest in Canada, this added to the cogency of their remarks that of course we should have a medical school; we must have the facilities because we've got such a big hospital. And there was nobody at the university to gainsay them then. The president, who was an agriculturalist, had good sense enough to know that it was expensive and to fight shy of it. He had a hard time keeping the university going let alone starting off by far the most expensive faculty, as Medicine is conceded to be. Well, the first real pressure for a medical school as a new entity built up from the returned veterans at the end of the war. It began, I suppose, just before the President Klinck, as I first came under, was replaced by President MacKenzie. And it was MacKenzie who retired only a few years ago, on whom the brunt of responsibility fell and who must accept responsibility for what happened.

Int.: *One of the questions, sir, that I have down here is, What do you think President MacKenzie's attitude toward a medical school was? Was he in favour of starting one right away?*

C.D.: To understand why I should say what I intend to say about him, one would have to read an account of what transpired. There would be some things that I alone know about them. I think the nicest thing you could say about MacKenzie from this standpoint is that he wanted to be liked by everybody. The worst thing about him was that he was willing to pay any price to maintain that position. And you can't start a medical school and retain the affection of everybody.

Int.: *Well, that's for sure.*

C.D.: And he was, in other words, going to prove to be an opportunist. This meant that he and I had a long-enduring clash of viewpoint; not so much that we were opposed, although that came into it towards the end, but that I was prepared to pay the price,

which was to remain pretty well ostracized by the medical profession while complimented by authorities on medical education elsewhere for sticking to the right thing. And that goes for the Report, which he heard from all over the world because he travelled a lot, was accepted as a model and I have correspondence which can very easily prove that. But pressure from the medical profession, from returned veterans, from the legislature particularly, led him to give way on almost all the important things that count, although I had taken the precaution to make it one of my most emphatic recommendations in the Report on Medical Education that the university should call in experts on medical education to instill the situation, which they did. And the reports of these experts, including those recommended by what turned out to be a rival report, all substantially supported my viewpoint in all essential particulars. They were absolutely in favour of not starting in a hurry, of making sure the university at large could support a medical school. But the Government realized that it was expensive, a major undertaking, that there was to be a hospital on the campus, a university hospital, that the dean should be a man - as indeed the president should - who would oppose anything seeking to divide the hospital from the campus, from the pre-med group, or pre-clinical sciences and so forth. Well, all those things were down in my report. There was no excuse. There would be an excuse for the president saying that, look here, this fellow has gone around and come back pigheaded about certain things. The Medical Association, when they discovered this, sent someone else around and produced a much smaller report. But nevertheless, it brought in contrary views and said that the General Hospital is virtually satisfactory for the purposes as a teaching centre. And here are two opposing reports. The Legislature voted some money for the express purpose of starting a medical school, which we will accept. That would have been excusable or understandable. In fact, my report was substantiated by every expert they had and it was therefore not excusable for them to go ahead and still lean on the General Hospital and, to all intents, spend all the government funds that were available for a Faculty of Medicine on the General Hospital. They could talk about anchoring what they could here but what they could anchor was very little indeed. And a minister comes along twenty years later and votes a sum of money ten times that that would have been required to put up the hospital to begin with, twenty years too late to have a proper pattern established.

Int.: *So do you still feel then that if UBC had waited to start the Medical School they would have been better off in the end?*

C.D.: Oh yes, I do. I don't say that they should have waited till the present campus hospital was put up. But I do say that the present hospital would have been put up earlier if they had waited and said, These are our conditions... These are supported by everyone we've asked, not merely Dolman, whom you can think was biased if you like, but that everybody recommended and moreover, everybody that Strong recommended. Strong brought in a rival report of nine pages, most of which was designed as a refutation of everything I'd said and in support of the General Hospital of which he was physician-in-chief and did not wish to be displaced by a young, up-to-date newcomer. That's what it really boils down to. He and one or

two others at the General Hospital had used it as their private fiefdom and by bullying and bribing, whichever suited the individuals concerned they surrounded themselves with a clique of people who just were accustomed to let them take the burden and give them what they needed as beds for their own patients. They had become a service institution run by the City of Vancouver under the supervision of Strong and Hudgins, and their particular pals. And, of course, a number of younger generation young men had come along. They had been bribed or bullied, as I say, by Strong and had position at the General Hospital provided they kowtowed to them. Their careers were dependent on that so that even the younger generation were coloured against what they knew to be right. Because they would come up and say, "I thoroughly agree with you but what can we do?" We've started down there now. And this was the position that the whole thing was manoeuvred into: an acceptance of a pattern which ought never to have been embarked upon but that, having been embarked upon, sets the thing firmly in this...

Int.: *It's almost as if they got going and couldn't really back down.*

C.D.: No, they couldn't backtrack if for no other reason than that it appealed very strongly to the Provincial Government of those days because it was in a depression, in financial difficulties in the 1945-50 era. They had spent so much money on making the General Hospital at least serviceable for that teaching purpose. They had had to sink millions of dollars into it and more has gone in since. So I would guess that probably \$10 million had been invested in the General Hospital on account of the medical school being there that might very well have been put into the campus hospital.

Int.: So really it gets down to money in the end.

C.D.: Well, it gets into money and wrong-headedness about popularity. It gets down to money in the sense that the people who hold the moneybags must be placated and their hold loosened. But if the Government so much as said - the Government knew nothing whatever about medical education - it is plainly evident in these pages that they knew nothing whatever about it except what was wrong and what was fed them by medical men who were themselves ignorant or patterned their beliefs on what prevailed when they were students. But they held the moneybags and all you had to do was to say, "We are going to vote a million and a half to a medical science building." Well, they are so darned glad that they have money for anything that they don't say "What is medical science? And what do you mean goes in that building?" And so on. And the complications on the campus because of his vagueness and the acceptance of money without pinning them down and saying, "What do you mean by that?" () ruined any interests I had in the medical school.

Int.: *Do you think that, if your Report had been done earlier, something different might have happened? It seems to me that they asked you to do this Report right at the end when they were all ready, it seems to me, to start the school anyhow without*

really having the Report. Whether you had done the Report or not, they really did seem to be ready to get going.

C.D.: Yes, I'm afraid that was one of the difficulties.

Int.: *Why did they wait so long?*

C.D.: Foresight was not their strong suit and ignorance was. In other words, they thought that you could meet a situation by having a response to an immediate demand. And of course anybody would tell you that the planning for a medical school requires years of concentrated devotion on the part of a committee who knows what it is there for. For instance, Johns Hopkins was started by William Welsh and Osler among others. And Halstead and Kelly. These four people were appointed for several years and had no students whatever, just planning before they opened their doors. And it's generally conceded to be one of the better schools, if not the best school, from the standpoint of giving people what they paid for in medical education at its best. And I was laughed at, among other reasons, for wanting to produce something like the Johns Hopkins here. An impossible view! After all, every Canadian university started on an improvised basis and that sort of argument. So why don't we?

Int.: *It seems one of the arguments for starting a school was that a lot of the students here might not be accepted at other medical schools in Canada. Do you think that was a valid argument?*

C.D.: Well, it was a valid argument in the sense that some of them never should have been accepted. An analysis was made of them, and the number who were first class students was very small, and they were all accepted...

Int.: *At other schools?*

C.D.: ...at other schools. I knew that because I was president of the Munroe Pre-Medical Club, which I believe still exists. And they were very kind to me and very sensible. I wrote to them and said, "For heaven's sake, shut up. All this demand for an immediate start to the medical school is quite impossible and I'm going to recommend that no immediate start be made." They did what they were asked. And there was plenty of evidence to the fact that, at any moment, the pre-medical students - the veterans and so on - were used as a lever for getting things going. They were absolutely sensible people. Some of them were not qualified and never went into medicine and never should have been let in. But they were going to have, so far as they were veterans, the most expensive education going to be given them at the country's expense so why not go for it if they could. At least three of them were sons of local bigwigs in the medical profession and poorly qualified for medicine. They hoped to wangle them into our medical school and resorted to every sort of skullduggery to see that the school started in order that their sons could get in.

Int.: *I wonder if their sons did?*

C.D.: Two of them did, and are generally conceded to be stupid.

Int.: *So what do you think the general quality of the students in the first class was? Do you think they were a good group of students?*

C.D.: Not very. The first year I believe they were better than the second and third year. But there was a period when they were scraping the bottom of the pan. It coincided with atomic physics, the nuclear physicist was the man with the really intelligent field for the best brains in the community. And a lot of people that had thought that they would aspire to a good income and a satisfying job in medicine were turned to physics, while of course the era of nuclear physics requires a special kind of brain and the best ones probably went into it. But they all flocked back into Medicine, pre-medical students, and the quality available in the second quinnium was low indeed. I think it has got better but, of course, a lot of the talk of difficulty getting students in into any medical school is a little bit off bias. People don't realize that the prospective medical student writes around perhaps to five, perhaps to fifty, medical schools and gets accepted sooner or later. He may not be accepted by Yale or whatever his first choice might be. They told me that they had a thousand applicants and fifty students and I believe them. But they will be accepted somewhere, at some university that has a place reserved for so many students out of town. In one case, Edinburgh, a student that I said, "For medicine you're out, your record was poor" - not quite as bluntly as that but he was in our department and I hadn't accepted him for his master's degree - he got into Edinburgh because they had some antiquated arrangement with the West Indies that reserved a place for one from the West Indies every year. So that you have all kinds of things like that, you see, that means that not very many people, provided they aren't over thirty or it gives them some statistical excuse, most of them get in sooner or later.

Int.: *Do you think there's much difference between medical students now compared to the ones that first started the medical school?*

C.D.: In what way?

Int.: *Do you think the quality was any different, any better?*

C.D.: Well, that's difficult to say. I think it probably is. They certainly make more demands on them than when I went through medicine. My three children are all MDs now, so I know what they go through as residents and interns. And I'm absolutely flabbergasted at the experiences they have and what's demanded of them. And the standards are very demanding. But of course, they've allowed in more and more every year so that, in that sense, the standards haven't been quite as exacting as they used to be. But I do know that my children all had to have first or high

second-class average and I presume that's still true. If they've got a lot second, their chances are very dim.

Int.: *Do you think that the first students were well enough prepared for medical school?*

C.D.: Well, you know, they were veterans, many of them, and I've had experience of students who hadn't been veterans both before and after the war and those we'd taught during the war who were returned veterans, they were older but they knew the value of education and they were different in that sense so that it's pretty hard to compare. I don't dispute that a student who is selected, as they all are supposed to be and indeed are, because the list even here is far greater than the increasing numbers we've been taking till recently. It's gone up from sixty, which was our starting point, to 120, certainly over a hundred. Where were we at?

Int.: *Do you think they were adequately prepared? Were the entrance requirements adequate enough?*

C.D.: Yes. What I was going to say was. Let's put it this way. Medicine is such an extraordinarily wide field in the niche in which you finally choose to specialize in that there's room for all kinds of qualities of men. Some are geniuses and they don't necessarily do very well as practitioners or they might not do well at research. But there are qualities of heart as well as mind that count in medicine. Some are very dextrous and I suppose they land up as surgeons more or less automatically. Some are very good at mathematics and they may end up as medical statisticians. There's room for every kind of talent within the profession and that means you have a very wide choice of types of people available. I think also - perhaps it's related to the medical education and professionalism - it doesn't matter all that much beyond a certain point whether you go to UBC or whether you go to Harvard. It matters tremendously to the student in convenience and stimulus and inspiration and so on. And I should think it matters a great deal to the mediocre student, the one who just gets in. Of course, he wouldn't get into Harvard if he were mediocre but, assuming that he were of the calibre that could go to either, he has by going to Harvard - at much greater expense, I may say - he has a choice on the spot of the people that he wants to specialize with. There's not a chance in the world of his specializing here much. There are one or two subjects which people come back and seek their residency in which have grown up since the early days of the medical school and I wouldn't condemn the place as it's presently set up from the standpoint of turning out poor doctors. It simply means that everybody has to work harder and at great inconvenience and that medicine as a whole loses out because of this separation between medical sciences and clinical medicine. That is why all authorities are united in saying "You must not separate medical sciences from clinical medicine." In other words, to have what generally goes by the name of the Separated School, and we are a separated school.

Int.: *Even now...*

C.D.: Oh yes, because what we could have got for \$5-million for a 500-bed hospital, we now have a 200-bed or 300-bed hospital for \$50-million.

Int.: *So you don't think even now that the goal of a first class medical school was ever really reached?*

C.D.: No.

Int.: *Do you think there's any hope that it can be?*

C.D.: In a hundred years, given enough determination. It depends entirely on toughness. Johns Hopkins was a good school from the beginning. It set the pattern. You must be resolute. You must have the money, of course. And you must think it through. If you have an unprincipled university or one that is dominated by the desire to give way to pressure, you can't possibly have it while that persists. You've got to live down the effect of that because a generation of practitioners comes in and learns to control the hospital and you can't squeeze them out; you've got to wait till they die off. So the pattern is set.

Int.: *What do you think public opinion was at the time the medical school was getting under way?*

C.D.: Of course, public opinion is, I wouldn't say misinformed but it is uninformed and as a result is likely to be misinformed. Because the newspapers pick up every little bit of what they can get from whoever gives it to them and they are absolutely indiscriminating. It has to appear in tomorrow's paper and there isn't time to verify it. So that all somebody had to do was to utter some words of semi-wisdom in the House and it will be a headline next day, equally garbled, or words... So that public opinion, except for people who knew something about it or had a relative who knew something about medical education - he might be at a better medical school or he might even have been a medical educator - there is no specialty of medical education in the whole of medicine - so that you just happen to be a medical educationalist in going round and interesting yourself in it. It's like a university president. There's no school of presidency, you just get there. Medical education is much more subtle than that but there are people around in the States and there are some who recognize true from false - anybody can do that if they've got an honest mind - who would come up and say, "Of course, this is the pattern; it can't be departed from." But for every one who would say that there would be fifty say(ing), "Well, the Legislature's voted the money for this."

Int.: *When they actually voted the money - it was quite a bit earlier than 1950 when the medical school got started. Do you think it would have been enough had they started when it was first voted, which I believe was about 1946 or '45?*

C.D.: Well , they voted it under curious circumstances. They hadn't granted the university any money for, well, it was since it was first put up. The Minister of

Education and the Provincial Secretary, the two jobs were combined in Weir, George M. Weir, who was professor of Education here and on leave of absence, somewhat similar to the present Minister for the universities, McGeer. Well, Meir I came up against because the Provincial Secretary was then the equivalent of the Minister of Health so I came up against him from the Provincial lab standpoint. And he was very keen on my ideas but proved in the end to be more of a politician than an educationist and let one down. But we had, through him, something like \$400,000 I think it was, or it may have been \$350,000 more or less, voted for a building that would in effect combine everything that I happened to be concerned with plus the university health service plus the Provincial laboratories on the campus. I'd called it an Institute for Preventive Medicine. And this was all voted. In fact, everything but the hole dug for a start to be made when the Second World War started and, within a week or so, we'd had orders from Ottawa that no new construction was to go ahead. Well, there were all sorts of complications as a result. The Deputy Minister in Ottawa rang me up and said, would I do some plague research for them, make some vaccine for the troops that were going to Hong Kong. I said, I'm sorry, we haven't got any room. Why not? Because you vetoed the building that would have given us room for it. Well, that sort of thing happened. However, as I say, the plans are all there. They still have all the correspondence relating to them. The Provincial architect even set the date when the Minister was going to turn the sod and everything. Well, this Institute of Preventive Medicine was kept before the Government by constant reminders through Weir who was then very much on my side. Weir fell out of office among other things, then fell ill and died of cerebral haemorrhage, poor fellow. The University gave him an honorary degree and it was the most pathetic thing I've ever seen. This half-paralyzed man couldn't be on the platform to receive his degree. But after the war, in 1945 or thereabouts, \$1½-million was voted as a start for the medical school. I know what I'm talking about because I led the delegation which was then comprised solely of me representing the university. MacKenzie hadn't gone because he'd been the week before.

Int.: *Was that in 1945?*

C.D.: I think so, yes. At that time they were dependent on me, as the president was. They didn't know anything about modern medical education. I came to make my report and Strong made his and rivalries grew up. At that time I was their spokesman as well as the university's. In other words, I very well remember Mr. Hart, who was then premier, saying "If we were to grant to the university \$1½ million dollars to make a start on the medical school, what would you say?" So I said, "That's not bad for a start." (laughs). Mr. Maitland, who was then the Conservative representative on the coalition government and I think was Attorney-General, said "You should have said that that was mighty generous." (laughter). So I said, "I'm afraid it wasn't as much as was needed so I couldn't say that, but it was a good start." So \$1½ million came to the university campus but without any proper definition as to what was to go in it. Well, they hadn't had a red cent and in fact, Weir had told me that as long as the previous president had been at the university they wouldn't

get a red cent from him. Now he was a very estimable man but an agriculturalist. He wanted to be a farmer and he looked like a farmer, a scientific one perhaps because his faculty were devoted to him. But he didn't want to be a university president. But when he was made that he thought he'd become that by divine right and he wouldn't take any of the Reifel money because it was tainted money. So the result was everybody said, UBC's hopeless, we won't give it anything. And to get \$1½ million all of a sudden was so surprising that I suppose the university would have taken it at any price. They were quite unaccustomed to it. So I went back and reported to MacKenzie. He never paid much attention to anything, or if he did, I don't think he was unintelligent by any means, I don't wish to imply that, but intelligence gave way to expediency when necessary. So that any title the Government chose to put on what the buildings were for he would very easily adjust to. The result was there was confusion from the beginning as to what that money was for. It took a long time because I was adamant it would be for the Institute of Preventive Medicine, for the departments I was interested in admittedly. But I knew if we didn't anchor this nucleus there on the campus and call it Preventive Medicine then the thing that I was keen about, that Rockefeller was keen about, that the Foundation was keen about, the notion that Medicine should have a new slant and you should emphasize the preventive aspects of it. After all, it wasn't the medical profession that made the Panama Canal possible it was preventive medicine. You see, that was the sort of thing that was floating around in those days. The immunization people have so far forgotten all that now that they are not getting immunized any more. The result is that polio and diphtheria and everything will all be coming back again. But that is preventive medicine. Well, I had this conviction which FitzGerald shared and Rockefeller shared, and the Marco Foundation shared it so much that they were willing to put half their capital into a medical school that had that view. The Marco representative came up here, lunched with the chairman of the committee on which I was, the Joint Faculty University Committee on Medical Education. I was not allowed to speak to him. We lunched at adjacent tables. He was perfectly willing to give, I think it was about \$37 million, because they believed in my scheme.

Int.: *Why do you think they didn't get you two together? It seems difficult to understand now.*

C.D.: Because they thought I was bigoted and I don't know what else, they never said. But this \$1½ million was promised. This man, of course, never told them, Look here, I've got \$37 million tucked away which I'm willing to give. He told me that beforehand.

Int.: *So it would have been possible to start the school as it should have been started?*

C.D.: Absolutely. Alan Gregg told me when I went round to read my Report. You'll find his name there - the Rockefeller - a well known name, a really fine fellow, dead long since. But he thought that Report was a classic. I shouldn't say this, but he told me so and told many others.

Int.: *Well, it seems that that was the general consensus, really.*

C.D.: He said, “How old are you? and I told him “What, I don’t know.”. I think I was forty at the time. He said, “Do you expect to be named dean?” I said, I don’t expect it but I would long to be, provided I could do it the way I thought it ought to go.” He said, “What’s your president like?” I said, “I don’t know, I’m not sure.” He said, “You ought to be sure. If you have a firm president behind you and he backs you all the way you’ll have 25 years of trouble with the local medical profession. If he isn’t that type, it will never be a good medical school.” And that’s exactly what turned out. It was prophetic.

Int.: *Yes, I think somebody said, You have to go through a fight with the general practitioners in order to get a medical school going.*

C.D.: Oh yes. I’ve heard that quoted several times. It’s perfectly true. If you’ve got an entrenched group attached to a hospital, and even if you have your own hospital they’ll make a rival of it somehow. The fight between town and gown is never so acute as between medical town and gown.

Int.: *So it seems that the opinion of the specialists who were brought in wasn’t really taken to heart either?*

C.D.: It wasn’t taken at all. It was defied. And I constantly brought it up at meetings because I was at that time on the Senate and I had an opportunity, and if I didn’t have an opportunity I made one, of reminding them, “For God’s sake, don’t take my word for it. Look at the experts’ recommendations.

Int.: *What about the Hamilton report? How do you think that affected the beginning of the school?*

C.D.: Nobody knew who Hamilton was, and I’ve never read the Hamilton. But it was taken aboard as a sort of refuge that people could wait for and used as a guideline out of the difficulty when it became obvious that the General Hospital, as everybody else knew outside the City, was a service hospital, designed to suit the needs of general practitioners who could put a patient in, and would not be closed. In other words, selected patients put there by members of the university staff who would teach on those patients. While the average practitioner resented very much any thought of a closed hospital. So, for that matter, did Strong and some of the other moguls of the hospital. They didn’t want to lose the referrals from these practitioners. They wanted to be able to say who should be in the hospital and who shouldn’t. Somebody who could pay their bills was admitted in preference to somebody they were going to be doubtful about. So that the question of Where would these students get their beds for teaching purposes from? Where would the professors of Medicine and Surgery get their beds? And Mr. Hamilton was hired by the City of Vancouver to look into the accommodation at the hospital and he agreed

that, to get around this problem of ensuring that there were sufficient beds for teaching as well as making the hospital reasonably self-supporting, they would have to put up more beds. A complete fallacy, of course, because since then everybody's come around, and even at that time there was a rival report by a much better qualified man representing the Kellogg Foundation.

Int.: *Oh, I didn't know that.*

C.D.: Oh, much better. The Kellogg Foundation. And while he and I had some encounter with something or other, I forget what it was now, he nevertheless knew his job. That was his permanent job, of hospital adviser, and he went around and knew all about the optimal size of hospitals for this or that purpose. And a teaching hospital, he said, should have 700 beds. Well, you might get by with 450 or something like that, but no hospital should be more than 700 or 800 bed size. Beyond that it got unwieldy and undisciplined and expensive. In other words, his recommendations were exactly contrary to Mr. Hamilton's, who was paid \$25,000 by the City for bringing in a report that demanded a bigger hospital. And naturally, everything was to await the report of Mr. Hamilton who was known to be advocating a hospital, which made it possible as a teaching organization.

Int.: *So that went along exactly with what Dr. Strong was saying. So that fitted quite well with him.*

C.D.: He probably persuaded them to get Hamilton. No question of that.

Int.: *That's interesting.*

C.D.: No question of that. The Hamilton report was of no consequence whatever. In fact, it was rendered useless and obsolete by the fact that the hospital itself has since resolved to contract in size and will be 700 beds in the next few years. It's already down to 900 or 1,000 approximately from the maximum of 1300 which it was boasting was already the biggest and best. A great fallacy.

Int.: *What about the dean, the first dean, Myron Weaver? How did he actually get the Faculty of Medicine going? He was invited and came in 1949, didn't he?*

C.D.: Yes, he came in July of 1949 but he was appointed in March, I think. Well, it was a long drawn-out story and I shan't attempt to go into the details. Suffice it to say that, it's perhaps not generally known, Weaver was a manic-depressive and had had treatment for this. He should never have been appointed. While this was not apparent at the outset it should have been in his curriculum vitae and would have been sufficient to me, if I had been the university president, to turn him down sight unseen.

Int.: *We presume no one was aware of this when he was asked to take on the job?*

C.D.: I don't think they were. I'm not sure. Because at a meeting I was at, I happened to be in the chair at the time, made so by the president, Weaver ran amuck. The first item on the agenda, by common consent of everybody at the meeting, was to give an account of the Institute of Preventive Medicine and the negotiations leading up to it. The building had, I suppose, by then been started and if unoccupied was about to be occupied. And Weaver, of course, wanted space in it because the medical sciences as they now are in these little buildings - a marvellous indication that they couldn't even get together and go into one building. They all had to have their own, which must have cost a lot more and ensures that they don't swap experiences and results and so on as they ought to. My God, if they want to rationalize they can. If they want to say that we don't need clinicians and they don't need us they can say we don't need the anatomists and physiologists. A shocking state of affairs. However, none of them were up and for a year or two there was a tremendous hunting and wangling and every kind of subterfuge to get some of us fazed because I had designed that building so that it was valid for ten years. Everybody else was using up funds so that they were crowded the moment they got in. And the medical school hadn't any buildings at all, they had huts. And they wanted to squeeze into a space that was designed for this or that in our own building. We were perfectly willing to do what we could but not at the sacrifice of the original plan.

Weaver, at this meeting, suddenly said, "I think this is a lot of nerve for the chairman to tell us a lot of lies", or words to that effect. He made a long tirade and I objected. He said, "Have I the floor, Mr. Chairman?" I said, "Yes, but that doesn't prevent the chairman from interrupting if you keep accusing him of being a liar." At that juncture, or soon afterwards, he listened and finished his tirade, and we went on with the other business. Oh yes, he said he wished he could repeat it to the president. I said, you may have the opportunity. And the president came in - this was MacKenzie - and he repeated it. So MacKenzie went out and beckoned Chant, who was dean of Arts & Science, who is still alive. According to Chant, who told me afterwards, he said, "Lookout, that fellow is unstable.", or words to that effect. Chant told me afterwards that he got up soon afterwards. He and the president were still muttering in the corridor when he yanked his coat, almost tore it in half, and rushed down the stairs without saying anything to them at all. He said to me, "That's psychologically abnormal." Well, I can't believe that I didn't know something about it from the way they both reacted. They knew he had been, and he did in fact have a further attack. He resigned some time afterwards.

Int.: *Is this why he resigned?*

C.D.: Well, he had, I think, a heart attack, a coronary attack some months later and landed up with an office in my building. I had been forced to drop the title, Preventive Medicine, and became public health under a quite separate person. Initially, somebody taken from my department by guile, moved in by MacKenzie. But at any rate, Weaver had an office in that department and then he resigned. And he went back and took a health service in the States where he came from, more or less, and soon afterwards died. But I heard that he had gone into a mental hospital.

So it's a sad story, a pathetic comment on the degree of insight and commonsense used by our own administration. Because they had a list **that** long of names and they tried everybody locally despite the fact that the president had warned me that there was nobody on the list locally. Well, I saw my own name down. He wanted me to say, Cut it out. I had told everybody I wouldn't take the job long before, under any circumstances. But I didn't tell him to cross my name out because I wanted him to be haunted by this fact. And it remained on the list long after he had said there was nobody locally.

Int.: *When did you actually decide you wouldn't want to have the job?*

C.D.: Soon after I came back. When I saw... well, after my Report was printed – that's the thing you've got. Because the Senate one never was, that was merely to account for things to the members of Senate. The letters I got were mostly, were all, I think, of encouragement and many assumed that I would be running the school and wished me good luck and all that sort of thing. Well, it was quite evident that MacKenzie had, by then, sold the future to the Vancouver General Hospital game. I never went down there to see this but somebody in my department who was subsequently made, by MacKenzie. Professor of Public Health went with him under the guise of acting as his secretary and at that time was loyal enough to report in detail what went on. MacKenzie, after giving a perfectly good and accurate account of what did go on from the beginning and from the university's standpoint, said, Well, you see, gentlemen, we're in a fix. What can you do for us? And of course you could see them saying, This fool has thrown the ball in our court and we can do what we like with him. And from then on the game was up. And that was when I resolved I would have nothing to do with it.

Int.: *So you were never actually part of the Faculty of Medicine?*

C.D.: Only in the sense that our department was responsible for teaching microbiology to the medical students and that I gave a few lectures. They asked me repeatedly if I wouldn't go in there. And I said, I'm awfully sorry, I should only be a nuisance to you because I think you've been wrongly constructed. I was begged by lots of the heads of departments when they came. They had all assumed I was going to be there and they found things were not what they had been told they were. And years after, even Weaver himself was told to ask me, three years after they started. Invited me, said the other heads of departments wished me to. But it was no good. I said, I'll cooperate in every way I can but I will not be in the Faculty of Medicine. We offered joint allegiance. In other words, we would be in both faculties. But as I pointed out, this department had been in existence from the beginning because Wesbrook Building was named after... had been dean of Medicine at the University of Minneapolis, Minnesota, where incidentally Weaver came from. And I think Wesbrook had also been Professor of Bacteriology and, although of course I didn't know him, a very fine man and must have had ambitions to see not only bacteriology but I should think preventive medicine and a medical school ultimately established. But I never told Weaver or anybody else for that matter that

our department's resources were denied. Wesbrook established the Department of Bacteriology on the campus from the beginning, although it normally wouldn't have been here. And because of his own title at Minnesota. And I suppose that was why I quite welcomed this title of Wesbrook Building that I didn't suggest but somebody else did because they didn't want it called the Institute of Preventive Medicine. But I had no objection. And all our calendar and the courses offered were based, had been established before the Medical School began, and were based on the assumption that we were training people as microbiologists, which was generally regarded as forward-looking and we turned out 20-30 graduate microbiologists with 15-30 units of microbiological courses behind them, some of them with Honours and so on. Well, the Medical School only regarded microbiology as a sort of sub-department. We only would have one course for them, which students thought clinicians would do anyway. The average physician never bothers with bacteriology and couldn't care less about it. Why should we go into Medicine for that? For preventive medicine that is quite a different thing. But for Bacteriology to say, We'll go in under the Professor of Pathology and become part of the Medical School just for the sake of prestige for you. We'll stay where we are. That was how it came about. We undertook, and never threatened otherwise, to teach medical students. And we did. I had somebody who was paid for by the Faculty of Medicine in my Department to look after them. And, as I say, I contributed to that course.

Int.: *Is the relationship generally a good one, though, between the Faculty and the Medical Faculty once it got started?*

C.D.: Well, between my department and the Medical School is one thing. Between the faculties as such is another. There was a growing feeling at one stage where the Government obviously had limited funds and all the faculties were starving, that a disproportionate amount was being given to medicine. They began to realize what they ought to have known from the beginning, that a medical school was a terribly expensive thing, needing lots of buildings and needing a relatively high budget with higher salaries and so on. (He laughs) They frequently came to me and said, "You can get more money in the Faculty of Medicine. Why don't you go in there?" (laughter) It got down to the crudest tactics imaginable. Naturally enough, the deans of these other starved faculties were beginning to say that we've got to clamp down on these outrageous demands of the Faculty of Medicine and get a red cent for ourselves. So there was from the beginning a surprising amount of goodwill and towards the end a definite build-up of resentment. I don't know to what extent it's due to the fact that each faculty had its own problems. I wouldn't regard this as a very adult university and I think it's always been skimped for funds, always been short of them. For that reason, there's always been a good deal of internal concern with their own problems without looking afield and viewing it as an institution. They escaped that for the first few years when they thought we were rather ornamental and nice to have a Faculty of Medicine. It gave some added dimensions to the place.

Int.: *A generally favourable reaction to start with?*

C.D.: I would say to start with the reaction was favourable. Yes. It gradually deteriorated because there was a threatened depression and funds that were obviously not going to be adequate to go round. There were demands and diversions. A lot went to a new Law building that wasn't supposed to be there at all - MacKenzie was a lawyer. However, we had \$1½ million and he told me I only had \$750,000. I said, "Where's the rest gone?" "Well, a quarter of a million was needed for services for the area. And then the power house had to be rebuilt. And so on. It dwindled." He kept \$250,000 in reserve as a sort of bribe fund that he could dole out. He and I when we meet are friendly enough, he particularly, but he is the weak link in the chain if only because he was right at the top of things and what he said... He had a bunch, as often happens, of people who were themselves basically weak. They make sure that there is nobody who is going to depose them among the deans. And this proved to be true. I mean, he appointed the deans just as Reagan would appoint the chief justices of his stripe, so the president, when there is a vacancy, can appoint his own deans.

Int.: *Why do you think President MacKenzie asked you to do the report?*

C.D.: I was the only one around to do it.

Int.: *He really didn't have any choice, then?*

C.D.: No, I think there would have been an uproar if he had appointed an outsider. I was the only one, as far as I know, on the campus - I'd been there; I suppose, ten years - of any seniority. And probably the only one except Ranta, whom he took away and made Professor of Public Health. He was a weak sister and is now dead anyway so I shouldn't... At one time we were good friends. MacKenzie found that he was also amenable to bribery and said, "What do you want for betraying Dolman?" And he said, "The professorship of Public Health."

Int.: *So he got that position?*

C.D.: So he got that position and subsequently became assistant, well, Medical Director of the Vancouver General Hospital . So they had to appoint another Professor of Public Health who knew nothing whatever about public health except how to carve space out of a building. Well, you can see that I didn't have exactly a bed of roses.

Int.: *No, it sounds like it was very difficult. You had a lot of other things going on at the same time as well.*

C.D.: A lot of trouble downtown. The same thing arose. We were a very happy community in absolute hovels in the Provincial lab for years. I don't know . . . had a very loyal staff. And then they conceived - the health officer was a hopeless fellow, he conceived a scheme whereby he'd have a unit in Vancouver who could

phone you up in Victoria every day. And in order to give himself prestige, this local flunky had the other divisions report to him and he would get some building at the General Hospital. Well, of course, that played into the hands of those who wanted to focus everything on the General Hospital until the Air Vice-Marshal in charge of civil defense came around and said, This won't do. The hospital's too big. One bomb can obliterate everything. They didn't take the slightest notice of things like that. Well, one could go on... At every turn one was flummoxed. And we had to move from the downtown hovels that were so bad the taps would freeze, the roof would leak, we couldn't park our cars. It was utterly hopeless and disgraceful because we were public health laboratories. And they were all degree persons working there in that building, two dozen of them. We had to go into this new palace and morale dropped immediately. One was fighting at every turn down there, so I resigned from that position and became full-time out here as soon as I found they wouldn't have the lab out here the health officer, instead of, as happens elsewhere, being glad to see the health labs on the campus where they're in touch with research and proper attitudes, said that this wouldn't do, we must be near the mother hospital of the province and so on. He sold out to the downtown gang too. So that one was fighting on all fronts with absolutely no-one to back one up except people who were not locally present.

Int.: *Didn't have enough weight...*

C.D.: No, they didn't have enough weight and they weren't here. They were people outside who said, "Poor chap, keep it up" and that sort of thing. It's a pretty lonely battle. However, I'm free of it now.

Int.: *Just to get back to Dean Weaver. What was your judgment of his efforts to get the Medical School going, recruiting people and getting courses going.*

C.D.: Quite naturally, even if he'd wanted to imitate the Johns Hopkins nine-year interval where they sit down and plan before they make a start, he wouldn't have been allowed to. I don't think he wanted to. There was such pressure building up for a start, as soon as they appointed a dean they expected the school to start. I think he spent a year gathering staff together and seeing what could be made of the General Hospital. But with those reservations he naturally went ahead as fast as he could. I think in the course of it he had to give way. He seemed at times to have forgotten MacKenzie was making what efforts he could, too late, but he wanted an alibi at least to anchor what he could on the campus. I mean after - he never took any stand. I told him the whole story of our difficulties downtown with this lab going to the General Hospital. He never made any effort to oppose Amyott, and Amyott was an absolute ass, an absolute ass by common consent, who didn't know what he was about except he was the captain on the bridge with all his public health nurses around him and all the rest of it. Well, anyway, MacKenzie was among the party present at the opening of this building, the official opening. He took me aside at the end and came up and said, "I think this is a fine building. The only thing I can say that seemed wrong about it to me is, why isn't it on the campus?" (He laughs)

Int.: *Just a little bit too late.*

C.D.: You know, when this new hospital was put up, the university hospital, 25 years too late, he was present and I was supposed to be but I wouldn't sit in the front row. They all said afterwards, "Why weren't you there?" I had a telephone call from a secretary about an hour before the thing was due, saying Did I know that a seat had been reserved for me. I said, "No, I don't and it is inconvenient for me to go." And MacKenzie, of course, was there all dressed up. He saw me a few days later and said something like, "Claude, I missed you the other day. I've been thinking about you ever since, wondering how it came about we didn't have this place up 25 years ago.? Well, I mean ... just bear in mind, that's the sort of convenient memory he has.

Int.: *It will be interesting to get his story, yes, yes.*

C.D.: You'll find he'll say that he did his best to get a hospital. But, however ...

Int.: *What about Dean Patterson? There isn't too much information.*

C.D.: I really don't know much. I can't add much to that. McCreary I know better.

Int.: *Can you give us your views on McCreary?*

C.D.: (laughs) Another politician. Well, perhaps... (hesitates) ...I think as a paediatrician he was bright and qualified. As a dean he knew nothing except how to get himself out of a difficulty so that people would think... My wife, who keeps out of this but hears things, she's medical, and some naive chap of the younger generation said to her one day, "There's one thing about McCreary, I think it was when he died, paying his own tribute. One thing you can't help saying about McCreary, he was sincere." She laughed, because that's one thing that's absolutely and transparently not true. He was a professor of paediatrics who came from Toronto, the Hospital for Sick Children of current fame, to take charge of the Children's Hospital out here, which was small fry for him. He was adamantly a hospital man in the sense that the school should all be down there and didn't care two hoots about the university. The moment he was made dean he came around, at a meeting I went with a group, ostensibly to congratulate him. He made a speech and said, We will do all we can to get the hospital built out here. I've seen that happen with half-a-dozen key people. I mean, there's no sincerity whatsoever in them, no consistency. It isn't a question of their learning things and changing their minds. That's fine; I'm quite prepared to do that.

Int.: *It's just expediency.*

C.D.: It's just expediency entirely, a form of opportunism that just happens to suit them better as dean to have everything here so he doesn't have to commute. And the students could do it any number of times a day, it wouldn't matter to them.

Int.: *What about the relationship between the Faculty of Medicine and the Vancouver General Hospital? Was it quite a good one from the beginning?*

C.D.: Well, about that I can't tell you much because I didn't go down there. I'd been called an honorary consultant at the General Hospital ever since I came out here in 1934 or '35 but only once, I believe, was I really consulted, perhaps twice. I didn't want to poke my nose into their business but from hearsay and what I've told you hitherto has not been hearsay, it's always been personal experiences as far as possible. But from hearsay, I think they had their troubles. Weaver would know more about that than I do but I had heard that there were difficulties that he had down there and perhaps they were reflected in his behaviour. If he was crossed up down there he was in a bad mood when he came out. I don't know. But by all accounts there were definitely difficulties. I think less now. Probably it's all smoothed over now because it's been the general rule that hospitals which do give themselves up to teaching and belong to a medical school so improve in their standard of medicine that everybody wants to be in on the story. St. Paul's, Royal Columbian and so on, they say, Well, how come our patients aren't used for teaching. The patient doesn't mind. The patient gets the benefit of all sorts of doctors or quasi-doctors and they think they get better attention that way, and so they do.

Int.: *It sounds like the arrangement wasn't necessarily satisfactory from the beginning, then?*

C.D.: No.

Int.: *It was a compromise and it remained so, really.*

C.D.: Well, it's a compromise. As I hope eventually will happen with the hospital we do have now at last on the campus. I hope that it will be so because the treatment is better out here. At the moment it isn't so because, of course, they are at daggers drawn with the downtown group. And, of course, so much of university funds has gone into the VGH now that it probably has equipment of the sort that the hospital lacks. But over the decades this can be redressed. It's a long term business. A hospital gets prestige as it loses difficulties. McGill is an example of that. Or it may take years to live down, as the Hospital for Sick Children in Toronto did.

Int.: *What about the accommodations they had at the university at the beginning? Did that cause a lot of difficulties for the medical school? They didn't have proper buildings or proper facilities.*

C.D.: Um-um... Well... Well, yes, I don't know. It's all down in my notes but probably two or three years they lived in huts but when they couldn't get a hut or had difficulty about a hut because other faculties were demanding huts too - the philatelic society demanded a hut and so on - and they were all promised huts by the president. It was easy. Shrum was quite a willing thief. He would go to another, out-of-date army camp and say, I want your huts, and the next night there would be two dozen new huts there, you see. It looked as though there was an unending procession of them and anybody could have one. Well, that's where the Anatomy and Physiology and all the rest were to begin with, except a few things like Public Health that they thought, because the name public health was awfully like preventive medicine and even the University Health Service was in our building, that they could put departments like that in our building at the expense of the existing departments. And they used the other argument, which very much annoyed the director of the Health Service, who hadn't existed when I came. They put it under the chairmanship of the Professor of Public Health. There were daggers drawn, they didn't get along at all. The director of the Health Service eventually resigned. He used to bother me with his stories every day, of 'that fool wants me to do this and that', so there was plenty going on there.

Int.: *Do you think recent academic activities in general were hampered by the huts that they had to work in?*

C.D.: Well, they must have been. As I may have said, a student who couldn't get into medical school at all because he can't be unintelligent, even though the standard may be low, can get what he needs out of it. And they become highly professionalized at an early date. They stop reading anything outside medicine. They talk nothing but shop, and so it goes. And you can't blame them because their life is full, if they've got any sense at all and keep their ears open. They're being taught by everybody and they have a devil of a time keeping enough of that knowledge to pass the exams. So they're busy. And they're stuffed with facts. And they haven't seen anything else so they don't know what they're missing. But in fact they do miss a lot and the difference between the undergraduate setting here and the one at Harvard is as different as chalk and cheese.

Int.: *So you don't think the students themselves were too critical. They were just pleased to have a school to go to?*

C.D.: Naturally, they didn't like to see \$1½ million of their disbursements mysteriously disappear, some of it ostensibly into this building but the rest just vanishing into things that didn't concern them while they were leading a hut life. They didn't like that. But I don't think there was undue pressure from the students. The pressure came more from the heads of the departments concerned who, of course, were buoyed up by the internal promises, some of which were fulfilled, which were always thrown at them by the president.

Int.: *Ummm. We're actually coming very close to the end of the tape so I think we might stop for today.*

Interview continued February 14, 1985:

Int.: *Dr. Dolman, why do you think the Medical Association in Vancouver felt they needed to send Dr. Strong out to do a report as well as have you do a report? Why couldn't they accept your report?*

C.D.: Well, I think that needs background information. I was chairman of a joint committee of the Vancouver Medical Association, of which I am still a life member, incidentally, and of the university for a good while. And in fact I only resigned as chairman when it became clear that Dr. Strong's report was going to be leveled at mine and that the Medical Association was going to be confused as a result of this conflicting set of recommendations. I'm not sure that it is true to say that the Medical Association as such felt it necessary that Dr. Strong should have gone. As I recall it, the circumstances are roughly these: Dr. Strong himself wanted to conduct a survey or to be a part of it and to make sure that the survey did not result in his occupying a less important position in the scheme of things at the General Hospital. When he began to doubt this, as in fact I could not submit an honest report which did not advocate a full-time Professor of Medicine who would not be him, he began to work on other members of the committee and his cronies at the General Hospital and eventually, through the chancellor, upon the university Board of Governors. So that when he said he could go on this survey and conduct one for the Medical Association there was no great difficulty in getting support. Even members of the committee, and I myself by then, realized that it was a sound thing, that if I had not their confidence and they chose to give it to Strong, to let him go. The next stage was that a portion of the committee, and perhaps some representatives of the Association who were not on the committee, I don't recall that for certain but I could easily verify that, called on the president of the university and notified him that the Medical Association would wish to have a report of their own. They did not say that any one person should go or that they should be separate reports. And MacKenzie had me in and conveyed this information to me, which I had learned from another member of the committee anyway, and asked if I would accept that I would go with the representative of the Medical Association. I pointed out to him the anomaly of my being chairman of the joint committee and their not accepting my recommendations as conductor of the survey which the Board of Governors had asked me to conduct, and that I would nevertheless go with the representative provided it were not Strong, whose tactics I was well aware of by then. The upshot was that Strong conducted a separate survey by extending his intended holiday down the coast into a set of chosen medical schools in the States which would be based in their selection upon my report, which he knew would be forthcoming before his and of which a copy was sent in by President MacKenzie as soon as it had been submitted to him and, in fact, I believe,

before it had been submitted to the University Board of Governors. So that Strong was in possession of this document of mine and could and did go all out to refute it in those particulars in which his own interests were involved. His tactic was to colour my recommendations which he had before him in such a way as to lead his consultants as to say that of course they did not agree with me.

Int.: *They actually did end up agreeing with you, didn't they?*

C.D.: Of course they did. But they were not shown the report at that stage. They took his word for it. And in one way or another he gathered a set of impressions which he put together as a deliberate refutation of my recommendations in the form of, I think, a nine-page report - mine was longer and went into more detail and whereas he spoke to 2 or 3 dozen individuals I spoke to hundreds. But this report of his was sent by post to Dr. Schinbein and through him to Chancellor Hamber and members of our Board of Governors while Hamber was actually chancellor at that time. So that the mood of the Board of Governors who had, a few weeks before, congratulated me unreservedly, cooled off and I distinctly remember a tea which the chancellor officially extended to members of the university. And when the line-up came and Mrs. Hamber greeted me and said what a wonderful report it was. Whereupon she was shushed by her husband, the host who said, more or less as far as I can recall, that everything had to be kept quiet because of the two reports and they did not agree. Schinbein was particularly embarrassed because he and Strong were both important figures in the General Hospital and he had been put on the Board of Governors as an authority on medical education which of course he was not. He happened to have a son whom he wanted to get into medical school; that was his chief purpose in life. But he was a decent sort who changed his mind according to the latest information. And he thought Strong's report was the latest information. And the president, I'm sorry to say, declared himself nonplussed by the arrival of two conflicting reports which he implied were of equal value so that he was in the middle, uncertain what to do.

Int.: *Do you think, if he had given support to your report, things might have gone a different direction?*

C.D.: Of course. There was no question whatever, up until a later stage than that, if the president had been firm and put his foot down and said that we must have a university hospital before we start the medical school, which is the key recommendation, I suppose, apart from the need for adequate financing, his will would have been obeyed by the medical profession because really, as they soon began to be aware, they did not know about modern medical education. They followed Strong because he bullied or bribed them into following him. I resigned from the committee and, from that time onwards, have been nothing more than a ready ear to what was going on. But I had no official position with them although I believe the president would have preferred that I retained my connection with them. (pause) I don't know whether that answers the question fully but...

Int.: *Yes, I think it does*

C.D.: ...near enough.

Page 40 from transcript missing...

Int.:

C.D.:

C.D.: Toronto and Montreal, to cope with. I suspect that Vancouver, in spite of its climatic and other inducements, was thought perhaps to be lacking in professional expertness for this purpose. At any rate, the refresher course died a quiet death and we carried on with medical education. But from that time on it was understood that the best possible clinicians would be selected for any purpose, no matter what their attachments to hospitals might be. The reason for the switch to the General Hospital goes back to the day when President MacKenzie took my colleague, Ranta, as secretary, down to the General Hospital, outlined the history of the medical school negotiations, the difficulty of organization, the dilemma in which the university now found itself, and turned to the General Hospital moguls, notably Strong and Hodgins, and said, There's the story, gentlemen. How can you help us? I was not there at the time but Ranta naturally told the story to me. We had delivered ourselves into the hands of the General Hospital group by that single afternoon's action, and quite unnecessarily. That answers your question, I think.

Int.: *Well, with all of these different opinions, this great divergence of opinion, do you think President MacKenzie was really the only one who could have changed the direction? Do you think he felt he had any choice but to go ahead in the way that he did?*

C.D.: I think he quite sincerely thought that he must obey the various pressures which built up. They were multiple and they were fractural. That's important to remember because they could have been defeated bit by bit by tackling the various sources appropriately. Added up together, they were a formidable difficulty to contend with and he neither understood nor had the strength to combat them as a whole or disintegrated. (Gap.) I had hoped for some sort of saviour to come from outside since it was quite obvious that I was unable to turn the tide myself because my authority, which was considerable to begin with, had been chipped away to vanishing point. So I had hoped that the experts' opinion could be revived since they were pretty well unanimous that this would count and that also eluded one. But I remember the man whose opinion I valued greatly, and I'm not alone in this because all authorities who knew him, including Penfield of Montreal Neurological Institute who hero-worshipped him, Alan Gregg, I mean, who was one of the experts that came out here and who was mocked by Strong as representing the Rockefeller ideal. Well, Gregg was knowledgeable enough of medical education in the United States particularly in every part, every school I should say, to know what he was talking about. And of course none of them was a Rockefeller hospital or anything of the sort. Well, he was very friendly, and some of the statements about my report emanating from his own office and others in the Rockefeller Foundation were more than complimentary. So embarrassing that I hesitated to use that as an argument because it seemed that I wanted praise and I didn't feel that I needed it. Anyway, I heard that he was coming to the neighbouring province so I sent him a telegram on one occasion when things were at their darkest which read something like "Come over into Mesopotamia and help us." He came, but warned me that he couldn't do anything about it and went to see the president; and reiterated his warnings afterwards. (Gap.) Gregg, and Morrison his assistant at that

time, and Hugh Level who they used as a consultant up at the University of North Carolina which was at the same time going through the same troubles as we were and resolved them much more sensibly, were all delighted with every aspect of my report. I'd sent it to each of them and asked them to comment on it. They said they couldn't find anything to criticize in it; I have the letters. But that was the sort of rescue that I hoped up until the last might restore things to reason and stiffen backbones that had grown limp, or perhaps had always been limp. But anyway, there it was, that's what we needed. The pressure of a political nature prevailed. Here were these students, poor devils, who needed a medical education at national expense. They couldn't get into other schools - they shouldn't have got into ours either, some of them - the good ones were still acceptable, would have got in anyway. By then it was quite nakedly obvious where the real pressure was coming from, from certain members of the profession who either wanted their own sons an assured place, who were not bright, or who themselves wanted to secure a position for themselves as professors of this or that in the new school; or at any rate did not wish to lose the prestige they had built up at the General Hospital. There was the whole momentum of things: the declaration that we were going to start, which had been put off for year after year when the funds were plainly not there but which were not put off to the time that I had insisted on in my report was the earliest that we should begin; namely, when half a million dollars a year was guaranteed or \$400,000 as a minimum budget for the Medical School and our own hospital with its own financing was on the campus.

Int.: *Do you think that other people felt that that would just never happen?*

C.D.: Yes.

Int.: *And they were afraid if they didn't start they would never start?*

C.D.: Yes, I think a few thought it never would happen, it never need happen and that too big a distance separated the campus from the downtown centres for patients to go there. I had to use this argument quite a lot, that it was no more difficult to take patients to the best medical centre than it was for students to come. That in fact, for instance, the University of Iowa - Iowa City is a tiny city so far as inhabitants go but they come from all over the state to the hospital because it's the best. I never condemned any of our local big hospitals as useless from the standpoint of teaching, far from it. I said they had to be used as accessories with the centre function of teaching upon selected patients of a kind that a university hospital should go for. People of the utmost teaching value, in other words, with every bed in it used for that purpose. Going down to the General and St. Paul's and all the others being naturally in reserve as part of the training for other kinds of conditions which they would encounter in their practices. I never banned these hospitals. It was simply that they were service hospitals without the possibility of reserving enough beds for teaching purposes or enough selection of cases for teaching purposes and in the hands of people who had no business teaching at all. It was for all these reasons

that my views were simply expressing the views of everybody who had dealings with medical education.

Int.: *In the face of your views and the experts who came in, the determination was still to go ahead and start the school. So they did, with a compromise. Do you think it satisfied anybody or do you think...?*

C.D.: Well, people always make the best of a bad job if something goes ahead. Just as we put up with the government we've elected so you put up with a medical school you've created. We make the best of it. And for the students it was a grand thing because a lot of them got in who couldn't have got in otherwise. To begin with, their expensive education was paid for. For the staff, they were all youngsters. The fulltime staff of the pre-clinical years were young fellows who would have taken years to get heads of departments but they were made heads right away. So there was promotion in a new environment, a challenging environment as they called it to me. For the older moguls, they held on to all their privilege.

Int.: *So it sounds like everyone was quite happy.*

C.D.: So everybody made the best of it and seemed to think it was quite wonderful that it started. And after all, in Canada we have always started before we should. That was the argument and perhaps it's true; there's an element of truth in it. In the case of medical education this is the lesson that's been born in upon, that you sooner or later have to have a revolutionary report like the Flexner Report which says, Look here, we're going the wrong way; we've got to start again. In fact, my report had that everywhere across Canada but in our own school. We started with a budget that was adequate, although wasted in the -sense that it was distributed far and wide instead of concentrated in one centre. But all the other schools doubled their budget, pretty well overnight. They hadn't realized what a mess they were in until they read the facts and the corresponding contrast with the States. So that the pluses outweighed the minuses and nobody complained.

Int.: *What about Dean Weaver? What was his attitude, do you think, to having a split school?*

C.D.: I think he deplored it. I think both he and the president began to rationalize that they would what they called 'anchor' as much as possible of the school on the campus so that eventually they would have to have a university hospital even though it was 50 years away or 100 years away. They thought if you had got the Institute of Preventive Medicine because that was going to be, to use Weaver's own words, 'a Frankenstein monster'. But at least the building - that was my building, the part that I had to with, were houses anyway - had wanted this Institute of Preventive Medicine in order to colour the school with preventive outlook which, for all their inarticulateness, the Government is now groping towards. They spent too much money on heart emergencies and things like this; they could have prevented heart disease.

Int.: *Uummm. Well, it certainly seems to be the trend.*

C.D.: I mean, the fantastic expense of these ways and means of keeping people alive in their last years who would have died off long before. It sounds cruel enough, I know but in fact viewed socially, viewed in the long run, you can keep people alive by sensible habits. By stopping them smoking, for instance you find out that the - I only read the other day that some of the chief investors in the American tobacco companies' stock include things like the Cancer Society and so on, and the Heart Society.

Int.: *Good heavens!*

C.D.: Hardly believable. I couldn't resist cutting it out. It was symptomatic of our whole inconsistency.

Int.: *What was your attitude towards the general practitioners, the clinicians?*

C.D.: Poor fellows, I never had anything against them. So long as I was director of the Provincial laboratories I was in charge of a service which they were very grateful for. Those who thought at all. They were used to dumping off their blood tests, syphilis, sputums for TB or whatever it might be, and I suppose at the back of their minds they were grateful for this service. It was free anyway, but I was in charge of it. I never had anything against them. They (chuckles) kept one going, more than kept one going. I was tough with them. I used to say, We won't do this if you don't give us certain information. I never had any problem with them. (pause)

Int.: *How did it actually work out using the General Hospital, in the end?*

C.D.: Well, I think they've always had difficulty getting enough beds and naturally I mean patients in the beds that you can teach on. I presume the students got through somehow and not badly but I've had three of my own children got their M.D. from this university so I know something of the amount of travel that there is from second year on. They get a lecture out here and they have to rush off down to the Hospital and all that sort of thing. That's awkward for them. The other thing is the nature of the beds. Some have to go down to St. Paul's, there just isn't room for them at the General. The other thing is that the General is either expanding or contracting. You never know what it's up to. Either putting buildings up or reducing the number of beds by several hundreds. It's a very unestablished situation and they constantly have, I think annually, reviews by people sent around by the Royal Colleges in Canada to see if they are Grade A or not for teaching purposes. They are reviewed as departments, and some departments get warnings regularly that they are not up to snuff and they try to reform; and some of them do, some don't. I don't think the hospital as a whole has been turned down or regraded but I'm quite sure it wouldn't be regarded as the best in the country, by any means.

Int.: *Let's go back to the time before the beginning of the medical faculty. I understand the Rockefeller Foundation offered money to the Province to start a medical school if they could meet the same amount, I think it was \$500,000, and B.C. didn't take that offer but it was given to Alberta. Why do you think we didn't take the offer they gave?*

C.D.: I don't know the exact answer to that. I thought the figure was \$5-million, and certainly the university hospital and medical school at Alberta started with Rockefeller money. It was made possible, and I've heard cost \$5 million of funds that we could have had but which was diverted to Alberta Medical School. It started years before ours and we still use that hospital; we're not alone of course. I'd imagine that it was part of our desire not to get too committed to enlargement. When I first came here, enrolment was something of the order of 2,000 students and it had been at that level for years since its inception. Dr. Klinck was president and he was an agronomist and there had been, in the year before I came, in 1934 I suppose it was, an inquiry which basically, as far as I can make out, was to see whether or not the Faculty of Agriculture had not been favoured at the expense of other faculties at a time of great university retrenchment. I arrived in the aftermath of that as probably the first new appointee for several years, so grave was the financial restriction on the university. I'm not sure that other people were content with it as that was true but I was told by the Minister of Education, Dr. Weir, of the day that the university wouldn't get a red cent from the Government as long as these attitudes prevailed at the university. In other words, as long as the then president was in charge. Well, I never had any difficulty with President Klinck. He was very friendly with me and I told him as soon as I arrived. His greeting to me was that the Senate had just passed a resolution that no research was to be done on the campus except such as related directly to teaching. To which I retorted very spontaneously, I didn't know exactly what was meant by that but that we would at any rate do research and find time for it and not hide it. And he, with what I took to be a twinkle in his eye, certainly encouraged one. But I should think that he was personally content to have things as they were. At any rate, the government of the day was determined that things as they were would stay as they were as long as he was about. And that would certainly include medical education. I believe I'm right, and records would prove it, that I was asked by President Klinck at one time what it would cost to start a two year school, say, pre-clinical years, on campus. I sent a memo, I don't know what sums are involved but certainly it satisfied its purpose by saying it was more than the university could afford. MacKenzie was, of course, quite a different type. Understandably, everybody was resolved that they wouldn't get somebody with these satisfactions in modest, if any, expansion and that the university would go ahead and have someone who would see things expanding. It so happened that this change of presidency occurred roughly at the time of the war. Veterans soon came back and enrolment jumped from 2,000 to 20,000 and 25,000 and so on. Climatically, we were able to get by with huts stolen from various camps that were being disbanded.

Int.: *Do you think there were other, specific things retarding medical progress during the '30s and '40s, other than President Klinck?*

C.D.: There were no people on the campus who had any particular interest in starting a medical school. It requires some sort of vision, some sort of resolution to do a good deal of hard work and I'm quite glad to confess that I would not have come to the university here in 1935 if I hadn't thought that Vancouver should have a medical school and that I could have something to do with setting it up. I'm sure FitzGerald, who was my chief in Toronto, thought the same. He used to come out here for his summers and knew the local situation very well and felt as I did after coming out in 1934 to give lectures to the Medical Association, he felt as I did, that to come out here and be at the centre of key components of a new medical school would be a lifelong challenge and very satisfying. And that Vancouver was the only logical city left in Canada in which to start. There was nothing wrong with 2-3 years of being on the campus. I had taken steps to this end and had the Institute of Preventive Medicine planned and financed on the campus, and everything drawn including a day set for the foundation stone to be laid. And the war broke out. By the end of the war, when a new set of rules prevailed and the scale of that original building was obviously going to be too small, it was nevertheless there from the beginning. That was the nucleus upon which the new Institute of Preventive Medicine was designed, whereas that first one would have cost \$350,000 we needed \$1 million when the war was over to house the various things logically there. But I am merely illustrating that in various ways, as far as circumstances permitted, the thought of starting a medical school was there.

Int.: *Why wasn't there enough financing when the medical school did open? Why do you think the Government was unwilling to give the money for a hospital, for instance? (pause) Were they unwilling or did they not have the money?*

C.D.: I should think probably both. It was not a time when the provincial revenues were flourishing. It was a time of political instability too. It was a coalition government, as I recall it, for a lot of the time, a good deal of give and take being necessary and it was Conservative, I think they were then, so that to some extent they hadn't the money and to the other extent they were confused. The purposes of these buildings were not clearly defined. The university had an enormous appetite for all kinds of different things and they were put to it with emphasis that was dictated by the last pressure group that had been in the president's office. So that he went over the week before to ask this group of cabinet assembled to meet him, comprised largely of lawyers, to ask for money for the law school, which of course they gladly voted. In any case, the law school only wants room for a law library. But when it came to medical affairs, I was asked to represent the university and went as the sole representative of the university, as chairman of the delegation with a bunch of (laughs) medical men from the medical association who didn't know the first thing about anything but lined up behind me obediently as far as they were able to. I had to be the spokesman and Mr. Harte said, "What would you say if I offered the university \$1½ million?" I said, "I think that would be a good beginning." And Mr.

Maitland, who I think represented the Conservative party, was there at the time and said, "You should have said, That would be mighty generous." It was quite a good meeting but that \$1 ½ million was immediately carved up in all sorts of ways as soon as it came back. And I was never featured again in deciding what... I, of course, wanted as much as possible for my own building which was to be the nucleus of the medical school. But pretty soon it was made evident to a reluctant government that still more money was needed for the medical sciences which would not be in my building. Public Health was about the only thing...

Int.: *Well, I think we'll stop this*

(Continued on February 14, 1985 - Part III)

Int.: *Dr. Dolman, earlier in our conversation you mentioned that others may have thought of you as being pig-headed and obstinate about certain things. Looking back on what transpired, what would you say about that now? Do you think you might have been, or not?*

C.D.: Well, I've also heard it said that my Report was too idealistic. Perhaps that was the nicest thing said about it by those who opposed me. I had plenty of support for my views and plenty of sympathy for the predicament that I found myself in. Perhaps I was obstinate. I had to be because I was the sole defender of what I thought was right. It is difficult not to be cast as an *obstinatus* by those who follow the stream. If I'd had the support that I needed and thought, right up to the last, I might somehow obtain I would have been perfectly willing to take a secondary role and to go ahead with researches which I have always enjoyed doing and, to a limited extent, made time for. I would have greatly enjoyed trying to make some success of building up an Institute of Preventive Medicine which FitzGerald... whose name I mentioned with great respect because I felt that for him. He was a disappointed man in his latter years but was terribly keen on preventive medicine. He wrote a textbook about it, sent an emissary over to London to recruit me to his Connaught Medical Research Laboratories which was then attached to the University of Toronto and the School of Hygiene which he thought of as starting a western division out here as a token of the fact that this was not an arm of the University of Toronto solely, as has been alleged, but belonged to Canada at large. FitzGerald liked to come out here in the summer and was greatly admired and respected by the whole medical profession, I think that's true to say. He learned while out here that I had been a successful lecturer at the summer school in 1934. He learned that my predecessor, H.W. Hill, was permanently ill and would have to retire and he saw this combination of jobs which alone would induce me to come out from Toronto to the Coast as a precursor for a new type of school. I was a more than ready victim of this little plot of his and did my utmost in what was to him a surprisingly short time, to bring this unity about: a nucleus of preventive medicine which the Rockefeller among others would have been interested in and which other

foundations were sufficiently interested in, as I have mentioned before, to invest large sums in if there had been any nucleus. This small institute, which the war intervened and prevented, was simply the beginning of a medical school - from my standpoint - which endured throughout the war and through the formative stages of a medical school which I saw only too well was going the way of all very ordinary medical schools. Any obstinacy that I showed, or most of the obstinacy that I showed because some of it is natural enough, was a desire to retrieve what one could of this vision, if you can call it that. Had I had any of the support near at hand that I knew was forthcoming from many parts of Canada and certainly from the Rockefeller and other foundations, locally, I would have been more than content to submerge my own, lightning-rod function and simply feed to any suitable leader information that he might need at any time for negotiations with the Government that would presumably be funding this along with its private foundations. Unfortunately, there was no such person locally available, therefore I had to be pig-headed or drop my vision. I eventually quenched the vision and made what I could of what was left and got on with the other jobs that I had the capacity to do and was not dependent on anyone for those. Judging by comments that I occasionally hear from friends in the medical profession, this is understood. They may think I was pig-headed but this is another word for conviction and endurance in this sort of context. I don't wish to be self-congratulatory, it simply means that I was a firm believer, and I think circumstances endorsed this, in the preventive principle in medicine and I was not going to see this fade away as it has done practically everywhere, without putting up a fight.

Int.: *Another question that comes to my mind, sort of related to the one you've just answered. Why do you think you had so much difficulty with a lot of the people here? Why didn't anybody come to support you?*

C.D.: (Hesitates and laughs slightly). Well, their interests lay in different directions, their self-interest for one thing, in the case of many in the profession; a desire to be popular and on the winning side in the case of others who had no selfish motive of a professional nature involved. And thirdly, the fact that they thought that I simply was being pig-headed without having any vision to back it up, or any backers for that vision. Locally, they didn't know any better or if they did, only in whispers.

Int.: *It would seem to me that they didn't really look into it very closely then?*

C.D.: Well, I think that's true of most people. You don't really look into anything that jeopardizes your own safety and security or your own peace of mind.

Int.: *How did the medical faculty actually affect your department?*

C.D.: Not much. They made efforts now and again to get us to come in with them. Dean McCreary particularly, a generation later almost . . . Weaver and Patterson, wanted our Department to go into the Faculty of Medicine and I remember being urged by the president to consider transferring from the Faculty of Science to Medicine

because the salaries were higher. This was a rather sad sort of inducement. Figures were waved in front of my eyes. McCreary invited me down to a sort of beer festival at his house along with the professor of pathology and others who would presumably conspire to lure me into the Faculty of Medicine along with the Department. Well, the situation there is not fully understood by medical schools because many medical schools, including Weaver's, teach bacteriology. It was, in spite of Pasteur not being a medical man - Koch, the real founder of bacteriology as we know it today, was medically qualified and most other important discoveries have captured the public imagination in medical history have been bacteriological and they are therefore linked in their mind's eye. Bacteriology has conquered infectious diseases. Penicillin - I was brought up with Fleming, was his pupil, so that comes to mind. The conquest of infection by penicillin or other antibiotics was regarded as a medical vehicle and for all these reasons departments of bacteriology were associated in the public mind, especially the mind of the medical profession, with miracles of healing. Therefore our own department, which was established on the campus largely because the first president, Wesbrook, was a bacteriologist and was medically qualified, was started without a medical school. But perhaps - probably, in fact - with a medical school in mind. But here we were with the teaching of bacteriology which all across Canada was acknowledged as well done here, by my predecessors anyway, was turning out bacteriologists who were not medically qualified. They took degrees in bacteriology. Well, by the time the medical school actually started we had several hundred students in the faculties of Science and of Agriculture who were taking our courses, of whom somewhere between 15 and 30 would go on and take their degree in the Faculty of Science, some on Agriculture; none of whom wanted to take or could take a medical degree at all. The medical bacteriology in the medical students' curriculum occupies one half term or half semester, in their second year as a rule and is only a fraction - in our case it would have been fifty students for half a course as compared with something like 13 different courses that we were giving to non-medical students. And to think they would want us to switch into the medical school just because of this tradition and obsession was to my mind absurd. I said, We will be in both faculties if you like but not solely in Medicine, especially as the professor of pathology under whom I assumed bacteriology would go at the General Hospital was a man whom I would not dream of being under (laughs) and this would be inevitable. So that, for all these reasons I took the position that we would be glad to teach the medical students as much bacteriology as they wished, more than they customarily had in traditional medical schools if that was possible, if they would make room for it, that I myself would participate in the teaching of the medical students, that we would hire somebody with funds provided by the medical faculty who would attend solely to the medical students' interests. This was not enough. That was the position that I found myself in and actually it reached so critical a position that a committee of outsiders was brought in of the American Society of Bacteriologists - Microbiologists now - to see if, circumstances being what they were, we should transfer wholly to the Faculty of Medicine. And (laughs) it was really a comic opera, the steps that were devised to ensure that I shouldn't have very long to compile my views to this committee, most of whom knew me by

repute if not face to face. The upshot was, anyway, that they recommended that we should be in the Faculty of Science, which absolutely nonplussed the local people, of course. (laughs) Well, I don't know how far that goes to show the efforts one made within the limits of what was reasonable. I first of all did my darndest at the price of being called pig-headed to retrieve the preventive idea which still flourishes outside here. Given that we had to have a conventional medical school in the end I did what I could to be useful to it. But increasingly it was quite obvious that one couldn't affect the local pattern. You can't, in other words, put your shoulder to the wheel if all that happens is the dislocation of your shoulder.

Int.: *This will be our final meeting together, Dr. Dolman. It's Thursday, June 13, 1985 and having had a chance to listen to the tape all the way through is there something you would just like to say to finish it off?*

C.D.: Yes, I suppose so. It doesn't sound quite right to end on a note of, what might seem from many standpoints, personal desperation. I have listened to the tape and, on the whole, have no wish to change anything in it. I might have said things differently had they been written down but that would have formalized what I think sounds more spontaneous without any notes to aid one's memory. I should add that everything I have said can be substantiated by appropriate documents, either letters or in the form of diary commentaries that I made at the time. It should be said too, I think, that I have done my best to be non-vindictive. I should feel grateful indeed that I am alive, although in one's eightieth year one seems at times to be just alive, to tell this tale. The first senior staff members, heads of departments of the medical school, all retired. Most of the main actors in the drama, if you can call it that, have died: Strong very early on; Weaver, the first dean; McCreary, a later dean; Ranta, my own colleague. My own interest in the medical school here antedates the concern of the first heads of departments so I shall be grateful to have the chance of recording as objectively as I can the events leading up to and following the establishment of the medical school. As my old mother used to say, I've been spared to this surviving day and look back on this half-century of endeavour at UBC without rancour. And I think what is recorded is down without exaggeration, certainly without malignity. And on that note let things rest...forever.

Int.: *Thank you very much, Dr. Dolman, for all your time in doing these recordings.*